FLORIDA INTERNATIONAL UNIVERSITY
COLLEGE OF NURSING AND HEALTH SCIENCES
DEPARTMENT OF NURSE ANESTHETIST PRACTICE

ADMINISTRATIVE MANUAL

Operational policies and procedures for DNAP administration, faculty, and students
FLORIDA INTERNATIONAL UNIVERSITY  
COLLEGE OF NURSING AND HEALTH SCIENCES  
DEPARTMENT OF NURSE ANESTHETIST PRACTICE  

ADMINISTRATIVE MANUAL  

The Administrative Manual for the Florida International University (FIU), College of Nursing and Health Sciences (CNHS), Department of Nurse Anesthetist Practice (DNAP) is designed to reflect the Standards as established by the Council on Accreditation of Nurse Anesthesia Educational Programs, other accrediting agencies, FIU, CNHS and to meet the needs of the Program. The COA Standards themselves have been included as an appendix. Policies listed herein are supplemental to policies of the CNHS and FIU.  

This manual contains all applicable policies and procedures for administrators, faculty and students. As such, the Program does not publish separate manuals. As part of the DNAP Comprehensive Systematic Evaluation Plan, this manual is subject to annual review and policies and procedures may be added, amended, or deleted on an as needed basis. This manual is published on the DNAP website for access by students, faculty, administrators and the DNAP communities of interest. The original copy of this manual is maintained in the DNAP Program Office. 

The adoption of this manual was approved by the School of Nursing - Nursing Faculty Organization in Spring Semester 2001. In 2006, the School of Nursing was reorganized as part of the College of Nursing and Health Sciences. 

This manual is reviewed and updated annually. Last revision July 2013, next review July 2014. 

APPROVED: 

Signature on file in DNAP program office original copy  

______________________________               ____________________  
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FLORIDA INTERNATIONAL UNIVERSITY
COLLEGE OF NURSING AND HEALTH SCIENCES
DEPARTMENT OF NURSE ANESTHETIST PRACTICE

ADMINISTRATIVE
POLICIES/PROCEDURES MANUAL

INTRODUCTION -
University and College History and Organization
Division of Nursing Educational Framework
DESCRIPTION OF FLORIDA INTERNATIONAL UNIVERSITY

South Florida, with an estimated population of over four million people in Miami-Dade, Broward, and Monroe Counties in 2010, is one of the most artistically expressive, ethnically diverse, and cosmopolitan regions in the United States. As the gateway to Latin America and the Caribbean, it is a global center for trade, finance, manufacturing, tourism, and health care.

In this milieu, Florida International University (FIU) was chartered by the Florida Legislature in 1965 to offer upper division and graduate programs. FIU opened its doors in 1972 to the largest opening-day enrollment in the history of American higher education. Initially a two-year upper-division school with limited graduate programs, FIU added lower-division classes in 1981 and received authority to begin offering degree programs at the doctoral level in 1984. The University has two main campuses, the 344-acre Modesto A. Maidique Campus (MMC) in western Miami-Dade County, and the 200-acre Biscayne Bay Campus (BBC) in northeast Miami-Dade County.

Committed to both high quality and access, FIU meets the educational needs of full-time and part-time undergraduate and graduate students, and lifelong learners. Reflecting the vibrant ethnic diversity of South Florida, FIU students are 61% Hispanic, 15% White, 13% Black, 4% Asian/Pacific Islander, and 7% other minorities.

FIU is a public research university offering a broad array of undergraduate, graduate, and professional programs in carrying out the University’s mission of “high-quality teaching, state-of-the-art research and creative activity, and collaborative engagement with our local and global communities” in eleven colleges and schools: College of Architecture and the Arts, College of Arts and Sciences, College of Business Administration, College of Education, College of Engineering and Computing, College of Law, Herbert Wertheim College of Medicine, College of Nursing and Health Sciences, Chaplin School of Hospitality and Tourism Management, School of Journalism and Mass Communication, and the Robert Stempel College of Public Health and Social Work.

Through these colleges and schools, FIU offers more than 200 bachelor, masters, and doctoral degree programs and conducts basic and applied research. Interdisciplinary centers and institutes conduct collaborative research to seek innovative solutions to economic, technological, and social problems. Numerous programs are also offered at off-campus locations and online. With a Fall 2012 student body of over 50,000, more than 1,000 full-time instructional and research faculty, and over 9,000 degrees awarded annually, FIU is the largest university in South Florida and one of the 25 largest public universities in the nation. More than 110,000 FIU alumni live and work in South Florida.

Ninety-nine percent of FIU full-time tenured or tenure-track instructional faculty members hold doctorates or the highest degree attainable in their fields. FIU is the only urban public university in the state chartered with a Phi Beta Kappa chapter, the nation’s oldest scholarly honorary society. The Carnegie Foundation for the Advancement of Teaching classifies FIU as a Research University/High Research Activity. The University’s annual research expenditures exceed $100 million.
All academic programs of the University are approved by the Florida Board of Governors and the FIU Board of Trustees. The University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) to award bachelor, masters, and doctoral degrees. SACS reaffirmed FIU’s accreditation in 2010. Degree programs at FIU are accredited or approved by the appropriate specialized accreditation agency.

On August 28, 2009, Florida International University’s fifth president, Mark B. Rosenberg, took the oath of office. Dr. Rosenberg is former chancellor of the State University System of Florida and the first FIU faculty member to ascend to the presidency of the University.

DESCRIPTION OF THE COLLEGE OF NURSING AND HEALTH SCIENCES
The academic nursing programs are located in the College of Nursing and Health Sciences (CNHS) and are housed on the Modesto A. Maidique Campus (MMC) in the Academic Health Center 3 Building, and on the Biscayne Bay Campus (BBC) in the Academic 2 Building. The College’s baccalaureate and master’s degree programs are fully accredited by the Commission on Collegiate Nursing Education (initial accreditation occurred in 2008), the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs (re-accreditation occurred in 2010), and are all approved by the Florida Board of Nursing (re-approval occurred in 2011.)

A broad range of nursing degree programs are currently offered by the College and include a bachelor's degree in nursing, a master's degree in nursing, and a doctor of philosophy degree in nursing. A post-master’s degree, the Doctor of Nursing Practice, was implemented in January, 2012. The nursing unit holds institutional memberships in the American Association of Colleges of Nursing (AACN), the National League for Nursing (NLN), the Southern Collegiate Council of Nursing of the Southern Regional Education Board, the Florida Nurses Association (FNA), the Nursing Shortage Consortium of South Florida, and the South Florida Hospital and Health Care Association.

History
Nursing was present on the FIU campus from 1972 to 1978 when a RN-BSN degree was offered through the School of Health and Social Work. In 1982 the School of Nursing was established at BBC as an autonomous upper division unit through start-up funds provided by nine Miami hospitals. These health care organizations were concerned about the acute nursing shortage and were interested in contributing to baccalaureate education for qualified men and women who could assume beginning leadership positions in health care in the rapidly growing south Florida region.

During 1997, the School of Nursing merged with the College of Health to create a new academic unit, the College of Health Sciences. The College of Health Sciences included the School of Nursing and the Departments of Physical Therapy, Occupational Therapy, Dietetics and Nutrition, Medical Laboratory Sciences, Public Health, Health Information Management, and Speech-Language Pathology. The rationale for the merger was to enhance one of the University’s strategic themes, Health, through the consolidation of the health professions programs and development of interdisciplinary education and research.
During 1999, the College of Health Sciences merged with another academic unit, the College of Urban and Public Affairs, which gave rise to a new college, the College of Health and Urban Affairs (CHUA). CHUA included four schools: School of Nursing; School of Health; School of Social Work; and the School of Policy and Management. The purpose of the restructuring was to consolidate the health related fields in one college and to enhance interdisciplinary education and research in these areas. Dr. Ronald Berkman was appointed Executive Dean of the College and Dr. Divina Grossman was appointed Dean of the School of Nursing.

In December 2004, the School of Nursing joined its sister schools in CHUA by relocating from the BBC to a newly constructed Health and Life Sciences 2 building at the MMC, a distance of approximately 20 miles. The move to the MMC was part of an overall strategy to locate nursing with other health related units in the context of the proposed medical school and the development of the academic health sciences complex. The new building provided nursing classrooms, teaching laboratories, offices, and research space. To provide for expansion, the School retained offices, classrooms, and laboratories at the BBC.

On October 1, 2006 the School of Nursing was transformed to the College of Nursing and Health Sciences (CNHS) when CHUA was disaggregated into three (3) autonomous units: the CNHS, the College of Social Work, Justice, and Public Affairs, and the Stempel School of Public Health. The CNHS included Nursing and the Departments of Physical Therapy, Occupational Therapy, Health Information Management, Health Sciences, Communication Sciences and Disorders, and Athletic Training. The disaggregation provided autonomy for the educational units as they sought accreditation or re-accreditation from their professional agencies and laid the foundation for the future health sciences complex. Dr. Divina Grossman was appointed Dean of the CNHS and reported to the Provost.

In August 2006, as part of FIU’s Strategic Initiatives, a baccalaureate of science in nursing (BSN) program (the foreign-educated physician to BSN track) was re-established at the BBC. In December 2006, University administrators announced that a new CNHS building would be erected on the MMC. The $47 million 113,000 sq. ft. building would house the College’s combined disciplines that were scattered throughout two buildings and rapidly outgrowing them. The CNHS building (AHC 3), completed in December 2009, became part of the academic health sciences complex envisioned at the MMC.

In 2009, the University-wide budget cutting process required a feasibility review of all CNHS programs and tracks. Two College departments (Health Information Management and Health Sciences) were phased out as a result of the review. CNHS expansion re-occurred in 2011 with the assimilation of Health Services Administration, a baccalaureate level program previously housed in the Stempel College of Public Health and Social Work. In February 2010, CNHS Dean Divina Grossman was promoted to Vice-President of Engagement at FIU; Dr. Sharon Pontious was appointed Interim Dean until July 1, 2011 when Dr. Ora Strickland was appointed CNHS Dean.

The current CNHS consists of the Nursing Unit as well as Departments of Physical Therapy, Occupational Therapy, Communication Sciences and Disorders, Athletic Training, and Health Services Administration. The nursing undergraduate and graduate academic programs are
Bachelor of Science in Nursing (BSN) Program
The Bachelor of Science in Nursing (BSN) degree was approved as an upper division program in 1982 by the Board of Regents of the State University System. The National League for Nursing (NLN) granted initial accreditation in 1985. Upon completion of the BSN Program, the basic (generic) student graduate is eligible to become licensed as a registered nurse. The nursing unit also offers a RN-BSN completion track. Graduates of the BSN Program are eligible for master’s level studies. In addition to the generic BSN Program, the nursing unit offers a track for foreign-educated physicians (FEPs) to complete the BSN. The FEP-BSN track, the first of its kind in the nation, enables foreign-educated physicians who are unemployed or underemployed, to complete a BSN. In 2010 the FEP-BSN track was transformed to an accelerated combined BSN/MSN track; FEP students who qualify for admission to the MSN Program continue into the nurse practitioner specialty tracks; students not admitted to the MSN Program complete the BSN degree.

Master of Science in Nursing (MSN) Program
The Master of Science in Nursing (MSN) Program was approved by the Board of Regents in 1992. The National League for Nursing Accrediting Commission granted initial accreditation in 1993. The MSN Program offers nurse practitioner specialty tracks in Advanced Adult Health Nursing, Advanced Child Health Nursing, Advanced Family Health Nursing, and Anesthesiology Nursing. Two specialty tracks (Advanced Psychiatric-Mental Health Nursing and Nursing Administration) are under moratorium for admissions since 2008 because of low enrollments. Graduates of the program are qualified to apply for certification examinations in their specialty areas. Nurse practitioner graduates who pass nationally certification examinations can obtain advanced registered nurse practitioner (ARNP) certification through the Florida Board of Nursing. Post-master’s nurse practitioner certificates in adult nursing, family nursing, and child nursing and a certificate in nursing education are also offered. Graduates of the MSN program are eligible for doctoral level studies.

Doctor of Nursing Practice (DNP) Program
The Doctor of Nursing Practice (DNP) Program was approved for implementation by the FIU Board of Trustees and Florida Board of Governors in 2010. The DNP Program is a post-masters plan of study for the registered nurse with specialty preparation in advanced clinical nursing practice (nurse practitioners, nurse anesthetists, nurse midwives). The DNP Program is not under accreditation review at this time.

Doctor of Philosophy in Nursing (PhD) Program
The Doctor of Philosophy in Nursing (PhD) Program was approved by the Florida Board of Governors in 2003. The program’s purpose is to develop individuals who will be leaders and educators in generating and applying the science needed to guide nursing practice. Graduates have the knowledge and skills to conduct research in the health care field, and direct and guide application of other evidence-based health care findings to improve the health of people from diverse cultures and underserved populations. In 2009 a BSN-PhD track was added for students who demonstrate outstanding academic accomplishment in their undergraduate courses.
MSN PROGRAMS & CURRICULUM

**MSN Program Purposes** The purpose of the MSN program is to prepare graduates for advanced nursing roles in practice, education, research, and leadership.

**MSN Program Objectives** The objectives of the MSN program are to prepare graduates as:
- Leaders and change agents in the delivery of high-quality, accessible, culturally competent healthcare in a global society.
- Professional advanced practice nurses who use communication, collaboration, and synthesis of evidence-based practice, scholarship, and research in the delivery of health care for global health systems.
- Facilitators in designing inter-professional healthcare teams, who use an understanding of organization and environment, and are able to integrate care services across global health systems.
- Critical thinkers who use scientific evidence, patient culture, values, and preferences to investigate clinical problems and translate evidence into safe, cost effective innovative practice that adheres to the ethical tradition of nursing.

The MSN Anesthesiology Nursing Program has specific educational objectives and outcome criteria consistent with the requirements of its accrediting agency (Council on Accreditation of Nurse Anesthesia Educational Programs [COA] and the Florida Nurse Practice Act:

The student will demonstrate they have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication, and the competencies needed to fulfill their professional responsibility. Students will demonstrate competence, safety, and confidence in the ability to manage anesthesia care at a level of independence, consistent with that of a new graduate upon entry into practice.

Patient safety is demonstrated by the ability of the graduate to:
- Be vigilant in the delivery of patient care.
- Protect patients from iatrogenic complications.
- Participate in the positioning of patients to prevent injury.
- Conduct a comprehensive and appropriate equipment check.
- Utilize standard precautions and appropriate infection control measures.

Individualized perianesthetic management is demonstrated by the ability of the graduate to:
- Provide care throughout the perianesthetic continuum.
- Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
- Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
- Provide anesthesia services to all patients, including trauma and emergency cases.
- Administer and manage a variety of regional anesthetics.
- Function as a resource person for airway and ventilatory management of patients.
• Possess current advanced cardiac life support (ACLS) recognition.
• Possess current pediatric advanced life support (PALS) recognition.
• Deliver culturally competent perianesthetic care throughout the anesthesia experience.

Critical thinking is demonstrated by the graduate’s ability to:
• Apply knowledge to practice in decision-making and problem solving.
• Provide nurse anesthesia care based on sound principles and research evidence.
• Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
• Identify and take appropriate action when confronted with anesthetic equipment related malfunctions.
• Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
• Calculate, initiate, and manage fluid and blood component therapy.
• Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
• Pass the Council on Certification of Nurse Anesthetists’ (CCNA) certification examination in accordance with CCNA policies and procedures.

Communication skills are demonstrated by the graduate's ability to:
• Effectively communicate with individuals influencing patient care.
• Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.

Professional responsibility is demonstrated by the graduate’s ability to:
• Participate in activities that improve anesthesia care.
• Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
• Interact on a professional level with integrity.
• Teach others.
• Participate in continuing education activities to acquire new knowledge and improve his or her practice.

College of Nursing and Health Sciences - Nursing Division
Organizing Framework: BSN, MSN, and Doctoral (DNP & PhD) Programs
Curriculum Framework Definitions

COMMUNICATION & COLLABORATION. *(Pervasive Thread).* Communication is the process by which information, ideas, beliefs, values, and feelings are interchanged. Communication involves symbols, such as written words, gestures, images, and spoken language. Communication is influenced by inherent capacities, socio-cultural background, environment, attitudes, past experiences, knowledge of subject matter, and ability to relate to others. Communication is also affected by technological advances in health care. Communication is inherent in collaboration and requires critical thinking skills. Collaboration is the process of making and carrying out decisions with other people regarding health care and research in a caring context. Knowledge of health-care systems includes an understanding of the organization and environment in which nursing and health care is provided. Collaborative leadership is a set of skills to accomplish both individual and collective goals. Collaborative leaders must be excellent communicators of a clear vision based in theories of change and understanding of health care dynamics. Effective communication and collaboration are the foundation for developing therapeutic relationships for the purpose of providing patient care, conducting research, and collaborating with members of teams and communities at local, regional, national, and global levels.

CULTURAL COMPETENCE. *(Pervasive Thread).* Cultural competence is the integration of knowledge, behaviors, skills, and attitudes required to provide quality health care and conduct research with people from different cultures, transcending national boundaries. Cultural competence involves tailoring health care delivery to meet patients' ecological, biosocial, cultural and linguistic needs in an effort to improve outcomes and eliminate disparities in healthcare. Cultural competence includes being able to recognize and respond to patient population health-related beliefs and values, disease incidence and prevalence, genetics and treatment outcomes. Cultural competence may be viewed as a process by which the healthcare professionals continually engage in self-evaluation and strive to effectively work within the cultural context of the individual, family, population, and/or community.

DECISION MAKING PROCESS. *(Pervasive Thread).* The decision making process is the formulation and revision of conclusions based on knowledge acquired. The decision making process requires reflective thought, interdisciplinary focus, global perspective, use of technology, ethical/legal considerations, and comfort with ambiguity. Critical thinking entails the acquisition of knowledge with the intent of deliberate inquiry and involves understanding of different alternatives before making decisions. The decision making process is influenced by many factors such as: patterns and similarity recognition, sense of importance of the facts, common-sense understanding, skilled “know-how” and deliberate rationality. Decision making process outcomes incorporate scientific evidence, patient culture, values and preferences, and clinical expertise.

ETHICS. *(Pervasive Thread).* Ethics is a set of shared values or principles that govern the way nurses interact with patients, families and other health professionals. A Code of Ethics makes explicit the primary goals, values, and obligations of a profession. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession, but also
to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-
reflective, enduring, and distinctive.

**EVIDENCE-BASED PRACTICE, SCHOLARSHIP & RESEARCH. (Vertical Thread).** Professional nursing is grounded in the application of evidence from research, expert panels, opinion leaders, research-based theories, clinical expertise, assessment data (including preferences and cultural values), and healthcare data. Basing practice on evidence from a number of sources improves outcomes in practice, education, administration, and research at local regional, and national, global levels. Professional nurses participate in the scholarship of discovery, application, integration, and teaching. Professional nurses are committed to evaluating, creating, conducting, and communicating research findings.

**GENOMICS. (Pervasive Thread).** Genetics refers to the study of individual genes and their impact on single gene conditions while genomics examines all genes together and how they interact with each other, the environment, cultural, psychosocial and other factors. The study of genomics assists nurses and other health care practitioners and researchers to find better ways to promote health and prevent and treat disease in individuals, families, populations and communities.

**GLOBALIZATION. (Pervasive Thread).** Globalization is the system of interaction among the peoples, communities, and countries of the world. Globalization of health requires the dissemination of knowledge and the use of best evidence to impact policies and improve world health in a manner that transcends all cultural, economic, environmental, political, and social boundaries. The professional nurse utilizes an integrative, cross-disciplinary approach to effectively address health care disparities and reduce the overall burden of disease.

**GLOBAL HEALTH SYSTEMS. (Vertical Thread).** Global health systems encompass the personnel, institutions, commodities, information, financing, and governance strategies that support universal delivery of health promotion and preventative services in a fair and equitable manner, responding to people’s needs and expectations. Global health systems define the administration of health care in terms of market incentives, health impact, consumer satisfaction, and performance monitoring.

**HEALTH/ ILLNESS MANAGEMENT. (Vertical Thread).** Health/illness management includes a scope of services across the health/illness continuum. Nursing practice includes management of health promotion, risk reduction/illness/injury prevention, health maintenance, health restoration, rehabilitation, palliative and end of life care for diverse individuals, families, groups, and vulnerable populations. Optimal health/illness management requires nurses to apply and synthesize knowledge, skills, behaviors, and attitudes to make decisions, develop strategies, and design integrative plans of care. Health/illness management principles and guidelines are developed from nursing and interdisciplinary research. Health/illness management starts at the undergraduate level and builds at the graduate and doctoral level with increasing depth and breadth of knowledge, synthesis of data, complexity of skills and interventions, and role autonomy.
PROFESSIONAL NURSING. *(Vertical Thread).* Professional nurses use a well-delineated and broad knowledge base for practice. Inherent in professional nursing is an understanding of the historical, legal, empirical, and contemporary context of research and evidence-based practice. Professional nursing requires strong critical reasoning, clinical judgment, communication, collaboration, and assessment skills. Professional nursing also requires the development and demonstration of a set of core values and principles, an ethical framework for practice, and involves accountability for one’s self and nursing practice within the parameters of professional regulation, competencies and scope of practice. Professional nurses are advocates for high quality care and are knowledgeable and active in the policy processes defining healthcare delivery systems. The professional nurse is committed to lifelong learning and continuous professional engagement, including graduate level of study. Professional nurses have advanced knowledge and clinical expertise necessary to promote health, provide care, educate, advocate, consult, and collaborate as well as facilitate change and provide organizational leadership. Professional nurses use and/or create knowledge through research.

QUALITY & SAFETY. *(Pervasive Thread).* Quality represents the desired health outcomes that are consistent with current professional knowledge. Quality care uses data to monitor the outcomes of care processes and uses improvement methods to design and test changes to continuously improve the quality and safety of health care systems. Quality care is safe, effective, patient centered, timely, efficient, and equitable. Nursing focuses on the achievement of appropriate self-care, demonstration of graduate promoting behaviors, health-related quality of life, perception of being well cared for, and symptom management based on criteria as positive health outcomes. Patient safety is a critical component of high-quality health care. Safety minimizes risk of harm to patients and providers through both system effectiveness and individual performance. Nurses integrate quality aspects into patient safety and are a pivotal component in the integration of nursing care and the care provided by other members of the health team and health system.

TECHNOLOGY. *(Pervasive Thread).* Technology encompasses tools that are intended to enhance clinical practice and include, but are not limited to, computers, web based applications, decision support systems, monitors, data gathering devices, and other technological supports for patient care interventions and knowledge development. Knowledge and skills in information and patient care technology are critical in preparing nursing graduates to deliver quality patient care in a variety of healthcare settings.

**SOURCES:**
Organizing Curriculum Framework of the MSN Program

The organizing curriculum framework for the MSN program is derived from the mission, vision, and goals of the Nursing Unit and the purposes and objectives of the MSN program. The MSN organizing curriculum framework builds upon a common global concept schematically depicted as a “globe.” The MSN curriculum framework is founded on the knowledge base and advances the organizing processes (vertical and pervasive threads) of the BSN curriculum on the “globe.” The organizing curriculum framework for the MSN program is divided into two (2) major components: CORE KNOWLEDGE and POPULATION/SPECIALIZATION. These two components include 1) four vertical organizing threads (Global Health Systems, Health/Illness Management, Evidence-Based Practice, Scholarship & Research, and Professional Nursing); and 2) seven pervasive organizing threads (Genomics, Communication & Collaboration, Quality & Safety, Technology, Globalization, Decision Making Process, Ethics, and Cultural Competence). The vertical organizing threads depicted within the globe (Global Health Systems, Health/Illness Management, Evidence Based Practice, Scholarship & Research and Professional Nursing) are articulated in logical progression and toward increased complexity in the MSN curriculum. The pervasive organizing threads of the framework depicted surrounding the globe (Genomics, Communication and Collaboration, Quality & Safety, Technology, Globalization, Decision Making Process, Ethics, and Cultural Competence) are integrated throughout the curriculum. Students advance through each of the two major components of the MSN curriculum as programs of study are completed. Courses within the two components are delineated as 1) CORE KNOWLEDGE and 2) POPULATION/SPECIALIZATION courses. CORE KNOWLEDGE courses are taken by all MSN students regardless of population focus or specialization. POPULATION/SPECIALIZATION courses are dependent on which population or specialization the student has chosen to pursue.

Vertical Organizing Threads
The vertical organizing threads of the framework include Global Health Systems, Health/Illness Management, Evidence Based Practice, Scholarship & Research and Professional Nursing. These organizing threads are articulated through logical progression and toward increased complexity in the MSN curriculum. These vertical threads reflect the mission, vision, and goals of the Nursing Unit and the purposes and objectives of the MSN program. Global Health Systems The vision of the Nursing Unit is to prepare graduates who will be globally recognized for their contribution in health care, education, leadership and research with a focus on the needs of the underserved populations. MSN graduates will be prepared as facilitators in designing inter-professional healthcare teams, who use an understanding of organization and environment, and are able to integrate care services across global health
systems. MSN students acquire foundational knowledge in global health systems in the CORE KNOWLEDGE component course: NGR 5131 Culture in Advanced Nursing Practice. For the POPULATION/SPECIALIZATION component, MSN students select one of the following clinical populations: advanced adult health, advanced child health, advanced family health, or anesthesiology nursing. Progress in knowledge and skills in global health systems is provided in the following courses:

**For nurse practitioner students:**
NGR 6201C/L Advanced Adult Health Nursing I/PR; NGR 6202C/L Advanced Adult Health Nursing II/PR; NGR 6209 Clinical Decision making in Advanced Adult Health Nursing; and NGR 6700L Role Synthesis in Advanced Adult Health Nursing PR;
NGR 6301C/L Advanced Child Health Nursing I/PR; NGR 6302C Advanced Child Health Nursing II/PR; and NGR 6337L Role Synthesis in Advanced Child Health Nursing; NGR 6601C/L Advanced Family Health Nursing I/Practicum & NGR 6602C/L Advanced Family Health Nursing II/Practicum; and NGR 6619L Role Synthesis in Advanced Family Health Nursing PR.

**For anesthesiology nursing students:**
NGR 6492 Professional Aspects of Anesthesiology Nursing

**Health/Illness Management** A goal of the CNHS nursing unit is to prepare graduates who will be able to collaborate with local, national, and international health care agencies in promoting excellence through cost effective, accessible, equitable and humanistic health care delivery systems for divergent individuals, families and communities. MSN graduates will be prepared as professional advanced practice nurses who use communication, collaboration, and synthesis of evidence-based practice, scholarship, and research in the delivery of health care for global health systems. MSN students acquire foundational knowledge in the health-illness management continuum in the CORE KNOWLEDGE component courses: NGR 5141 Pathophysiologic Basis for ANP; NGR 6172 Pharmacological Concepts in ANP; and NGR 5035C Advanced Client Assessment. For the POPULATION/SPECIALIZATION component, MSN students select one of the following clinical populations: advanced adult health, advanced child health, advanced family health, or anesthesiology nursing. Progress in knowledge and skills in health-illness management is provided in the following courses:

**For nurse practitioner students:**
See courses under Global Health Systems

**For anesthesiology nursing students:**
NGR 6421 Principles of Anesthesiology Nursing I, NGR 6460 Pharmacology of Anesthesiology Nursing I, NGR 6493 Technology in Anesthesiology Nursing, NGR 6431L Anesthesiology Nursing Practicum I, NGR 6404 Advanced Bioscience for Anesthesiology Nursing I, NGR 6422 Principles Anesthesiology Nursing II (OB/Peds), NGR 6461, Pharmacology of Anesthesiology Nursing II, NGR 6432L Anesthesiology Nursing Practicum II, NGR 6490 Regional Anesthesia, NGR 6423 Principles of Anesthesiology Nursing III (CVT), NGR 6433L Anesthesiology Nursing Practicum III, NGR 6405 Advanced Bioscience for Anesthesiology Nursing II, NGR 6434L Anesthesiology Nursing Practicum IV, NGR 6424 Principles of Anesthesiology Nursing IV
Evidence-Based Practice, Scholarship & Research A goal of the CNHS nursing unit is to prepare nursing graduates to promote, expand and validate the scientific base of nursing knowledge and practice through the discovery, organization and transmission of research-based knowledge, skills and values. MSN graduates will be prepared as critical thinkers who use scientific evidence, patient culture, values, and preferences to investigate clinical problems and translate evidence into safe, cost effective innovative practice that adheres to the ethical tradition of nursing. These scholarly endeavors will provide a foundation MSN graduates to pursue post-master’s study.

MSN students acquire foundational knowledge in evidence-based practice, scholarship and research in the CORE KNOWLEDGE component courses: NGR 5110 Theories in Nursing and NGR 5810 Research Methods in Nursing. Students work with faculty conducting research in the research project course: NGR 6910C Research Project. In the POPULATION/SPECIALIZATION component, MSN students select one of the following clinical populations: advanced adult health, advanced child health, advanced family health, or anesthesiology nursing. Progress in knowledge and skills in evidence-based practice, scholarship and research and the ability to apply this knowledge in an advanced practice role is further developed in the following courses:

For nurse practitioner students: 
See courses under Global Health Systems

For anesthesiology nursing students:  
See courses under Health/Illness Management

Professional Nursing A goal of the CNHS nursing unit is to prepare graduates for leadership roles in basic and advanced professional nursing practice in a rapidly changing, multicultural, multiethnic, global environment. The purpose of the MS program is to prepare graduates for advanced nursing roles in practice, education, research, and leadership. MSN graduates will be prepared to be leaders and change agents in the delivery of high quality, accessible, culturally competent health care in a global society. MSN students are introduced to and acquire knowledge for developing an understanding of the roles of the advanced practice nurse within the context of professional nursing in the CORE KNOWLEDGE component courses of NGR 5141 Pathophysiologic Basis for ANP; NGR 6172 Pharmacological Concepts in ANP; NGR 5035C Advanced Client Assessment; NGR 5110 Theories in Nursing; NGR 5810 Research Methods in Nursing and NGR 6910C Research Project. In the POPULATION/SPECIALIZATION component, MSN students select one of the following clinical populations: advanced adult health, advanced child health, advanced family health, or anesthesiology nursing. Progress in knowledge and skills in understanding the role of the advanced practice nurse and the ability to apply this knowledge in an advanced practice role is further developed in the following courses:
For nurse practitioner students:
See courses under Global Health Systems

For anesthesiology nursing students:
NGR 6492 Professional Aspects of Anesthesiology Nursing
In addition, see courses under Health/Illness Management

Pervasive Organizing Threads
The pervasive organizing threads of the framework include Genomics, Communication and Collaboration, Quality & Safety, Technology, Globalization, Decision Making Process, Ethics, and Cultural Competence. These organizing threads are integrated throughout the curriculum and are found throughout course objectives in all components of the programs of study.

MSN Curriculum Components & Plan
Students advance through each of the two major components of the MSN curriculum as programs of study are completed. Courses within the two components are delineated as 1) CORE KNOWLEDGE and 2) POPULATION/SPECIALIZATION courses. CORE KNOWLEDGE courses are taken by all MSN students regardless of population focus or specialization. POPULATION/SPECIALIZATION courses are dependent on which population or specialization the student has chosen to pursue. Allocation for course credits is based on the University formula. The ratio of credit to contact hour for theory courses is 1:1. The ratio of credit to contact hour for laboratory courses is 1:2. The ratio of credit to contact hour for nurse practitioner clinical-seminar courses is 1:5. This ratio assures the level of learning achievement and compliance with regulatory requirements necessary for the competent role performance of the MSN graduate. Therefore, the advanced adult health and advanced child health, NP students complete a minimum of 630 hours of clinical practice. Advanced family health nurse practitioner students complete a minimum of 770 hours of clinical practice. Anesthesiology nursing students complete a minimum of 3,240 hours in clinical residency as required by the Council on Accreditation of Nurse Anesthesia Educational Programs.

CORE KNOWLEDGE Component The CORE KNOWLEDGE component required of all MSN students consists of seven (7) courses of three (3) credits each (21 total credits): NGR 5110 (Theories in Nursing); NGR 5035C (Advanced Client Assessment); NGR 5141 (Pathophysiological Basis of Advanced Nursing Practice); NGR 6172 (Pharmacological Concepts in Advanced Nursing Practice); NGR 5131 (Culture and Advanced Nursing Practice); NGR 5810 (Research Methods in Nursing) and NGR 6910C Research Project. These courses are completed within the prescribed plan of study for each specialty track.

POPULATION/SPECIALIZATION Component In the POPULATION/SPECIALIZATION component, students select one of four clinical domains of specialization: Advanced adult health, advanced child health, advanced family health, or anesthesiology nursing. Students utilize and develop their knowledge and skills in one or more clinic settings under the supervision of a nurse practitioner or physician preceptor or certified registered nurse anesthetist (CRNA).

For nurse practitioner students:
Students in advanced adult or child tracks are awarded three (3) credits for each clinical related course. Students in the advanced family track are awarded four (4) credits for each clinical related course to allow for the added lifespan of practice experience required of these practitioners. Clinical decision making courses are three (3) credit courses. For all NP tracks, the Role Synthesis course is a four (4) credit course composed of one theory credit and three clinical credit hours.

**Advanced Adult Health Nursing** students complete NGR 6201C/6201L Advanced Adult Health Nursing I Theory/Practicum followed by NGR 6202C/6202L Advanced Adult Health Nursing II Theory/Practicum, and finally NGR 6700L Role Synthesis in Advanced Adult Practice and NGR 6209 Clinical Decision Making in Adult Health Nursing.

