

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
DNP IN NURSE ANESTHESIA PROGRAM

STUDENT HANDBOOK



ACADEMIC YEAR 2024-2025

A-State University
Nurse Anesthesia Program
104 N. Caraway Rd. Reynolds Building 305
State University, AR

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SECTION I
ADMINISTRATIVE SECTION

Arkansas State University College of Nursing and Health Professions

Mission Statements

Arkansas State University Mission Statement

Arkansas State educates leaders, enhances intellectual growth, and enriches lives.

College of Nursing and Health Professions Mission Statement

The mission of the College of Nursing and Health Professions is to provide quality education to students, graduates, and health care providers in a variety of health disciplines. Recognizing its unique position in the lower Mississippi Delta region, the College provides educational programs that are designed to promote lifelong learning based on the expressed needs of its varied constituencies.

School of Nursing Mission Statement

The mission of the School of Nursing is to educate, enhance and enrich students for evolving professional nursing practice.

The School of Nursing Core Values

The School of Nursing values the following as fundamentals:

- Integrity: Purposeful decision to consistently demonstrate truth and honesty.
- Excellence: Highest quality of nursing education, practice, service and research.
- Diversity: Respect for varied dimensions of individuality among populations
- Service: Professional experiences in response to the needs of society.
- Learning: Acquisition of knowledge and skills in critical thinking, practical reasoning, and decision-making.
- Student centered: Development of essential skills for lifelong learning, leadership, professionalism, and social responsibility.

Philosophy (AASN/BSN/MSN/DNP)

The faculty holds the following beliefs about personhood, environment, health, nursing and nursing education. We believe that each person has innate worth and individuality, which reflects integration of the bio-psycho-social-spiritual nature of one's being. Though each is unique, all persons possess characteristics that form the bases of identifiable shared basic human needs. We believe that individual experience, heredity, and culture influence each person, and that one's existence depends on perception of and reaction to change. Inherent in this process is the capacity to make decisions, weigh alternatives, predict and accept possible outcomes.

The faculty believes that environment profoundly influences all persons. The environment is the sum of all conditions and forces that affect a person's ability to pursue the highest possible quality of life. The concept of environment has two major components. The first comprises society and culture, which derive from the need for order, meaning, and human affiliation. The second component consists of the physical and biological forces with which all human beings come in contact. Both of these components of environment are sources of stimuli that require personal adaptation and/or interaction in order for individuals to survive, develop, grow, and mature.

The faculty believes that health is a state of wholeness and integrity. We recognize that health is not a static state for individuals, families, groups, or communities, but that it is a continuum in which the mind, body and spirit are balanced, providing a sense of well-being. Health is influenced by the ability to cope with life processes. The achievement of this potential is determined by motivation, knowledge, ability, and developmental status. The faculty also believes the primary responsibility for one's health rests with the individual or those upon whom one is dependent.

We believe that each individual has the right to quality health care. The goal of health care is to promote, maintain, or restore an optimal level of wellness. Nurses act as advocates in assisting persons to gain access

to and secure maximum benefit from the health care system. The complexity of health care requires that nurses as professionals collaborate to provide the highest level of health care possible.

The faculty believes that nursing is both art and science. This unique altruistic discipline has evolved from the study and application of its own interventions as well as applying knowledge from a variety of other disciplines. The focus of nursing is the provision of care across the health care continuum utilizing a systematic nursing process.

We believe that nursing refines its practice in response to societal need, and that nursing education must prepare a professional nurse for evolving as well as traditional roles. The faculty recognizes the obligation of the nursing curriculum to include leadership, change strategies, professionalism and community service.

We believe that the education of nurses occurs at several levels in order to prepare various categories of practitioners. To acquire the knowledge and judgment inherent in practice, nursing education focuses on critical thinking, decision-making, analysis, inquiry, and research. The faculty also believes that learning is an independent, life-long process. Learning is an opportunity for teacher-student interaction in setting goals, selecting and evaluating learning experiences and appraising learners' progress. All levels of nursing education share certain rights, duties, and characteristics, such as the scientific basis of nursing care. Accordingly, we actively support the endeavors of the profession to assist nurses in pursuing professional education at beginning and advanced levels.

The purpose of the associate level is to prepare graduates who apply the nursing process in the provision of direct nursing care for clients with common, well-defined problems. Therefore, the associate curriculum is grounded in the liberal arts and includes professional values, core competencies, core knowledge and role development. The associate degree graduate is prepared to function as a member of the profession and a manager of care in acute and community-based settings.

The nurse prepared at the baccalaureate level is a professional who has acquired a well- delineated and broad knowledge base for practice. We believe that the role of a baccalaureate graduate is multifaceted and developed through extensive study in the areas of liberal education, professional values, core competencies, core knowledge and role development. This knowledge base prepares the beginning baccalaureate graduate to function as, a provider of direct and indirect care to individuals, families, groups, communities and populations. The baccalaureate graduate is also a member of the profession and a designer, manager and coordinator of care.

The master's level prepares baccalaureate nurses for advanced nursing practice roles. Preparation for advanced practice emphasizes strategies to intervene in multidimensional situations. The knowledge base is expanded in scope and depth through the scientific, theoretical and research components of nursing. Various theories inherent in advanced practice roles and strategies are analyzed and explored to synthesize the interdependence of theory, practice, and scientific inquiry in nursing. This synthesis of knowledge and experience provides the basis for creating, testing, predicting, and utilizing varied and complex interventions for problems of health care and health care delivery. The graduate of the master's program is a leader in the profession and prepared as an independent coordinator of care.

Organizing Framework

The organizing framework of the school of nursing is derived from the philosophy and has four major components. The four components are values, role, knowledge and process. These components are taught at each level of education and provide a construct for development of objectives and outcomes. The framework model clearly shows how each of the components increases in complexity at the three levels of education. The

model is visualized as a circular process with each component dependent upon the others. However, writing about the framework requires discussing the components individually.

The first major component, **values**, is defined as the system of beliefs that guide behavior, attitudes and moral judgment. Personal values reflect cultural and social influences, relationships and individual needs. Professional values guide nurses' behavior to act in a manner consistent with nursing responsibilities and standards of practice. We believe professional values can be formed through reasoning, observation and experience. Five core values, transcending personal and professional values, have been identified by the faculty: *integrity, excellence, diversity, service, learning and student centered*. **The associate graduate** possesses an awareness of personal values and how these values may influence care delivery. Additionally, the associate graduate incorporates professional values in assisting individuals with the process of value clarification that may impact health care decisions. **The baccalaureate** graduate has a global perspective and is able to help individuals clarify or re-prioritize personal values, minimize conflict and achieve consistency between values and behaviors related to health. The DNP' prepared graduate applies professional values when designing health care systems in response to societal need. **The master's graduate** is able to engage in activities that influence policies and service delivery to diverse populations in a variety of settings.

The second major component is **role**. The faculty believes provider of care, manager of care and member of the profession (NLN) are key elements of this component. To clearly explain how these roles develop, each will be examined at all three levels.

At the associate degree level, emphasis is placed on providing and managing direct care to individuals with common well-defined problems. The associate degree graduate functions as a team member using nursing diagnoses and established protocols for individuals in acute care and community-based settings. Additionally, the graduate participates as a member of the profession in appropriate specialty and politically focused nursing organizations.

The baccalaureate degree nurse provides direct and indirect nursing care to individuals, families, groups and populations. The baccalaureate graduate has the ability to individualize nursing diagnoses and protocols to enhance the design and coordination of preventative, complex and restorative care. As a member of professional organizations the graduate has the capacity to assume leadership and advocacy roles.

The master's graduate is able to function independently in the provision for direct and indirect care. Practice settings for the master's prepared graduate are multi-dimensional. Inherent is the ability to design, facilitate and coordinate care for individuals in a variety of health care settings. Graduates have the skills necessary to lead, effect policy and mentor as members of specialty and politically focused nursing organizations.

The third major component is **knowledge**. The general education curriculum provides a foundation of liberal arts and sciences for the associate and baccalaureate students. These courses help provide the basic psychosocial, spiritual, humanistic, and legal components which assist students in developing an appreciation of each person's interaction with the environment. The knowledge gained enhances the nurse's ability to think critically, reason logically, and communicate effectively.

The associate degree core focuses on liberal arts and sciences, which include courses in English, college mathematics, basic biological science, history and psychology. Content for the associate degree student provides basic nursing knowledge that is applied to common well-defined problems.

The baccalaureate student's general education core is expanded to provide a more in depth science basis and global view of society. These courses include physical sciences, sociology, world civilization and humanities. The support courses of pathophysiology and statistics are incorporated into the nursing curriculum as the student progresses into complex nursing theory and application.

The master's program builds on the baccalaureate curriculum. Core graduate courses include theory, research, role, and health policy. These courses prepare the master's graduate to integrate the other components of role, process and values. The key support courses for all options include advanced pathophysiology, advanced pharmacology and advanced health assessment/physical diagnosis. Content in specialty courses reinforces concepts in the core courses as well as preparing the graduate for advanced nursing.

Process, the fourth and final major component of the organizing framework, recognizes the systematic approach used in the profession of nursing and incorporates the other three components, role, knowledge and values, to evaluate the needs of individuals, groups and/or communities. The process involves assessment, planning, implementation, and evaluation on a continual basis. All nurses are prepared to use this process but as one acquires additional knowledge, the nurse begins to use the components of the process in unique and creative ways. As one moves through the educational program, elements such as communicating, educating, supporting, coaching and monitoring are incorporated into the process. Additionally, problem solving, planning, inquiry, and appraisal are used to derive and evaluate the interventions developed.

The associate degree graduate uses a systematic process in nursing care to implement and modify known nursing interventions. The baccalaureate prepared graduate has the capability of anticipating, individualizing, implementing and evaluating various interventions according to unique situations and cultural responses. The master's graduate generates and designs nursing interventions. The master's graduate recognizes the interdependence of theory, practice and scientific inquiry when creating, predicting, and evaluating interventions that are complex and varied. At all levels relevant research literature is utilized in the application of the nursing process.

In summary, the philosophy and organizing framework work in concert. Current applicable research is integrated throughout the curriculum and utilized in the clinical practice areas. Course work provides theoretical and clinical practice experiences to enable students to integrate knowledge from nursing, science and the humanities. The four major concepts and multiple unifying themes provide direction for the curriculum design and program outcomes.

Notice of Intent

This handbook has been developed to familiarize the Nurse Anesthesia student with the Nurse Anesthesia Program's policies. The handbook is not all encompassing and is subject to change.

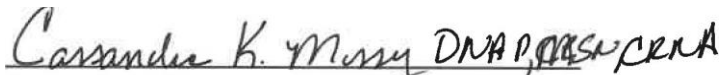
The Nurse Anesthesia Faculty routinely reviews policies on an annual basis. The Anesthesia Faculty reserves the right to change policies during the year as deemed necessary as the Program may evolve and change the curriculum and/or clinical schedule in order to insure/improve the Program's educational standards. Notice of policy revisions, which have effect on the Nurse Anesthesia student will be given in writing. Policy revisions between annual reviews supersede the existing policy of the Student!?' handbook and are in effect immediately upon distribution to the nurse anesthesia student.

Materials/policies found in this handbook do not displace, subrogate, or replace any official policies or guidelines of Arkansas State University, the College of Nursing and Health Professions, and the School of Nursing. Inclusion of error in this text does not alter, in any manner, official University policy or procedures. Any questions regarding the policies contained in this handbook or subsequent revisions should be referred to the Program Director of the Nurse Anesthesia Program.

Revised 2024-2025



L. Todd Hammon, DNP, MSN, CRNA Interim Program Director



Cassandra K. Massey, DNAP, MSN, CRNA, Interim Assistant Program Director

DNP in Nurse Anesthesia Student Handbook

Purposes of this handbook are to:

1. Inform students of their responsibilities and rights;
2. Provide guidance for new anesthesia Program members;
3. Furnish an orientation to the internal affairs of the Anesthesia Program;
4. Provide an overview of the external affairs of the Anesthesia Program;
5. Furnish pertinent information about the Arkansas State University College of Nursing and Health Professions, School of Nursing – DNP in Nurse Anesthesia Program;
6. List personnel policies; and
7. Supply information regarding clinical experiences.

Forward

Welcome to Arkansas State University College of Nursing and Health Professions, School of Nursing - Nurse Anesthesia Program. We hope your time with us will be educational, rewarding and fulfilling.

This handbook has been prepared to acquaint you with all the services, regulations and policies of the A-State College of Nursing and Health Professions, School of Nursing- Nurse Anesthesia Program in relation to anesthesia education.

As a graduate student enrolled in the Nurse Anesthesia Program, you will be stimulated in analytical thinking; learning the principles and difficulties of problem solving. Faculty will assist you as you learn to investigate and comprehend the ramifications of the problem. You will learn problem solving principles through the gathering of facts to develop the best possible solution, implementation of solution action plans and evaluation of the solution. This process, once learned, is applicable to other life situations and the attainment of your professional and educational goals.

Teaching and learning is an interactive process. It is important that the teacher and learner be open to ideas, concepts and insights. Teaching occurs as a reflective or problem-solving process to inspire the student to examine and explore all nuances of the problem. Freedom to learn while close supervision is maintained is provided for the student during the educational process. Continuous appraisal is a critical component of the educational process with the teacher and learner providing feedback regarding their respective performance.

The interactive learning process evolves throughout life. In keeping with the School of Nursing's Philosophy and Values, the individual's baccalaureate nursing education and experience as a RN, provides the foundation for the Nurse Anesthesia Program's educational program. Upon completion of the A-State Nurse Anesthesia Program, graduates will possess entry into practice knowledge and skills as a competent, safe practitioner who possesses a foundation for the life-long study of anesthesia.

History

When St. Bernard's Hospital closed its diploma school of nursing in the early 1950's, northeastern Arkansas was left with no program preparing candidates for the Registered Nurse licensure examination. With the emergence of Jonesboro as a regional medical center, it was imperative that the community be assured that nurses necessary for this changing role be provided. Initially, hospitals provided scholarships at schools in other communities, but all too frequently the recipients of those scholarships remained in the area in which their education was received rather than coming to this area. The second degree accelerated BSN program admitted the first students in 2007.

During the middle 1960's, a group of concerned citizens, including a number of nurses, approached the University regarding the establishment of a nursing program and after a great deal of study, it was decided that the Associate Degree program in nursing would be initiated. In January 1969, the first class was admitted. The desirability of establishing a baccalaureate program in nursing was discussed, and these discussions resulted in the establishment of a generic baccalaureate nursing program in 1974. Both programs continued to expand, thus providing northeast Arkansas with a source of competent nursing graduates. In 1978, plans were formulated which would enable the graduates of both associate degree and diploma programs to move more readily into the baccalaureate program. The Second Degree Accelerated BSN program admitted the first students in 2007.

Joint planning between ASU/AHEC-NE/UAMS in 1990 led to funding of the Master of Science in Nursing program. Courses are scheduled in a manner that allows the currently-employed nurse to attend classes without interrupting employment status.

The future focus of the nursing programs will be on the continued improvement of all nursing programs and the development of plans, which will assist in meeting the health care needs of the citizens of Arkansas. The School of Nursing is committed to upgrading degrees of licensed nurses and increasing accessibility to current programs.

In 2002, the Nurse Anesthesia Program began as an integrated didactic and clinical program. The Master of Science in Nursing in Nurse Anesthesia is a 28-month, 88-credit hour, full-time program that prepares registered nurses for entry into nurse anesthesia practice. Upon completion of the program, graduates are

eligible to take the national certification examination administered by the National Board for Certification and Recertification of Nurse Anesthetists. Satisfactory performance is necessary in order to practice as a Certified Registered Nurse Anesthetist.

Accreditation

In October of 2020, the **DNP in Nurse Anesthesia Program** received initial accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), a specialized accrediting body recognized by the Council on Higher Education Accreditation and the U.S. Department of Education for the MSN and DNP programs. Contact information for COA is: 222 S. Prospect Ave, Park Ridge, IL 60068, Phone: 847-692-7050. The COA's website is [http:// home.coa.us.com/Pages/default.aspx](http://home.coa.us.com/Pages/default.aspx)
The next accreditation visit is 2024.

In May of 2014, the MSN Nurse Anesthesia Program received the maximum accreditation of 10 years by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), a specialized accrediting body recognized by the Council on Higher Education Accreditation and the U.S. Department of Education for the MSN and DNP programs. Contact information for COA is: 222 S. Prospect Ave, Park Ridge, IL 60068, Phone: 847-692-7050. The COA's website is [http:// home.coa.us.com/Pages/default.aspx](http://home.coa.us.com/Pages/default.aspx)

Arkansas State University School of Nursing is approved by the Arkansas State Board of Nursing and accredited by the [Accrediting Commission for Education in Nursing, Inc.](http://www.acenursing.org), 3343 Peachtree Rd. NE, Suite 850, Atlanta, GA 30326. Phone (404) 975-5000. ACEN's website is <http://www.acenursing.org>.

Initial accreditation for the **DNP** in Nurse Anesthesia Program is scheduled for October of 2021.

Arkansas State University is accredited by the regional institutional accreditor, the Higher Learning Commission North Central Association, 230 South LaSalle Street, Suite 7-500, Chicago, IL 60604, (800) 621-7440 The Higher Learning Commission's website is <https://www.hlcommission.org>.

Nurse Anesthesia Program Mission

The Nurse Anesthesia Program faculty acknowledges and supports the mission of the A-State College of Nursing and Health Professions, School of Nursing. The Nurse Anesthesia Program strives toward excellence in graduate education of Registered Nurses as they prepare for anesthesia practice and continued life-long study.

The curriculum includes core graduate courses in nursing, research, leadership, and professional roles, as well as support courses in the sciences and specialty courses in anesthesia. Intensive clinical internships follow the didactic courses, providing ongoing opportunity for application of theory to practice.

Nurse Anesthesia Program's Philosophy

A-State University College of Nursing and Health Professions, School of Nursing Nurse Anesthesia Program is consistent with the philosophy of the College of Nursing and Health Professions School of Nursing and Arkansas State University. Nurse Anesthesia Faculty believes that a dynamic, educational milieu promotes expertise while fostering self-directed and outcome-based learning. Faculty is also dedicated to producing vigilant, safe and conscientious practitioners possessing excellent critical thinking skills. Convinced that affective, as well as, behavioral objectives are obtainable, the curriculum and faculty members serve to exemplify responsibility for current trends and legal standards of practice. The practice of professional nursing rests upon a sound arts and science foundation that prepares graduates to excel in a rapidly changing, diverse, and technologically advanced society. Teaching and learning activities are keystones of the curriculum and occur within environments of care. Faculty serves as guides, mentors, role models, and consultants for students.

**Nurse Anesthesia Program
Faculty & Staff Contact Information**

1. L. Todd Hammon, DNP, MSN, CRNA
Program Director/Coordinator
 - a. Office phone number (870) 972-2814
 - b. Email address lhammon@astate.edu

2. Cassandra Massey, DNAP, MSN, CRNA
Assistant Program Director
 - a. Office phone number (870) 972-3394
 - b. Email address cmassey@astate.edu

3. Virginia Baltz DNP CRNA Faculty
 - a. Phone number (501) 412-1662
 - b. Email address Vbaltz@astate.edu

4. Armance White, DNP, CRN Faculty
 - a. Phone number (318) 294-3255
 - b. Email address awhite@astate.edu

Program Office Mailing Address and Fax Number:

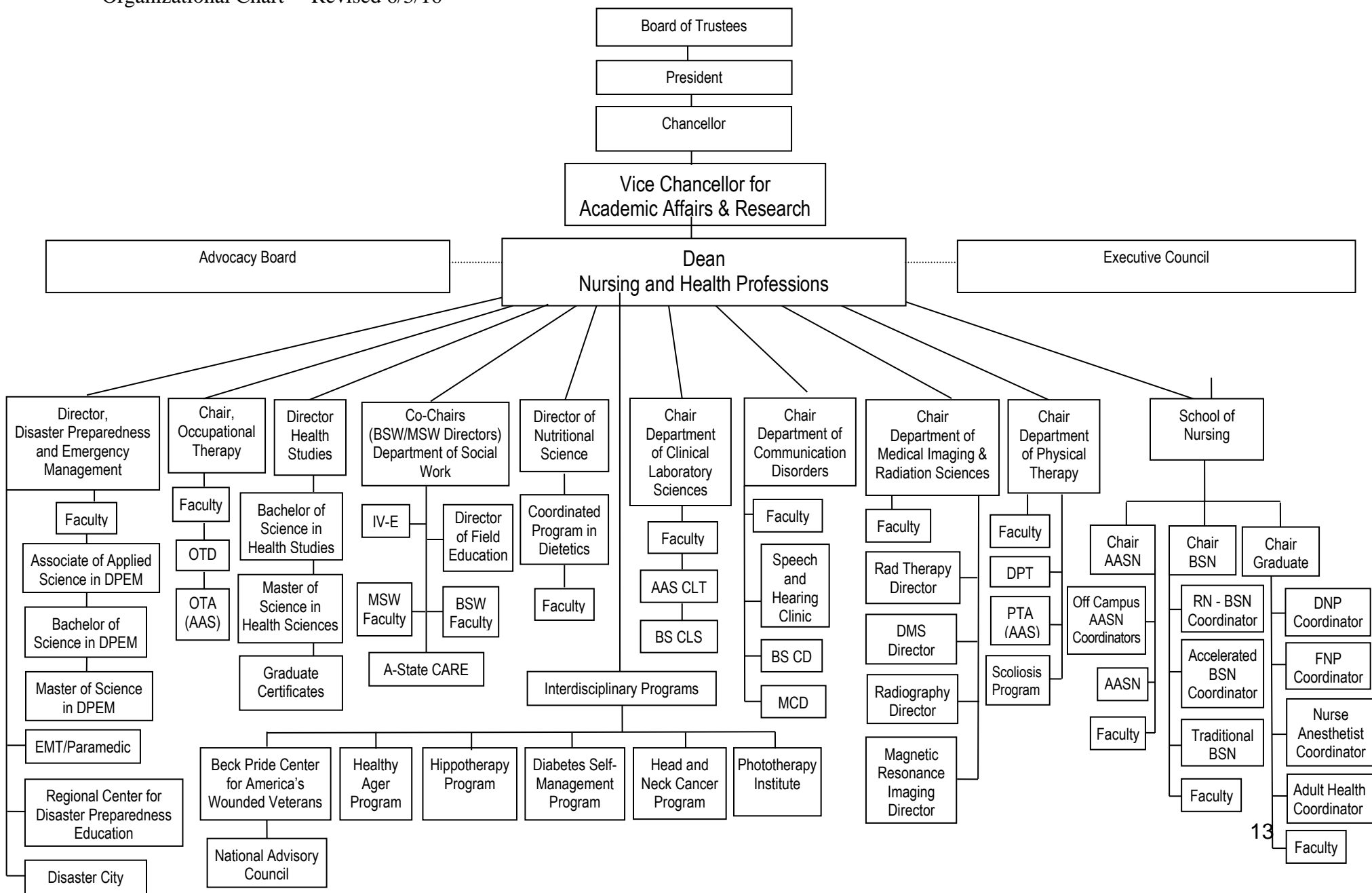
Arkansas State University
College of Nursing and Health Professions, School of Nursing
DNP in Nurse Anesthesia Program
Box 910 State University, AR 72467-0910
(UPS) 104 N. Caraway, Jonesboro, AR 72401
(870) 680-8187
Fax: (870) 972-2954

**ARKANSAS STATE UNIVERSITY COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING - NURSE ANESTHESIA PROGRAM**

Administrative Listing:

Dean.....Scott Gordon, Ph.D.
Nurse Anesthesia Program Director.....L. Todd Hammon, DNP, MSN, CRNA
Nurse Anesthesia Assistant Program Director.....Cassandra K. Massey, DNAP, MSN, CRNA
Faculty..... Virginia Baltz, DNP, CRNA
Faculty.....Armance White, DNP, CRNA
Administrative Assistant.....Mary Bouchard

College of Nursing and Health Professions
 Organizational Chart Revised 6/3/16



ADMISSION CRITERIA

1. Successful admission to the Arkansas State University Graduate School
2. Bachelor of Science in Nursing (BSN) from an ACEN or CCNE accredited program of nursing from a regionally accredited college or university.
3. Current unrestricted/unencumbered (clear/active) license as a Registered Nurse in one of the states/compact states or one of the protectorates of the United States, with eligibility for Arkansas, Tennessee, Mississippi and Missouri R. N. license.
4. A cumulative grade point average of 3.0 on undergraduate course work or 3.0 on the last 60 hours of undergraduate work on a 4.0 scale.
5. Graduate Record Examination (GRE) on application within 5 years of application demonstrating:
 - A combined verbal and quantitative score of 300 preferred for tests taken on and after August 1, 2011.
 - An analytical writing section score. (Preferred 4.0)
6. A minimum of one (1) year full-time work experience as a registered nurse in a critical care setting at the time of admission. Critical care experience must be within two (2) years of application. Critical care setting examples include but are not limited to: *Surgical Intensive Care, Medical Intensive Care, Neuro Intensive Care, Cardiothoracic or Cardiovascular Intensive Care, Burn/Trauma Intensive Care, Neonatal or Pediatric Intensive Care.* A-State Nurse Anesthesia Program does not accept *Emergency Room, Post-Anesthesia Care Unit, Operating Room or Obstetrical – Labor & Delivery Unit* experience.
7. Completion of a 3-credit hour **graduate** level descriptive and inferential statistics course with a grade of "B" or higher.
8. Three references, which should be current and/or former supervisors completed on the program's recommendation forms.
9. Current BLS, ACLS and PALS certification on application.
10. CCRN or Cardiac Surgery Certification on application
11. Successful completion of the interview process. Interview is by invitation only and is not guaranteed on application.

Application Process

1. Complete online application for admission to the A-State Graduate School.
2. Provide the Graduate School with Official Transcripts of all undergraduate/graduate course work and official GRE scores to:
 - A-State Graduate School
 - PO Box 60
 - State University, AR 72467.
3. Complete the following and mail in a comprehensive packet to: A-State Nurse Anesthesia Program at P.O. Box 910, State University, AR 72467.
 - Nurse Anesthesia Program application (available on website).
 - Personal Resume
 - Professional goal statement consisting of 500-1,000 words with attention given to the applicant's professional goals, past experiences and contributions the applicant expects to make in Nurse Anesthesia.
 - GRE Test Results taken within 5 years of application.
 - Three References
 - Copy of RN License and CCRN
 - BLS, ACLS, PALS (AHA)

English Proficiency Requirements

The School of Nursing requires a high level of proficiency in English so that all students will be able to fully meet academic and clinical objectives as well as meet criteria for professional licensure. All foreign-born students and nurses must take one of the following tests:

- Test of English as a Foreign Language (TOEFL) with a score of 83 on the preferred internet-based test (iBT), 570 on the paper-based test, or 213 on the computer-based test.
 - International English Language Testing System (IELTS) with a score of at least 6.5 and a spoken band score of 7.
 - Pearson Test of English Academic (PTE) with a score of 56.
- The TOEFL is available at the ASU Testing Center. When taking the exam off campus, the report code for ASU is 6011.

DNP in Nurse Anesthesia Curriculum

Year 1

Summer

NURS	8113	Theoretical Foundations for DNP	3(3-0)
NURS	8403	Physical and Biophysical sciences in Anesthesia Practice	3(3-0)
NURS	8414	Advanced Clinical Anatomy for Anesthesia Practice	4(3-1)
NURS	8123	Leadership, Policy and Healthcare system	3(3-0)
			13(12-1)

Fall			
NURS	8413	Advance Pharmacology I for Anesthesia Practice	3(3-0)
NURS	8423	DNP Advance Physiology and Pathophysiology I	3(3-0)
NURS	8434	Principle of DNP Anesthesia Practice I	4(4-0)
NURS	8143	Healthcare Finance	3 (3-0)
NURS	8153	Informatics	3 (3-0)
			16(16-0)

Spring			
NURS	8133	Epidemiology and Population Health	3(3-0)
NURS	8213	Translational Research for DNP I	3(3-0)
NURS	8424	Advance Pharmacology II for Anesthesia Practice	4(4-0)
NURS	8433	DNP Advance Physiology and Pathophysiology II	3(3-0)
NURS	8444	Principle of DNP Anesthesia Practice II	4(4-0)
			17(17-0)

Year 2			
Summer			
NURS	8163	Principles of Healthcare Ethics and Genetics	3(3-0)
NURS	8454	Principles of DNP Anesthesia Practice III	4(4-0)
NURS	8451	Orientation to DNP Anesthesia Clinical Practice*	1(0-1)
NURS	6023	Advanced Assessment of Diagnostic Evaluation	3(3-0)
			11(10-1)

Fall			
NURS	8003	Principles of Curriculum: Design, Instruction & Evaluation	3(3-0)
NURS	8508	DNP Anesthesia Practicum I*	8(0-8)
NURS	8223	Translational Research for DNP II	3(3-0)
			14(6-8)

Spring			
NURS	861V	DNP Anesthesia Practicum II*	10(0-10)
NURS	8601	DNP Project Development	1(1-10)
			11(1-10)

Year 3			
Summer			
NURS	871V	DNP Anesthesia Practicum III*	10(0-10)
NURS	8702	DNP Project Implementation	2(2-0)
			12(2-10)

Fall			
NURS	8808	DNP Anesthesia Practicum IV*	8(0-8)
NURS	8802	DNP Project Evaluation	2(2-0)
			10(2-8)

Spring			
NURS	891V	DNP Anesthesia Practicum V*	10(0-10)
			10(0-10)
		Total Credit Hours	114

Clinical hour ratio= 1 credit: 60 contact hours. Total Clinical contact hours = 2880 contact hours
 (48 clinical course hours X 60= 2880)

COURSE DESCRIPTIONS

NURS 8414 Advance Clinical Anatomy for Anesthesia Practice

Credit hours: 4

The course provides foundational histological and gross anatomical principles for the safe delivery of nurse anesthesia care. The course focus is application of anatomy through didactic and laboratory experiences.

NURS 8403 Physical and Biophysical Sciences in Anesthesia Practice

Credit Hours: 3

The course focus is physical and biophysical scientific principles applicable to mechanical and human systems in safe anesthesia practice.

NURS 8423 DNP Advance Physiology and Pathophysiology I

Credit Hours: 3

The course provides a comprehensive study of normal and abnormal physiology on specific organ system functions. The course focus is normal and abnormal physiological alterations and their effect on homeostasis for health promotion and anesthetic care across the lifespan.

NURS 8433 DNP Advance Physiology and Pathophysiology II

Credit Hours: 3

The course provides a comprehensive study of normal and abnormal physiology on specific organ system. The course focus is normal and abnormal physiological alterations' effect on homeostasis for health promotion and anesthetic care across the lifespan. Prerequisites: NURS 8423 DNP Advance Physiology and Pathophysiology I

NURS 8413 Advance Pharmacology I for Anesthesia Practice

Credit Hours: 3

The course provides detailed study of general pharmacological principles for medication-induced physiological functions in clinical during therapy. The course focus is therapeutic decision-making in anesthesia practice.

NURS 8424 Advance Pharmacology II for Anesthesia Practice

Credit Hours: 4

The course provides detailed study of general pharmacological principles for anesthetic agents and adjuvant drugs in clinical anesthetic management. The course focus is therapeutic decision-making in anesthesia practice. Prerequisite: NURS 8413 Advance Pharmacology I for Anesthesia Practice.

NURS 8434 Principles of DNP Nurse Anesthesia Practice I

Credit Hours: 4

The course focus is anesthesia care delivery based on basic sciences, evidence-based practice and safety and quality's conceptual frameworks.

NURS 8444 Principles of DNP Nurse Anesthesia Practice II

Credit Hours: 4

The course focus is anesthesia care management for normal and abnormal physiology, and surgical and diagnostic interventions. Care management is based on basic sciences, evidence-based practice and safety and quality's conceptual frameworks. Prerequisite: NURS 8434 Principles of DNP Nurse Anesthesia Practice I

NURS 8454 Principles of DNP Nurse Anesthesia Practice III

Credit Hours: 4

The course focus is anesthesia care management for normal and abnormal physiology, and surgical and diagnostic interventions in anesthesia and surgical specialty areas. Anesthesia management is based on basic sciences, evidence-based practice and safety and quality's conceptual frameworks. Prerequisite: NURS 8444 Principles of DNP Nurse Anesthesia Practice II

NURS 8003 Principles of Curriculum: Design, Instruct and Evaluation

Credit Hours: 3

This course provides philosophical underpinnings, goals and guidelines for the delivery of educational programs focusing on curriculum, and instruction.

NURS 8451 Orientation to DNP Anesthesia Clinical Practice

Credit Hours: 1 (1 credit to 60 clock hours)

The course applies theoretical knowledge based on basic sciences, evidence-based practice, safety and quality's frameworks with experiential learning in a simulated clinical environment developing critical thinking, problem solving and psychomotor skills appropriate for the novice student. Prerequisite: NURS 8444

NURS 8508 DNP Anesthesia Practicum I

Credit Hours: 8 (1 credit to 60 clock hours)

The course focus is anesthetic management KSAs in the patient with minimal to mild physiologic derangements (PS I and PS 2). Theoretical knowledge from basic sciences, evidence-based practice, safety and quality's framework is applied to practice. Prerequisites: NURS 8451 Orientation to DNP Anesthesia Clinical Practice and NURS 8454 Principles of DNP Nurse Anesthesia Practice III

NURS 861x DNP Anesthesia Practicum II

Credit Hours: 10 (1 credit to 60 clock hours)

The course focus is anesthetic management KSAs in patients with minimal to mild physiologic derangements with physical risk status (P1E, P2E, and P3) Theoretical knowledge from basic sciences, evidence-based practice, safety and quality's frameworks is applied to practice. Prerequisite: NURS 5808 DNP Anesthesia Practicum I

NURS 871x DNP Anesthesia Practicum III

Credit Hours: 10 (1 credit to 60 clock hours)

The course focus is anesthetic management KSAs in functionally incapacitated, moribund, and specialty surgery and anesthesia areas' patients (PS 3E, 4, & 5). Theoretical knowledge from basic sciences, evidence-based practice, safety and quality's framework is applied to practice. Prerequisite: NURS 861v DNP Anesthesia Practicum II

NURS 8808 DNP Anesthesia Practicum IV

Credit Hours: 8 (1 credit to 60 clock hours)

The course focus is anesthetic management KSAs in emergent, moribund, organ harvest and specialty surgery and anesthesia areas' patients (PS 4E, 5E, 6). Theoretical knowledge from basic sciences, evidence-based practice, safety and quality's framework is applied to practice. Prerequisite: NURS 871v DNP Anesthesia Practicum III

NURS 891x DNP Anesthesia Practicum IV

Credit Hours: 10 (1 credit to 60 clock hours)

The course focus is anesthetic management KSAs in patients across the lifespan and from specialty areas of anesthesia and surgery. Theoretical knowledge from basic sciences, evidence-based practice, safety and quality's framework is applied to practice. Prerequisite: NURS 8808 DNP Anesthesia Practicum IV

NURS 8601 DNP Project Development

Credit Hours: 1

The course focus is refinement of sections that address the background, literature review and preparation for implementation reflecting the specialty focus of the student to meet individual student interests and career goals. Prerequisites: NURS 8223 Translational Research for DNP II

NURS 8702 DNP Project Implementation

Credit Hours: 2

The focus of the course is to ensure project finding's reliability with evidence and the IRB approved proposal which reflects the specialty focus of the student to meet individual student interests and career goals. Prerequisites: NURS 8601 DNP Project Development

NURS 8802 DNP Project Evaluation

Credit Hours: 2

The focus of this course is to give to conclude the project and disseminate the findings with guidance from faculty mentors. The project reflects the specialty focus of the student to meet individual student interests and career goals. Prerequisites: NURS 8702 DNP Project Implementation

Required general education courses, core course and major courses.

Established DNP Core Courses

NURS 8113

Theoretical Foundations for Doctor of Nursing Practice*

Students will examine processes underlying development of models and theories from nursing and health-related disciplines for practice. Analyze application in advanced practice to solve problems and improve outcomes. Theoretical knowledge from sciences is integrated with nursing science to guide APN. 3 Credit Hours

NURS 8123

Leadership, Policy, and Healthcare Systems*

Students will analyze leadership and organizational theories, evaluate health care delivery systems, and examine the role of the DNP in influencing policy in health care delivery, outcomes and professional nursing. 3 Credit Hours

NURS 8133

Epidemiology and Population Health*

Students will examine evolution and history of methods of epidemiology. Quantization of morbidity and mortality within populations. Overview of study design, data analysis, and inferences. Specific areas of disease epidemiology illustrate risk factor analysis, surveillance systems and etiology of disease. 3 Credit Hours

NURS 8143

Healthcare Finance*

Provides advanced economic, financial, and business knowledge required for leadership in financial planning and decision making in healthcare delivery systems. Evidence based models of practice, financial frameworks and theory are applied to practice-level, system-wide problems, including inter- and intra-professional teams. (Pre-requisite NURS 8123) 3 Credit Hours

NURS 8153

Healthcare Informatics*

Examines the complexities involved in managing resources in our healthcare system. Students will learn to use management theory and informatics applications to increase efficiencies in various functional area of healthcare services. (Pre-requisite NURS 8133) 3 Credit Hours

NURS 8213

Translational Research for Doctor of Nursing Practice I*

This course provides the student with the foundation for the DNP evidence-based practice project. The emphasis of this course is on problem identification, information retrieval, critical appraisal, and synthesis of a body of evidence. (Pre-requisites: NURS 8113, NURS 8123, NURS 8133; Co-requisites: NURS 8143, NURS 8153) 3 Credit Hours

NURS 8163

Principles of Healthcare Ethics and Genetics*

Focuses on theories of ethics and implications for practice, including principles of genetics for individuals, families and populations at risk for genetic disorders. Topics in ethics and genetics are presented. (Pre-requisite: NURS 8133) 3 Credit Hours

NURS 8223

Translational Research for Doctor of Nursing Practice II*

This course focuses on translating evidence into practice, identifying practice outcomes, sustaining evidence-based practice changes, and creating an environment to support evidence-based practice. (Pre-requisites: NURS 8213, NURS 8314; Co-requisite NURS 8323) 3 Credit Hours

DNP in NURSE ANESTHESIA PROGRAM TERMINAL OUTCOMES

Program outcomes have been identified to assure that the new graduate has acquired knowledge, skills, and competencies in patient safety, perianesthetic management, critical thinking, communication, and the professional role as mandated by the Council on Accreditation of Nurse Anesthesia Educational Programs. These outcomes are based on Standard D of the DNP Standards and Guidelines for Accreditation of Nurse Anesthesia Educational Programs.

Upon successful completion of the Nurse Anesthesia Program, the graduate student will be able to demonstrate:

- A. Patient safety:
 - A.1. Be vigilant in the delivery of patient care.
 - A.2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, e-mailing, etc).
 - A.3. Conduct a comprehensive equipment check.
 - A.4. Protect patients from iatrogenic complications

- B. Perianesthesia:
 - B.1. Provide individualized care throughout the perianesthetic continuum.
 - B.2. Deliver culturally competent perianesthesia care.
 - B.3. Provide anesthesia services to all patients across the lifespan.
 - B.4. Perform a comprehensive history and physical assessment.
 - B.5. Administer general anesthesia to patients with a variety of physical conditions.
 - B.6. Administer general anesthesia for a variety of surgical and medically related procedures.
 - B.7. Administer and manage a variety of regional anesthetics.
 - B.8. Maintain current certification in advanced cardiac life support (ACLS) and pediatric advanced life support (PALS).

- C. Critical thinking:
 - C.1. Apply knowledge to practice in decision-making and problem-solving.
 - C.2. Provide nurse anesthesia care based on evidence-based principles.
 - C.3. Perform a pre-anesthetic assessment prior to providing anesthesia services.
 - C.4. Assume responsibility and accountability for diagnosis.
 - C.5. Formulate an anesthesia plan of care prior to providing anesthesia services
 - C.6. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
 - C.7. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
 - C.8. Calculate, initiate, and manage fluid and blood component therapy.
 - C.9. Recognize, evaluate and manage the physiological responses coincident to the provision of anesthesia services.
 - C.10. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
 - C.11. Use science-based theories and concepts to analyze new practice approaches.
 - C.12. Pass the national certification examination (NCE) administered by NBCRNA.

- D. Communications:
 - D.1. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
 - D.2. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
 - D.3. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
 - D.4. Maintain comprehensive, timely, accurate and legible healthcare records.
 - D.5. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
 - D.6. Teach others.

- E. Leadership:
 - E.1. Integrate critical and reflective thinking in his or her leadership approach.
 - E.2. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

- F. Professional role:
 - F.1. Adhere to the *Code of Ethics for the Certified Registered Nurse Anesthetist*.
 - F.2. Interact on a professional level with integrity.
 - F.3. Apply ethically sound decision-making processes
 - F.4. Function within legal and regulatory requirements.
 - F.5. Accept responsibility and accountability for his or her practice.
 - F.6. Provide anesthesia services to patients in a cost-effective manner.
 - F.7. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.

 - F.8. Inform the public of the role and practice of the CRNA.
 - F.9. Evaluate how public policymaking strategies impact the financing and delivery of healthcare
 - F.10. Advocate for health policy change to improve patient care.
 - F.11. Advocate for health policy change to advance the specialty of nurse anesthesia.
 - F.12. Analyze strategies to improve patient outcomes and quality of care.
 - F.13. Analyze health outcomes in a variety of populations.
 - F.14. Analyze health outcomes in a variety of clinical settings.
 - F.15. Analyze health outcomes in a variety of systems.
 - F.16. Disseminate scholarly work.
 - F.17. Use information systems/technology to support and improve patient care.
 - F.18. Use information systems/technology to support and improve healthcare systems.
 - F.19. Analyze business practices encountered in nurse anesthesia delivery settings.

