



**FLORIDA INTERNATIONAL UNIVERSITY  
NICOLE WERTHEIM COLLEGE OF NURSING AND HEALTH SCIENCES**

**DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program**

**ADMINISTRATIVE MANUAL**

Operational policies and procedures for DNAP  
administration, faculty, and students

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I \_\_\_\_\_ attest that I have received, read and understand the FIU DNAP policy and procedure manual. I will abide by the policies and procedures set forth by the FIU DNAP Program policy and procedure manual. I understand the DNAP administrative manual is subject to change. If changes occur, ANP students will be notified via FIU email, as new policies and procedures will take effect upon notification of change.

Student signature \_\_\_\_\_

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NICOLE WERTHEIM COLLEGE OF NURSING AND HEALTH SCIENCES

DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

ADMINISTRATIVE MANUAL

The Administrative Manual for the Florida International University (FIU), Nicole Wertheim College of Nursing and Health Sciences (NWCNHS), 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 DNP Anesthesiology Nursing Program, NWCNHS and to meet the needs of the Program. The COA Doctoral Standards, revised October 11<sup>th</sup>, 2019 have been included as an appendix. The policies listed herein are supplemental to policies of the NWCNHS 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 for revision of policies, procedures, amendments and deletions 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 Nicole Wertheim College of Nursing and Health Sciences.

This manual is reviewed and updated annually. The DNAP administrative manual is subject to change as needed, in which, the ANP students will be immediately notified. New policies will take effect upon notification of change.

**APPROVED:**

*Signature on file in DNAP program office original copy*



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7/6/2021  
Date

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DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

**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 2019, is one of the most artistically expressive, ethnically diverse (over 150 ethnicities and 60 languages), 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 Communication, Architecture + the Arts, College of Arts, Sciences, and Education, College of Business, College of Engineering and Computing, Honors College, College of Law, Herbert Wertheim College of Medicine, Nicole Wertheim College of Nursing and Health Sciences, Robert Stempel College of Public Health and Social Work, Chaplin School of Hospitality and Tourism Management, and Steven J. Green School of Journalism and Mass Communication, and Public Affairs.

Through these colleges and schools, FIU offers more than 268 bachelor's, master's, doctoral, and specialist 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 student body of nearly 54,000, more than 2200 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. FIU ranked as one of the top 100 universities in the country by U.S. News & World Report. More than 115,000 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 \$177 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's, master's, 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 a 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 NICOLE WERTHEIM COLLEGE OF NURSING AND HEALTH SCIENCES**

The academic nursing programs are located in the Nicole Wertheim College of Nursing and Health Sciences (NWCNHS) 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 Doctor of Philosophy degree in nursing and a Doctor of Nursing Practice. A post-master's degree, the Doctor of Nursing Practice, was implemented in January n2012. 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. In May 2001, the Florida International University Anesthesiology Nursing Program (ANP) was awarded full accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). The program's accreditation review was done in May 2019. We received continued accreditation until May 2023.

<https://cnhs.fiu.edu/academics/nursing/nurse-anesthesia/index.html>

### **History**

Nursing was present on the FIU campus from 1972 to 1978 when an 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 when CHUA was disaggregated into three (3) autonomous units: the NWCNHS, the College of Social Work, Justice, and Public Affairs, and the Stempel School of Public Health. The NWCNHS included Nursing and the Departments of Physical Therapy, Occupational Therapy, Health Services Administration, 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 reports 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 and be titled the College of Nursing and Health Sciences, NWCNHS. 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 NWCNHS Dean.

The College of Nursing and Health Sciences received a \$10 million donation from Dr. Herbert Wertheim and his wife Nicole on September 25, 2013. The College was named the Nicole Wertheim College of Nursing and Health Sciences (NWCNHS) in their honor. The current NWCNHS consists of the Nursing Unit as well as Departments of Graduate Nursing, Nurse Anesthetist, Athletic Training, Communication Sciences and Disorders, Health Services Administration, Occupational Therapy, and

Physical Therapy. The nursing undergraduate and graduate academic programs are administered by Program Directors; other CNHS academic departments are administered by Chairs. Unique to the NWCNHS is our Simulation Teaching and Research Center (STAR Center) and Center for the Advanced Rehabilitation/Research and Education (CARE). These facilities provided students and faculty access to innovative resources, technologies and teaching environments that provide unparalleled opportunities for interdisciplinary collaboration and educational interaction. These flexible technologies provide a variety of real-world teachings and rehabilitation training scenarios for students in our Nursing, Athletic training, Communication Science and Disorders, Physical Therapy and Occupational Therapy. Cutting-edge simulation equipment, digital imaging systems, closed-circuit monitoring, web-based technologies and more, help our students develop clinical and critical thinking skills, and support our faculty in performing groundbreaking research benefiting a wide spectrum of patient care.