**Advanced Child Health Nursing** students complete NGR 6301C/6301L Advanced Child Health Nursing I Theory/Practicum followed by NGR 6302C/6302L Advanced Child Health Nursing II Theory/Practicum, and finally NGR 6337L Role Synthesis in Advanced Child Practice and NGR 6337C Clinical Decision Making in Child Health Nursing.

**Advanced Family Health Nursing** students complete NGR 6601C/6601L Advanced Family Health Nursing I Theory/Practicum followed by NGR 6602C/6602L Advanced Family Health Nursing II Theory/Practicum, and finally NGR 6619L Role Synthesis in Advanced Family Practice and NGR 6748 Clinical Decision Making in Family Health Nursing.

**For anesthesiology nursing students:**
Anesthesiology Nursing students complete a minimum of 71 credits. These credits include 21 credits of CORE KNOWLEDGE and 50 credits of POPULATION/SPECIALIZATION. The anesthesiology nursing curriculum is designed to meet program outcomes requisite for entry into practice as a CRNA upon successful completion of a national certification examination administered by the National Board of Certification and Re-Certification of Nurse Anesthetists (NBCRANA). Anesthesiology nursing students complete a lock-step curriculum that incorporates the CORE KNOWLEDGE and POPULATION/SPECIALIZATION as outlined above and which meets, or exceeds, the educational requirements set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs.

**Bridge Program**
In 2008, a graduate entry “bridge” option was extended to all applicants to the MSN program; the “bridge” option had existed since 2001 for the Anesthesiology Nursing track. RN applicants with a baccalaureate degree other than nursing can apply to the MSN program; however, these applicants must have completed an Associate Degree in Nursing, be licensed as a RN, and take three baccalaureate level “bridge” courses of seven (7) credits (NUR 3119 Professional Nursing: Concepts & Issues, NUR 3668 Nursing Leadership in Global Health Care, and NUR 4636C Care of Families: Community Health Nursing) to advance through the nurse practitioner or nurse anesthetist areas of specialization.
POLICY/PROCEDURE 01:
The program will be guided by the mission, vision, values and goals statements of Florida International University, the College of Nursing and Health Sciences, the Nursing Programs, and the Department of Nurse Anesthetist Practice.

Florida International University Mission Statement
Florida International University is an urban, public, multi-campus research university serving South Florida, the state, the nation, and the international community. Our mission is to impart knowledge through excellent teaching, promote public service, discover new knowledge, solve problems through research, and foster creativity.

Institutional Values Statement: As an institution of higher learning, Florida International University is committed to:

- Freedom of thought and expression
- Excellence in teaching and in the pursuit, generation, dissemination, and application of knowledge
- Respect for the dignity of the individual
- Respect for the environment
- Honesty, integrity, and truth
- Diversity
- Strategic, operational and service excellence

University Vision: These five words summarize FIU's vision:

TOP * URBAN * PUBLIC * RESEARCH * UNIVERSITY

College of Nursing and Health Sciences
The mission of the CNHS nursing programs is to:

- To prepare diverse healthcare professionals who are providers and leaders in the delivery of high quality, accessible, culturally-competent, and compassionate care within in a highly technological and global environment.

- To teach, conduct research and practice in service to the community through inter-professional collaboration.
• To create, promote, expand and validate scientific knowledge and evidence-based practice through interdisciplinary research.

The vision of the CNHS is to be globally recognized as the higher education destination organization that is innovative, inquiry-driven and technologically advanced; drawing diverse top-class faculty, students, staff and others for positive transformation of society with a focus on the health care needs of underserved populations. "We are fueled by intellect; driven by innovation and caring."

**Department of Nurse Anesthetist Practice**

**MISSION**

It is our mission to create a positive impact upon the profession of anesthesiology nursing by developing nurse anesthetists who will be the future leaders in practice, education, and research. Our faculty, staff, students, alumni, and clinical partners create a dynamic working and learning environment by imparting knowledge through excellent teaching, applying new knowledge, problem solving, promoting clinical excellence, and fostering creativity and innovation.

We have a commitment to excellence, quality, and accountability that transcends the educational process and advances the use of clinical evidence as the basis for anesthesiology nursing practice, policy, and delivery.

Accordingly, we are recognized for: our scientific knowledge in the discipline, critical and creative thinking, interprofessional teamwork, and a commitment to the health and safety of individuals and communities we serve.

As a catalyst for leadership, innovation, and collaboration, we engage diverse groups of professionals, organizations, and communities serving South Florida, the State, the nation, and the international community addressing the challenges before us in anesthesiology nursing practice, education, and research.

![Anesthesiology Nursing](image)

**VISION**

The Department of Nurse Anesthetist Practice at FIU is committed to being recognized for its leadership and excellence in innovative nurse anesthetist education, evidence-based practice, scholarship, service, and for being an active force in promoting the health and safety of the diverse communities we serve.

**VALUES**

Science | Professionalism | Leadership | Technology | Teamwork | Safety | Evidenced-based Practice
COMPLIANCE WITH LEGAL AND ACCREDITATION STANDARDS

POLICY/PROCEDURE 02a: Program administrators and faculty act in accordance with federal and state standards that are prescribed by law (See Standard V, Criterion VE4a-b).

The Program Director has the responsibility to assess Program compliance with all applicable laws and regulations related to the education and practice of students, registered nurses, and nurse anesthetists. To ensure legal compliance, the following entities are consulted to obtain current information, clarify any areas of question, and implement changes in law/regulations:

- COA of Nurse Anesthesia Educational Programs
- Florida Board of Nursing
- FIU Office of the General Counsel

These laws/regulations include compliance with non-discrimination in the program of study by any protected class as determined by federal and state statutes. In addition, it is expected that RN licensed administrators, faculty and students associated with the Program comply with all statutes and regulations by the Florida Board of Nursing, including issues dealing with substance abuse.

Program administrators and faculty take whatever action required to maintain full compliance with laws and regulations concerning Program operations.

COMPLIANCE WITH POLICIES AND PROCEDURES ON ACCREDITATION

POLICY/PROCEDURE 02b: Program administrators and faculty act in accordance with the Council on Accreditation (COA) of Nurse Anesthesia Educational Program’s policies and procedures for Accreditation, or take correction action if necessary.

To assure compliance with Standards for Accreditation of Nurse Anesthesia Educational Programs, DNAP administrators and faculty annually review the current Standards. In addition, DNAP administrators and faculty evaluate the Program using the DNAP Evaluation Plan, a systematic evaluation plan based on the Standards.

Program changes and revisions are made only with the approval of the COA of Nurse Anesthesia Educational Programs and the DNAP administrators and faculty, as well as designated School, College, and University administrators and committees who oversee the Program. External consultants are utilized as appropriate to assist with the accreditation process and decision making.

Under no circumstance do the Program faculty and administrators ignore any citation from an accrediting agency. Program administrators and faculty resolve previously identified areas of
partial compliance or noncompliance with standards established by professional and regional accrediting agencies, including the COA of Nurse Anesthesia Educational Programs, the Commission on Collegiate Nursing Education (CCNE), and the Southern Association of Colleges and Schools (SACS). It is the policy of the Program administrators and faculty to cooperate fully with the School, College, and University in correcting any and all deficiencies in the Program identified by an accrediting agency. The anesthesiology departments at affiliate facilities (through affiliation agreements) share in this effort.

Contact information for the Council of Accreditation of Nurse Anesthesia Education Programs will be made available on the official DNAP web site.
Policies and procedures found in the Manual reference the *Standards for Accreditation of Nurse Anesthesia Educational Program*. 

Program administrators and faculty review all policies and procedures annually. Each policy is subject to revision and the date of each policy review is noted on the individual policy/procedure. Each policy and procedure has the approval and signature of the Program Director.

Program administrators distribute a copy of the Administrative Policies/Procedures Manual to all clinical affiliate sites. Copies of the Manual are available in the Program administrative office, and interested individuals can review the Manual upon request.

During the Program Orientation for each entering class, all new DNAP students are informed about the policies, procedures and regulations manuals of the program, college and university and the location to access these materials on the program, college and university web sites. The sections that deal specifically with graduation criteria and outcome measures expected of all graduates are reviewed in detail. A copy of the original Administrative Manual is maintained in the Program office.
POLICY/PROCEDURE 04: The DNAP Evaluation Plan guides the systematic assessment of Program indicators and outcomes.

The DNAP Evaluation Plan (see following) guides the overall continuous evaluation of the Standards for Accreditation of Nurse Anesthesia Educational Programs. The Plan (a) addresses all Standards and criteria statements; (b) establishes a timetable (all criteria statements are evaluated over one academic year); (c) designates a responsible party (DNAP administrators or faculty); (d) distributes the workload; (e) can be incorporated into committee agendas; (h) provides for relevant documentation of outcomes; and (i) is easy to revise as necessary.

The procedure for continuous assessment utilizes a multi-disciplinary approach with shared responsibilities and consisting of administrators, faculty, students, graduates, committees, and when appropriate, the public. A variety of evaluation tools are utilized for the assessment of:

1. Faculty performance
2. Student performance
3. Clinical facilities/student experiences*
4. Didactic instruction
5. Clinical instruction*
6. Student retention rate
7. Number of students passing the National Certification Examination (NCE)
8. Student/graduate/employer satisfaction with the program of study.

*Non-program committees that may provide direct communication to the program for the purpose of clinical assessment/evaluation include:

1. A clinical site Department of Anesthesiology Continuous Quality Assessment Committee
2. A clinical site Department of Anesthesiology Peer Review Committee
<table>
<thead>
<tr>
<th>MON</th>
<th>C</th>
<th>#</th>
<th>QUALITY INDICATOR</th>
<th>PERFORMANCE STANDARD</th>
<th>RP</th>
<th>DOCUMENTATION</th>
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</table>
| Sep | G | A4 | The DNAP Director must;  
• Hold CRNA certification  
• Hold an earned graduate degree from an institution of higher education accredited by nationally recognized accrediting agency  
• Have authority over organization/administration of program | DNAP Director meets educational and organizational standards. | PO | CV, Transcripts, DNAP Director position description, CNHA/DNAP organizational charts |
| Sep | G | A5 | The DNAP Assistant Director must;  
• Hold CRNA certification  
• Hold an earned graduate degree from an institution of higher education accredited by nationally recognized accrediting agency  
• Be able to assume Director responsibilities | DNAP Assistant Director meets educational and organizational standards. | PO | CV, Transcripts, DNAP Asst Director position description, CNHS/DNAP organizational charts |
| Sep | A | E11 | The program restricts clinical supervision of students in anesthetizing areas to CRNAs and/or anesthesiologists with institutional staff privileges who are immediately available in all clinical areas. Instruction by graduate registered nurse anesthetists or physician residents is never appropriate if they act as the sole agents responsible for the student | Clinical faculty credentials meet standards. | PO | CV, Faculty Biosketch, DNAP Admin M |
| Oct | G | A11 | An accredited program is required to act in accordance with the Council's policies and procedures for accreditation. | DNAP documents contain PIP for operationalizing the accreditation process. | PO | COA Standards, DNAP Evaluation Plan, DNAP Admin M |
| Oct | G | A10 | The institution's and/or program's committee structure is appropriate to meet Program objectives, and includes public, student, and faculty participation. | DNAP committees include stakeholder representation. | PO | Committee bylaws, minutes, DNAP Admin M |
| Oct | G | A9 | A program of nurse anesthesia has current written policies and procedures that facilitate its efficient and effective operation. | DNAP Administrative Policies & Procedures Manual is available in the DNAP office and is accessible online. The manual contains PIP for its systematic annual review and revision, and is accessible also at clinical sites. | PO | DNAP Admin M Website link |

**BOLDED** *Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.*

**HEADERS**
- MON = Academic Month
- C = Component: G= Governance; PE= Prog Effectiveness; PS= Prog of Study; R=Resources; A=Accountability  
  # = COA Criterion
- RP = Responsible Party: PD=Director/ Assistant Director; F=DNAP Faculty
- DOCUMENTATION = Documents, Tools, etc.

**OTHER ABBREVIATIONS**
- CBA = Collective Bargaining Agreement
- CV = Curriculum Vita
- GC = Graduate Catalog
- HK = Handbook
- MI = Minutes
- P/P = Policies & Procedures
- S&S = Search and Screen
- T/P = Tenure/Promotion
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<th>DOCUMENTATION</th>
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<tbody>
<tr>
<td>Oct</td>
<td>R</td>
<td>B1</td>
<td>Resources are adequate to promote effective teaching and student learning and to achieve the program's stated outcomes within the context of the institutional mission.</td>
<td>DNAP budget and other resources are sufficient for meeting accreditation standards and educational activities.</td>
<td>PD</td>
<td>CNHS / DNAP budgets, campus maps, space plans, clinical case counts</td>
</tr>
<tr>
<td>Oct</td>
<td>R</td>
<td>B3</td>
<td>The CRNA program administrator provides input into the budget process to ensure adequate resources are available for the program.</td>
<td>DNAP Director coordinates with SON and CNHS regarding budget needs.</td>
<td>PD</td>
<td>PD Position description, minutes, memos</td>
</tr>
<tr>
<td>Oct</td>
<td>R</td>
<td>B2</td>
<td>There is a budget that provides evidence of adequate funding for nurse anesthesia education.</td>
<td>FIU/CNHS/DNAP personnel/administrative resources are adequate for DNAP educational program.</td>
<td>PD</td>
<td>FIU, CNHS, and DNAP organizational charts, Job descriptions</td>
</tr>
<tr>
<td>Oct</td>
<td>R</td>
<td>B4</td>
<td>The conducting institution(s) demonstrates ongoing commitment to and support of both the clinical and academic components of the nurse anesthesia program by providing adequate:</td>
<td>(see below)</td>
<td>PD</td>
<td>PD will review the documentation for each performance standard listed to assess the compliance status and provide a written report to the SON Director and faculty.</td>
</tr>
<tr>
<td>Oct</td>
<td>B4a</td>
<td>Financial resources to comply with accreditation standards.</td>
<td>Ability to comply with COA standards is not limited by budget deficiencies.</td>
<td>PD</td>
<td>FIU, CNHS, and DNAP budgets</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>B4b</td>
<td>Physical resources including facilities, equipment, and supplies</td>
<td>Facilities, equipment and supplies are available to meet DNAP needs.</td>
<td>PD</td>
<td>Campus maps, Floor plans, equipment &amp; supply lists</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>B4c</td>
<td>Learning resources including clinical sites, library, technological access and support</td>
<td>DNAP students have access to clinical sites with sufficient cases to meet certification requirements. Tech access and support are available both on and off campus.</td>
<td>FIU, CNHS, DNAP GC information FIU, CNHS, DNAP web sites, SON library policy, library holdings list, library services list, library budget, consortium agreements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>B4d</td>
<td>Numbers of qualified faculty for clinical, classroom instruction and scholarly activities.</td>
<td>All didactic and clinical course sections have qualified faculty assigned.</td>
<td>Master class schedule, faculty assignment lists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>B4e</td>
<td>Support personnel</td>
<td>DNAP is provided with support consistent with faculty and student numbers and needs.</td>
<td>Organizational charts, staff position descriptions and assignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>B4f</td>
<td>Student services</td>
<td>DNAP students receive student services consistent with all other students.</td>
<td>FIU SB, SON GS PIP, GC, FIU, CNHS, DNAP web sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>G</td>
<td>A7</td>
<td>The conducting organization completes a legally binding written agreement that outlines the expectations and responsibilities of all parties when an academic or clinical affiliation is established or two or more entities with unshared governance enter into a joint arrangement to conduct a program.</td>
<td>All DNAP affiliation agreements are written and state responsibilities and expectations.</td>
<td>PD</td>
<td>DNAP Affiliation agreements.</td>
</tr>
<tr>
<td>Nov</td>
<td>G</td>
<td>A6</td>
<td>The program appoints a CRNA, master's degree preferred, or anesthesiologist coordinator for each clinical site with defined responsibilities for students.</td>
<td>Clinical site documents identify CRNA/anesthesiologist coordinator, and are maintained in a binder in the DNAP office and at each respective clinical site.</td>
<td>PD</td>
<td>DNAP affiliation agreements, clinical site documents, coordinators' CV</td>
</tr>
<tr>
<td>Feb</td>
<td>A</td>
<td>E7</td>
<td>The program maintains accurate cumulative records of educational activities.</td>
<td>DNAP documents contain PIP for maintaining cumulative educational (didactic &amp; clinical) records. Maintained records are accurate.</td>
<td>PD</td>
<td>DNAP ADM M, Student records</td>
</tr>
<tr>
<td>Nov</td>
<td>A</td>
<td>E8</td>
<td>The program forbids the employment of nurse anesthesia students as nurse anesthetists by title or function.</td>
<td>DNAP student and clinical affiliation agreements document employment PIP.</td>
<td>PD</td>
<td>DNAP student agreements Clinical affiliation agreements</td>
</tr>
<tr>
<td>Nov</td>
<td>A</td>
<td>E9</td>
<td>The program limits students' commitment to the program to a reasonable number of hours to ensure patient safety and promote effective student learning.</td>
<td>Committed time (class, class prep [2: 1], clinical) does not exceed reported national mean values</td>
<td>PD</td>
<td>Master class schedule, clinical schedules, student time surveys</td>
</tr>
<tr>
<td>MON</td>
<td>C</td>
<td>#</td>
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<td>PERFORMANCE STANDARD</td>
<td>RP</td>
<td>DOCUMENTATION</td>
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<tr>
<td>Nov</td>
<td>A</td>
<td>E10</td>
<td>The program restricts clinical supervision in nonanesthetizing areas to credentialed experts who are authorized to assume responsibility for the student</td>
<td>DNAP clinical site documents have identified credentialed clinical experts for non-anesthetic situations.</td>
<td>PD</td>
<td>Clinical site documents DNAP Policies and Procedures</td>
</tr>
<tr>
<td>Nov</td>
<td>A</td>
<td>E11</td>
<td>The program restricts clinical supervision of students in anesthetizing areas to CRNAs and/or anesthesiologists with institutional staff privileges who are immediately available in all clinical areas. Instruction by graduate registered nurse anesthetists or physician residents is never appropriate if they act as the sole agents responsible for the student</td>
<td>DNAP clinical site documents indicate credentialed clinical experts for anesthetic situations.</td>
<td>PD</td>
<td>DNAP Admin M Clinical site documents</td>
</tr>
<tr>
<td>Nov</td>
<td>A</td>
<td>E12</td>
<td>The program ensures that students and CRNA faculty including clinical instructors are currently licensed as registered professional nurses in one jurisdiction of the United States and CRNAs are certified/recertified by the Council on Certification/Recertification of Nurse Anesthetists</td>
<td>DNAP files and files at clinical sites will contain current licenses and CRNA certification for those teaching students.</td>
<td>PD</td>
<td>DNAP faculty files for didactic faculty and clinical coordinators. Clinical site files for preceptors.</td>
</tr>
<tr>
<td>Nov</td>
<td>A</td>
<td>E13</td>
<td>The clinical supervision ratio of students to instructors must be coordinated to insure patient safety by taking into consideration: The student's knowledge and ability; the physical status of the patient; the complexity of the anesthetic and/or surgical procedure; and the experience of the instructor</td>
<td>DNAP clinical site documents indicate assigned ratio of students to instructor.</td>
<td>PD</td>
<td>DNAP Admin M Clinical site assignments</td>
</tr>
<tr>
<td>Mar</td>
<td>A</td>
<td>E1</td>
<td>The program evidences truth and accuracy in the following areas: advertising, student recruitment, admissions, academic calendars, program length, tuition and fees, travel requirements, catalogs, grading, representation of accreditation, and faculty accomplishments</td>
<td>Documents contain PIP on advertising. Documents contain PIP on recruitment Documents contain PIP on admissions. Documents contain PIP on calendars Documents contain PIP on program length Documents contain PIP on tuition and fees. Documents contain PIP on travel Documents contain PIP on catalogs Documents contain PIP on grading Documents contain PIP on accreditation status Documents contain PIP on faculty achievement</td>
<td>PD</td>
<td>All DNAP published documents DNAPADM M, FIU AA PIP, GC, FIU G PIP M, FIU/CNHS/DNAP written info/web sites</td>
</tr>
<tr>
<td>Mar</td>
<td>A</td>
<td>E2</td>
<td>The program identifies, publishes, and distributes the rights and responsibilities the following entities as they relate to the program: patients, applicants, students, faculty, conducting and affiliating institutions, and the accrediting agency</td>
<td>Documents contain rights and responsibilities related to patients, DNAP applicants, students and faculty, FIU and affiliating organizations, and the COA of Nurse Anesthesia Education Programs.</td>
<td>PD</td>
<td>DNAP Statement of Rights and Responsibilities, CBA, FIU AA PIP, FIU S HK, FIU G PIP, FIU G S Academic Grievance PIP, SON PIP, G PIP, DNAPADM M, Affiliation agreements</td>
</tr>
<tr>
<td>Feb</td>
<td>A</td>
<td>E3</td>
<td>The program routinely provides accurate information about student achievement, retention, and attrition to the public</td>
<td>Students will take the SEE at the end of years 1 and 2 and the NCE after graduation. Results will be distributed to the community of interest and public as requested.</td>
<td>PD</td>
<td>DNAPADM M, Student records, memos, minutes</td>
</tr>
<tr>
<td>Feb</td>
<td>C</td>
<td>C9-1</td>
<td>DNAP is compliant with federal financial indicators such as Audits Student loan defaults/student responsibilities</td>
<td>DNAP student loan PIP and default rates are documented and implemented. The program is in compliance with the Higher Education Act of 1965, as amended in 1998.</td>
<td>PD</td>
<td>DNAP student loan PIP, default rates</td>
</tr>
<tr>
<td>Mar</td>
<td>A</td>
<td>E4</td>
<td>Complaints, grievances and appeals are resolved in a timely and equitable manner affording due process</td>
<td>Documents contain PIP on grievances and appeals.</td>
<td>PD</td>
<td>FIU S HK,FIU G PIP, FIU G S PIP, SON G S PIP, DNAP ADM M</td>
</tr>
<tr>
<td>MON</td>
<td>C#</td>
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<tr>
<td>Apr</td>
<td>R</td>
<td>B5</td>
<td>The conducting institution provides sufficient time and resources to permit faculty to fulfill their teaching, scholarly activities, service, administrative and clinical responsibilities.</td>
<td>Documents contain PIP that relate to faculty employment, teaching/administrative responsibilities, and continuing education.</td>
<td>PD</td>
<td>CBA, AA PIP, FIU/CHUS/SON PIP, Differentiated Faculty Assignment PIP 1 &amp; R Report, CV</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>Dlc</td>
<td>The institution and/or program utilizes systematic evaluation processes to assess achievement in the following areas: Faculty contributions to teaching, practice, service, and scholarly activities.</td>
<td>Evidence is reviewed documenting that the SON Director has conducted faculty evaluations</td>
<td>PD</td>
<td>Faculty Annual Performance Guidelines, CV, Personnel file, memos</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D3</td>
<td>The program relies upon periodic evaluations from its communities of interest to determine program effectiveness:</td>
<td>(See below)</td>
<td>PD</td>
<td>(See below)</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D3a</td>
<td>Student evaluations of the program, courses, classroom instruction, clinical instruction, and clinical sites.</td>
<td>DNAP student evaluations are conducted regarding the program courses, classroom instruction, clinical instruction and clinical sites are reviewed by the PD. Results of that review are reported to the SON Evaluation Committee, Director and faculty</td>
<td>PD</td>
<td>Evaluations performed by students, memos, minutes</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D3b</td>
<td>Faculty evaluations of the program</td>
<td>DNAP faculty evaluations of the program are conducted and reviewed by the PD. Results of that review are reported to the SON Evaluation Committee, Director and faculty</td>
<td>PD</td>
<td>Faculty program evaluations, memos, minutes</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D3c</td>
<td>Employer evaluation of recent graduates</td>
<td>Employer evaluations of the program are reviewed by the PD. Results of that review are reported to the SON Evaluation Committee, Director and faculty</td>
<td>PD</td>
<td>Employer evaluations, memos, minutes</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D3d</td>
<td>Alumni evaluations of the program</td>
<td>Alumni evaluations of the program are reviewed by the PD. Results of that review are reported to the SON Evaluation Committee, Director and faculty</td>
<td>PD</td>
<td>Alumni evaluations, memos, minutes</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D3e</td>
<td>Evaluations of the program by external agencies.</td>
<td>PD reviews the university accreditation documentation by SACS, SON accreditation through CCNE, and program accreditation through COA. Annual and other reports are submitted as required</td>
<td>PD</td>
<td>Letters, memos, minutes,</td>
</tr>
<tr>
<td>Apr</td>
<td>A</td>
<td>C15</td>
<td>The amount of advanced standing or transfer credits awarded by the degree granting institution is clearly stated and publicized.</td>
<td>Written documentation exists that policies regarding advanced standing are fully available</td>
<td>F</td>
<td>DNAP P&amp;P, FIU graduate catalog</td>
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<td>MONTH</td>
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<tr>
<td>Oct</td>
<td>G</td>
<td>A1</td>
<td>The mission and/or philosophy of the conducting institution's governing body promotes educational excellence and supports the nurse anesthesia program within a graduate framework.</td>
<td>F</td>
<td>FIU, CNHS, DNAP mission/goals statements, DNAP curriculum plan</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>P</td>
<td>C13</td>
<td>The program enrolls only baccalaureate prepared students who meet admission criteria. Admission requirements include: a. Registration as a professional nurse in the United States, its territories or Protectorates. b. At least one year of experience as a RN in an acute care setting</td>
<td>F</td>
<td>DNAP entering student admission data</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>P</td>
<td>C14</td>
<td>The basic nurse anesthesia academic curriculum and prerequisite courses focus on coursework in anesthesia practice: Pharmacology of anesthetic agents and adjuvant drugs including concepts in chemistry and biochemistry (105 hours) Anatomy, physiology, and pathophysiology (135 hours) Professional aspects of nurse anesthesia practice (45 hours) Basic and advanced principles of anesthesia practice including physics, Equipment, technology and pain management (105 hours) Research (30 hours) Clinical correlation conferences (45 hours).</td>
<td>F</td>
<td>DNAP curriculum plan DNAP course syllabi</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>P</td>
<td>C17</td>
<td>The nurse anesthesia clinical curriculum prepares the student for the full scope of current practice in a variety of work settings and requires a minimum of 550 clinical cases including a variety of procedures, techniques, and specialty practice</td>
<td>F</td>
<td>COA outcome criteria DNAP curriculum plan Clinical affiliation agreements Student records</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td>P</td>
<td>D2</td>
<td>The program has a written plan for continuous self-assessment that promotes program effectiveness, purposeful change and needed improvement.</td>
<td>F</td>
<td>COA outcome criteria, DNAP Evaluation Plan DNAP faculty/course/program evaluation tools, Alumni surveys Minutes</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td>A</td>
<td>E5</td>
<td>The program defines and uses policies and procedures that are fair and equitable and do not discriminate on the basis of race, color, religion, age, gender, national origin, marital status, disability, sexual orientation, or any factor protected by law.</td>
<td>F</td>
<td>FIU, CNHS, DNAP P&amp;P Prohibits unlawful discrimination.</td>
<td></td>
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<tr>
<td>Mar</td>
<td>G</td>
<td>A2</td>
<td>The organizational relationships of the institution, academic unit, and program are clear, support the objectives of the program, and facilitate needed change.</td>
<td>F</td>
<td>FIU, CNHS, DNAP P&amp;P, organizational charts, minutes</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td>G</td>
<td>A3</td>
<td>The governance structures in which the program functions facilitate appropriate involvement and communication among and between faculty, students, administrators, the public, and its communities of interest.</td>
<td>F</td>
<td>FIU, CNHS, DNAP P&amp;P, organizational charts, minutes</td>
<td></td>
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<tr>
<td>Apr</td>
<td>P</td>
<td>D1</td>
<td>The institution and/or program utilizes systematic evaluation processes to assess achievement in the following areas: (See below)</td>
<td>F</td>
<td>(See below)</td>
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<tr>
<td>Apr</td>
<td>D1a</td>
<td>The quality of the didactic, clinical and research curriculum.</td>
<td>Faculty review indicators of quality and documents results of that review.</td>
<td>F</td>
<td>Program outcome criteria, DNAP Evaluation Plan, DNAP/SON faculty/course/program evaluation tools, SEE scores, NCE scores, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D1b</td>
<td>A teaching and learning environment that promotes student learning.</td>
<td>Faculty reviews indicators of student learning and documents results of that review</td>
<td>F</td>
<td>Program outcome criteria, DNAP Evaluation Plan, DNAP/SON faculty/course/program evaluation tools, SEE scores, NCE scores, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D1d</td>
<td>The competence of graduates entering anesthesia practice.</td>
<td>Faculty reviews indicators of graduate competence and document results of that review.</td>
<td>F</td>
<td>NCE scores, graduate evaluations, employer evaluations, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D1e</td>
<td>Alumni involvement in professional activities</td>
<td>Faculty reviews indicators of alumni achievement (job promotion, scholarly work, professional association involvement) and documents results of that review</td>
<td>F</td>
<td>Graduate evaluations, employer evaluations, letters, memos, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D1f</td>
<td>Institutional/program resources</td>
<td>Faculty reviews resources (financial, clinical personnel) and documents results of that review</td>
<td>F</td>
<td>DNAP budget, faculty lines, student clinical case counts, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D1g</td>
<td>Student and faculty services.</td>
<td>Faculty reviews services available to students and faculty and documents results of that review</td>
<td>F</td>
<td>Faculty handbook, student handbook, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D3</td>
<td>The program relies upon periodic evaluations from its communities of interest to determine program effectiveness:</td>
<td>(See below)</td>
<td>F</td>
<td>(See below)</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D3a</td>
<td>Student evaluations of the program, courses, classroom instruction, clinical instruction, and clinical sites.</td>
<td>DNAP faculty reviews evaluations of the program, courses, classroom instruction, clinical instruction, and clinical sites and reports the results of that review to the SON Evaluation Committee, Director and faculty</td>
<td>F</td>
<td>Student evaluations, graduate evaluations, employer evaluations, letters, memos, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D3c</td>
<td>Employer evaluations of recent graduates.</td>
<td>DNAP faculty reviews employer evaluations of recent graduates and reports the results of that review to the SON Evaluation Committee, Director and faculty</td>
<td>F</td>
<td>Employer evaluations of recent graduates, memos, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D3d</td>
<td>Alumni evaluations of the program</td>
<td>DNAP faculty reviews alumni evaluations of the program and reports the results of that review to the SON Evaluation Committee, Director and faculty</td>
<td>F</td>
<td>Alumni evaluations, memos, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D4</td>
<td>The program utilizes evaluation data from all sources to monitor and improve program quality and effectiveness and student achievement:</td>
<td>(See Below)</td>
<td>(See Below)</td>
<td></td>
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<tr>
<td>Apr</td>
<td>D4a</td>
<td>Student evaluations, formative and summative, are conducted by the faculty to counsel students and document student achievement in the classroom and clinical areas</td>
<td>Written documentation exists regarding formative and summative evaluations. Students are counseled at least once each semester regarding the results of these evaluations</td>
<td>F</td>
<td>Memos, minutes, formative evaluations, summative evaluations</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D4b</td>
<td>Student achievement is documented through self-evaluation.</td>
<td>Written documentation exists regarding student self-evaluations</td>
<td>F</td>
<td>Student evaluation booklets, students files</td>
<td></td>
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<tr>
<td>Apr</td>
<td>D4c</td>
<td>Outcome measures, including graduation rates, grade point averages, Council on Certification of Nurse Anesthetists’ (CCNA) Certification Examination pass rates and mean scores, and employment rates and employer satisfaction are used to assess the quality of the program and level of student achievement.</td>
<td>Written documentation exists regarding faculty review of graduation rates, grade point averages, Council on Certification of Nurse Anesthetists’ (CCNA) Certification Examination pass rates and mean scores, and employment rates and employer satisfaction. Faculty use these results to evaluate program quality and student achievement.</td>
<td>F</td>
<td>Minutes, memos, student files, evaluation and survey results</td>
<td></td>
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<tr>
<td>Apr</td>
<td>D4d</td>
<td>The program’s evaluation plan is used to continuously assess compliance with accreditation requirements and to initiate corrective action should areas of noncompliance occur or recur.</td>
<td>Written documentation exists that the faculty regularly reviews the DNAP Evaluation Plan criteria and that the program meets these criteria. The results of these reviews are forwarded to the SON Evaluation Committee, Director and other SON faculty.</td>
<td>F</td>
<td>Minutes, memos</td>
<td></td>
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<tr>
<td>Apr</td>
<td>C1</td>
<td>The program’s curriculum is driven by this mission and resources of the institution, builds upon prior nursing education and professional experiences, and is designed so that students benefit from the program.</td>
<td>Written documentation exists that the faculty reviews the curriculum evaluates it in light of institutional mission and resources and that students benefit from the program.</td>
<td>F</td>
<td>SON, College and UNF mission statements. DNAP budgets, SEE scores, certifications rates</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>C2</td>
<td>The faculty designs a curriculum that awards a master's or higher-level degree to graduate students who successfully complete graduation requirements.</td>
<td>Written documentation exists that students are awarded a graduate degree upon completion of the DNAP.</td>
<td>F</td>
<td>Student transcripts, DNAP curriculum, Course outlines. DNAPP&amp;P, minutes, memos</td>
<td></td>
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<tr>
<td>Apr</td>
<td>C3</td>
<td>The program sets forth the curriculum in a logical manner with sequential presentation of classroom and clinical experiences.</td>
<td>Written documentation exists that didactic and clinical learning experiences are sequenced from simple to complex level as students progress through the DNAP.</td>
<td>F</td>
<td>DNAP curriculum, course outlines, syllabi, minutes</td>
<td></td>
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<tr>
<td>Apr</td>
<td>C4</td>
<td>The nurse anesthesia program must be a minimum of 24 months in length or its part-time equivalent</td>
<td>Written documentation exists that DNAP is 7 semesters (28 months) in length</td>
<td>F</td>
<td>DNAP curriculum, course outlines, syllabi, minutes</td>
<td></td>
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<tr>
<td>Apr</td>
<td>C5</td>
<td>The educational environment fosters student learning and promotes professional socialization</td>
<td>Written documentation exists that students achieve educational objectives and professional socialization is supported</td>
<td>F</td>
<td>Students transcripts and clinical case counts, student and faculty evaluations, SEE results, certification rates, documentation of student professional involvement, minutes, memos</td>
<td></td>
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<tr>
<td>Apr</td>
<td>C6</td>
<td>The educational environment provides opportunities for faculty development</td>
<td>Written documentation exists that faculty development is supported</td>
<td>F</td>
<td>FIU Policies, faculty CE records, faculty CVs</td>
<td></td>
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<tr>
<td>Apr</td>
<td>C7</td>
<td>The program designs a curriculum that enables graduates to attain certification in the specialty.</td>
<td>Written documentation exists that the DNAP curriculum meets or exceeds all COA requirements and that graduates are eligible to take the NCE and pass the NCE are rates consistent with national norms</td>
<td>F</td>
<td>DNAP curriculum, NCE results</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>C9</td>
<td>The content of the curriculum is appropriate to the degree or certificate earned</td>
<td>Written documentation exists that the DNAP curriculum meets or exceeds all COA requirements.</td>
<td>F</td>
<td>DNAP curriculum, course outlines, syllabi, minutes, letters</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>C10</td>
<td>The curriculum meets commonly accepted national standards for similar degrees</td>
<td>Written documentation exists that the DNAP curriculum meets or exceeds generally accepted requirements for the award of the MSN degree</td>
<td>F</td>
<td>DNAP curriculum, course outlines, syllabi, minutes, letters</td>
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<tr>
<td>Apr</td>
<td>C11</td>
<td>Distance education programs and courses satisfy accreditation standards and achieve the same outcomes as traditional educational offerings.</td>
<td>Written documentation exists that any distance education activities are approved by both COA and SACS and that results of such offering are compared to traditional methods of instruction</td>
<td>F</td>
<td>Memos, minutes, letters</td>
<td></td>
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<tr>
<td>Apr</td>
<td>C12</td>
<td>The educational environment promotes academic quality as evidenced through a variety of indicators</td>
<td>Written documentation exists that multiple indicators are used to access academic quality</td>
<td>F</td>
<td>Evaluations (student, faculty, employers, alumni), SEE results, NCE results</td>
<td></td>
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<tr>
<td>Apr</td>
<td>C16</td>
<td>The clinical curriculum provides students with opportunities for experiences in the peri operative process that are unrestricted, and promote their development as competent safe nurse anesthetists</td>
<td>Written documentation exists that supports the existence unrestricted clinical experiences for DNAP students</td>
<td>F</td>
<td>Clinical affiliation agreements, students clinical assignments and case records</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>C18</td>
<td>The program provides opportunities for students to obtain clinical experiences outside the regular clinical schedule by a call experience or other mechanism</td>
<td>Written documentation exists that DNAP students obtain clinical experiences outside the regular clinical schedule</td>
<td>F</td>
<td>Clinical affiliation agreements, students clinical assignments and case records</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>C19</td>
<td>The program demonstrates that it has achieved its stated outcomes</td>
<td>Written documentation exists that DNAP students achieve the outcomes as stated</td>
<td>F</td>
<td>DNAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, evaluations (student, faculty, alumni, employer)</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>C20</td>
<td>The program demonstrates that graduates have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication, and the professional role.</td>
<td>(See below)</td>
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<td>(See below)</td>
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<tr>
<td>Apr</td>
<td>C20a</td>
<td>Patient safety is demonstrated by the ability of the graduate to: 1. Be vigilant in the delivery of patient care. 2. Protect patients from iatrogenic complications. 3. Participate in the positioning of patients to prevent injury. 4. Conduct a comprehensive and appropriate equipment check. 5. Utilize standard precautions and appropriate infection control measures.</td>
<td>Written documentation exists that DNAP students demonstrate the required abilities</td>
<td>F</td>
<td>DNAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, student academic work samples, student files, evaluations (student, faculty, alumni, employer)</td>
<td></td>
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<tr>
<td>Apr</td>
<td>C20b</td>
<td>Individualized perianesthetic management is demonstrated by the ability of the graduate to: 1. Provide care throughout the perianesthetic continuum. 2. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia. 3. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures. 4. Provide anesthesia services to all patients, including trauma and emergency cases. 5. Administer and manage a variety of regional anesthetics. 6. Function as a resource person for airway and ventilatory management of patients. 7. Possess current advanced cardiac life support (ACLS) recognition. 8. Possess current pediatric advanced life support (PALS) recognition. 9. Deliver culturally competent perianesthetic care.</td>
<td>Written documentation exists that DNAP students demonstrate the required abilities</td>
<td>F</td>
<td>DNAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, student academic work samples, student files, evaluations (student, faculty, alumni, employer)</td>
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<tr>
<td>Apr</td>
<td>C20c</td>
<td>Critical thinking is demonstrated by the graduate's ability to: 1. Apply theory to practice in decision-making and problem solving. 2. Provide nurse anesthesia care based on sound principles and research evidence. 3. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia. 4. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions. 5. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities. 6. Calculate, initiate, and manage fluid and blood component therapy. 7. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period. 8. Pass the Council on Certification of Nurse Anesthetists' (CCNA) certification examination in accordance with CCNA policies and procedures.</td>
<td>Written documentation exists that DNAP students demonstrate the required abilities</td>
<td>F</td>
<td>DNAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, student academic work samples, student files, evaluations (student, faculty, alumni, employer)</td>
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<tr>
<td>Apr</td>
<td>C20d</td>
<td>Communication skills are demonstrated by the graduate's ability to: 1. Effectively communicate with all individuals influencing patient care. 2. Utilize appropriate verbal, nonverbal, and written communication in the delivery of peri anesthetic care</td>
<td>Written documentation exists that DNAP students demonstrate the required abilities</td>
<td>F</td>
<td>DNAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, student academic work samples, student files, evaluations (student, faculty, alumni, employer)</td>
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<tr>
<td>Apr</td>
<td>C20e</td>
<td>Professional role is demonstrated by the graduate's ability to: 1. Participate in activities that improve anesthesia care. 2. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice. 3. Interact on a professional level with integrity. 4. Teach others. 5. Participate in continuing education activities to acquire new knowledge and improve his or her practice.</td>
<td>Written documentation exists that DNAP students demonstrate the required abilities</td>
<td>F</td>
<td>DNAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, student academic work samples, student files, evaluations (student, faculty, alumni, employer)</td>
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# Department of Nurse Anesthetist Practice
## Evaluation Plan Summary