SCHOOL OF NURSING PROGRAM OUTCOMES

DNP PROGRAM OUTCOMES

Graduate nursing education builds on a foundation of undergraduate nursing education and provides an opportunity for professional nurses to develop a specialty practice that is congruent with an expanding theoretical and empirical knowledge base. The graduate program in nursing is designed to assist professional nurses to prepare for advanced clinical and functional roles that demand increased accountability, expertise, and leadership. The doctoral program facilitates the use of the research process through the course of study and prepares the graduate to be a critical thinker and a self-directed professional who collaborates with consumers and other health care providers.

The program outcomes emphasize study in the areas of theory, research, role, practice, and health policy. Upon completion of study for the Doctor of Practice in Nursing, the student is expected to be able to:

The programs outcomes emphasize study in the areas of theory, research, role, practice, and health care policy. Upon completion of study for the doctorate of nursing practice, the student is expected to be able to:

DNP Program Outcomes

1. Integrate theories and concepts from nursing and related disciplines in the implementation of the advanced clinician role.
2. Propose solutions for complex health care situations presented by clients/families using deliberative processes and knowledge from nursing and related disciplines.
3. Demonstrate clinical judgment in providing nursing care to clients/families in states of wellness or illness.
4. Analyze learning needs of clients and care providers in establishing educational programs to foster an environmental milieu conducive to achieving an optimal level of health.
5. Critique research in nursing and related disciplines as a basis for application to advanced nursing practice.
6. Initiate cooperative and collaborative relationships to foster and implement clinical research studies.
7. Synthesize knowledge of public policy issues in managing and delivering health care to clients.
8. Assume leadership and consultation roles in the planning and providing of services and in influencing public policy for the health care of clients.
9. Propose strategies that contribute to the advancement of nursing as a practice discipline and as a social force.

DNP in Nurse Anesthesia Program Outcomes/Student Outcomes

1. **Integrate theories and concepts from nursing and related disciplines in the implementation of the advanced clinician role.**

Assessment Measures:

Direct Measures:

- Eighty-five (85%) of the students will complete the program within 9 semesters
- Eighty-five (85%) of the graduates will pass the Council on Certification of Nurse Anesthetists' National Certification Examination on the first writing as verified by the certification report from the National Board of Certification and Recertification for Nurse Anesthetists.
- Eighty-five percent (85%) of the graduates will be employed as CRNAs within six months of graduation should they desire to be employed.
- Eighty-five percent (85%) of the graduates will have participated in some form of continuing education within two (2) years of obtaining certification.
- Eighty-five percent (85%) of the respondents to the Arkansas State University School of Nursing-Nurse Anesthesia Program's Graduate Survey one year following graduation will evaluate their (his/her) ability to perform entry-level tasks as average or above average.
- Eight-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Employer Survey one year following graduation will evaluate the graduate's ability to perform entry-level tasks as average or above average.

Indirect Measures:

- Examinations, presentations, care/management plans, written assignments/papers

Which Courses are responsible for this outcome?

- NURS 8403; NURS 8414; NURS 8413; NURS 8424; NURS 8434; NURS 8423; NURS 8433; NURS8444; NURS 8454; NURS 8451; NURS 8003; NURS 8508; NURS 861x; NURS871x, NURS 8702; NURS 8808; NURS 891x; NURS 8113; NURS8123; NURS 8143; NURS 8153; NURS 8133; NURS 8163; NURS 8223

2. Propose solutions for complex health care situations presented by clients/families using deliberative processes and knowledge from nursing and related disciplines.

Assessment Measures:

Direct Measures:

- Eighty-five (85%) of the students will complete the program within 9 semesters
- Eighty-five (85%) of the graduates will pass the Council on Certification of Nurse Anesthetists' National Certification Examination on the first writing as verified by the certification report from the National Board of Certification and Recertification for Nurse Anesthetists.
- Eighty-five percent (85%) of the graduates will be employed as CRNAs within six months of graduation should they desire to be employed.
- Eighty-five percent (85%) of the graduates will have participated in some form of continuing education within two (2) years of obtaining certification.
- Eighty-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Survey one year following graduation will evaluate their (his/her) ability to perform entry-level tasks as average or above average.
- Eight-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Employer Survey one year following graduation will evaluate the graduate's ability to perform entry-level tasks as average or above average.

Indirect Measures:

- Examinations, presentations, care/management plans, written assignments/papers, clinical evaluations

Which Courses are responsible for this outcome?

- NURS 8403; NURS 8414; NURS 8413; NURS 8423; NURS 8434; NURS 8424; NURS 8433; NURS 8444; NURS 8454; NURS 8451; NURS 8003; NURS 8508; NURS 861x; NURS 871x; NURS 8702; NURS 8808; NURS 8802; NURS 891x; NURS 8113; NURS 8123; NURS 8143; NURS 8153; NURS 8163; NURS 8133; NURS 8163; NURS 8223

3. Demonstrate clinical judgment in providing nursing care to clients/families in states of wellness or illness.

Assessment Measures:

Direct Measures:

- Eighty-five (85%) of the students will complete the program within 9 semesters
- Eighty-five (85%) of the graduates will pass the Council on Certification of Nurse Anesthetists' National Certification Examination on the first writing as verified by the certification report from the National Board of Certification and Recertification for Nurse Anesthetists.
- Eighty-five percent (85%) of the graduates will be employed as CRNAs within six months of graduation should they desire to be employed.
- Eighty-five percent (85%) of the graduates will have participated in some form of continuing education within two (2) years of obtaining certification.
- Eighty-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Survey one year following graduation will evaluate their (his/her) ability to perform entry-level tasks as average or above average.
- Eight-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Employer Survey one year following graduation will evaluate the graduate's ability to perform entry-level tasks as average or above average.

Indirect Measures:

- Examinations, presentations, care/management plans, written assignments/papers, clinical evaluations

Which Courses are responsible for this outcome?

- NURS 8414; NURS 8424; NURS 8434; NURS 8433; NURS 8444; NURS 8508; NURS 861x; NURS 871x; NURS 8808; NURS 891x

4. Analyze learning needs of clients and care providers in establishing educational programs to foster an environmental milieu conducive to achieving an optimal level of health.

Assessment Measures:

Direct Measures:

- Eighty-five (85%) of the students will complete the program within 9 semesters
- Eighty-five (85%) of the graduates will pass the Council on Certification of Nurse Anesthetists' National Certification Examination on the first writing as verified by the certification report from the National Board of Certification and Recertification for Nurse Anesthetists.
- Eighty-five percent (85%) of the graduates will be employed as CRNAs within six months of graduation should they desire to be employed.
- Eighty-five percent (85%) of the graduates will have participated in some form of continuing education within two (2) years of obtaining certification.
- Eighty-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Survey one year following graduation will evaluate their (his/her) ability to perform entry-level tasks as average or above average.
- Eight-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Employer Survey one year following graduation will evaluate the graduate's ability to perform entry-level tasks as average or above average.

Indirect Measures:

- Examinations, presentations, care/management plans, written assignments/papers, clinical evaluations

Which Courses are responsible for this outcome?

- NURS 8403; NURS 8423; NURS 8133; NURS 8163; NURS 8223

5. Critique research in nursing and related disciplines as a basis for application to advanced nursing practice.**Assessment Measures:****Direct Measures:**

- Eighty-five (85%) of the students will complete the program within 9 semesters
- Eighty-five (85%) of the graduates will pass the Council on Certification of Nurse Anesthetists' National Certification Examination on the first writing as verified by the certification report from the National Board of Certification and Recertification for Nurse Anesthetists.
- Eighty-five percent (85%) of the graduates will be employed as CRNAs within six months of graduation should they desire to be employed.
- Eighty-five percent (85%) of the graduates will have participated in some form of continuing education within two (2) years of obtaining certification.
- Eighty-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Survey one year following graduation will evaluate their (his/her) ability to perform entry-level tasks as average or above average.
- Eight-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Employer Survey one year following graduation will evaluate the graduate's ability to perform entry-level tasks as average or above average.

Indirect Measures:

- Examinations, presentations, care/management plans, written assignments/papers, clinical evaluations

Which Courses are responsible for this outcome?

- NURS 8403; NURS 8434; NURS 8433; NURS 8451; NURS 8003; NURS 8508; NURS 861x; NURS 871x; NURS 891x; NURS 8702; NURS 8808; NURS 8163; NURS 8223

6. Initiate cooperative and collaborative relationships to foster and implement clinical research studies.**Assessment Measures:****Direct Measures:**

- Eighty-five (85%) of the students will complete the program within 9 semesters
- Eighty-five (85%) of the graduates will pass the Council on Certification of Nurse Anesthetists' National Certification Examination on the first writing as verified by the certification report from the National Board of Certification and Recertification for Nurse Anesthetists.
- Eighty-five percent (85%) of the graduates will be employed as CRNAs within six months of graduation should they desire to be employed.
- Eighty-five percent (85%) of the graduates will have participated in some form of continuing education within two (2) years of obtaining certification.

- Eighty-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Survey one year following graduation will evaluate their (his/her) ability to perform entry-level tasks as average or above average.
- Eight-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Employer Survey one year following graduation will evaluate the graduate's ability to perform entry-level tasks as average or above average

Indirect Measures:

- Examinations, presentations, care/management plans, written assignments/papers, clinical evaluations

Which Courses are responsible for this outcome?

- NURS 8403; NURS 8444; NURS 8454; NURS 8601; NURS 8702; NURS 8123; NURS 8153; NURS 8223

7. Synthesize knowledge of public policy issues in managing and delivering health care to clients.

Assessment Measures:

Direct Measures:

- Eighty-five (85%) of the students will complete the program within 9 semesters
- Eighty-five (85%) of the graduates will pass the Council on Certification of Nurse Anesthetists' National Certification Examination on the first writing as verified by the certification report from the National Board of Certification and Recertification for Nurse Anesthetists.
- Eighty-five percent (85%) of the graduates will be employed as CRNAs within six months of graduation should they desire to be employed.
- Eighty-five percent (85%) of the graduates will have participated in some form of continuing education within two (2) years of obtaining certification.
- Eighty-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Survey one year following graduation will evaluate their (his/her) ability to perform entry-level tasks as average or above average.
- Eight-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Employer Survey one year following graduation will evaluate the graduate's ability to perform entry-level tasks as average or above average

Indirect Measures:

- Examinations, presentations, care/management plans, written assignments/papers, clinical evaluations

Which Courses are responsible for this outcome?

- NURS 8113; NURS 8123; NURS 8143; NURS 8153; NURS 8163; NURS 8223

8. Assume leadership and consultation roles in the planning and providing of services and in influencing public policy for the health care of clients.

Assessment Measures:

Direct Measures:

- Eighty-five (85%) of the students will complete the program within 9 semesters
- Eighty-five (85%) of the graduates will pass the Council on Certification of Nurse Anesthetists' National Certification Examination on the first writing as verified by the certification report from the National Board of Certification and Recertification for Nurse Anesthetists.
- Eighty-five percent (85%) of the graduates will be employed as CRNAs within six months of graduation should they desire to be employed.
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- Eight-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Employer Survey one year following graduation will evaluate the graduate's ability to perform entry-level tasks as average or above average

Indirect Measures:

- Examinations, presentations, care/management plans, written assignments/papers, clinical evaluations; project

Which Courses are responsible for this outcome?

- NURS 8444; NURS 8454; NURS 8451; NURS 8601; NURS 8802; NURS 8113; NURS 8123; NURS 8143; NURS 8153; NURS 8133; NURS 8163; NURS 8223

9. Propose strategies that contribute to the advancement of nursing as a practice discipline and as a social force.

Assessment Measures:

Direct Measures:

- Eighty-five (85%) of the students will complete the program within 9 semesters
- Eighty-five (85%) of the graduates will pass the Council on Certification of Nurse Anesthetists' National Certification Examination on the first writing as verified by the certification report from the National Board of Certification and Recertification for Nurse Anesthetists.
- Eighty-five percent (85%) of the graduates will be employed as CRNAs within six months of graduation should they desire to be employed.
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- Eighty-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Survey one year following graduation will evaluate their (his/her) ability to perform entry-level tasks as average or above average.
- Eight-five percent (85%) of the respondents to the Arkansas State University School of Nursing- Nurse Anesthesia Program's Graduate Employer Survey one year following graduation will evaluate the graduate's ability to perform entry-level tasks as average or above average

Indirect Measures:

- Examinations, presentations, care/management plans, written assignments/papers, clinical evaluations; project

Which Courses are responsible for this outcome?

- NURS 8423; NURS 8434; NURS 8433; NURS 8444; NURS 8454; NURS 8003; NURS 8601; NURS 8702; NURS 8702; NURS 8802; NURS 8113; NURS 8143; NURS 8133; NURS 8223

Assessments will include DNP Essentials, DNP Program Outcomes, Course Learning Outcomes, and Student Evaluations.

The Essentials of Doctoral Education for Advanced Nursing Practice

- I. Scientific Underpinnings for Practice
- II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- V. Health Care Policy for Advocacy in Health Care
- VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- VII. Clinical Prevention and Population Health for Improving the Nation's Health
- VIII. Advanced Nursing Practice

Individual Student Outcomes:

The graduate of the DNP in Nursing program will:

1. Incorporate knowledge and theories from nursing and other supportive disciplines into advanced nursing practice.
2. Display competence within the legal scope of practice for the chosen advanced practice nursing role.
3. Participate in scholarly endeavors to advance nursing knowledge.
4. Evaluate, conduct, and utilize research within advanced nursing practice.
5. Use leadership, administration, and teaching strategies to improve nursing practice and health care delivery.
6. Assume accountability to influence health policy, address the diversity of health care needs, and advance the nursing profession.

GRADUATION CRITERIA

Graduates must:

1. Meet all requirements set forth by the Nurse Anesthesia Program, School of Nursing, and College of Nursing and Health Professions at Arkansas State University.
2. Meet all requirements specified by the Council on Accreditation of Nurse Anesthesia Educational Programs and NBCRNA.
3. Submit a formal application to the graduate school prior to enrolling in the final semester of the program. (Intent to graduate)
4. Possess an accumulative grade point average of 3.0 on all course work.
5. Submit final student evaluations for the last semester from clinical facility declaring that the student has acquired knowledge, skills, and competencies in patient safety, perianesthetic management, critical thinking, communication needed for entry level practice as a nurse anesthetist.
6. Successfully complete Comprehensive Examinations.
7. Maintain **AHA** BLS, ACLS and PALS certification, which is valid throughout the program and for at least ninety (90) days post-graduation.
8. Maintain an unrestricted Registered Nurse license at all times, and which is valid for at ninety (90) days post-graduation.
9. Fulfill all financial obligations to Arkansas State University. Students must complete the financial-aid exit interview when necessary.

SECTION II
STUDENT RIGHTS, RESPONSIBILITIES
AND BENEFITS

STUDENT RIGHTS

As an equal partner in your education at Arkansas State University College of Nursing and Health Professions, Nurse Anesthesia Program, you are entitled to rights and are charged with responsibilities for your education. Your participation is essential as is your willingness to communicate your concerns and needs.

You are an adult learner with extensive professional and life experiences who brings knowledge, commitment, professional expertise, and emotional intelligence to this educational venture. It is within this context your education will be designed and your future career as a CRNA will be forged.

As a student you have the right to expect:

- The freedom to pursue your educational goals. The Nurse Anesthesia Program will provide a highly specialized, graduate curriculum steeped in professionalism, progressive didactic instruction and a personally designed mentored clinical experience. Student's performance will be evaluated on established grading criteria outlined in each course syllabi.
- Fair and accurate evaluations of your progress in the educational program and to be kept informed of the status of that progress.
- The right to freedom of expression, inquiry, and assembly subject to reasonable and nondiscriminatory Nurse Anesthesia Program rules and regulations regarding time, place, and manner.
- The right to inquire about and to propose improvements in policies, regulations, and procedures affecting the welfare of the students with the Program Director.
- The right to privately confer with faculty concerning a personal grievance. If the outcome is not satisfactory, you may proceed to the next person on the organizational chain. If you feel that you have been subject to irresponsible treatment, arbitrary decisions, discrimination, or differential treatment that has resulted in dismissal from the program, you have the right to appeal and due process. Students shall have access to the accrediting agency after all grievance procedures have been exhausted at the local institution relative to student appeals.
- Confidentiality regarding exam grades, clinical experiences, and status in the program.
- The right to review your school record and to request nondisclosure of certain information. Arkansas State University abides by the requirements of the Family Educational Rights and Privacy Act.
- A complete and accurate certified transcript of their student educational experiences and supporting documentation, as required, will be forwarded to the Certifying Agency in sufficient time for eligibility determination for the qualifying examination within two months of graduation.

Students will be accountable for:

- Reading the student handbook, knowing, understanding, and acting within Nurse Anesthesia Program's regulations, policies and procedures.
- The proper completion of all academic and clinical obligations both at Nurse Anesthesia Program and the Arkansas State University.
- Maintaining your personal physical and emotional health and to notify the Nurse Anesthesia Program if the student is under the care of a healthcare provider for any serious or chronic illness.
- Respecting and guarding the confidentiality of all client/patient information.
- Maintaining professional demeanor and conduct at all times.
- Maintaining communication with the Nurse Anesthesia Program regarding current licensure, certifications, address, e-mail address and telephone number. Similarly, as a graduate, the student has the responsibility to complete post-graduate program evaluation of the Nurse Anesthesia Program and notify the Nurse Anesthesia Program of changes in employment status, completion of additional degrees and advanced training or certification.
- Fulfilling financial obligations i.e. payment of tuition, repayment of loans, etc.
- Abiding by required dress code

It is the responsibility of the student to know and to follow the requirements, policies and procedures contained in this handbook. As new policies and procedures are adopted by the faculty, students will be provided this information. Notices will be provided by e-mail and/or in classroom settings

As a member of the profession of Nurse Anesthesia and Arkansas State University, College of Nursing and Health Professions, students are held to the ethical standards of AANA and the University. Among these standards are honesty and integrity. These standards are the basis for representation of the profession and the Nurse Anesthesia Program. This attitude should be conveyed to patients, faculty and healthcare providers. As an anesthesia care provider, the student must be aware of the patient's rights and responsibilities.

Patients

The patient has the right to:

- Know who is administering their anesthesia, who will be supervising the administration of the anesthetic and the relationship between the two. No practice shall be engaged in which the intention is to deceive the patient in this regard. The student should introduce himself or herself as a "Graduate Student Registered Nurse Anesthetist" and identify who will be supervising them during the anesthetic case;
- Expect that anesthesia services provided by students be under the supervision of a CRNA or an anesthesiologist; be consistent with the anesthesia risk for the patient, the magnitude of the anesthesia and surgery, and that the CRNA or anesthesiologist be immediately available at all times in all anesthetizing areas where students are performing anesthesia;
- Expect that the student and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions; and
- Know that the attending CRNA, anesthesiologist or the responsible physician shall be kept informed of information pertaining to anesthetic management and any complication arising from that management.

The patient has the responsibility to:

- Make every reasonable effort to keep appointments as scheduled;
- Follow, as best he or she can, instruction provided by his or her physician and other health care providers and question instructions he or she does not understand; and
- Provide adequate information about his or her health/medical history and post hospitalization course.

Applicants

The applicant has a right to:

- Information that is provided shall be factual, fairly presented, timely, and contain detailed information pertaining to admission criteria and process; program content, graduation requirements, and student rights and responsibilities;
- Fair and non-discriminating practices in the selection process; and
- Confidentiality.

The applicant has the responsibility to:

- Provide accurate, truthful information;
- Complete their application and provide all application supporting documentation by the application deadline;
- Meet application requirements by submitting all required documents; and
- Communicate with the program in a timely manner accepting or declining admission decisions.

Alumni

The graduate has the right to:

- Access transcripts of their academic and clinical endeavors according to the record policy;
- Have verified copies of their transcripts furnished to any institution specified by the student or graduate upon their request; and
- Expect that a complete and accurate transcript and application of the graduate's educational experiences be forwarded to the Council on Certification of Nurse Anesthetists (CCNA) upon graduation. It is the graduates' responsibility to ensure that all guidelines and deadlines in the Candidate Handbook of the CCNA are followed. The graduate is responsible to make arrangements to take the Certification Examination at a site and within the time frame designated by the CCNA.

The graduate has the responsibility to:

- Provide to the nurse anesthesia program, signed written release of information when requesting information from their student files be furnished to institutions, agencies, employers, or other entities;
- Notify the nurse anesthesia program of their place of employment one-year post graduation to allow the mailing of an Employers Evaluation of the graduate's preparedness for practice;
- Submit the completed Graduate Survey one-year post-graduation to the nurse anesthesia program; and
- Participate in continuing education activities and function according to the appropriate legal requirements within the state they are employed.

Faculty

The faculty has the right to expect:

- Students will fulfill their responsibilities relative to their education.
- Treatment in a respectful manner by students, University and program administration.
- Provision of the support needed to conduct the activities of programmatic committee work, clinical and didactic instruction, and faculty development;
- Well prepared students for any given lecture, clinical case, or assignment;
- Removal of a student from the learning environment if the integrity of the learning environment or the safety of the patient may be compromised;
- Students who will have self-motivation and seek learning opportunities to develop the necessary skills, knowledge, and professional behaviors necessary to be successful in completion of the program; and
- Student, peer and superior evaluations will be fair and unbiased.

The faculty has the responsibility to:

- Demonstrate excellence in teaching and clinical performance;
- Seek student input and feedback;
- Engage in fair student evaluation and grading;
- Interact on a professional level with integrity and civility;
- Be active in and supportive of program committee assignments;
- Be available at reasonable times for student questions;
- Not consider, in either academic or clinical evaluations, factors such as race, color, religion, gender, age, national origin, handicap, political affiliation, lifestyle, etc.;
- Not exploit professional relationships with students for private advantage and refrain from soliciting student assistance for private purposes in a manner which infringes upon the student's freedom of choice;
- Give appropriate recognition to contributions made by students;
- Respect the dignity of each student individually and all students collectively in areas of educational endeavors;
- Provide appropriate supervision and direction based on a student's clinical expertise;
- Assist with remediation or disciplinary actions of students as needed;
- Maintain student confidentiality in all forms of communication related to their clinical or didactic performance;
- Serve in the capacity of advisor with specific student assignments; and
- Respect student confidentiality regarding information within the student's record, exam grades, clinical experiences, and status in the program.

Conducting Institutions

The program (Arkansas State University) and affiliated clinical sites have the right to expect that:

- The nurse anesthesia faculty operate the program in accordance with the applicable standards, policies, and procedures of the accrediting agencies, university, hospital, affiliate clinical sites, and the program;
- Accurate and comprehensive records will be maintained;
- The program will submit annual reports to the accrediting agency (COA) and other submissions as required;
- The program represents itself with integrity and honesty in all communications;

- Information regarding program changes, accrediting agency evaluations and standards and trends affecting nurse anesthesia education will be provided;
- Students will be aware of and follow departmental and institutional policies related to patient care and all other matters addressed in relevant policies;
- Students will communicate with clinical instructors relative to their abilities to perform procedures and apply knowledge in their clinical educational experiences; and
- Students will arrive prepared for classes, seminars, conferences, clinical experiences, and other educational experiences.

The program (Arkansas State University) and affiliated clinical sites have the responsibility to:

- Provide clinical and didactic instruction and evaluations;
- Coordinate and carry out application and admission procedures;
- Provide classroom and laboratory space as needed for didactic lectures/courses;
- Provide academic and clinical counseling to the interns as needed;
- Coordinate advertising and public relation efforts;
- Provide orientation to the clinical area;
- Provide support for clinical research;
- Provide resources needed for effective operation of an educational program of high quality.
- Continually evaluate the program to ensure that it meets student needs and graduates attain desired outcomes;
- Uphold the reputation of the NAO and its entities
- Conduct the program in compliance with all legal and accreditation standards; and
- Be accountable to the public.

Council on Accreditation

The COA has the right to:

- Conduct periodic announced and unannounced site reviews to assess compliance to published standards;
- Expect the program's assistance in the conduction of an accurate evaluation by providing accurate and truthful statements and supportive documentation as required; and
- Require the program to follow all policies and procedures published by the COA.

The COA has the responsibility to:

- Publish any and all applicable standards necessary for accreditation and successful re-accreditation, and to evaluate programs in their ability to meet the published standards;
- Identify areas of noncompliance and to inform the program accordingly; and
- Assist the program in attempts to comply with COA requests.

AANA Code of Ethics

Code of Ethics for the Certified Registered Nurse Anesthetist

Preamble

The American Association of Nurse Anesthetists (AANA) Code of Ethics offers guidance to the Certified Registered Nurse Anesthetist (CRNA) to make ethical decisions in all practice roles. The practice of nurse anesthesia may include clinical practice, nurse anesthesia-related administrative, educational or research activities, or a combination of two or more of such areas of practice. The Code of Ethics consists of principles of conduct and professional integrity that guide decision making and behavior of the CRNA. The CRNA's ethical responsibility is primarily to the patient, as well as to the profession, other healthcare providers, self, and society. The CRNA acknowledges, understands, and is sensitive to the vulnerability of the patient undergoing anesthesia, pain management, and related care and preserves the patient's trust, confidence, and dignity.

The CRNA has the personal responsibility to understand, uphold, and adhere to these ethical standards of conduct. Deviation from the Code of Ethics occurs rarely in practice and any deviation must be supported by ethical decision making, compelling reasons, and best judgment specific to the situation. The AANA recognizes the American Nurses Association (ANA) Code of Ethics as the foundation for ethical values, duties, and responsibilities in nursing practice.¹

1. Responsibility to Patient

The CRNA respects the patient's moral and legal rights, and supports the patient's safety, physical and psychological comfort, and well-being. The CRNA collaborates with the patient and the healthcare team to provide compassionate, holistic, patient-centered anesthesia, pain management, and related care. The CRNA:

- 1.1 Respects human rights and the values, customs, culture, and beliefs of patients and their families.
- 1.2 Supports the patient's right to self-determination.
 - 1.2.1 Presents accurate, complete and understandable information to the patient to facilitate informed healthcare decisions.
 - 1.2.2 Encourages patients, including minors, to participate in healthcare decision making that is appropriate for their developmental capacity.
 - 1.2.3 Supports a patient's decision making without undue influence or coercion.
- 1.3 Acts in the patient's best interest and advocates for the patient's welfare.
 - 1.3.1 Discloses and manages or resolves perceived or real conflicts of interest (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict between the CRNA's interests and the patient's interests.)
 - 1.3.2 If the CRNA has a moral, religious or ethical conflict related to the patient's healthcare decisions or plan for care, the CRNA may, without judgment or bias, transfer care to an appropriately credentialed anesthesia provider willing to perform the procedure.
- 1.4 Prior to providing anesthesia, pain management, and related care:
 - 1.4.1 Introduces self, using name, a term representing the CRNA credential, and role.
 - 1.4.2 Verifies that students have introduced themselves or been introduced to the patient, and the patient has consented to student participation in anesthesia, pain management, and related care.
 - 1.4.3 Discusses the plan of care and obtains informed consent or verifies that the patient has given informed consent in accordance with law, accreditation standards, and institutional policy.²
 - 1.4.4 Discusses the plan of care and obtains informed consent from a legal decision maker (e.g., healthcare proxy, surrogate) when the legal decision maker is responsible for the patient's healthcare decisions or verifies that the legal decision maker has given informed consent.
 - 1.4.5 Protects patient privacy, including confidentiality of patient information, except when necessary to protect the patient or other persons, or when required by law.

- 1.5 Protects patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, deceptive, abusive, disrespectful, or unethical practice.
- 1.6 Participates in honest and transparent disclosure of an adverse or unanticipated event to the patient and others with the patient's consent.

2. Responsibility as a Professional

As an independently licensed professional, the CRNA is responsible and accountable for judgments made and actions taken in his or her professional practice. Requests or orders by physicians, other healthcare professionals, or institutions do not relieve the CRNA of responsibility for judgments made or actions taken. The CRNA:

Competence and Responsibility in Professional Practice

- 2.1 Engages in a scope of practice within individual competence and maintains role-specific competence.
- 2.2 Maintains national certification as a CRNA and a state license as a registered nurse and meets state advanced practice statutory or regulatory requirements.
- 2.3 Engages in continuing education and lifelong professional development related to areas of nurse anesthesia practice, including clinical practice, education, research, and administration.³
- 2.4 Evaluates and integrates personal practice outcome data, scientific research, expert opinion, new technology, patient preferences, and relevant metrics to improve processes and outcomes.
- 2.5 Is physically and mentally fit for duty.
- 2.6 Clearly presents his or her education, training, skills, and CRNA credential.
- 2.7 Is honest in all professional interactions to avoid any form of deception.
- 2.8 Treats all others, including patients, families, staff, students, and colleagues, in a culturally sensitive manner and without prejudice, bias, or harassment.
- 2.9 Maintains professional boundaries in all communications and actions.

Leadership

- 2.10 Creates an ethical culture and safe work environment.
 - 2.10.1 Supports policies and behaviors that reflect this Code of Ethics.
 - 2.10.2 Communicates expectations for ethical behavior and actions in the workplace.
 - 2.10.3 Helps individuals raise and resolve ethical concerns in an effective and timely manner.

Clinical Practice and the Interdisciplinary Team

- 2.11 Respects and engages healthcare providers to foster a collaborative and cooperative patient care environment through a culture of safety and open communication to contribute to the ethical and safe environment of care.
 - 2.11.1 Facilitates review and evaluation of peers and other members of the healthcare team.
- 2.12 Manages medications to prevent diversion of drugs and substances.

Role Modelling and Education of Others

- 2.13 Provides positive role modeling by upholding and promoting quality patient care outcomes, the professional standards of practice, and this Code of Ethics.
- 2.14 Fosters a safe and trusting environment for successful learning for students, colleagues, and members of the healthcare team.
- 2.15 Educates the student registered nurse anesthetist regarding the ethical responsibilities of the profession.

The Profession

- 2.16 Is responsible and accountable to contribute to the dignity and integrity of the profession.
- 2.17 Participates in activities that contribute to the advancement of the profession and its body of knowledge.
- 2.18 Reports critical incidents, adverse events, medical errors, and near misses in accordance with law, accreditation standards, and institutional policy to promote a culture of safety, maintain the integrity of the profession, and advance the profession and its body of knowledge.

3. Responsibility in Research

The CRNA protects the integrity of the research process and the reporting and publication of findings: The CRNA adheres to the ethical principles of respect for persons, beneficence, and justice relevant to research involving human participants.⁴ The CRNA:

- 3.1 Protects the rights and wellbeing of the people that serve as participants and animals⁵ that serve as subjects in research.
- 3.2 Respects the autonomy and dignity of all human research participants.
- 3.3 Promotes selecting human participants in such a way that all populations have equal access to the potential benefits and risks of the research.
- 3.4 Seeks to minimize the risks and maximize the benefits to research participants.
- 3.5 Conducts research projects according to accepted ethical research and reporting standards established by law, institutional policy, and the Institutional Review Board (IRB).
- 3.6 Obtains informed consent or verifies that the human research participant or legal decision maker, as appropriate, has provided informed consent as required by law, institutional policy, and the IRB.
- 3.7 Protects the human research participant's privacy to the greatest extent possible and in accordance with law, institutional policy, and standards of the IRB.
 - 3.7.1 Maintains confidentiality in the collection, analysis, storage and reuse of data and in accordance with law, institutional policy, and standards of the IRB.
- 3.8 Discloses perceived or real conflicts of interest to organizations where the research will be conducted, organizations that fund the research, and any publication where the research is submitted. Manages or resolves perceived or real conflicts of interest.
- 3.9 Reports research findings in an objective and accurate manner.
- 3.10 Provides appropriate attribution for contributions by other individuals.
- 3.11 Supports, promotes, or participates in research activities to improve practice, education, and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

4. Responsibility in Business Practices

The CRNA, regardless of practice arrangement or practice setting, maintains ethical business practices in dealing with patients, colleagues, institutions, corporations, and others. The CRNA:

- 4.1 Establishes and performs contractual obligations consistent with this Code of Ethics, the professional standards of practice, and the laws and regulations pertaining to nurse anesthesia practice.
- 4.2 Is honest in all business practices.

5. Responsibility when Endorsing Products and Services

The CRNA may endorse products and services only when personally satisfied with the product's or service's safety, effectiveness, and quality. The CRNA may not say that the AANA has endorsed any product or service unless the Board of Directors of the AANA has done so. The CRNA must not endorse any product or service when presenting content for an AANA-approved continuing education activity as this is a prohibited conflict of interest. The CRNA:

- 5.1 Makes truthful endorsements based on personal experience and factual evidence of efficacy.
- 5.2 Discloses and manages or resolves perceived or real conflicts of interest associated with the endorsed product or service (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict).

5.2.1 Only uses the CRNA credential when endorsing products or services that are related to CRNA professional practice or expertise.

6. Responsibility to Society

The CRNA collaborates with members of the health professions and others to improve the public health, including access to healthcare and anesthesia, pain management, and related care. The CRNA:

- 6.1 Works in collaboration with the healthcare community to promote highly competent, ethical, safe, quality patient care.
- 6.2 Supports activities to reduce the environmental impact of disposable items and waste anesthetic gases.

References
 1. American Nurses Association Code of Ethics for Nurses with Interpretive Statements. <http://www.nursingworld.org/code-of-ethics>. Accessed February 8, 2018.
 2. Informed Consent for Anesthesia Care. Park Ridge, IL: American Association of Nurse Anesthetists; 2016.
 3. National Board of Certification and Recertification for Nurse Anesthetists. The Continued Professional Certification (CPC) Handbook. https://www.nbcrna.com/docs/default-source/publications-documentation/handbooks/cpc_hb.pdf?sfvrsn=941c170c_8. Accessed May 1, 2018.
 4. United States National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html#xinform>. Accessed March 3, 2018.
 5. Guide for the Care and Use of Laboratory Animals. 8th ed.

Scope of Nurse Anesthesia Practice

Professional Role

Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses (APRNs) licensed as independent practitioners who plan and deliver anesthesia, pain management, and related care to patients of all health complexities across the lifespan. As autonomous healthcare professionals, CRNAs collaborate with the patient and a variety of healthcare professionals in order to provide patient-centered high-quality, holistic, evidence-based and cost-effective care.

CRNAs practice in hospitals, nonoperating room anesthetizing areas, ambulatory surgical centers, and office-based settings. They provide all types of anesthesia-related care for surgical, diagnostic, and therapeutic procedures. CRNAs provide anesthesia for all specialties including, but not limited to, general, obstetric, trauma, cardiac, orthopedic, gastrointestinal, dental, and plastic surgery. CRNAs administer anesthesia care to patients in urban, suburban, and rural locations in the U.S., and are often the sole anesthesia professionals delivering care to the military, rural, and medically underserved populations. CRNAs serve as leaders, clinicians, researchers, educators, mentors, advocates, and administrators.

Education, Licensure, Certification, and Accountability

Before receiving graduate education in anesthesia, CRNAs must be licensed registered nurses with critical care nursing experience. Building on this critical care foundation, CRNAs successfully complete a comprehensive didactic and clinical practice curriculum at a nurse anesthesia program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. Graduates are certified as CRNAs following successful completion of the National Certification Examination. CRNAs are accountable to the public for professional excellence through lifelong learning and practice, continued certification, continuous engagement in quality improvement and professional development, and compliance with the Standards for Nurse Anesthesia Practice and Code of Ethics for the Certified Registered Nurse Anesthetist. CRNAs exercise independent, professional judgment within their scope of practice. They are accountable for their services and actions and for maintaining individual clinical competence. The scope of an individual CRNA's practice is determined by education, experience, local, state and federal law, and organization policy.

Clinical Anesthesia Practice

The practice of anesthesiology is a recognized nursing and medical specialty unified by the same standards of care. Nurse anesthesia practice may include, but is not limited to, the services in Table 1

Table 1. Nurse Anesthesia Scope of Practice*

Preoperative / Preprocedure	Intraoperative / Intraprocedure	Postoperative / Postprocedure	Pain Management	Other Services
<ul style="list-style-type: none"> • Provide patient education and counseling • Perform a comprehensive history and physical examination, assessment and evaluation • Conduct a preanesthesia assessment and evaluation • Develop a comprehensive patient-specific plan for anesthesia, analgesia, multimodal pain management, and recovery • Obtain informed consent for anesthesia and pain management • Select, order, prescribe and administer preanesthetic medications, including controlled substances 	<ul style="list-style-type: none"> • Implement a patient-specific plan of care, which may involve anesthetic techniques, such as general, regional and local anesthesia, sedation, and multimodal pain management • Select, order, prescribe and administer anesthetic substances, including controlled substances, adjuvant drugs, accessory drugs, fluids, and blood products • Select and insert invasive and noninvasive monitoring modalities (e.g., central venous access, arterial lines, cerebral oximetry, bispectral index monitor, transesophageal echocardiogram (TEE)) 	<ul style="list-style-type: none"> • Facilitate emergence and recovery from anesthesia • Select, order, prescribe and administer postanesthetic medications, including controlled substances • Conduct postanesthesia evaluation • Educate the patient related to recovery, regional analgesia and continued multimodal pain management • Discharge from the postanesthesia care area or facility 	<ul style="list-style-type: none"> • Provide comprehensive patient-centered pain management to optimize recovery. • Provide acute pain services, including multimodal pain management and opioid-sparing techniques • Provide anesthesia and analgesia using regional techniques for obstetric and other acute pain management • Provide advanced pain management, including acute, chronic, and interventional pain management 	<ul style="list-style-type: none"> • Prescribe medications, including controlled substances (e.g., pain management, medication-assisted treatment, adjuvants to psychotherapy) • Provide emergency, critical care, and resuscitation services • Perform advanced airway management • Perform point-of-care testing • Order, evaluate, and interpret diagnostic laboratory and radiological studies (e.g., chest x-ray, 12-lead EKG, TEE) • Use and supervise the use of ultrasound, fluoroscopy, and other technologies for diagnosis and care delivery • Provide sedation and pain management for palliative care • Order consults, treatments or services related to the patient's care (e.g., physical and occupational therapy)

*These services are listed in table format for ease of reference. The table is not intended to be all inclusive or limit the services to specified phases of patient care. CRNA scope of practice is dynamic and evolving. CRNA clinical privileges should reflect the full scope of CRNA practice evidenced by individual credentials and performance.

Leadership, Advocacy, and Policymaking

CRNAs provide pivotal healthcare leadership in roles such as chief executive officer, administrator, manager, anesthesia services director, board member, anesthesia practice owner, national and international researcher, educator, mentor, and advocate. Nurse anesthetists are innovative leaders in the delivery of cost-effective, evidence-based anesthesia and pain management, integrating critical thinking, ethical judgment, quality data, scientific research, and emerging technologies to optimize patient outcomes.

As demand for expert healthcare and anesthesia services accelerates, advocacy activities continue to target supporting the full scope of nurse anesthesia practice. CRNAs engage in healthcare advocacy and policymaking at the facility, local, state, national, and international level. They also participate in professional associations focusing on patient access to quality and affordable care.

The Future of Nurse Anesthesia Practice

The CRNA scope of practice evolves to meet the demands of the ever-changing healthcare environment and increasing patient and procedure complexity. As their record of safe, high-quality, cost-effective care demonstrates, CRNAs will continue to lead in the delivery of patient-centered compassionate anesthesia and pain management care.

For additional information and supporting documents, see *Clinical Privileges and Other Responsibilities of Certified Registered Nurse Anesthetists*, *Professional Practice Documents*, and *Publications and Research*.

In 1980, the "Scope of Practice" statement was first published as part of the American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist. In 1983, the "Standards for Nurse Anesthesia Practice" and the "Scope of Practice" statement were included together in the American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist. That document subsequently had the following name changes: Guidelines for Nurse Anesthesia Practice (1989); Guidelines and Standards for Nurse Anesthesia Practice (1992); and Scope and Standards for Nurse Anesthesia Practice (1996). The Scope and Standards for Nurse Anesthesia Practice was revised in January 2013. In February 2013, the AANA Board of Directors approved separating the Scope and Standards for Nurse Anesthesia Practice into two documents: the Scope of Nurse Anesthesia Practice and the Standards for Nurse Anesthesia Practice. The AANA Board of Directors approved revisions to the Scope of Nurse Anesthesia Practice in June 2013 and February 2020

Standards for Nurse Anesthesia Practice

The American Association of Nurse Anesthetists (AANA) Standards for Nurse Anesthesia Practice provide a foundation for Certified Registered Nurse Anesthetists (CRNAs) in all practice settings. These standards are intended to support the delivery of patient-centered, consistent, high-quality, and safe anesthesia care and assist the public in understanding the CRNA's role in anesthesia care. These standards may be exceeded at any time at the discretion of the CRNA and/or healthcare organization.

These standards apply where anesthesia services are provided including, but not limited to, the operating room, nonoperating room anesthetizing areas, ambulatory surgical centers, and office-based practices. The standards are applicable to anesthesia services provided for procedures, including, but not limited to surgical, obstetrical anesthesia, diagnostic, therapeutic, and pain management.

In addition to general anesthesia for surgery and procedures, CRNAs provide anesthesia and analgesia care that does not require the extent of monitoring as delineated in standard 9 (e.g., obstetrical analgesia, chronic pain management, regional anesthesia). The AANA also provides guidance for these practice areas: Analgesia and Anesthesia for the Obstetric Patient, Guidelines, Chronic Pain Management Guidelines, and Regional Anesthesia and Analgesia Techniques - An Element of Multimodal Pain Management, Practice Considerations.

Although the standards are intended to promote high-quality patient care, they cannot ensure specific outcomes. There may be patient-specific circumstances (e.g., informed consent for emergency cases that may be difficult to obtain, mass casualty incident) that require modification of a standard. The CRNA must document modifications to these standards in the patient's healthcare record, along with the reason for the modification. When integrating new technologies or skills into practice, the CRNA will obtain any necessary education and evidence competency.

Standard 1: Patient's Rights

Respect the patient's autonomy, dignity, and privacy, and support the patient's needs and safety

Standard 2: Preanesthesia Patient Assessment and Evaluation

Perform and document or verify documentation of a preanesthesia evaluation of the patient's general health, allergies, medication history, preexisting conditions, anesthesia history, and any relevant diagnostic tests. Perform and document or verify documentation of an anesthesia-focused physical assessment to form the anesthesia plan of care.