### Indicators of Program Compliance and Success

<table>
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<tr>
<th>Component Evaluated</th>
<th>Responsible Party</th>
<th>Evaluation Methods</th>
<th>Reviewer of Data</th>
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</table>
| Students            | • Didactic Faculty  
                     • Clinical Faculty  
                     • Council on Certification | • Exams, papers, practical exercises, presentations  
                     • Clinical evaluation tools  
                     • Student Self Examination (SEE) | • Director (DNAP)  
                     • Assc Director (DNAP)  
                     • Faculty (DNAP/MSN)  
                     • Curriculum Committee  
                     • Student Affairs Committee |
| Didactic Faculty    | • Students  
                     • Director (DNAP)  
                     • Assoc Deans, Graduate Director (CNHS)  
                     • Dean, (CNHS)  | • FIU- SUS developed (standardized) instructor evaluation  
                     • CNHS Faculty Performance Appraisal  
                     • DNAP faculty evaluation tools | • Administrative supervisor |
| Clinical Faculty    | • Students  
                     • Clinical Coordinators | • DNAP faculty evaluation tools | • Director (DNAP)  
                     • Assc Director (DNAP) |
| Clinical sites      | • Students  
                     • Director (DNAP) | • DNAP clinical site evaluation tools | • Director (DNAP)  
                     • Assc Director (DNAP) |
| Graduates           | • Council on Certification  
                     • Employers | • National Certification Examination (NCE) | • Director  
                     • Assc Director (DNAP)  
                     • Curriculum Committee |
| Program             | • Students  
                     • Employers  
                     • Council on Accreditation (COA) of Nurse Anesthetist Educational Programs  
                     • Commission on Collegiate Nursing Education (CCNE) | • DNAP program evaluation tools/Survey  
                     • DNAP graduate evaluation tools/Survey  
                     • COA Self-Study Site visits  
                     • Self-Study Site visits | • Director (DNAP)  
                     • Assc Director (DNAP)  
                     • Dean (CNHS) and designees  
                     • Curriculum Committee |
POLICY/PROCEDURE 05:

Pre-Approval of Clinical Sites
The Program Director obtains written approval from the COA of Nurse Anesthesia Educational Programs, with supporting documentation, before students are assigned at the clinical site for their applied practice. Signed affiliation agreements are required before students are assigned.

The affiliation agreements outline the expectations and responsibilities of all parties. All affiliation agreements are subject to the review by the legal council of each party signing such agreements. Affiliation agreements are kept in a secure file and reviewed as indicated on the agreement. A CRNA or anesthesiologist will be appointed as a clinical coordinator for the site.

Evaluation of Clinical Sites
The Program Director/Designee makes at least one visit to each clinical site annually. During the visit, the Program Director/Designee meets with the following individuals or groups to gather feedback and discuss any area(s) of concern:

- Clinical coordinator of the affiliate site
- CRNA and anesthesiologist faculty, either as a group or individually
- University-based DNAP faculty

The Program Director/Designee observes students in the actual clinical practice of anesthesia to assess compliance with the Standards established by the COA of Nurse Anesthesia Educational Programs.

The feedback and observations are used for improvement, if necessary, of the clinical practice environment and/or instruction. A written evaluation of the site, including any concerns and plan(s) for improvement, is dated and placed in the Program administrative files. If necessary, follow-up visits are made to assess the resolution of concerns.

Each clinical site will be advised of the result of faculty and student evaluations of the site.
POLICY/PROCEDURE 06: The Program Director is qualified by credentials and experience to administer a graduate program with a clinical specialty in nurse anesthesia.

Program Director
Authority
The Program Director has authority over the organization and administration of the Program.

General Responsibilities
The Program Director is qualified by credentials and experience to administer a graduate program with a clinical specialty in anesthesiology nursing. The Program Director is responsible with managing the day-to-day operation of the DNAP within the framework of the Nursing Programs, the College, and the University. In addition, the Director is responsible to facilitate coordination of the DNAP within the MSN programs of the College. The Program Director reports directly to the Dean, College of Nursing and Health Sciences.

Qualifications
1. Earned doctorate degree from a regionally accredited university.
2. Master’s degree in anesthesiology nursing (or COA recognized equivalent) from a regionally accredited university.
3. Graduate from a program of anesthesiology nursing accredited by the American Association of Nurse Anesthetists (AANA) or the COA of Nurse Anesthesia Educational Programs.
4. Hold current Certification as a CRNA from the Council on Certification or Re-Certification of Nurse Anesthetists.
5. Current unrestricted Florida license as an advanced registered nurse practitioner.
6. Minimum of five (5) years of experience as an active practicing nurse anesthetist.
7. Minimum of five (5) years of experience as a didactic and/or clinical instructor in an accredited nurse anesthesiology program.
8. Minimum of two (2) years of experience as a Program Director or Associate Director of a COA approved Department of Nurse Anesthetist Practice.

Administrative Duties and Responsibilities
1. Accountable for the administrative and clinical implementation and operation of the DNAP.
2. Responsible for maintaining all aspects of the program within the standards established by the COA of Nurse Anesthesia Educational Programs.
3. Provides periodic review of the program regarding its compliance with the requirements of the Southern Association of Colleges and Schools (SACS).
4. Acts as the liaison for the DNAP with the community of interest.
5. Assists in the activities of the clinical coordinators and clinical faculty.
6. Supervises the activities of didactic faculty to include periodic review of students’
evaluations, course syllabi, and examinations.
7. Assists in the supervision of the research activities of nurse anesthesia graduate students.
8. Implements the evaluation plan for continuous self-assessment of the Program consistent
with the Standards of the COA of Nurse Anesthesia Educational Programs, to include the
evaluation of the tools as established by the Program, on at least an annual basis.
9. Develops and implements policies and procedures that govern student recruitment, selection,
evaluation, probation and/or dismissal.
10. Oversees the instruction of students in classroom setting, assuring the correlation of didactic
learning to clinical practice anesthesiology nursing.
11. Prepares the necessary reports and studies to maintain accreditation of the DNAP.
12. Acts as a resource and role model to clinical/didactic faculty members in all matters relating
to classroom and clinical instruction.
13. Participates as a Program administrator within the guidelines set forth in the FIU, CNHS,
Nursing Programs, and Program policies/procedures manuals.
14. Supervises and works with the clinical coordinators and clinical faculty relating to the
clinical instruction of the graduate students in the program to assure compliance of the
program with all clinical requirements set by the COA/Council on Certification. This may
include conducting and/or coordinating clinical instructor's workshops.
15. Evaluates the recommendation(s) from the clinical coordinators for additional clinical site
affiliations for students in the Program.
16. Insures completion of record-keeping and data collection required by the COA/Council on
Certification.
17. Conducts visits to each of the clinical sites as required by the COA.
18. Maintains clinical competency skills to provide anesthesia.
19. Negotiates affiliation agreements with new clinical sites in consultation with the Office of
General Counsel.
20. Communicates regularly with the Dean, CNHS or their designee, on issues related to the
Program.
21. Provides input to the CNHS Dean and Associate Deans and other CNHS administrators
regarding the budgeting process so that there are an adequate resources available to the
DNAP for successful operation and achievement of DNAP outcomes.
22. Acts as the signature authority for the creation, allocation and disbursement of the DNAP
Auxiliary budget.

**Personnel Management**

1. Supervises DNAP staff personnel
2. Recruits faculty for the DNAP.
3. Coordinates faculty assignments and team teaching.
4. Oriented faculty to the DNAP, to include teaching methods and clinical practice requirements.

Note: The above statements are not to be construed as an exhaustive list of all responsibilities
and duties of personnel so assigned. The Dean, CNHS reserves the right to make changes at any
time in the duties and responsibilities of the Program Director.

**Associate Program Director**
Authority
The Associate Program Director (APD) is qualified by credentials and experience to assist the Program Director in the administration of a graduate program with a clinical specialty in anesthesiology nursing. The APD is responsible for assisting with managing the day-to-day operation of the DNAP within the framework of the Nursing Programs, the College, and the University. In addition, the APD is responsible to assume the position of Program Director in their absence.

Reporting Responsibilities
The APD reports to the DNAP Program Director.

Qualifications
1. Earned master’s degree, doctorate preferred, from a regionally accredited university.
2. Master’s degree in anesthesiology nursing (or recognized COA equivalent) from a regionally accredited university.
3. Graduate from a program of anesthesiology nursing accredited by the American Association of Nurse Anesthetists (AANA) or the COA of Nurse Anesthesia Educational Programs.
4. Hold current Certification as a CRNA from the Council on Certification or Re-Certification of Nurse Anesthetists.
5. Current unrestricted Florida license as an advanced registered nurse practitioner.
6. Minimum of three (3) years of experience as an active practicing nurse anesthetist.
7. Minimum of two (2) year of experience as a didactic instructor in an accredited nurse anesthesiology program.

Administrative Duties and Responsibilities
1. Accountable for assisting with the administrative and clinical implementation and operation of the DNAP.
2. Responsible for assisting with maintaining all aspects of the program within the standards established by the COA of Nurse Anesthesia Educational Programs.
3. Acts as the liaison for the DNAP and its communities of interest.
4. Assists in the activities of the clinical coordinators and clinical faculty.
5. Assisting with periodic review of students’ evaluations, course syllabi, and examinations.
6. Assists in the supervision of the research activities of DNAP graduate students.
7. Assisting with implementation the evaluation plan for continuous self-assessment of the Program consistent with the Standards of the COA of Nurse Anesthesia Educational Programs, to include the evaluation of the tools as established by the Program, on at least an annual basis.
8. Assisting with developments and implementation of policies and procedures that govern student recruitment, selection, evaluation, probation and/or dismissal.
9. Assists with preparing the necessary reports and studies to maintain accreditation of the DNAP.
10. Assists with supervising and works with the clinical coordinators and clinical faculty relating to the clinical instruction of the DNAP students in the program to assure compliance of the program with all clinical requirements set by the COA/Council on Certification. This may include conducting and/or coordinating clinical instructor's workshops.
11. Assists with completion of record-keeping and data collection required by the COA/Council on Certification.
12. Conducts visits to each of the clinical sites as required by the COA.
13. Maintains clinical competency skills to provide anesthesia.
14. Communicates regularly with the DNAP Director on issues related to the Program.
15. Provides input to the DNAP Director regarding the budgeting process so that there are adequate resources available to the DNAP for successful operation and achievement of Program outcomes.

Note: The above statements are not to be construed as an exhaustive list of all responsibilities and duties of personnel so assigned. The DNAP Program Director reserves the right to make changes at any time in the duties and responsibilities of the DNAP APD.
POLICY/PROCEDURE 07:  
Faculty members in the Department of Nurse Anesthetist Practice are qualified to teach all courses within the discipline for the profession of nurse anesthetists on the basis of academic preparation, professional certification, licensure, standards of professional practice, and experience. All didactic faculty teaching in the Department of Nurse Anesthetist Practice will hold the terminal degree in discipline and expertise in area of instruction as outlined by the requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs.

DNAP Faculty
In addition to the University, College, and School requirements for employment as faculty, the following requirements apply to University-based faculty who function as CRNAs:

Qualifications
1. Hold a current, unrestricted license as a registered nurse in the State of Florida.
2. Hold current status as an ARNP as a Certified Registered Nurse Anesthetist (CRNA) in the State of Florida.
3. Is a graduate of an accredited school of nurse anesthesia as accredited by the AANA or the COA of Nurse Anesthesia Educational Programs.
4. Hold current Certification as a CRNA from the Council Certification or Re-Certification of Nurse Anesthetists.
5. Hold current BCLS, ACLS and PALS certification.
6. Faculty who hold certification as CRNAs are expected to follow all policies and procedures established by the University, College, School, and Program. In addition, these faculty members are required to follow the rules, regulations, policies and procedures of the Nurse Practice Act of the State of Florida. Failure to follow or violation of, the policies and procedures listed above may result in disciplinary action and/or immediate dismissal.
POLICY/PROCEDURE 08: Documentation of DNAP faculty and clinical coordinator credentials is current and stored in a secure location in CNHS and Program administrative offices.

DNAP CRNA faculty must provide:
- Current and unrestricted Florida ARNP licensure.
- Current recertification as a CRNA.
- An updated curriculum vitae any time there is a significant change, or annually.
- Documentation of continuing education or faculty development activities.
- Original transcripts for the graduate degree as a nurse anesthetist must be on file with the university Office of Human Resources.

Clinical Coordinators must provide:
- Current and unrestricted Florida ARNP licensure.
- An updated curriculum vitae any time there is a significant change.
- For CRNA Coordinators - CRNA certified/re-certified by the Council on Certification / Re-certification of Nurse Anesthetists.

The Program Director and staff ensure that copies of the above are filed in the CNHS and Program administrative offices. Copies of the nursing licenses and CRNA certificates of the clinical faculty are also filed in the medical staff administrative office of each clinical facility.
POLICY/PROCEDURE 09: Written evaluations of the DNAP didactic and clinical faculty/instructors are completed by students, and the feedback is used to strengthen teaching effectiveness.

In accordance with University policies/procedures, students complete a University-developed instructor evaluation for each credit course that is offered by the Program. In addition to responding to the University-developed statements, students can add comments. The University-developed evaluation data are aggregated and the results are sent to the Program Director and the faculty member. Results are posted to the University web site per university policy. Results are used as part of the continuous self-evaluation of the Program and the identification of areas needing improvement for the course and/or instructor.

Students also complete a Program-developed clinical instructor evaluation for each practicum (or more often if desired by the student). Student evaluations of the clinical instructors are forwarded to the Program Director. The Program Director reviews the evaluation(s), and when necessary, conducts a private conference with the Clinical Coordinator of the clinical site and/or an individual instructor. Results are used as part of the continuous self-evaluation of the Program and the identification of areas needing improvement for the course and/or instructor.

At program completion, each student is provided the opportunity to complete an exit evaluation of the Program. This evaluation provides the student with an opportunity to provide a summative evaluation of the program of study (didactic and clinical) and provide suggestions for improvement(s) in the Program.

After program completion, each alumni is provided the opportunity to complete an exit evaluation of the Program. This evaluation provides the alumni with an opportunity to provide a summative evaluation of the program of study (didactic and clinical) following their entry into practice and provide suggestions for improvement(s) in the Program.
POLICY/PROCEDURE 10: Written self-evaluations are completed by faculty members on a regular basis, and the results are used for validation of faculty member’s strengths and strategies for improvement.

At the completion of the academic year (in April), each University-based faculty member provides a written self-evaluation to the Program and Dean, CHNS or their designee. The self-evaluation is based on the College (CNHS) Faculty Performance Guidelines, and is used for identifying strengths and providing strategies for improvement in the areas of teaching, research/scholarly activities, and service. The Guidelines were developed and approved by College Faculty Assembly and administrators. A faculty member can schedule a conference with the Program Director and/or the Dean, CNHS to discuss the self-evaluation as part of the faculty self-improvement process.

Faculty self-evaluations are securely stored in the faculty member’s personnel file in a limited access area.
POLICY/PROCEDURE 11: Written evaluations of faculty members are completed annually in conjunction with the faculty self-evaluation, and the feedback is used for validation of faculty member’s strengths and strategies for improvement.

Before the beginning of each semester, faculty members are provided with their semester assignment. Faculty assignments are based on their credentials and expertise as well as the guidelines found in College (CNHS) Differentiated Faculty Assignment Guidelines. The Guidelines were developed and approved by College Faculty Assembly and administrators.

At the completion of the academic year (in April), an administrator evaluation of each faculty member is performed with consideration of the faculty member’s rank and position, type of line (tenure/tenure-earning/clinical), and assigned duties. Faculty members are evaluated in the areas of teaching, research/scholarly activities, and service using the guidelines found in the College (CNHS) Faculty Performance Appraisal Guidelines. The Guidelines were developed and approved by College Faculty Assembly and administrators. The administrator also uses other evaluative tools, such as the faculty member’s self-evaluation, peer evaluations, student evaluations, teaching observations, and other pertinent feedback. The feedback is used for a validation of the faculty member’s strengths and strategies for improvement.

The evaluation process is governed by the FIU-UFF Collective Bargaining Agreement (CBA) and policies and procedures of the DNAP, College, and University. The faculty member has the right to review, comment on, and sign his/her annual evaluation. The written evaluation is then placed in his/her personnel file. If the faculty member disagrees with his/her written observation, procedures have been established through the CBA for appeal and resolution.
DNAP ADMISSIONS COMMITTEE

POLICY/PROCEDURE 12: The DNAP Admissions Committee is maintained to select and recommend applicants to the Program.

The DNAP utilizes the structure of the existing standing committees of the Nursing Programs, the College and the University to carry out Program functions.

**Purpose**
The purpose of the DNAP Admissions Committee is to ensure that the criteria for admissions are in accordance the requirements of the COA of Nurse Anesthesia Educational Programs, the School, and the University.

**Membership**
Committee members are selected by the Program Director. Membership includes DNAP faculty, nursing graduate faculty who teach Program students, DNAP students (a first year and a second year student) and a representative clinical coordinator or their designee.

**Responsibilities**
1. Conducts a review of the data profile (GPA, GRE, RN experience) of the applicant pool and makes recommendations for those applicants to be interviewed for the Program.
2. Establishes a procedure for the selection of students for the Program.
3. Conducts group and/or personal interviews with all qualified applicants that are selected for the interview process.
4. For each applicant interviewed, evaluates the credentials and results of interview, and selects the slate of candidates to be recommended to the Program Director. The Program Director, based upon the recommendation of the DNAP Admissions Committee, recommends applicants to be admitted to the Program to the Dean, CNHS or their designee.
5. Recommends additional standards for the admission of students and evaluates the effectiveness of those standards.
6. Periodically reviews its process for the selection of candidates to be admitted and recommend changes as indicated. This review is to include retention and completion rate, as well as pass rate on the National Certification Examination (NCE).
7. File summative minutes of the committee.
POLICY/PROCEDURE 13: Accurate cumulative records of student educational activities are maintained.

The Program maintains accurate cumulative records of educational activities for all currently enrolled students. In addition, affiliation agreements require that each clinical site maintain student files in secure areas.

Student records at the University are maintained within the secure confines of the Program administrative office and FIU Office of the Registrar. Each student has a current and accurate cumulative record on file in the Program's administrative office, which includes, but is not limited to, the following:

1. Applications for the FIU Graduate School and the Program.
2. Transcript (s) for the undergraduate degree, and, if applicable, transcript(s) from graduate school(s).
3. Copy of current license as a registered nurse in Florida.
4. Copy of current BCLS, ACLS, and PALS certification.
5. Documentation of meeting all admissions criteria.
6. Verification of status of the student, i.e. candidate for degree, probation, and/or any disciplinary action(s) taken against the student.
7. Didactic records that consist of the student's transcript (electronic).
8. Advisement records signed by the faculty advisor and student.
9. Clinical records pertinent to each student. Clinical case experience records are maintained via web database and accessible by the Program Director or designee.
11. Verification of Associate membership in the AANA.

Upon graduation, cumulative records are maintained in the Program's administrative office for a minimum of five (5) years. After the five-year period, the records may be stored off premises in a secure area. Each graduate has a complete record in the FIU Office of the Registrar. A copy of the student's Council on Certification of Nurse Anesthetist transcript is retained as part of the student's completed file following completion of the program. Clinical performance evaluations are maintained for a minimum of one (1) year, or until documentation of attaining certification.
RECRUITMENT

POLICY/PROCEDURE 14: Recruitment is conducted by School and Program faculty and staff who are knowledgeable about the Program.

Recruitment is conducted by the Assistant Dean of Student Services, DNAP Director and Associate Director and DNAP faculty.

Recruitment Materials
The Program Director reviews published recruitment materials (printed and electronic) for currency, accuracy, consistency, and clarity.

Electronic Program information is available to the public through the following websites:

FIU website: http://www.fiu.edu
CNHS website: http://cnhs.fiu.edu
DNAP website: http://cnhs.fiu.edu/anesthesiology

Printed Program information is available in the DNAP administrative office or mailed on request.

If appropriate to the publication, recruitment materials include the following disclaimer: 
Note: The programs, policies, requirements, and regulations listed are continually subject to review in order to serve the needs of the University, College or Program and to respond to the mandates of the Florida Board of Education and the Florida Legislature, or accreditation agencies. Changes may be made without advance notice.
POLICY/PROCEDURE 15: Advertising materials related to the Program are reviewed and approved prior to public use.

The Program Director reviews advertising materials (printed and electronic) for currency, accuracy, consistency, and clearness. Advertising in any form must have the approval of the Program Director and Associate Director and the Dean, CNHS or their designee.

If appropriate to the publication, advertising materials include the following disclaimer:

Note: The programs, policies, requirements, and regulations listed are continually subject to review in order to serve the needs of the University, College or Program and to respond to the mandates of the Florida Board of Education and the Florida Legislature, or accreditation agencies. Changes may be made without advance notice.
POLICY/PROCEDURE 16: Catalog information related to the Program is reviewed and approved prior to submission.

All materials about the Program that are submitted to the FIU Graduate Catalog must be reviewed prior to submission for currency, accuracy, consistency, and clearness. All submissions to the Catalog must have the approval of the Program Director and Associate Director and the Dean, CNHS or their designee

Catalog copy requires a long lead time for publication; therefore Catalog publications will contain a disclaimer statement advising that the material is subject to change from the date of printing and that university, college or program web sites should be consulted for more recent updates.

As of 2013, FIU no longer publishes a hard copy university catalog; only a digital version will be produced from this point forward and is accessible at http://catalog.fiu.edu/.
POLICY/PROCEDURE 17: Publications are reviewed, and if appropriate, approved prior to submission.

All published material about the Program, including but not limited to academic submissions to journals, must be reviewed prior submission for accuracy, consistency, and clearness. Publications concerning the Program that are distributed to the public must have the approval of the Program Director and Associate Director and the Dean, CNHS or their designee.

If appropriate to the publication, DNAP published materials must specify:

1. Affiliate sites
2. Information about academic quality and student achievement
3. Accurate accreditation status

If appropriate, a disclaimer includes with published information:
*Note: The programs, policies, requirements, and regulations listed are continually subject to review in order to serve the needs of the University, College or Program and to respond to the mandates of the Florida Board of Education and the Florida Legislature, or accreditation agencies. Changes may be made without advance notice.*
TUITION AND FEES

POLICY/PROCEDURE 18: Current tuition and fee information is available to students prior to registration.

Tuition and fees are determined by the State of Florida legislators, the Florida Department of Education, and the FIU Board of Trustees and administrators. Additional fees specific to the Program are determined by DNAP administrators and faculty.

All tuition and fee information is available in electronic and/or printed format prior to students registering for courses. All publications that list tuition and fees have a disclaimer noting subject to change without notice. If the tuition and fees change prior to student registration, a full explanation is provided to any individual who inquires about the Program and/or discrepancy.

Effective March 2013, the Florida Legislature, the Florida Board of Governors of the State University System of Florida, and the Board of Trustees for FIU implemented several changes in tuition and fee structure. All programs within CNHS now assess a program tuition rate, specific to the program. The nature of these changes limit the ability of the DNAP to quote a single fee that is applicable to all students. Current information regarding tuition and fees will be located on the FIU web page http://cnhs.fiu.edu/anesthesiology/admission-advising/tuition-and-fees/index.html.
STUDENTS TRANSFERRING FROM OTHER PROGRAMS

POLICY/PROCEDURE 19: Program administrators and faculty consider transfer requests from students in other nurse anesthesia programs on a case-by-case-basis.

Program administrators and faculty may consider a student request for transfer in the Program if the following conditions are met:

1. The student meets all requirements for program admission.
2. A letter of recommendation from the Program Director of the previous Program must be provided stating that the student left in good standing.
3. Per University policy, no more than six (6) semester hours of credit may be transferred from an accredited institution.
4. Only a letter grade of A or B in an equal Program course is eligible for transfer.
5. The Program limits transfer courses to only the MSN core courses.
6. The Program does not accept transfer of anesthesiology nursing courses nor does the program grant credit for advanced standing.
ADMISSION REQUIREMENTS

POLICY/PROCEDURE 20: Admissions requirements are defined, published, and utilized for selecting applicants for interviewing.

Admission requirements for the DNAP are published in the printed and electronic information provided to applicants for the Program. The Program admissions requirements are consistent with the COA of Nurse Anesthesia Educational Programs, the School, and the University.

Since the DNAP is a limited access program, the applicant who meets minimum requirements for admission is not guaranteed admission to the Program. The DNAP Admissions Committee makes the admission decisions on applicants who are recommended to the SON Director.

The applicant must:
1. Meet the admission requirements for graduate education at FIU.
2. Be a graduate of an accredited (NLNAC or CCNE,) nursing program, have an appropriate baccalaureate degree and hold current and unrestricted licensure as a registered nurse in Florida. Out-of-state applicants must be eligible for license endorsement by the Florida Board of Nursing and must hold an unrestricted Florida nursing license prior to the start of the Program. Current unrestricted licensure in Florida must be maintained throughout enrollment in the Program and a copy provided to the Program upon renewal.
3. Possess a baccalaureate or graduate degree from a regionally accredited college or university with a record of satisfactory academic work in nursing or an appropriate science (i.e., allied health, health science, biology, chemistry).
4. Have a minimum of one year, preferably two years, of fulltime professional clinical experience in a critical care setting as a registered nurse by the time of application deadline. The critical care setting is not limited to a specific work area. However, applicants must possess independent experience in critical patient care skills and monitoring typically associated with nursing practice in a medical and/or surgical intensive care unit. Applicants must, prior to starting the program, submit documentation of current certification for BCLS, ACLS, and PALS provider skills.
5. Have a minimum cumulative grade point average (GPA) of 3.0 on a 4.0 scale for the last 60 credits of undergraduate academic work. Applicants with a master's degree will have their graduate GPA included in the calculation of total GPA used for admission consideration.
6. Submit credible and current (no less than 5 years old) scores from the Graduate Record Examination (GRE) for verbal and quantitative sections. Scores are ranked with the annual
applicant pool for the verbal and quantitative sections. GRE scores are evaluated in the context of the overall applicant package.

7. Submit three professional references, one reference which should be from a current nursing supervisor and two from a health care professional (preferably a CRNA) both of who are knowledgeable of the applicants’ academic potential and clinical aptitude.

8. Affirm and attest to sound physical health, emotional stability, and personal integrity that will enable them to successfully complete the Program and to comply with criteria for nursing licensure and adherence to American Association of Nurse Anesthetists' (AANA) professional codes of conduct and practice. Applicants must affirm and attest that they are free of addiction to substances of abuse, are not restricted in their practice of nursing or under investigation by any Board of Nursing, and are willing to adhere to Drug Free Workplace policies and procedures of affiliate clinical sites, to include submission to randomized drug testing and/or testing for cause and/or upon Program demand.

9. Applicants whose native language is not English and/or international students must submit a minimum score of 600 on the Test of English as a Foreign Language (TOEFL).

10. Applicants are highly encouraged to arrange an interview with an anesthesia practitioner in a surgical setting, in order to both observe and discuss the practice of modern anesthesia care. Applicants are encouraged to submit documentation of this interview/observation with their applicant file.

11. Applicants satisfying the above requirements will be considered candidates for admission and will be required to attend a personal interview.

12. At the time of interview, candidates must be prepared to affirm that they have sufficient financial resources and/or planning sufficient to complete the program of study without reliance on outside employment. Applicants are advised to contact the Office of Financial Aid to investigate funding options at the time they are considering submission of their application package.

13. Applicants who seek admission and transfer from another accredited program of nurse anesthesia education must submit a letter of recommendation from the Program Director of the previous Program must be produced stating that the student left in good standing.

Technical Standard Requirements

The professional performance skills and abilities that applicants, students, and graduates must demonstrate are defined in these technical standards. A graduate of the program must be able to fulfill the professional performance skills, responsibilities, and duties of a Certified Registered Nurse Anesthetist, consistent with the American Association of Nurse Anesthetist (AANA) Professional Practice Manual for the Certified Registered Nurse Anesthetist documents: Scope of Nurse Anesthesia Practice, Code of Ethics for the Certified Registered Nurse Anesthetist, and Standards for Nurse Anesthesia Practice. A candidate for the program must have abilities and
skills in five categories: observation, communication, motor, intellectual, and behavioral/social. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis, but a candidate must be able to perform in an independent manner. Applicants and current students are required to update the program on changes in their health status (including medications) which may impact observation, communication, motor, intellectual, and behavioral/social technical skills noted below, or overall vigilance, alertness, and ability to exercise safeguard of patient safety at all times.

The Program complies with the requirements of the Americans with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973. Applicants shall not be discriminated against on the basis of physical or mental handicap or disability, or other legally protected factor, though notwithstanding, the following professional performance skills and abilities are required, with or without accommodation.

1. **Observation**: Candidates must have sufficient sensory capacity to observe in the lecture hall, the laboratory, the outpatient setting, and the patient's bedside. Sensory skills adequate to perform a physical examination are required. Functional vision, hearing and tactile sensation must be adequate to observe a patient's condition and to elicit information from computerized monitors, and through procedures regularly required in a physical examination, such as inspection, auscultation and palpation.

2. **Communication**: Candidates must be able to communicate effectively in both academic and health care settings. Candidates must show evidence of effective written and verbal communication skills, and the ability to work in teams.

3. **Motor**: The ability to participate in basic diagnostic and therapeutic maneuvers and procedures (e.g. palpation, auscultation, drawing blood or starting intravenous lines) is required. Candidates must have sufficient motor function to execute movements reasonably required to provide care to patients, including the ability to help move or lift them. Candidates must be able to negotiate patient care environments and must be able to move between settings, such as clinic, classroom building, and hospital.

4. **Physical stamina** sufficient to complete the rigorous course of didactic and clinical study is required. Long periods of sitting, standing, or moving are required in classroom, laboratory, and clinical experiences.

5. **Intellectual**: Candidates must be able to measure, calculate, reason, analyze and synthesize, both in quiet environments and in areas where distractions, noise, and other stressors are present. Problem solving, one of the critical skills demanded of CRNAs, requires all of these intellectual abilities. In addition, candidates should be able to comprehend graphic displays of physiologic data, distinguish artifact on monitor displays, understand three-dimensional relationships and the spatial relationships of structures. Candidates must be able to read and understand medical and nursing literature. In order to complete the degree, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely and often critical fashion in problem-solving and patient care.

**CRIMINAL BACKGROUND CHECK, HEALTH, AND DRUG SCREENING**
The Florida Board of Nursing and clinical agencies require the disclosure of conviction records for misdemeanors and/or felonies; therefore, this information will be required at the time of application. Applicants are required to submit to criminal background checks and drug testing. The Florida Board of Nursing requires that all convictions, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes misdemeanors, felonies, “driving while intoxicated (DWI)” and “driving under the influence “(DUI).” Crimes must be reported even if they are a suspended imposition of sentence and whether it occurred in Florida or in another state or territory. Expenses associated with background checks and drug testing (including repeat testing) are the responsibility of the student. Findings may affect a student’s ability to participate in clinical experiences and complete the program, and/or obtain advanced licensure/ certification.

The College of Nursing and Health Sciences requires that students pass a criminal background check, drug screening, health screening, and immunizations as a condition of admission and continued enrollment.

The University, DNAP, and our Clinical Education Affiliations retain the right to deny admission or entry of applicants/students based on their prior criminal background history. For purposes of determining admissions status in the event of a criminal background history, DNAP follows the Conviction Record Guidelines of the Florida Board of Nursing. DNAP will accept for admissions, those students whose criminal background history is listed as “Cleared – Yes” on the Conviction Record Guidelines of the Florida Board of Nursing at http://www.doh.state.fl.us/mqa/nursing/ap_convictrecord_2010.pdf

Students must sign attestation of consent, compliance and adherence to criminal background, drug screening and health screening.

Applicants and students are required to report to the respective program chair within 72 hours, any arrest, conviction, or criminal action incurred by an applicant/student occurring subsequent to their initial background check for admission and during their enrollment in the College. Failure to adhere to University/College policies relating to criminal background history is subject to dismissal.
EMPLOYMENT

POLICY/PROCEDURE 21: Employment during the program of study is strongly discouraged.

Students enrolled in the Program must be able to devote full time to the program of study. Students are informed through published materials and at the interview that the total committed time to the Program is substantial. Part-time work as a registered nurse is STRONGLY discouraged.

Students are assigned an average of 40 hours per week in the clinical area. In addition to the committed time in the clinical area, students are expected to attend a significant number of didactic hours of instruction each week along with study time. Additional time is required for preoperative and postoperative patient visits.

UNDER NO CIRCUMSTANCES MAY A STUDENT BE EMPLOYED AS A NURSE ANESTHETIST BY TITLE OR FUNCTION WHILE ENROLLED IN THE PROGRAM.
FLORIDA INTERNATIONAL UNIVERSITY  
COLLEGE OF NURSING AND HEALTH SCIENCES  
DEPARTMENT OF NURSE ANESTHETIST PRACTICE

COMPUTER REQUIREMENTS

POLICY/PROCEDURE 22: Entering DNAP students must be computer literate and possess a laptop / notebook computer with Program-defined specifications.

The Program is designed to utilize the latest technology in teaching and learning for more efficient use of faculty and students’ time. Students are required to be computer literate before entering the Program and have in their possession a laptop / notebook computer that is compatible with the Program-defined specifications. The computer must be capable internet access and transmission of email, course content, multimedia, case experience logs, and other educational content. Students are expected to access course syllabi, outlines, and handouts on the DNAP website or learning management system. All course examinations are administered by computerized testing.
POLICY/PROCEDURE 23: Students must be covered by specified and current professional liability insurance throughout their program of study.

As of this publication, liability insurance is provided by the DNAP to cover each student.

Should the DNAP terminate the provision of liability insurance, the student will be required to secure liability coverage according to specifications of the program. Students would be required to provide evidence of professional liability coverage with policy limits of one (1) million/ three (3) million dollars during their program of study. A copy of the insurance document would be required to be provided to the Program and clinical site. Students who do not provide evidence of insurance coverage would not be permitted to engage in patient care activities at the clinical site.
Environmental and Occupational Risks, Exposure, and Injuries
and Health Insurance Requirement

POLICY/PROCEDURE 24: Environmental and occupational risks, exposures and injuries may occur secondary to your engagement and participation in clinical education instruction. Students must provide documentation of medical health insurance. Students must carry health insurance for the entire time they are students in the Program.

As registered nurses and graduate nurse anesthetist students you should already be aware of the inherent environmental and occupational risks exposures and potential for injury that exists in the provision of healthcare services. As a registered nurse and as a student you have the obligation to be informed of and practice all available precautionary and risk reduction practices applicable to the provision of anesthesia care and health care in general. Students who enroll in this program and who participate in clinical education do so with the full knowledge and assumption of risks associated with the provision of health care services.

All incoming students are required to participate in and complete the educational activities for environmental and occupational risks, exposure, and injuries content as provided for in the course NGR 6493 Technology in Anesthesiology Nursing and NGR 6431L Anesthesiology Nursing Practicum I. In addition students should review this information periodically, decide in advance on their personal course of action for treatment in the event they sustain an exposure or injury, and at all times must engage in personal safety and professional safety practices in the simulation laboratory and in clinical education. (See National Clinicians' Post-Exposure Prophylaxis Hotline (888- 448-4911) and website for current guidelines and recommendations at http://www.nccc.ucsf.edu/hiv_clinical_resources/pepline_guidances_for_occupational_exposures/ Aug13

Each student is required to engage in proactive personal and professional safety practices and to utilize all appropriate protective measures when engaged in clinical education training or the administration of clinical care. Students are required at all times to have immediate availability of personal eye protection, and wear such protection when there is reasonable presumption of exposure risks. Students are required at all times to engage in universal precautions when required for patient care activities. Students are required at all times to utilize and to engage all safety devices when engaged in clinical education training or the administration of clinical care. Our affiliated clinical education sites comply with all required patient and health care worker requirements and regulations pertaining to safety. In addition, safety equipment, Personal Protective Equipment (PPE), safety devices, and safety equipment, policies and procedures are in place or available at each clinical site.

Failure to engage in and utilize personal and professional safety and protective measures, by action or omission, which result in:
(A) injury to the student, staff, or patients may result in the following actions: 1) first occurrence – a reduction by one full letter grade in the clinical practicum course, 2) second occurrence - assignment of a letter grade of “C” in the clinical practicum course, 3) dismissal from the program.
(B) citation of the clinical site facility, by a regulatory or accreditation agency, due to the students failure to comply with clinical site personal and professional safety and protective standards, policies, or procedures, may result in the following actions: 1) first occurrence – a reduction by one full letter grade in the clinical practicum course, 2) second occurrence - assignment of a letter grade of “C” in the clinical practicum course, 3) dismissal from the program.
(C ) A grade of “C” assigned in a practicum course as a result of a safety violation, will require the student to make-up the course in the semester after graduation of the class cohort. Make-up of the clinical course is subject to the approval of the Program Director and is subject to other policy requirements.

Failure to engage in and utilize personal and professional safety and protective measures, by action or omission, which result in a violation of safety protocol but which do not result in an injury or exposure will be reflected in the students Clinical Performance Evaluation. Repeated violations may be reflected in a reduction in clinical practicum grade, and/or placement on clinical probation.

Students who become ill, injured, or have an exposure at a clinical affiliate site may elect to be examined/treated at the clinical affiliate facility, or may seek medical care through their personal physician, or from the University Health Services clinic. Students who elect to receive initial treatment at the clinical affiliate site, the student may elect to receive follow-up care with their personal physician or the University Health Services clinic. If treatment is received at the clinical affiliate facility, the student may elect follow-up care through a referral from the clinical affiliate facility, with their personal physician, or from the University student health clinical. If treated at the facility, the hospital/clinic will bill the student's insurance carrier, and/or charge the student, for all care given. THE UNIVERSITY, CLINICAL ANESTHESIOLOGY GROUP, OR CLINICAL AFFILIATE SITE ARE NOT FINANCIALLY RESPONSIBLE FOR HEALTH CARE CHARGES INCURRED BY STUDENTS AS A RESULT OF ILLNESS, INJURY, OR EXPOSURE. Students are not considered employees of the University, the anesthesiology practice group, or the clinical affiliate site and workers compensation provisions are not applicable.

Students must complete any injury or incident reports as required by the clinical affiliate site, irrespective of whether they receive treatment from the clinical affiliate site.

Students must report any illness, injuries, or exposure to the Clinical Site Coordinator and the Program Director within one business day. The purpose of this reporting is to make the Clinical Site Coordinator and the Program Director aware of the situation, the status of the student, and advised of any safety or prevention issues that may warrant follow-up. This reporting should not violate confidentiality or HIPPA standards of either the student, or a clinical patient.
All exposures to potentially biohazardous materials, including needlestick injuries, should be reported to the FIU Environmental Health and Safety and Risk Management Services. In addition to completing required incident report forms at the clinical sites, all injured students must complete and submit the FIU “Exposure Incident Investigation Form” within twenty-four hours, located at http://www2.fiu.edu/~ehs/Biosafety/ExposureIncidentForm2.pdf. This form should be submitted to the Program Director who will forward the form to FIU EHS-RM.

Each student must show proof of health insurance prior to admission and enrollment. Health insurance coverage may be obtained as a private individual policy, as COBRA coverage of a prior policy, as named insured on a joint policy, or from the student health insurance plans offered through the University Health Services. Students are encouraged to compare policies, coverage, and costs before entering the Program. The University student health clinic provides free or minimal cost non-urgent care for all registered students and also offers cost-effective health insurance coverage to registered students.
POLICY/PROCEDURE 25: Students are required to hold Associate membership in AANA during the Program’s plan of study.

Students are required to become an Associate member of the AANA upon entering the program. At the time of this publication, the Program pays the required application fee for an associate membership. Associate membership in the AANA provides:

1. Subscription to AANA publications.
2. An identification card designating associate membership.
3. The privilege of attending AANA/FANA meetings as a non-voting participant.
POLICY/PROCEDURE 26: The MSN Anesthesiology Nursing curriculum plan is developed by qualified faculty, constructed within a graduate education framework, and approved by appropriate committees and organizations.

The MSN DNAP curriculum plan was developed by the University-based DNAP administrators and faculty in 2001 and received approval from the following:

1. DNAP Faculty
2. SON Curriculum Committee
3. SON Nursing Faculty Organization
4. CHUA Curriculum Committee
5. FIU Graduate Council/Curriculum Committee
6. FIU Faculty Senate

Since initial approval, the curriculum undergoes annual review and revision as per the DNAP Systematic Evaluation Plan. The curriculum meets the requirements of the COA of Nurse Anesthesia Educational Programs. The plan of study consists of seven (7) continuous semesters of full time study at the graduate level. The curriculum is constructed in a progressive semester framework. This is a “lock step” curriculum plan. All Anesthesiology Nursing courses in any given semester serve as prerequisites for the courses that follow in sequence during the next semester.

In addition to the Graduate MSN Core courses and the Clinical Specialty courses required for all graduate students in advanced practice tracks, DNAP students complete an additional 21 courses in the specialty of anesthesiology nursing.
# MASTER OF SCIENCE IN NURSING - ANESTHESIOLOGY NURSING CURRICULUM PLAN

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<td><strong>Department of Nurse Anesthetist Practice</strong></td>
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**TOTAL 71 credits**
Florida International University  
Department of Nurse Anesthetist Practice  
Course Descriptions

**NGR 6172 Pharmacological Concepts in Advanced Nursing Practice**  
Course Description:  
Upon completion of this course, the student will be able to:  
In-depth study of principles of pharmacology, pharmacokinetics and pharmacodynamics.  
Emphasis on common prescription and non-prescription drugs used in advanced nursing practice across the lifespan.

**NGR 5141 Pathophysiological Basis for Advanced Nursing Practice**  
Course Description:  
Focuses on the pathophysiologic basis of clinical judgment and client management in advanced nursing practice.

**NGR 6421 Principles of Anesthesiology Nursing I**  
Course Description:  
Broad field orientation to advanced nursing practice. Study of the areas of pre, intra, and postanesthesia planning and action. The induction and emergence from anesthesia, monitoring and record keeping are included.

**NGR 6401 Chemistry & Physics for Anesthesiology Nursing II**  
Course Description:  
A continuation of the focus on the biochemical and physical principles required for understanding the mechanisms, actions, equipment and theories as they apply to anesthesia practice.

**NGR 6493 Technology of Anesthesiology Nursing**  
Course Description:  
The use and care of anesthesia equipment (mechanical and electronic) are discussed. Computers and their uses in anesthesiology are also included.

**NGR 5035C Advanced Client Assessment**  
Course Description:  
Refinement of health assessment skills fundamental to advanced nursing practice emphasizing critical thinking in advanced health assessments across the lifespan.

**NGR 6460 Pharmacology of Anesthesiology Nursing I**  
Course Description:  
Pharmacology of drugs affecting the autonomic nervous system as well as anesthetic agents. Administration and doses of the drugs is included.
NGR 6431L Anesthesiology Nursing Practicum I  
Course Description:  
An introduction to the clinical art and science of anesthesiology nursing. Introduces the clinical component of the anesthesia management techniques. This includes supervised clinical practice.

NGR 5110 Theories in Nursing  
Course Description:  
Analysis, evaluation, and application of theories from nursing and related disciplines to advanced nursing practice, research, education, and administration.

NGR 6404 Advanced Bioscience for Anesthesiology Nursing I  
Course Description:  
Course in human anatomy, physiology, and pathophysiology to include the effects of anesthesia on the cell, the circulatory system, and the respiratory system.

NGR 6422 Principles of Anesthesiology Nursing II  
Course Description:  
The course will emphasize the anesthetic management of the pediatric, geriatric and obstetrical patient. The course will review the specific anesthetic needs for each specialty.

NGR 6461 Pharmacology of Anesthesiology Nursing II  
Course Description:  
Course will study the uptake, distribution, and biotransformation of anesthetics, including the advanced study of therapy in anesthesia of specialty areas and treatment of complications.

NGR 6490 Regional Anesthesia  
Course Description:  
Theoretical and clinical aspects of the administration & management of regional anesthesia. Anatomy, physiology and pharmacology will be studied/applied to the administration of anesthetic blocks.

NGR 6400 Chemistry and Physics of Anesthesiology Nursing I  
Course Description:  
Detailed study of the biochemical and physical principles, which apply to physiology, pharmacology and anesthesia equipment. Emphasis is placed on biochemistry and physics of gases and vapors.

NGR 6432L Anesthesiology Nursing Practicum II  
Course Description:  
Clinical anesthesia administration under the direct supervision of a CRNA or/and an anesthesiologist instructor.
NGR 5810 Research Methods in Nursing
Course Description:
Research methods and designs commonly used in nursing. Focuses on the research process as it is integrated in the interchange of theory, practice, and research using information systems.

NGR 6492 Professional Aspects of Anesthesiology Nursing
Course Description:
This course explores: AANA organizational structure, including affiliated councils, codes of ethical conduct and current issues in anesthesiology nursing.

NGR 6423 Principles of Anesthesiology Nursing III
Course Description:
Principles of cardiothoracic anesthesia, preoperative assessment, pre, intra, and postoperative management, extracorporeal circulation, cardiac assist devices, and pharmacological intervention.

NGR 6433L Anesthesiology Nursing Practicum III
Course Description:
Clinical anesthesia administration under the direct supervision of a CRNA or/and an anesthesiologist instructor.

NGR 6405 Advanced Bioscience for Anesthesiology Nursing II
Course Description:
Course in human anatomy, physiology, and pathophysiology to include the effects of anesthesia on the cell, the neurological, hepatic and endocrine system.

NGR 6970 Master’s Paper Option
Course Description:
Refinement of research proposals focusing on methodology and pilot study. Hands-on experience on computerized data analysis. Completion of research project for non-thesis students.

NGR 6434L Anesthesiology Nursing Practicum IV
Course Description:
Clinical anesthesia administration under the direct supervision of a CRNA or/and an anesthesiologist instructor.

NGR 6424 Principles of Anesthesiology Nursing IV
Course Description:
The course will emphasize the anesthetic management of the emergency and trauma patients. A review of the assessment process, clinical management, and placement of appropriate monitoring lines is included.
NGR 6435L Anesthesiology Nursing Practicum V
Course Description:
Clinical anesthesia administration under the direct supervision of a CRNA or/and an anesthesiologist instructor.

NGR 5131 Culture and Advanced Nursing Practice
Course Description:
Theoretical models explanatory of culture and behavioral manifestations of cultural diversity. Focuses on multicultural nursing and methodologies for nursing care throughout the life span.

NGR 6436L Anesthesiology Nursing Practicum VI
Course Description:
Clinical anesthesia administration under the direct supervision of a CRNA or/and an anesthesiologist instructor.

NGR 6491 Seminar in Anesthesiology Nursing
Course Description:
Advanced clinical review regarding specific case scenarios and patient simulations. The course will serve as a review for the transition to clinical practice.

NGR 6437L Anesthesiology Nursing Practicum VII
Course Description:
Clinical anesthesia administration under the direct supervision of a CRNA or/and an anesthesiologist instructor.
FLORIDA INTERNATIONAL UNIVERSITY
COLLEGE OF NURSING AND HEALTH SCIENCES
DEPARTMENT OF NURSE ANESTHETIST PRACTICE

PROGRAM LENGTH

POLICY/PROCEDURE 27: Changes in the current Program length are approved by the governing entities, and published before implementation.

The length of the DNAP plan of study is seven (7) consecutive semesters or 28 months. Any changes in the length of the Program must have the approval of the COA of Nurse Anesthetist Educational Programs and following entities:

1. DNAP Faculty
2. CNHS Curriculum Committee
4. University Graduate Council/ Curriculum Committee
5. FIU Faculty Senate

If changes in the length of the Program are submitted and approved, prospective students will be notified of the change at least one year prior to the admission of students who will be required to comply with the new requirements.
## DNAP Curriculum Plan Content Areas

**Policy/Procedure 28:** Curriculum will meet or exceed requirements of the COA.  
(Council on Accreditation of Nurse Anesthesia Educational Programs (COA) minimum required hours)

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<tr>
<th>Course</th>
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<td>NGR 6401 Chemistry and Physics for Anesthesiology Nursing II</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>240</strong></td>
</tr>
<tr>
<td><strong>Clinical correlation conferences (45 hours required)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical correlation conferences, patient simulation, patient safety</td>
<td>0</td>
<td>300</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>300</td>
</tr>
<tr>
<td><strong>Clinical Practicum (2000 hours required)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGR 6431L, 6432L, 6433L, 6435L 6436L, 6437L Practicum 1-7</td>
<td>22</td>
<td>3250</td>
</tr>
<tr>
<td><strong>Department of Nurse Anesthetist Practice TOTAL</strong></td>
<td><strong>71</strong></td>
<td><strong>4285</strong></td>
</tr>
</tbody>
</table>
PROGRAM EDUCATIONAL OBJECTIVES/OUTCOME CRITERIA

POLICY/PROCEDURE 29: Program administrators and faculty determine, approve, and maintain clearly specified educational objectives and outcome criteria consistent with the degree awarded.

The following educational objectives and outcomes criteria have been approved by Program administrators and faculty and validated through professional standards of practice and employer feedback. Educational objectives and outcome criteria will be reviewed on an annual basis.

The DNAP student must:
1. Meet each of the requirements for the awarding of the MSN degree as determined by the Program and University.
2. Meet educational objectives specified by the COA and in conformity with the provisions of the Florida Nurse Practice Act:

The student will demonstrate they have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication, and the competencies needed to fulfill their professional responsibility. Students will demonstrate competence, safety, and confidence in the ability to manage anesthesia care at a level of independence, consistent with that of a new graduate upon entry into practice.

A. Patient safety is demonstrated by the ability of the graduate to:
   1. Be vigilant in the delivery of patient care.(VII)
   2. Protect patients from iatrogenic complications.(VII)
   3. Participate in the positioning of patients to prevent injury.(VI)
   4. Conduct a comprehensive and appropriate equipment check.(I)
   5. Utilize standard precautions and appropriate infection control measures.(II)

B. Individualized perianesthetic management is demonstrated by the ability of the graduate to:
   1. Provide care throughout the perianesthetic continuum.(II,III,VII)
   2. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.(III,IV,VII)
   3. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.(II,III,IV,V,VII)
   4. Provide anesthesia services to all patients, including trauma and emergency cases.(II,III,IV,V,VII)
   5. Administer and manage a variety of regional anesthetics. (VI,VII)
   6. Function as a resource person for airway and ventilatory management of patients.(VI)
   7. Possess current advanced cardiac life support (ACLS) recognition.
8. Possess current pediatric advanced life support (PALS) recognition.
9. Deliver culturally competent perianesthetic care throughout the anesthesia experience.
(IX)

C. Critical thinking is demonstrated by the graduate’s ability to:
   1. Apply knowledge to practice in decision-making and problem solving.(III,IV)
   2. Provide nurse anesthesia care based on sound principles and research evidence.(III,IV,V)
   3. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.(II,III,IV)
   4. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.(I,IV,VII)
   5. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.(V,VII)
   6. Calculate, initiate, and manage fluid and blood component therapy.(II,III,VII)
   7. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.(IV,V,VII)
   8. Pass the Council on Certification of Nurse Anesthetists’ (CCNA) certification examination in accordance with CCNA policies and procedures.

D. Communication skills are demonstrated by the graduate's ability to:
   1. Effectively communicate with individuals influencing patient care.(VIII,IX)
   2. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.(VIII,IX)

E. Professional responsibility is demonstrated by the graduate’s ability to:
   1. Participate in activities that improve anesthesia care.(IX)
   2. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.(IX)
   3. Interact on a professional level with integrity. (IX)
   4. Teach others.(IX)
   5. Participate in continuing education activities to acquire new knowledge and improve his or her practice.(ALL)
      (Roman numerals refer to Clinical Evaluation Form criteria subsets)
POLICY/PROCEDURE 30: The Program’s academic calendar ensures that course objectives are met.

The University Calendar is accessible online at http://onestop.fiu.edu/

The University Calendar lists the official start and end dates of each academic year semester. In addition dates for payment of fees, late fee, drop/add deadline, withdrawal deadline and other related information is contained on the calendar.
POLICY/PROCEDURE 31: Program administrators, faculty and students have input into the collection of library holdings related to the specialty of nurse anesthesia.

DNAP students have access to library facilities on campus where they can obtain information relating to the specialty of nurse anesthesia and other health related disciplines. In addition, FIU libraries are fully on-line, and library services and databases can be accessed from remote computers.

The University libraries annual budget provides monies for each academic unit to make new purchases. Holdings are added to the library by request of the Program administrators and faculty through the CNHS Library Representative. Student requests are also considered.

Access to library holdings at each clinical site is guaranteed by inclusion in the affiliation agreements between the Program and the affiliate. Program administrators and faculty assist in providing a collection of reference textbooks at each clinical site. The addition of these books, computer software, etc., are based on requests from clinical faculty, students, and the clinical coordinator at each site.
POLICY/PROCEDURE 32: Clinical site rotations are made by DNAP faculty members, and are based on student learning needs, opportunities for clinical experiences, and location.

DNAP faculty members assign students to specific clinical sites. The major determining factor governing assignments is the learning needs for the students. As much as possible, assignments are made based on location and driving requirements.

Based on the current clinical sites under affiliation agreement with the Program at any one time, the assignment of students must remain flexible. In the event the Program administrators obtain affiliation agreements with sites that have additional patient care experiences (i.e., open heart and/or pediatrics), the Director has the option of utilizing student rotations to provide those experiences.

The clinical affiliate rotations provide enrichment to the total program of study through association with medical teaching centers. All students are required to participate in clinical affiliate rotations as assigned.

Students are not permitted to change rotations if the change results in a student receiving more or less rotations than other students. The Program Director, with the approval of the Clinical Coordinator, makes the final decision on the rotation of students to the clinical sites.

There are no assessed fees to students for specific affiliations. Students are required to provide their own housing, transportation, and meals.

Parking facilities are provided to graduate students in designated areas of hospital/clinic parking lots. Students are advised to use caution in selecting parking facilities and locations for personal safety reasons and the safety of their vehicle. Students must park at their own risk. The Program is not responsible to damage or theft of any student's vehicle.
POLICY/PROCEDURE 33: Clinical Attire and Uniforms

Policy on Clinical Attire
Anesthesiology Nursing Residents are invited guests at our clinical affiliates. Anesthesiology Nursing Residents are representing the FIU Anesthesiology Nursing Program, the clinical affiliate Anesthesiology Department, and the greater profession of CRNA’s. Each clinical affiliate has specific written guidelines for clinical attire for their employees and staff. These guidelines are in accord with JCAHO Standards and Infection Control policies. Employees at each clinical affiliate are held responsible for proper and professional attire, and are subject to disciplinary action when they are not in compliance. It is therefore incumbent upon FIU Anesthesiology Nursing Residents to present for clinical instruction in proper and professional attire, and within specific guidelines of our clinical affiliates. Failure to adhere to the Policy on Clinical Attire will be grounds for disciplinary action.

The regulation clinical attire for FIU Anesthesiology Nursing Residents is:
- green scrub shirt
- green scrub pants
- clean white lab coat (to be worn to/from the facility, and in all patient areas outside the OR)
- clean shoes (shoe covers are to be worn if shoes are worn outside the clinical facility)
- scrub cap and surgical mask (cap, mask, and shoe covers are to be removed anytime you leave the OR suite)

Deviation from the above attire is not permitted unless specifically required by a particular clinical affiliate. Scrubs are available at the clinical affiliates or may be provided by the Resident, in which case a clean laundered pair of scrubs is required each clinical day. “Personal scrubs” that bear the logo or identification of another clinical facility are not appropriate. Scrubs may be worn to/from the facility provided that a white lab coat is worn over the scrubs. Residents changing to scrubs at the clinical facility should wear appropriate dress attire to/from the facility. A short-sleeve tee shirt may be worn under the scrub shirt. Long-sleeve shirts worn under the scrub shirt are not permitted. A dark green OR warm-up jacket may be worn provided it is laundered on a regular basis. It is not appropriate to wear OR surgical gowns in place of a warm-up jacket, except in cases requiring care of infectious precautions patients. Scrubs that become contaminated or soiled should be changed as soon as possible.

Hair needs to be covered completely with an appropriate style scrub cap or bonnet. Custom lien scrub caps may be worn provided it covers the hair and is laundered on a regular basis. Jewelry should be kept to a minimum. Residents are expected to adhere to a professional appearance appropriate to the OR environment in grooming, make-up, and jewelry. Residents are cautioned not to bring items of major value to the clinical facility. Neither the Program nor the clinical
facility will be responsible for lost or stolen personal property. Book bags, backpacks, or briefcases are not appropriate in the operating room; however a “fanny-pack” is acceptable. The appropriate name/identification badge of the clinical facility is to be worn and displayed at all times.

Residents are under enough stress in the clinical area without drawing undo attention to yourself for being out of uniform. Since on-call time is always followed by off time in this program, it is never appropriate to arrive in the clinical area looking like “you’ve been up all night” or “just crawled out of bed”. You are a professional registered nurse and an anesthetists resident representing the profession, the facility, the university and yourself, look the part.
STUDENT CLINICAL ASSIGNMENT REQUIREMENTS

POLICY/PROCEDURE 34: Student assignments are consistent with COA requirements and supervised by the clinical coordinator on site.

The Clinical Coordinator makes the assignments of students to cases in the clinical area(s) based on the following:

- The student’s knowledge and ability;
- The physical status of the patient;
- The complexity of the anesthetic and/or surgical procedure; and
- The experience of the instructor.

At no time can the ratio exceed two (2) students to one (1) instructor (CRNA or MD/DO).

Once a student is assigned to a patient, the student is responsible for developing an anesthetic care plan which is reviewed with the clinical instructor prior to the induction of anesthesia.

In the event a clinical instructor is assigned two students and the condition of either patient is such that a 1:1 assignment should be made, the clinical instructor is to notify the individual making assignments (prior to the induction of anesthetic to either patient), of the situation and ask for a review and possible re-assignment from a 2:1 to a 1:1 ratio. The Clinical Coordinator makes the ultimate decision as to who is responsible for the two cases.

For patient safety reasons as well as optimal student learning, at no time is a student scheduled in a clinical area when, based upon the schedule, the student has not been provided adequate rest for safe practice. Neither are students to be scheduled for class after they have been in the clinical area during the preceding night.

The Program Director is ultimately responsible for the assignment of all students in the Program.
Clinical supervision of students is restricted to CRNAs and/or anesthesiologists with staff privileges at the designated clinical site who are immediately available in clinical area.

DNAP students must have explicit direction from the supervising CRNAs and/or anesthesiologists before administering ANY drug to a patient and before performing an intubation or extubation on any patient.

Students in the program MAY NOT FOLLOW THE INSTRUCTIONS OF THE SURGEON, unless such action(s) has been explicitly approved by the supervising anesthesia clinical instructor assigned to that student.

The COA has approved non-anesthetic physician instruction in specific areas who can serve as the over-seeing physician for the student. The student will remain under the ultimate responsible supervision of the anesthesiology CRNA/MD. If in doubt about their instruction or supervision in any setting, students are required to discuss the clinical situation with the Clinical Coordinator PRIOR to undertaking such any anesthetic or non-anesthetic clinical activity.

Supervision by another student registered nurse anesthetist is expressly prohibited when they act as the sole responsible agent for the student.

Supervision by an anesthesiology resident, an Anesthesiologist Assistant, or a noncertified graduate registered nurse anesthetist is expressly prohibited.
POLICY/PROCEDURE 36: Student documentation must be timely and complete.