Standard 3: Plan for Anesthesia Care

After the patient has had the opportunity to consider anesthesia care options and address his or her concerns, formulate a patient-specific plan for anesthesia care. When indicated, the anesthesia care plan can be formulated with members of the healthcare team and the patient's legal representative (e.g., healthcare proxy, surrogate).

Standard 4: Informed Consent for Anesthesia Care and Related Services

Obtain and document or verify documentation that the patient or legal representative (e.g., healthcare proxy, surrogate) has given informed consent for planned anesthesia care or related services in accordance with law, accreditation standards, and institutional policy.

Standard 5: Documentation

Communicate anesthesia care data and activities through legible, timely, accurate, and complete documentation in the patient's healthcare record.

Standard 6: Equipment

Adhere to manufacturer's operating instructions and other safety precautions to complete a daily anesthesia equipment check. Verify function of anesthesia equipment prior to each anesthetic. Operate equipment to minimize the risk of fire, explosion, electrical shock, and equipment malfunction.

Standard 7: Anesthesia Plan Implementation and Management

Implement and, if needed, modify the anesthesia plan of care by continuously assessing the patient's response to the anesthetic and surgical or procedural intervention. The CRNA provides anesthesia care until the responsibility has been accepted by another anesthesia professional.

Standard 8: Patient Positioning

Collaborate with the surgical or procedure team to position, assess, and monitor proper body alignment. Use protective measures to maintain perfusion and protect pressure points and nerve plexus.

Standard 9: Monitoring, Alarms

Monitor, evaluate, and document the patient's physiologic condition as appropriate for the procedure and anesthetic technique. When a physiological monitoring device is used, variable pitch and threshold alarms are turned on and audible. Document blood pressure, heart rate, and respiration at least every five minutes for all anesthetics.

a. Oxygenation

Continuously monitor oxygenation by clinical observation and pulse oximetry. The surgical or procedure team communicates and collaborates to mitigate the risk of fire.

b. Ventilation

Continuously monitor ventilation by clinical observation and confirmation of continuous expired carbon dioxide during moderate sedation, deep sedation or general anesthesia. Verify intubation of the trachea or placement of other artificial airway device by auscultation, chest excursion, and confirmation of expired carbon dioxide. Use ventilatory monitors as indicated.

c. Cardiovascular

Monitor and evaluate circulation to maintain patient's hemodynamic status. Continuously monitor heart rate and cardiovascular status. Use invasive monitoring as appropriate.

d. Thermoregulation

When clinically significant changes in body temperature are intended, anticipated, or suspected, monitor body temperature. Use active measures to facilitate normothermia. When malignant hyperthermia (MH) triggering agents are used, monitor temperature and recognize signs and symptoms to immediately initiate appropriate treatment and management of MH.

e. Neuromuscular

When neuromuscular blocking agents are administered, monitor neuromuscular response to assess depth of blockade and degree of recovery.

Standard 10: Infection Control and Prevention

Verify and adhere to infection control policies and procedures as established within the practice setting to minimize the risk of infection to patients, the CRNA, and other healthcare providers.

Standard 11: Transfer of Care

Evaluate the patient's status and determine when it is appropriate to transfer the responsibility of care to another qualified healthcare provider. Communicate the patient's condition and essential information for continuity of care.

Standard 12: Quality Improvement Process

Participate in the ongoing review and evaluation of anesthesia care to assess quality and appropriateness to improve outcomes.

Standard 13: Wellness

Is physically and mentally able to perform duties of the role.

Standard 14: A Culture of Safety

Foster a collaborative and cooperative patient care environment through interdisciplinary engagement, open communication, a culture of safety, and supportive leadership.

In 1974, the Standards for Nurse Anesthesia Practice were adopted. In 1983, the "Standards for Nurse Anesthesia Practice" and the "Scope of Practice" statement were included together in the American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist. That document subsequently has had the following name changes: Guidelines for Nurse Anesthesia Practice (1989); Guidelines and Standards for Nurse Anesthesia Practice (1992); and Scope and Standards for Nurse Anesthesia Practice (1996). The Scope and Standards for Nurse Anesthesia Practice was most recently revised in January 2013. In February 2013, the AANA Board of Directors approved separating the Scope and Standards for Nurse Anesthesia Practice into two documents: the Scope of Nurse Anesthesia Practice and the Standards for Nurse Anesthesia Practice. Revised by the AANA Board of Directors in February 2019. The Standards for Office Based Anesthesia Practice were adopted by the AANA Board of Directors in 1999 and revised in 2001, 2002, November 2005, and January 2013. Upon the February 2019 revision of the Standards of Nurse Anesthesia Practice, the Standards for Office Based Anesthesia Practice were archived, as they are subsumed within the Standards for Nurse Anesthesia Practice. The supplemental resources from the Standards for Office Based Anesthesia Practice were transitioned to resource documents on the AANA website. © Copyright 2019

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
NURSE ANESTHESIA PROGRAM

ACADEMIC INTEGRITY POLICY

(Taken from the Arkansas State University Student Handbook):

Arkansas State University enthusiastically promotes academic integrity and professional ethics among all members of the A-state academic community. Violations of this policy are considered as serious misconduct and may result in disciplinary action and severe penalties.

1. **Plagiarism** is the act of taking and /or using ideas, work, and/or writings of another person as one's own.
 - a. To avoid plagiarism, give written credit and acknowledgment to the source of thought, ideas, and/or words, whether you have used direct quotation, paraphrasing, or just reference to a general idea. No copying and pasting from electronic textbooks/documents is permitted.
 - b. If you directly quote works written by someone else, enclose the quotation and marks and provide an appropriate citation (e.g., footnote, endnote, bibliographical reference).
 - c. Research, as well as the complete written paper, must be the work of the person seeking academic credit for the course (anesthesia care plans, papers, book reports, projects, and/or class assignments).

2. **Discipline:** Faculty members may respond to cases of plagiarism in any of the following ways:
 - a. Return the paper or other item for rewriting; the grade may be lowered.
 - b. Give a failing grade on the paper or other item-"F" if a letter grade is used for zero if a numerical grade is used.
 - c. Give the student who plagiarized a failing grade in the course.
 - d. Recommend sanctions, including disciplinary expulsions from the university. (See A-state Student Handbook for procedural details).

3. **Cheating:** An act of dishonesty with the intension of obtaining and/or using information in a fraudulent manner.
 - a. Observing and/or copying from another student's test paper, reports, computer files and/or other class assignments.
 - b. Giving or receiving assistance during an examination period by any method. (This includes proving specific answers to subsequent examinees and/or dispensing or receiving information that would allow students to have an unfair advantage in the examination over students who did not possess such information).
 - c. Using class notes, outlines and other unauthorized information during the examination period.
 - d. Using, buying, selling, stealing, transporting, or soliciting, any part of entirety, the contents of an examination or other assignment not authorized by the professor of the class.
 - e. Using for credit in one class a term paper, book report, project or class assignment written for credit in another class without the knowledge and permission of the professor of another class.
 - f. Exchanging places with another person for the purposes of taking an examination or completing other assignments.

4. **Discipline:** Faculty members may respond to cases of cheating in any of the following ways:
 - a. Allow the testing to progress without interruption, informing the offending student about the offense and award a failing grade on the test-"F" if a letter grade is used or zero if a numerical grade is used.

- b. Seize the test of the offending student and give a failing grade on the paper.
- c. Give the offending student a failing grade in the course.
- d. Recommend sanctions, including disciplinary expulsion from the university. (See Astate Students Handbook).

Any student who knowingly helps another violate academic behavior standards is also in violation of the standards.

- Withholding related information, or furnishing false or misleading information (oral or written) to program and or university officials, faculty or staff.
- Forgery, alteration, or misuse of any program or university document, material, record or instrument of identification.

ARKANSAS STATE UNIVERSITY
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POLICY/PROCEDURE GUIDELINES FOR INFECTION CONTROL

(5/15/2009)

INTRODUCTION

The policy herein is of a general nature and deal with HIV-related infections as well as other blood borne pathogens. They apply to all students/faculty/staff in the College of Nursing and Health Professions (CNHP). Due to differences in the various programs, individual CNHP programs may have specific rules and/or guidelines that are modifications of those in the general policy; however, the specific policies of the various programs will be consistent in their intent with the guidelines noted herein. This policy shall be reviewed annually and modified as necessary based on the current information from the CDC and other resources.

ADMISSIONS

The HIV/HBV (Human Immunodeficiency Virus/Hepatitis B Virus) or any significant blood borne pathogen status of an applicant should not enter into the application process. Applicants applying for healthcare programs should, however, be informed that certain diseases may necessitate either a modification of their program, or in the extreme may necessitate their dismissal from a program if they cannot perform procedures and/or tasks that are considered essential to their educational experience.

RETENTION

If it is determined that a student is sero-positive for HIV/HBV, or any other significant blood borne pathogen, or is clinically manifesting symptoms of a related disease process, that student should receive counseling about personal health care concerns and about interaction with others, especially clients. The student should be counseled by a designated faculty member in his/her respective program. The function of the designated faculty member is to counsel the student as to whether the program of education should be modified, another educational program considered, or in the extreme, whether the student should be dismissed from a program because of the inability to perform procedures and/or tasks crucial to the educational program. When considering the possibility of modifying clinical experiences or whether to dismiss, the designated faculty member will request that the Infection Control Committee convene to consider the specific student situation.

INFECTION CONTROL COMMITTEE

The Infection Control Committee will be comprised of at least one representative from each of the programs in the College of Nursing and Health Professions. The dean will be charged with appointing faculty to serve on this committee after consultation with chairs or directors of the various programs. Once the committee is established, a chair shall be elected by the members. In addition, a community member who is an expert in infectious disease will be designated as a consultant to the committee.

The committee shall function to consider the specific student/faculty situations outlined in the HIV/HBV Guidelines. In addition, this committee will function to review the HIV/HBV Guidelines on an annual basis. The committee will coordinate annual instruction on Standard Precautions for the faculty. This committee will also serve the programs by making recommendations for infection control policy that may impact both the student and faculty populations. Information regarding such policy will be included in the various programs' Student Handbook and the CNHP Faculty/Staff Handbook.

When the Infection Control Committee convenes to consider specific student/faculty situations, a timely response is in order. Individuals will be provided a letter outlining the committee recommendations within a one-week period after convening. During this time period the student/faculty person shall not engage in direct client contact. Should an individual wish to appeal the decision of the committee, the established University Grievance process should be followed (See ASU Student/Faculty Handbooks). 26

COUNSELING

It is the responsibility of the programs to provide counseling to a student/faculty member who is determined to be sero-positive for HIV/HBV, or any significant blood borne pathogen, or who manifests symptoms of a related disease process. The counselor interaction with the student/faculty member should be reported to the Infection Control Committee only when the person's health status necessitates a modification in the clinical program or dismissal. It will be the responsibility of the counselor to verify that the student is aware of options for testing, counseling and health care. In addition, the counselor will verify that the student has been provided with specific information that relates to client contact. The following information is provided in order to refer students when necessary to outside agencies for assistance and follow-up. This information should be reviewed and updated annually.

HIV Infection Services provided by ASU Student Health Center:

Students at Arkansas State University who desire HIV testing will be referred to the Craighead County Public Health Department for testing. This insures privacy and integrity of specimen collection. The Student Health Center has developed a media library (videos, pamphlets) for persons coming in with questions about HIV infection. The Center is located adjacent to the football stadium and can be reached at ext. 2054.

Services offered by the Public Health Department

The Craighead County Public Health Department is open from 8:00 a.m. until 4:30 p.m. for testing. The department offers pre- and post-test counseling as well as HIV testing. The cost of the service is \$5.00 which pays the record maintenance fee. The Public Health Department can be contacted by calling 933-4585. Offices are located on 611 E Washington Ave, Ste B, Jonesboro, AR 72401.

An individual who desires testing should allow about one hour for the procedure because pre-counseling is extensive.

The Public Health Department will provide the Hepatitis B vaccine for persons up to age 19. They will not provide testing for Hepatitis B.

The Public Health Department will provide follow-up care for any individual with a positive TB skin test or one with a diagnosis of tuberculosis.

Services offered by Northeast Arkansas Regional AIDS Network (NARAN)

This organization offers free confidential testing. Pre- and post-counseling is provided by certified counselors. They also provide direct care services to those persons who need them, including financial counseling. NARAN is also a network agency for persons living with AIDS. A referral can be made by contacting the office at 931-4HIV (4448).

The counselor should not neglect to refer the student/faculty member to his/her private physician for guidance.

Students and faculty outside of Craighead County should seek specific referral information from the Chair of the Infection Control Committee or from a faculty member designated as counselor at the distant sites.

HIV/HBV GUIDELINES

FOR ON-CAMPUS LABORATORY AND CLINICAL SETTINGS

In accordance with sections 503 and 504 of the Rehabilitation Act of 1973, schools must provide equal treatment to persons who have contracted the HIV/HBV virus. Furthermore, schools may not discriminate against any individual based on the perception that he/she is infected.

TRANSMISSION INFORMATION

All CNHP students and faculty will employ Standard Precautions while in the clinical setting. CNHP students will receive instruction and annual evaluation regarding transmission of blood-borne pathogens and the use of Standard Precautions. The Infection Control Committee will coordinate instruction on Standard Precautions for faculty on an annual basis. It will be the responsibility of faculty members to document annual instruction through the Infection Control Committee.

POLICY

Students, faculty, and staff with HIV/HBV, or any significant blood borne pathogen, should be allowed equal access, as long as their medical condition permits, to university facilities or campus activities, including participation in clinical experiences or other academic and social activities offered by the university. All confidential medical information is protected by statute and any unauthorized disclosure may create legal liability. The duty of the health care providers to protect this confidentiality is superseded by the necessity to protect others in very specific circumstances.

An infected student/faculty who is symptomatic may be excluded from providing direct client care, determined on a CASE-BY-CASE basis by the Infection Control Committee. In addition, should an individual sero-convert and express concern regarding clinical practice, the committee will convene to review the case. Students may be asked to serve as source partners in on-campus laboratories for procedures involving needle sticks or other forms of vascular access. For criteria related to laboratory participation, see the specific program handbook.

EXPOSURE (Laboratory and Clinical Settings)

Students and faculty in the College of Nursing and Health Professions may be exposed to blood borne pathogens such as HIV and HBV. In the clinical and classroom laboratory settings, students/faculty are expected to utilize Standard Precautions, hand washing and protective clothing/gear to prevent contact with blood and other potentially infectious materials.

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that result from one's duties as a CNHP student or faculty member. An exposure incident involving a student/faculty member in the CNHP, while in a clinical facility or campus laboratory is treated in a similar manner to any type of accident occurring within the agency.

On-Campus Laboratory or Clinical Setting: Blood Borne Pathogen Post Exposure Protocol

Should a student or faculty member be exposed to blood borne pathogen in an on-campus laboratory or clinical setting, the following post-exposure protocol is recommended:

1. The student will notify the faculty member supervising the learning experience. If the exposed individual is a faculty member, he/she will notify the chairperson of the specific program in the CNHP.
2. As soon as possible following the exposure, the college incident form will be completed by the faculty member/student.
3. The exposed individual will be referred to the Student Health Center for evaluation if the event occurs during operating hours. If the exposure occurs when the Health Center is closed, the faculty member will determine the individual's primary care options and refer the person to those resources.
4. It is suggested that the post-exposure protocol be managed by the individual's primary care provider at the individual's expense. 28
5. If there is a delay in reporting an exposure incident, it is recommended that the same protocol be followed.

Off-Campus Laboratory or Clinical Setting: Blood Borne Pathogen Post Exposure Protocol

If a student/faculty member is exposed to blood or other potentially infectious materials in the off campus setting, this Blood Borne Pathogen protocol is to be followed.

1. The student will notify the clinical faculty. If the exposed individual is a faculty member, s/he will notify the chairperson of the specific program at the CNHP.
2. The student, clinical faculty or chairperson will notify the supervisor of the area where the exposure occurred. Thereafter, post-exposure protocols for the clinical institution will be followed.
3. The infection control staff member/epidemiologist of the clinical facility will be notified of the exposure immediately by the student or if possible by the clinical faculty member. If a faculty member has been exposed, this individual will notify the infection control staff/epidemiologist.
4. As soon as possible following a report of an exposure incident the clinical faculty and infection control staff/epidemiologist should provide the student with counseling about an immediate confidential medical evaluation and follow-up at the student's expense. In the case of a faculty member's exposure, the individual is expected to communicate directly with the infection control staff/epidemiologist. The medical evaluation and follow-up should include, at a minimum, the following requirements:
 - (a) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
 - (b) Identification and documentation of the source individual unless the clinical facility staff establishes that the identification is infeasible or prohibited by state or local law.
 - (1) The source individual's blood shall be tested as soon as possible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the clinical facility shall establish that the source individual's consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood shall be tested and the results documented.
 - (2) When the source individual is already known to be infected with HIV or HBV, testing for the source individual's HIV or HBV status need not be repeated.
 - (3) Results of the source individual's testing shall be made available to the exposed individual who should also be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - (c) The exposed student/faculty member's blood should be tested as soon as possible.
 - (d) It is suggested that the post-exposure protocol be managed by the student/faculty member's personal healthcare provider.

CNHP
Infection Control Committee
5/9/2009

ARKANSAS STATE UNIVERSITY
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Social Media Policy

Social media can be a way to share life experiences and opinions with others. Use of social media presents risks and carries with it certain responsibilities.

Social media includes all means of communicating or posting information or content of any sort via the Internet or other electronic communication method. Social media includes both your personal or someone else's personal web log/blog, journal, website, or chat room, and group interchanges such as Facebook, Twitter, or LinkedIn and social media anonymous sites. You are solely responsible for what you post online. Inappropriate postings specific to patients, classmates or faculty that include discriminatory remarks, harassment or threats, or violations of professional codes of conduct are subject to disciplinary action. Your actions could adversely affect your standing in your health professions program which could include program dismissal.

You should be aware that future employers may view potential candidate's websites. Students are advised to review their site (s) for any unprofessional images or language which could adversely affect successful employment upon graduation.

Please make responsible decisions about your use of social media (Adopted Nov 24, 2014).

In order to promote professionalism of students enrolled in the Nurse Anesthesia Program at Arkansas State University, no student shall post photos, comments, or other forms of a web-based material of faculty, students, clinical personnel or patients to their web-based communication sites such as, but not limited to: Face Book, My Space, Twitter, etc, without the before mentioned person's permission. In addition, students should not supply or forward photos, comments or other web-based materials to anyone for posting on any web-based communication sites, without that person's consent. Any student found to have posted, supplied or forwarded materials for postings used on web-based communication sites without appropriate permission may be dismissed from the Nurse Anesthesia Program. Material from clinical sites is never to be posted or distributed. Posting of material from clinical sites is considered a HIPAA violation and will be reported to the proper federal authorities for investigation and/or prosecution. Prior to taping ANY lecture, permission MUST be obtained by the instructor.

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Student Grievance Procedure
(From A-State student handbook)

Prologue

A grievance is a complaint alleging that one or more of the "academic rights of students" (as stated in the Student Handbook) has been violated. The student grievance procedure is available for student complaints involving any course, whether it is a didactic or clinical course.

These procedures do not apply to student complaints involving alleged sexual harassment. In such cases, the student should contact a department chair, college dean or the affirmative action officer for direction on appropriate steps to follow. In cases where the alleged grievance is based upon a complaint involving discrimination because of race, color, religion, age, disability, sex or national origin, the following deadlines and procedures do apply. In addition, the student shall notify the affirmative action officer. In any case of grievances involving a grade, the student must first accept the disputed grade for the course in order to be eligible to grieve the grade.

Procedure

Step 1

Since the faculty has the primary responsibility for course development, course delivery and the assessment of student achievement, any student who has a complaint related to a course should first consult with the course instructor within 10 working days of the complaint issue/incident and try to resolve the complaint. If the grievance involves a faculty member who is no longer employed at the university, they should move to step two of this process. (For issues or complaints that are not course-specific, the student should seek resolution within 10 working days of the complaint issue/incident with the university employee involved with the complaint.) If the complaint is resolved, the grievance process ends.

Step 2

If the complaint is not resolved by the student consulting with the instructor (or other person involved), and if the student wishes to pursue the complaint further, the student shall consult with the department chair/unit supervisor within 15 working days of the complaint issue/incident. The appropriate chair/unit supervisor shall attempt to resolve the complaint, and shall notify the student in writing, copying the individual against whom the complaint has been filed, of the resolution or lack thereof within 10 working days of the student's first consultation with the chair/unit supervisor. If the complaint is resolved, the grievance process ends.

Step 3

If the complaint is not resolved in Step two, and if the student wishes to pursue the complaint further, the student shall file a written complaint with the department chair/supervisor within 35 working days from the complaint issue/incident. The written complaint must specify the academic right(s) the student alleges has (have) been violated and must include:

- a. Date and details of the alleged violation;
- b. Any available evidence of the alleged violation;
- c. Names, addresses, and phone numbers of witnesses to the violation; and
- d. The requested remedy to the alleged violation.

The chair/unit supervisor shall investigate the complaint using whatever processes are appropriate including, but not limited to, written responses from or interviews with faculty members, other students and other parties. The chair/unit supervisor shall notify the student in writing, copying the individual against whom the complaint has been filed, of the chair/unit supervisor's finding and recommendation within 10 working days of receipt of the written complaint. If both parties in the complaint accept the recommendation, they will sign a statement to that effect and the grievance process ends. The

chair/unit supervisor shall retain the written records of the process for five calendar years. Upon request, the chair/unit supervisor shall provide either or both parties with copies of all information gathered during the investigation.

Step 4

If either party believes that the complaint has not been resolved in step three, that party may appeal to the dean (or other appropriate supervisor). The appeal must be filed within 10 working days of the date of notification in step three, shall be in writing, shall address the recommendation in step three, and shall address why that recommendation is not acceptable; e.g., that a substantial mistake of fact occurred, a fundamental misinterpretation of official policies is evident, and/or a significant procedural error took place. The written appeal shall not normally present new evidence regarding the grievance. All previous written materials regarding the grievance shall be forwarded to the step four dean/supervisor by the step three chair/unit supervisors upon request of either party. The step four dean/supervisor may resolve the complaint to the mutual satisfaction of both parties, in which case the grievance process ends with a written statement of resolution signed by the student and the individual against whom the complaint has been filed. If the complaint has been resolved at this point, the step four dean/supervisor retains the written records of the process for five calendar years.

Step 5

If the complaint is not resolved in step four, the step four dean/supervisor shall appoint, within ten working days of completion of the step four process, a college hearing committee.

College Hearing Committee

The college hearing committee shall be organized in the following manner:

At the beginning of each fall semester, each college dean, independent department chair, and other academic unit supervisors shall identify a "hearing committee pool," consisting of nine to 18 faculty members, five to 10 undergraduate students, (or graduate students in the case of the Graduate School), and all non-classified staff under his/her supervision.

If the step four's supervisor is a college dean, for each student grievance hearing the dean shall appoint from the hearing committee pool four to six faculty members and two to three undergraduate or graduate students, as appropriate, to the college hearing committee. (If the step four supervisor is other than a college dean or independent department chair, for each student grievance hearing the supervisor shall appoint four faculty members or staff members and two undergraduate or graduate students, as appropriate.)

When a hearing committee must be convened, the hearing shall take place no sooner than five, and not later than 10 working days after the hearing committee is appointed, unless there is a compelling reason why another time must be selected. At a prearranged time prior to the hearing, the members of the hearing committee will meet with the step four's dean/supervisor to receive its charge and all relevant background materials. The individual, against whom the complaint has been filed, and the student may attend this meeting as observers. The dean/supervisor, the subject of the complaint, and the student will then withdraw and the hearing committee will elect a chair to preside at the subsequent hearing.

The hearing will be conducted in private. Witnesses will be admitted for testimony only, and then asked to leave. The testimony will be tape-recorded, but the final deliberations of the committee will not be recorded.

The student and the individual against whom the complaint has been filed each may have one person present during the hearing to advise them. Those persons may not address the hearing committee, speak on behalf of the student or individual against whom the complaint has been filed, question witnesses, or otherwise actively participate in the hearing. A university attorney may also attend the hearing and may advise the committee but may not question witnesses or otherwise actively participate in the hearing. The student and the individual against whom the complaint has been filed must appear in person and answer questions from members of the hearing committee. The student and the person against whom the complaint has been filed may make an oral statement and/or submit sworn written statements and other exhibits and witnesses in their behalf. The student and the individual against whom the complaint has been filed may hear and question all witnesses testifying before the hearing committee. Neither the student nor the individual against whom the complaint has been filed may be present during the deliberations of the hearing committee.

The hearing committee shall conduct its deliberations based upon the evidence presented at the hearing that is relevant to the issue or issues before the committee. The hearing committee shall present to the step four dean/supervisor a written report detailing its findings and its recommendations relative to the complaint within five working days following conclusion of the hearing. Member(s) of the hearing committee may file a minority opinion, which shall be appended to the committee report. After receipt of the hearing committee report, the step four's dean/supervisor may accept it, reverse it, or refer it back to the hearing committee for reconsideration. The step four's dean/supervisor shall make the final decision and there shall be no further student appeal. The step four's dean/supervisor shall provide written notification of the decision to the student and to the individual against whom the complaint was filed and to the chair of the Hearing Committee within 10 working days of receiving the recommendation of the Hearing Committee. All records of the grievance procedure shall be retained by the step four's dean/supervisor for five calendar years and then destroyed.

If the individual against whom the complaint was filed refuses to accept a remedy recommended by the hearing committee and accepted by the step four's dean/supervisor, the individual may appeal to the vice president for academic affairs. The decision of the vice president for academic affairs to accept or reject the recommended remedy is final.

STUDENT SERVICES

Financial Aid

The financial aid office is proactive in offering information to enrolled and prospective student as to the availability of financial assistance. The Financial Aid and Scholarship office administers grants, scholarships, loans, and student employment programs to assist students in paying educational expenses. A financial aid award will not be processed until a student has been admitted to a degree program.

Financial Information

All tuition and fees are non-refundable.

Financial Aid Office
P. O. Box 1620
State University AR 72467
870-972-2310

The anesthesia student contact is Christina Kostick ckostick@astate.edu

When calling the financial aid office, always identify yourself as a CRNA student.

Housing

University housing is limited and early applications are suggested. University housing is suggested when a student is going to live in Jonesboro during the first semester only. See A-State Graduate Bulletin for further information. Housing is the responsibility of the student.

Parking

All students who park a vehicle on the A-State campus are required to register the vehicle and display a parking pass. Request for decal can be made on line or at the Parking Services office at the corner of Johnson/Caraway in the North Park Plaza, Suite D during regular business hours (Monday-Friday, 8:00 a.m. to 5:00 p.m.). The fee is \$70/annually beginning the fall semester and is charged to your account at the finance office or paid at the cashier's window in the Administration building. The Parking Department phone number is (870) 972-2945.

Background Checks

Background checks are required after conditional acceptance into the program, prior to starting the program and as requested by the clinical sites. Cost of background checks is the responsibility of the student.

Drug Testing

Random drug testing is required prior to entering clinical practice, as requested by clinical sites and randomly throughout the program. The cost for drug testing is the responsibility of the student. See policy for more details.

Licensure Liability Insurance

Nurse Anesthesia Students are required to carry Professional Liability Insurance with minimum limits of \$1,000,000/\$3,000,000. Documentation of such coverage is required prior to clinical assignment. The program will assist students in obtaining liability insurance through the AANA Insurance Company. The American Association of Nurse Anesthetists Insurance Services currently provides Professional Liability Insurance at a reasonable cost to student nurse anesthetists. If a student is denied coverage through AANA Insurance Services, the student is required to obtain insurance with a private insurance company, which may cost \$10,000 to \$25,000/year or more. The cost of liability insurance is the responsibility of the student. Students unable to obtain liability insurance may be dismissed from the program.

Student Health Service

A full range of outpatient services such as for minor illness, injuries, immunizations and general physical examinations are provided at the Student Health Center. The health center employs registered nurses including an advanced practice nurse, a nurse educator and a nurse practitioner.

The student health center prefers that students call to make an appointment with one of the nurses. For non-life-threatening situations, you may go next door to the St. Bernard's urgent care on campus. For life threatening emergencies, the student should go to the nearest emergency room.

Counseling

Student counseling and Psychological services provide assistance to students to help maximize personal, career and academic competencies. Quality developmental, personal, career and academic counseling is provided in both individual and group settings. The Student Counseling and Psychological Services Center is located in the student union building. Service hours are 0800 to 1700, Monday through Friday. Services are by appointment, although sometimes walk-in services are available. Counseling services are at no cost to students. Call 972-2318 to make an appointment. Students needing assistance while at clinical sites are directed to inform the program director and clinical site coordinator.

Beck PRIDE Center for America's Wounded Veterans

The Beck PRIDE Center provides combat wounded veterans with: a) first class educational services at Arkansas State University, assistance with access to the college experience, b) advocacy, counseling, personal rehabilitation, and financial assistance, and c) support in achieving their individual post service goals. The Beck PRIDE Center is located on the ground floor of the Donald Reynolds Center for Health Sciences. Call 870-972-2624 for more information.

Disabled Services

Arkansas State University maintains the Office of Disabled Student Services, located in student union. The office of Disabled Students Services provides assistance to Nurse Anesthesia Students having physical, visual, hearing, speech, learning, psychological, chronic and temporary disabilities. Students must request services by meeting with a Disabled Student Services counselor, preferably before enrollment, in order to assess the Nurse Anesthesia Student's needs and coordinate appropriate services and accommodations. All services are provided based on individual needs. Nurse Anesthesia Students are encouraged to identify disabilities to the Nurse Anesthetist Coordinator upon admission to the program.

Career Services

The Career Services Center offers a wide range of services to current students and alumni to assist them in career decision-making and the job search process. All services are available by registering on the web. The office is located in the student union. Prospective employers' advertisements are emailed to students as received in the program's office.

Computer Access and Web Services

Nurse Anesthesia Students are required to possess 24-hour access to a computer capable of sending and receiving e-mail, using Blackboard and searching the Internet. Help desk in ITS office is available 24/7. This requirement continues for the duration of the program. Many important communications are sent to the Nurse Anesthesia Students from their instructors and the program. The responsibility for receiving this communication is that of the student. Many references for Anesthesia related-research are available on the Internet. The student is responsible for keeping the program advised of changes in phone numbers and addresses. Arkansas State University has facilities for students to have their own e-mail accounts. Accounts may be established by using your computer. Once registered for class, the student will need to access the www.astate.edu web page and choose student e-mail at the bottom of the page. Once there, activate your digital ID and follow the instructions step by step to set up your student e-mail. You will need your student ID number. The Nurse Anesthesia Program uses the latest version of Microsoft Office as its preferred software. You may acquire this software through Information and Technology services.

Library

All A-State students have access to the Dean B. Ellis Library, and all A-state libraries. A selection of anesthesia textbooks and journals are available in the library. Students who want to study in groups may request a study room. Students must have a current ID in order to utilize many of the services provided by the library. The library handbook, available at the library, offers a description of the resources and hours of operation. The website for the library (<http://www.library.astate.edu>) has information online. The phone number for the library is (870) 972-3077.

Online services are available at the Dean B. Ellis Library and other A-state Libraries. Several databases are available via remote access. Medline plus has some full text articles. If Medline plus materials are not full text, you may order a full test copy, without cost, from Inter-Library Loan Services. Students may use inter-library loan for materials not in the A-state Library collection.

SECTION III

NURSE ANESTHESIA PROGRAM POLICIES

AKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
NURSE ANESTHESIA PROGRAM

General Policies

Tuition

A payment of \$10,000 is due the Summer and Fall semester of Year 1 and Year 2. \$5,000 will be due the Summer of Year 3

Total tuition \$ \$45,000.00

Additional Estimated Costs**

These costs are subject to change:

Application fee	\$30.00
Professional Liability Insurance	\$275.00/year
Acceptance deposit (applied to tuition)	\$1500.00
AANA Associate Membership	\$200.00
Drug Testing	\$180.00 - \$500.00
Background Check	\$75.00- \$250.00
Textbooks	\$3500.00 - \$4500.00
Computer with Printer/Scanner	\$3000.00
Copying Fees	\$400.00
Lab coats, Scrubs, & Equipment (Goggles, PCS, etc)	\$770.00
Board Review Course	\$5000.00
NBCRNA Self Examination Evaluation	\$500.00
ACLS, BCLS, PALS and RN licensure fees	\$640.00
Certification Examination	\$995.00
Arkansas State University Parking Fee	\$450.00
Travel Expenses	\$8400.00
Additional Housing	\$9800.00
Professional Anesthesia Meetings	\$4000.00

*****This list is not exhaustive or all-inclusive for all fees and additional costs and may be subject to changes in items and/or costs.***

AANA ASSOCIATE MEMBERSHIP

All students are required to join the American Association of Nurse Anesthetists of Nurse Anesthetists (AANA) within **30** days of beginning classes. The cost of the membership is the responsibility of the student. The current fee is \$200.00 and may be subject to change. Benefits of the membership include:

1. Subscription to AANA Journal.
2. Subscription to AANA News Bulletin.
3. Reduced enrollment fees at national and state meetings.
4. Opportunities to network with other student anesthetists, CRNAs, and health service industry personnel

SIGMA THETA TAU

Students are encouraged to apply for membership in the National Honor Society of Sigma Theta Tau. Arkansas State University's chapter is Eta Theta. Application for membership may occur upon completion of one-quarter of the required curriculum and have achieved a GPA of at least 3.5 on a 4.0 scale.

HEALTH INSURANCE

The College of Nursing and Health Professions strongly recommends that students obtain their own health insurance. Injuries that occur in a clinical setting are not covered and/or paid by the agency or the university.

The N.A Program requires proof of current/active health insurance prior to starting the program and throughout enrollment in the program. Many clinical sites require proof of health insurance upon credentialing.

PREGNANCY POLICY

If pregnancy occur during the Program, the student would be required to discontinue her course of study for the period of time recommended by her obstetrician. Written documentation from an obstetrician is required for a Nurse Anesthesia Student to remain in the Program. This requirement is based on the documented hazards to unborn fetuses exposed to anesthetic vapors and other hazards in the anesthetizing areas. Upon return, the Program Director and Assistant Program Director will render a decision as to where in the curriculum placement will occur for continuation of study.

TIME COMMITMENT

Students may expect to spend in preparation for didactic and clinical approximately 60 hours per week in activities related to the Program.

MANDATORY MEETINGS

Nurse Anesthesia faculty reserve the right to require students to report to campus at any time for mandatory meetings concerning Nurse Anesthesia business and/or issues.

WORK FOR COMPENSATION

Students need to be devoted to the full-time study and practice of anesthesia. Employment is **strongly** discouraged. The Nurse Anesthesia Faculty reserves the right to prohibit employment if clinical and/or didactic educational responsibilities are not met.

During the length of the Program, the student is not permitted employment as a nurse anesthetist by title or function. Any student NOT in full compliance with this mandate is subject to immediate dismissal from the Nurse Anesthesia Program.

STUDENT REQUIREMENTS

Each student is required to:

1. Maintain a current unrestricted multi-state compact RN license for the **duration of the Program and for 90 days post-graduation/program completion.**
2. Have BLS, ACLS, and PALS (**AHA**) upon application for admission to the program.
3. Maintain current certification in BLS, ACLS, and PALS (**AHA**) **throughout the duration of the Program and for 90 days post-graduation/program completion.**
4. Obtain an annual physical exam, current PPD, flu vaccine, hepatitis B vaccine, mumps, rubella and varicella vaccines or titer levels. The tetanus/diphtheria vaccine must be less than 10 years and completion date of polio series and evidence of meningitis vaccine must be presented to the Nurse Anesthesia Program.
5. Become an Associate Member of the American Association of Nurse Anesthetists (AANA). Associate membership provides a subscription to the **AANA Journal, AANA Bulletin**, and eligibility to serve on one of the Councils.
6. Purchase an earpiece, precordial stethoscope and chest pieces, stethoscope, and 2 white lab coats.
7. Review A-State's student e-mail account at least **twice a day-morning and evening.**
8. Notify the Program and the School of Nursing with changes of address, phone numbers, and e-mail within 48 hours.
9. Have a functional wireless laptop.
10. Drug screens and criminal background checks are required prior to clinical experiences. The Nurse Anesthesia Program may require a drug screen at **any time and any place** while enrolled in the program. The cost of which is the responsibility of the student. Examples of which the Nurse Anesthesia Program may require a student drug screen are (but not limited to) the following: Clinical entry drug screens, random drug screens, drugs screens for site specific clinical rotations, and drug screens for suspicion of intoxication and/or under the influence of mind-altering medication.

*****Failure to comply with any of the above will result in charge of personal days, vacations days, and/or removal from the clinical area with time missed to be completed at the end of the semester/ program.***

EXAMINATIONS

1. **Certification Examination:**
Transcripts for the Certification Examination are electronically submitted to the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA) when all requirements are met as directed by the University Catalog. The examination fee is the responsibility of the student and must accompany the application/transcript package. The Certification Examination is a computer adaptive program scheduled for determination of competency. A passport photo is required for the application packet.
2. **Clinical Course Textbook Exams/Content Comprehensive Exams:**
All students are required to complete a series of comprehensive clinical exams. The exams are developed to ascertain didactic to entry-level skill and knowledge. The exams will be given in clinical practicum courses. In order to progress to the next level of clinical, the student must pass the exam appropriate to the clinical course as well as successfully fulfill other required evaluative components of clinical knowledge and skill. **Clinical/comprehensive exams are required to be taken on the day scheduled by faculty.** A health provider excuse must be submitted should a student miss an exam. Failure to do so may result in a "zero" for the exam grade. NA Leave (personal days and/or vacation days) is not permitted on clinical course/comp exam dates. **An unexcused absence on Comprehensive Exam day may result in failure of the course, as this is considered an unexcused absence in the clinical course. Refer to page 139**
3. **Clinical Entrance Exam:** All students are required to successfully complete a clinical entrance exam with a score of $\geq 80\%$ prior to entry into NURS 8508 Clinical Practicum I. In order to progress to NURS 8508, the student must pass the exam with a score $\geq 80\%$.
4. **SEE Exam:**
The Self-Evaluation Exam is offered by the National Board for Certification and Recertification in order to prepare the student for the certifying exam. The exam may be required by the Nurse Anesthesia Program to evaluate curriculum content and/or preparation of the student. The cost of this exam will be the responsibility of the student, should the Nurse Anesthesia Program deem it necessary. The SEE exam will be required to be taken at least twice. The required Benchmark SEE score will be set by faculty and must be met as outlined in course syllabi. Progression in the program is dependent on meeting the SEE benchmark score as outlined in course syllabi. Failure to meet the SEE benchmark may result in a delay in graduation, failure of the course, and inability to progress in the Nurse Anesthesia Program.
5. **Oral Exams:**
Oral exams may be required for the student during any Nurse Anesthesia course (clinical practicum or didactic course). These exams are developed to ascertain knowledge and articulate knowledge.

LIBRARY

The University Library provides extensive access to a variety of materials and offers many services to the student.

SCHOOL OF NURSING POLICY FOR TECHNICAL AND PHYSICAL STANDARDS

The School of Nursing affirms that all students enrolled in the graduate, nurse anesthesia program must possess those intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty for safe professional practice.

The advanced practice nurse anesthetist must possess the knowledge and ability to effectively assess his or her client's biophysical, psychological, social, cultural, and intellectual domains. Further, the advanced practice nurse must competently analyze the assessment data through intellectual processing to arrive at a definition of the client's status or problem, plan independently or collaboratively for full range of therapeutic anesthesia interventions, execute all or part of the anesthesia care plan through advanced practice nursing acts, and evaluate the care delivered and the client's responses to it.

Candidates for advanced practice nursing must have the abilities and skills necessary for use of the nursing process. These skills and abilities include observations; communication; motor ability; conceptualization; integration and quantification; and behavioral/social acceptability. Technological compensation can be made for some handicaps in certain of these areas, but candidates must be able to perform in a reasonably independent manner. The use of a trained intermediary is not possible.

The following abilities and skills are necessary to meet the requirements of the curriculum:

Observations

The candidate must be able to observe patients and monitors accurately at a distance and close at hand. Observation necessitates the functional use of vision and tactile sensation. It is enhanced by the functional sense of smell.

Communication

The candidate must be able to speak, hear, and observe patients in order to elicit information; describe changes in mood, activity, posture, mentation, and consciousness; and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

Motor

Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other assessment maneuvers. A candidate must have sufficient motor skills to gain access to clients in a variety of care settings and to manipulate the equipment central to the treatment of patients receiving anesthesia care. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision. Examples of required fine motor skills would include, but are not limited to, preparation and administration of medications, assessment of vital signs, administration of general, regional, and monitored anesthesia care anesthetics, and insertion invasive monitoring lines. Examples of required gross motor skills would include, but are not limited to, positioning clients, transferring clients and maneuvering in confined spaces. In addition, the candidate should be able to lift and carry a minimum of 35% of his or her own body weight. Also, the candidate should be able to sit, bend, reach and/or walk and stand for most of the day.

Intellectual-Conceptual, Integrative, and Quantitative Abilities

These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of nurse anesthetists, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

Behavioral and Social Attributes

A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the care of patients, and the development of mature, sensitive, and effective relationships with patients and all members of the healthcare team. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, and appropriate interpersonal skills, interests, and motivations are all personal qualities necessary for professional nursing.

The citations for these guidelines are as follows:

Section 504 of the 1973 Vocational Rehabilitation Act and 42 U.S.C. 12101 et seq., the American with Disabilities Act (ADA) Bower, D., Line, L., & Denega, D. (1988). Evaluation instruments in nursing (pp. 71). New York: National League for Nursing

GUIDELINES FOR COMPLETING CLINICAL CASE RECORD

The Council on Accreditation of Nurse Anesthesia Educational Programs completed a Guideline for Completions of Case Records in October 2015. These guidelines were revised in October 2019. These guidelines as well as additional explanations are provided below.