Students are required to produce documentation as required by the policies and procedures of the Program, School, University, affiliate facilities, and anesthesiology departments.

Specifically, the following documents must be timely, and complete:
1. Pre-operative assessment - for each anesthetic
2. The anesthesia record - for each anesthetic
3. Post-operative note - for each anesthetic
4. All anesthesia charge forms - for each anesthetic (if applicable)
5. All pharmacy and special charge forms - for each anesthetic
6. When indicated, incident reports
7. Clinical Experience Record - by the tenth of the month following completion of any one month
8. Registration forms at the University each semester
9. If receiving financial aid, forms that must be completed as outlined by regulation.
10. Continuous Quality Improvement (CQI) forms, if required by the affiliate’s anesthesiology department

Students who submit incomplete and/or late documentation of the above forms may be placed on a period of probation in the program for a minimum of thirty (30) days.
POLICY/PROCEDURE 37: Evaluation of students’ clinical and cognitive skills is accomplished using a variety of evaluation tools and indicators. These evaluation tools and indicators include the following:

- Faculty evaluations of students in the clinical area.
- Student’s self-evaluations.
- Summary evaluation of each student’s performance at the end of each semester.
- A review of any student’s evaluation when a critical incident occurs involving a patient.
- Student achievement in the didactic portion of the Program.
- Non-confidential information from academic and clinical advisors.
- Completion of practice requirements.
- Students’ performance on the comprehensive (SEE) examination(s).
- Student performance in the Anesthesiology Nursing Simulation and Skills Laboratory.
- Student completion of the criteria for graduation from the Program.

Student evaluations are the responsibility of the DNAP faculty, Clinical Coordinator and the Program Director. In the event there are any areas of concern, input is obtained from didactic and clinical faculty members/instructors. Each student in the Program is provided a review of evaluation results at a confirmed (documented) conference and when indicated, suggestions are given for improvement.
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FACULTY EVALUATION OF STUDENTS

POLICY PROCEDURE 38: Written evaluations of the student’s classroom and clinical performances are completed by faculty, and the feedback is used for validation of the student’s strengths and strategies for improvement.

All didactic and clinical faculty members complete formative and summative evaluation for each student’s classroom and clinical performance. Faculty members who teach a didactic course provide a letter grade for each student at the end of the course, based on the grading methodology written in the course syllabus. At the end of the Program’s plan of study, the summative evaluation is the letter grade achieved by students at the conclusion of NGR6098 Advanced Anesthesiology Nursing Seminar and overall assess of knowledge, skills and competencies related to Program outcome criteria.

University-based faculty review students’ completed clinical evaluation forms and provide formative evaluations by making entries in the student’s clinical evaluation file. Clinical evaluations will be completed on a daily basis and are based on the student’s performance during the course of the entire anesthesia care provided to a patient. Clinical evaluations include, but are not limited to the following:

- Pre-anesthetic assessment of the patient.
- Preparation of the anesthetizing location to include appropriate drugs and equipment.
- Anesthesia care plan.
- Clinical faculty evaluation of student’s performance in the administration of anesthesia.
- Post-operative anesthesia care of the patient, to include the post-operative anesthesia care note(s) on the anesthesia record.
GRADING

POLICY/PROCEDURE 39: Grading methodology is described in course syllabi and applied consistently.

The DNAP faculty determine the methodology for assigning course grades in a manner that conforms to Program standards and is defined in the course syllabi for didactic and practicum courses. Anesthesiology nursing didactic courses consist of objective exams, weighted and averaged as described in the syllabi, plus an addition factor for active class participation. Letter grades are derived from this formula based on the scale shown below.

Anesthesiology nursing practicum courses consist of daily clinical performance evaluations that are summarized at the end of the practicum course by the clinical faculty/clinical coordinator using a Summative Evaluation of Clinical Performance matrix. Letter grades for both didactic and practicum courses are derived from this matrix formula based on the scale shown below.

The grading scale for Anesthesiology Nursing courses is as follows:

<table>
<thead>
<tr>
<th>Passing</th>
<th>Not Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = 93 to 100%</td>
<td>B- = 83 to 84%</td>
</tr>
<tr>
<td>A- = 91 to 92%</td>
<td>C+ = 81 to 82%</td>
</tr>
<tr>
<td>B+ = 89 to 90%</td>
<td>C = 77 to 80</td>
</tr>
<tr>
<td>B = 85 to 88%</td>
<td>C- = 75 to 76%</td>
</tr>
<tr>
<td></td>
<td>D+ = 73 to 74%</td>
</tr>
<tr>
<td></td>
<td>D = 69 to 72%</td>
</tr>
<tr>
<td></td>
<td>D- = 67 to 68%</td>
</tr>
<tr>
<td></td>
<td>F = 00 to 66%</td>
</tr>
</tbody>
</table>

A high level of scholarship must be maintained to continue in the Program. The student's academic progress is measured quantitatively in terms of semester hours and qualitatively in terms of quality points. The quality points assigned to each grade are the following:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Quality Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.00</td>
</tr>
<tr>
<td>A-</td>
<td>3.67</td>
</tr>
<tr>
<td>B+</td>
<td>3.33</td>
</tr>
<tr>
<td>B</td>
<td>3.00</td>
</tr>
</tbody>
</table>

In order to continue in the program, the DNAP student must:

1. Achieve grade of "B" or better in all courses; and
2. Maintain a cumulative GPA of 3.0 or better.
Because of the “lock-step” nature of the DNAP curriculum, a grade less than “B” in any DNAP clinical practicum course is grounds for non-progression and therefore dismissal from the Program.

Repeating a Course
If justified by academic performance in all other courses and with the approval of DNAP faculty and the Program Director, a student may be offered an opportunity to repeat one didactic (not a clinical practicum course) while proceeding to the next semester. Grading for the repeated course will be according to the University course forgiveness policy – the original grade is recorded on the transcript and the repeat course grade is calculated into the GPA. If the student offered this opportunity fails to achieve at least a “B” in the repeated course, it shall constitute grounds for non-progression and therefore dismissal from the Program.

Clinical practicum courses may not be repeated. Failure to attain a grade of “B” or higher in a clinical practicum course is grounds for non-progression and therefore dismissal from the Program. Course failure due to: final grade reduction due to unauthorized absence and thus the failure to attain a grade of “B” or higher; three unauthorized absences resulting in course failure, or exceeding five authorized absences resulting in course failure – is NOT eligible for consideration under the provision for repeating a course.

If a student has failed one course, and successfully retakes that course, failure to attain a grade of “B” or higher in any other course remaining in the curriculum is grounds for non-progression and therefore dismissal from the Program.

Incomplete Grades
An incomplete grade (IP) is a temporary symbol given at the discretion of the instructor for work not completed, because of a serious interruption not caused by the student’s own negligence. DNAP students must contact the faculty member(s) and the Program Director as soon as possible to request an incomplete grade. If granted, the student will be required to sign an agreement that establishes a deadline and/or other conditions for clearing the incomplete grade(s). A grade of incomplete not resolved within two semesters will automatically convert to a grade of F.

Right of Appeal
Students have the right to appeal grading/course requirement decisions and program progression-dismissal decisions. Students who wish to appeal must follow the Academic Grievance & Appeals for the Program and College. See Policy 42 – Grievance and Appeal Procedure.
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STUDENT SELF-EVALUATION

POLICY/PROCEDURE 40: Written self-evaluations are completed by students on a regular basis, and the results are used for validation of the student’s strengths and strategies for improvement.

The self-evaluation process is utilized for individual student improvement in the Program and is not included in a student’s grade for the course. This process provides documentation to students on an ongoing basis related to the objectives they have established for themselves, and an opportunity for the clinical faculty to provide specific suggestions and/or guidance.

In each Anesthesiology Nursing Practicum course, students are required to complete a self-evaluation at the end of each semester. Self-evaluations will be reviewed by the DNAP faculty advisor each semester. A informal self-evaluation forms should be completed at the end of each month as an on-going self assessment of progression. Students should review their informal monthly self-evaluation with the Clinical Coordinator and/or a DNAP faculty should they identify concerns about their academic or clinical progression.
PROGRAM-STUDENT COMMUNICATIONS

POLICY/PROCEDURE 41: Students are responsible for receiving from and, if appropriate, sending messages to Program administrators, staff, and faculty.

Communication is provided to students via the following:

1. E-mail
2. CNHS and DNAP web sites
3. BlackBoard notices or announcements
4. Typhon case log notices
5. Memo or letter
6. Phone

Students are responsible to advise the DNAP Program and Clinical Coordinator(s) of any change in email address, phone number or mailing address. Students are required to maintain current emergency contact information on file with the Program office.

All students are issued an FIU email account upon enrollment. All Program communication to and from the student will be by way of their FIU email account, not a personal email account. All students are required to check their email daily.

Students are responsible to follow any memo or letter addressed to students. Memos or letters are to be considered to have the same importance as policies/procedures within the Program, University, and the clinical affiliate sites, and will be enforced as such.
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GRIEVANCE and APPEAL PROCEDURE

POLICY/PROCEDURE 42: CNHS Student Academic Grievance/Appeal Procedure

CNHS students have the right to grieve/appeal academic grading/course complaints/controversies and program progression/dismissal decisions. According to the FIU Student Policy (undergraduate and graduate) written guidelines: The FIU Academic Grievance Procedure indicates the reasons (nature of appeal) for an academic grievance include: “covers academic grievances which are defined as any complaint or controversy alleging: 1) unprofessional conduct by a professor which adversely affects either a student’s ability to satisfy academic expectations, whether in the classroom, the field, or a lab, or the student’s actual performance; 2) improper admission counseling; 3) improper counseling by an adviser; 4) arbitrary grading for coursework, comprehensive examination, thesis or dissertation; and 5) arbitrary non-renewal of a graduate assistantship or arbitrary dismissal from a course or program.”

Students who wish to appeal MUST FIRST follow the CNHS academic grievance/appeal procedure.

1. Speak with the course faculty member(s) about grade or other controversies/course complaints within two (2) business days after grade is posted.

If a grade impacts the student’s progression for the subsequent semester and the student wishes to appeal, the student must begin the appeal process within two (2) business days after the grade is officially posted by speaking with the faculty member. The student must explain the nature (what is the reason) and condition (what are the facts to support the complaint/controversy) of the appeal.

A student who is dismissed from a program and files a grievance will NOT be allowed to enroll in courses until the grievance process is completed.

2. If unresolved at the faculty level, the student has seven (7) business days to proceed with the appeal to the level of the department chair/director (or designee), if the student desires. The appeal must be in writing and include the nature (reason) and condition (set of factors with data) of the grievance, and a summary of previous efforts to resolve it. The written appeal must be addressed to the department chair/director; a hard copy must be signed by the student grievant, and must be date-stamped by program staff upon receipt. In addition, the student must include a current address and telephone contact number(s). An email notification is not acceptable. An appointment to meet with the department chair/director will be made.
3. After the student submits the written appeal and meets with the chair/director of the program, a written response to the student via certified mail from the administrator or his/her designee will occur within seven (7) business days of the date-stamped appeal. If a student has not received a certified letter within ten (10) business days of the submitted appeal, the student MUST contact the office of the administrator.

4. When the student receives the letter from the chair/director of the program, he/she has seven (7) business days from the date on the letter to proceed with the appeal to the level of the Associate Dean of Academic Affairs (or designee), if the student desires. The document must include the nature and condition of the grievance, plus a summary of previous efforts to resolve it. The written appeal must be addressed to the Associate Dean of Academic Affairs; a hard copy must be signed by the student grievant, and must be date-stamped by program staff upon receipt. An appointment to meet with the Associate Dean will be made.

NOTE: For a clinical course or clinical progression complaint/controversy, the student appeals to the Faculty Assembly Student Affairs Committee following the same process as stated above in 4. The level of appeals for a clinical course or clinical progression complaint/controversy is first (#1)—faculty member; second (#2)—Chair, Faculty Assembly Student Affairs Committee; third (#3)—Associate Dean of Academic Affairs; and fourth (#4)—Dean.

5. After the student submits the written appeal and meets with the Associate Dean of Academic Affairs, a written response to the student via certified mail from the administrator or his/her designee will occur within seven (7) business days of the date-stamped appeal. If a student has not received a certified letter within ten (10) business days of the submitted appeal, the student MUST contact the office of the administrator.

6. When the student receives the letter from the Associate Dean of Academic Affairs, he/she has seven (7) business days from the date on the letter to proceed with the appeal to the level of the Dean (or designee), if the student desires. The document must include the nature and condition of the grievance, plus a summary of previous efforts to resolve it. The written appeal must be addressed to the Dean; a hard copy must be signed by the student grievant, and must be date-stamped by program staff upon receipt. An appointment to meet with the Dean will be made.

7. After the student submits the written appeal and meets with the Dean, a written response to the student via certified mail from the administrator or his/her designee will occur within seven (7) business days after the date-stamped appeal. If a student has not received a certified letter within ten (10) business days of the submitted appeal, the student MUST contact the office of the administrator.

8. The Dean’s decision is final.
ATTENDANCE

POLICY/PROCEDURE 43:

Consistent and punctual attendance is a personal and professional responsibility for all students enrolled in the Program. Students are required to attend all scheduled instruction including: classes, simulation lab sessions, and clinical practicum. Students on “study” days off from clinical practicum are required to attend all scheduled class instruction that may be scheduled on a “study day”.

Personal business (non-emergent physician appointments, job interviews, etc.) must be scheduled during student’s own time and are not to be scheduled during class or clinical time except in emergency situations and in accord with the DNAP TIME OFF POLICIES and PROCEDURES.

Students are exempt from attendance at classes, simulation lab sessions, and clinical practicum during an approved Personal Time Off in accordance with the DNAP Time Off Policy and Procedures. However, during those absences, students are held academically accountable for all instructional materials presented including: classes, simulation lab sessions, and clinical practicum.

Students who are absent from classes, simulation lab sessions, and clinical practicum without prior and valid authorization are subject to disciplinary action.

Where an illness, injury, or personal emergency precludes attendance at a class or simulation lab session, the student is to notify the class session professor via office phone AND follow-up email in advance of the scheduled class session, or as soon as possible within 24 hours. If illness, injury, or personal emergency precludes notification of the class session professor within 24-hours, the student will be required to provide medical documentation from a health care provider for the delay, or other documentation as applicable to the situation.

Failure to provide notification of absence, in advance, as outlined above will constitute an unauthorized absence and will result in the final calculated course grade being reduced by 5 points per occurrence. Upon the third instance of an unauthorized absence from a course, the assignment of a grade of “F” for the course will be given. Failure of this course shall constitute grounds for dismissal from the Program. Failure of a course due to unauthorized absence is not eligible for consideration for course make up under the DNAP Policy GRADING.

The occurrence of an absence where advance notification has been made as outlined above shall be considered an authorized absence. However, upon the fifth instance of an authorized absence from a course or combination of authorized and unauthorized absences, the assignment of a grade of “F” for the course will be given. Failure of this course shall constitute grounds for
dismissal from the Program. Failure of a course due to a fifth authorized absence is not eligible for consideration for course make up under the DNAP Policy GRADING.

Late Arrival or Early Departure
Consistent punctual arrival and attendance is a personal and professional responsible for all students enrolled in the Program Late arrival and/or early departure will be treated in the same manner as outlined above. Where an illness, injury, or personal emergency precludes on-time or full session attendance at a class or simulation lab session, the student is to notify the class session professor via office phone AND follow-up email in advance of the scheduled class session. Late arrival after the fifty percent point of the session time, or early departure prior to the fifty percent point of the session time will constitute a partial absence. A partial absence with prior notification shall be counted as one half of an authorized absence. A partial absence without notification shall be counted as one half of an unauthorized absence and shall result in the final calculated course grade being reduced by 5 points per occurrence.

The course session professor may document timely session attendance by way of sign-in attendance log, photo or video recording, or roll call of attendance. Sign-in or verbal acknowledgement by any student for a student who is not in attendance shall constitute an action of Honor Code violation and shall be subject to disciplinary action, up to and including dismissal.
POLICY/PROCEDURE 44:
Students are advised at the time of Applicant Information and Interview sessions and during New Student Orientation as to the time and schedule commitments required in the Program. The Department of Nurse Anesthetist Practice must balance a reasonable time off policy with meeting certification eligibility requirements which is an obligation for both the program and the student during enrollment. This policy strikes a balance between reasonable safe guards for the health and well-being of students, preceptors, and patients while at the same time setting a standard for expected professionalism and teamwork. Applicants and Students who are not prepared to comply with the time commitments required of should not begin enrollment. Students once enrolled, who do not comply with the time commitments and/or who do not comply with the time off policy and procedures as outlined are subject to deferral of graduation or dismissal.

Didactic courses
There is no elective Personal Time Off (PTO) from didactic courses or simulation labs; students are expected to attend all scheduled class and lab sessions. Where an illness, injury or personal emergency precludes attendance at a class session, the student is to notify the class instructor by office phone and follow-up email in advance of the scheduled class session, or as soon as possible within 24 hours. A student who is unable to attend class on the day of a scheduled exam must notify the faculty member administering the exam by phone/voicemail and email notification prior to the start of the class session, or as soon as possible within 24 hours. Also see on Attendance and Examinations and Assignments.

Clinical courses
Students who are unable to attend clinical due to illness or injury are required to complete the following:

- Call the hospital Anesthesiology Department of the clinical site as early as possible to notify them of the absence (Provide: name of the student, your call back number, and obtain the name of the person notified).
- Notify the Clinical Coordinator of the site by phone or email per their preference (Provide them with your name, dates of expected absence, time and person notified of call out)
- Notify the Department of Nurse Anesthetist Practice Clinical Coordinator (Call 305-348-0062 and leave a voice mail message immediately after notifying the hospital Anesthesia Department and follow-up with an email notification – Provide name, date, clinical site, expected date of absence, and time and person notified of call out at the hospital site).
- Enter date(s) of absence in Typhon Case Log system within 24-hours of call out.
Failure to follow through with each of the above steps will result in a one day forfeiture of Personal Time Off allotment for each absent day where proper notification procedures were not followed. Lack of awareness of this policy is not an acceptable defense for failure to comply.

Personal Time Off Allotment
Semesters 1 and 2 – Student didactic course and clinical schedules follow the University Academic Calendar and provide for personal off time for holidays, semesters breaks and spring break week. No scheduled Personal Time Off is allotted during this time. A clinical absence taken for illness, injury, personal emergency taken during this time will be deducted from the Personal Time Off allotment for Semesters 3 – 7.

Semesters 3 – 7 – Student didactic course schedules follow the University Academic Calendar. There is no elective personal time off from didactic courses; students are expected to attend all scheduled class sessions. Clinical course schedules run continuous, irrespective of the academic calendar. Personal Time Off allotment for Semesters 3 – 7 is a total of 20 days.

For Illness, Injury or Personal Emergency requiring an unscheduled clinical absence, the following provisions apply:

- Any clinical absence in Semesters 1 or 2 due to illness, injury or personal emergency is deducted from the 20 day Personal Time Off allotment.
- Any clinical absence in Semester 3 – 7 due to illness, injury or personal emergency is deducted from the 20 day Personal Time Off allotment.
- Student who leave the clinical site due to illness, injury or personal emergency prior to completion of 4 hours of clinical time, shall have their PTO allotment deducted 1 day.
- Students are not permitted to schedule make-up days to replenish allotment days.
- Failure to follow notification procedures outlined above will result in 1 day forfeiture per occurrence.
- Any student who calls out for 3 or more consecutive days is required to provide medical documentation from a health care provider.
- Any student who will be/is absent from clinical for 20 or more days due to illness, injury or personal emergency, must take a Leave of Absence. (See Policy on Leave of Absence).
- Students who have used 10 or more nonconsecutive days for unscheduled clinical absences will have such absences noted on all professional references provided by the Program faculty.
- Any student who calls out during a scheduled “off-shift” clinical assignment will forfeit an additional day for every day of unscheduled absence.

For Personal Time Off for a scheduled clinical absence, the following provisions apply:

- All Personal Time Off must be scheduled and approved in advance by the respective Clinical Site Coordinator and is deducted from the 20 day Personal Time Off allotment.
- All Personal Time Off requests must be made to the respective Clinical Site Coordinators at least 2 months in advance, or as per policy of the Site Coordinator.
- All Personal Time Off requests must be made through the students Typhon Case Record system.
- Personal Time Off requests are not to be scheduled during specialty or outside rotations. Where a personal emergency arises requiring Personal Time Off during a specialty rotation, notification and arrangements should be made in advance with the Department of Nurse Anesthetist Practice Clinical Coordinator.

- No more than 6 Personal Time Off days will be granted during Semester 7. (Students with \( \leq 6 \) PTO days in Semester 7 may elect to request PTO days off their remaining days for the end of the semester. The last scheduled clinical day in Semester 7 is the Friday of the second week of December.)

- Personal Time Off requests will be approved by the Clinical Site Coordinator in the order in which they are received. Clinical Site Coordinators reserve the right to limit the number of students absent from a site during the same time period. Students are advised not to make or incur travel expenses prior to receiving confirmation of time off approval.

- Students who call out unscheduled for PTO days that were requested but not approved, will forfeit 2 days from their allotment total for each day of occurrence.

- Students are encouraged to verify their PTO allotment balance at least once a semester with their respective clinical coordinator at their primary site. In cases of discrepancy, only acknowledged and approved PTO days recorded in the Typhon Case Record system will be credited to the student PTO allotment balance.

**For Professional Time Off for a scheduled class or clinical absence**, the following provisions apply:

- Professional Time Off requests must be coordinated with the respective clinical site coordinator and the Department of Nurse Anesthetist Practice Clinical Coordinator.

- Professional Time Off may be granted by the Department of Nurse Anesthetist Practice Clinical Coordinator to permit the student to attend a professional meeting or educational function, (excluding external Board Review programs for which Personal Time Off may be requested).

- Professional Time Off requests must be made in writing via email at least 3 months in advance and must be made with the with the respective clinical site coordinator and the Department of Nurse Anesthetist Practice Clinical Coordinator. The Site Coordinator will approve the request with respect to time and students per site scheduling requirements and the DNAP Clinical Coordinator will approve the request with respect to meeting the qualifications for professional time.

- If approved, the student will enter the Professional Time Off in the Typhon Case Record system.

- For the AANA and FANA Meetings, the time granted may be up to the published meeting days and one additional day each for travel to and from the meeting location, outside of the South Florida Region requiring travel time greater than three hours. For meetings in the South Florida Region within three hours, no travel days are granted, other than Personal Time Off.

- Professional Time Off requests will not be granted for students who have used 10 or more nonconsecutive days for unscheduled clinical absences.

- Professional Time Off that is taken for a purpose other than professional or educational activities, or where the student fails to attend at least 90% of the activity shall result in a forfeiture of 2 PTO allotment days for each Professional Time Off day granted.
Additional Time Off Provisions

Holiday Time Exchange
In the event a student is scheduled for a clinical assignment on an official holiday, the student and clinical site coordinator will arrange an exchange for another day off in replacement. The exchange day off must be scheduled in advance and must be taken within the month of the official holiday. Exchange days may not be used to replenish PTO allotment balance. For purposes of this policy recognized Program Holidays include: New Year’s Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Jury Duty
When a student receives notification of jury duty summons, they should immediately contact the Program Director. The Program may be able to provide a letter for the student to file with the Clerk of the Court with a request for postponement of jury duty till a later date. The Program will not provide a letter requesting exemption, only deferral of service to a later date. The Department of Nurse Anesthetist Practice supports public service by students, however meeting certification eligibility requirements is an obligation for both the program and the student during enrollment. If a student chooses to perform jury duty, a total of 2 days will be granted. Any time beyond that will be deducted from the total 20 days or balance thereof. There is no provision for time off beyond the 20 day PTO allotment, or balance thereof. For time off beyond 20 days, the student must take a Leave of Absence. (See Policy on Leave of Absence).

Funeral Leave
In the unfortunate event of a death in the immediate family, the Program may grant up to 3 days of funeral leave. Additional time beyond 3 days may be taken from the 20 day PTO allotment, or balance thereof. Time required beyond 20 days will require the student to take a Leave of Absence. (See Policy on Leave of Absence). For purposes of this policy, immediate family members shall include spouse or domestic partner, parent, child, or other family member of the household for whom the student was a primary care giver. For funeral attendance for other than immediate family, the student must utilize personal time off.

Military Duty
Members of the United States Armed Forces may be excused from the program, up to 20 days, as ordered to fulfill their military duty. Students are strongly encouraged to seek deferral of Active Duty obligations prior to enrollment in the program. Students should notify the Program Director upon receiving active duty orders. The Program Director may provide a letter of support for deferral request for Active Duty Training from the student. The Department of Nurse Anesthetist Practice supports military service by students, however meeting certification eligibility requirements is an obligation for both the program and the student during enrollment. If a student chooses to or is required to perform Active Duty service, there is no provision for time off beyond the 20 day PTO allotment, or balance thereof. For time off beyond 20 days, the student must take a Leave of Absence. (See Policy on Leave of Absence).

Hurricane Days
When didactic class or clinical sessions are cancelled due to official declaration of a hurricane warning and closure of the University or clinical site, students are nonetheless responsible for making up the missed session. Make-ups will be scheduled and coordinated by the respective faculty or clinical site coordinators. When students elect not to attend a scheduled class or clinical session during a hurricane watch or warning period that has not resulted in closure of the University or clinical site, students will have the day deducted from the 20 day PTO allotment, or balance thereof. This policy does not preclude students from taking steps they perceive necessary during this time to secure the safety of their family members or property; however the Program cannot grant time off exemptions in the absence of an official closure order from local officials.

**Time Off in Excess of Personal Time Off Provisions**

**Leave of Absence**
For time off beyond 20 days Personal Time Off allotment, the student must take a Leave of Absence as provided in the sections above. For time off beyond 20 days, not covered by a leave of absence as provided above, and where the student has successfully completed all other required coursework, the student with permission and coordination of the Program and clinical site coordinator may be granted special provision to make-up ≤ 30 clinical days starting the first day of the Spring semester, of what would otherwise be Semester 8. The student will be required to register and pay the applicable tuition and fees. Students are advised that invoking this provision will result in deferral of official graduation, certification exam eligibility, and advanced licensure eligibility until the conclusion of the Spring semester in April.

For time off beyond the 20 days of Personal Time Off allotment and in excess of the 30 make-up days, unless the student has otherwise applied for and been granted a Leave of Absence provision, the student will be dismissed from the Program.
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ETHICAL STANDARDS OF CONDUCT

POLICY/PROCEDURE 45: Standards of Conduct

Students are expected to adhere to the principles of conduct and ethics as established by the FIU, CNHS, and DNAP student standards of conduct, in addition to the following principles from the American Association of Nurse Anesthetists (AANA), which are described as "standards of conduct that define the essentials of honorable behavior for the Nurse Anesthetist."

**Preamble**
Certified Registered Nurse Anesthetists (CRNAs) practice nursing by providing anesthesia and anesthesia-related services. They accept the responsibility conferred upon them by the state, the profession, and society. The American Association of Nurse Anesthetists (AANA) has adopted this Code of Ethics to guide its members in fulfilling their obligations as professionals. Each member of the AANA has a personal responsibility to uphold and adhere to these ethical standards.

1. **Responsibility to Patients**
CRNAs preserve human dignity, respect the moral and legal rights of health consumers, and support the safety and well being of the patients under their care.

1.1 The CRNA renders quality anesthesia care regardless of the patient's race, religion, age, sex, nationality, disability, social, or economic status.
1.2 The CRNA protects the patient from harm and is an advocate for the patient’s welfare.
1.3 The CRNA verifies that a valid anesthesia informed consent has been obtained from the patient or legal guardian as required by federal or state laws or institutional policy prior to rendering a service.
1.4 The CRNA avoids conflicts between his or her personal integrity and the patient’s rights. In situations where the CRNA’s personal convictions prohibit participation in a particular procedure, the CRNA refuses to participate or withdraws from the case provided that such refusal or withdrawal does not harm the patient or constitute a breach of duty.
1.5 The CRNA takes appropriate action to protect patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, or unethical practice.
1.6 The CRNA maintains confidentiality of patient information except in those rare events where accepted nursing practice demands otherwise.
1.7 The CRNA does not knowingly engage in deception in any form.
1.8 The CRNA does not exploit nor abuse his or her relationship of trust and confidence with the patient or the patient’s dependence on the CRNA.
2. Competence
The scope of practice engaged in by the CRNA is within the individual competence of the CRNA. Each CRNA has the responsibility to maintain competency in practice.

2.1 The CRNA engages in lifelong, professional educational activities.

2.2 The CRNA participates in continuous quality improvement activities.

2.3 The practicing CRNA maintains his or her state license as a registered nurse, meets state advanced practice statutory or regulatory requirements, if any, and maintains recertification as a CRNA.

3. Responsibilities as a Professional
CRNAs are responsible and accountable for the services they render and the actions they take.

3.1 The CRNA, as an independently licensed professional, is responsible and accountable for judgments made and actions taken in his or her professional practice. Neither physician orders nor institutional policies relieve the CRNA of responsibility for his or her judgments made or actions taken.

3.2 The CRNA practices in accordance with the professional practice standards established by the profession.

3.3 The CRNA participates in activities that contribute to the ongoing development of the profession and its body of knowledge.

3.4 The CRNA is responsible and accountable for his or her conduct in maintaining the dignity and integrity of the profession.

3.5 The CRNA collaborates and cooperates with other healthcare providers involved in a patient’s care.

3.6 The CRNA respects the expertise and responsibility of all healthcare providers involved in providing services to patients.

3.7 The CRNA is responsible and accountable for his or her actions, including self-awareness and assessment of fitness for duty.

4. Responsibility to Society
CRNAs collaborate with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

4.1 The CRNA works in collaboration with the healthcare community of interest to promote highly competent, safe, quality patient care.

5. Endorsement of Products and Services
CRNAs endorse products and services only when personally satisfied with the product’s or service’s safety, effectiveness, and quality. CRNAs do not state that the AANA has endorsed any product or service unless the Board of Directors of the AANA has done so.

5.1 Any endorsement is truthful and based on factual evidence of efficacy.

5.2 The CRNA does not exploit his or her professional title and credentials for products or services which are unrelated to his or her professional practice or expertise.
6. Research
CRNAs protect the integrity of the research process and the reporting and publication of findings.

6.1 The CRNA evaluates research findings and incorporates them into practice as appropriate.

6.2 The CRNA conducts research projects according to accepted ethical research and reporting standards established by law, institutional procedures, and the health professions.

6.3 The CRNA protects the rights and well-being of people and animals that serve as subjects in research.

6.4 The CRNA 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.

7. Business Practices
CRNAs, regardless of practice arrangements or practice settings, maintain ethical business practices in dealing with patients, colleagues, institutions, and corporations.

7.1 The contractual obligations of the CRNA are consistent with the professional standards of practice and the laws and regulations pertaining to nurse anesthesia practice.

7.2 The CRNA will not participate in deceptive or fraudulent business practices.

Adopted by the AANA Board of Directors in 1986.
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CLINICAL EXPERIENCE RECORD and ANESTHESIA CARE PLANS

POLICY/PROCEDURE 46: All students are required to maintain a current and accurate record of their clinical case experiences.

DNAP subscribes to the web-based case experience record management system by Typhon Group. Clinical case experience data should be entered into the Typhon as soon as possible after the experience, ideally on a daily basis, but in no case no more than two weeks from the date of the experience. All students are responsible for the accuracy and integrity of their case experience record. As condition of graduation and application for eligibility to sit for the certification exam, students will be expected to sign and attest to the accuracy and integrity of their case experience record.

To ensure students develop the knowledge, skills and abilities for entry into practice, students must participate in all phases of their clinical case experiences 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 have meaningful involvement in the case. Students may take credit for a case if they participate in the induction, the intraoperative period of the procedure, or the emergence. A student may only count a clinical procedure (e.g., intubation, regional block, etc.) that they attempt or perform. A missed intubation or similar incomplete procedure does not negate counting the clinical procedure. Counting of cases experiences will be in accord with provisions set forth by the Council on Accreditation of Nurse Anesthetists Educational Programs.

Anesthesia Care Plans are a written or verbal evidence-based documentation of a prospective plan of anesthesia clinical care that is used to help students apply theoretical concepts learned in the classroom to individualized nurse anesthetist care in the clinical setting. Anesthesia Care Plans also serve as a vehicle for faculty and clinical preceptors to assess the student’s cognitive awareness of the application of knowledge to practice. Written care plans are to be completed on the prescribed DNAP Anesthesia Care Plan. Verbal care plans should include all knowledge areas incorporated on the written care plan form. Students are responsible to have an anesthesia care plan for every case they participate in. Consistent and acceptable anesthesia care plans are an evaluation component of the daily and summary clinical evaluations.

In addition to the anesthesia care plan, students are required to complete a set of clinical review questions for all specialty clinical rotations. The review questions must be completed in compliance with the instructions on the question sets and must be uploaded to the Typhon system prior to first day of the start of the specialty rotation.

The FIU Honor Code and Standards of Academic Integrity and Misconduct apply to all anesthesia care plans and specialty rotation clinical review question sets.
Students enrolled in the Program have prior education and experience as a Registered Nurse and hold licensure as a Registered Nurse which obligates them to expected safe practices in the handling, management, and administration of medications. Medication errors represent a threat to patient health and safety as well as a professional practice liability concern for preceptors, clinical facilities, and for the student themselves. The “rights” of medication administration include right patient, right drug, right time, right route, and right dose. Other related types of medication errors may include: wrong dose, wrong choice, wrong drug, known allergy, missed dose, wrong time, wrong frequency, wrong technique, drug-drug interaction, wrong route, extra dose, failure to utilize or act upon a test dose, equipment failure, inadequate monitoring, preparation error, and others. In anesthesia practice, preparation of medication and labeling of syringes is a potential source of error.