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) recently published revised standards for nurse anesthesia educational programs offering DNP and doctoral degrees. These new standards included revisions to the required clinical experiences that each graduate must attain within the program. The COA received feedback indicating a need to provide an authoritative reference for all student registered nurse anesthetists (SRNAs) and program administrators. The document is also available for use by any Certified Registered Nurse Anesthetist (CRNA) advising student nurse anesthetists about recording clinical experiences. While SRNAs are responsible for accurately recording clinical learning experiences, all participants in the process must realize the final authority for quantifying clinical experiences rests with the Program Administrator who must affirm the accuracy of the clinical experience record. The purpose of the *Guidelines for Counting Clinical Experiences* is to enhance consistency in how nurse anesthesia students quantify their clinical learning experiences by providing interpretive guidelines and examples for the clinical experiences.

These guidelines cannot anticipate all possible scenarios, nor can they foresee future developments in surgical/procedural care or other emerging technologies. Therefore, students must consult the program administrator when questions arise regarding how clinical experiences should be counted. Program administrators are encouraged to consult the COA regarding these matters, as needed.

General Guidelines on Counting Clinical Experiences:

Nurse anesthesia students must have the opportunity to develop into competent, safe, nurse anesthetists capable of engaging in full scope of practice as defined in the AANA's *Scope of Nurse Anesthesia Practice* and *Standards for Nurse Anesthesia Practice*. To ensure nurse anesthesia students develop the knowledge, skills and abilities for entry into practice, students must participate in all phases of their clinical cases including preoperative, intraoperative and postoperative anesthesia care. While it may not be possible for students to participate in all phases of care on every case, students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., CVL placement, regional block, etc.) that he or she actually performs. Students can take credit for an anesthetic case only if they are personally involved with the implementation and management of the anesthetic. Students cannot take credit for an anesthetic case in which they observe another anesthesia provider manage a patient's anesthetic care.

The COA published the following definition in the glossary section of both the *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* and *2004 Standards for Accreditation of Nurse Anesthesia Educational Programs*.

Counting clinical experiences-Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., central venous catheter placement, regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the management of the anesthetic or only observe another anesthesia provider manage a patient's anesthetic care. Two learners should not be assigned to the same case, except when the case provides learning opportunities for 2 students, and 2 anesthesia providers are necessary due to the acuity of the case. The program will need to justify any deviation from this requirement.

Developing comprehensive guidelines addressing all possible situations where programs/students may count clinical learning experiences is difficult. In order to provide clarity, consideration should be given to the following general principles.

1. Clinical learning experiences must provide educational value.
 - a. Experiences lacking value might include:
 - 1) Student provides temporary relief (e.g., morning/lunch breaks) to the primary anesthetist in a case, where the student neither begins nor finishes a case and is only in the case for a short period of time (e.g., ≤30 minutes).
 - 2) Student is in an observation-only role (e.g., not involved in decision-making processes nor actively engaged in developing or implementing the anesthetic plan).
 - 3) Student role is limited to recording the anesthetic (i.e., charting only).
 - 4) Two students share a routine case (e.g., laparoscopic cholecystectomy, orthopedic case).
 - b. Experiences with value might include:
 - 1) Student provides temporary relief (e.g., morning/lunch breaks) and a significant event occurs requiring the student to develop/implement anesthesia management (e.g., air embolus develops, major hemorrhage occurs, aortic clamping/unclamping, new onset myocardial ischemia, cardiac arrest, intense resistant bronchospasm, unintentional extubation, etc.)
 - 2) Two students share a complex case where there is opportunity for both learners to have significant learning (e.g., liver transplants, rare cases, massive trauma, complicated cases requiring two anesthesia providers)
2. Students cannot count any procedure unless they personally perform the procedure.
3. The program will need to justify any questionable counting of cases by identifying the student's level of participation and learning outcomes achieved.
4. Conference hours are required during the clinical experience. A required 45 hours of conference time must be obtained by the end of the clinical portion of the program.

How to Use This Document:

Students and program administrators are encouraged to read the document in its entirety. The "Interpretive Guidelines" column includes language intended to amplify and clarify the intent of the clinical learning experience. When the Interpretive Guidelines reflect definitions found in the glossary of COA accreditation standards, it will be so indicated. For example, (see *Glossary*, "Clinical hours").

Examples may be included in more than one Clinical Experience category for increased clarity. For example, information regarding regional techniques used in obstetric management may be found in obstetric management, pain management encounters, and regional techniques. This underscores the need to read the entire document for maximum clarity.

The COA standards no longer include an exhaustive list of anatomical categories. Several anatomic categories were eliminated in the current standards because the experiences are common across all programs. Therefore, some clinical learning experiences will not have an appropriate anatomic category (e.g., extremities, extrathoracic, perineal (e.g., colonoscopy), extracranial (e.g., ECTs), and routine pacemaker insertions. Some cases will appropriately be recorded in two anatomic categories. A single case may be counted in one anatomic category, more than one anatomic category, or no anatomic category at all. All anesthetic cases are considered valuable learning experiences, and therefore should be counted regardless of whether they are assigned to an anatomic category. Therefore, the total number of cases recorded in anatomical categories may not add up to the total number of cases.

Program administrators are encouraged to contact the COA with any questions regarding the appropriateness of students counting specific clinical learning experiences and the NBCRNA regarding the reporting of required clinical learning experiences on the NBCRNA transcript. This will allow the COA and the NBCRNA to promote consistency in how clinical learning experiences are counted and reported respectively, and further develop these guidelines.

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Total Clinical Hours (2000)	Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time. (see <i>Glossary, "Clinical hours"</i>)	Examples of other clinical time would include in-house call, pre-anesthesia assessment, post-anesthesia assessment, patient preparation, OR preparation, and time spent participating in clinical rounds.
Patient Physical Status	Each patient must have only one physical status.	
Class I		
Class II		
Classes III – VI (total of a, b, c & d) (200) [300]		
a. Class III (50) [100]		
b. Class IV (10) [100]		
c. Class V (0) [5]		
d. Class VI		
Total Cases (600) [700]		
Special Cases		
Geriatric 65+ years (100) [200]		
Pediatric		
Pediatric 2 to 12 years (30) [75]		
Pediatric (less than 2 years) (10) [25]		
Neonate (less than 4 weeks) [5]		
Trauma/Emergency (E) (30) [50]	An emergency case allows the student the	An emergency case:

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
	<p>opportunity to provide anesthesia under one or more of the following conditions:</p> <p>1) There is an urgency/continued threat to patient well-being; 2) there are fewer resources available than during regular operating hours; and/or 3) there is limited assessment and planning time allowed for the unscheduled case.</p> <p>When a case is deemed an emergency based on the professional opinion of the operating practitioner (i.e., surgeon, proceduralist), the case may be counted as an emergency case.</p>	<p>A student is notified that a case is being brought to the OR on an emergent basis, as deemed by the surgeon. The patient has a newly diagnosed kidney stone and is rapidly moving into a septic state. The patient has not been NPO. Due to time constraints, the pre-anesthetic evaluation is limited.</p> <p><u>Not an emergency case:</u></p> <p>It is 1:40 p.m. Wednesday and the orthopedic surgeon has a patient with a fracture hip who has been in the hospital for 36 hours to stabilize her cardiac and hemodynamic status. The patient is NPO, has been fully assessed, and her physical status optimized. The surgeon wishes to do this case at this time instead of waiting to schedule it for the following day. This would not be considered an emergency case as it meets none of the three conditions that define an emergency case.</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Obstetrical management (total of a & b) (30) [40]	<p>This category is intended to ensure students have adequate clinical experiences during all stages of labor and delivery. Students may count clinical experiences in this category <u>only</u> if the procedure being performed is intended to facilitate delivery of the fetus.</p>	<p>A student performs an anesthetic for an appendectomy on a patient whose fetus is at 18 weeks gestation. Since the procedure is not intended to result in delivery of the fetus, the procedure cannot be counted as an obstetrical management experience.</p> <p>A student performs an anesthetic for a cervical cerclage on a patient with cervical insufficiency. Since the procedure is not intended to result in delivery of the fetus, the procedure cannot be counted as obstetrical management experience.</p>
	<p>The COA is aware the number of required cesarean deliveries (10) and analgesia for labor cases (10) do not equal the total number of required Obstetrical Management cases (30). Obstetrical patient populations are unpredictable during students' OB rotations. Requiring students to have a greater number of Obstetrical Management experiences assures that the total number of required OB case experiences is greater without being too prescriptive.</p>	<p>A student who has completed sixty (60) OB anesthesia experiences, eight (8) of which are cesarean deliveries. The student would not meet the minimum case requirements for graduation. Although the student with sixty (60) obstetrical management experiences far exceeds the minimum number required for obstetrical management, the student fails to meet the minimum number of ten (10) cesarean deliveries. The student would need to administer two (2) additional anesthetics for cesarean deliveries in order to meet the required minimum.</p>
a. Cesarean delivery (10) [15]	<p>When anesthesia is delivered for a cesarean delivery, regardless of whether it is a continuation of a labor epidural, it is counted in this category.</p>	<p>A student places an epidural catheter for pain management during labor. Following a trial of labor, the patient proceeds to cesarean delivery.</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
		<p>The student records the experience as ONE case, for ONE patient.</p> <p>This case is recorded in the following categories:</p> <ul style="list-style-type: none"> • Pain Management Encounter • Obstetrical management <ul style="list-style-type: none"> ○ Cesarean delivery ○ Analgesia for labor • Anatomic category-abdominal • Regional techniques <ul style="list-style-type: none"> ○ Management ○ Actual Administration <ul style="list-style-type: none"> ▪ Epidural <ul style="list-style-type: none"> ◆ Pain Management ◆ Anesthesia <p>Anesthesia time for the case should include the patient assessment and preparation, subsequent epidural catheter placement, and any other face-to-face time with the patient. The cumulative anesthesia time would include both the labor epidural face-to-face time and the intra-operative time during the cesarean delivery. If the case proceeds to emergent cesarean delivery, it would also count as an emergency case.</p>
		<p>A student administers a spinal anesthetic for cesarean delivery and remains for the management of the case.</p> <p>This case is recorded in the following categories:</p> <ul style="list-style-type: none"> • Obstetrical management

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
		<ul style="list-style-type: none"> o Cesarean delivery • Anatomic category-abdominal • Regional techniques <ul style="list-style-type: none"> o Management <ul style="list-style-type: none"> ▪ Anesthesia o Actual administration <ul style="list-style-type: none"> ▪ Spinal <ul style="list-style-type: none"> ◆ Anesthesia <p>If the case is an emergent cesarean delivery, it would also count as an emergency case.</p>
<p>b. Analgesia for labor (10) [15]</p>	<p>Students performing a pre-anesthetic assessment, developing a plan of care, performing an intervention (e.g., epidural catheter placement), and providing care following the intervention, should count the experience as a case. The case is counted as a SINGLE case, and a SINGLE pain management encounter even if the student periodically returns to evaluate the patient and adjust the epidural dosing.</p>	<p>A student places an epidural catheter for labor pain management. The student provides care after placing the epidural for a period of time and periodically reassesses the patient, adjusting the dosing as indicated.</p> <p>This case is recorded as ONE case in the following categories:</p> <ul style="list-style-type: none"> • Obstetrical management <ul style="list-style-type: none"> o Analgesia for Labor • Pain management encounter • Regional techniques <ul style="list-style-type: none"> o Management <ul style="list-style-type: none"> ☑ Pain management o Actual administration <ul style="list-style-type: none"> ▪ Epidural <ul style="list-style-type: none"> ◆ Pain management
<p>???????</p>	<p>If the student only performs the intervention (i.e., another provider has performed the assessment and developed the plan of care), the student <u>does not</u> count the experience as a case, but <u>does</u> count the skills performed (e.g., epidural administration).</p>	<p>A student places an epidural catheter for labor pain management. Another anesthesia provider performed the pre-anesthetic assessment and patient preparation.</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
		<p>The student’s involvement was limited to performance of the procedure.</p> <p>The student would count this as neither an anesthetic case nor a pain management encounter, but would take credit for the clinical skills performed. The experience would be recorded in the following categories:</p> <ul style="list-style-type: none"> • Regional techniques <ul style="list-style-type: none"> ○ Actual administration <ul style="list-style-type: none"> ▪ Epidural <ul style="list-style-type: none"> ◆ Pain management
	<p>When a student performs a combined spinal/epidural catheter placement, the student counts both procedures (i.e., spinal and epidural).</p>	<p>A student places a combined spinal/epidural catheter for labor pain management. This case is recorded in the following categories:</p> <ul style="list-style-type: none"> • Obstetrical management <ul style="list-style-type: none"> ○ Analgesia for Labor • Pain management encounter • Regional techniques <ul style="list-style-type: none"> ○ Management <ul style="list-style-type: none"> ▣ Pain management ○ Actual administration <ul style="list-style-type: none"> ▪ Epidural <ul style="list-style-type: none"> ◆ Pain management ○ Actual administration <ul style="list-style-type: none"> ▪ Spinal <ul style="list-style-type: none"> ◆ Pain management
<p>Pain Management Encounters (<i>see Glossary “Pain Management Encounters”</i>) (15) [50]</p>	<p>Pain management encounters are individual one-on-one patient interactions for the express purpose of intervening in an acute pain episode or a chronic pain condition.</p>	<p>A student is called to labor and delivery to assess a patient for labor pain. The patient has a pre-existing lumbar epidural catheter.</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
	<p>Pain management encounters must include a patient assessment prior to initiating a therapeutic action.</p> <p>Pain management encounters include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Initiation of epidural or intrathecal analgesia. 2. Facilitation or initiation of patient controlled analgesia. 3. Initiation of regional analgesia techniques for post-operative pain or other non-surgical pain conditions, including but not limited to, plexus blocks, local anesthetic infiltration of incisions, intercostal blocks, etc. 4. Adjustment of drugs delivered, rates of infusion, concentration or dose parameters for an existing patient controlled analgesia or patient controlled epidural analgesia. 5. Pharmacologic management of an acute pain condition in PACU. 6. Trigger point injections. 7. Electrical nerve stimulation. (see <i>Glossary, "Pain management encounters"</i>) 	<p>The student formulates a plan that includes increasing the dose of the analgesic being delivered by PCEA (patient-controlled epidural analgesia). The student would not count this as an anesthetic case. The experiences would be recorded in the following categories:</p> <ul style="list-style-type: none"> • Obstetrical management <ul style="list-style-type: none"> ○ Analgesia for labor • Pain management encounter • Regional Techniques <ul style="list-style-type: none"> ○ Management <ul style="list-style-type: none"> ▪ Pain Management
	<p>Administering an epidural for an esophagectomy for postoperative pain management may count as a regional</p>	<p>The student is providing anesthesia for an esophagectomy, and places an epidural catheter for post-op pain management prior to induction of general anesthesia.</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
	<p>technique- pain management and a pain management encounter.</p>	<p>Toward the end of the procedure, the student initiates the post-operative analgesia plan utilizing the epidural. The student records all typical case activities for the esophagectomy, and the following categories:</p> <ul style="list-style-type: none"> • Pain management encounter • Regional Techniques <ul style="list-style-type: none"> ○ Actual Administration <ul style="list-style-type: none"> ▪ Epidural <ul style="list-style-type: none"> ◆ Pain Management ○ Management <ul style="list-style-type: none"> ▪ Pain Management
	<p>Administering a spinal anesthetic for a cesarean delivery does not count as a pain management encounter.</p> <p>If the administration of regional anesthesia is the primary anesthetic technique for a surgical procedure, it does not constitute an acute pain management encounter. If a regional technique is used post-operatively for analgesia/acute pain management, and the student's participation meets the definition of a pain management encounter, then the experience may be counted as both a pain management encounter and a regional management- pain management experience.</p>	<p>The student administers a spinal anesthetic for cesarean delivery. The spinal drugs include a local anesthetic for surgical anesthesia and a long-acting opioid for post-operative analgesia. This would not count as a pain management encounter because it does not meet the definition of a pain management encounter. The long-acting opioid is part of the intraoperative anesthesia plan. However, three hours after the patient is discharged from the PACU, the student performs a post-operative patient assessment for pain management and determines the need for supplemental IV opioid (or any other intervention including no change in the plan). This interaction would be counted as a pain management encounter, but not an anesthetic case.</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
		<p>A student provides moderate sedation to a patient having a facet joint injection being performed by an anesthesiologist. The student is supervised by a CRNA or another anesthesiologist. This does not count as a pain management encounter. It does count as an anesthetic case.</p>
	<p>The administration of intravenous analgesics as an adjunct to a general or regional anesthesia technique does not constitute a pain management encounter for purposes of meeting minimal COA required clinical experiences. (see <i>Glossary, "Pain management encounters"</i>)</p> <p>The administration of analgesics (e.g., fentanyl) upon arrival in the PACU does not constitute a pain management encounter.</p>	<p>The student has transported the patient to the PACU, and is transferring care to the PACU nurse. The student administers an opioid before leaving the bedside in response to the patient's complaints of pain. This <u>does not</u> count as a pain management encounter because the plan for immediate postoperative pain management is integral to all anesthetic plans.</p> <p>The student turns over the care of a patient to the PACU nurse. Following appropriate recovery from the anesthetic, the patient is transferred to the nursing unit. Two hours later, the acute pain service is consulted for pain management. The same student who administered the intraoperative anesthetic is now asked to respond to the acute pain service consult request. The student evaluates the patient, develops a plan of care, and executes the plan. The student <u>does</u> count this as a pain management encounter.</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
	<p>The administration of regional anesthesia as the primary anesthetic technique for a surgical procedure does not constitute an acute pain management encounter.</p>	<p>The student administers a spinal anesthetic in a patient undergoing a transurethral resection of the prostate. This does not constitute a pain management encounter.</p>
	<p>Placement and/or initiation of a regional technique (e.g., epidural catheter, instillation of intrathecal opioids, peripheral nerve block) <u>not</u> being used as the primary anesthetic is counted as a regional technique, administration (if the student performs the procedure), and pain management (if the student initiates pain management care using a catheter placed by another provider). This would also be counted as a pain management encounter if the postoperative plan for analgesia is different than the intraoperative anesthesia plan.</p>	<p>The student places an epidural catheter for intraoperative anesthesia in a patient undergoing femoral-popliteal bypass. Toward the end of the procedure, the student initiates the post-operative analgesia plan utilizing the epidural by changing the epidural solution to a weak local anesthetic plus an opioid. The experiences would be recorded in the following categories:</p> <ul style="list-style-type: none"> • Pain management encounter • Vascular • Regional Technique <ul style="list-style-type: none"> ○ Actual Administration <ul style="list-style-type: none"> ▪ Epidural <ul style="list-style-type: none"> ◆ Anesthesia ○ Management <ul style="list-style-type: none"> ▪ Anesthesia ▪ Pain Management <p>This counts as a pain management encounter because the plan for immediate postoperative pain management is different than the intraoperative anesthetic plan. The student assesses the patient's pain throughout the intraoperative phase, and develops the postoperative pain management based on that assessment. The student initiates the postoperative pain management plan, and assesses its effectiveness postoperatively.</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Anatomical Categories⁹	The total number cases recorded in anatomical categories will not add up to the total number of cases. Some cases will appropriately be recorded in two anatomic categories where other cases may have no category at all. The list of anatomic categories is not an exhaustive list.	Examples of cases that do not have a designated anatomical category include extremities, extrathoracic, perineal (e.g., colonoscopy), extracranial (e.g., ECTs), and routine pacemaker insertions.
Intra-abdominal (75)	Abdominal procedures are defined as cases where the abdomen is entered via open or laparoscopic procedures.	Examples of intra-abdominal cases include total abdominal hysterectomy and radical prostatectomy. ERCP and other intestinal endoscopy cases would not be counted as intra-abdominal.
Intracranial (total of a & b) (5) [20]	Intracranial procedures are defined as cases where a procedure occurs within the brain.	An example of a closed case is anesthesia administered for a gamma knife procedure.
a. Open (3) [10]	Open intracranial procedures are when the brain is accessed through the skull, or an incision from another anatomical area.	Open procedure examples include: Burr hole decompression and intracranial procedures via transphenoidal approach.
b. Closed	Closed intracranial procedures are when the brain is accessed percutaneously via catheter.	Examples of closed intracranial procedures include gamma knife procedures and percutaneous aneurysm coiling.

⁹ Count all that apply.

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Oropharyngeal (20)	Oropharyngeal procedures are defined as any procedure that is performed within or via the oral cavity, including the oropharynx. Programs are expected to ensure students obtain a variety of cases within this category. While a student could technically meet the requirements by providing anesthesia for 20 patients having the same procedure (e.g., bronchoscopy), that would not meet the spirit or intent of this category.	Bronchoscopy, esophagoscopy, oral procedures (e.g., orthodontic/dental, tongue, uvea, palate, pharynx, tonsils, adenoids, bony fractures), trans oral cervical spine, odontectomy.
Intrathoracic (total of a, b, & c) (15) [40]	Intrathoracic procedures are defined as a procedure within the thorax where the thorax is surgically open or entered via laparoscope.	

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
a. Heart		
1. Open Heart Cases (total of a & b) (5) [10]		
a) With Cardiopulmonary Bypass		
b) Without Cardiopulmonary Bypass	Open heart procedures performed without cardiopulmonary bypass	Examples include off-pump coronary artery bypass and minimally invasive direct coronary artery bypass.
2. Closed Heart Cases [10]		Examples of closed heart cases include cardiac ablation, implanted cardioverter- defibrillator, transcatheter aortic valve replacement/implantation, transcatheter pulmonary valve replacement, perivalvular leak closure, percutaneous mitral valve repair, pacemaker lead extraction (lead over 1 year old), pulmonary artery/vein stent, and left atrial appendage closure device, and Lariat procedure. Cases that are not appropriate to count in this category are routine cardiac catheterizations and routine pacemaker insertions.
b. Lung (5)	Includes procedures on the lung via open thoracotomy and via thoroscope.	Pulmonary artery thrombectomy, Video- assisted thoracic surgery (VATS) involving the lung. Simple insertion of a chest tube to treat pulmonary conditions is not counted as an intrathoracic procedure.
c. Other	Includes intrathoracic procedures performed either via open thoracotomy, thoroscope, or percutaneous approaches that are not appropriate to count in other intrathoracic categories.	Examples include: mediastinoscopy; procedures on the esophagus, thymus, and diaphragm; and procedures on great vessels including the thoracic aorta (e.g., thoracic aneurysm repair via open thorax or endovascular stent placement) or vena cava (e.g., open repair of vena cava or Greenfield filter placement).

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Neck (5) [10]		Tracheostomy
Neuroskeletal (20)		
Vascular (10) [30]		Examples include endovascular aortic stents and other open or percutaneous procedures performed on vascular structures.
Methods of Anesthesia		
General anesthesia (400)		
Inhalation induction (25) [40]		
Mask management ⁶ (25) [35]	A general anesthetic that is administered by mask, exclusive of induction. Mask management should be counted when it is used for induction <u>and</u> maintenance of anesthesia. Mask management should <u>not</u> be counted when it is just used only for induction.	<p>A student induces general anesthesia and subsequently administers a non-depolarizing muscle relaxant. The student ventilates the patient via facemask awaiting onset of the muscle relaxant. Following onset of the muscle relaxant, the student places an endotracheal tube. This does not count as mask management.</p> <p>A student induces general anesthesia using a total intravenous anesthesia technique for a short procedure (e.g., ECT, cardioversion). The airway is managed via facemask, with or without an oral airway. This <u>does</u> count as mask management.</p>

⁶ A general anesthetic that is administered by mask, exclusive of induction.

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Supraglottic airway devices (total of a & b) (35) [50]		
a. Laryngeal Mask		<p>A student inserts a laryngeal mask and then performs a laryngeal mask-guided endotracheal intubation. The experiences would be recorded in the following categories.</p> <ul style="list-style-type: none"> • Supraglottic airway devices <ul style="list-style-type: none"> ○ Laryngeal mask • Tracheal intubation <ul style="list-style-type: none"> ○ Oral • Alternative tracheal intubation techniques <ul style="list-style-type: none"> ○ Other techniques
b. Other		<p>Includes but not limited to: cuffed oropharyngeal tubes with esophageal cuffs, cuffed oropharyngeal tubes without esophageal cuffs, and cuffless anatomically shaped pharyngeal tubes.</p>
Tracheal intubation (total of a & b) (250)	<p>Tracheal intubation may only count towards case number requirements if the student is successful at placing the endotracheal tube. Unsuccessful attempts at intubation may not be counted.</p>	
a. Oral		<p>A student performs a direct laryngoscopy and is unable to pass the endotracheal tube, or inadvertently intubates the esophagus. This experience may not be counted as a tracheal intubation.</p> <p>A student successfully places an endotracheal tube using an alternative method such as a videolaryngoscope.</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
		<p>The experiences would be recorded in the following categories:</p> <ul style="list-style-type: none"> • Tracheal intubation <ul style="list-style-type: none"> oOral • Alternative tracheal intubation techniques Other techniques
<p>b. Nasal [5]</p>		
<p>Alternative tracheal intubation/endoscopic techniques⁷ (25) [50] (total of a & b) (see Glossary “Alternative tracheal intubation techniques”)</p>	<p>Alternative tracheal intubation techniques include, but are not limited to fiberoptic intubation, light wand, retrograde tracheal intubation, trans-tracheal jet ventilation, gum elastic bougie/tracheal tube changer, LMA guided intubation, cricothyroidotomy, video assisted laryngoscopy, etc. .</p>	<p>The student uses a video laryngoscope (e.g., GlideScope, McGrath), to insert an endotracheal tube. Since the GlideScope and McGrath are both rigid, these experiences would be recorded under b. Other Techniques.</p>

⁷ Tracheal intubations accomplished via alternative techniques should be counted in both tracheal intubation and the alternative tracheal intubation categories.

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
<p>a. Endoscopic techniques⁸ (total of 1 & 2) (5) [15]</p>	<p>Airway endoscopy is the skillful manipulation of a flexible endoscopic instrument into the airway cavity. It requires familiarity with the anatomy of the airway and is performed for purposes of preoperative evaluation or airway management. Devices utilized for airway endoscopy include but are not limited to fiberoptic bronchoscopes, non-fiberoptic bronchoscopes, flexible fiberoptic and non-fiberoptic videoscopes.</p>	
<p>1. Actual tracheal tube placement</p>	<p>Placement of a tracheal tube in a human patient using a flexible endoscope.</p>	
<p>2. Simulated tracheal tube placement</p>	<p>Placement of a tracheal tube in simulated patient (i.e., human patient simulator or task trainer). Simulated experiences may satisfy part, but not all, of the required five (5) experiences in endoscopic techniques.</p>	
<p>3. Airway assessment</p>	<p>Airway assessment via flexible endoscopic bronchoscopy may be performed to evaluate the anatomy of the airway for patency and/or assure optimal ventilatory mechanics. Airway assessment with a flexible endoscope via an <i>in situ</i> endotracheal or endobronchial tube does <u>not</u> count toward the required five (5) endoscopic techniques.</p>	<p>Examples of experiences that may be counted in this category include:</p> <ul style="list-style-type: none"> • Verification of proper placement of an endotracheal tube, endobronchial tube, or bronchial blocker. • Determination of the patency of airway devices and the need for repositioning or replacement. • Airway assessment for:

⁸ Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
		<ul style="list-style-type: none"> ○ Vocal cord function ○ Presence of airway injury or disease (e.g., perforation, stenosis) ○ Readiness for extubation ○ Removal of a foreign body or other tracheal debris (e.g., mucous plug)
b. Other techniques (5) [25]	The placement of supraglottic airway devices is not included in this category because it is counted in the supraglottic airway devices category. However, if a tracheal tube is advanced into the trachea via the supraglottic airway device, the experience would be counted in this category.	Examples of experiences that may be counted in this category include; light wand, retrograde tracheal intubation, trans-tracheal jet ventilation, gum elastic bougie/tracheal tube changer, laryngeal mask airway guided intubation, cricothyroidotomy, and video assisted laryngoscopy.
Emergence from anesthesia (300)		
Regional techniques	<p>A minimum number of regional anesthetics is required to ensure all graduates have experience with each regional anesthetic technique. While a minimum number of experiences is required in each regional technique sub-category, the total number of regional techniques can include a variety of combinations provided they meet both the requirement for the subcategory and the total required regional techniques.</p> <p>As long as students administer no fewer than ten (10) spinals, ten (10) epidurals and ten (10) peripheral blocks, the remaining five additional techniques required can be all of one technique or any combination of techniques totaling thirty- five (35).</p>	<p>A student who administers ten (10) spinals, ten (10) epidurals and fifteen (15) peripheral blocks would meet the required case numbers [10+10+15=35].</p> <p>A student who administered fourteen (14) spinals, sixteen (16) epidurals and five (5) peripheral blocks would not meet the required case numbers [14+16+5=35]. The student would need 5 more peripheral blocks to meet the required case numbers.</p> <p>A student who administers thirty-eight (38) spinals, 42 epidurals, and 9 peripheral blocks would <u>not</u> meet the required case numbers [38 + 42 + 9 = 89]. The student would need 1 more peripheral block to meet the required case numbers. Remember that simulation can be used to meet some, but not all, of the required peripheral blocks.</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Actual Administration (total of a, b, c, & d) (35)		
a. Spinal (total of 1 & 2) (10) [50]		
1. Anesthesia		
2. Pain management		
b. Epidural (total of 1 & 2) (10) [50]		
1. Anesthesia		
2. Pain management		
c. Peripheral ⁹ (total of 1&2) (10) [50]		
1. Anesthesia		
Upper		
Lower		
2. Pain management		
Upper		
Lower		
d. Other ¹⁰ (total of 1 & 2)		

⁹ Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

¹⁰ Examples include truncal, cutaneous, head, and neck blocks (e.g., transversus abdominis plane, rectus sheath, ilioinguinal, iliohypogastric, oral, and maxillofacial blocks).

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
1. Anesthesia		
2. Pain management		
Management (total of 1 & 2) (35) [50]		
1. Anesthesia		
2. Pain management		
Moderate/deep sedation (25) [50]	<p>“Monitored Anesthesia Care, or MAC Anesthesia” is not synonymous with moderate/deep sedation. MAC Anesthesia describes an anesthesia service in which a licensed anesthesia provider participates in the care of a patient undergoing a procedure. The term MAC is not included in the standards because it does not define any particular level of sedation. The American Society of Anesthesiologists, in their “Continuum of Depth of Sedation,” publishes the following definitions.</p>	<p>If a student provides anesthesia care (e.g., pre-anesthetic evaluation, intraoperative monitoring), but does not administer any medications, the experience will count as an anesthetic case, but does not count as moderate/deep sedation.</p>
	<p>Minimal sedation/anoxiolysis is a drug- induced state of anoxiolysis in which patients are able to respond normally to verbal commands.</p>	<p>If a student administers oral midazolam or perhaps nitrous oxide for IV placement, or intravenous midazolam for removal of external fixation device, and the patient remains able to respond normally to verbal commands. The experience will count as an anesthetic case, but does not count as moderate/deep sedation.</p>
	<p>Moderate sedation/analgesia (“Conscious Sedation”) refers to a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by minimal tactile stimulation.</p>	<p>A student administers a sedative, narcotic and/or anxiolytic medication for an inguinal hernia repair. The patient has decreased level of consciousness, but awakens either to voice command or when touched lightly on the shoulder.</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
	<p>No interventions are required to maintain a patent airway and spontaneous ventilation is adequate.</p>	<p>The patient appropriately follows verbal commands. The airway is patent and ventilation is adequate. This experience is counted in this category.</p> <p>Administering sedative, narcotic and/or anxiolytic medication for a patient receiving a forearm surgery with a regional block in place. The patient has decreased level of consciousness, but awakens either to voice command or when touched lightly on the shoulder. The patient appropriately follows verbal commands. The airway is patent and ventilation is adequate. This experience is counted in this category.</p>
	<p>Deep sedation is a drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Reflex withdrawal from a painful stimulus is not considered a purposeful response.</p>	<p>A student is administering midazolam and liberal doses of fentanyl in preparation for flexible videoscopic intubation. The patient requires a jaw lift to achieve a respiratory rate of 6 per minute, and responds purposely to deep tactile stimulation (i.e., does not respond to verbal or light tactile stimuli). This experience is counted in this category.</p>
	<p>General Anesthesia is a drug-induced loss of consciousness during which patients are</p>	<p>A student is administering propofol for a colonoscopy. The patient requires a jaw lift</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
	<p>not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired.</p> <p>Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.</p>	<p>to achieve a patent airway, has a respiratory rate of 6 per minute, and is not responsive to deep painful stimulation. The patient does not respond as the proceduralist performs the colonoscopy. The patient is under general anesthesia. This clinical experience is not counted in the moderate/deep sedation category; rather, it is counted as a general anesthetic.</p>
Arterial Technique		
Arterial puncture/catheter insertion (25)		
Intra-arterial blood pressure monitoring (30)	<p>This category is used anytime an arterial catheter is used to monitor arterial waveforms and other clinical variables.</p>	<p>Examples include standard arterial lines, as well as newer technologies that employ arterial lines such as FloTrac sensor (with either Vigileo or EV1000 platform), VolumeView sensor (with TruWave transducer and EV1000 platform), LiDCOplus, PiCCO.</p>
Central Venous Catheter	<p>Insertion of a central venous catheter is distinctly different from inserting a pulmonary artery catheter. These experiences are recorded in separate categories.</p>	
Placement ¹¹ – Non-PICC (total of a & b) [15] (10)		
a. Actual	The placement of an introducer qualifies as	

¹¹Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone. Insertion of Peripherally-Inserted Central Catheters (PICC) do not meet the requirements for Central Line Placement.

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
[5]	a central venous catheter insertion. If the student also floats a pulmonary artery catheter, the student would count it as both a central venous catheter insertion and a pulmonary artery catheter insertion. The student should perform the procedure including insertion and directing of the needle. Assistance can be provided, but the procedure must be performed by the student.	
b. Simulated	Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone.	
Placement – PICC (total of a & b)	Insertion of a Peripherally-Inserted Central Catheters (PICC) does not meet the requirement for Central Venous Catheter Placement.	
a. Actual		
b. Simulated		
Monitoring (15)	This category is used anytime a central venous catheter is used to monitor central venous waveforms and other clinical variables. Monitoring right atrial pressure with a pulmonary artery catheter is counted under pulmonary artery catheter monitoring, not under this category.	Examples include standard central venous catheters, as well as newer technologies that employ central venous lines such as VolumeView sensor (with TruWave transducer and EV1000 platform) and PiCCO. It is anticipated that others will be available in the future.
Pulmonary Artery Catheter		
Placement [5]		

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Monitoring [10]	This category includes invasive monitoring using a pulmonary artery catheter.	
Other		
Ultrasound guided techniques (total of a & b) [10]		
a. Regional		
b. Vascular	This includes both central and peripheral vascular structures.	
Intravenous catheter placement (100)		If an intravenous catheter is placed using ultrasound, the procedure would be counted in this category, and also in: <ul style="list-style-type: none"> • Other <ul style="list-style-type: none"> oUltrasound guided b. Vascular
Advanced noninvasive hemodynamic monitoring	Newer <u>non-invasive</u> technologies have emerged as reliable methods to monitor cardiac output and other hemodynamic variables. The data derived from the various technologies are useful in determining appropriate patient management.	Examples include the Venus 1000, NiCO ₂ , BioZ CardioProfile, NICOM, ClearSight, and USCOM. It is anticipated that others will be available in the future.

The following additional information is provided to add additional clarity to the COA's Guidelines for Completing Case Records in the Typhon Case Management System. Faculty encourages students to log information on a daily basis to prevent degradation of data knowledge of case management. However, **all case information for the previous week's experience must be entered by noon of the first class day following the previous week's experience.**

1. Understand that it is **YOUR** responsibility to maintain an accurate and up-to-date record of your clinical experiences while enrolled in the Nurse Anesthesia Program. At the completion of your program study, this record is sent to the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) as part of your application to sit for the certification exam. With this record and the application, you are required to affirm that the information you are submitting is accurate, honest and current. The Board uses this record as your validation of having satisfied the clinical experience criteria for eligibility to sit for the certification exam. The Board has the right (and has done so in the past) to reject records that are inaccurate or incomplete. In particular, when case numbers do not logically add up, the Board may deem the record as inaccurate and return to the applicant for resolution with a \$50 dollar assessment to the student. This assessment fee is payable via a certified check or money to NBCRNA. The cost of this correction is the responsibility of the student/applicant.
2. The Record of Clinical Experience is used by the Program to monitor your progress and your completion of case requirements. However, it is ultimately **YOUR** responsibility to monitor your completion of the various case requirements and to keep your Clinical Coordinator informed when you lack the required number of cases for specific categories. **DO NOT** wait until the end of the program to bring this issue to the attention of the Clinical Coordinators.
3. The Record of Clinical Experience is an official document of your clinical education and as such may be very important in the future should you ever need to defend yourself in a negligence action. This record may also be of value in negotiations with prospective employers as evidence of your training, capabilities, and experiences. Keep in mind that this document reflects the depth and range of your clinical instruction and experience. Equally, this record could inadvertently reflect a narrow scope of experience if you tend to limit your management plans of care to a standard routine.
4. The Program has the responsibility to assure that each Nurse Anesthesia student within the NBCRNA parameters completes the record.
5. Because of the importance of this clinical experience record, you are required by the Program to complete a monthly update of your record each month no later than the 5th of the month and to submit at the first class day of the month. You will use the Typhon system to maintain this record. Instructions for accessing and entering your data will be provided by the Program Faculty.

To help assure that your record is complete, consistent, and accurate please adhere to the following guidelines when completing your Record of Clinical Experience.

SECTIONS:

Totals:

- A. **Total Number of Cases**—this is indicative of the number of cases (patients) for whom you administered anesthesia care each day. In a situation where you did not personally start and finish the case, it is acceptable to count the case where you performed the induction, and/or the emergence AND managed the case for a significant intraoperative period (i.e., more than one hour). You CANNOT count cases where you were giving a short, relief break or cases where you are merely assisting another provider or observing. **Note: You cannot enter the total number of cases on the Typhon system. This total is generated from the "Patient Physical Status" numbers you enter.**

- B. **Total Hours of Anesthesia Time**—enter the number of hours for which you were administering anesthesia care to patients. Anesthesia care includes pre-op, post-op, care in Holding or PACU, and all intra-operative care.

Note this is NOT:

1. The number of hours you happen to be in the hospital building;
2. The hours you are in class;
3. The hours you are on call (in-house); and
4. The hours you spend studying.

Enter all these non-anesthesia time hours under the appropriate entry in section Committed Time.

- C. **Patient physical status**—each patient has ONE and ONLY one physical status class.

Special Cases:

For purposes of this record you should consider:

- Patients over 65 years of age as geriatric
- Patients from birth to 30 days as neonates.
- Obstetrics includes labor and delivery management.
- Emergency is any case that was not posted for the daily OR schedule.
- Pain management encounters are individual one-on-one patient interactions for the express purpose of intervening in an acute pain episode or a chronic pain condition. Pain management encounters must include a patient assessment prior to initiating a therapeutic action.
- Pain management encounters include, but are not limited to, the following:
 1. Initiation of epidural or intrathecal analgesia.
 2. Facilitation or initiation of patient-controlled analgesia.
 3. Initiation of regional analgesia techniques for postoperative pain or other non-surgical pain conditions, including but not limited to, plexus blocks, local anesthetic infiltration of incisions, intercostal blocks, etc.
 4. Adjustment of drugs delivered, rates of infusion, concentration or dose parameters for an existing patient-controlled analgesia or patient controlled epidural analgesia.
 5. Pharmacologic management of an acute pain condition in PACU.
 6. Trigger point injections.
 7. Electrical nerve stimulation

*The administration of intravenous analgesics as an adjunct to a general or regional anesthesia technique does **NOT** constitute a pain management encounter for purposes of meeting minimal COA required clinical experiences. The administration of regional anesthesia as the primary anesthetic technique for a surgical procedure does not constitute an acute pain management encounter.*

Anatomic Categories:

Choose one principal category per case. If you are doing a cholecystectomy and it is an OPEN CHOLE, then count it as a gallbladder. If the cholecystectomy is laparoscopic, put it under EITHER the “Laparoscopy” or “Laparoscopic” category. Choosing “Other” for each category should not be too high, i.e., < 10, use this section ONLY when no other logical choice exists.

The total number of entries for Methods of Anesthesia will not equal exactly the Total Number of Cases, but they should NOT be less and should NOT be a number, which is double the number of cases.

Patient Assessment

- A. **Preoperative assessments**—evaluation of patients through interview, physical assessment, and a review of records. Count the number of pre-op assessments you perform.
- B. **Postoperative follow-up**—evaluation and documentation of the patient’s overall response to anesthesia and occurrence of anesthetic or anesthetic-related complications. Count the number of postoperative visits you complete. **Postoperative follow-up is not completed in the post anesthesia recovery room.**
- C. **Anesthesia Care Plans**—number of written or verbal proposed plans for the administration of an anesthetic, based on the known and anticipated needs of an individual patient during the perioperative period discussed with your supervising CRNA/MDA

Committed Time “Clinical Conference”

- A. **Conferences:** Time spent in weekly case conferences, visiting professor seminars, professional organization meetings, etc.
- B. **Clinical Hours:** Time you are actually at the hospital on each of your routine clinical days during normal operating hours of the clinical facility. This differs from the “anesthesia time” that you record on your case logs. Please record the amount of time you are actually in the clinical area, regardless of whether or not you are actually doing or preparing for a case. **DO NOT INCLUDE TRAVEL TIME TO A CLINICAL SITE. DO NOT INCLUDE CALL TIME in this category.**
- C. **Call Time:** Call time is a clinical experience outside the normal operating hours of the clinical facility, for example after 3 p.m. and before 7 a.m. Monday through Friday and any time on weekends.
- D. **Pre- and Post-anesthesia rounds:**
 - 1. This is your preoperative assessment time, whether it is an outpatient/ambulatory surgical assessment you have done or time spent on a preoperative visit on inpatients
 - 2. Post anesthesia rounds—if you see the patient post-operatively—this will apply to inpatients you visit in the hospital postoperatively. These usually do not apply to outpatients who are discharged from the facility on the same day of surgery
- E. **Class Time:** This is the amount of time per day you spend in a classroom setting, e.g., lecture. Some of you are taking on-line courses and this time is difficult to ascertain. Please estimate the amount of time you spend actually on-line in these courses, i.e., discussion boards, virtual chats, etc.
- F. **Study Time:** Reading assignments, studying, preparation for assignments in your on-line courses, etc.
- G. **Research Time:** Time spent on research papers, projects.
- H. **Sick Time:** Time missed from clinical due to illness.
- I. **Personal Time Off:** Time missed from clinical that cannot be categorized as sick or another designated time.