Avoiding medication errors requires vigilance and a strict adherence to safety practices. Medication errors are preventable but with human factors involved, errors may occur. In the event of a medication error, students MUST immediately self-report the error to their clinical preceptor. The first priority is to assure a safe outcome for the patient. Second, students are responsible to self-report the error to their assigned university faculty advisor as soon as possible, and in all cases within 24-hours. Students are required to submit to their assigned university faculty advisor with 48 hours a detailed written account of the events leading to the error (this account should not contain HIPPA protected patient identification information).

For medication errors resulting from a transient lapse in vigilance and safety practice, the Program will issue a written action of remediation, including but not limited to: completion of a CEU medication safety course, completion of an evidence-based paper on medication safety, and a period of monitoring. For medication errors resulting from negligence or in the event of failure to self-report the error the student will be subject to disciplinary action.

Controlled Substance Accountability
As a licensed Registered Nurse, students may obtain, administer, dispose of, and maintain controlled substance records as part of their clinical experience, where such practice is permitted by the clinical education site. Students are responsible for:
1. Strictly following the policy and procedure of the facility for controlled substance issue, administration, discard, documentation and accountability.
2. All controlled substances MUST be kept under the control of the person who signed for them, by maintaining them on their person or kept in a locked drawer, or as per clinical site policy.
3. Controlled substances that have been drawn into a syringe or where a sealed protective cover has been removed from the medication container will not be exchanged between students, resident, or staff members.
4. Management and accountability of all unused controlled substances as well as controlled substance wastage will the guidelines at the site, and requires a witness at the time of wastage.  
5. Chemical assays on unused portions of controlled substances, as well as audits of anesthesia and PACU records, may be conducted periodically or where probable cause warrants.  
6. Random audits of anesthesia records and medication control records or returned waste may be conducted periodically or where probable cause warrants.  
7. When probable cause and sufficient evidence exists that inappropriate controlled substance management and or accountability has occurred, an investigation may be undertaken by the clinical site, by the Program, or by law enforcement officials.  

In compliance with the American Association of Nurse Anesthetist’s Professional Practice document on *Securing Propofol*, students will treat Propofol as a controlled substance with respect to assuring safeguard and security of the medication, even if the clinical site does not include Propofol in their controlled substances policies and procedures.
DRESS CODE

POLICY/PROCEDURE 48: Students must present a professional appearance and follow the policies and procedures of the clinical site related to dress code.

Students are to come to class in proper attire, consistent with the professional image of a registered nurse in a graduate program. Students are to follow the dress code policy of the clinical facility to which they are assigned.

DNAP residents will not wear or display branded product items from industry sponsors, including medical devices or pharmaceuticals, while on the campus or within the facilities of our clinical affiliates.
DEFERRAL OF GRADUATION

POLICY/PROCEDURE 49: Students who request a deferral of graduations must follow the policies and procedures established by the Program administrators and faculty.

Deferral of graduation may be granted under the following circumstances with prior written approval of the Program Director and Dean, CNHS or their designee:

1. Extended medical or other leave as ordered by a physician or appropriate health care provider.
2. Extended military leave (Activation).
3. Failure to meet graduation criteria as scheduled, due to circumstances beyond the student’s control.

All graduation criteria must be met for completion of the Program.
POLICY/PROCEDURE 50: Student infractions related to policies and procedures of the Program, School, College, University, affiliate facility, and anesthesia department, and infractions related to federal and state statutes, rules and regulations may result in disciplinary actions.

Students should first inform their faculty advisor of any difficulties they are experiencing that may impact their success in the program. Student counseling is provided for both didactic and clinical portions of the program of study as needed.

Disciplinary action may be taken in the following areas:
1. Administrative
2. Didactic
3. Clinical

Graduate students in the program may be subject to disciplinary actions for infractions of policies of the Department of Nurse Anesthetist Practice, College of Nursing and Health Sciences, Florida International University, affiliate hospital(s), clinic(s), Departments of Anesthesiology, State and Federal laws and Statutes, rules and regulations. Student counseling is provided for both didactic and clinical portions of the program of study as needed. Any student in the program of study may make an appointment with the Office of Student Services at Florida International University for individual counseling.

Academic Warning, Probation, and Dismissal
Academic warning and probation are governed by the rules of the University and Program.

In order to continue in the program, the DNAP student must:
1. Achieve grade of "B" or better in all courses; and
2. Maintain a cumulative GPA of 3.0 or better.

Because of the “lock-step” nature of the curriculum, any grade less than “B” in any DNAP course is grounds for non-progression and therefore dismissal from the Program. Students otherwise in good academic standing, may repeat one didactic course with the approval of the Program Director and in compliance with DNAP, CNHS and University policy for repeating courses. Students are not permitted to repeat a clinical practicum course. Students have the right to appeal grading/course requirement decisions and program progression/dismissal decisions. Students who wish to appeal MUST FIRST follow the Nursing Programs Academic Grievance and Appeals procedure outlined in the Graduate (MSN) Policies/Procedures Manual and FIU student handbook.
Clinical Probation
A student may be placed on probation for up to a 60-day period if, in the judgment of the DNAP Faculty, a student's clinical competence is below an acceptable level for the current semester of enrollment, and who demonstrates a high probability of satisfactory completion of the probationary period.

Grounds for clinical probation include:
1. Unsatisfactory clinical performance, which may include, but is not limited to:
   a. Failure to perform pre-anesthesia assessments on an assigned patient, or as assigned.
   b. Incomplete or unsatisfactory anesthesia care plan.
   c. Inadequate preparation for an anesthetic induction, management, or emergence.
   d. Commission of a medication error, not deemed to be due to negligence.
   e. Failure to demonstrate satisfactory progression in clinical practicum, within or between semesters.
   f. Failure to have made postoperative rounds as assigned.
   g. Failure to follow-up an anesthetic complication until the problem was resolved.
   h. Delivery of hypoxic mixture. A hypoxic mixture of oxygen is defined as oxygen below FiO2 of less than 21 %.
   i. Level of incompetence representing a potential threat to patient safety.
   j. Insubordination or failure to follow direct instructions from faculty.
2. Inadequate professional self-discipline, such as:
   a. Intubation or extubation without permission of a clinical instructor except in extreme emergencies.
   b. Failure to carry out assigned duties in the clinical area.
   c. Failure to complete monthly Clinical Experience Record.
   d. Violation of clinical site regulations, policies, or procedures.
3. Unprofessional behavior by a Student Registered Nurse Anesthetist (SRNA) towards instructional staff and violation of acceptable standards of operating room behavioral decorum as may be demonstrated by:
   a. Arrogance
   b. Disrespect
   c. Inappropriate tone of voice
   d. Curtness
   e. Insolence

The process of placing a student on clinical probation is as follows:
1. The faculty member schedules a meeting with the student and the Program Director to discuss the reason(s) for recommending a clinical probation. During the meeting, the student has the opportunity to provide evidence to refute the recommendation.
2. After hearing all sides, the Program Director has the final decision on placing the student on clinical probation.
3. The student is informed in writing of the decision by the Program Director. If the decision is to place the student on clinical probation, the probationary period begins with
the date of the written notification. The letter of notification will contain the following:

a. Relevant deficiencies of the student.
b. Period of probation.
c. Expected outcomes from the period of probation.

4. The student is informed that he/she can be dismissed at any time for cause during the period of clinical probation.

5. During the probationary period, the Program Director and/or Clinical Coordinator will select faculty members who confer with the student a minimum of once per week. At these conferences, efforts are made to aid the student in correcting deficiencies.

6. A copy of the minutes of the conferences is forwarded to the Program Director following each meeting.

7. At the end of the period of clinical probation (up to 60-days), the clinical faculty counseling the student makes one of the following recommendations to the Program Director:

a. Assignment of an unacceptable grade for the practicum course.
b. Extension of the period of clinical probation.
c. Removal of probation status and return to good standing in the Program.

8. The final determination of clinical probation is made by the Program Director.

Dismissal
A student may be dismissed without a probationary period for identified infractions. Dismissal of any student for deficiencies must reflect a consensus of the DNAP Faculty as recommended to the Program Director and approved by the Dean, College of Nursing and Health Sciences or their designee.

Grounds for dismissal without a probationary period include:

1. Failure of any course in the curriculum, or failure to adhere to Program, School, or University academic standards for admission, enrollment, or progression.
2. Level of incompetence representing a threat to patient or personnel safety.
3. Falsification of Program, School, University, or applications, records, clinical site forms, medical records, documents, written or electronic. Falsification includes but is not limited to forgery, alteration, destruction, removal or otherwise attempted effort to defraud.
4. Attendance, in class or clinical practicum, while under the influence of alcohol, marijuana, or any controlled substances not prescribed by a physician.
5. Refusal to submit to a random drug test.
6. Insubordination or failure to follow direct orders from clinical faculty/instructor in the applied practice of anesthesia or patient care.
7. Self administration of any anesthetic agents or controlled substances, to include inhalation of anesthetic agents or nitrous oxide, irrespective of the duration or quantity of exposure.
8. Tampering with, destroying, disabling, or theft of Program, University, or affiliate property.
9. The administration of any drug or medication without expressed authorization and supervision of an attending CRNA or anesthesiologist; or inappropriate administration or the wrong drug, wrong dose, wrong route, or administration to the wrong patient; or
preparation of a drug or medication that would result in the administration of the wrong drug, wrong dose, wrong route, or administration to the wrong patient, deemed to be negligent.

10. Anesthetic induction or emergence, including but not limited to intubation or extubation, of a patient without expressed authorization and supervision of a CRNA or anesthesiologist.

11. Any action or omission which would constitute grounds for dismissal from the School or the University, as defined in the respective student policy and procedure manuals of each.

12. Any action or omission which would constitute a breach of duty of a registered nurse as defined by Florida statutes, or which would constitute a statutory violation of the Florida Nurse Practice Act; or which would constitute a violation of the standards of practice or ethical conduct of nurse anesthetists as defined by the respective professional association, the American Association of Nurse Anesthetists.

Grievance and Appeals Procedure
Students have the right to appeal academic, clinical or program dismissal decisions. Students who wish to appeal must follow the CNHS Academic Grievance and Appeals Procedure. As noted in the Procedure, the CNHS Dean’s decision on all matters of appeal is final. See Policy 42 – Grievance and Appeals Procedures
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PROGRAM COMPLAINTS

POLICY/PROCEDURE 51: A record of Program complaints is maintained, including actions taken to resolve the complaint, and ultimate outcome of the complaint.

Program complaints are those complaints that, in the opinion of the student(s), negatively affect the general learning environment of the Program. Students are encouraged to utilize the Program’s evaluation tools to provide feedback on the clinical sites, courses, and faculty.

The following procedure must be followed:

1. The student(s) must put the complaint in writing. The document must be dated, signed, and submitted to the Program Director. The Program Director, upon receipt of such notification from a student, shall, within 10 days of receipt, schedule a resolution meeting with the student(s) and other named parties, if appropriate.

2. If the student is not satisfied with the results of the meeting, the student can appeal the issue to the CNHS Associate Dean, Academic Programs. The Associate Dean, upon receipt of such notification from a student, shall, within 10 days of receipt, schedule a resolution meeting with the student(s) and other named parties, if appropriate.

3. If the student is not satisfied with the results of the meeting, the issue can be appealed to the Dean, CNHS who makes the final decision regarding resolution of the complaint.

The above procedure is for Program complaints only.

Grievance and Appeals Procedure
Students have the right to appeal academic, clinical or program dismissal decisions. Students who wish to appeal must follow the CNHS Academic Grievance and Appeals Procedure. As noted in the Procedure, the CNHS Dean’s decision on all matters of appeal is final.
RIGHTS AND RESPONSIBILITIES OF DNAP COMMUNITIES OF INTEREST

POLICY/PROCEDURE 52: Statements of Rights and Responsibilities for each of the DNAP communities of interest.

The Program will publish and distribute the following Statements of Rights and Responsibilities for each of the affected parties as noted:

Patients

The following ethical guidelines are placed in each clinical affiliate site binder. The clinical coordinators at each site are briefed on the rights of patients cared for by FIU Student Registered Nurse Anesthetists (SRNAs):

- Patients have a 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 tolerated which is intended to deceive the patient in this regard.
- Patients have a right to expect that the anesthesia services provided by SRNAs will be under the supervision of a CRNA or physician anesthesiologist, consistent with the anesthesia risk of the patient, the magnitude of the anesthesia and surgery, and the educational level of the SRNA. At all times a CRNA or physician anesthesiologist shall be immediately available in all anesthetizing areas where SRNAs are administering anesthesia care.
- Patients have a right to expect that the SRNA and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions.
- The patient’s surgeon, or responsible physician, shall be kept informed pertaining to the anesthetic management and any complications arising from that management.

Applicants

The applicant has a right to expect:

- To be considered for admission without regard to race, creed, religion, gender, sexual orientation, marital or familial status, disability, or national origin.
- Accurate information regarding the application process for the program, the admission criteria, an outline of the curriculum, as well as full disclosure of time commitment, costs, tuition, fees, accreditation status and affiliating agencies/institutions.
- A fair and unbiased review and consideration of their application as outlined in the recruiting brochure.

Responsibilities of applicant:
- To submit a complete, truthful, and timely application which includes all required documentation.
- To appear before the Admissions Committee of the Program for a personal interview if requested.
- To provide any additional or supplemental documentation and/or references as requested by the Admissions Committee.
- To be prepared financially to enter a full-time educational program.

Students

Students’ rights and responsibilities are defined in the FIU Student Handbook, the FIU Graduate Handbook, and the Nursing MSN Student Handbook and applicable sections of the DNAP Administrative Manual.

Faculty

Faculty at Florida International University are covered under the collective bargaining agreement between the United Faculty of Florida (UFF) and the FIU Board of Trustees. FIU faculty members have the right to expect:

- That both clinical and didactic assignments will be appropriately made and under equitable circumstances
- That opportunities for professional growth and development will be provided.
- To participate fully in policy making decisions (if full time faculty) and to be represented in actions resulting from those decisions.
- That provision will be made to allow an equitable amount of time for class or other assignment preparation as a part of on-duty time for pay purposes.
- That graduate students will fulfill their responsibilities relative to the educational venture
- That graduate student, peer, and superior evaluations of individual faculty members will be fair and unbiased.
- That due process mechanisms will be afforded in all matters relative to appeals.
- That written contract between the University and the individual faculty will be carried out as mutually agreed.
- Faculty shall receive fair and equitable pay and benefits for their assigned responsibilities and time commitment.
- Faculty shall be held accountable for assigned or assumed responsibilities, both as to quantity and quality of performance.
• Faculty members will provide reasonable notice of resignation in time to allow recruitment, employment and orientation of replacement to prevent interruption of continuity of the program.

University

The University has the right to expect:

• That the Program philosophy and objectives will be consistent with the philosophy and objectives of the conducting institution.
• To be kept informed pertaining to Program and student/resident progress.
• That any changes in Program philosophy, objectives, policies, etc., will be cleared through the appropriate administrator.
• That any matter having the capability of reflecting adversely on the conducting institution will be referred to the appropriate administrator for recommendations and action.
• That Program Director and faculty will meet or exceed prescribed standards of performance in the fulfillment of their responsibilities, and in the event of an inability to fulfill those expectations, the conducting institution will be informed sufficiently in advance to allow other means to be arranged to fulfill required responsibilities.
• That students approved for graduation by the DNAP faculty and recommended to the Council on Certification of Nurse Anesthetists for certification will have met the stated requirements, standards, and expectations of the Program, College and University.

The University has the responsibility to ensure quality of education and fulfillment of Program objectives, and to oversee the conduct of the Program of anesthesia and assure:

• Compliance with accreditation requirements
• Compliance with policies and regulations of the conducting institution consistent with non-discriminating and due process practices.
• Compliance with federal, state or local laws, policies and regulations.
• Economic and efficient operation
• Non-exploitation of students and faculty and/or patients used for educational purposes.
• Provision of necessary resources (financial, personnel, supplies and services, equipment) required for operation to fulfill Program objectives consistent with that information pertaining to the program that is in the public domain and with accreditation requirements.

Accrediting agency
The accrediting agency has the right to expect:

- Full intent to comply with requirements for accreditation by those conducting institutions seeking accredited status.
- Honest, candid and complete discussions and open evaluations pertaining to the strengths and weaknesses of the educational program in those areas covered by the accrediting process and with those persons represented by the accrediting agency.
- Faithful representation of the actual accredited status and of any communication between the Council and its agents and the program and/or institution regarding accrediting matters that the program and/or institution makes public. (Noncompliance will be considered a critical weakness and can evoke an investigation and action by the Council as defined in its Policy on Release of Accreditation Information within its Accreditation Policies and Procedures.)
- Recommendations from the conducting institution pertaining to Educational Standards & Guidelines and Accreditation Policies Procedures.

The responsibilities of accrediting agency are the following:

- Enforce established educational standards and accreditation requirements and procedures consistent with:
- Insuring quality education for students for purposes which the education is sought.
- Assuring the protection of consumer and public interest relative to the educational product.
- Responsiveness to the concerns and interests of the community of interests and the participating programs.
- Provide fair, unbiased evaluation of educational programs.
- Afford accredited status only to those programs meeting specified criteria.
- Allow due process relative to adverse decisions in matters of accreditation.
- Maintain and publish a list of accredited programs, the actual status of the accreditation and the date of the next scheduled review of that status.
- Fulfill all requirements specified in complying with federal criteria for accrediting agencies.
- Maintain confidentiality of matters of a confidential nature coming to the attention of the accrediting agency in the fulfillment of its responsibilities. (modified from the Missions, Purposes, and Objectives of the COA)
POLICY/PROCEDURE 53: It is the policy of the DNAP to adhere to the principle of nondiscrimination in compliance with all applicable law and University policy FIU-103 Non-Discrimination Policy and Discrimination Complaint Procedures.

Non-Discrimination Policy and Discrimination Complaint Procedures

(1) General Statement.
   (a) Florida International University affirms its commitment to ensure that each member of the University community shall be permitted to work or study in an environment free from any form of illegal discrimination, including race, color, religion, age, disability, sex, sexual orientation, national origin, marital status, and veteran status. The University recognizes its obligation to work towards a community in which diversity is valued and opportunity is equalized. This regulation establishes procedures for an applicant or a member of the University community to file a complaint of alleged discrimination or harassment.
   (b) It shall be a violation of this regulation for any member of the University community, to discriminate against or harass, as hereinafter defined, any member of the University community or applicant. Discrimination and harassment are forms of conduct which shall result in disciplinary or other action as provided by the regulations/policies of the University.

(2) Definitions.
   (a) For the purpose of this regulation, discrimination or harassment is defined as treating any member of the University community differently than others are treated based upon race, color, religion, age, disability, sex, sexual orientation, national origin, marital status and/or veteran status.

Applicants, students, faculty and staff are advised that the FIU Equal Opportunity Programs Office is charged with providing and monitoring policies and procedures to ensure compliance with Federal, state, and internal policies regarding equal opportunity and affirmative action for the University community. The FIU EOP Office may be contacted at 305-348-1509 or PC Rm 215.
ACCEPTANCE OF INDUSTRY SPONSORED GIFTS AND GRATUITIES

POLICY/PROCEDURE 54: It is the policy of the DNAP to adhere to the principles of non-conflict of interest in compliance with all applicable law and policy with regard to acceptance of industry sponsored gifts or gratuities.

Acceptance of industry sponsored gifts and gratuities by DNAP faculty, staff, or students are prohibited. The DNAP supports the January 1, 2009 voluntary ban on promotional gifts enacted by the Pharmaceutical Research and Manufacturers of America (PhRMA). For purposes of this policy, gifts and gratuities are considered to include, but not limited to: branded items (pens, note pads, cups/mugs, clothing, or items featuring the brand name or label of a vendor or product), product samples for dispensing (i.e. medication samples), food items or meals, travel, or monetary compensation tied to the sale, promotion, distribution or endorsement of specific industry products or services, including but not limited to medical devices and pharmaceuticals.

Attendance at an educational presentation, must not be contingent upon future use or promotion of a branded product, and should be limited to product in-service instruction or, presentation by a neutral third party for the purpose of being educated in the utilization of a product that has been acquired for use by the university or by our clinical affiliates.

Acceptance of educational materials, is subject to review by the DNAP Program. Educational materials in the form of product literature or instructional content must be educational and not promotional. DNAP faculty and students are required to acknowledge all potential conflicts of interest or use of industry sponsored materials before any educational presentation.

In cross reference to Policy/Procedure 48 – Dress Code, DNAP residents will not wear or display branded product items from industry sponsors, including medical devices or pharmaceuticals, while on the campus or within the facilities of our clinical affiliates.

Donations of monetary awards are to be directed to the CNHS Office of Advancement or the FIU Foundation and are subject to the terms and conditions of acceptance in accordance with University policy.

DNAP faculty and students are to adhere to the compliance policies and procedures of our clinical affiliates, including attendance at mandatory ethics and compliance education programs.
POLICY/PROCEDURE 55: The purpose of the Master’s paper is to demonstrate an understanding of the relationship between the theoretical and empirical context of advanced nursing practice and research. The paper may take the form of a research study or pilot study, clinical review paper, or evidenced-based simulation case scenario.

**Types of Master’s Paper**

**Research study/Pilot study** - A pilot study is the implementation of the methodology of a proposed research study. The sample size may vary depending upon the nature of the proposed study and the research design. The paper may focus on testing the feasibility of an instrument, description of a phenomenon, or testing of hypotheses. For a pilot study students are expected to review the literature, propose a methodology, conduct the pilot study and analyze the results. Depending on the nature of the pilot study, students may be required to secure IRB approval from the University and the clinical site if applicable. Additionally, students may take on the responsibility for a portion of an ongoing faculty project or a research project in progress at a clinical site and develop their pilot accordingly.

**Clinical review paper** - The clinical review paper begins with a thorough review of theoretical and empirical literature relating to the topic of interest. From this review of the literature, a conceptual or theoretical framework is derived which structures the focus of the paper. The purpose of the clinical review paper is to utilize existing theories and research findings in the solution of nursing practice problems. The clinical review paper may:

- Describe, interpret or explain the nursing process in a single case (case study).
- Present generalizations from experience of several cases of the same clinical nursing problem in one or in different practice settings (multiple cases study).
- Present finding of related research investigations and their implications for nursing education, research, and practice (evidence based or best practice project).
- Show the synthesis of knowledge and demonstrate its use in developing a plan of action in a particular nursing situation and/or practice setting and contribute toward the formulation of nursing theory (translational research or utilization project).
- In depth review of a topic that may be submitted to the AANA Journal as an AANA Journal Course.

**Evidenced-based Simulation Case Scenario** – The simulation case scenario is a simulation-based education teaching and assessment case that meets the criteria for professional publication and for utilization in simulation-based educational applications. The simulation case scenario develops a clinically relevant case scenario that incorporates and evidenced based review of the
relevant aspects of the scenario which make it an important teaching and assessment case, validates the ideal response or clinical intervention in best evidence practice and professional practice guidelines, and follows a detailed format that enables standardized reproducibility in presentation and examination of participants in the scenario.

**Master’s Paper Format**
The format of the paper will be dictated by the type of work the student has undertaken.

**For a research study or pilot study** the format will follow the general guidelines of the University Graduate School *Regulations for Electronic Thesis and Dissertation Preparation Manual (latest edition - [http://libguides.fiu.edu/etd](http://libguides.fiu.edu/etd) and [http://gradschool.fiu.edu/documents/Manual_Regulations.pdf](http://gradschool.fiu.edu/documents/Manual_Regulations.pdf))*. The following checklist may be useful in formatting the paper (note some of the requirements specific to Master’s Thesis may not apply to the Master’s Paper) ([http://lgdata.s3-website-us-east-1.amazonaws.com/docs/1689/386673/Common_Error_Checklist_spring_2012.pdf](http://lgdata.s3-website-us-east-1.amazonaws.com/docs/1689/386673/Common_Error_Checklist_spring_2012.pdf)). Of note, a Master’s Thesis and a Master’s Paper are two different products and follow two different procedures. The procedures and format for a Master’s Thesis are prescribed by the University Graduate School. The procedures and format for a Master’s Paper are prescribed by the College of Nursing and Health Sciences programs. The Master’s Paper is NOT a thesis and therefore does not require the submission of the approval forms to the University Graduate School as listed in the Manual. Students are to follow the general format for a thesis as described in the Manual using it only as a guide on how to format their paper. The Master’s Paper will not be submitted to the Graduate School, it is not submitted for binding.

**For a clinical review paper**, the format may follow that described in the Manual, or may follow the Instructions for Authors guidelines of a specific professional journal for which the student could submit the paper for consideration for publication. The structure that the review paper takes should be that of other exemplar review articles from a specific professional journal. The end product must be a paper that would meet the requirements and rigor for publication in a peer reviewed professional journal. For reviews taking the form of an AANA Journal Course, the format should follow that of the Journal. For reference see AANA Journal Information for Authors at [http://www.aana.com/newsandjournal/Pages/Information-for-Authors.aspx](http://www.aana.com/newsandjournal/Pages/Information-for-Authors.aspx).

**For an Evidenced-based Simulation Case Scenario**, the format will follow that utilized in the Journal Simulation in Healthcare. The exact format may vary depending on the scenario topic and information content.

Students are encouraged to seek out writing assistance well in advance of the deadline date for the final paper. The **FIU Writing Center** ([http://writingcenter.fiu.edu/](http://writingcenter.fiu.edu/)) offers workshops and consultations by appointment to assist students. These services are in high-demand and limited availability during mid-term and finals weeks. The FIU Writing Center staff may assist in matters of your writing style and form but should not be relied upon to be a reference for requirements of the FIU Thesis Manual or a journal’s Information for Authors.

**References and Use of Copyrighted Materials**
Appropriate reference citations are required for descriptions, summations, or quotes that are taken from the work of someone other than the student. Students are advised to review the FIU Student Handbook relating to academic misconduct and plagiarism. **The Publication Manual of**
the American Psychological Association (APA) (latest edition) includes guidelines for when and how to reference the work of others. See also FIU Regulations for Electronic Thesis and Dissertation Preparation (latest edition), for additional guidelines on the use of copyrighted materials.

The format for references cited in a pilot study or research paper will be that prescribed by the Publication Manual of the American Psychological Association (APA) (latest edition).

The format for references for a clinical review paper that is written following Instructions for Authors for a specific journal, may utilize the reference citation format prescribed by that journal. In either case, the student and their committee chairperson should agree on the reference citation format that will be used, before the submission of the paper.

Project Groups
For purposes of the Master’s Paper, students may work individually or in a group of two. Under certain circumstances given the proposed paper/project and with prior approval of the faculty committee, students may work in a group of three or four members. If students are working in a group, the students must develop in advance of undertaking any work on the paper, a written contract of the group’s topic, assigned tasks, mutual responsibilities, a mutual timeline for completion, and a signature and date. The contract must outline an equal proportion of workload required of each student in the group and must be signed by each member of the group. There is not a specific contract form, the contract is created by the group and must contain the elements noted in the prior sentences. A copy of the group contract must be provided to each member and the original must be submitted along with the DNAP Master’s Paper Tracking form to the faculty member serving as the Committee Chairperson. The Committee Chair must approve the proposed group contract before undertaking any work on the paper. When the final group paper is submitted to the Committee, the group must sign off on the contract that they are each in agreement that each member of the group has fulfilled their responsibilities of the contract. If the members of the group are not in agreement that each member has fulfilled their responsibilities, it shall be up to the group to resolve the matter before the paper will be accepted by the Committee. If the group cannot resolve an impasse, each member will have to submit an individual paper on a new topic. Neither the Committee or program faculty will assume responsibility for resolving an impasse over the fulfillment of the contract. Only one grade (Pass/Fail) will be assigned to the Master’s Paper and that grade will be assigned to each group member.

Master’s Paper Proposal
Prior to undertaking the Master’s Paper, the student or student group must present a written proposal or outline to a faculty advisor. The student or student group should approach only one faculty advisor at a time with their proposal. The Faculty Advisor and the Student or Student Group must all agree to form a Master’s Paper Committee. The proposal and student and faculty members will be documented on the DNAP Master’s Paper Tracking Form.

The Master's Paper Committee
The Master’s Paper Committee is a professional working group comprised of the student(s) and faculty member(s). The role of the Master’s Paper Committee is to collectively insure the
student’s development of a paper that reflects a high level of scholarship. The faculty member(s) serves to provide guidance, expertise, and support throughout the student’s scholarly endeavor. However, it is not the responsibility of the faculty member(s) to serve as a manuscript editor.

Committee Formation
Selection of a committee is as follows:

- The student selects a qualified nursing faculty member who is actively teaching in the Nurse Anesthetist program and contracts with that faculty member to serve as her/his major professor (Committee Chair). The major professor must hold a doctorate and hold Graduate Faculty appointment by the University Graduate School.
- The student and the major professor agree upon the selection of the additional committee members as determined by the research option selected (2 members for a research study and 1 member for a clinical literature review).
- To formalize the Committee, signatures from all Committee members are obtained by the student on the DNAP Master’s Paper Tracking form, and submitted to the Committee Chairperson.

Responsibilities of Major Professor
The responsibilities of the Major Professor are as follows:

- Provide student with feedback on editorial and substantive changes in any aspect of the research paper.
- Provide expertise in the substantive area and the research process.
- Review editorial and substantive changes required by the committee. Extensive revision may need the total committee approval.
- Submit students’ grade for NGR 6970 according to schedule.

Responsibilities of Committee Members

- Complement/supplement the Major Professor’s expertise in the substantive area and the research process.
- Provide student with feedback on editorial and substantive changes in any aspect of the research paper.
- Conduct individual conference with the student as needed in any phase of the student’s research experience.
- Participate in committee meetings to review/approve the proposal and hear the student’s oral presentation and/or other issues.
- Participate in the final evaluation of student’s research competence.
Oral Presentation
Completion of the Master’s paper does not require an oral defense. Student(s) who have elected to complete a Master’s Thesis would be required to give an oral presentation of the paper before the Master’s Paper Committee presided by the Major Professor, and in accordance with the guidelines set forth in the University Graduate School Manual for Theses and Dissertations.

Final Submission
Before submission of the final paper, the author(s) NOT the faculty committee, are responsible for final editorial review of the paper. The editorial review consists of assuring that the format of the paper meets the form and format described by the FIU Thesis manual or the prospective Journal Information for Authors. In addition, the final paper is to be reviewed for typographical errors, spelling and grammar errors, as well as text errors of proper style, clinical and professional terminology, and writing quality consistent with that expected of a graduate school master’s degree candidate.

Again - students are encouraged to seek out writing assistance well in advance of the deadline date for the final paper. One resource available is The FIU Writing Center (http://writingcenter.fiu.edu/) which offers workshops and consultations by appointment to assist students. These services are in high-demand and limited availability during mid-term and finals weeks.

A final submission print copy of the paper must be submitted to each faculty committee member along with a final submission electronic copy. At the request of a faculty committee member, they may opt to receive only an electronic copy. If submitting a print copy, the copy should be clipped together with staple/clip, it is not necessary to submit the copy in a binder or cover.

The DNAP Master’s Paper Statement of Authorship must be signed and submitted to the Committee Chair at the time the final paper is submitted. For group papers, each member of the group must sign-off on the contract that they are each in agreement that each member of the group has fulfilled their responsibilities of the contract.

The DNAP Master’s Paper Tracking form must have the final sign off signature of each committee member.

Do NOT submit any copy of the master’s paper to the University Graduate School.
POLICY/PROCEDURE: Clinical performance evaluations provide the student and preceptor with a guide for clinical performance expectations. The evaluation form can be used as one of the many avenues for student feedback on clinical performance. Successful clinical progression requires both satisfactory daily evaluations as well as a progressive demonstration of increasing clinical competence within and between semesters.

- Students are responsible for obtaining a completed evaluation form for each clinical day. In addition, all cases completed for each clinical day must be accounted for in the Typhon Case Log System.

- Students and preceptors should review the day’s performance and the evaluation and sign the form.

- At the end of each month, students are to complete the Self-Evaluation of Clinical Performance form. For reference purposes, the Summative Evaluation Criteria are provided at the end of the book as a reminder of the criteria for end of semester summative evaluation and grading.

- For UNSATISFACTORY evaluations, the Preceptor should complete the evaluation form in the book, discuss the evaluation and actions needed for improvement with the student, and make a photocopy of the evaluation and forward the copy to the Clinical Site Coordinator.

- Evaluation books are to be turned into the Program Office in the designated drop off box no later than the 10th of the month. It is the responsibility of the individual student to insure the the book is delivered by the designated date. The Program Coordinator will time and date stamp the books after they are received. Any books dropped after 5:00 PM will be stamped the next business day. (Exceptions, Semester 1, 2 and 7 books are turned in at the end of the last clinical week of the semester.) Failure to do so will result in having the whole month to be invalidated and will have to be made up the semester after the expected graduation date. New books will be mailed to the students prior to the start of the new month by the program coordinator.

- Students are responsible for the security, integrity and completion of their evaluation book. Altering, tampering, or falsification of evaluation books or forms are considered a violation of standards of academic conduct and professional ethics and may result in
disciplinary action, which may include dismissal from the program, College, and/or University.
POLICY/PROCEDURE 57: Examination policy is described in course syllabi and applied consistently.

The DNAP faculty determine the methodology for administering course examinations and other course assignments in a manner that conforms to Program standards and is defined in the course syllabi for didactic and practicum courses. Anesthesiology nursing didactic courses consist of objective exams or other course assignments (i.e., papers, presentations) and are weighted and averaged for the assignment of the course grade as described in the syllabi in accord with Program Policy 38.

Anesthesiology nursing courses that include examinations or other course assignments will have the exam dates or assignment due dates posted in the master course schedule. The course instructor may modify the dates for cause, and shall give as much advance notification as possible. Students are expected to be in attendance on the date and time scheduled for all exams or other course assignment due dates.

**Examination Administration Procedures**

a. Students are expected to take all exams on their personal laptop computer using the ExamSoft system. Students who do not have their computer, or if their computer is not working properly, should make advance arrangements with FIU UTS for a laptop rental or assistance with repairs. Only students who experience a computer failure during the examination will be provided with an DNAP Temporary Computer, or an alternate version of the exam at the discretion of the instructor.

b. Students will only be permitted to have their personal laptop computer and power connection immediately accessible to them at the desk. Other electronic devices (calculators, cell phones, PDAs, iPads, etc.) must be turned off or silenced and secured out of the immediate use of the student. Books, notebooks, backpacks, etc. should be left in the student’s vehicle, student lockers, or if brought into the exam room they will be required to be placed in the front of the classroom during examinations. It is at the discretion of the instructor if “scratch paper” may be used during the exam – if so, it will be provided by the instructor at the start of the exam and collected at the end of the exam.

c. Student seating during the exam will be at the direction of the instructor or exam proctor.

d. Instructors may utilize audio-video monitoring of the exam room during examinations.

e. A student who arrives for a scheduled exam more than 30 minutes after the start of the exam will not be permitted to sit for the exam. The exam time will not be extended for students who arrive after the start of the exam but within the 30 minute window.

f. During the exam there is to be no talking or discussion between exam takers. Instructors will not answer questions about the exam items during the exam.
g. Students are to notify the instructor of any issue regarding the functionality of their computer or the ExamSoft system during the exam.

h. Upon completion of the exam, the student must end and close out their exam session in the presence of the instructor or exam proctor and the examination must be uploaded to the ExamSoft server, and prior to leaving the exam room. An ExamSoft examination file that has not been uploaded to the ExamSoft server during or immediately upon conclusion of the exam period will be counted as a missed exam and will not be scored. If the student experiences a network connection problem preventing upload of the exam they are to advise the instructor or exam proctor for assistance. In the event the connection problem cannot be resolved at the time in the exam room, the student will be advised by the instructor or exam proctor on the steps to be taken to secure the exam computer and subsequent upload procedures.

f. A student who elects to leave the exam room prior to the end of the exam period, must end and close out their exam in the presence of the instructor or exam proctor. The student will not be permitted to resume the exam once they have left the exam room. Course exam periods do not extend beyond 2-hours.

Examination Review and Scoring

a. Examination reviews are conducted at the discretion of the instructor. During a review students are not permitted to take notes of any kind, nor make any audio or video recording of the review. Violation of this provision will be considered an act of academic misconduct.

b. Students who wish to challenge an exam question, must do so in writing with an appropriate reference citation from the course text(s) that supports accepting one of the alternate answer choices. A written challenge must be submitted by 5pm on the day of the exam, or by 8am the following morning for exams administered after 5pm. The instructor retains the right to accept or reject the question challenge.

c. Instructors at their discretion may have the ExamSoft system display a preliminary exam score upon close out of the exam. Exam scores will not be final until posted by the instructor. At their discretion, instructors may make adjustment to the exam key prior to final scoring to account for an error in the preliminary answer key or to allow for an alternative correct answer(s). A question that is eliminated from the final scoring will result in the total number of exam items being reduced. The final score is the percent of questions answered correctly out of the total number of exam items remaining, in the event an item was eliminated.

d. Exam scores are recorded as the percent of correct answers out of the final total exam items. Once posted, all exam scores are final.

EXAM Make-Up Policy

a. Students are expected to be in attendance on the date and time scheduled for all exams.

b. Make-up exams are not given for Course Exams 1, 2, or 3 as identified in the anesthesia course syllabi. If a student is not in attendance to sit for Exam 1, 2, or 3, their score on Exam 4 will be used in its place in accordance with the provisions in b. below. If a student is not in attendance to sit for Exam 4, they must make written request to the instructor to sit for a make-up Exam 4, provided they meet the provisions of b.1 or b.2 below.

b. The DNAP Program recognizes three categories of absence from a scheduled exam:
   1. Pre-excused absence – Students who know in advance they may have a conflict with a scheduled exam should first make all efforts to resolve/reschedule the conflicting event. Where the conflict cannot be resolved in advance, the student must
make a written notification to the instructor as early as possible, but no less than 24-
hours in advance of the scheduled exam. Conflicting events in this category are:
official religious holidays, urgent/emergency personal or immediate family
hospitalization, and government mandated appearance/participation ie: jury duty,
summons, military duty.

2. Excused absence - Students who are unable to attend a scheduled exam due to: an
urgent/emergency personal illness/injury or that of an immediate family member that
requires medical intervention or hospitalization; death of an immediate family
member, or special circumstance precluding attendance must provide voicemail or
email notification to the instructor prior to the scheduled exam. The student must make
written notification to the instructor and provide validating documentation of the event
precluding attendance at the exam within two-days.

3. Non-excused – Students who fail to attend a scheduled exam for reasons other than
those covered in 1 or 2 above, will be considered to have forfeited the opportunity to
sit for the exam. A non-excused absence from a scheduled exam will result in the
assignment of a score of Zero. A score of Zero will by default result in failure of the
course since it will not be possible to score higher than a final score average of 75. To
qualify for eligibility to retake the course, the student must score a minimum final
score average of 64 from the remaining exams.

c. Students will be allowed no more than one missed exam (Exam 1, 2 or 3) in a course.
d. The Exam 4 make-up exam will cover any didactic content covered for the course
period. The format of the make-up exam will include multiple choice format questions, in
addition to short-answer or essay format questions.
e. The Exam 4 make-up exam must be completed within 4 days of the missed scheduled
Exam 4. The make-up exam may not be scheduled during a schedule clinical or lab day. In the
case of circumstances precluding completion of the make-up exam within 4 days, a grade of
Incomplete (I) will be issued and the Exam 4 make-up exam will be completed during the first
week of the next semester term.

Course Assignment Policy

a. Students are expected to be in attendance on the date and time scheduled for all exams
or other course assignment due dates.
b. Assignments in the form of papers or similar deliverables are due in class on the due
date as specified for the assignment.
c. Where the student is unable to attend class on the date that an assignment is due, the
assignment must be submitted to the course instructor via email in electronic format, no later
than the day and start time of the class session.
d. Where an assignment involves a group project paper, the policy is the same, the
contribution portion of the assignment is due within the parameters above.
e. Where an assignment involves a presentation or group presentation, delivery of the
presentation is expected in class on the due date as specified for the assignment.
f. Where the student is unable to attend a class session where a presentation is due, the
Program will recognize three categories of absence as stated in the section B.1-3 Exam Make-up
Policy as stated above. For a pre-excused and excused absence, the student and instructor will
attempt to reschedule the presentation. Where it is not possible to reschedule, the presentation
may be scheduled before the instruction and subject to oral or written questions. For an non-
excused absence, the student will receive a Zero for the assignment. A score of Zero will by
default result in failure of the course since it will not be possible to score higher than a final
score average of 75. To qualify for eligibility to retake the course, the student must score a
minimum final score average of 64 from the remaining exams/assignments.

The American Association of Nurse Anesthetists (AANA) Scope and Standards for Nurse Anesthesia Practice emphasize that continuous clinical observation and vigilance are the basis of safe anesthesia care. For purposes of this policy vigilance is defined here as a state of readiness to detect and respond to small changes occurring at random intervals in the environment in the context of safe clinical care. Nurse Anesthetists have an ethical and legal responsibility to provide safe patient care by avoiding non-essential distractions. Non-essential distractions, especially those associated with use of electronic mobile devices (e.g., mobile phones, Smartphones, tablets, PDAs), may lead to significant patient safety lapses. Other recent research has also suggest that some of these devices, especially mobile phones are a significant potential contamination risk and the issue of radio frequency interference with medical devices is still the subject of investigation and research. The use of some of these devices for photo or video recording has also raised concerns regarding professional boundaries and patient privacy rights protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

At the same time, electronic mobile devices and fixed electronic devices are being integrated into the healthcare environment as an aid to evidenced based practice, as an emergency reference resource, for electronic health records, and for electronic communications to aid in the logistics of care delivery. To that end, the AANA has issued Position Statement Number 2.18 Mobile Device Use and the Council on Accreditation of Nurse Anesthesia Educational Programs has issued Standard III C.21.a.2 stating Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).

To facilitate compliance with the AANA Position Statement 2.18 and the COA Standard III C.21.a.2, the Program herein adopts these standards as a matter of policy and procedure regarding the use of electronic mobile devices in the clinical setting. The Nurse Anesthetist Resident all times while in the clinical setting will adhere to the policy and procedures of the clinical institution with regard to electronic devices. Second, or in the absence of an institutional policy, Nurse Anesthetist Residents will be bound to the provisions of AANA Position Statement 2.18 and the COA Standard III C.21.a.2. The use of electronic mobile devices for nonclinical care activity, in the immediate patient care environment that is not related to specific patient care is prohibited. The use of electronic mobile devices for nonclinical care activity shall include but is not limited to: personal phone calls, social media use, accessing nonclinical internet content, photos or video recorded or viewed, playing music or video, and any use of headphones or earphone devices that would limit normal hearing. Electronic mobile devices carried physically carried or attached to the Nurse Anesthetist Resident must be secured so as not to pose a hazard to patient care activity, must comply with prevailing uniform and personal protective equipment...
policies and procedures and must be cleaned with an appropriate antimicrobial solution according to current best practice recommendations of prevailing resources (Infection Control Policy, CDC, device manufacturer).

Noncompliance with this policy constitutes noncompliance with AANA Position Statement 2.18 and the COA Standard III C.21.a.2. A first offense will result in placement on Administrative Probation. Noncompliance with this policy as a second offense will constitute grounds for termination from the Nurse Anesthetist Program.
APPENDIX

Council on Accreditation of Nurse Anesthetist Education Programs
Standards for Accreditation
# TABLE OF CONTENTS

## STANDARDS FOR ACCREDITATION OF NURSE ANESTHESIA EDUCATIONAL PROGRAMS

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2004 Standards for Accreditation of Nurse Anesthesia Educational Programs
Preface

The educational standards for nurse anesthesia programs represent the work of many individuals and groups that are affected by them, including certified registered nurse anesthetist (CRNA) practitioners and educators; nurse anesthesia students; administrators and faculty of colleges and universities; hospital administrators; state boards of nursing; the staff of the U.S. Department of Education (USDE); the Council for Higher Education Accreditation (CHEA), and other nationally recognized accreditation agencies; members of the councils on certification, recertification, and public interest in anesthesia; and the Board of Directors of the American Association of Nurse Anesthetists (AANA). Special recognition must be given to members of the Assembly of School Faculty of Nurse Anesthesia and to those on the AANA Education Committee for their continuing efforts to promote, support, and encourage the Council's objectives of quality assessment and enhancement in nurse anesthesia education through the accreditation mechanism.

Suggestions for future revisions should be forwarded to:

Council on Accreditation of Nurse Anesthesia Educational Programs
222 South Prospect Avenue, Suite 304
Park Ridge, Illinois 60068-4001
The Value of Accreditation

Accreditation is an activity that has long been accepted in the United States, but it is generally unknown in most other countries because they rely on governmental supervision and control of educational institutions. The accomplishments and outstanding successes in the education of Americans can be traced in large part to the reluctance of the United States to impose governmental restrictions on institutions of postsecondary education and to the success of the voluntary American system of accreditation in promoting quality without inhibiting innovation. The large percentage of Americans who benefit from higher education, the reputation of U.S. universities for both fundamental and applied research, and the widespread availability of professional services in the United States all attest to the high quality of postsecondary education and the success of the accreditation system that the U. S. institutions and professions have devised to promote quality.

Accreditation is a peer process whereby a private, nongovernmental agency grants public recognition to an institution or specialized program that meets or exceeds nationally established standards of acceptable educational quality. A guiding principle of accreditation is the recognition that institutions or specialized programs have a right to expect that they will be evaluated in the light of their own stated purposes, as long as those purposes are educationally appropriate and fall within the recognized scope of the accrediting body.

There are two fundamental reasons for accreditation: (1) to ensure quality assessment and (2) to assist in quality improvement. Accreditation, which applies to institutions or programs, must be distinguished from certification and licensure, which apply to individuals. Accreditation cannot guarantee the quality of individual graduates, but it can provide reasonable assurance of the context and quality of the education that is offered.

Accreditation provides services that are of value to several constituencies:

The public receives:

1) reasonable assurance of the external evaluation of a program and its conformity with general expectations in the professional field;
2) identification of programs that have voluntarily undertaken explicit activities directed at improving their quality and their successful execution;
3) improvement in the professional services available to the public, resulting from the modification of program requirements to reflect changes in knowledge and practice that are generally accepted in the field;
4) less need for intervention by public agencies in the operations of educational programs, because of the availability of private accreditation for the maintenance and enhancement of educational quality.

Students benefit from:

1) reasonable assurance that the educational activities of an accredited program have been found to be satisfactory and meet the needs of students;
2) assistance in transferring credits among programs and institutions;
3) a uniform prerequisite for entering the profession.

Programs receive:

1) the stimulus needed for self-directed improvement;
2) peer review and counsel provided by the accrediting agency;
3) enhancement of their reputation, because of the public’s regard for accreditation;
4) eligibility for selected governmental funding programs and private foundation grants.

The profession realizes:

1) a means for participation of practitioners in establishing the requirements for preparation to enter the profession;
2) a contribution to the unity of the profession by bringing together practitioners, educators, students, and the communities of interest in an activity directed toward improving professional preparation and practice.

             • The Importance of Specialized Accreditation: A Message to Our Publics, ASPA, 1998.
History of Nurse Anesthesia Accreditation

On June 11, 1930, Agatha Hodgins, a nurse anesthetist, set forth her ideas regarding the essentials of a national organization for nurse anesthetists. They included (a) organization of a special group; (b) establishment of educational standards; (c) development of a state registration mechanism; (d) lobbying to practice without unwarranted criticism; and (e) improving the quality of work through study and research. She became the force behind establishing an organization dedicated to meeting the needs of the first nursing specialists. One of the initial objectives of the National Association of Nurse Anesthetists (whose name was later changed to the American Association of Nurse Anesthetists) was to develop the mechanics for establishing a program to evaluate schools of nurse anesthesia.

An Education Committee was established in 1933, which was charged with the development of educational standards, maintenance of a central bureau, and compilation of lists of approved schools and qualified instructors. The minimum standards called for a course of 4 months' duration, 250 anesthesia cases, and 75 hours of classroom instruction. The work of this committee over the next two decades resulted in revision of the guidelines for the course of study and development of the essentials for approval of nurse anesthesia schools. In addition to nursing at the postsecondary level, the course of study has developed into a full 2- to 3-year program requiring extensive preparation in the advanced sciences and supplemented by a clinical practicum in healthcare facilities that can provide a broad range of clinical experiences.

The formal accreditation program began in 1952 with the endorsement of the American Hospital Association (AHA) and advisement from its Council on Professional Practice. In 1955, AANA was listed by the U.S. Commissioner of Education as the recognized agency for accreditation of nurse anesthesia schools.

The accreditation function was transferred to the AANA's Council on Accreditation of Nurse Anesthesia Educational Programs in 1975, in response to a major revision of the U.S. Office of Education criteria. The revised criteria reflected many of the sociopolitical concerns of the time: (1) public accountability, (2) conflicts of interest, (3) consumer protection, (4) nondiscriminatory practices, (5) due process, and (6) community of interest involvement. These criteria mandated a structural change in the AANA that resulted in the formation of three semiautonomous councils -- accreditation, certification, and practice (now known as the Council for Public Interest in Anesthesia). These councils were granted full functional and operational autonomy over the next 3 years, after proving their effectiveness in performing their respective responsibilities. A fourth council, recertification, was established in 1978 to serve as the monitoring body for the continuing education of nurse anesthetists. The Council on Accreditation of Nurse Anesthesia Educational Programs has existed since 1978 as an autonomous, multidisciplinary body under the corporate structure of the AANA, representing the various publics within the nurse anesthesia community of interest in which the profession resides. The 12 members of the Council represent...
the following groups: (1) nurse anesthesia educators and practitioners, (2) nurse anesthesia students, (3) health care administrators, (4) universities, and (5) public members. All members have been vested with full decision making and voting powers with the exception of the nurse anesthesia student who shall serve as a non-voting member of the Council.

The Council on Accreditation of Nurse Anesthesia Educational Programs has been continuously recognized by the U.S. Department of Education (USDE) since 1975, as well as by the Council on Postsecondary Accreditation or its successor, the Commission on Recognition of Postsecondary Accreditation (CORPA), since 1985. The Council for Higher Education Accreditation assumed CORPA’s recognition functions in 1997. The scope of accreditation was clarified by the USDE in 1993 and by CORPA in 1994 to delete reference to generic programs and specify nurse anesthesia programs that prepared graduates at the certificate, baccalaureate, master's, and doctoral degree levels. In 1997, the scope was revised to delete baccalaureate programs that no longer existed. Currently, the Council is identified by the USDE as a nationally recognized accrediting agency for the accreditation of institutions and programs of nurse anesthesia at the post master's certificate, master's, or doctoral degree levels in the United States, its territories, and protectorates.

A number of requirements in the 1994 standards were written to comply with regulations that carried out provisions of the 1992 reauthorization of the Higher Education Act. In passing the law, Congress increased USDE's oversight of institutions that receive federal student aid by implementing more stringent requirements for the USDE, state governments, and accrediting agencies, such as the Council on Accreditation of Nurse Anesthesia Educational Programs. The impetus for the new requirements was an unacceptably high national rate of graduates who failed to repay their federal student loans. As a result of the new requirements, many accrediting agencies lost USDE recognition because their accreditation was not needed to obtain federal monies. Regulations were adopted that specified new areas for accreditation review, such as tuition in relation to the subject matter taught, default rates in student loan programs, records of student complaints, and job placement rates.

The reason why the Council maintains USDE recognition falls under the legislative mandate that calls for the USDE to identify reliable authorities for the quality of training that is offered by educational institutions and programs as the basis for ascertaining eligibility for federal funding under selected legislation. The Council maintains CHEA recognition to demonstrate its effectiveness in assessing and encouraging improvement and quality in programmatic accreditation. The Council also subscribes to the Code of Good Practice for accrediting organizations through membership in the Association of Specialized and Professional Accreditors (ASPA).
Mission, Purposes, and Objectives of the Council on Accreditation of Nurse Anesthesia Educational Programs

Mission Statement

The Council’s mission, through its accreditation activities, is to (1) grant public recognition to nurse anesthesia programs and institutions that award graduate degrees for entry into nurse anesthesia practice, award graduate degrees for CRNAs, award post graduate certificates, and/or offer post-graduate fellowships that meet nationally established standards of academic quality and (2) assist programs and institutions in improving educational quality.

The goals of the Council are to:

1. Pursue its mission, goals and objectives and conduct its operations with integrity.
2. Formulate, and/or adopt standards, criteria, policies and procedures for the accreditation of nurse anesthesia educational programs, subject to review and comment by all constituencies that are significantly affected by them.
3. Foster academic quality in educational programs.
4. Utilize evaluation to measure a program's degree of success in meeting programmatic objectives and accreditation requirements within the context of its institutional mission and resources.
5. Encourage innovations in program design and/or experimental programs that are based on sound educational principles.
6. Ensure responsiveness to its communities of interest including, but not limited to students, programs, and the public.
7. Foster student achievement and continuous program improvement as a basis of promoting quality nurse anesthesia services to the public.
8. Incorporate public involvement in its decision making related to quality and accountability.

The objectives of the COA are to:

1. Publish standards of accreditation and policies and procedures defining the accreditation process for nurse anesthesia graduate programs with input from the communities of interest.
2. Periodically assess programs for compliance with accreditation standards through annual reports, self-studies, site visits, and progress reports.
3. Confer and publish accreditation decisions and the reasons for the decisions.
4. Require programs to routinely provide reliable performance and information data to the public.
5. Offer consultation concerning nurse anesthesia education to enhance academic quality.
6. Conduct collaborative reviews with other accrediting agencies, as appropriate.
7. Maintain external recognition by recognized authorities.
8. Participate in a systematic self-assessment of the standards, policies, and procedures of accreditation to ensure accuracy and reliability.
9. Provide accurate information concerning accredited programs.
10. Consider legitimate allegations from complainants concerning the accreditation process.
11. Employ appropriate and fair procedures in decision-making.
12. Ensure the academic quality of distance and traditional educational offerings.
The Accreditation Process

The Council on Accreditation is responsible for establishing the standards for accreditation of nurse anesthesia educational programs, subject to consideration of the revisions by the communities of interest. The standards address: (I) governance, (II) resources (III) program of study, (IV) program effectiveness, and (V) accountability. The standards have been under review and have been subject to periodic major and minor revisions since they were established. Compliance with the standards forms the basis for the Council’s accreditation decisions.

Certain criteria have been ascertained to have major significance regarding educational quality. Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation and is marked with an asterisk (*). The Council reserves the right to identify other areas or criteria. The accreditation process for established programs is based on the self-evaluation study document prepared by the program and on an on-site review by a team of two or three reviewers. The process is repeated at intervals up to 10 years. A summary report of the review is presented to the Council for an accreditation decision. New programs that seek accreditation status must successfully complete an initial accreditation review, admit students, and undergo a subsequent review after the first students graduate.

Ongoing oversight by the Council is provided between formal programmatic reviews. Programs are required to advise the Council and get approval of major changes. The Council also investigates situations brought to its attention that may affect a program’s accreditation status. Each program is required to complete and submit an annual report.

In a broad sense, accreditation of nurse anesthesia educational programs provides quality assurance concerning educational preparation through continuous self-study and review. The ultimate goals of the accreditation program are to improve the quality of nurse anesthesia education and provide competent anesthetists for healthcare consumers and employers. Graduation from an accredited program is a prerequisite for eligibility for national certification, and it is also used as a criterion by licensing agencies, employers, and potential students in the decisions they make and in determining eligibility for government funding.

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STANDARDS FOR ACCREDITATION OF
NURSE ANESTHESIA EDUCATIONAL PROGRAMS

COUNCIL ON ACCREDITATION OF
NURSE ANESTHESIA EDUCATIONAL PROGRAMS

To be considered for Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accreditation, a nurse anesthesia program must demonstrate that it develops and implements the necessary mechanisms to comply with five educational standards.

Standard I: Governance

INSTITUTIONAL GOVERNANCE RESULTS IN THE EFFICIENT OPERATION OF THE NURSE ANESTHESIA PROGRAM, PROMOTES EDUCATIONAL EXCELLENCE AND SUPPORTS NEEDED CHANGE THROUGH THE IMPLEMENTATION OF ITS MISSION AND PHILOSOPHY. THE INFRASTRUCTURE FACILITATES ATTAINMENT OF PROGRAM GOALS AND OBJECTIVES AND INVOLVES ITS COMMUNITIES OF INTEREST.

CRITERIA

A1. The mission and/or philosophy of the conducting institution's governing body promotes educational excellence and supports the nurse anesthesia program within a graduate framework.

A2. The organizational relationships of the institution, academic unit, and program are clear, support the objectives of the program, and facilitate needed change.

A3. The governance structures in which the program functions facilitate appropriate involvement and communication among and between faculty, students, administrators, the public, and its communities of interest.
A4. The governing body appoints a CRNA as program administrator with leadership responsibilities and authority for the administration of the program. The CRNA administrator must be qualified by experience and have an earned graduate degree from an institution of higher education accredited by a nationally recognized accrediting agency.**

A5. The governing body appoints a CRNA, qualified by graduate degree, education, and experiences to assist the CRNA program administrator and, if required, assume leadership responsibilities. This individual must have an earned graduate degree from an institution of higher education accredited by a nationally recognized accrediting agency.**

A6. The program appoints a CRNA, master’s degree preferred, or anesthesiologist coordinator for each clinical site with defined responsibilities for students.***

A7. The conducting organization completes a legally binding written agreement that outlines the expectations and responsibilities of all parties when an academic or clinical affiliation is established or two or more entities with unshared governance enter into a joint arrangement to conduct a program.

A8. The academic institution identifies an appropriate liaison at the academic site when it enters into an affiliation with a nurse anesthesia program.

A9. A program of nurse anesthesia has current written policies and procedures that facilitate its efficient and effective operation.

A10. The institution’s and/or program’s committee structure is appropriate to meet program objectives, and includes public, student, and faculty participation.

A11. An accredited program is required to act in accordance with the Council’s policies and procedures for accreditation.

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

** Doctoral degrees will be required for the CRNA program administrators (program administrator and assistant program administrator) in all doctoral programs by 2018. All degrees must be awarded by a college or university that is accredited by a nationally recognized institutional accreditor.

*** Master’s degrees are required for CRNA clinical coordinators by 2015 unless an exception for this requirement has been approved by the COA. All programs must meet this requirement by January 1, 2015.
Standard II: Resources

THE CONDUCTING INSTITUTION DEMONSTRATES THAT RESOURCES ARE SUFFICIENT TO PROVIDE ONGOING COMMITMENT AND SUPPORT OF THE NURSE ANESTHESIA PROGRAM.

CRITERIA

* B1. Resources are adequate to promote effective teaching and student learning and to achieve the program’s stated outcomes within the context of the institutional mission.

B2. There is a budget that provides evidence of adequate funding for nurse anesthesia education.

B3. The CRNA program administrator provides input into the budget process to ensure adequate resources are available for the program.

* B4. The conducting institution(s) demonstrates ongoing commitment to and support of both the clinical and academic components of the nurse anesthesia program by providing adequate: (--)

  a. Financial resources to comply with accreditation standards.
  b. Physical resources including facilities, equipment, and supplies.
  c. Learning resources including clinical sites, library, technological access and support.
  d. Numbers of qualified faculty for clinical, classroom instruction and scholarly activities.
  e. Support personnel.
  f. Student services (see Glossary: student services).
*B4. The program’s resources must be adequate to support the size and scope of the program to appropriately prepare students for practice and to promote the quality of graduates including: (+) 

a. Financial resources that are budgeted and used to meet accreditation standards. 
b. Physical resources including facilities, equipment, and supplies. 
c. Learning resources including clinical sites, library, technological access and support. 
d. Faculty. 
e. Support personnel. 
f. Student services (see Glossary: student services). 

B5. The conducting institution provides sufficient time and resources to permit faculty to fulfill their teaching, scholarly activities, service, administrative and clinical responsibilities. 

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation. 

(--) This criterion will be discontinued effective January 1, 2015. 

(+) All programs must be in compliance with this criterion by January 1, 2015.
Standard III: Program of Study

THE PROGRAM CURRICULUM IS RELEVANT, CURRENT, COMPREHENSIVE, AND MEETS COMMONLY ACCEPTED NATIONAL STANDARDS FOR SIMILAR DEGREES. THE TEACHING-LEARNING ENVIRONMENT PROMOTES THE ACHIEVEMENT OF EDUCATIONAL OUTCOMES DRIVEN BY THE MISSION OF THE INSTITUTION AND FOSTERS STUDENT LEARNING, PROFESSIONAL SOCIALIZATION, AND FACULTY GROWTH. THE CURRICULUM PREPARES GRADUATES FOR THE FULL SCOPE OF NURSE ANESTHESIA PRACTICE.

CRITERIA

C1. The program’s curriculum builds upon prior nursing education and professional experiences, is congruent with the mission of the institution and is designed so that students benefit from the program.

C2. The faculty designs a curriculum that awards a master’s or higher-level degree to graduate students who successfully complete graduation requirements.**

C3. The program sets forth the curriculum in a logical manner with sequential presentation of classroom and clinical experiences.

C4. The nurse anesthesia program must be a minimum of 24 months in length or its part-time equivalent.

C5. The educational environment fosters student learning and promotes professional socialization.

C6. The educational environment provides opportunities for faculty development.

C7. The program designs a curriculum that enables graduates to attain certification in the specialty.

C8. The program designs, when appropriate, an experimental/innovative curriculum that enables graduates to attain certification in the specialty.

C9. The content of the curriculum is appropriate to the degree or certificate earned.

C10. The curriculum meets commonly accepted national standards for similar degrees.

C11. Distance education programs and courses satisfy accreditation standards and achieve the same outcomes as traditional educational offerings.
C12. The educational environment promotes academic quality as evidenced through a variety of indicators (see Glossary: academic quality).

* C13. The program enrolls only baccalaureate prepared students who meet admission criteria. Admission requirements include:

  a. Registration as a professional nurse in the United States, its territories or protectorates.
  
  b. At least one year of experience as a RN in an acute care setting (see Glossary: Acute care experience). (--)
  
  b. At least one year of experience as a RN in a critical care setting (see Glossary: Critical care experience). (+)

* C14. The basic nurse anesthesia academic curriculum and prerequisite courses focus on coursework in anesthesia practice: pharmacology of anesthetic agents and adjuvant drugs including concepts in chemistry and biochemistry (105 hours); anatomy, physiology, and pathophysiology (135 hours); professional aspects of nurse anesthesia practice (45 hours); basic and advanced principles of anesthesia practice including physics, equipment, technology and pain management (105 hours); research (30 hours); and clinical correlation conferences (45 hours). (--)

*C14. The basic nurse anesthesia academic curriculum and prerequisite courses focus on coursework in anesthesia practice: pharmacology of anesthetic agents and adjuvant drugs including concepts in chemistry and biochemistry (105 hours); anatomy, physiology, and pathophysiology (135 hours); professional aspects of nurse anesthesia practice (45 hours); basic and advanced principles of anesthesia practice including physics, equipment, technology and pain management (105 hours); research (30 hours); and clinical correlation conferences (45 hours); radiology; and ultrasound. (+)

C15. The didactic curriculum includes three (3) separate comprehensive graduate level courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology.***

C16. The amount of advanced standing or transfer credits awarded by the degree granting institution is clearly stated and publicized.

C17. The clinical curriculum provides students with opportunities for experiences in the perioperative process that are unrestricted, and promote their development as competent safe nurse anesthetists.

* C18. The nurse anesthesia clinical curriculum prepares the student for the full scope of current practice in a variety of work settings and requires a minimum of 550 clinical cases including a variety of procedures, techniques, and specialty practice (see Appendix).
C19. The program provides opportunities for students to obtain clinical experiences outside the regular clinical schedule by a call experience or other mechanism.

C20. The program demonstrates that it has achieved its stated outcomes.

C21. The program demonstrates that graduates have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication, and the competencies needed to fulfill their professional responsibility.

a. Patient safety is demonstrated by the ability of the graduate to:

1. Be vigilant in the delivery of patient care.
2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, e-mailing, etc.) (+)
3. Protect patients from iatrogenic complications.
4. Participate in the positioning of patients to prevent injury.
5. Conduct a comprehensive and appropriate equipment check.
6. Utilize standard precautions and appropriate infection control measures.

b. Individualized perianesthetic management is demonstrated by the ability of the graduate to:

1. Provide care throughout the perianesthetic continuum.
2. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
3. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
4. Provide anesthesia services to all patients, including trauma and emergency cases.
5. Administer and manage a variety of regional anesthetics.
6. Function as a resource person for airway and ventilatory management of patients.
7. Possess current advanced cardiac life support (ACLS) recognition.
8. Possess current pediatric advanced life support (PALS) recognition.
9. Deliver culturally competent perianesthetic care throughout the anesthesia experience (see Glossary: Culturally competent).

10. Perform a comprehensive history and a physical assessment. (+)

c. Critical thinking is demonstrated by the graduate’s ability to:

1. Apply knowledge to practice in decision-making and problem solving.

2. Provide nurse anesthesia care based on sound principles and research evidence.

3. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.

4. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.

5. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.

6. Calculate, initiate, and manage fluid and blood component therapy.

7. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.

8. Pass the Council on Certification of Nurse Anesthetists’ (CCNA) certification examination in accordance with CCNA policies and procedures.

d. Communication skills are demonstrated by the graduate’s ability to:

1. Effectively communicate with individuals influencing patient care.

2. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.

e. Professional responsibility is demonstrated by the graduate’s ability to:

1. Participate in activities that improve anesthesia care.

2. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.

3. Interact on a professional level with integrity.

4. Teach others.
5. Participate in continuing education activities to acquire new knowledge and improve his or her practice.

6. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency. (see Glossary: Chemical Dependency and Wellness for recommended content)

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

** The COA will not consider any new master’s degree programs for accreditation beyond 2015. Students accepted into an accredited program on January 1, 2022 and thereafter must graduate with doctoral degrees.

*** All programs must meet this criterion by 2015.

(--) This criterion will be discontinued effective January 1, 2015.

(+) All programs must be in compliance with this criterion by January 1, 2015.
Standard IV: Program Effectiveness

PROGRAM EFFECTIVENESS IS EVIDENCED (1) IN THE QUALITY OF STUDENT, ALUMNI, AND FACULTY ACHIEVEMENT THAT FURTHERS THE INSTITUTION’S MISSION, PHILOSOPHY AND OBJECTIVES, (2) BY A COMMITMENT TO CONTINUOUS SELF-ASSESSMENT, AND (3) BY HOW IT ENHANCES THE EDUCATIONAL PROCESS.