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
NURSE ANESTHESIA PROGRAM

Accreditation Policy

- I. **Policy:** Arkansas State University College of Nursing and Health Professions, School of Nursing – Nurse Anesthesia Program will maintain current accreditation status with the appropriate accrediting agencies and will accurately publish its accreditation status in all advertising statements, publications, and catalogs.
- II. **Purpose:** The purpose of the policy on accreditation is to assure that accreditation is maintained and accurately reflected by the Program.
- III. **Procedure:**
 - A. The Program will voluntarily participate in:
 1. the accreditation process as outlined by the Council on Accreditation of Nurse Anesthesia Educational Programs;
 2. the accreditation process as outlined by the Accreditation Commission for Education in Nursing; and
 3. the accreditation process as outlined by the Higher Learning Commission Northcentral Association.
 - B. The Arkansas State University, College of Nursing and Health Professions' School of Nursing and the Nurse Anesthesia Program will accurately reflect the status of accreditation in all advertising statements.
 - C. Students are actively involved in the accreditation process and details related to their role will be provided during the planning of the accreditation process.
- IV. **Accreditation Statement:**

Arkansas State University College of Nursing and Health Professions, School of Nursing's **DNP** in Nurse Anesthesia Program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 South Prospect Avenue, Park Ridge, Illinois 60068-4001; phone: 847-692-7050; <http://home.coa.us.com/Pages/default.aspx>. The COA is a specialized accrediting body recognized by the Council on Higher Education (CHEA) and the United States Department of Education (USDE). The program's next review by the COA is scheduled for 2024.

Arkansas State University College of Nursing and Health Professions, School of Nursing's **DNP** in Nurse Anesthesia Program is accredited by the Accreditation Commission for Education in Nursing (ACEN), 3390 Peachtree Rd, Suite 1400, Atlanta, Georgia 30326; phone 404-975-5000; <https://www.acenursing.org/>

Arkansas State University College of Nursing and Health Professions, School of Nursing's MSN in Nurse Anesthesia Program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 South Prospect Avenue, Park Ridge, Illinois 60068-4001; phone: 847-692-7050; <http://home.coa.us.com/Pages/default.aspx>. The COA is a specialized accrediting body recognized by the Council on Higher Education (CHEA) and the United States Department of Education (USDE). The program's next review by the COA is scheduled for 2024.

The **DNP** program is accredited by the Accreditation Commission for Education in Nursing, 3343 Peachtree Rd, NE, Suite #850, Atlanta, GA 30326, Telephone: (404) 975-5000, <http://acenursing.org/>. The MSN program is also approved by the Arkansas State Board of Nursing.

Arkansas State University is accredited by the regional institutional accreditor, the Higher Learning Commission North Central Association.

ARKANSAS STATE UNIVERSITY
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Admission, Transfer, and Graduation Criteria Policy

- I. **Policy:**

Arkansas State University College of Nursing and Health Professions, School of Nursing Nurse Anesthesia Program will admit to the program only those applicants that fulfill the admission criteria.
- II. **Purpose:**

The purpose of the policy on admission criteria is to assure that the admission criteria are delineated for all applicants to the program.
- III. **Procedure:**
 - A. The procedure for admission shall be determined by the following steps:
 1. The Program will admit only those applicants that fulfill the following criteria:
 - a. Successful admission to the Arkansas State University Graduate School Bachelor of Science in Nursing (BSN) from an ACEN or CCNE accredited program of nursing from a regionally accredited college or university.
 - b. Current unrestricted/unencumbered (clear/active) license as a registered nurse in one of the states/compact states or one of the protectorates of the United States, with eligibility for Arkansas, Tennessee, Mississippi and Missouri R. N. license.
 - c. A cumulative grade point average of 3.0 on undergraduate course work or 3.0 on the last 60 hours of undergraduate work on a 4.0 scale.
 - d. Graduate Record Examination (GRE) on application. Must be taken within 5 years of application demonstrating:
 - i. A combined verbal and quantitative score of 300 preferred for tests.
 - ii. An analytical writing section score.
 - e. A minimum of one (1) year full-time work experience as a registered nurse in a critical care setting at the time of admission. Critical care experience must be within two (2) years of application. Critical care setting examples include but are not limited to: *Surgical Intensive Care, Medical Intensive Care, Neuro Intensive Care, Cardiothoracic or Cardiovascular Intensive Care, Burn/Trauma Intensive Care, Neonatal or Pediatric Intensive Care*. A-State Nurse Anesthesia Program does not accept *Emergency Room, Post-Anesthesia Care Unit, Operating Room or Obstetrical – Labor & Delivery Unit experience*.
 - f. Completion of a 3-credit hour graduate level descriptive and inferential statistics course with a grade of “B” or higher.
 - g. Three references, which should be current and/or former supervisors completed on the program’s recommendation forms.
 - h. Current BLS, ACLS and PALS certification on application.
 - i. CCRN or Cardiac Surgery Certification on application
 - j. Successful completion of interview process. Interview is by invitation only.
 - k. Admission decisions are non-grievable.

- m. **English Proficiency Requirements:**
 The School of Nursing requires a high level of proficiency in English so that all students will be able to fully meet academic and clinical objectives as well as meet criteria for professional licensure. All foreign-born students and nurses must take one of the following tests:
- i. Test of English as a Foreign Language (TOEFL) with a score of 83 on the preferred internet-based test (iBT), 570 on the paper-based test, or 213 on the computer-based test. International English Language Testing System (IELTS) with a score of at least 6.5 and a spoken band score of 7.
 - ii. Pearson Test of English Academic (PTE) with a score of 56.
 - iii. The TOEFL is available at the ASU Testing Center. When taking the exam off campus, the report code for ASU is 6011
2. The procedure for admission is as follows:
- a. Complete online application for admission to the graduate school.
 - b. Provide the Graduate School with Official Transcripts of all undergraduate/graduate course work and official GRE scores to:
 A-State Graduate School
 PO Box 60
 State University, AR 72467.
3. Complete the following and mail in a comprehensive packet to: A-State Nurse Anesthesia Program at P.O. Box 910, State University, AR 72467.
- a. Nurse Anesthesia Program application (available on website).
 - b. Personal Resume
 - c. Professional goal statement consisting of 500-1,000 words with attention given to the applicant's professional goals, past experiences and contributions the applicant expects to make in Nurse Anesthesia.
 - d. GRE Test Results taken within 5 years of application.
 - e. Three references, which should be current and/or former supervisors and faculty, completed on the program's recommendation forms. All references must be sealed and signed over the seal by the person who wrote the recommendation. This may then be sent to you or sent directly to the program by evaluator. Recommendation forms are provided on website.
- B. The procedure for transfer shall be determined by the following steps:
1. The school does not accept direct transfer students from other graduate nursing programs or students who have previously attended a nurse anesthesia program.
 2. Students who have attended another nurse anesthesia program may apply to the program and must follow admission criteria.
 3. Transfer credits are not allowed.
- C. The procedure for graduation shall be determined by the following steps:
1. Attending Graduation Ceremonies **is required**. Any student not able to attend Graduation Ceremonies must inform the Program Director **no less than two (2) weeks prior** to graduation date. Extenuating circumstances will be reviewed by the Program Director.
 2. Meet all requirements set forth by the Nurse Anesthesia Program, School of Nursing, and College of Nursing and Health Professions at Arkansas State University.
 3. Meet all requirements specified by the Council on Accreditation of Nurse Anesthesia Educational Programs and National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA).
 4. Submit a formal application to the graduate school prior to enrolling in the final semester of the program.
 5. Possess an accumulative grade point average of 3.0 on all course work.
 6. Maintain **AHA BLS**, **ACLS** and **PALS** certification, which is valid for at least ninety (90) days post-graduation.
 7. Maintain an unrestricted Registered Nurse license, which is valid for at least ninety (90) days post-graduation.
 8. Fulfill all financial obligations to Arkansas State University. Students must complete the financial-aid exit interview.

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Allowable Time Off Policy
(Planned/Unplanned Personal Days, or Vacation)

- I. **Policy:**
Students are required to attend all scheduled classes and clinical experiences appropriate for their level of experience.
- II. **Purpose:**
The purpose of a Student Allowable Time Off Policy is to delineate required attendance of students while enrolled in the Nurse Anesthesia Program.
- III. **Procedure:**
Student attendance shall be recorded according to the following procedures:
- 1) **Personal Day Off:**
 - a. In order to receive University credit for the course, as each clinical course is assigned University credit, the clinical student must fulfill all time commitments associated with the course. Personal day off (PDO): Each student is allotted fifteen (15) planned/unplanned personal days.
 - 2) **Attendance of one state or national organizational meeting is required**
 - a. There will be no NA Leave charge for meeting dates. Approval of NA Leave for meetings/conferences is at the discretion of the Program Director.
 - b. Attendance of two (2) Valley Review Courses is required. These two mandatory Reviews will be scheduled by DNP NA Administration and strategically placed within the program to facilitate meeting the SEE benchmark and promote NCE success.
 - c. Attendance for each scheduled class, clinical experiences or clinical conference is required.
 - d. Only one (1) planned personal day may be granted at a time and any consecutive days will not be approved except under extraordinary circumstances.
 - e. Two (2) or more consecutive unplanned personal days will require documentation from a physician, APRN, or student health. If a student takes an unplanned personal day on the date of an exam, the student must submit documentation from a physician, APRN, or student health in order to be allowed to make up the exam. Failure to provide documentation will result in a zero for the exam.
 - f. The student is required to email the N. A Director and call the course instructor, Nurse Anesthesia Faculty, and submit NA leave form prior to start of class to report their illness. Failure of notification by the student may result in:
 - i. Academic Probation
 - ii. Failure of the course.
 - iii. Failure to submit NA Leave form to NALeave@astate.edu within 24 hours will result in triple vacation time charged
 - g. Nonattendance without notification by a student for a clinical experience will be counted as an unexcused absence (See Attendance Policy). Honor code charges may be filed and implemented by NA faculty.
 - h. Occasionally, changes in class times and days may be necessary. Students are responsible for checking their own class schedules. Students will be notified of changes by Nurse Anesthesia Faculty via email (check twice daily and PRN).
 - i. Unplanned personal days immediately preceding or following any scheduled Vacation weeks, meeting leaves, or holidays (including/in addition to Christmas Eve and New Year's Eve) will require verification of illness from a health care provider. If a holiday (or Christmas Eve, NYE, etc.) falls on a weekend, then the preceding scheduled work day will be defined as the last scheduled clinical day and the following scheduled work day will be defined as the next scheduled clinical day. Students taking unplanned personal days in such a manner will be assessed TRIPLE vacation time.

- j. Planned personal days during the last two weeks of the Nurse Anesthesia Program will not be granted.
 - k. For any unplanned personal day during the final month of the Nurse Anesthesia Program, the student must submit documentation from a physician, ARPN, or student health within 24 hours. Failure to do so may result in:
 - i. Failure of the course
 - ii. Dismissal from the program
 - l. Time granted as planned personal day off should be requested 2 weeks in advance and approved by NA faculty.
 - m. A planned personal day off request form should be completed and emailed to NA Leave at NALeave@astate.edu.
 - n. Any personal day beyond the allotted must be completed retrospectively at the end of the semester prior to the commencement of the subsequent semester. If unable to do so, graduation will be delayed. (Exceptions may be made at the Program Director's direction) The student may not work more than the time commitment permitted by the COA: Doctoral Standards.

 - o. Any time taken away from the clinical arena for appointments, etc. beyond the allotted must be completed as a full eight-hour clinical day.

 - p. Unplanned personal day off taken during the following scheduled clinical experiences will be charged as follows:
 - I. 8 hour scheduled experience – 1 PDO day
 - II.. 2 hour scheduled experience – 1.5 PDO days
 - III, 16 hour scheduled experience – 2 PDO days
 - IV. 24 hour scheduled experiences – 3 PDO days

 - q. When an unplanned personal day is used, the following procedures must be followed:
 - r. The student must notify the assigned clinical site at least TWO (2) HOURS prior to scheduled experience. Students must follow the clinical affiliate site's protocol for provider absences. The student requires documentation of the time as well as the name of the person-taking message.
 - s. The student must EMAIL the Anesthesia Program Director TWO (2) HOURS prior to start of scheduled shift. Students are to communicate DIRECTLY with faculty regarding notification of illness, time of site notification and name of facility personnel who took the message.
 - t. An EMAIL must be sent to the appropriate area clinical coordinator and NA leave email address with the attached NA Leave documentation within 24 hours following illness notification of program director and clinical site. Failure to submit within 24 hours will result in triple vacation time charge.
 - u. The student must document time of their unplanned personal day off on their computerized Monthly Clinical Case Report.
- 3) Vacation Time**
- a. Personal days immediately preceding or following any scheduled vacation week, meetings, or holidays will require verification of illness from a health care provider. Students calling in sick/taking personal days in such manner will be assessed TRIPLE vacation time.
 - b. No more than 20% of students in the same class that are assigned to the same clinical site may be granted vacation at the same time.
 - c. No vacation will be granted during the didactic portion of the program
 - d. If students have a PDO or Vacation during the first week of the semester, attendance to the semester orientation is mandatory
 - e. No more than one (1) week of vacation per month is allowable.
 - f. No vacation will be granted during the first clinical rotation practicum. No vacation in the month of April of the year of graduation.
 - g. No **vacation** may be taken during **specialty rotations**. No more than one **PDO** may be taken during **specialty rotations**.

- h. Vacation time is only granted in full week increments (Monday-Friday). Students will need to verify with their clinical coordinator whether or not they will have to work the weekend before or after the Monday –Friday vacation. Vacation days may not be taken individually, added to educational time or personal days off.
 - i. If vacation is taken during any week that the OR is closed (e.g., low census, holiday, etc.) the student will be charged all 5 days regardless of holiday.
 - j. Only one (1) vacation week may be taken at a time.
 - k. Each student is allowed 5 weeks of vacation.
 - l. Submit to NA Leave (NALeave@astate.edu) ≥ 60 days in advance.
 - m. Students having 3 or more unplanned PDOs in a semester will be required to make up the day or days missed.
 - n. Any unplanned PDO in a specialty rotation, off rotation, or a rotation of 6 weeks or less will be required to be made up during that rotation period
 - o. Any 2 or more unplanned PDO taken prior to time off from clinical (class day, weekend) will be required to be made up during that rotation period
 - p. Proof of the make-up days is the responsibility of the student and correction action may be taken if not completed.
- 4) **Students will submit requests and documentation to NA leave and document in Typhon Case Management System.** The administrative assistant and Nurse Anesthesia Faculty will verify all personal days off and keep NA leave records in the Student's Clinical File.

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Attendance & Other Time Off Policy

- I. **Policy:**
Students are required to attend all scheduled classes and clinical experiences appropriate for their level of experience. An excused tardiness or absence must be granted by the University's Nurse Anesthesia Program's faculty. Personal days will be assessed for any absence.
- II. **Purpose:**
The purpose of the student attendance policy is to delineate required attendance of students while enrolled in the Nurse Anesthesia Program.
- III. **Procedure:**
Student attendance shall be recorded according to the following procedures:
- A. **Class, Seminar and Conference Attendance:**
1. There will be no unexcused absence from classes, seminars or conferences. If you are unable to attend class or weekly conferences you must call the Nurse Anesthesia Faculty, e-mail the program director and submit a leave form to NA leave.
 2. Three (3) incidents of unexcused tardiness from didactic classes will result in failure of the course.
 3. Unexcused absence from specific classes will result in an incomplete status or failure for the course. Two unexcused absences from class or weekly conference will result in failure of the course.
 4. Occasionally, changes in class times and days may be necessary. Students are responsible for checking their own class schedules. Changes will be worked out between the class, course coordinator, and the program director.
 5. Students must be present to enroll into exam software 15 minutes prior to exam start. Failure to do so may result in a zero (0) for that exam unless excused by course faculty.
 6. Personal days will be assessed for any absence.
- B. **Clinical Component:**
In order to receive University credit for the course, since each clinical course is assigned University credit, the clinical student must fulfill all time commitments associated with the course. Therefore,
1. Any day beyond the fifteen (15) planned/unplanned personal days must be completed retrospectively at the end of the semester prior to the commencement of the subsequent semester. The student may not work more than the time commitment permitted by the COA: DNP Accreditation Standards.
 2. Any time taken away from the clinical arena for appointments, etc. beyond the allotted (10) planned/unplanned personal days will be completed retrospectively at the end of the semester as a complete eight-hour clinical day or assessed vacation time. (if pulled for expired ACLS, immunization, etc.)
 3. **When requesting planned/unplanned personal days: See Allowable Time Off Policy**
 4. **Three (3) incidents of unexcused tardiness from clinical area may result in failure of the course.**
 5. **One (1) unexcused absence from clinical area may result in an incomplete status or failure for the course.**
- C. **Professional Meeting Time Off:**
1. Time may be granted for educational experiences at the discretion of the Program Director. A maximum of two (2) days are available as a second or third year student. These days are granted for attendance to **national, state, and local meetings that have direct relationship to the practice of nurse anesthesia.** Use of this time,

- requires a copy of the meeting registration and submission of documentation of attendance.
2. Students must request meeting time off via NA Leave at least **90 days** prior to the event.
- D. **Educational Time Off:**
1. **Time may be granted for educational experiences at the discretion of the Program Director.** A maximum of one (1) day is available as a second or third year student. These days are granted for attendance to an educational endeavor with **direct relationship to current evidence-based practice of Nurse Anesthesia education** (regional anesthesia conference etc....) Use of this time, requires a copy of the meeting registration and submission of documentation of attendance.
 2. Students must request educational time off via NA Leave at least **90 days** prior to the event.
- E. **Military Duty Time:**
1. The program recommends that students perform active duty training before starting the program or after graduation, so as to not interfere with educational commitment. Students who take active duty training during formal course work are required to obtain the information and pass each course to obtain credit for the course(s). Vacation time may be used to fulfill active duty requirements or a leave of absence may be required for longer periods of active duty.
 2. Time off for completion of military duty obligations must be requested upon receipt of orders.
 3. Documentation from the military is required before granting time off to fulfill obligations.
- F. **Special Events:**
1. Attendance for university/program special events such as banquets, award ceremonies (**Convocation of Scholars etc...**) is **mandatory**. This is a program requirement. Failure to attend may result in disciplinary measures and/or delay in graduation.
- G. Restoring time is up to the discretion of the Program Director and, if approved, will be done as follows:
1. Restoring time lost due to planned or unplanned personal days or leave of absence: The student may not work more than the designated time commitment of forty hours for the clinical course per week or exceed the total committed program time of 60 hours per week.
 - a. Time may be restored at the rate of 8 hours per day.
 - b. **If time is not restored prior to the class graduation date, then graduation will be delayed until the delinquent time is restored.**

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Audio, Videotaping, or Photographing of Faculty, Administration and Staff Policy

Policy:

Students may not audio, videotape, or photograph faculty, administration or staff without his/her consent.

Purpose:

The purpose of the audio, videotaping, and photographing faculty, administration, and staff policy is to remain in compliance with Arkansas State law. According to Arkansas State law 5-60-120. Interception and recording, it is unlawful for a person to intercept a wire, landline, oral, telephonic communication, or wireless communication, and to record or possess a recording of the communication unless the person is a party to the communication or one (1) of the parties to the communication has given prior consent to the interception and recording. **Any violation of this section is a Class A misdemeanor.**

Procedure:

The following procedure shall be followed:

1. Students wishing to audio or video record OR take a photograph of an instructor, faculty, administrator or staff member shall ask permission and gain consent **prior** to the interception and recording and/or photographing.
2. Any violation of this section is a Class A misdemeanor, as defined by Arkansas state law.
3. Failure to comply with this policy may result in course failure (if applicable) and disciplinary measures.
The student may be reported to university and law enforcement authorities.

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Call Policy

- I. **Policy:** Students will participate in planned “Call” clinical experiences. The purpose of the call experience is to help the student develop a realistic picture of the future practice of nurse anesthesia. It is expected that the student will gain experiences with emergency surgery, obstetrical patients, patient assessment, resuscitations, and additional responsibilities assumed by anesthesia personnel.
- II. **Purpose:** The purpose of the Call policy is to inform students of the call experience provided by the program.
- III. **Procedure:**
- A. The COA requires a call experience. The COA defines call as “A planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 p.m. and before 7 a.m., Monday through Friday, and on weekends. Assigned clinical experiences falling within these hours are considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. (Standards for Accreditation of Nurse Anesthesia Educational Programs, effective May 2015, p. 28).
 - B. Any call experience is calculated as part of the committed time to meet the University course requirement’s time commitment.
 - C. The student **MUST** be supervised by a CRNA and/or anesthesiologist during the call experience.
 - D. Call Experience procedures:
 - 1. Call commitment may begin during DNP Anesthesia Clinical Practicum II
 - 2. Call experiences may not occur after 7pm the day before class or on the day of class.
 - 3. Students must have a ten (10) hour rest period between scheduled clinical duty periods (ie: assigned continuous clinical hours). *See Reasonable Time Commitment COA Standards*
 - 4. A 24-hour rest period is required following any 16-hours of continuous direct patient care

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Clinical Affiliation Policy

- I. **Policy:**
Arkansas State University College of Nursing and Health Professions' School of Nursing, Nurse Anesthesia Program uses the resources of a number of affiliate clinical sites to provide the student with required and/or enhanced clinical experiences. The program reserves the right to select, revise, or terminate a clinical affiliation at any time and to change the student's clinical affiliate schedule at any time to meet the requirements set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs standards.
- II. **Purpose:**
The purpose of the Clinical Affiliation Policy is to inform the student of expectations related to participation in clinical affiliation experiences.
- III. **Procedure:**
- A. Current Affiliate Organizations include:
1. Arkansas Children's Hospital, Little Rock, AR
 2. Baptist North Little Rock, North Little Rock, AR
 3. Baptist Memorial Hospital, Memphis, TN
 4. Baptist Women's Hospital, Memphis, TN
 5. Baptist Collierville Hospital, Collierville, TN
 6. Baptist Memorial Hospital – Union County, New Albany, MS
 7. Baptist Memorial Hospital – Desoto, Southaven, MS
 8. Conway Regional Medical Center, Conway, AR
 9. National Park Medical Center, Hot Springs, AR
 10. NEA Baptist Hospital, Jonesboro, AR
 11. Outpatient Surgery Center, Jonesboro, AR
 12. Regional One Medical Center, Memphis, TN
 13. Saline Memorial Hospital, Benton, AR
 14. St. Bernard's Medical Center, Jonesboro, AR
 15. St. Francis Hospital – Park, Memphis, TN.
 16. Veteran Affairs' Medical Center, Memphis, TN
 17. White County Medical Center, Searcy, AR
- B. The Nurse Anesthesia Program is responsible for assigning individual clinical affiliate rotations. Students are prohibited from practicing clinical at sites where conflicts of interests may occur. Such examples may include, but are not limited to sites where family members are employed and/or act as governing board members or occupy any other similar positions where conflicts of interest may occur. It is the student's responsibility to notify the Program Director of any of the above situations at any clinical site. Failure to do so may result in disciplinary action. Final decisions as to whether a conflict of interest may exist will be made by the Program Director. Student requests and residency location may be considered in determining clinical rotations; however, the decision of the Nurse Anesthesia Program is final. The Nurse Anesthesia Program reserves the right to schedule, alter, or omit student participation in affiliate experiences.
- C. The student's affiliation participation may be rescheduled or omitted if the Nurse Anesthesia Faculty concludes the student's knowledge, skills, and/or performance are insufficient for the designated affiliation.
- D. Each institution affording the affiliation experience appoints a CRNA or anesthesiologist to direct the students' clinical learning. This CRNA or anesthesiologist is designated as the "Clinical Coordinator". **It is the student's responsibility to contact the clinical coordinator to schedule an orientation time.** If in doubt, check with student specific Area Coordinator. Once the orientation time has been set, the student must notify the Nurse

- Anesthesia Program to note the orientation on the schedule.
- E. Specific orientation and contact information for each affiliation is provided by the Nurse Anesthesia Program to the student prior to the affiliate participation.
 - F. The clinical instruction is under the direction of CRNAs or anesthesiologists holding institutional staff privileges at all affiliate institutions.
 - G. **It is the responsibility of the student to provide his/her own transportation/housing, copy of ACLS, BLS, & PALS, (AHA) RN licensure, Criminal Background Check, Drug Screen Results, Liability Insurance and immunization records for affiliate experiences.**
 - H. **It is the student's responsibility to follow the department/institution policies and procedures of each clinical affiliate site.**
 - I. Clinical responsibilities of the student during participation in affiliate clinical experiences include:
 - 1. Perform a pre-operative assessment on all anesthetic cases that the student anticipates managing during the assigned clinical hours.
 - 2. **Provide care plan daily prior to managing the anesthetic case. This needs to be a typed management plan if applicable.**
 - 3. Manage a variety of anesthetics.
 - 4. Perform a post-operative visit on all in-house patients.
 - J. Students are responsible for submitting all required (electronic) paperwork (daily clinical performance evaluations, clinical occurrences, preceptor and/or site evaluations) in accordance with the established evaluation deadlines.
 - K. Students are **responsible to pre-op every patient. Students are responsible to perform post- op assessments on all patients. Students are responsible to perform pre-op assessments on all in-patient patients the day before surgery.**
 - K. All scheduled time missed at an affiliation may be made up while at the affiliation **at the discretion of Program Director (see Attendance Policy).**
 - L. NA Leave (Personal days and Vacation time) is **granted by NA administration.** Clinical Sites are notified following Nurse Anesthesia administrative approval. Vacation time may NOT be scheduled during specialty rotations.
 - O. **The student must notify the Program Director of any clinical occurrences consistent with the Clinical Occurrence Policy while on affiliation rotations (See Clinical Occurrence Policy).**

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Clinical Affiliation Site Evaluation Policy

- I. **Policy:** Students, on a regular basis, shall evaluate all clinical sites. These evaluations will be compiled anonymously and distributed to the appropriate clinical coordinators and administrative personnel at the respective clinical sites.
- II. **Purpose:** The purpose of a clinical site evaluation policy is to describe and outline the process for evaluation of clinical sites.
- III. **Procedure:** All clinical sites shall be evaluated using the following procedure:
- Evaluation of all clinical sites:
- A. Each student will complete evaluations during each site rotation during NURS 8508, NURS 861V, NURS 871V, NURS 8808 & NURS 891V.
 - B. These evaluations will be compiled anonymously prior to leaving an affiliate site.
Annually:
 1. The composite summary evaluations shall be presented to the appropriate clinical coordinators and administrators.
 2. Nurse anesthesia faculty shall discuss suggestions and plans for change based upon the evaluations.
 3. Nurse anesthesia faculty shall implement and evaluate the efficacy of any previous changes.

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Clinical Compliance Policy

- I. **Policy:** Students are required to abide by the established policies and procedures of Arkansas State University, College of Nursing and Health Professions' School of Nursing, Nurse Anesthesia Program and all affiliate hospitals during their course of study. Failure to comply with federal or state legal requirements is grounds for immediate dismissal.
- II. **Purpose:** The purpose of the Clinical Compliance Policy is to inform students of their responsibilities related to legal and accreditation requirements for institutions providing clinical experiences for students.
- III. **Procedure:**
- A. Policies and procedures of Arkansas State University, College of Nursing and Health Professions' School of Nursing handbooks are located on the A-State website. A hardcopy of the Nurse Anesthesia Program handbook will be given annually to all students.
 - B. Criminal History/Sex Offender Background Check
 1. A criminal history and sex offender background check of students is a requirement by JCAHO for all hospitals beginning fall of 2004.
 2. Participation in this process is a required component for completing clinical experiences in the Nurse Anesthesia Program. Each student must obtain a background check prior to full acceptance.
 3. Completion of the process in a timely manner is the responsibility of the student to ensure full participation in the nurse anesthesia program.
 4. Students are required to notify the Program Director of any incidents that may affect their ability to practice nursing in the any of the states used by the Nurse Anesthesia Program. The notification must occur no later than 30 days after the incident's occurrence. Students unable to complete the clinical requirements due to noncompliance may be dismissed from the nurse anesthesia program.
 - C. Use and Disclosure of Protected Patient Information (HIPAA). The use and disclosure of patient information is governed by state and federal regulations and the rules established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Students will handle protected information in a confidential manner at all times during the clinical experience at all clinical affiliates.
 1. Students will participate in institutional in-services regarding the use and disclosure of protected patient information when such in-services are scheduled.
 2. Students will use and disclose confidential health information only in connection with and for the purpose of performing duties related to the care of their patients.
 3. Students will not request, obtain, or communicate more confidential information than is necessary to accomplish the duties related to the care required by their patients.
 4. Students will take reasonable care to properly secure confidential health information on computers and will take steps to ensure that others cannot view or access electronic information. Students will log off of the computer when he/she leaves the computer workstation.
 5. Students will not disclose or share their personal passwords and will refrain from performing any tasks using another's password.

6. Copies of a patient's anesthesia record or any patient data will not be made or taken from the anesthesia department. Anesthesia records used for conferences, paperwork will be de-identified.
 7. Students' will not use any patient identification information while maintaining their statistics regarding the clinical experience.
 8. No copies of the OR schedule are to be made.
 9. Discussions of patient management of care should only be done in appropriate areas. No such discussions should occur in public areas.
 10. Students will abide by privacy policies of Arkansas State University Nurse Anesthesia Program and clinical affiliations.
 11. Students will follow the SON Social Networking Policy.
 12. Violation of HIPAA regulations will result in dismissal from the Nurse Anesthesia Program.
- D. Licensure and Certifications (IT IS THE STUDENT'S RESPONSIBILITY TO REMAIN CURRENT WITH STATE REGULATIONS AND TO COMPLY WITH THE STATE BOARD OF NURSING REGULATIONS PERTAINING TO LICENSURES)
1. Students are required to possess a current, unrestricted Registered Professional Nurse licensure. If you:
 - a. Reside in one of the multi-state RN licensing compact states; must have license for the state of residence.
 - b. Reside outside of one of the multi-state RN licensing compact states; must obtain license for all states where the program holds a clinical affiliation.
 2. Students are accountable according to the scope of the Arkansas Nurse Practice Act and any state where licensure has been granted and clinical experiences are obtained.
 3. Failure to maintain an active RN licensure, upload into Typhon, and supply to clinical site before license expires will result in the student being removed from clinical experiences, charged TRIPLE the vacations days during removal from clinical and may be placed on clinical probation (See Student Progression Policy).
 4. Students are required to possess current certifications in BLS, ACLS, and PALS (AHA). A copy of the certifications is to be provided to the Anesthesia Program Office upon application to the program. All re-certifications must be uploaded into Typhon and supplied to clinical affiliate sites before clinical experiences begin.
 5. Failure to maintain current certifications in BLS, ACLS, and PALS (AHA) will result in the student being removed from clinical, charged TRIPLE the vacations days during removal from clinical, and the student may be placed on clinical probation (See Student Progression Policy).
 6. The cost of nursing licensure and required certifications are the responsibility of the student.
- G. Documentation
1. The anesthesia record is a legal document in the patient's chart. The student will document the anesthetic care provided to the patient according to the clinical affiliation's policy.
 2. The student will accurately document the equipment and items to be charged.
 3. The accountability of controlled drugs must be accurately completed by students in accordance with all federal and state laws, and standards of professional practice.
- H. TB testing
1. A current TB test report is required to be on file with the Program at all times.
 2. Students are responsible for obtaining a TB test annually at a minimum and more frequently based upon the affiliate clinical site's requirement. All results must be uploaded into Typhon.
 3. The cost of maintaining current TB test, required chest x-ray if applicable etc is the student's responsibility.
 4. The TB testing may be obtained at a facility of the student's choice.

5. Failure to maintain a current TB test report on file will result in the student being removed from clinical, charged TRIPLE the vacations days during removal from clinical, and the student may be placed on clinical probation (See Student Progression Policy).
 6. Follow local health department recommendation for any abnormal results (health card)
 7. Any costs associated with maintaining current testing/recommendations by local health department following abnormal results is the student's responsibility.
- I. Physical Examination:
1. All students must submit a physical examination form after acceptance into the program.
 2. Submit a record of immunization for
 - a. Measles\rubella,
 - b. Hepatitis B virus (HBV) or documented history of hepatitis infection or antibody positive titer
 - c. Tetanus booster within the past 10 years.
 - d. Negative PPD skin test result or a negative chest x-ray, health card from the health department when reactive to TB skin testing for any semester in which enrolled for clinical courses.
 - e. Influenza vaccination must be taken annually.

Receipts from a pharmacy will not be accepted as proof of any immunization. You may submit the receipt, but the receipt must be submitted in addition to proof of administration by the pharmacy and/or provider. This is to be accomplished by a signed letter by the provided/ facility.

*****It is the student's responsibility to keep all credentials and documentation (malpractice insurance, etc...) current and uploaded to Typhon. It is also required that each student send a copy to the Nurse Anesthesia Administration Specialist, so that an electronic copy of all credentials may be stored in his or her student file.

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Clinical Occurrence Policy

- I. **Policy:**

The Nurse Anesthesia Program will maintain a confidential file of clinical occurrences for 5 years. Students will report and document all clinical occurrences. These records will be used for quality assurance, peer review and legal purposes.
- II. **Purpose:**

The purpose of the Clinical Occurrence Policy is to ensure that students understand the significance of occurrences and those records of occurrence are maintained in the Nurse Anesthesia office for quality assurance and legal purposes.
- III. **Procedure:**
 - A. A clinical occurrence is defined as **any unexpected event a patient experiences that MAY result in patient harm**. This includes deaths that may occur on any anesthesia patient 48 – 72 hours post procedure. This also includes occurrences such as “wet taps”, medication errors, and/or other anesthesia-related unintended occurrences that “may result” in patient harm.
 - B. Any incident **must be reported immediately** to the Preceptor or Clinical Site Coordinator at the facility. The Student is responsible for notifying the **Program Director** at the completion of the assigned clinical scheduled experience as soon as possible. If the Program Director cannot be reached via phone, the student should leave a voicemail and send an email that an occurrence has occurred (**do not include details of occurrence**). If the Program Director cannot be reached, the student is responsible to notify the Assistant Program Director following the same methods above.
 - C. A **typed** Clinical Occurrence Report must be completed and submitted to the Nurse Anesthesia Faculty by the first class day following the event or sooner if instructed by faculty. **ABSOLUTELY NO ELECTRONIC SUBMISSION ALLOWED!**
 - D. A scanned copy of a daily evaluation (completed and signed by the preceptor who was precepting the student during the time at which the clinical occurrence occurred) as well as any other daily evaluations that were completed on the same day by any other preceptors must be sent to the Program Director on the day that the occurrence occurred (**prior to return to clinical**).
 - E. **Failure to follow this policy/notify the Program Director as outlined here may result in disciplinary action, probation, course failure, and/or dismissal of the student.**

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Clinical Daily Performance Evaluation Policy

- I. **Policy:** Students shall receive at least one written evaluation of their clinical experience from clinical faculty, and compose a self-evaluation of that clinical experience on the same clinical evaluation form for each scheduled day of clinical experience.
- II. **Purpose:** The purpose of a clinical evaluation policy is to inform students of the clinical evaluation process.
- III. **Procedure:** The following procedure shall be followed:
1. Students shall use the appropriate clinical evaluation form for the clinical experience to which they are assigned.
 2. Students shall provide the assigned preceptor a clinical evaluation tool **AT THE START OF THE CLINICAL EXPERIENCE.**
 3. Evaluations should be **completed and signed** by the preceptor. Failure to obtain **preceptor completion of evaluation and signature** may result in failure of the practicum.
 4. Evaluations should be completed by the preceptor that the student spent the most time with on that given day. This is the preceptor who should be able to give the most summative assessment of the student's daily performance.
 5. All evaluations (evaluation form and additional written evaluations) shall be electronically submitted.
- Directions for electronic submission will be dispersed by student specific Clinical Area Coordinators and Nurse Anesthesia faculty.**
- a. The written evaluations are to be electronically submitted and placed in the student's electronic file.
 1. If the student receives a written or verbal evaluation that describes serious deficiencies in the student's clinical performance, the student **MUST** notify the Nurse Anesthesia Program Director **immediately.**
 2. If a student is sent home from clinical for any reason, the student **must** notify the Nurse Anesthesia Program Director **IMMEDIATELY.**
 3. **Failure to comply with any section of this policy may result in removal from the clinical area, probation, course failure and/or dismissal of the student. (See the Student Progression Policy).**

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Clinical Student Supervision Policy

- I. **Policy:** The level of supervision for nurse anesthesia students by Certified Registered Nurse Anesthetists (CRNA) and anesthesiologists is guided by the current clinical rotation.
- II. **Purpose:** The purposes of this policy are to:
 - A. Outline student clinical experience by semester
 - 1. Define supervisory roles of the CRNA and Anesthesiologist for each designation of student clinical experience.
 - 2. Delineate supervision for each level of student clinical experience.
 - B. Outline the evaluation procedure for each level of student clinical experience.
- III. **Procedure:** The criteria for CRNA and Anesthesiologist level of supervisor for each clinical experience is outlined below:

A. Student Clinical Experience:

DNP Curriculum

Clinical Semester	DNP Clinical/Lab Experience	Level of Supervision
1	NURS 8508	Preceptor
3	NURS 861V	Preceptor
3	NURS 871V	Preceptor/Mentor
4	NURS 8808	Mentor/Consultant
5	NURS 891V	Consultant

- B. Supervisory roles:
 - 1. Supervision shall be on a 1:1 ratio (Student to Faculty) for students in all clinical courses if faculty deem it necessary. Faculty is defined as a CRNA or Physician Anesthesiologist who is credentialed to provide anesthesia in the affiliate clinical site. Faculty retains full responsibility for the care and safety of the patient and readily available.
 - 2. Faculty shall be present in the operating room, delivery room, or other anesthetizing areas where students are assigned at all times. The faculty will function as a:
 - i. Preceptor* to students in NURS 8508, NURS 861V, and NURS 871V.
 - ii. Mentor* to students in NURS 871V and NURS 8808.
 - iii. Consultant* to students in NURS 8808 and NURS 891V.

C. Evaluation Procedure:

1. Evaluations for all clinical courses shall be evaluated on a per day/per shift basis unless the student's behavior requires additional documentation.
2. Evaluations may be completed by CRNAs and/ or Anesthesiologists.

*Preceptor: A teacher, tutor, or educator. One who imparts knowledge, information, or skills in a methodical and formal manner. Methods used by a preceptor include teaching, instruction, drilling, testing, demonstration, example and modeling.

*Mentor A trusted guide or coach. Mentoring is a relationship between novice and expert in which advice is shared toward the mutual goal of career advancement. Methods used by a mentor include: guiding, supporting, avocation, exchange of information.

*Consultant An expert that gives counsel or advice. Methods used by a consultant include: recommendation regarding the course of conduct or decision-making process, sharing of knowledge or information that imparts professional or technical advice.

***All levels of supervision require supervising CRNAs and/or MDs to be easily assessable and readily available.

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Distribution of A-State Faculty/Administration/Staff Information Policy

Policy:

Under no circumstances should students share (in any form- oral, written etc...) faculty, administration or staff personal information (personal contact information (home or cell phone numbers), home address, etc...) of faculty, administration or staff. Students may share office contact information (office phone number and A-State email address) should clinical, hospital or facility personnel, professional references etc... request contact information for faculty or administration members.

Purpose:

The purpose of the distribution of A-State/administration/staff information policy is to remain in compliance with Arkansas State law. According to the Arkansas Personal Information Protection Act, the purpose of this law is to ensure that sensitive personal information about Arkansas residents is protected. To that end, the purpose is to encourage **individuals**, businesses, and state agencies that **acquire**, own, or license personal information about citizens of the State of Arkansas to provide reasonable security for the information. This policy helps to protect the privacy and ensure safety of faculty, administration and staff.

Procedure:

The following procedure shall be followed:

1. Students shall share only **professional** contact information (office phone, A-State email address) to anyone requesting information pertaining to A-State faculty, administration or staff.
2. Personal home and/or cell phone numbers of faculty, administration or staff are not to be shared for any reason.
3. Personal information of any kind (home address etc...) of faculty, administration or staff is not to be shared for any reason.
4. Failure to comply with this policy may result in disciplinary measures.

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Dress Code Policy

- I. **Policy:** As health care professionals, an image that reflects our commitment to quality care must be presented. In order to accomplish this goal, students must maintain professional attire and wear their University student ID at all times.
- II. **Purpose:** In order to maintain a positive image, all anesthesia students will follow the dress code guidelines.
- III. **Procedure:** The following suggestions for dress and grooming provide guidelines. Students must conform to the clinical affiliation site dress code through which he/she is rotating.
- A. Clinical and Direct Patient Areas**
1. Blue jeans, T-shirts, jogging shorts, casual shorts, sweat pants/shirts are not appropriate attire for the didactic or clinical component.
 2. During pre- and post-operative visits, the student must maintain professional attire. A white lab coat is mandatory during visitation.
 3. A white lab coat must be worn at ALL times when the student is leaving the operating room suite while wearing scrubs. ***Note:** Lab coats should cover scrubs. Masks, shoe covers, gloves, and caps are removed when visiting patients or leaving OR.
 3. Scrub clothing, masks, shoe covers and gloves should be worn only in areas designated for their use. **WEARING OF SCRUBS TO CONFERENCES WITH A LAB COAT IS ONLY ACCEPTABLE IF LEAVING CLINICAL TO ATTEND.**
 5. Jewelry is restricted to:
 - a. Watch
 - b. One necklace if confined within the scrub top.
 - c. One pair or one small earring if confined within the hat.
 6. Ear gauges are not acceptable. Gauges must be replaced with flesh colored plugs that are flat to the surface of the body.
 7. No facial or tongue jewelry is permitted.
 8. Undergarments must be worn and not be visible through clothing or scrub attire.
 9. Extremes in style or clothing, which may be offensive or immodest, are **NOT** appropriate.
 11. Hair and body should be clean and well-groomed. Extremes in hair style or color are not appropriate. Deodorant should be utilized frequently.
 12. Beards and mustaches must be kept clean and well-groomed and must be covered by facemask and/or surgical hat when in the operating room.
 13. OSHA mandated standards for Universal Precautions must be utilized during the perioperative experience. This includes but is not limited to gloves and protective eye covers.
 14. The mask for the operative experience must be secured over both nose and mouth in a way to prevent venting at the sides. Masks must be worn at all times in sterile and sub-sterile areas of the operating room.
 15. Nametags should be worn and be visible at all times at the clinical facility.
 16. Footwear for clinical areas should be appropriate for the work area. Safety should be the primary consideration when selecting footwear for work.
 17. No perfume or scented body sprays are to be worn.
 18. No artificial fingernails. Nails should be trimmed and not extend beyond the fingertip. If polish is worn only clear non-gel nail polish is acceptable.

B. Non-Clinical Areas (On-campus)

*******This policy is to be followed at all times, by all students enrolled in the program. It is to be followed irrespective of the reason that the student is on-campus (peer instructor, simulation, remediation, study time/groups, senior study etc..).**

You are expected to select attire that projects professionalism and pride in our organization. We encourage you to avoid choosing attire for class that may be extreme in style. **GOOD JUDGMENT, WHICH INCLUDES BEING WELL GROOMED AND NEAT, IS THE MAIN GUIDELINE TO FOLLOW IN DRESSING APPROPRIATELY FOR CLASS.** Questions or clarifications on what would be considered appropriate attire for your specific area should be directed to Nurse Anesthesia Faculty or use the Clinical Area Guidelines for class..

Students are allowed to wear “OR” color green or “OR” color blue scrubs to cadaver anatomy lab. No other scrub colors or prints are acceptable at any time.

- a. OR Green or OR Blue Scrubs or Business Casual Attire is expected for class.
- b. There may be times when business casual attire only is required. Faculty will inform students when this is required.
- c. Undergarments must be worn and must not be visible through clothing.
- d. Extremes in style or clothing, which may be offensive or immodest, are **not** appropriate.
- e. Beards and mustaches must be kept clean and well-groomed and must be covered by facemask and/or surgical hat when in the operating room.
- f. Nametags should be worn and be visible at all times.
- g. No perfume or scented body sprays are to be worn.
- h. Lab coats must be worn while in the Reynold’s Building and the Nursing Building. Faculty may require lab coats at specific times.
- i. Lab coats are not to be worn in any area other than the university or clinical

*As defined by the University of Toronto: “Business casual is a classic, clean cut, and put together look where a full suit is not required. Business casual is attire that is appropriate even for a chance meeting with the CEO, or your boss. For women it means clothing such as slacks or a skirt, a blouse or shirt with a collar and closed-toe shoes. For men, business casual usually means slacks or khakis (chino-style pants), with a polo shirt, or a button-down shirt with a tie but no jacket. Some sweaters are also appropriate for both men and women. It is also helpful to consider what business casual is not. It is not clothing you would wear to a club or for athletic purposes; anything that is revealing, tight, see-through, or spandex is off-limits, as are baseball or other hats, flip-flops, jeans and hooded sweatshirts.”

<https://www.utm.utoronto.ca/careers/business-formal-professional-or-business-casual>

Failure to comply with this policy will result in the following actions:

- 1st offence: Written warning
- 2nd offence: 4 hours PDO charge
- 3rd offence: Citation for professionalism with possible probation
- 4th and final offence: Possible dismissal due to persistent unprofessional misconduct

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General Policy on Curriculum Changes/Approval

- I. **Policy:**
Assessment of the Nurse Anesthesia Program is multifaceted, multidimensional, and a systematically designed process that assures adherence to quality student education and adherence to accrediting bodies who oversee nursing education.
- II. **Purpose:**
The purposes of the “General Policy on Curriculum Changes/Approval” are to:
- A. Delineate the process of curricular changes/approval by the School of Nursing. Inform student, instructors, and members of the community of interest, the process by which the School of Nursing conducts curricular changes/approval.
 - B. Provide a schematic presentation of the overall process to which the College of Nursing evaluates and approves changes in the curriculum.
- III. **Procedure:**
The process of curricular changes/approval is a three-stage procedure. The first stage involves the evaluation and recommendation of curricular issues by the DNP Faculty Curriculum Committee. The second stage assesses and approves/disapproves recommendations of the Curriculum committee by the Faculty for adherence to Accreditation Standards and educational quality. The final stage is the submission of the curricular changes to the University for publication and incorporation into University course offerings.
- A. The evaluation and recommendation procedure includes:
 - 1. Program recommendations are achieved through student instructor and course evaluations and faculty course evaluation.
 - 2. Program recommendations are submitted to the DNP Faculty Curriculum Committee for review and evaluation.
 - 3. DNP Faculty Curriculum Committee reviews and evaluates Program recommendations.
 - B. The assessment and recommendation procedure includes:
 - 1. Graduate program Council review DNP Faculty Curriculum Committee recommendations and vote for approval for bulletin updates
 - 2. If disapproved, the issue is sent back to DNP Faculty Curriculum Committee for further evaluation and review.
 - C. The submission of approval procedure includes:
 - 1. If approved, changes are submitted to the University for incorporation into University course offerings and publication.

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General Policy on Self-Assessment (Program, Students, Instructors, Courses)

I. Purpose:

The purposes of the General Policy on Self-Assessment (Program, Students, Instructors, and Courses) are to:

- A. Delineate the process of self-assessment by which the Nurse Anesthesia Program is able to determine its effectiveness in educating nurse anesthetists.
- B. Inform student, instructors, and members of the community of interest, the process by which the Nurse Anesthesia Program conducts self-assessment.
- C. Provide a schematic presentation of the overall self-assessment program of the Nurse Anesthesia Program.
- D. Be consistent with the School of Nursing's Master Assessment Plan.

II. Policy:

Assessment of the Nurse Anesthesia Program is multifaceted, multidimensional, and a systematically designed process that assesses program effectiveness by encompassing the following categories of evaluation:

- A. Program:
 1. Internal Evaluation
 2. External Evaluation
 3. Graduates, Employers (1 year out)
- B. Student:
 1. Clinical:
 - a. Daily (Formative) Evaluation
 - b. Semester (Summative) Evaluation by faculty
 - c. Self-Evaluations- Daily (monthly evaluation as needed)
 2. Didactic:
 - a. Program evaluation
 - b. Self-evaluations
 - c. Course outcomes
 - d. Program outcomes
- C. Instructor Evaluation:
 1. Clinical:
 - a. Student evaluation of clinical instructor (preceptor evaluations by student)
 - b. Student course evaluation
 - c. Student clinical site evaluation (by student)
 - d. Faculty summary evaluation
 2. Didactic:
 - a. Student evaluation of didactic instructor
 - b. Faculty site visit evaluation
 - c. Faculty course evaluation
- D. Course Evaluation
 - a. Student course evaluation
 - b. Faculty course evaluation
 - c. Program Summary Evaluation
- E. Clinical Site
 - a. Student clinical site evaluation
 - b. Faculty affiliation site visit

III. Procedure:

The process of self-assessment is a two-stage procedure. The first stage involves the evaluation of the Nurse Anesthesia Program, its faculty, clinical instructors and students. The second stage assesses the results of the evaluations and makes recommendations for program change as appropriate.

- A. The evaluation procedure includes:
1. Program: In addition to complying with all department regulations required by A-State University College of Nursing and Health Professions, School of Nursing, the Nurse Anesthesia Program is evaluated through the following mechanisms:
 - a. Internal Evaluation - Semester review of the internal organization and administration of the program are reviewed and updated at the DNP Faculty Committee meetings annually through the Program summary. Changes are made as needed.
 - ii. Annual programmatic assessment to insure program compliance with COA standards will be done three months prior to annual report.
 - b. External Evaluation:
 - i. External accrediting organizations
 - a. COA (Council on Accreditation of Nurse Anesthesia Educational Programs)
 - b. ACEN (Accreditation Commission for Nursing Education).
 - c. HLC (Higher Learning Commission)
 - ii. External program evaluation – Student exit assessment survey and alumni assessment surveys and graduate employer evaluations are reviewed annually to identify areas needing change and improvement.
 2. Students: All students are required to participate in the evaluation process. Their academic and clinical grades are determined by successful progression of clinical skills and academic courses are evaluated in the following manner:
 - a. Clinical:
 - i. Daily (Formative) Clinical Performance Evaluation – Students are evaluated daily. These evaluations are scored and tallied in an on-going manner that allows constant evaluation of the student.
 - ii. Semester (Summative) Evaluation – A composite evaluation is reviewed and discussed with the student at the end of each semester.
 - iii. Self-evaluation – Each student is responsible for a self-evaluation daily (monthly as needed) and at the end of the semester including appraisal of his/her own clinical and didactic performance.
 - b. Didactic:
 - i. Program evaluations – Grades for each academic course are distributed to the student at the end of each semester.
 - ii. Self-evaluations – Each student is responsible for self-evaluation at the end of the semester that includes appraisal of their own didactic performance.
 3. Instructor Evaluation: In order to insure continued excellence and improvement of both clinical and didactic instruction, all instructors are evaluated in the following manner:
 - a. Clinical
 - i. Student evaluation of clinical instructor- Students evaluate clinical instructors during each rotation. Each instructor with whom they have worked greater than five times during the course of the rotation is evaluated. All evaluations for a clinical instructor are compiled and presented in a summative document to protect student identity.
 - ii. Self-evaluation of clinical instructor – Upon receipt of the composite of the above evaluation the instructor completes a self-evaluation to be returned to the program.
 - b. Didactic:

- i. Student evaluation of didactic instructor – Students evaluate didactic instructors after the completion of the course in which they have taught.
- 4. Course Evaluation
 - a. Student course evaluation - Students complete courses during the last third of the course.
 - b. Faculty Summary – Upon receipt of the composite of the student course evaluations, the instructor completes a faculty summary of the course that is returned to the Director of the Nurse Anesthesia Program. The Director then completes a Program summary, which is then presented to the Curriculum and Program Coordinators’ Committees.
 - E. Clinical Site:
 - a. Student’s evaluate the clinical site at the completion of the clinical rotation. These are submitted to faculty and are compiled into an anonymous summative evaluation, which is sent to the clinical coordinator.
 - b. Faculty evaluate the clinical site during affiliation visits.
- 5. Clinical Affiliation Evaluation
 - a. Student evaluations - Students complete clinical site evaluations at the end of each clinical rotation. Composites of each affiliation are reviewed by Program Administration and shared with the DNP Nurse Anesthesia Faculty Committee with the completion of the Program Summary. A copy of the composite is provided to the Clinical Site Coordinator. Issues related to clinical site experiences are discussed between the Clinical Site Coordinator and Program Administration.
 - b. Faculty affiliation evaluation - Nurse Anesthesia Faculty conduct clinical affiliation site visits and evaluations a minimum of once per year. These affiliation evaluations are kept on file in the Nurse Anesthesia Offices and used by program faculty to determine quality of student experiences and compliance with the program’s policies annually.
- B. The self-assessment procedure includes analysis of the above evaluations by:
 - 1. The Program Faculty
 - a. Assesses any items needing attention as revealed by the above evaluations during their Program meetings.
 - b. Makes appropriate changes based on evaluations and suggested or recommended changes by Curriculum and Faculty of the SON.
 - 2. The Clinical/Didactic Instructors:
 - a. Assess course content changes prior to each semester.
 - b. Make suggestions and recommendations to the program faculty based on composite evaluations of courses, and experience in the clinical area.
 - 3. The Clinical Faculty:
 - a. Are informed of major programmatic changes.
 - b. Make suggestions and recommendations for programmatic change based on their clinical experience.
 - 4. The DNP Faculty Committee:
 - a. Assesses the results of the Certification Examinations annually and make recommendations for program change based on aggregate student outcomes.
 - b. Assesses graduating senior program exit evaluations annually and makes recommendation for program change based on aggregate student outcomes
 - c. Approves major programmatic changes and makes recommendations for change.
 - 5. A-State SON Community Advisory Council

- a. Meets annually
- b. Exchanges information regarding general health trends, specific societal and community health needs, and specific needs of SON programs.
- c. Exchanges information regarding community expectation and the quality of A-State SON graduates.
- d. Engages in strategic planning.

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Grading Policy

- I. **Policy:**
A-State University College of Nursing and Health Professions' School of Nursing's policy found in the *Graduate Information Guidelines*. Each course within the nursing programs has a descriptive course syllabus with information concerning content and determination of course grade. It is the student's responsibility to be familiar with and meet the requirements of each course. **A grade of "B" is required in all Graduate courses in order to progress.**
- II. **Purpose:**
The purpose of the grading policy is to ensure that students understand the academic (clinical and didactic) grading policies.
- III. **Procedure:**
- A. **Grading**
1. Grading Scale adopted by the SON
 - a. A = 90 -100
 - b. B = 80 – 89.99
 - c. C = 75 – 79.99
 - d. F= 70-74.99
 2. Failure of the student to achieve a minimum overall course average of 80% at the end of the semester will result in a course failure and dismissal from the Nurse Anesthesia Program.
 3. A course failure results in the inability of the student to progress further in the program.-cannot take any DNP courses.
 4. The student may reapply for admission into the Nurse Anesthesia Program. Guidelines for the process are found in the *Graduate Information Guidelines* and *Graduate Bulletin*. Readmission to the Nurse Anesthesia Program is decided by the DNP Nurse Anesthesia Faculty Committee and is a non-grievable decision.
- B. **Clinical Grading**
1. Daily evaluation appraisals, comprehensive examinations, and other requirements specific to the course are used to assign the clinical course grade.
 2. **Typhon** is the tracking system used in the A-State Nurse Anesthesia Program. Typhon logs must be kept current and up to date at all times. Cases must be logged within **ONE** week and/or a personal/handwritten log must be kept with the student for proof that he/she has completed cases/procedures etc... for faculty to review. In extraordinary circumstances (family emergency etc...), should a student fall behind/fail to log data within **ONE** week, it is the responsibility of the student to notify Nurse Anesthesia faculty that this has occurred, and to supply the personal log of cases/procedures etc... to faculty for review. It is at the faculty's discretion to assign a reasonable due date to have the Typhon log current and up to date (should the student produce the personal log as required). **Failure to notify faculty that Typhon has lapsed, failure to produce an "extraordinary circumstance" as to why the Typhon log has lapsed, and/or failure to maintain accurate and current Typhon records may cause a deduction in overall course grade, affect program progression, delay graduation and/or result in disciplinary measures. Failure to maintain an accurate and current Typhon log in addition of failure to maintain an accurate and current personal/handwritten log may result**

in clinical course failure and inability to progress in the A-State Nurse Anesthesia Program.

3. Students must achieve a grade of an A or B in all clinical courses.
4. Failure to earn a minimum grade of "B" at the end of the semester will result in a course failure, dismissal from the Nurse Anesthesia Program and an inability of the student to progress further in the program.
5. The student may reapply for admission into the Nurse Anesthesia Program. Guidelines for the process are found in the *Graduate Information Guidelines* and *Graduate Bulletin*. Readmission to the Nurse Anesthesia Program is decided by the DNP Nurse Anesthesia Faculty Committee and is a non-grievable decision.
6. If the student is placed on probation during a clinical course, the resultant semester grade earned will be no higher than a "B".
7. Components of Clinical Course Grade
Each component of the clinical course grading system must be completed in chronological order before the student will be permitted to continue to the next level.
8. Refer to GIG about inability to enroll in other DNP courses if student fails any course.

Course	Occurrence
NURS 8508 Daily Clinical Performance Evaluations Comprehensive written plan of care (Typed) Typhon logs	Daily 2 nd week of clinical/daily Daily
NURS 861V Clinical Performance Evaluations Clinical course comprehensive examination Comprehensive written plan of care (Typed) Clinical Issue presentations Typhon logs	Daily Once per semester Daily Once per semester Daily
NURS 871V Clinical Performance Evaluations Clinical course comprehensive examination Comprehensive written plan of care (Typed) Clinical Issue presentations Typhon logs	Daily Once per semester Daily Once per semester Daily
NURS 8808 Clinical Performance Evaluations Clinical course comprehensive examination Written-specialty/new cases Verbal care plan for all other Clinical Issue presentations Typhon logs	Daily Once per semester 1 of 2 daily Once per semester Daily
NURS 981V Clinical Performance Evaluations Clinical course comprehensive examination Written-specialty/new cases Verbal Care Plan Typhon logs	Daily Once per semester 1 of 2 daily Daily

A Monthly review of compliance with care plans and case logs will be performed by Nurse Anesthesia Faculty. Failure to submit the appropriate documentation will result in counseling session and written warning for the first offense, placement on probation for the second offense and failure for the third offense. No credit for the clinical experience will occur.

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Health Policy

- I. **Policy:**

Students will notify the Nurse Anesthesia program of a change in medications or health status.

- II. **Purpose:**

The purpose of a student health policy is to ensure students remain physically and/or mentally able to maintain optimal academic and safe clinical performance.

- III. **Procedure:**

Students are responsible for maintaining their health status. Any student experiencing a change in health and/or in health/medication regimen:

 1. Notify the Program Director.
 2. Complete the required paperwork and submit copy of physician/providers letter or prescription.
 3. If the student's health poses a danger to the safety of him/her-self, coworkers, patients or others:
 - a. The Program Director and the student shall determine possible courses of action within the guidelines of the *Graduate Information Guidelines* which may include but not be limited to:
 - i. Leave of Absence for up to one year
 - ii. Resignation or dismissal
 - b. The Program Director and the student shall establish an agreement that outlines the terms of the leave of absence, remediation, or continuation in the Nurse Anesthesia Program.
 4. The Nurse Anesthesia Program has the responsibility to offer any assistance offered by Arkansas State University's Health Services available to all students.
 5. Failure to comply with this policy can result in probation or dismissal of the student. (See the Student Progression Policy).

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Inclement Weather Policy

- I. **Policy:**

The inclement weather policy shall be implemented when Arkansas State University implements its Inclement Weather Policy.
- II. **Purpose:**

The purpose of an Inclement Weather policy is to inform students and faculty of the Arkansas State University CNHP, SON's Nurse Anesthesia Program the appropriate actions to be taken in case of inclement weather.
- III. **Procedure:**

In the event of inclement weather, safety of students and employees is the first consideration.

 - A. Inclement weather (snow storms, ice storms, etc.) may necessitate the delay, closing, or early closure of the Program.
 - B. Students should check their A-state email and/or University website for school closing. Students completing the didactic portion of the Program are governed by the University standards.
 - C. Class time missed due to inclement weather will be made up at the discretion of the program faculty. The program will send an amended class schedule via email.
 - D. If the University is open, absences from class or lecture will be counted as vacation time in 8 hour increments.

Clinical Component

Students are adult learners and are expected to demonstrate appropriate judgment regarding travel to and from clinical sites. Students assume the risk associated with transportation and inclement weather. Students may be required to perform additional clinical days to compensate for time missed due to inclement weather.

- A. The student may leave the clinical site after notifying the clinical preceptor, clinical coordinator, and nurse anesthesia faculty in order to secure family and property.
- B. In the event a clinical facility is closed due to weather or other conditions, students are not required to report to the facility. Students must notify the Program Director by email.
- C. If the affiliate clinical facility is open but not operating an elective surgical schedule, students should contact the clinical coordinator to determine if they should report to the clinical site and notify Program director by email.
- D. Absences from the clinical site due to inclement weather will be counted as vacation time.

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Leave of Absence Policy

- I. **Policy:**
Students may request a Leave of Absence, one time, for up to one year, during their enrollment.
- II. **Purpose:**
The purposes of this "Leave of Absence Policy" is to:
- A. Inform students of the reasons that a leave of absence may be requested.
 - B. Delineate the process of a Leave of Absence.
- III. **Procedure:**
- A. Students may request a Leave of Absence (LOA) for any of the following reasons:
 - 1. Medical Reasons: a physician's letter must accompany this type of LOA.
 - 2. Personal: a signed request from the student is required.
 - 3. Maternity: a physician's letter indicating approximate due date is required. It is recommended that the student request a LOA during the semester in which she is expected to deliver.
 - B. Final approval for LOAs is by the Dean of College of Nursing and Health Professions.
 - C. No LOAs shall be considered or granted during clinical or academic probation.
 - D. All LOAs shall be granted at the beginning or end of a semester. If a student requests a LOA during the semester, the student will be required to withdraw from the courses in which they are currently enrolled. The student may re-enroll, with approval from the DNP Nurse Anesthesia Faculty committee, within the next academic year. The student is required to re-apply for admission four (4) months prior to the semester in which those courses are offered. No credit will be transferred from an incomplete course.
 - E. If a student requests a LOA during the middle of a semester, the student must repeat that semester. This includes all clinical experience and academic work. The student is responsible for all costs of the courses. (See D)
 - F. LOAs must be completed within one calendar year. Re-enrollment shall occur in a semester in which the needed course work is normally offered.
 - G. Academic enrollment: All academic courses will be offered only during the semester they are normally offered.
 - H. An individualized student reentry plan shall be designed that may include required independent studies, required course audits, and/or other reentry requirements
 - I. Clinical courses
 - 1. The student may be re-introduced into the clinical area by auditing the clinical course he/she successfully completed prior to the LOA.
 - a. This clinical course experience will be evaluated using the evaluation form appropriate for the clinical course. (Example: A student requests a LOA after completing NURS 861v but prior to beginning NURS 871v. The student shall audit the course (NURS 861v) and will be evaluated using the NURS 861v evaluation form).
 - b. If these evaluations are satisfactory, the student shall be allowed to enroll in the next semester.
 - c. If the clinical evaluations are unsatisfactory, the Nurse Anesthesia Faculty shall review the student's progress to determine eligibility to continue.
 - d. The student is responsible for all costs associated with auditing courses.

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Non-Discrimination Policy

- I. **Policy:** Arkansas State University College of Nursing and Health Professions, School of Nursing – Nurse Anesthesia Program admits students of any race, religion, sex, sexual orientation, color, national ethnic origin, disability or age to all the rights, privileges, programs and activities generally accorded or made available to students at the Program. It does not discriminate on the basis of race, religion, sex, sexual orientation, marital status, color, national or ethnic origin, disability or age, in administration of its educational policies, admissions policies, scholarship and loan programs, and other university-administered programs.
- II. **Purpose:** The purpose of a policy on non-discrimination is to assure the commitment of the Nurse Anesthesia Program to promoting inclusion, respect and the inherent value of all students.
- III. **Procedure:**
- A. The Nurse Anesthesia Program will voluntarily follow A-State’s policy for non-discrimination and diversity by:
 - 1. Admitting students of any race, religion, sex, sexual orientation, color, national ethnic origin, disability or age;
 - 2. Affording to all, the rights, privileges, programs and activities generally accorded or made available to students at the Program; and
 - 3. Not discriminating on the basis of race, religion, sex, sexual orientation, marital status, color, national or ethnic origin, disability or age in administration of its educational policies, admission policies, scholarship and loan programs and other university-administered programs.
 - B. The Nurse Anesthesia Program will accurately depict the non-discrimination policy.

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Pre and Postoperative Anesthesia Rounds Policy

I. **Policy:**

Each student is required to perform a preoperative visit on **ALL** anesthetic cases the student anticipates managing during his/her assigned clinical hours. It is mandatory to complete a preoperative visit if the patient is an in-house patient. A verbal or written care plan will be completed based upon course syllabus and the affiliate clinical site's requirement. Faculty may require more based on student performance. A concise verbal case management is to be presented to each clinical preceptor prior to the beginning of anesthesia care.

Each student is required to perform a mandatory postoperative anesthesia visit on all inpatients with documentation placed in the clinical notes area of Typhon's clinical case record within the first 24 hours after surgery. **This note may not be written in the PACU.**

Faculty will confer with clinical site coordinators to ensure that students are completing postoperative anesthesia rounds. Additionally, faculty will monitor the quality of verbal/written plans of care through random selection.

II. **Purpose:**

The purpose of the pre and postoperative anesthesia rounds policy is to delineate expectations of the students' behavior and responsibilities as a nurse anesthesia professional.

The policy is to provide a formal process for documentation and consequence of noncompliance.

III. **Procedure:**

1. Students will complete pre-anesthetic verbal and/or written care plan for each patient the student is assigned for induction and maintenance. Students will provide these care plans to the clinical preceptor for review and discussion.
2. Each student will perform a postoperative anesthesia visit on all inpatients or same day surgery within the first 24 hours after surgery yet NOT in the PACU setting.
3. All care plans must be submitted to the Preceptor or Clinical Site Coordinator or Nurse Anesthesia Faculty in order to obtain credit for the clinical experience. This will be verified on the Daily Clinical Performance Evaluation.
4. A monthly review of compliance with care plans and case logs will be performed by Nurse Anesthesia Faculty, clinical area coordinators and/or clinical coordinators.
5. **Failure to submit the appropriate documentation will result in counseling session and written warning for the first offense, placement on probation for the second offense and failure for the third offense. No credit for the clinical experience will occur.**
6. **Each student is required to perform a mandatory postoperative anesthesia visit on all inpatients with documentation placed in the clinical notes area of Typhon's clinical case record within the first 24 hours after surgery.**

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Radiation Badges and Radiation Safety Policy

I. Policy:

All students while engaged in any clinical educational experiences associated with the program must wear an Instadose radiation badge at the level of the collar outside of body lead. If a student becomes pregnant while enrolled in any course requiring clinical participation, an additional fetal monitor will be required to be worn on the torso/at the waist. This second/additional badge may be worn under the body lead. It is the student's responsibility to ensure that she remains in compliance with proper radiation monitoring with the Arkansas Department of Health (ADH). Contact ADH Radiation Control Office P. 1.501.661.2301

II. Purpose:

The purpose of the Instadose badge and radiation safety policy is to:

- A. Monitor radiation exposure during the clinical educational experiences; and
- B. Provide a process to minimize and/or manage occupational exposure.

IV. Procedure:

A. Instadose Radiation Badge

1. An Instadose Radiation Badge will be provided to the student prior to entering the first clinical rotation.
2. The badge must be worn while engaged in any clinical educational experience.
3. The badge must be worn on the collar (outside of the body lead) and replaced according to the Program's exchange program.
4. Pregnant students are required to wear a fetal monitor (baby badge) on the abdomen/at the waist, which must be replaced according to the Program's exchange schedule. This second/additional badge may be worn under the body lead. It is the pregnant student's responsibility to maintain compliance with ADH rules and regulations for radiation safety.
5. Proper care of the instadose badge is the responsibility of the individual student. Any discrepancy that might affect the badge reading should be reported immediately to the Nurse Anesthesia Faculty.
6. Students who lose and/or damage their radiation badges will be responsible for the cost of replacement of the badge. A badge that is lost and/or damaged must be reported to anesthesia faculty immediately for further information on how to replace the badge.
7. Failure to wear an instadose badge during the clinical educational experience will result in a reduction of 1 letter grade for the course's grade for each occurrence. Repeated failure to comply with any aspect of this policy may result in failure of the clinical course.
8. Students must return the badge to the Nurse Anesthesia Department prior after completion of clinical practicums, but prior to program completion. Failure to turn in a functional badge prior to program completion will result in a badge fee (replacement cost).

B. Monitoring

1. It is the student's responsibility to make sure that the badge is being read and working properly. Failure to complete this monthly reset/uploading of exposure information may result in disciplinary measures.
2. The student must have a working phone and download the required app. If the version of your phone is not compatible with the Instadose app, you must check-out a USB reader from the Administrative Specialist. You are not to leave the Nurse Anesthesia Department with the USB reader.

3. If the student has a phone that is not compatible with the radiation badge app, the student will be required to report to campus and check out a USB to read the badge.
4. On the first day of each month the student is required to do a manual reset of their badge. If there is a problem with the reset or the badge, the student needs to contact Mirion. P: 1.800.251.3331
 - a. **Failure to complete this monthly reset/uploading of exposure information may result in a disciplinary easures.**
5. Should the student's exposure reading exceed an average monthly reading of 30 millirems, the student will meet with Nurse Anesthesia faculty for counseling regarding exposure. A written counseling form will be placed in the student's record.
6. Should the student's exposure reading exceed an average monthly reading of 60 millirems, the student will be removed from clinical while a formal investigation of cause occurs. Once assurance of student safety has been established, the student will be allowed to return to the clinical educational experience, but may have restrictions commensurate with their exposure. Such situations may result in the extension of the student's clinical practicum to ensure that required clinical case experiences are obtained for program completion, as required the Council on Accreditation of Nurse Anesthesia Educational Programs.

Directions for a manual reset:

1. Perform initialization immediately prior to regular use, NOTE: stabilize badge to room temperature before procedure
2. Open the instadose app on your mobile device and login (Bluetooth ON)
3. Click on the 'Read Status' icon on the bottom right of the Dashboard
4. Turn on 'Scan for Instadose'
5. Press and hold the button on the back of your Instadose+badge for 5-seconds until a solid green light appears * (Note: there will not be any type of "read" message on the screen), close the app
6. Attach badge to recommended body area

Radiation Safety Manuel:

Arkansas State University Environmental Health and Safety

CEDE- Committed Effective Dose Equivalent (HE_{50}) is the sum of the products of the weighting factors applicable to each of the body organs or tissues that are irradiated and the committed dose equivalent to these organs or tissues ($HE_{50} = \sum WTHT_{50}$),

ODE - Deep Dose Equivalent (H_d), (which applies to external whole-body exposure) is the dose equivalent at a tissue depth of 1 cm (1000 mg/cm²).

TEDE - Total Effective Dose Equivalent is the sum of the deep-dose equivalent (for external exposures) and the committed effective dose equivalent (for internal exposures).

SOE- Shallow-dose Equivalent (H_s), (which applies to the external exposure of the skin or an extremity) is the dose equivalent at a tissue depth of 0.007 centimeter (7mg/cm²), averaged over an area of one

(1) square centimeter.

LOE - Lens of Eye Dose Equivalent. Applies to the external exposure of the lens of the eye and is taken as the dose equivalent at a tissue depth of 0.3centimeter (300 mg/cm²).

Occupational Dose Limits

Occupational dose limits to individual adults shall be in accordance with RH-200 of the Arkansas Department of Health, Rules and Regulations. No individual may receive in one calendar year, except for planned special exposures, a total occupational exposure in excess of the following:

Total Effective Dose	5 rems (0.05 Sv), or
Sum of deep-dose equivalent and committed dose equivalent to any individual organ or tissue other than the lens of the eye	50 rems (0.5 Sv)
Lens of the eye (lens dose)	15 rems (.15Sv) and
Skin & extremities	Shallow dose equiv. of 50 rems (0.50Sv)

DE- Dose Equivalent is the product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest. The units of dose equivalent are the rem and sievert (Sv).

COE - Committed Dose Equivalent (HT,50) is the dose equivalent to organs or tissues of reference (T) that will be received from an intake of radioactive material by an individual during the 50-year period following the intake.

EDE - Effective Dose Equivalent (HE) is the sum of the products of the dose equivalent to the organ or tissue (HT) and the weighting factors (WT) applicable to each of the body organs or tissues that are irradiated ($HE = \sum WTHT$).

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Recommendation Policy

- I. **Policy:**
Nurse Anesthesia Program requires a written release from all seeking recommendations.
- II. **Purpose:**
The purpose of a recommendation policy is to ensure that students' rights of confidentiality are protected and that any recommendation regarding a student or former student is performed by the requested reference.
- III. **Procedure:**
Students are responsible for notifying faculty of requests for recommendations/references. All requests are to be accompanied by a written release. Any student experiencing requesting recommendations or references will:
 1. Notify the selected faculty (in writing).
 2. This may be a signed formal letter OR a formal request sent via email from A-State email address.
 3. The Nurse Anesthesia Faculty has the responsibility to adhere to FERPA regulations and to maintain a copy in the student's file.
 4. Failure to comply with this policy will result in no recommendation or reference to the student's requesting organization.

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Review Course Policy

- I. **POLICY:**
The Nurse Anesthesia Program will allow **TWO (2)** designated review course during the last year of the student's educational plan of study. Only **TWO (2)** days of educational time will be granted for travel/attendance. The travel day will be granted for travel/transportation to the review course.
- II. **PURPOSE:**
The purpose of the "Review Course Policy" is to ensure that consistent protocol and time allotment is employed for students who elect to attend a review course during their education.
- IV. **PROCEDURE:**
- A. Every student is **required** to attend at least one (1) review course within the last year of the program. Failure to attend may result in disciplinary measures and/or delay in graduation.
 - B. Review course time is allowed during the last year of the student's educational plan of study.
 - C. Only **TWO (2)** days of travel will be granted for absence from the clinical area.
 - D. No additional days of clinical area absence are allowed.
 - E. A written request to attend the course be submitted **90 days in advance** prior to attending the course. Failure to submit the request(s) by the deadline will result in denial of request(s).
 - F. A copy of the request(s) with approval or denial will be returned to student for record keeping.
 - G. In the event that Nurse Anesthesia Program arranges for a review course with an established review course business, the following guidelines will be followed:
 - 1. Attendance by all members of the applicable student class is **mandatory**.
 - 2. Time will not be added or subtracted from the student's personal time off for attendance. The intent of the course is to assist students in synthesizing information in preparation of the NCE.
 - 3. Students are responsible for any related costs of the on-campus review course.
 - 4. This is a program requirement. Failure to attend may result in disciplinary measures and/or delay in graduation.

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Record Retention Policy

- I. **POLICY:**
Confidential files of graduate students and applicants are maintained in the offices of the Anesthesia Program. Management of student files follows the requirements noted by The Family Educational Rights and Privacy Act (FERPA) of 1974. (COA Standard V, Criterion E7).
- II. **PURPOSE:**
The purpose of the Record Retention Policy is to ensure that consistent protocol is employed for each student who matriculates into the Nurse Anesthesia Program.
- III. **PROCEDURE:**
- A. Applicants:
1. Applicant files are kept in the Nurse Anesthesia Program offices in locked cabinets until the completion of the application cycle.
 2. Non-admitted student files are shredded following the application cycle time period.
- B. Current Students:
1. Confidential records of current students are maintained in locked cabinets in the Anesthesia Program offices.
 2. All student records are retained until the student passes the National Certification Examination.
 3. Health records are maintained by the student and uploaded into Typhon.
 4. Students have the right to examine their own records at any time with the exception of any recommendations in which they waived the right to view.
 5. Students have the right to request amendment of personal records. A written request and supporting documentation must be submitted to the Program Director.
 6. A written request by the student or graduate is required to copy and/or release any information from the student's or graduate's record/file.
 7. Students are responsible for providing affiliate clinical sites with information required for participation in an educational experience unless they have signed a written release allowing the Nurse Anesthesia Program to do so to those who are entitled to student information as defined by FERPA.
 - a. The student and any outside party who has the student's written consent.
 - b. School officials who have "legitimate educational interest" as defined in FERPA.
 - c. Parents of a dependent student as defined by the Internal Revenue Code.
 - d. A judicial order or subpoena that allows the institution to release records without the student's consent; however, a "reasonable effort" must be made to notify the student before complying with the order
 8. Students requesting a complete copy of their student file must provide a written request. A separate copying fee will be assessed and is payable to A-State School of Nursing.
- C. Graduates
1. All graduate records are retained until notification is received from the Council on Certification that the graduate has passed the National Certification Examination (NCE).
 2. Once notification of passing the NCE has been received, any written care plans are destroyed.
 3. Three years post-graduation, graduate records will consist of the following documents:
 - a. Final case logs
 - b. All summative evaluations
 - c. All clinical evaluations
 - d. Student self-evaluations

- e. NBCRNA's NCE transcript
 - f. Education verification forms
- 4. Graduate files are maintained in perpetuity and may be stored off premises in a secure area or stored in an electronic format.
- 5. A written request by the graduate is required to copy/release any information from the student records/file and may result in fees.
- D. Litigation, Grievances, and Complaint files
 - 1. Litigation, grievances, and complaints against the program are kept indefinitely.
 - 2. Resolved litigation, grievances, and complaints against the program files may be stored off premises in a secure area in perpetuity.
 - 3. Unresolved litigation, grievance, or complaint files are kept in the offices of Arkansas State University Legal Affairs and in perpetuity in locked cabinets located in the Nurse Anesthesia Program offices.
- E. Students not completing the program or passing the NCE
 - 1. The student record of any student who does not complete the program or pass the NCE will be kept in perpetuity.
- F. The Nurse Anesthesia Program keeps the final Council of Certification of Nurse Anesthetists transcripts in perpetuity.

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Student Clinical Performance Policy

- I. **Policy:** Knowing that an evaluation is a critical assessment of a students' overall clinical performance (positive and/or negative) and that this assessment is one of the criteria for the clinical grading policy, all CRNAs and anesthesiologists are acknowledged to be clinical instructors for student registered nurse anesthetists and are responsible for the clinical education and evaluation of the students.
- II. **Purpose:** The purposes of a policy on evaluation of student clinical performance are to:
- A. Explain the clinical evaluation process
 - B. Identify the clinical instructors' role in the evaluation of student clinical performance
 - C. Inform clinical instructors of their responsibilities as clinical instructors
 - D. Appraise students of the clinical evaluation process.
- III. **Procedures:** Upon accepting the assignment to supervise a student in the clinical area, the instructor shall:
- A. Instruct the student in the skills needed for administering anesthesia, using safe, effective, accepted methods based on a sound scientific, evidence-based principles.
 - B. Evaluate the student in the following manner:
 1. Each student must be evaluated **daily** using the form that evaluates the student's level of education or specialized clinical rotation.
 2. A student may receive more than one evaluation per day depending upon the instructor(s) involved, cases done, or as particular incidents arise.
 3. The supervising anesthesia provider (CRNA and/or anesthesiologist) can fill out the evaluations.
 - a. Students must obtain an evaluation from the preceptor if the majority of the day was spent with the preceptor and/or if the preceptor provided verbal feedback of unsatisfactory performance.
 - b. **The evaluation must be completed and signed by the preceptor.**
 - c. Failure to obtain evaluation from the preceptor meeting the above description may result in failure of the practicum.
 4. If a student wished to discuss or dispute a clinical evaluation, he/she should notify the Program Director to schedule a meeting for discussion.
 5. Site coordinators may notify the area coordinators, faculty or the program director via email or phone to discuss the student's performance if desired.
 6. Clinical instructors are encouraged to write comments critically assessing, analyzing, praising and/or correcting student behavior.
 7. All evaluations (evaluation form and additional written evaluations) shall be electronically submitted. **Directions for electronic submission will be dispersed by student specific Clinical Area Coordinators and Nurse Anesthesia faculty.**
 8. Failure to submit evaluations per requirements will result in failure of the practicum.

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Substance Abuse Policy

Policy:

The College of Nursing and Health Professions recognizes its responsibility to provide a healthy environment within which students may learn and prepare themselves to become members of a health occupation. Within each profession there are codes and standards for conduct by which all members of the profession are expected to function. Thus, when engaged in educational activities whether on campus or in the clinical setting health professionals are expected to be free from the abusive influence of chemical substances/drugs¹. When students are under the influence of drugs and alcohol, they present a threat to patients, other students and the employees and visitors of clinical facilities. It is the responsibility of the student to report any medication/s taken which would adversely affect her/his ability to perform safely in class or clinic. Written documentation will be required for verification of medications taken and will be placed in the student's file. As a condition of admittance and retention in any professional program in the Arkansas State University College of Nursing and Health Professions all students must sign a SUBSTANCE ABUSE COMPLIANCE CONTRACT agreeing to adhere to the *Substance Abuse Policy & Procedures* when conducting any activity associated with their educational program. As the contract notes, it is inclusive of testing for substances and appropriate release of that information (Taken from *Graduate Information Guidelines, Substance Abuse Policy*).

¹The generic meaning of the term “drug” is broadly defined as any chemical substance which affects living systems. For the purposes of this policy, substance and/or drug abuse are used interchangeably and defined as socially unacceptable use of drugs or other chemical substances for non-therapeutic purposes. The substance alcohol (ethanol), by its properties and actions, is a drug and is used as such in this policy. Drugs prescribed by a licensed clinician, as long as the drug is taken in accordance with the provider’s instructions and do not impair the student’s ability to perform his/her duties, are exempt from this policy. However, drugs that do have the ability to impair a student’s ability to perform his/her duties safely are prohibited and are subject to this policy.

Reference:

Reiss, B. & Melick M. (1987). *Pharmacological Aspects of Nursing Care* (2nd Ed.). Albany, NY: Delmar Publishers, pp. 2, 627, 631-633.

Purpose:

The purpose of a policy in substance abuse is to explain the standards of conduct and disciplinary sanctions to be imposed for the unlawful possession, use or distribution of illicit drugs and alcohol, or misuse of drugs and alcohol by A-State University College of Nursing and Health Professions, School of Nursing- Nurse Anesthesia Program students.

Procedures

The Nurse Anesthesia Program will follow the procedure as outlined in the *Graduate Information Guidelines*.

1. If a faculty member or supervisor observes a student demonstrating behavioral changes giving probable cause to believe the student is under the influence of drugs or alcohol while performing course activities the student will immediately be asked to submit to body fluid testing (urine, blood, hair etc...) for substances at a lab designated by the College of Nursing and Health Professions who have identified procedures for collection (see attached). The cost of the test will be borne by the student. Refusal to submit for testing warrants immediate program dismissal.