CRITERIA

D1. The institution and/or program utilizes systematic evaluation processes to assess achievement in the following areas:

a. The quality of the didactic, clinical and research curriculum.
b. A teaching and learning environment that promotes student learning.
c. Faculty contributions to teaching, practice, service, and scholarly activities.
d. The competence of graduates entering anesthesia practice.
e. Alumni involvement in professional activities.
f. Institutional/program resources.
g. Student and faculty services.

D2. The program has a written plan for continuous self-assessment that promotes program effectiveness, purposeful change and needed improvement.

D3. The program relies upon periodic evaluations from its communities of interest to determine program effectiveness:

a. Student evaluations of the program, courses, classroom instruction, clinical instruction, and clinical sites.
b. Faculty evaluations of the program.
c. Employer evaluations of recent graduates.
d. Alumni evaluations of the program.
e. Evaluations of the program by external agencies.
D4. The program utilizes evaluation data from all sources to monitor and improve program quality and effectiveness and student achievement:

a. Student evaluations, formative and summative, are conducted by the faculty to counsel students and document student achievement in the classroom and clinical areas.

b. Student achievement is documented through self-evaluation.

c. Outcome measures, including graduation rates, grade point averages, Council on Certification of Nurse Anesthetists’ (CCNA) Certification Examination pass rates and mean scores, and employment rates and employer satisfaction are used to assess the quality of the program and level of student achievement.

d. The program’s evaluation plan is used to continuously assess compliance with accreditation requirements and to initiate corrective action should areas of noncompliance occur or recur.

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
**Standard V: Accountability**

**THE PROGRAM DEMONSTRATES ACCOUNTABILITY AND INTEGRITY TO ITS COMMUNITIES OF INTEREST INCLUDING THE PUBLIC, STUDENTS, FACULTY, THE CONDUCTING INSTITUTION(S), AND EXTERNAL AGENCIES.**

**CRITERIA**

* **E1.** The program evidences truth and accuracy in the following areas: advertising, student recruitment, admissions, academic calendars, program length, tuition and fees, travel requirements, catalogs, grading, representation of accreditation, and faculty accomplishments.

* **E2.** The program identifies, publishes, and distributes the rights and responsibilities of the following entities as they relate to the program: patients, applicants, students, faculty, conducting and affiliating institutions, and the accrediting agency.

* **E3.** The program annually publishes accurate information about its programmatic accreditation status, the specific academic program covered by the accreditation status, the name, address, and telephone number of the Council; and for the most recent graduating class the attrition, employment of graduates within six months of graduation, and the certification examination pass rate for first time takers.

* **E4.** Complaints, grievances and appeals are resolved in a timely and equitable manner affording adequate due process.

* **E5.** The program defines and uses policies and procedures that are fair and equitable and do not discriminate on the basis of race, color, religion, age, gender, national origin, marital status, disability, sexual orientation, or any factor protected by law.

* **E6.** The program defines and uses policies and procedures regarding academic integrity in all of its educational activities.

* **E7.** The program maintains accurate cumulative records of educational activities.

* **E8.** The program forbids the employment of nurse anesthesia students as nurse anesthetists by title or function.

* **E9.** The program limits students’ commitment to the program to a reasonable number of hours to ensure patient safety and promote effective student learning. (see Glossary: Reasonable time commitment) (--)

* **E9.** Student time commitment consists of a reasonable number of hours that does not exceed 64 hours per week (see Glossary: Reasonable time commitment). (+)
E10. The program restricts clinical supervision in nonanesthetizing areas to credentialed experts who are authorized to assume responsibility for the student (see Glossary: credentialed expert).

* E11. The program restricts clinical supervision of students in anesthetizing areas to CRNAs and/or anesthesiologists with institutional staff privileges who are immediately available in all clinical areas. Instruction by graduate registered nurse anesthetists or physician residents is never appropriate if they act as the sole agents responsible for the student.

* E12. The program ensures that students and CRNA faculty including clinical instructors are currently licensed as registered professional nurses in one jurisdiction of the United States and CRNAs are certified/recertified by the Council on Certification/Recertification of Nurse Anesthetists.

* E13. The clinical supervision ratio of students to instructors must be coordinated to insure patient safety by taking into consideration: The student’s knowledge and ability; the physical status of the patient; the complexity of the anesthetic and/or surgical procedure; and the experience of the instructor (see Glossary).

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

(--) This criterion will be discontinued effective January 1, 2015.

(+) All programs must be in compliance with this criterion by January 1, 2015.
Additional criteria for the Standards regarding:

**Practice-Oriented Doctoral Degrees**

1. Programs must offer either a Doctor of Nursing Practice (DNP) or Doctor of Nurse Anesthesia Practice (DNAP) degree unless a waiver for this requirement has been approved by the COA. (+)

2. Faculty members demonstrate competency in scholarly and professional work in the relevant discipline (Standard III).

3. Doctoral students have sufficient access to appropriately credentialed faculty (Standard II).

4. There is an established assessment procedure to verify competence in pertinent scholarship skills relevant to the area of academic focus (Standard III).

5. The post-baccalaureate curriculum is a minimum of 3 years of full-time study or longer if there are periods of part-time study (Standard III).

6. The requirements for the practice-oriented doctoral degree are significantly beyond those required for a master’s degree (Standard III).

7. Doctoral students master additional theory, knowledge and scholarship skills relevant to the area of academic focus by demonstrating the following competencies (Standard III):

   **Biological Systems, Homeostasis and Pathogenesis**
   
   a. Analyzes best practice models for nurse anesthesia patient care management through integration of knowledge acquired from arts and sciences within the context of the scope and standards of nurse anesthesia practice.

   b. Uses a systematic outcomes analysis approach in the translation of research evidence and data in the arts and sciences to demonstrate they will have the expected effects on nurse anesthesia practice.

   **Professional Role**
   
   a. Demonstrates ability to undertake complex leadership roles in nurse anesthesia.

   b. Demonstrates ability to provide leadership that facilitates intraprofessional and interprofessional collaboration.

   c. Integrates critical and reflective thinking in leadership style.

   d. Demonstrates ability to utilize a variety of leadership principles in the management of situations.

   **Healthcare Improvement**
a. Uses evidence based practice to inform clinical decision making in nurse anesthesia.
b. Evaluates how public processes impact the financing and delivery of healthcare.
c. Develops and assesses strategies to improve patient outcomes and quality of care.  

Practice Inquiry
a. Demonstrates the ability to assess and evaluate health outcomes in a variety of 
populations, clinical settings, and systems.
b. Demonstrates ability to disseminate research evidence.
c. Completes a scholarly work that demonstrates knowledge within the area of academic 
focus.

Technology and Informatics
a. Uses information systems/technology to support and improve patient care and 
healthcare systems.
b. Critically evaluates clinical and research databases used as clinical decision support 
resources.

Public and Social Policy
a. Advocates for health policy change to improve patient care and advance the specialty 
of nurse anesthesia.

Health Systems Management
a. Analyzes the structure, function and outcomes of healthcare delivery systems and 
organizations.
b. Analyzes business practices typically encountered in nurse anesthesia delivery 
settings.
c. Analyzes risk management plans based on information systems to promote outcome 
improvement for the patient, organization and community.

Ethics
a. Applies ethically sound decision-making.
b. Informs the public of the role and practice of the doctoral-prepared CRNA and 
represents themselves in accordance with the Code of Ethics for CRNAs.
c. Fulfills the obligation as a doctoral-educated professional to uphold the Code of 
Ethics for CRNAs.

**Note: **Shorter programs of study can be submitted for consideration when accompanied 
by supporting rationale that ensures compliance with accreditation standards.

(+)** All programs must be in compliance with this criterion by January 1, 2015.
Additional criteria for the Standards regarding:

**Research-Oriented Doctoral Degrees**

1. Doctoral students are prepared to advance theory and knowledge of the discipline in which the degree is awarded (Standard III).

2. Doctoral students develop advanced scholarship skills and generate research relevant to the discipline (Standard III).

3. Doctoral students complete a dissertation or equivalent scholarly work that constitutes an original contribution to the knowledge within the discipline (Standard III).

4. Faculty members demonstrate competency for scholarly and professional work in the relevant discipline (Standard III).

5. Doctoral students have sufficient access to appropriately credentialed faculty (Standard II).

6. There is direct assessment of doctoral student achievement, including extensive comprehensive examinations conducted by recognized scholars in the discipline, to verify the knowledge and skills that constitute mastery in the discipline (Standard III).

7. There are established examination and assessment procedures to verify competence in pertinent research skills (Standard III).

8. Doctoral students defend the final dissertation or equivalent scholarly work before acknowledged scholars in the discipline (Standard III).

9. The curriculum is a minimum of 5 years in length post-baccalaureate or a minimum of 4 years in length post-master’s of full-time study or longer if there are periods of part-time study (Standard III). **

10. Adequate resources such as teaching and research assistantships, internal and external funding or federal grants are available to support the research mission of the academic unit (Standard II).

11. There is support for research essential for degree purposes (Standard II).

12. The educational environment encourages scholarly research (Standard II).

13. Faculty are provided sufficient time and resources for scholarship and the conduct of research (Standard II).
14. The requirements for the research-oriented doctoral degree are significantly beyond those required for a master’s degree and a practice-oriented doctoral degree (Standard III).

**Note:** Shorter programs of study can be submitted for consideration when accompanied by supporting rationale that ensures compliance with accreditation standards.
Additional criteria for the Standards regarding:

**Graduate Degree Programs for CRNAs** *

1. Anesthesia must be referenced in the title of the graduate degree offered and/or a significant component of the curriculum includes anesthesia-related material (Standard III).

2. The curriculum for a master’s or doctoral degree program for CRNAs is similar to the requirements for an equivalent degree that prepares registered nurses for entry into nurse anesthesia practice (Standard III).

3. The length of the approved program of study must be appropriate for the CRNA graduate student to complete the degree requirements for the master’s degree, practice-oriented doctoral degree, or research-oriented doctoral degree program (Standard III).

*(see Glossary: Graduate Degrees for CRNAs)
Additional criteria for the Standards regarding:

**Federally Mandated Requirements**

The criteria listed in this section are those required of all accrediting agencies in order to be in compliance with the Higher Education Act (HEA) of 1965, as amended by the HEOA in 2008. Many requirements have also been included in the Council’s policies and procedures.

1. The program and/or its conducting institution reviews the default rates in the student loan programs under Title IV of the Higher Education Act, based on the most recent data provided by the U.S. Secretary of Education.

2. The program’s conducting entity demonstrates compliance with an institution’s responsibilities under Title IV of the Higher Education Act, including: results of financial or compliance audits and program reviews and other information that the U.S. Secretary of Education may request.

3. The program provides evidence that students are made aware of their ethical responsibility regarding financial assistance they receive from public or private sources.
Appendix (+)

The minimum number of anesthesia cases is 550.

<table>
<thead>
<tr>
<th>CLINICAL EXPERIENCES</th>
<th>Minimum Required Cases</th>
<th>Preferred Number of Cases</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PATIENT PHYSICAL STATUS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classes III &amp; IV</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Class V</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>TOTAL CASES</td>
<td>550</td>
<td>650</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPECIAL CASES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric 65 + years</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>Pediatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric 2 to 12 years</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>Pediatric (less than 2 years)</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Neonate (less than 4 weeks)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Trauma/Emergency (E)</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>Ambulatory/Outpatient</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Obstetrical management</td>
<td>30</td>
<td>40</td>
</tr>
<tr>
<td>Cesarean delivery</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Analgesia for labor</td>
<td>10</td>
<td>15</td>
</tr>
</tbody>
</table>
### CLINICAL EXPERIENCES

<table>
<thead>
<tr>
<th>POSITION CATEGORIES</th>
<th>Minimum Required Cases</th>
<th>Preferred Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prone</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Lithotomy</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Lateral</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Sitting</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

### ANATOMICAL CATEGORIES

1. Count all that apply.

<table>
<thead>
<tr>
<th>ANATOMICAL CATEGORIES</th>
<th>Minimum Required Cases</th>
<th>Preferred Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intra-abdominal</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Extrathoracic</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Perineal</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Extracranial</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Intracranial</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Oropharyngeal</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Intrathoracic</td>
<td>15</td>
<td>40</td>
</tr>
<tr>
<td>Heart</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Lung</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Neuroskeletal</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Vascular</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>
### CLINICAL EXPERIENCES

<table>
<thead>
<tr>
<th>METHODS OF ANESTHESIA</th>
<th>Minimum Required Cases</th>
<th>Preferred Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>General anesthesia</td>
<td>350</td>
<td></td>
</tr>
<tr>
<td>Induction, maintenance, and emergence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous induction</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Inhalation induction</td>
<td>10  25</td>
<td></td>
</tr>
<tr>
<td>Mask management</td>
<td>25  40</td>
<td></td>
</tr>
<tr>
<td>Laryngeal mask airways (or similar devices)</td>
<td>25  40</td>
<td></td>
</tr>
<tr>
<td>Tracheal intubation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Oral</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>b. Nasal</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Total intravenous anesthesia</td>
<td>10  25</td>
<td></td>
</tr>
<tr>
<td>Emergence from anesthesia</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Regional techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Administration $^2$ (total of a, b &amp; c)</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>a. Spinal</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>b. Epidural</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>c. Peripheral</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>Monitored anesthesia care</td>
<td>25  50</td>
<td></td>
</tr>
</tbody>
</table>

$^2$ Students must have experience in each category.
## CLINICAL EXPERIENCES

<table>
<thead>
<tr>
<th></th>
<th>Minimum Required Cases</th>
<th>Preferred Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHARMACOLOGICAL AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalation agents</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Intravenous induction agents</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Intravenous agent - muscle relaxants</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Intravenous agent - opioids</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td><strong>ARTERIAL TECHNIQUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arterial puncture/catheter insertion</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Intra-arterial BP monitoring</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td><strong>CENTRAL VENOUS PRESSURE CATHETER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement $^3$ (total of a &amp; b)</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>a. Actual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Simulated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td><strong>PULMONARY ARTERY CATHETER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

$^3$ Simple models and simulated experiences may be used to satisfy this requirement.
### CLINICAL EXPERIENCES

<table>
<thead>
<tr>
<th>OTHER</th>
<th>Minimum Required Cases</th>
<th>Preferred Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intravenous catheter placement</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Mechanical ventilation</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Pain management (acute/chronic)</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Alternative airway management techniques (total of 1 &amp; 2) (see Glossary: alternative airway management techniques)</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>1) Fiberoptic techniques (^3) (total of a, b &amp; c)</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>a) Actual placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Simulated placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Airway assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other techniques</td>
<td>5</td>
<td>25</td>
</tr>
</tbody>
</table>

\(^3\) Simple models and simulated experiences may be used to satisfy this requirement.

(+): Effective January 1, 2015, the clinical case experience requirements will be revised to match the clinical case experience requirements in the Practice Doctoral Standards.
**Glossary**

**Academic faculty** - Instructors who are responsible for providing didactic instruction in their individual areas of expertise.

**Academic quality** - The presence of appropriate outcomes resulting from faculty teaching, student learning, research and professional practice. Academic quality requires an effective learning environment and sufficient resources for faculty and students to obtain the objectives of the program and meet accreditation standards.

**Accreditation** - A peer process whereby a private, nongovernmental agency grants public recognition to an institution or specialized program of study that meets or exceeds nationally established standards of acceptable educational quality.

**Acute care experience** - Work experience during which an RN has developed as an independent decision-maker capable of using and interpreting advanced monitoring techniques based on knowledge of physiological and pharmacological principles. (---)

**Agreement** - An exchange of a formal, written understanding between two or more entities that agree to provide appropriate academic and/or clinical learning experiences for students. Requirements should be outlined in sufficient detail to state clearly the expectations of the agreement and to protect the rights of the parties involved.

**Alternative airway management techniques** - Alternative airway management techniques include fiberoptic intubation, light wand, retrograde tracheal intubation, combitube, trans-tracheal jet ventilation, gum elastic bougie/tracheal tube changer, esophageal obturator airway, LMA guided intubation and cricothyroidotomy.

**Ambulatory/Outpatient** - Patients who are discharged from the facility within 23 hours or less following admission and surgery.

**Anesthesia care plan** - A written or verbal description of a proposed plan for the administration of an anesthetic, based on the known and anticipated needs of an individual patient during the perioperative period.

**Anesthesiologist** - A doctor of medicine (MD) or doctor of osteopathy (DO) who has successfully completed an approved anesthesiology residency program and has been granted active hospital staff membership and full hospital staff privileges in anesthesia.

**Appeal** - In cases where sanctions may be imposed against a student or faculty member, the right to a fair hearing before an impartial body should be granted in accordance with published rules and procedures. Students should be allowed to appeal any decision that suspends or dismisses them from a program or that delays their graduation.
Call - 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 duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases.

Call experience – Call is 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 duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. Although a student may be assigned to a 24 hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

Certification - The process whereby a nongovernmental agency grants recognition to an individual who has voluntarily met predetermined qualifications specified by the agency.

Chemical Dependency and Wellness – Chemical dependency is substance related disorders characterized by chronicity and progression that threaten wellness. Wellness is defined as a positive state of the mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life. The wellness/chemical dependency curriculum must be an evidence-based program of study which could include but is not limited to the following five key conceptual components:

1. Importance of Wellness to Health Care Professionals: Describe the integration of healthy lifestyles, adaptive coping mechanisms for career stressors, and an awareness of chemical dependency risk factors and pathophysiology.
2. Healthy Lifestyles: Describe attitudes, behaviors, and strategies (i.e., healthy nutrition, exercise, sleep patterns, and critical incidents’ stress management) that create a positive balance between ones personal and professional life for personal wellness.
3. Coping Mechanisms: Describe adaptive or maladaptive strategies and/or behaviors employed by individuals to reduce the intensity of experienced stress.
4. Identification and Intervention: Describe needed awareness of the symptoms of chemical dependency, appropriate strategies for successful intervention, treatment, and aftercare.
5. Re-Entry into the Workplace: Broadly describes components of successfully returning to anesthesia practice. These components include the frameworks for returning to administrative, academic or clinical anesthesia practice, strategies to reduce the likelihood of relapse, and elements of lifestyle adaptation that lead to a healthy balance of professional work and physical, emotional, and spiritual health.

Clinical experience - Supervised clinical activities in which the student gets to use the knowledge he or she has acquired in the clinical and/or academic phases of the program.
**Clinical faculty** - The CRNA or anesthesiologist who is responsible for teaching nurse anesthesia students during the perioperative period and for evaluating their clinical progress. When students are administering anesthesia, such instructors must be CRNAs or anesthesiologists with staff privileges in anesthesia.

**Clinical hours** – Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, preanesthesia assessment, postanesthetic assessment, patient preparation, OR preparation, and time spent in clinical rounds. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal or greater than the total number of hours of anesthesia time. (+)

**Clinical supervision** – Clinical oversight of graduate students in the clinical area that does not exceed two graduate students to one CRNA or anesthesiologist. In the case of medical direction, where the anesthesiologist medically directs 4 concurrent procedures, the ratio of graduate students to CRNA must not exceed 2:1.

**Commonly accepted national standards** - Standards that are generally recognized as determining quality of similar degrees by the larger community of higher education in the United States.

**Community of interest** - A body of individuals who are directly affected by nurse anesthesia education and/or practice, including nurse anesthesia students, faculty, staff, patients, employers, institutions, the public, and higher education community.

**Competency for entrance into practice** - Verification by the program that a student has acquired knowledge and skills in patient safety, perianesthetic management, critical thinking, communication and professionalism.

**Conducting institution** - The legal entity (institution or organization) that assumes sole, primary, or shared responsibility for the conduct of a program, including budgetary support, and is responsible for ensuring that the program has complied with accreditation requirements.

**Course** - A unit of study that exists in an academic discipline, such as anatomy and physiology of the respiratory system, pediatric anesthesia, etc.

**Credentialed expert** – An individual awarded a certificate, letter or other testimonial to practice a skill in an institution. The credential must attest to the bearer’s right and authority to provide services in the area of specialization for which she or he has been trained. Examples are: a pulmonologist who is an expert in airway management; an emergency room physician authorized by an anesthesia department to assume responsibility for airway management; or a neonatologist who is an expert in airway management.
**Critical care experience** – Critical care experience must be obtained in a critical care area within the United States, its territories, or a US military hospital outside of the United States. During this experience, the registered professional nurse is to have developed critical decision-making and psychomotor skills, competency in patient assessment, and the ability to use and interpret advanced monitoring techniques. A critical care area is defined as one where, on a routine basis, the registered professional nurse manages one or more of the following: invasive hemodynamic monitors (such as pulmonary artery catheter, CVP, arterial); cardiac assist devices; mechanical ventilation; and vasoactive drips. The critical care areas include intensive care units. Those who have experience in other areas may be considered provided they can demonstrate competence with invasive monitoring, ventilators, and critical care pharmacology.

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**CRNA program administrator (CRNA Program Director)** - A CRNA with an appropriate graduate degree who by position, responsibility, and authority is actively involved in the organization and administration of the entire program of nurse anesthesia. The graduate degree must be from an institution of higher education accredited by a nationally recognized accrediting agency.

**CRNA assistant program administrator (CRNA Assistant Program Director)** - A CRNA with an appropriate graduate degree who by position, responsibility, and authority actively assists the program administrator in the organization and administration of the entire program of nurse anesthesia. The graduate degree must be from an institution of higher education accredited by a nationally recognized accrediting agency. The assistant program administrator must be qualified to assume the responsibilities of the program administrator if required.

**Culturally competent** - Utilizing variable approaches in assessing, planning, implementing and administering anesthesia care for patients based on culturally relevant information.

**Curriculum** - All experiences, clinical or didactic, that are under the direction of the program. The planned educational input, process, outcomes, and evaluations designed to enable the student to acquire the experiences specified in the program's philosophy, goals, and objectives.

**Due process** - A legal and ethical principle whereby nurse anesthesia faculty and students are guaranteed treatment in accordance with reasonable, clearly defined rules and have the right to fair treatment, based on published standards, procedures, and the provisions of an appeals or grievance procedure.

**Employment of nurse anesthesia graduate students** - Anesthesia care provided by a graduate student outside the planned curriculum is considered employment as a nurse anesthetist, whether or not the care is reimbursed. Employment is permitted in a position other than anesthesia, as long as the student is not represented in any manner, such as by a name tag, uniform, and/or signature, to be a nurse anesthetist.

**Evaluation** – A systematic assessment that results in data that are used to monitor and improve program quality and effectiveness.
**Experimental curriculum** - A curriculum that is being tested to determine whether it will produce expected outcomes that may or may not become permanent.

**Faculty** - A body of individuals entrusted with instruction, including the teaching staff, both clinical and academic, and any individuals involved in teaching or supervising the educational experiences/activities of students on a part-time or full-time basis.

**Formative evaluations** - Student assessments that help identify problems and areas that require improvement, as well as measure progress and achievement of objectives.

**Full scope of practice** - Preparation of graduates who can administer anesthesia and anesthesia-related care in four general categories: (1) preanesthetic preparation and evaluation; (2) anesthesia induction, maintenance and emergence; (3) post-anesthesia care; and (4) perianesthetic and clinical support functions (Reference: “Scope and Practice for Nurse Anesthesia Practice,” available from AANA, Park Ridge, IL).

**Graduate Degrees for CRNAs** - A degree awarded to a CRNA who has fulfilled the requirements for a master’s degree, practice-oriented doctoral degree, or research-oriented doctoral degree. The primary purpose of the graduate degree is to enable the CRNA to complete additional study and coursework beyond those required for graduation from a nurse anesthesia program and entry into practice as a nurse anesthetist. The curriculum for a graduate degree for CRNAs is similar to the requirements for an equivalent degree that prepares registered nurses for entry into nurse anesthesia practice. The length of study is generally shorter depending upon the amount of advanced standing or transfer credits awarded by the degree granting institution.

**Grievance** - Any complaint that arises from the participation of a student or faculty member in a nurse anesthesia program.

**Immediately available** - A CRNA or physician anesthesiologist must be present in the anesthetizing location where a graduate student is performing/administering an anesthetic and available to be summoned by the graduate student.

**Indicators of success** - Documentation of student achievement and attainment of a program’s established outcome criteria. Examples of ways to measure success include: 1. Identifying: (a) the number of students who complete the program, (b) the number of graduates that pass the National Certification Examination for Nurse Anesthetists in accordance with the COA’s Certification Examination policy, and (c) the number of graduates who secure employment within 6 months post-graduation; 2. Conducting graduate (alumni) evaluations to assess the program’s ability to prepare nurse anesthetists who are competent and capable of functioning in a variety of anesthesia settings; 3. Conducting employer evaluations to assess the program’s ability to prepare nurse anesthetists who are competent and capable of functioning in a variety of anesthesia settings.
Innovative curriculum - A new or creative way to introduce a curriculum or program that may become permanent. Programs that are developed to prepare broad-based, competent nurse anesthetists but do not necessarily comply with Council’s requirements pertaining to specific class hours or the details of the practical experiences.

Institution - A senior college or university, hospital, corporation, or other entity with an appropriate state license or a government-sponsored agency involved in the conduct of a nurse anesthesia educational program. An educational institution that is accredited in its entirety (as a whole), including nurse anesthesia certificate programs and single-purpose institutions.

Legal requirements - Examples include (1) evidence that a program accepts its responsibilities under Title IV of the Higher Education Act, as demonstrated through its compliance with accreditation standards and by its attempts to lower default rates in federal student loan programs; (2) evidence that a nurse anesthesia program is legally authorized to operate; and (3) evidence that a professional complies with licensure and certification requirements prescribed by legislation or regulation.

Licensure - A process whereby a governmental agency grants permission to individuals to practice their occupation as a way of providing reasonable assurance that public health, safety, and welfare will be protected.

Mask management - A general anesthetic that is administered by mask, exclusive of induction.

Master’s degree requirement - Programs must award a master's or higher degree to each graduate. A waiver of this requirement may be requested for valid reasons. Granting of the waiver is solely at the discretion of the Council.

Nationally recognized accrediting agency - An accrediting agency that is recognized by the U.S. Secretary of Education as a reliable authority as to the quality of training offered by educational institutions and/or programs. This includes regional institutional accrediting agencies, national institutional accrediting agencies, and specialized accrediting agencies.

Nondiscriminatory practice - The practice of treating all individuals, including applicants, without regard to race, color, national origin, gender, religion, age, marital status, physical or mental handicap or disability, sexual orientation, or any legally protected factor. Although an applicant should not be required to provide information regarding his or her race, color, national origin, sex, religion, age, marital status, physical or mental handicap or disability, or any other legally protected factor, he or she can provide such information on a voluntary basis. According to federal law, an applicant may be asked if he or she can perform the essential tasks or functions of an anesthetist, as long as all other applicants are asked the same question. (Reference Title VII of the Civil Rights Act of 1964 and the Americans With Disabilities Act.)
Nurse anesthesia graduate student - A registered professional nurse who is enrolled in an educational program that is accredited by the Council for the purpose of acquiring the qualifications necessary to become certified in the specialty of nurse anesthesia.

Objectives - Future-oriented purposes and goals that a nurse anesthesia educational endeavor seeks to fulfill.

Outcomes - Evidence that demonstrates the degree to which a program's purposes and objectives have been achieved, including the attainment of knowledge, skills, and competencies by students. Outcomes are operational definitions of objectives and must be assessed in relation to them.

Perianesthesic management - Anesthesia care and management of patients, including preoperative, intraoperative, and postoperative care. Preoperative care includes the evaluation of patients through interview, physical assessment, and a review of records. Intraoperative care includes administration of anesthetics, decision-making, and recordkeeping. Postanesthesia care includes evaluation, monitoring of physiological functions, and appropriate intervention when a patient is emerging from anesthesia and surgery.

Personnel - Persons employed by a conducting institution to provide necessary services, such as teaching and secretarial support, for the operation of a nurse anesthesia program.

Postanesthetic Assessment - Review of all available patient data and validation of anesthesia outcomes.

Practice-oriented doctoral degree - The primary purpose of the practice-oriented doctoral degree is to prepare registered nurses for professional practice as nurse anesthetists who have additional knowledge in an area of academic focus. The curriculum for a practice-oriented doctoral degree is typically a minimum of 36 calendar months in length of full-time study or longer if there are periods of part-time study. The Doctor of Nurse Anesthesia Practice (DNAP) and Doctor of Nursing Practice (DNP) are examples.

Preamnesthetic Assessment - Review of all available patient data prior to initiating anesthesia.

Professional Aspects – Courses and activities that are specific to the profession of nurse anesthesia including but not limited to (1) the business of anesthesia and practice management; (2) reimbursement methodologies and payment policies; (3) substance abuse; (4) professional ethics; (5) quality improvement; (6) structure and function of the AANA; and (7) professional advocacy, practice standards and regulations (non-governmental, governmental).

Program - An educational curriculum that is designed to provide both didactic and clinical components to prepare a competent nurse anesthetist. The word program is commonly used for all types of nurse anesthesia schools including programs and institutions. In the case of a branch campus, program refers to an educational unit within a larger institution such as a university.
Program design - A graphic representation of the course of study, including all the components of the program, clinical, academic, research, call, affiliations, study time, and the total committed time by quarter or semester.

Public member - A member of a committee who is selected to ensure that consumer concerns, public and patient, are formally represented and to curb any tendency to put program priorities before public interest. Such members should be selected at large, and they cannot be current or former members of the healthcare profession or current or former employees of the institution that is conducting the program. This also excludes anyone who might be perceived to have divided loyalties or potential conflicts of interest, such as a relative of an employee or former employee.

Radiology – Didactic curricular content includes the fundamentals of radiologic principles and various techniques; topographic anatomy; contrast agents; radiation safety; basic evaluation of normal and abnormal radiographs of the chest; evaluation of proper positioning of various tubes (e.g., endotracheal tubes, chest tubes) and lines (e.g., central venous catheters); and proper techniques of safe fluoroscopic equipment use. (+)

Reasonable time commitment - A reasonable number of hours to promote effective student learning should not exceed 70 hours per week averaged over four weeks. This time commitment includes time spent in class and in clinical, preparing for class and clinical, in-house call time, and, when taking call from home, time spent in the operating room, averaged over four weeks. This should include a 10 hour rest period between scheduled clinical shifts. (--) 

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

Recertification - A process whereby the Council on Recertification of Nurse Anesthetists grants recognition to CRNAs who have met the predetermined criteria specified by the Council. It is intended to advance the quality of anesthesia care provided to patients and to ensure that nurse anesthetists maintain their skills and remain up to date on scientific and technological developments.

Research-oriented doctoral degree - The primary purposes of the research-oriented doctoral degree are to prepare registered nurses for professional practice as nurse anesthetists and as researchers capable of generating new knowledge and demonstrating scholarly skills. The curriculum for a research-oriented doctoral degree is typically a minimum of 5-7 years in length past the baccalaureate degree or 4-5 years in length past the master’s degree of full-time study, or longer if there are periods of part-time study. The Doctor of Philosophy (PhD) and Doctor of Nursing Science (DNSc) are examples.
Scholarly activities - A series of accomplishments and/or achievements that require and contribute to overall critical thinking, analysis, decision-making, and innovative skills and competencies by faculty/students. Scholarly activities contribute to the achievement of the missions/goals of the academic unit and parent institutions. Examples of scholarly activities may include but are not limited to: new or innovative teaching/learning strategies; peer reviewed presentations at local, state, national and/or international levels; publish peer review articles and/or book chapters/books; investigator in research studies; participant in fellowships, internships; adviser/committee member on research committees; data analysis, collection, and utilization for program maintenance, modification or revision; leadership roles in professional organizations; attends research focus groups and research conferences; development of non-print media.

Self-assessment - A process that starts with the institutional or programmatic self-study, a comprehensive effort to measure progress based on previously accepted objectives and outcome measures. The self-study considers the interests of the communities of interest, including students, faculty, administration, and graduates.

Shared governance - A formal arrangement in which two or more organizations or institutions are controlled by a single administrative authority. Written affiliation agreements are not necessary between entities that participate in shared governance arrangements.

Sitting position - Any position in which the torso is elevated from the supine position 45 to 90 degrees and the torso is higher than the legs.

Standard precautions - An approach to infection control based on the concept that human blood and certain human body fluids are treated as if they are known to be infectious for HIV, HBV, or other bloodborne pathogens.

Strategic plan - A written guide that is used to direct the effective operation of a nurse anesthesia program and to promote academic quality.

Student services - Assistance offered to students, such as financial aid, health services, insurance, placement services, and counseling.

Summative evaluations - Summative evaluations describe a student's achievement at the completion of a period or unit of learning activity and include both expected and unexpected outcomes.

Supervision – (see Clinical Supervision).

Title IV Higher Education Act (HEA) program requirements - Federal requirements for programs that participate in student loan programs authorized under Title IV of the Higher Education Act, known as Federal Family Education Loan (FFEL) programs. Examples: Federal Stafford Loan; Federal PLUS; Federal Supplemental Loans for Students; and Federal Consolidation Loans.
Unshared governance - A formal arrangement in which two or more organizations or institutions are controlled by separate administrative authorities. Written affiliation agreements are necessary between entities that participate in unshared governance arrangement.

(--) This definition will be discontinued effective January 1, 2015.

(+) This definition will be implemented effective January 1, 2015.