At the time the specimen is released to the testing lab, the student will sign a release statement requesting that the test results be sent to the N.A Director and Dean's Office, College of Nursing and Health Professions, and to the student. If the results are negative, no further action will be taken and the student will only be allowed to make up work missed. If the results are positive (and substantiated by a second or confirmation test), the student will be dismissed from the professional program. Laboratory results will be disclosed to individuals whose duties necessitate review of the test results and confidentiality will be adhered to as stringently as possible.

2. *This policy applies only to a student exhibiting behavior creating probable cause to believe drug or alcohol abuse is present. A student may be removed from the clinical environment or educational program for any prohibited behaviors as set out in the university or program handbooks, rules and regulations, whether or not related to substance abuse.*
3. Readmission of the student to the program is contingent upon the following conditions:
 - a. Formal application for readmission to the program.
 - b. Meeting specific program admission criteria as noted in the Undergraduate/ Graduate Bulletin.
 - c. Clinical space availability.
 - d. Documentation that a prescribed treatment program has been completed by the student related to the drug/alcohol condition. The documentation is to be submitted to the Nurse Anesthesia Department and Dean's Office, College of Nursing and Health Professions by the designated treatment facility and N. A department.
 - e. Follow-up program as suggested by the treatment facility which may include, but is not limited to, one or more relapse prevention procedures. The follow-up program will be individual specific and written as part of a contractual agreement with the student.
4. Arkansas State University may be required by state or national regulatory boards to submit information regarding a student's substance abuse history when he/she applies to take the examination for licensure. There is no guarantee that these boards will allow individuals with a substance abuse history to take the examination. Each case is judged individually by each board.
5. Students will be required to abide by individual institutional policies relating to substance abuse in clinical agencies to which they are assigned.

BEHAVIORAL CHANGES ASSOCIATED WITH SUBSTANCE ABUSE

The College of Nursing and Health Professions has developed the following list of behaviors that are not all inclusive but, when observed, can be used as indices to identify an individual who at the moment of observation could be under the influence of a "drug" (see the *Substance Abuse Policy* for definition of the term "drug" and for the mechanisms to operationalize the policy). The College of Nursing and Health Professions is guided by behavioral descriptors that are stated in the latest edition of Diagnostic & Statistical Manual of Mental Disorders.

* Observation of any of these behaviors will result in dismissal from the learning environment (clinical or classroom and/or drug testing as deemed by faculty and/or faculty).

- a. Attention Deficit/Cognitive Impairment
 - i. ataxia
 - ii. tremors, especially of the hands
 - iii. slowed response time in a familiar skill
 - iv. diminished from the usual in coordination/dexterity
- b. Social Impairment
 - i. inappropriate verbal remarks (subjects/words/expletives)
 - ii. inappropriate behaviors or those beyond the societal norm such as:
 1. angry outbursts/unrestrained agitation crying that cannot be explained
 2. euphoria
 3. paranoia
 4. hallucinations
 - iii. * behaviors that are markedly changed from that individual such as:
 1. introversion
 2. extroversion
 3. sullen/irritable
 4. giddy

- 5. defensiveness
- c. Somatic Manifestations/Discomforts
 - i. * odor of alcohol on breath
 - ii. nausea/vomiting/thirst
 - iii. frequent trips to bathroom/complaint of urinary frequency or diarrhea
 - iv. hiccoughs
 - v. reddened sclera (bloodshot eyes)
 - vi. pupil changes/drooping eyelids
 - vii. complain of blurred vision or inability to focus
- d. Speech/Communication Impairment
 - i. * slurred (thick tongue)
 - ii. * rapid/choppy communication pattern
 - iii. * incoherent speech

BEHAVIORAL PATTERNS ASSOCIATED WITH SUBSTANCE ABUSE

The following is a list of behavioral patterns that may surface when drugs have been abused. While these patterns have many causes, thorough assessment and detailed documentation is needed over a period of time to determine if there is any relationship to drug abuse. Patterns of behavior to observe and validate are:

- repeated tardiness
- frequent absenteeism
- numerous and chronic somatic complaints (colds/GI problems/lack of sleep/weight loss/sluggishness/low energy)
- untidy personal appearance or deterioration in quality of grooming
- lack of attention to hygiene (hair, nails, skin, oral)
- multiple crises in personal life
- avoidance/lack of eye contact
- isolation/lack of peer support
- repeated excuses for below standard performance
- forgetfulness with appointments/assignments
- slowed response time in familiar activities
- behavior shifts/mood swings
- lack of trust and suspicious of the motives of others
- needle tracks on body surface
- behaviors surrounding the administration of narcotics:
 - frequent need to waste "unused" medications
 - recording the administration of larger doses than ordered
 - unauthorized possession of the narcotic key
 - unsupervised entry into narcotic cabinet
 - volunteering to be in situations to gain greater access to narcotics
 - taking frequent breaks/numerous occasions when whereabouts unknown

CRITERIA FOR DRUG SCREENS

NOTICE: PROVIDE LAB WITH THIS CRITERIA

ANY DRUG SCREENS SUBMITTED TO ARKANSAS STATE UNIVERSITY, COLLEGE OF NURSING AND HEALTH PROFESSIONS, SHALL HAVE MET THE FOLLOWING CRITERIA:

1. Specimen collection is witnessed.
2. BASIC 10-PANEL* DRUG SCREEN INCLUDING ALCOHOL, MEPERIDINE AND DRUG OF CHOICE.
3. Laboratory must be CLIA approved.
4. Confirmation of positive results is done by GCMS. If specimen must be sent to another laboratory for confirmation, the chain of custody is maintained.
5. Report, in addition to results will include:
 - a. Chain of custody;
 - b. Drug history;
 - c. List of drugs screened;
 - d. Confirmation of method used; and

e. Specific gravity.

6. The laboratory will retain negative specimens for a minimum of two (2) weeks and positive specimens for a minimum of one (1) year.

*10-PANEL INCLUDES:

Amphetamines	Benzodiazepines
Cannabinoids	Cocaine
Opiates	PCP
Barbiturates	Methadone
Methaqualone	Propoxyphene

7. The Drug Screen may also include: Phencyclidine, Alcohol, Meperidine, and/or Drug of Choice

¹Clinical Laboratory Improvement Act: SEt of Federal Regulations which clinical labs must meet for certification.

²Gas Chromatography Mass Spectrometry

Adopted from Arkansas State Board of Nursing, January 1997.

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Nurse Anesthesia Substance Abuse Policies

Policy:

Nurse Anesthesia follows the CNHP Substance Abuse Policy. The Nurse Anesthesia Program will follow the procedure(s) as outlined in the Graduate Information Guide as well.

Procedure:

The Nurse Anesthesia Program may require a drug screen at **any time** and **any place** while enrolled in the program. The cost of which is the responsibility of the student. Examples of which the Nurse Anesthesia Program may require a student drug screen are (but not limited to) the following:

- Clinical entry drug screens
- Random drug screens
- Drugs screens for site specific clinical rotations
- Drug screens for suspicion of intoxication and/or under the influence of mind altering medication

******Students may not present to campus or clinical under the influence of certain medications... Regardless of whether or not the student has a prescription for the medication. See GIG & Student Handbook for further details concerning medications.**

******Failure to successfully complete an assigned drug screen immediately on the day assigned will be considered a “refusal to submit” and/or “positive” drug screen- both of which will result in immediate program dismissal.**

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Clinical Entry Drug Screen
Chain of Custody form should be issued on campus

Per the A-State Nurse Anesthesia Policy in the A-State SRNA Handbook, students must submit a negative urine drug screen prior to entry into the clinical practice area.

Please read the following directions in order to complete an immediate urine drug screen:

- Log on to www.castlebranch.com
- In the right-hand upper corner click on "place order".
- Enter your email, zip code that you are **currently at**, and other information indicated.
- Order package "RK85DT" (\$58.00).
- Take the chain of custody (COC) form that you have been given to Quest Laboratory in JONESBORO, AR and present it (prior to submitting a specimen).

Quest Diagnostics
901 Osler Drive
Suite D
Jonesboro, AR 72401
(870) 932-7430

-Write down the following information (before leaving the lab) and email to Program Director. This information helps to protect you in the event that there should be any mistakes made by the laboratory.

1. Specimen ID#
2. Name of the laboratory at which you submitted a specimen (Name, city, address etc...)
3. Person's name that took specimen

Should you have any questions or problems with these directions, you may call the student support line (888-914-7279).

******* Should you not submit a specimen by the time the laboratory closes, this will be considered a "refusal to submit" and/or a "positive" drug screen and you will be dismissed from the program.**

*****Refusal to submit for testing warrants immediate program dismissal.**

*****Failure to successfully complete this drug screen by the time the assigned lab closes today will be considered refusal and/or a positive drug screen and will result in program dismissal.**

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Random Drug Screen- Jonesboro
Chain of Custody form should be issued on campus

You have been randomly chosen to submit a specimen for a drug screen.

Please read the following directions in order to complete an immediate drug screen:

- Log on to www.castlebranch.com
- In the right-hand upper corner click on "place order".
- Enter your email, zip code that you are **currently at**, and other information indicated.
- Order package "RT70DT" (approximately 58.00).
- After you have ordered, registered, and paid for this package, take the paperwork/form (chain of custody form) to Quest Diagnostics Lab in Jonesboro, AR.

Quest Diagnostics
901 Osler Drive
Ste. D
Jonesboro, Arkansas
(870) 932-7430

- Submit a specimen for drug screen.
- Write down the following information (before leaving the lab) and email to Program Director. This information helps to protect you in the event that there should be any mistakes made by the laboratory.
 1. Specimen ID#
 2. Name of the laboratory at which you submitted a specimen (Name, city, address etc...)
 3. Person's name that took specimen

Should you have any questions or problems with these directions, you may call the student support line (888-914-7279). Again, this should be done **immediately**, please email us all of the above information when the process is complete.

******* Should you not submit a specimen by the time the laboratory closes, this will be considered a "refusal to submit" and/or a "positive" drug screen and you will be dismissed from the program.**

*****Refusal to submit for testing warrants immediate program dismissal.**

*****Failure to successfully complete this drug screen by the time the assigned lab closes today will be considered refusal and/or a positive drug screen and will result in program dismissal.**

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Random Drug Screen

**You have been randomly chosen to submit a specimen for a drug screen.
This must be completed immediately.**

Please read the following directions in order to complete an **immediate** drug screen:

-Log on to www.castlebranch.com

-In the right-hand upper corner click on "place order".

-Enter your email, zip code that you are **currently at**, and other information indicated.

-Order package "RT70DT" (approximately 58.00).

-After you have ordered, registered, and paid for this package, the lab documentation needed will be sent to your Castlebranch account. Click on the icon and download the required documentation that you must present to the lab for drug screen completion. Should you have any trouble getting this document, you need to **immediately** call the Castlebranch student support line at 1-888-914-7279. Inform them that you are registered and have paid in full. Tell them that you need the necessary paperwork/form to take the drug screen **immediately**. **Do not hang up the phone until you have received the form in your Castlebranch account or via email (check both).**

***Should you have any trouble with any of the steps in this process, **call (not email) Program Director immediately- as you will be expected to complete this process by the time the lab closes today.**

-Take the paperwork/form to the lab that they have assigned you (it should be the closest and most convenient lab within the zip code you provided during the registration process).

-Submit a specimen for drug screen.

-Write down the following information (before leaving the lab) and **email to Program Director**. This information helps to protect you in the event that there should be any mistakes made by the laboratory.

1. Specimen ID#
2. Name of the laboratory at which you submitted a specimen (Name, city, address etc...)
3. Person's name that took specimen

Again, this should be done **immediately**, please email Program Director all of the above information when the process is complete.

***** **Should you not submit a specimen by the time the laboratory closes, this will be considered a positive drug screen and you will be dismissed from the program.**

***Refusal to submit for testing warrants immediate program dismissal.

***Failure to successfully complete this drug screen by the time the assigned lab closes today will be considered refusal and/or a positive drug screen and will result in program dismissal.

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Clinical Progression Policy

- I. **Policy:**

Students shall pass all components of each Anesthesia Clinical Course as demonstrated on Nurse Anesthesia Programs' NURS 8508, NURS 861V, NURS 871V, NURS 8808, and NURS 891V.
- II. **Purpose:**

The purpose of the Student Progression Policy is to ensure that those students unable to achieve a passing grade during NURS 8508, NURS 861V, NURS 871V, NURS 8808, and NURS 891V know the process of progression, probation, and dismissal.
- III. **Procedure:**

Students that pass all components of the Nurse Anesthesia Program's clinical courses shall proceed to the next nurse anesthesia clinical semester. This procedure outlines the process of progression, probation and dismissal.

 - A. Failure to complete any component of a clinical course/semester will result in a failure grade for that semester.
 - B. Enrollment and participation in any Nurse Anesthesia clinical course must begin at the beginning of semester in which the next clinical course is normally offered.
 - C. The following procedures shall apply to each component:
 1. Clinical course: Students shall meet the stated objectives for their current clinical course rotation or affiliation.
 - a. Students that fail to maintain a passing grade may be placed on clinical probation, not to exceed 12 weeks.
 - b. Failure to resolve clinical probation by the end of 12 weeks shall result in review by the Nurse Anesthesia Faculty with recommendation for course failure.
 - c. Students that pass probation shall be allowed to proceed provided that the student has passed all other components of the Practicum Course.
 - d. Dismissal from a clinical site may result in immediate program dismissal.
 - e. Patient safety issues that arise during clinical experiences can result in immediate dismissal without probation from the program.
 - f. Students may be granted a total of 2 clinical probations during the course of the Nurse Anesthesia Program's course of study. Probation status cannot occur in 2 consecutive semesters. Should this occur, failure of the clinical course will occur.
 2. Clinical Course Examinations/Comprehensive Exams
 - a. Written Clinical Course Examination: Students shall pass (score of 75%) written examinations based on specified texts and/or comprehensive N.A material during NURS 8508, NURS 861V, NURS 871V, NURS 8808, and NURS 891V.
 - o Students must take the clinical course exams on the scheduled day.
 - NA Leave is not allowed on clinical course exam days.
 - Should a student miss a clinical course exam due to an emergency or illness, a health provider note will be required.
 - o Failure to provide evidence of an emergency/illness (provider note etc.) after missing a clinical course exam will result in a "zero" for the exam. Additionally, this will be considered an

“unexcused clinical absence”, since this is taking place in a clinical course.

- **One (1) unexcused clinical absence may result in course failure and/or program dismissal.**
- Should the student fail to make a passing score on the first attempt, the student may be retested in two - four calendar weeks.
- Failure of the retest shall result in failure of the clinical course.
- Students may reapply for admission. (See Graduate Information Guidelines)
- Students that pass the retest shall be allowed to proceed provided that the student has passed all other components of the clinical course. The average of the two test scores shall be used for final grade for the clinical course examination.

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Exam Policy

It is the **student's responsibility** to research the assigned course content to locate the correct answer to any exam question for which they may choose to pursue a student inquiry (post-exam). The following is the policy for exam question inquiries:

- 1.) If there is a question concerning exam question content, the student may not discuss the question with the instructor during the exam.
- 2.) If there is a question concerning exam question content, the student is required to locate the correct answer, and send the referenced information in an email to the course instructor **within 24 hours of the exam.**
- 3.) The email to the instructor must include all of the following information:
 - a. A referenced course textbook (name, author(s), and edition).
***The referenced textbook must be a textbook that is listed on the course syllabus as a required and/or suggested course textbook
 - b. The page number of the text where the information can be located
 - c. The column number on the page of the text where the information can be located
 - d. The paragraph number on the page of the text where the information can be located.
- 4.) **Failure of the student to send the email within 24 hours of taking the exam and/or failure of the student to include all of the information listed above will result in an invalid/incomplete inquiry, and will not be considered by the course instructor.**
- 5.) There is no guarantee that exam points will be awarded for an exam question inquiry.
- 6.) There is no guarantee that any exam question will be thrown out.

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Exam Review Policy

I. **Policy:**

Each student may review didactic course exams. **Clinical Comprehensive exams are not reviewable. Final Course exams are not reviewable.**

II. **Purpose:**

The purpose of the Exam Review Policy is to provide:

1. An opportunity for the student to review content areas that may need additional study time.
2. A consistent procedure for review.
3. To protect the security of the Program's test questions.
4. **This is not an instructional tool. Exams/Assessments are intended to measure learning (a student's knowledge, skills, abilities etc.) after instruction has been completed.**
5. Should a student be **failing** a course mid-semester, the instructor should meet with the failing student to review exam **content areas of weakness**, but **not exam specific questions.**

III. **Procedure:**

A time will be established after the completion and grading of **all exams** for student review.

1. The open review time will take place **after all course exams have been administered, including final exams.**
2. Any request to review after this time period must be approved by Nurse Anesthesia Faculty (usually not approved unless there is a good reason).
3. No talking, discussing, writing, or recording of information occurs among students while reviewing the exam.
4. All personal items/materials must remain outside the testing/review area.
5. Clinical course exams (comprehensive) are not reviewable.
6. Final course exams are not reviewable
7. Student may bring the text associated with exam to use during the review.

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Work Outside the Program Policy

- I. **Policy:** Students are prohibited from administering anesthesia or representing him/herself as a nurse anesthetist. Extracurricular employment as an RN cannot interfere with the educational program, clinical or lecture schedules, or didactic or clinical performance.
- II. **Purpose:** The purpose of the Work outside the Program policy is to ensure that the extracurricular employment does not impede the student's academic preparation and proper rest necessary to assume clinical responsibilities.
- III. **Procedure:**
- A. Students must be prepared to devote full time energies for the successful completion of their nurse anesthesia studies. Part-time work as an RN is extremely difficult to maintain while attempting to meet the demands of the program. Therefore, students are **strongly** discouraged from seeking outside employment during the anesthesia specialty.
 - B. Should the student choose to work, the student may work only as long as the:
 - 1. Student engaging in extracurricular work notifies the Program Director.
 - 2. Student's academic and clinical performance is satisfactory.
 - C. Student is not employed during the ten (10) hours prior to any class or clinical assignment.
 - D. When any student's academic or clinical performance falls due to working outside the program's committed time, the student will be asked to refrain from working and may result in disciplinary action should performance affect patient safety or the student's ability to progress in the program.
 - E. A student shall not work at any time, by title or function, as a nurse anesthetist.
 - 1. Students are prohibited from administering anesthesia in any other hospital or situation other than that which is directly related to the nurse anesthesia program.
 - 2. Providing anesthesia, other than during clinical learning, or representation as a nurse anesthetist will result in immediate dismissal from the program.

SECTION IV
Clinical Faculty

Clinical Faculty

L. Todd Hammon, DNP, MSN, CRNA..... Program
Administrator/Director

Cassandra K. Massey DNAP, MSN, CRNA..... Assistant Program
Administrator/Director

Chris Ivy, DNP, CRNA..... Area Clinical Coordinator

Lisa Lucas, DNP, CRNAArea Clinical Coordinator

*Each Clinical site will have individual clinical preceptors (CRNAs and/or Physician Anesthesiologists).

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Area Clinical Coordinator

Area Coordinator for **Central Arkansas**: Chris Ivy, DNP, CRNA

Clinical Sites:

1. Arkansas Children's Hospital
2. Baptist Little Rock
3. Baptist North Little Rock
4. Conway Regional Medical Center
5. National Park Hot Springs
6. Saline Memorial
7. White County

Job Description/Duties

1. Serves as a resource and representative for A-State Nurse Anesthesia students as well as individual clinical sites.
2. Create and distribute a "check off" list to students for each individual clinical site based on site requirements
3. Semester and/or annual clinical site visits
4. Continuous (monthly/semester) communication (via email/phone) with clinical sites
5. Implement and verify student credentialing at various clinical sites (prior to each student change in rotation. This may be every 6-8 weeks etc...and includes distributing, collecting and processing paper work credentialing for each student.
6. Schedule and maintain appropriate site orientations for students
7. Schedule and maintain the required site-specific EMR classes as appropriate (for students).
8. Assist with correspondence between A-State Nurse Anesthesia faculty and clinical sites
9. Verify students' individual credentials remain current and documented in Typhon as such
10. Assist with clinical scheduling
11. Assist with clinical/student activities and/or events involving clinical placement of students
12. Assist with tracking and Typhon documentation of NA Leave (student sick/vacation time)
13. Assist with and implement post-conference hours (required by COA) for each student (this is in addition to normal clinical hours).
14. Assist with completion of COA-required student clinical evaluations
15. Assist with Typhon tracking (ensure each student keeps current and accurate per NBCRNA and COA requirements) on a weekly-monthly basis.
16. Assist with Typhon tracking of specialized cases and procedures
17. Assist with Typhon tracking to ensure NBCRNA/COA minimum requirements will be met by each individual student, and assist in making necessary schedule changes when/if appropriate.
18. Assist in collecting and reviewing **typed** management plans
19. Assist in providing student feedback for **typed** anesthesia management plans
20. Assist in completing and providing feedback for **verbal** anesthesia management plans
21. Participate in professional development activities particularly as they relate to Nurse Anesthesia education
22. Report to A-State Nurse Anesthesia faculty to provide appropriate feedback pertaining to clinical site state and/or issues
23. Report to A-State Nurse Anesthesia faculty to provide appropriate feedback pertaining to student clinical issues and/or advise placing in remediation and/or probation if needed
24. Be available for students when campus A-State Nurse Anesthesia Faculty is unavailable
25. When applicable, assist with transition to DNP
26. When applicable, assist with doctoral scholarly work/projects

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NURSE ANESTHESIA PROGRAM

Area Clinical Coordinator

Area Coordinator for **TN, MS, and Northeast Arkansas**: Lisa Lucas, DNP, CRNA

Clinical Sites:

1. Baptist Memorial Hospital East, Memphis, TN
2. Baptist Memorial – Collierville, TN
3. Baptist Memorial – Desoto, Senatobia, MS
4. Baptist Memorial Hospital, Union County, New Albany, MS
5. Regional One Medical Center, Memphis, TN
6. NEA Baptist, Jonesboro, AR
7. Outpatient Surgery Center, Jonesboro, AR
8. St. Bernard's, Jonesboro, AR
9. St. Francis Hospital, Memphis, TN
10. St. Jude Hospital, Memphis, TN
11. VA, Memphis, TN

Job Description/Duties

1. Serves as a resource and representative for A-State Nurse Anesthesia students as well as individual clinical sites.
2. Create and distribute a “check off” list to students for each individual clinical site based on site requirements
3. Semester and/or annual clinical site visits
4. Continuous (monthly/semester) communication (via email/phone) with clinical sites
5. Implement and verify student credentialing at various clinical sites (prior to each student change in rotation. This may be every 6-8 weeks etc...and includes distributing, collecting and processing paper work credentialing for each student.
6. Schedule and maintain appropriate site orientations for students
7. Schedule and maintain the required site-specific EMR classes as appropriate (for students).
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9. Verify students' individual credentials remain current and documented in Typhon as such
10. Assist with clinical scheduling
11. Assist with clinical/student activities and/or events involving clinical placement of students
12. Assist with tracking and Typhon documentation of NA Leave (student sick/vacation time)
13. Assist with and implement post-conference hours (required by COA) for each student (this is in addition to normal clinical hours).
14. Assist with completion of COA-required student clinical evaluations
15. Assist with Typhon tracking (ensure each student keeps current and accurate per NBCRNA and COA requirements) on a weekly-monthly basis.
16. Assist with Typhon tracking of specialized cases and procedures
17. Assist with Typhon tracking to ensure NBCRNA/COA minimum requirements will be met by each individual student, and assist in making necessary schedule changes when/if appropriate.
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19. Assist in providing student feedback for **typed** anesthesia management plans
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21. Participate in professional development activities particularly as they relate to Nurse Anesthesia education
22. Report to A-State Nurse Anesthesia faculty to provide appropriate feedback pertaining to clinical site state and/or issues
23. Report to A-State Nurse Anesthesia faculty to provide appropriate feedback pertaining to student clinical issues and/or advise placing in remediation and/or probation if needed

24. Be available for students when campus A-State Nurse Anesthesia Faculty is unavailable
25. When applicable, assist with transition to DNP
26. When applicable, assist with doctoral scholarly work/projects

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Clinical Site Coordinators

Policy

It is the policy of the nurse anesthesia program to appoint a Clinical Coordinator at each clinical site where students are regularly scheduled. The Clinical Coordinator must be a CRNA, doctoral degree preferred, or an anesthesiologist.

Procedure

Duties of clinical coordinators include:

1. Coordinate the anesthesia case assignments of each nurse anesthesia student (SRNA) in order to:
 - a. Maximize SRNA clinical experience.
 - b. Facilitate student learning in a progressive manner (from 1:1 to independent management).
 - c. Assure adequate case numbers of specific case categories for meeting accreditation and certification requirements. Utilize the abbreviated monthly clinical case record summaries generated from (Typhon website) SRNA to assist with verification.
2. Act as liaison between the Area Site Coordinator and Program Administrator (Coordinator)/Associate Administrator (Coordinator) of the Nurse Anesthesia option and clinical site with student progress and student problems.
3. Act as liaison between the clinical instructors and the SRNA.
4. Maintain student schedule and assignment records, clinical syllabi and education material for the SRNA at the site.
5. Generate an annual, updated site manual with all policies and regulation related to clinical experiences.
6. Guide and direct the SRNA and/or clinical instructor with school related problems
7. Review anesthesia management plans and write and discuss daily evaluation with assigned student. Guide other instructors in following this policy.
8. Participate in the SRNA monthly clinical and semester evaluation, discuss the evaluation with the SRNA and follow the Program's policy on the evaluation process.
9. Maintain current Certification/Recertification as a CRNA and current RN license.
10. Provide the Nurse Anesthesia Program with a current resume and copy of licenses.
11. Oversee that students are supervised/instructed to meet the policy of the COA/anesthesia program:
 - a. Clinical oversight of the SRNA in the clinical area shall not exceed one Anesthesiologist or CRNA to two students at any time. (COA requirement)
 - b. First semester clinical practicum students shall be supervised 1:1. First semester clinical practicum students are never to be left alone during these months.

- c. Beginning year 3, students may be left alone at the discretion of the Anesthesiologist/CRNA depending on the level of the student, the complexity of the procedure and physical status of the patient.

Decision as to when students can be left alone (with the clinical instructor immediately available) is usually a group decision among the clinical preceptors, clinical coordinators and Anesthesiologist (if applicable).

- d. Year 3 students should progress to minimal supervision of selected cases at the discretion of the Anesthesiologist/CRNA.
- e. Third year students, focus is on independent management with Anesthesiologist/CRNA as a consultant and at the discretion of the clinical instructor.
- f. Supervision of a student by another student (or medical resident) is never to occur. (COA requirement).

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COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
NURSE ANESTHESIA PROGRAM

Clinical Preceptor

Description, Qualifications, Responsibilities

Description:

A clinical preceptor is a Certified Registered Nurse Anesthetist or Physician Anesthesiologist who supervises the student nurse anesthetist during the administration of anesthesia and care of the patient in the preoperative, perioperative, and post-operative period.

Qualifications:

- DNP Degree or higher as appropriate for the healthcare discipline and level of student being precepted (CRNA).
- Current license as registered professional nurse/advanced practice or medical/osteopathic doctor in the state of practice.
- Certified/recertified by the Council on Certification/Recertification of Nurse Anesthetists (CRNA).
- Demonstrate competency in their area of responsibility and be knowledgeable in the teaching/learning process.
- Desire to serve as a clinical preceptor and approval from the clinical facility to fulfill the role.

Responsibilities of Clinical Preceptors:

- Clinical preceptors will supervise the student nurse anesthetist during the administration of anesthesia. Students must be supervised during their clinical rotation assignments by CRNAs and/or anesthesiologists. Students will be supervised in a 1:1 ratio during the first part of their clinical experience. More advanced students may be supervised on a 1:2 faculty/student ratio. **At no time is the supervision ratio to exceed two students to one faculty.** Supervisory ratios are decided by the clinical and program faculty in light of the patient and procedure issues and will represent a conservative approach when considering increasing the supervision ratios.
- Be a professional role model.
- Teamwork and effective interpersonal relationships are an expectation.
- Faculty should strive to create a positive learning environment where staff members model professional behavior and foster student learning.
- Faculty are encouraged to attend local, state, and national anesthesia meetings with students when possible.
- Membership and participation in the professional organization is strongly encouraged.
- Recognize pathophysiology states of the patient that are pertinent to the anesthetic.
- Discuss the patient's status and rationale for the anesthetic management with the student and the physician anesthesiologist if applicable.
- Evaluate the student's clinical performance and constructively discusses this performance with the student and faculty of Arkansas State University Nurse Anesthesia Program.

- Teach by discussion and demonstration.
- Challenge student knowledge.
- Guide, facilitate, supervise, and monitor students in achieving the clinical objectives and students' performance of skills and other SRNA activities to assure safe practice.
- Provide timely feedback to the student regarding clinical performance.
- Inform the Program Director or Associate Program Director of pertinent student performances and suggestions for clinical development.
- Supervise the student anesthetist in the immediate post-operative care and evaluation of the patient.
- Encourage the student to ask questions and think critically.
- Maintain appropriate board certification, BLS, ACLS, and PALS certification.

SECTION V
CLINICAL SITES

CLINICAL FACILITIES

Arkansas State University, College of Nursing and Health Professions' School of Nursing- Nurse Anesthesia Program is affiliated with clinical sites in the following regional areas: Northeast Arkansas (Jonesboro area), Central Arkansas, and Western Tennessee (Greater Memphis area) Northwest Mississippi.

Northeast Arkansas

1. NEA Baptist Hospital – Jonesboro, AR
2. Outpatient Surgery Center – Jonesboro, AR
3. St. Bernard's Medical Center – Jonesboro, AR

Central Arkansas

1. Arkansas Children's Hospital – Little Rock, AR
2. Baptist Medical Center- Little Rock, AR
3. Baptist Medical Center- North Little Rock, AR
4. Conway Regional Medical Center – Conway, AR
5. National Park Medical Center – Hot Springs, AR
6. Saline Medical Center – Benton, AR
7. White County Medical Center – Searcy, AR

Western Tennessee/Northwest Mississippi

1. Baptist Memorial Hospital Memphis – Memphis, TN
2. Baptist Memorial Hospital Women's – Memphis, TN
3. Baptist Memorial Hospital- Collierville, TN
4. Baptist Memorial Hospital Desoto – Southaven, MS
5. Baptist Memorial Hospital Union County – New Albany, MS
6. Regional One Medical Center – Memphis, TN
7. St. Francis Hospital Park – Memphis, TN
8. St. Jude's Children's- Memphis, TN
9. Veterans' Affairs Medical Center – Memphis, TN

The student is to adhere to the policies of the clinical affiliate's department or institution. The student is expected to use his/her judgment in informing the appropriate authority or the Nurse Anesthesia Faculty concerning any clinical or didactic problems associated with any of the clinical rotations. *Please remember you are a guest at the facilities!*

NORTHEAST ARKANSAS CLINICAL SITES

NEA BAPTIST MEMORIAL HOSPITAL
4800 E. Johnson Ave.
Jonesboro, AR 72401
(870) 936-1000

NEA Info:

Terminal Learning Outcomes:

This site is utilized for students in all clinical courses. Learning outcomes correlate to the particular clinical course in which the student is currently enrolled.

Anesthesia Groups

Independently contracted through NEA Clinic

Physicians:

O.Redko, MD	870-897-7005
L.Patrick, MD	501-593-5732
S. Richardson, DO	870-615-2091
D.Daniel, MD	870-351-1958
E.Schuermann, DO	573-718-6108

CRNAs

Brett Baugh	Laura Ferguson	Janet Pierson	Bryon Ward
Paul Blumreich	Tara Heath	Lisa Shackelford	Julia Willey
Jonathan Crafton	Amber McAdoo	Rich Sheppard	Bob Wyatt
Mandy Crosskno	Brian Meier	Toby Stacy	
Mike Davison	Josh Pettit		

Care Plans/Evaluations

As per Arkansas State University College of Nursing and Health Professions, School of Nursing - Nurse Anesthesia Program Student Planner and Handbook.

Unplanned Personal Day Off (Sick)

At least 2 hours prior to start of shift, you must call the clinical coordinators. Remember to obtain and document the person's name who took the message, then notify the Program Director.

Parking

Assignments will be made the day before clinical. You are responsible for knowing your assignment. Pre-ops are to be done in the am before the case begins and charted in the EPIC computer system.

Narcotic Control –

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. At NEA Baptist Memorial Hospital, all narcotics will be obtained by the Omnicell.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left.
4. If you need to waste a portion of unused narcotic, document this on the chart with a co-signature of another RN, CRNA or MD or follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. All syringes (narcotics and any other drug) are to be labeled with the drug name, the drug dose and dated.
7. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
8. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Directions

Take Red Wolf Blvd. to E. Johnson Ave./Stadium Blvd.

Phone Numbers

Surgery Desk: (870)-936-2227

Cafeteria

Cafe hours are 8:00-10:30 & 11:00-20:00

Anesthesia Conferences/In-service

You are required to attend all anesthesia conferences or in-services that are held during your rotation. Additionally, you may be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator and the Nurse Anesthesia Program's Faculty.

Reading Assignments

Students should read about cases with which they will be involved on the following day.

Expected Performance Guide for Graduate Student Registered Nurse These guidelines exist to maximize the student's clinical experience at NEA Baptist Memorial Hospital and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on Arkansas State University Nurse Anesthesia Program Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or Arkansas State University Nurse Anesthesia Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on Arkansas Nurse Anesthesia Program's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.

11. It is imperative to adhere to the Arkansas State University Nurse Anesthesia Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and Arkansas State University Nurse Anesthesia Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at NEA Baptist Memorial Hospital that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

ST. BERNARD'S MEDICAL CENTER
225 E. Jackson Ave.
Jonesboro, AR 72401
(870) 972-4100

CENTRAL ARKANSAS CLINICAL SITES

ARKANSAS CHILDREN'S HOSPITAL
1 Children's Way
Little Rock, AR 72202
(501) 364-1100

CONWAY REGIONAL MEDICAL CENTER
900 West Kings Highway
Conway, AR 72450
(501) 329-3831

NATIONAL PARK MEDICAL CENTER
1910 Malvern Ave.
Hot Springs, National Park, AR 71901
(501) 321-1000

SALINE MEMORIAL HOSPITAL
1 Medical Park Dr.
Benton, AR 72015
(501) 776 -6000

Terminal Learning Outcomes:

This site is utilized for students in all clinical courses. Learning outcomes correlate to the particular clinical course in which the student is currently enrolled.

Anesthesia Group

Arkansas Anesthesia Associates
P.O. Box 2407
Benton, AR 72018

Physicians: Dr. Ben Mathews, I

Daniel Headrick, MD	Stephen Speck, MD
Howell Hill, MD	Charles Steams, MD
Ben Mathews, MD	William Wagnum, MD

CRNAs:

Justin Billins, CRNA	Jena Gray, CRNA
David Carlisle, CRNA	Ken Kelley, CRNA
Tracey Davenport, CRNA	Danny Volque, CRNA

Care Plans/Evaluations

As per Arkansas State University College of Nursing and Health Professions, School of Nursing - Nurse Anesthesia Program Student Planner and Handbook.

Unplanned Personal Day Off (Sick)

At least 2 hours prior to start of shift, you must phone Dr. Mathews the clinical coordinator. Remember to obtain and document the person's name who took the message, then notify Dr. Oswaks.

Parking

Narcotic Control

To help protect you from any question related to your usage and wastage of narcotics, please follow policy of the facility.

Please remember that this is a legal issue and practice accordingly!

Directions

Take Red Wolf Blvd. to US 49- S/Us 63 N. Merge right to merge onto US 49 – S/US 63-N. for 3.0 miles
Take exit 46 toward AR-226 W/Wood Springs Rd/Strawfloor Rd. for 0.2 miles. Turn left onto Alexander Dr.
Then right onto Hidden Hill Cir/Woodsprings Rd for 4.7 miles. Turn right onto AR 226-W for 13.5 miles.
Turn left to merge onto US 67-S for 102 miles. Keep left to continue on US 167 S/US 67 S and follow signs for I 40 W/Little Rock/Fort Smith and merge onto it. Keep left at the fork to continue on I 30 W for 3.1 miles. Keep left to stay on I 30 W for 1.8 miles. Keep right at the fork to stay on I 30 W/ Hot Springs/Texarkana for 20.8 miles. Take exit 117 for Arkansas 5 toward Arkansas 35/Benton. Merge onto I 30 Frontage Rd. Turn right onto AR 5 for 0.2 miles. Use the left 2 lanes to turn left onto AR 35-N/AR 5-N for 0.4 miles. Take a sharp left toward I 30 Frontage Rd then a slight right onto I 30 Frontage Rd. Turn right onto Medical Park Dr.

Phone Numbers

Surgery Desk: (501) 776-6170

Cafeteria

Please bring your lunch, as lunch is not provided.

Anesthesia Conferences/In-service

You are required to attend all anesthesia conferences or in-services that are held during your rotation. Additionally, you may be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator and the Nurse Anesthesia Program's Faculty.

Reading Assignments

Students should read about cases with which they will be involved on the following day.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists

These guidelines exist to maximize the student's clinical experience at Saline Memorial Hospital and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on Arkansas State University Nurse Anesthesia Program Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor.
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area no later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or Arkansas State University Nurse Anesthesia Faculty.
9. The student is responsible for doing a post-op visit and assessment of their in-patients. This visit is to be documented in Typhon and is required for ALL in-patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. It is imperative to adhere to the Arkansas State University Nurse Anesthesia Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are **NO** more than 15 minutes. Lunch is **NO** more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is **NOT** compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are **NOT** required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and Arkansas State University Nurse Anesthesia Faculty immediately.

17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Saline Memorial Hospital that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

WESTERN TENNESSEE/NORTHWEST
MISSISSIPPI CLINICAL SITES

BAPTIST MEMORIAL WOMEN'S HOSPITAL
6225 Humphreys Blvd.
Memphis, TN 38120
(901) 227 – 9000

Terminal Learning Outcomes:

This site is utilized for students in all clinical courses. Learning outcomes correlate to the particular clinical course in which the student is currently enrolled.

Anesthesia Group

American Anesthesiology, P.C.
1900 Exeter Rd, Suite 210
Germantown, TN 38138

Debra Hogman
Practice Manager
901-818-2171

Brenda Chamness
Credentialing Specialist
Ph: 901-818-2160
Fax: 901-682-9443

Physicians:

Dr. Scott Bartusch	Dr. Martine Denn	Dr. Angela Laster	Dr. Phalgun Patel
Dr. James Bailey	Dr. Charles Dorroh	Dr. Stuart Lazarov	Dr. Vincent Samuel
Dr. David Benoit	Dr. Vijaya Duggirala	Dr. H. Lamar Lindsay	Dr. Marc Silberberg
Dr. K Bhanu	Dr. Roger Funderburg	Dr. Lauren Merritt	Dr. Raj Stephens
Dr. Ajit Biswas	Dr. Charles Gairhan	Dr. Geeta Moolchandani	Dr. Tom Walsh
Dr. James Boutte'	Dr. William Gorline	Dr. Raj Moolchandani	Dr. Steven Weiss
Dr. Jeffrey Brown	Dr. Reed Landau	Dr. R J Moskop	Dr. Elizabeth Whitten

CRNAs

Tara Abston	Jon Hassler	George Li	Ida Pernel
Kevin Beaver	Tim Hatcher	Josephine Low	Jessica Pledger
Micah Best	Hunter Henderson	Jessica Martin	Denicia Rankin
Penny Bilbrey	Jerica Hill	Karla Mays	Ty Robinson
Troy Christopher	Angela Hull	Sheila McCarley	Linda Roby
Shea David	Alexander James	Stephanie Moore	Courtney Rushing
Jeanne Delcambre	Chris Jerden	Roy Morley	Nichole Ryan
Kristen DuPont DuVentre	Kim Jones	Wendy Morley	Michelle Somma
Jeremy Fendley	Rebekah Kleck	Ashley White Murray	Haley Stewart
Geraldine Flanagan	Calissa Kneip	Alexis Neff	Jean Sullivan
Bill Flowers	Karen Koelemay	Miriam Obioha	Joseph Thomas
Candice Freeman	Jesse Lee	Leah Paul	Jenny Williams
Abby Saranita Hall	Christina Lenarduzzi	David Perkins	Valerie Williams

Care Plans/Evaluations

As per Arkansas State University College of Nursing and Health Professions, School of Nursing - Nurse Anesthesia Program Student Planner and Handbook.

Unplanned Personal Day Off (Sick)

At least 2 hours prior to start of shift, you must text the clinical coordinator and call the boardman of site calling in to. Remember to obtain and document the person's name who took the message, then notify Dr. Oswaks.

Parking

Baptist Main Garage – top level of parking garage

Assignments

Assignments are made and e-mailed the night before after 1900. All inpatient assignments are to be seen the night before surgery. An assessment form is to be completed on all patients. If there are any questions regarding lab work or preoperative orders, this should be cleared with the CRNA or MD.

Narcotic Control

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. At Baptist Memorial Hospital Memphis, all narcotics will be obtained by Omnicell.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining waste usage provider and log out of Omnicell.
4. If you need to waste a portion of unused narcotic, document this on the chart with a co-signature of another RN, CRNA or MD or follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. All syringes (narcotics and any other drug) are to be labeled with the drug name, the drug dose and dated.
7. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
8. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Directions

Take Red Wolf Blvd. to US-63. Merge left to merge onto US- 63 S for 43 miles. Take exit 1-A for I-55 S for 18.6 miles. Keep left at the fork to continue on I-40. Follow signs to 40 E Memphis/Nashville. Keep left to stay on I 40 for 10.8 miles. Keep right at fork to continue on 1 240 follow signs for Airport/Jackson MS for 2.5 miles. Take exit 13 for Walnut Grove Rd. E and merge onto Walnut Grove Rd. Merge onto Walnut Grove Rd. Hospital will be on the right.

Phone Numbers

Surgery Desk: 901-226-5725

Boardman: 901-226-0089

Cafeteria

Please bring your lunch, one lunch per week will be provided on alternate Tuesdays and Wednesdays at Baptist Main.

Anesthesia Conferences/In-service

You are required to attend all anesthesia conferences or in-services that are held during your rotation. Additionally, you may be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator and the Nurse Anesthesia Program's Faculty.

Reading Assignments

Students should read about cases with which they will be involved on the following day.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists

These guidelines exist to maximize the student's clinical experience at Baptist Memorial Hospital Memphis and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on Arkansas State University Nurse Anesthesia Program Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or Arkansas State University Nurse Anesthesia Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on Arkansas Nurse Anesthesia Program's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. It is imperative to adhere to the Arkansas State University Nurse Anesthesia Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and Arkansas State University Nurse Anesthesia Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.

18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Baptist Memorial Hospital Memphis that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

BAPTIST MEMORIAL HOSPITAL MEMPHIS
6019 Poplar Avenue
Memphis, TN 38120
(901) 226 - 5000

Terminal Learning Outcomes:

This site is utilized for students in all clinical courses. Learning outcomes correlate to the particular clinical course in which the student is currently enrolled.

Anesthesia Group

American Anesthesiology, P.C.
1900 Exeter Rd, Suite 210
Germantown, TN 38138

Debra Hogman
Practice Manager
901-818-2171

Brenda Chamness
Credentialing Specialist
Ph: 901-818-2160
Fax: 901-682-9443

Physicians:

Dr. Scott Bartusch	Dr. Martine Denn	Dr. Angela Laster	Dr. Phalgan Patel
Dr. James Bailey	Dr. Charles Dorroh	Dr. Stuart Lazarov	Dr. Vincent Samuel
Dr. David Benoit	Dr. Vijaya Duggirala	Dr. H. Lamar Lindsay	Dr. Marc Silberberg
Dr. K Bhanu	Dr. Roger Funderburg	Dr. Lauren Merritt	Dr. Raj Stephens
Dr. Ajit Biswas	Dr. Charles Gairhan	Dr. Geeta Moolchandani	Dr. Tom Walsh
Dr. James Boutte'	Dr. William Gorline	Dr. Raj Moolchandani	Dr. Steven Weiss
Dr. Jeffrey Brown	Dr. Reed Landau	Dr. R J Moskop	Dr. Elizabeth Whitten

CRNAs

Tara Abston	Jon Hassler	George Li	Ida Pernell
Kevin Beaver	Tim Hatcher	Josephine Low	Jessica Pledger
Micah Best	Hunter Henderson	Jessica Martin	Denicia Rankin
Penny Bilbrey	Jerica Hill	Karla Mays	Ty Robinson
Troy Christopher	Angela Hull	Sheila McCarley	Linda Roby
Shea David	Alexander James	Stephanie Moore	Courtney Rushing
Jeanne Delcambre	Chris Jerden	Roy Morley	Nichole Ryan
Kristen DuPont DuVentre	Kim Jones	Wendy Morley	Michelle Somma
Jeremy Fendley	Rebekah Kleck	Ashley White Murray	Haley Stewart
Geraldine Flanagan	Calissa Kneip	Alexis Neff	Jean Sullivan
Bill Flowers	Karen Koelemay	Miriam Obioha	Joseph Thomas
Candice Freeman	Jesse Lee	Leah Paul	Jenny Williams
Abby Saranita Hall	Christina Lenarduzzi	David Perkins	Valerie Williams

Care Plans/Evaluations

As per Arkansas State University College of Nursing and Health Professions, School of Nursing - Nurse Anesthesia Program Student Planner and Handbook.

Unplanned Personal Day Off (Sick)

At least 2 hours prior to start of shift, you must text the clinical coordinator and call the boardman of site calling in to. Remember to obtain and document the person's name who took the message, then notify Dr. Oswaks.

Parking

Baptist Main Garage – top level of parking garage

Assignments

Assignments are made and e-mailed the night before after 1900. All inpatient assignments are to be seen the night before surgery. An assessment form is to be completed on all patients. If there are any questions regarding lab work or preoperative orders, this should be cleared with the CRNA or MD.

Narcotic Control

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. At Baptist Memorial Hospital Memphis, all narcotics will be obtained by Omnicell.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining waste usage provider and log out of Omnicell.
4. If you need to waste a portion of unused narcotic, document this on the chart with a co-signature of another RN, CRNA or MD or follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. All syringes (narcotics and any other drug) are to be labeled with the drug name, the drug dose and dated.
7. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
8. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Directions

Take Red Wolf Blvd. to US-63. Merge left to merge onto US- 63 S for 43 miles. Take exit 1-A for I-55 S for 18.6 miles. Keep left at the fork to continue on I-40. Follow signs to 40 E Memphis/Nashville. Keep left to stay on I 40 for 10.8 miles. Keep right at fork to continue on 1 240 follow signs for Airport/Jackson MS for 2.5 miles. Take exit 13 for Walnut Grove Rd. E and merge onto Walnut Grove Rd. Merge onto Walnut Grove Rd. Hospital will be on the right.

Phone Numbers

Surgery Desk: 901-226-5725

Boardman: 901-226-0089

Cafeteria

Please bring your lunch, one lunch per week will be provided on alternate Tuesdays and Wednesdays at Baptist Main.

Anesthesia Conferences/In-service

You are required to attend all anesthesia conferences or in-services that are held during your rotation. Additionally, you may be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator and the Nurse Anesthesia Program's Faculty.

Reading Assignments

Students should read about cases with which they will be involved on the following day.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists

These guidelines exist to maximize the student's clinical experience at Baptist Memorial Hospital Memphis and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on Arkansas State University Nurse Anesthesia Program Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or Arkansas State University Nurse Anesthesia Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on Arkansas Nurse Anesthesia Program's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. It is imperative to adhere to the Arkansas State University Nurse Anesthesia Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and Arkansas State University Nurse Anesthesia Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.

18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Baptist Memorial Hospital Memphis that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

BAPTIST MEMORIAL HOSPITAL-DESOTO
7601 Southcrest Parkway
Southaven, MS 38671
(662) 349-4000

Terminal Learning Outcomes:

This site is utilized for students in all clinical courses. Learning outcomes correlate to the particular clinical course in which the student is currently enrolled.

Anesthesia Group

Mid-South Anesthesia Consultants
391 Southcrest Circle, Suite 108
Southaven, MS 38671
(662) 349-2659

Physicians:

Jovie Bridgewater	Arifa Kathawala	Sandra Reed
Jack Goodman	Richard Mackey	Andrea Scott
Frederick Jones	Dennis McCoy	

CRNA's:

Eugene Carolino	Gloria Hicks	Sonya Kinnard	Nikita Robinson
Erica Goodrich	Susan Hare	Lee Phelps	Precious Stallings
Pamela Hand	Darren Johnson	Andre Richardson	

Care Plans/Evaluations

As per Arkansas State University College of Nursing and Health Professions, School of Nursing - Nurse Anesthesia Program Student Planner and Handbook.

Unplanned Personal Day Off (Sick)

Call or text Debra Oswald CRNA 662-544-5102 at least 2 hours prior to start of shift. State that you are an Arkansas State University Student Nurse Anesthesia Student and that you will not be in because of illness. Remember to obtain and document the person's name that took the message, and then notify Dr. Oswaks.

Parking –

Please park in the employee parking lot adjacent to the emergency room.

Assignments

The CRNA's daily assignment is made the day before in the afternoon. If you are there when they are made, feel free to assign yourself to cases that you need experience in. If I see the need to step in to assign the students I will do so. At this time I give the students the liberty to pick what experience/cases they need. I do, however, like the students to work with different CRNA's to tap into different knowledge bases. We all have been to different programs, and have different things to offer.

Narcotic Control –

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. Obtain narcotics from the preceptor you are working with that day. At Baptist Desoto students are not given Omnicel access.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left.
4. If you need to waste a portion of unused narcotic, it is the CRNA's responsibility to waste narcotics.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
7. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets. We do ask you draw up your versed just prior to giving in the holding area. No syringes in pocket with drugs drawn up.

Please remember that this is a legal issue and practice accordingly!

Directions

Take Red Wolf Blvd. to US-63. Merge left to merge onto US- 63 S for 43 miles. Take exit 1-A for I-55 S for 18.6 miles. Keep right at the fork to stay on I-55 S, follow signs for I-55 S/Memphis/Jackson, MS. Take exit to stay on I-55 S toward Jackson, MS for 7.5 miles. Use the right 2 lanes to take exit 289 for Mississippi 302 E toward Olive Branch for 0.4 miles. Turn left onto Goodman Rd. W for 0.4 miles. Turn left onto Southcrest Pkwy for 0.5 miles. Continue straight to stay on Southcrest Pkwy. Destination will be on the left.

Phone Numbers

Surgery Desk: (662) 772-2330
Main OR: (662) 349 -4082

Cafeteria

Lunch is provided in Doctor's longer. Must be accompanied by CRNA.

Anesthesia Conferences/In-service

You are required to attend all anesthesia conferences or in-services that are held during your rotation. Additionally, you may be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator and the Nurse Anesthesia Program's Faculty.

Expected Performance Guide for Graduate Student Registered Nurse

These guidelines exist to maximize the student's clinical experience at Baptist Memorial Hospital - DeSoto and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on Arkansas State University Nurse Anesthesia Program Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or Arkansas State University Nurse Anesthesia Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on Arkansas State University Nurse Anesthesia Program's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.

11. It is imperative to adhere to the Arkansas State University Nurse Anesthesia Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and Arkansas State University Nurse Anesthesia Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Baptist Memorial Hospital – DeSoto that each student benefits from their clinical experience. This is a learning experience which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

BAPTIST MEMORIAL HOSPITAL
UNION COUNTY
200 Highway 30 West
New Albany, MS 38652
(662) 538-7631

REGIONAL ONE HEALTH
877 Jefferson Ave
Memphis, TN 38103
(901) 545-7100

Terminal Learning Outcomes:

This site is utilized for students in all clinical courses. Learning outcomes correlate to the particular clinical course in which the student is currently enrolled

Anesthesia Group

University of Tennessee Medical Group
877 Jefferson, 6th floor Chandler Bldg.
Memphis, TN 38103

Contact: Ms. Pamela Smith (901) 448 – 5893 or Pamela.Smith@utmg.org

Physicians: Lebron Cooper, MD, Medical Director

Cabigao, Olivia	Fabian, Matthew	Goodman, Jack	Paydar, Kiarash	Steadman, Joy
Cooley, Jill	Fuertes, Maria	Jones, Jerry	Ramanathan, Jaya	Vaddadi, Aruna
Dweik, Husni	Gill, Ravpeet Singh	Mokhtair, Susan	Sharp, Christopher	

CRNAs:

Angie Duncan, CRNA, DNP-SRNA Clinical Coordinator. aduncan@ut-rop.org
Cell-901-210-6182

Mary Farris-Conley, CRNA, DNP – Trauma Clinical Site Coordinator: mfarris@ut-rop.org
Cell – (901) 334-7260, Trauma Anesthesia – 545-8056

Lanny Coker, CRNA, DNSc – OB Clinical Site Coordinator: lanny1@comcast.net
Pager – 721-9819, OB Anesthesia – 545-7345

Adryan Emion, CRNA – Chandler Clinical Site Coordinator: adryan@utmgmail.com
Office/Cell- 545-6765, Chandler Anesthesia- 545-7134

Anderson, Cassandra	Emion, Adryan	Graham, Janet	Mackey, Randol	Tow, Marla
Callonas, Ashley	Farris-Conley, Mary	Harrell, Patrick	Marks, Karen	Truax-Waits, Shelley
Carter, Julian	Fisk, Cara	Hayes, Vincent	McConnell, Michael	Wade, Kelly
Case, Shannan	Fontenot, Andrew	Inman, Joel	Owens, Steven	Ware, Leslie
Coker, Lanny	Gerlach, Indre	Johnson, Teresa	Corazon, Padua	West-Spiegel, Angelina
Collins, Keith	Gingery, Joel	Kelley, Timothy	Kail, Kristen	Williams, Franklin
Donelson, Virginia	Ginn, Jessica	Larson, Jana	Rimmer, Christine	Winney, Teddy
Duncan, Angela	Graham, Christopher	Lucus, Sharon	Robinson, Diane	Taylor, Ezekiel

Care Plans/Evaluations

As per Arkansas State University College of Nursing and Health Professions, School of Nursing - Nurse Anesthesia Program Student Planner and Handbook.

*Care plans in Chandler are completed using form provided by Adryan Emion.

Unplanned Personal Day Off (Sick)

At least 2 hours prior to start of shift, contact the area to which you are assigned. Remember to obtain and document the person’s name who took the message, then notify Dr. Oswaks.

Trauma Anesthesia – 545-8056 or 545-8044

OB Anesthesia – 545-7345

Chandler OR – 545-7075 and text Adryan Emion 901-289-3321

Parking

SRNA and employee parking is available in the Pauline Parking Garage, located at the corner of Pauline and Jefferson Avenue.

Regional One Health

877 Jefferson Avenue
Memphis, TN 38103
901-545-7100

Assignments

Clinical assignments for the Chandler OR are made each afternoon prior to leaving the clinical site. Trauma and OB Anesthesia assignments are not made in advance.

Narcotic Control

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. Each student will sign out a narcotic bag each day.
2. Students are responsible for the narcotics throughout the day and for returning all remaining narcotics to the narcotic bag at the end of the day.
3. All narcotic usage must be recorded on pharmacy-supplied documentation sheets.
4. If you are relieved on a case, a narcotic count must be performed with the relieving provider.
5. If you need to waste a portion of unused narcotic, document this on the provided sheet. Place the waste narcotic in the bag, with the syringe capped. No needles are to be placed in the bag.
6. **NEVER USE A SYRINGE ON MORE THAN ONE PATIENT.** Leftover narcotics must be wasted on each case.
7. All syringes (narcotics and any other drug) are to be labeled with the drug name, the drug dose and date of expiration.
8. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
9. All drugs drawn up should be secured in a locked cart in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Directions

Take Red Wolf Blvd. to US-63. Merge left to merge onto US- 63 S for 43 miles. Take exit 1-A for I-55 S for 18.6 miles. Keep left at the fork to continue on I-40. Follow signs to 40 E Memphis/Nashville. Take exit 1B toward US 51- S. Turn left onto Alabama Ave. Turn left on Poplar Ave. for 0.2 miles. Turn right onto N. Dunlap St. Then turn left at the 3rd cross street onto Jefferson Ave. Destination will be on the right.

Phone Numbers

Chandler OR – (901) 545-7075
Trauma OR – (901) 545-8044
Labor/Delivery – (901) 545-7345
Main Hospital Number (901) 545-7100

Cafeteria

There is a cafeteria located in the hospital on the first floor. Each clinical area has a microwave and refrigerator for use by the anesthesia staff and students.

Anesthesia Conferences/In-service

You are required to attend all anesthesia conferences or in-services that are held during your rotation. Additionally, you may be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator and the Nurse Anesthesia Program's Faculty.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists

These guidelines exist to maximize the student's clinical experience at the Regional One Health and to detail expectations of the student's performance.

These guidelines exist to maximize the student's clinical experience at Baptist Memorial Hospital – Union County and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on Arkansas State University Nurse Anesthesia Program Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or Arkansas State University Nurse Anesthesia Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on Arkansas State University Nurse Anesthesia Program's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. It is imperative to adhere to the Arkansas State University Nurse Anesthesia Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and Arkansas State University Nurse Anesthesia Faculty immediately.

17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Regional One Health that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologist who bring a unique and personalized approach to the art and science of anesthesia.

ST. FRANCIS HOSPITAL- PARK
5959 Park Avenue
Memphis, TN 38119
(901) 756 - 2100

Terminal Learning Outcomes:

This site is utilized for students in all clinical courses. Learning outcomes correlate to the particular clinical course in which the student is currently enrolled.

Anesthesia Group

East Memphis Anesthesia Service
1068 Cresthaven Road #150
Memphis, TN 38119
(901) 682-6828

Physicians:

Jivan Dalsania	Eli Jones	Kays Nawaf	Vipul Saparia	Kristen Watson
Marc Eskin	Chris LaFleur	Jennifer Nguyen	Anant Shah	Bo Wu
Matt Gill	Salwa Moustafa	Mohan Patel	Brojo Sarkar	Jeff Williams
		Mahadev Patil	Chris Sharp	

CRNAs –

Kevin Bohanon	Jeff Gearhart	Damani Johnson
Tommie Cornelius	Christye Gilliland	Noah Jordan
Desiree Shammass	Haleigh Sligar	Barb Malady
Ann Strook	Quinn Powell	Janie Jones
Rebecca Cobb	Paulin Williamson	Christina Aguero
Carola Conners	Megan Ruszczyk	Tracy McGowan
Magan McCulloch	Leslie Hines	Josh Smith
Lori Conroy	Stephen Finder	Rachel Mitchel
Renita Davis	Brody White	Andrea Baker

Care Plans/Evaluations

As per Arkansas State University College of Nursing and Health Professions, School of Nursing - Nurse Anesthesia Program Student Planner and Handbook.

Unplanned Personal Day Off (Sick)

At least 2 hours prior to start of shift, you must call surgery desk 901-820-7460, remember to obtain and document the person's name who took the message. Text Dr Shah 901-497-5699, email clinical coordinator, then notify the Program Director.

Parking

Parking is in the high rise garage off Primacy Parkway or ground lot behind high rise garage at rear of hospital

Assignments –

Assignments are made by the board man the day prior.

Narcotic Control – St. Francis' policy for narcotics

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. At St. Francis Hospital Bartlett, all narcotics will be obtained by through the Suremed.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left.
4. If you need to waste a portion of unused narcotic, document this on the chart with a co-signature of another RN, CRNA or MD or follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.

6. All syringes (narcotics and any other drug) are to be labeled with the drug name, the drug dose and dated.
7. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
8. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly

Directions

Take Red Wolf Blvd. to US-63. Merge left to merge onto US- 63 S for 43 miles. Take exit 1-A for I-55 S for 18.6 miles. Keep left at the fork to continue on I-40. Follow signs to 40 E Memphis/Nashville. Keep left to stay on I 40 for 10.8 miles. Keep left at fork to stay on I-40 for 5.7 miles. Take exit 15 B for N. Appling Rd. Continue on Appling Rd. Drive for 1.3 miles. Turn right onto Stage Rd for 0.7 miles. Turn left on to Kate Bond Rd. Destination will be on the right.

Phone Numbers

Surgery Desk: (901) 765-2100

Cafeteria

Please bring your lunch, as lunch is not provided.

Anesthesia Conferences/In-service

You are required to attend all anesthesia conferences or in-services that are held during your rotation. Additionally, you may be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator and the Nurse Anesthesia Program's Faculty.

Reading Assignments

Students should read about cases with which they will be involved on the following day.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists – Adaptable to clinical site expectations at St. Francis

These guidelines exist to maximize the student's clinical experience at St. Francis Hospital- Bartlett and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on Arkansas State University Nurse Anesthesia Program Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.

7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or Arkansas State University Nurse Anesthesia Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on Arkansas Nurse Anesthesia Program's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. It is imperative to adhere to the Arkansas State University Nurse Anesthesia Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and Arkansas State University Nurse Anesthesia Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at St. Francis Hospital - Bartlett that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL
262 Danny Thomas Place, Mail Stop 130
Memphis, TN 38105
(901) 595-4035
(901) 595-4061-fax

Terminal Learning Outcomes

This site is utilized in the advanced clinical courses. Learning outcomes correlate to the particular clinical course in which the student is currently enrolled.

Phone/Contact Numbers:

Anesthesia Clinical Office: 901-595-8602
Administrative Coordinator: **Cindy Langston** 901-595-4035 cynthia.langston@stjude.org
CRNA Office 901-595-7720

Physicians:

Michael Rossi, DO, Clinical Director Perioperative Anesthesia
Kavitha Raghavan MD
Doralina Anghelescu MD
Husni Dweik MD
Michael Frett, MD
Angela Camfield MD
Kyle Morgan MD
Rob Shurley MD
Luis Trujillo MD
Becky Wright MD
Wasif Dweik DO

CRNAs:

Clinical Site Coordinator: Rachel Turner, CRNA 901-334-7673 and Paul McCagrhen 901-734-1574
Heather Artiles CRNA
Kim Lambert CRNA
Penny Beckham, CRNA
Rachel Turner CRNA
Kathy Brown, CRNA
Angie Buckalew CRNA
Brian Cain CRNA
Francis White CRNA
Sara Yarrow CRNA
Paul McCaghren CRNA
Jim Ragon CRNA
Laura Rikard CRNA
Ed Sanders CRNA
Caitlyn Sharp CRNA
Deborah Flettrich CRNA
Dale Viox CRNA
John Davidson CRNA

Credentialing/Orientation

Approximately one month before the start of your rotation you will receive an e-mail from Cindy Langston with Anesthesia at St Jude with instructions to provide copies of your RN license, BLS and PALS certifications.

You will receive an additional e-mail from Human Resources with some on-line onboarding information to complete. Onboarding must be completed 7 days before the start of your rotation. This e-mail will request that come to St. Jude for drug testing prior to orientation. Nurse Anesthesia students can complete drug testing on your first day immediately after orientation when you receive your ID badge and parking tag.

Institutional orientation is required for all students and is always on Monday. When there is a Monday holiday orientation is held on Tuesday. You must attend orientation before you are permitted to participate in hands on patient care.

First Week schedule:

Monday Orientation, drug screen, ID badge and parking
Tuesday Off day for processing campus access to secured clinical areas
Wednesday First clinical day

Sick Procedures

E-mail the Clinical Coordinator (rachel.turner@stjude.org) as soon as you know you will not be able to come in. Call the anesthesia clinical office at 901-595-8602 after 7 AM.

Parking

Parking is free. A parking hang tag will be issued during the orientation process. The first day on campus you will be required to show your driver's license to gain access to the campus and receive a temporary parking pass. Parking pass must be returned to St. Jude on your last day.

Assignments

Assignments are made the day before. The staffing schedule with assignments for the following day is e-mailed each evening after 5PM to the anesthesia clinical staff including students and can be accessed from off campus.

Narcotic Control Procedure

St. Jude utilizes the Pyxis system for narcotics. The CRNA/MD that you are assigned to work with for the day will have access to the Pyxis. Narcotics must be returned to CRNA/MD that signs narcotics out of the Pyxis and not carried home at the end of work day.

Directions

- Take I-40 West toward Little Rock. Exit here.
- Exit I-40 at Exit 1C (Danny Thomas Boulevard).
- Turn right at the first traffic signal (Alabama Avenue).
- Turn right at the first stop sign (Lauderdale Street). You will pass the front gates of St. Jude.
- Turn right at the first traffic signal (Third Street). Tri Delta House is on the corner.
- Go to AW Willis Ave and turn Right
- Enter the campus at the AW Willis gate on the right.
- After entering campus, go past the parking garage 3 and turn right at the corner
- At the next stop – turn right and park in AutoZone Garage 2.

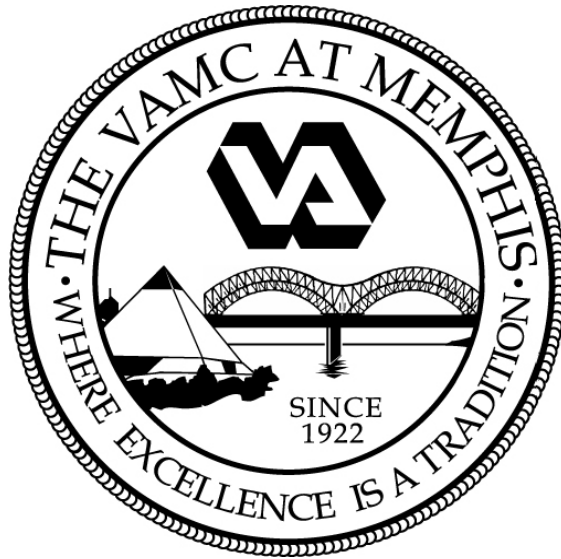
Cafeteria

Lunch is not provided. There is a cafeteria on campus and food trucks. The CRNA office in the Chili's Care Center has a refrigerator for use by the CRNA staff and students.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists

1. Hospital orientation is required and must be completed prior to the start of clinical education.
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. The plan is to be discussed with the assigned instructor.
3. Students assigned to the OR are expected to report no later than 0630. The room should be completely set up for 0730 cases by 0700 so that the student is available in the preoperative area for patient assessment, IV starts, sedation, and or regional administration.
4. Students assigned to remote anesthesia areas (diagnostic imaging, radiation therapy/proton, diagnostic procedures, MRI) should report to the clinical area by 0700.
5. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications.
6. At the proper time, once the anesthesiologist or CRNA approves, the SRNA will take the patient to operating room, or the designated remote anesthesia location, and administer the agreed upon anesthesia care. The student is responsible for the patient until dismissed by their instructor.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or program.

8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor.
9. Students are expected to be available when not doing assignments to take advantage of clinical experiences with emergency and added cases.
10. Students are expected to be prompt, polite and professional at all times. It is important to remember your role as a student. CRNAs and anesthesiologists as instructors volunteer to allow students to practice under the auspices of their professional licenses.
11. Anesthesiologists/CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
12. **Additionally, specifically important at St. Jude Children's Research Hospital**
 - **Sepsis is a concern due to the immunocompromised patients at St. Jude. If the student has a fever, or may be contagious with an illness, they are to call in sick.**
 - **Strict sterile and clean techniques must be adhered to during this rotation. Injection ports on central lines and IVs must be carefully cleaned with alcohol prior to injection every time.**



VETERAN'S AFFAIRS MEDICAL CENTER
1030 JEFFERSON AVENUE
MEMPHIS, TN 38104
(901) 523 – 8990

Terminal Learning Outcomes:

This site is utilized for students in all clinical Practicum Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group

VAMC Department of Anesthesia
1030 Jefferson Avenue
Memphis, TN 38104
Contact: Vernita Franklin, Program Support Assistant 901-523-8990 x 6518

Physicians:

James Hannifin, MD Section Chief Anesthesiology

R. Witt, MD	N. Perkins, MD
J. Hannifin, MD	M. Shazly, MD
S. West, MD	

CRNAs:

NA Clinical Faculty

Lisa Lucas, DNP, Chief CRNA , Office 901-523-8990 Ext 2637, Area Coordinator
Jonathan Reed, DNP, CRNA, Office 5588, Pager 1919 Cell (662) 587-2711
Armance White, DNP, CRNA, Office 5588, Pager 1853 Cell (318) 294-3255
Hope Ferguson, DNP, CRNA, Office 5756, Pager 1331, Cell (601) 616-6798 Clinical Site Coordinator

Lisa Lucas, DNP, CRNA	Mary Boers, DNP, CRNA	Drew Fontenot, CRNA
Jonathan Reed, DNP, CRNA	Margaret Warnock, CRNA	Hope Ferguson, DNP, CRNA
Fred Reed, DNP, CRNA	Heather Moore, DNP, CRNA	Kate Hampton, DNP, CRNA

Phone Numbers

Vernita Franklin – Computer Access – 901-523 – 8990/6518
Preop Holding/ PACU – 901-523-8990/6511
OR Board – 901-523-8990/5990

Care Plans/Evaluations

As per Arkansas State University College of Nursing and Health Professions, School of Nursing - Nurse Anesthesia Program Student Planner and Handbook.

General scheduling information

If you are not assigned a scheduled case, please be present in the anesthesia department by 0615. With the occasional absences of personnel due to illness or late call cases, you may be required to pick up an early morning case unexpectedly. So always be present and ready to work by 0615 unless otherwise instructed. No schedule changes or switching of surgical case assignments are allowed without prior approval from clinical staff.

Unplanned Personal Day Off (Sick)/running late

Any sickness or emergency that necessitates an absence from the OR should be relayed to the clinical staff (Dr. Lucas, Dr. Ferguson, Dr. Reed, &/or Dr. White) as soon as possible (it is ok to txt us during the night if you are ill so we can adjust the surgical schedule in the morning) but at least 2 hours prior to start of shift. Remember to obtain and document the person’s name who took the message, then notify the Program Director.

Please call or text the clinical staff if you are unexpectedly running late in the morning so we can make sure your room is covered. Do not leave for the day without permission from a member of the clinical staff.

ID Badges

Photo ID badges are obtained from the Security Office, VAMC. Photo ID badges are to be displayed at all times. Along with your ID badges, you will be issued an anesthesia access card. This card gives you access to the OR, anesthesia work room, anesthesia offices, anesthesia carts, and parking lot. You will

also be issued an anesthesia department key. This key allows you access to the stairwells and anesthesia offices.

Parking

Park in the visitor parking your first day, after your first day you will then have an access card for the employee lot across from the hospital on Jefferson Ave.

Orientation

90 days prior to the onset of your clinical rotation at the VAMC, you are required to complete (1) an application for health professions trainees, (2) application for declaration of federal employment, (3) an external fingerprint card (all forms will be provided to you by ASU), and complete (4) a mandatory training program titled *VHA Mandatory Training for Trainees*. This training is available through the VA Talent Management System (TMS). The TMS offers web-based training to VA employees and its partners. To use the TMS, you must self-enroll and create a profile at <http://www.tms.va.gov>. Once you are at the TMS website, follow the steps listed below to create your profile, launch the mandatory training course and complete the content.

You will need the following information in order to complete the TMS self-enrollment:

- VA Location Code (MEM)
- VA Point of Contact First Name (Elston)

Fingerprints are required and should be obtained from the VAMC 90 days prior to your rotation (you must contact Dr. Ferguson prior to reporting to the VA for fingerprinting). You will be issued a VAMC photo ID at the start of your rotation and take the "Oath of Office" during your orientation. You will receive a Student Orientation Manual for your use on your first day at the clinical site. Dr. Ferguson is your point of contact. All applications listed above should be emailed or hand delivered to Dr. Ferguson (hopef14@hotmail.com).

Assignments

Clinical assignments are made each afternoon prior to leaving the clinical site please expect to discuss any complex case with your assigned staff or clinical faculty the day before.

Narcotic Control

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. All controlled substances are distributed through the Diebold (Med Select).
2. Only licensed anesthesia providers have access to this electronic device.
3. Students are responsible for their patient's controlled substances throughout the day.
4. All controlled substances are to be documented on the patient's chart (flow sheet/anesthesia record) with totals done on each controlled substance.
5. Each controlled substance is issued to a specific patient. Do not use it on another patient.
6. All syringes are to be labeled with the drug name, dosage and date. All empty vials/amps are to be saved until the end of the day and then disposed of in the designated waste container.
7. All controlled substances are to be under an anesthesia provider's control at all times.
8. No medication should be removed from VA property. The removal of any controlled substance or falsification of records is a Federal Violation and will be dealt with harshly! This will result in immediate dismissal and notification to the State Board of Nursing.

Directions

Take Red Wolf Blvd. to US-63. Merge left to merge onto US- 63 S for 43 miles. Take exit 1-A for I-55 S for 18.6 miles. Keep left at the fork to continue on I-40. Follow signs to 40 E Memphis/Nashville. Use the right lane to take exit I-E for I-240 S/Madison Ave. toward Jackson, MS. Keep right, following signs for Madison Ave. Keep right at the fork for Madison Ave and merge onto Madison Ave. Turn left on N. Pauline St. Travel 0.1 miles and turn right on Jefferson Ave.

Cafeteria

There is a cafeteria located in the hospital on the second floor.

Anesthesia Conferences/In-service

You are required to attend all anesthesia conferences or in-services that are held during your rotation. Additionally, you may be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator and the Nurse Anesthesia Program's Faculty..

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists

These guidelines exist to maximize the student's clinical experience at Veteran's Affairs Medical Center and to detail expectations of the student's performance.

1. The VA Health Care System has a cascade of responsibility or authority to your patient.
 - a. James Hannifin, M.D., Section Chief of Anesthesiology
 - c. M.D. supervisor, Anesthesiologist
 - d. Staff Nurse Anesthetist assigned to the case (if applicable)
 - e. 2nd year student
 - f. 1st year student

Equipment Required

1. White lab coat
2. Scrub jacket – optional
3. Stethoscope
4. Precordial earpiece, tubing and chest pieces-optional
5. Peripheral nerve stimulator -optional
6. Clipboard
7. Student I.D.
8. OR shoes – optional
9. Pens
10. Permanent marker – “Sharpie”
11. Anesthesia handbook (Mass. General, Stoelting, Barash)
12. Quick reference drug handbook – optional
13. Small notebook for your notes – such as what you will need to set up for big cases like a craniotomy or AAA.
14. Small box or bag to carry all of these items in-combination lockers will be provided for each student

CALL

Call is an opportunity to be exposed to new situations that you may not be exposed to in a scheduled or more structured environment. It is also an opportunity for us to evaluate you under this new and evolving environment.

You will usually be off post-call. If you wish to come in the next day to do a specific case, you may volunteer to do so. You will not be given another day off if you choose to come in on your post-call day.

SECTION VI

Important Forms

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
DNP in NURSE ANESTHESIA PROGRAM

DNP in Nurse Anesthesia Program

P.O. Box 910
State University, AR 72467

Current Medications:

******Students may not present to campus or clinical under the influence of certain medications...Regardless of whether or not the student has a prescription for the medication. See GIG & Student Handbook for further details concerning medications. (See the Program Director for further information)**

Student's Name (Please print)

Student's Signature

Date

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
DNP in NURSE ANESTHESIA PROGRAM

UNPLANNED PERSONAL DAY OFF (SICK ETC...TIME) DOCUMENTATION
FORM

DATE FORM SUBMITTED _____

NAME OF STUDENT: _____

CLINICAL SITE NAME (at time of requested leave): _____

ROTATION AT TIME OF LEAVE: _____

SHIFT TO BE ASSESSED (check all that apply):

- 8 HOUR
- 12 HOUR
- 16 HOUR
- 24 HOUR

- OB
- Trauma
- CV/Vascular
- Neuro
- Pediatric
- Specialty Rotation Other _____

DATE(S) OF ILLNESS ETC: _____

APPROPRIATE DOCUMENTATION:

NAME OF PERSON NOTIFIED AT SITE: _____

- No other documentation needed
- Documentation by approved healthcare provider

CURRENT NUMBER OF PDO DAYS USED/APPROVED TO DATE: _____

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
DNP in NURSE ANESTHESIA PROGRAM

PLANNED PERSONAL DAY OFF DOCUMENTATION FORM

DATE FORM SUBMITTED: _____

NAME OF STUDENT: _____

CLINICAL SITE NAME (at time of requested leave): _____

ROTATION AT TIME OF LEAVE: _____

(general, CV, vascular, thoracic, neuro, peds, etc..)

DATE REQUESTED: _____

CURRENT NUMBER OF PDO DAYS USED/APPROVED TO DATE: _____

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
DNP in NURSE ANESTHESIA PROGRAM

VACATION DOCUMENTATION FORM

DATE FORM SUBMITTED: _____

NAME OF STUDENT: _____

CLINICAL SITE NAME (at time of requested leave): _____

ROTATION AT TIME OF LEAVE: _____

(general, CV, vascular, thoracic, neuro, peds, etc..)

DATES REQUESTED: _____

CURRENT NUMBER OF PDO DAYS USED/APPROVED TO DATE: _____

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
DNP in NURSE ANESTHESIA PROGRAM

REVIEW COURSE REQUEST FORM
(Required)

DATE FORM SUBMITTED: _____

NAME OF STUDENT: _____

CLINICAL SITE NAME (at time of requested leave): _____

ROTATION AT TIME OF LEAVE: _____

(general, CV, vascular, thoracic, neuro, peds, etc..)

REVIEW COURSE REQUESTED: _____

DATES REQUESTED: _____

CURRENT NUMBER OF PDO DAYS USED/APPROVED TO DATE: _____

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
DNP in NURSE ANESTHESIA PROGRAM

**MEETING/EDUCATIONAL (REVIEW COURSE) TIME OFF
REQUEST FORM**

NAME OF STUDENT: _____

DATE SUBMITTED: _____

CLINICAL SITE NAME (at time of requested leave): _____

ROTATION AT TIME OF LEAVE: _____

(general, CV, vascular, thoracic, neuro, peds, etc..)

MEETING REQUESTED: _____

DATE(S) OF MEETING: _____

CURRENT NUMBER OF PDO DAYS USED TO DATE: _____

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
DNP in NURSE ANESTHESIA PROGRAM

EDUCATIONAL TIME OFF
(COURSE) EVIDENCE-BASED PRACTICE CONFERENCE/
REQUEST FORM

NAME OF STUDENT: _____

DATE SUBMITTED: _____

CLINICAL SITE NAME (at time of requested leave): _____

ROTATION AT TIME OF LEAVE: _____

(general, CV, vascular, thoracic, neuro, peds, etc..)

CONFERENCE/COURSE REQUESTED: _____

DATE(S) OF MEETING: _____

CURRENT NUMBER OF PDO DAYS USED TO DATE: _____

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
DNP in NURSE ANESTHESIA PROGRAM

CHANGE OF CLINICAL EXPERIENCE TIME
REQUEST FORM

DATE FORM SUBMITTED: _____

NAME OF STUDENT: _____

APPROVED BY: _____

DATE APPROVED: _____

REQUEST: _____

RATIONALE FOR REQUEST: _____

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
DNP in NURSE ANESTHESIA PROGRAM

CLINICAL OCCURRENCE FORM

Student Name: _____

Attending Preceptor: _____

Incident Date: _____

ASA I II III IV V VI E Procedure: _____

Pre-Op Diagnosis: _____

Date/Time Program Director Notified? _____

Date/Time Daily Evaluation emailed to Program Director? _____

Summary:

Attachments: **Pre-anesthetic Summary:** Y N **Anesthetic Care Plan:** Y N
 Narrative: Y N

Prepared by:

Student Name and Date

Received by:

Nurse Anesthesia Faculty Name and Date: _____

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
DNP in NURSE ANESTHESIA PROGRAM

STUDENT SELF EVALUATION (MONTHLY)

Name: _____

Month/Year: _____

Date: _____

Three most important improvements during this past month:

1.

2.

3.

Three goals for next month:

1.

2.

3.

Other comments:

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
DNP in NURSE ANESTHESIA PROGRAM

CLINICAL SITE COORDINATOR
MONTHLY EVALUATION

Clinical Site Coordinator: After reviewing the student daily clinical evaluations and the Student Monthly self-evaluation with the student, please provide the following information and send to the area coordinator.

Summary of daily and student self-evaluation:

Student's strengths

Student's weaknesses

Signature

Date

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
DNP in NURSE ANESTHESIA PROGRAM
STUDENT SELF EVALUATION (SEMESTER)

Name: _____

Semester/Year: _____

Date: _____

Three most important improvements during this past semester:

1.

2.

3.

Three goals for next semester:

1.

2.

3.

Other comments:

ARKANSAS STATE UNIVERSITY
 COLLEGE OF NURSING AND HEALTH PROFESSIONS
 DNP in NURSE ANESTHESIA PROGRAM
STUDENT EVALUATION OF CLINICAL SITES

Clinical site: _____
 End of rotation: _____
 Date: _____

- 1- almost always
- 2- usually
- 3- sometimes
- 4- rarely
- 5- almost never

OVERALL EVALUATION OF CLINICAL SITE					
INSTUCTORS					
INVOLVEMENT/RECEPTIVITY/COMPETENCE	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Is available when appropriate					
3. Assists students when problem arises					
4. Explains new/difficult procedures, is supportive					
5. Allows adequate time to accomplish a task					
6. Allows student to express his/her self					
7. Involves student in formulating plan and decision making					
8. Remains calm, poised in clinical situation					
9. Relates didactic knowledge to clinical practice					
TEACHING PRACTICES	1	2	3	4	5
10. Demonstrates flexibility to improve learning					
11. Assists student in identifying problems					
12. Demonstrates new procedures					
13. Questions students understanding of anesthetic management					
14. Leads student through decision making rather than giving own impression.					
15. Provides immediate and adequate feedback with questions and patient presentations.					
16. Reviews evaluations with student and provides immediate and constructive feedback.					
17. Encourages questions and discussions regarding alternative management.					
18. Reviews all care plans and signs all evaluations.					
19. Considers student's limits according to level of experience.					
20. Respects student as an individual.					
21. Encourages student to assume increasing responsibility during clinical rotation.					
22. Evaluations are fair and in a positive manner					

Other Comments:



ARKANSAS STATE UNIVERSITY
 COLLEGE OF NURSING AND HEALTH PROFESSIONS
 DNP NURSE ANESTHESIA PROGRAM
 EVALUATION OF PRECEPTOR

Clinical Preceptor: _____

Clinical site:

Clinical
 Practicum/Internship: _____

- 1- almost always
- 2- usually
- 3- sometimes
- 4- rarely
- 5- almost never

Date: _____

Preceptor Behaviors	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Is available when appropriate					
3. Assists students when problem arises					
4. Explains new/difficult procedures, is supportive					
5. Allows adequate time to accomplish a task					
6. Allows student to express his/her self					
7. Involves student in formulating plan and decision making					
8. Remains calm, poised in clinical situation					
9. Behavior indicates clinical competence					
10. Relates didactic knowledge to clinical practice					
11. Respects student as an individual.					
12. Encourages student to assume increasing responsibility during clinical rotation.					
13. Evaluations are fair and in a constructive manner					

OTHER COMMENTS:



ARKANSAS STATE UNIVERSITY
 COLLEGE OF NURSING AND HEALTH PROFESSIONS
 DNP NURSE ANESTHESIA PROGRAM
SUMMATIVE SEMESTER EVALUATION

Name: _____ Date: _____

Semester: _____

Summative evaluations of each student’s clinical and academic performance are required in Standards for Accreditation of Nurse Anesthesia Educational Programs. Summative evaluations will remain in the student’s permanent file.

Anesthesia Courses Academic Evaluation:

Course	Grade

Comments:

Clinical Site: _____

Clinical Evaluation: (composite of semester’s clinical evaluations based on evaluations) & care plans

	Met	Unmet
a. Patient safety	<input type="checkbox"/>	<input type="checkbox"/>
b. Individualized perianesthetic	<input type="checkbox"/>	<input type="checkbox"/>
c. Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>
d. Communication skill	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional role management	<input type="checkbox"/>	<input type="checkbox"/>

Strengths:

Focus Areas:

 Student’s Signature

 Date

 Program Faculty Signature

 Date