### **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 an 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.

### **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 In response to the self-study analysis and Commission on Collegiate Nursing Education (CCNE) visitor report, the CCNE Board of Commissioners granted full initial accreditation status to the DNP degree program effective October 7, 2013. Board correspondence indicated that the DNP program met the four accreditation standards with no compliance concerns of the key elements. The DNP program is offered as a post-masters (Post-MS) doctoral plan of study for the registered nurse with previous specialty preparation in advanced clinical nursing practice (nurse practitioners, nurse anesthetists, nurse midwives, clinical nurse specialist) and as a post-baccalaureate (Post-BSN) option for the registered nurse choosing to pursue both the Masters in Nursing degree with APRN specialization and the DNP degree in a more streamlined manner. The curriculum for the Post-BSN program option is a combination of the department's CCNE approved MSN Program and DNP Post-MS curriculum.

### **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 healthcare field, and direct and guide the 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.

## **DNP PROGRAMS & CURRICULUM**

### **DNP Program Purpose**

The DNP program exists to prepare nurses for leadership roles in specialized clinical area(s) of advanced nursing practice with an emphasis on: philosophical, ethical, and scientific principles. The DNP degree provides the foundation for leadership in professional nursing care, continued acquisition of knowledge and the translation of evidence-based clinical skills in any of the advanced practice clinical specialization roles (i.e. APRN, CRNA, CNM); as well as the underpinnings of clinical expertise in healthcare delivery, evaluation, quality improvement, and advanced practice nursing education.

### **DNP Program Objectives**

The DNP program prepares the graduate to:

- Demonstrate advanced levels of clinical practice, judgment, and scholarship in nursing based on scientific knowledge underpinning practice.
- Implement analytical methodologies for the evaluation and formulation of health care policies and practices for the clinical situations, practice environment, and the health care delivery system.
- Integrate the application of scientific evidence, professional values, and ethical decision-making in advanced nursing practice and health care delivery. Access, utilize, manage, and safeguard state of science information technology and health care informatics systems for care delivery, systems operations and quality improvement. Evaluate and translate research to support evidence-based practice to improve the health care of medically, socially, and culturally diverse populations across the life span.
- Collaborate with interdisciplinary teams in the delivery, evaluation, and quality improvement of health care, health promotion, practice models and health policy for individuals and populations.
- Analyze the scientific, social, ethical, economic, political, legal and policy components of health care systems that impact health care planning, access, and delivery.
- Assume leadership roles in the development of excellence in clinical care and health care delivery systems through advanced nursing roles in clinical practice, education, or management settings.

The DNP 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**

**The graduate must demonstrate the ability 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, emailing, etc.).
3. Conduct a comprehensive equipment check.
4. Protect patients from iatrogenic complications.

## **PERIANESTHESIA**

**The graduate must demonstrate the ability to:**

1. Provide individualized care throughout the perianesthesia continuum.
2. Deliver culturally competent perianesthesia care (see Glossary, “Culturally competent”).
3. Provide anesthesia services to all patients across the lifespan (see Glossary, "Anesthesia services" and “Across the lifespan”).
4. Perform a comprehensive history and physical assessment (see Glossary, “Comprehensive history and physical assessment”).
5. Administer general anesthesia to patients with a variety of physical conditions.
6. Administer general anesthesia for a variety of surgical and medically related procedures.
7. Administer and manage a variety of regional anesthetics.
8. Maintain current certification in ACLS and PALS.

## **CRITICAL THINKING**

**The graduate must demonstrate the ability to:**

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

## **COMMUNICATION**

**The graduate must demonstrate the ability to:**

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

## **LEADERSHIP**

**The graduate must demonstrate the ability to:**

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

## **PROFESSIONAL ROLE**

**The graduate must demonstrate the ability to:**

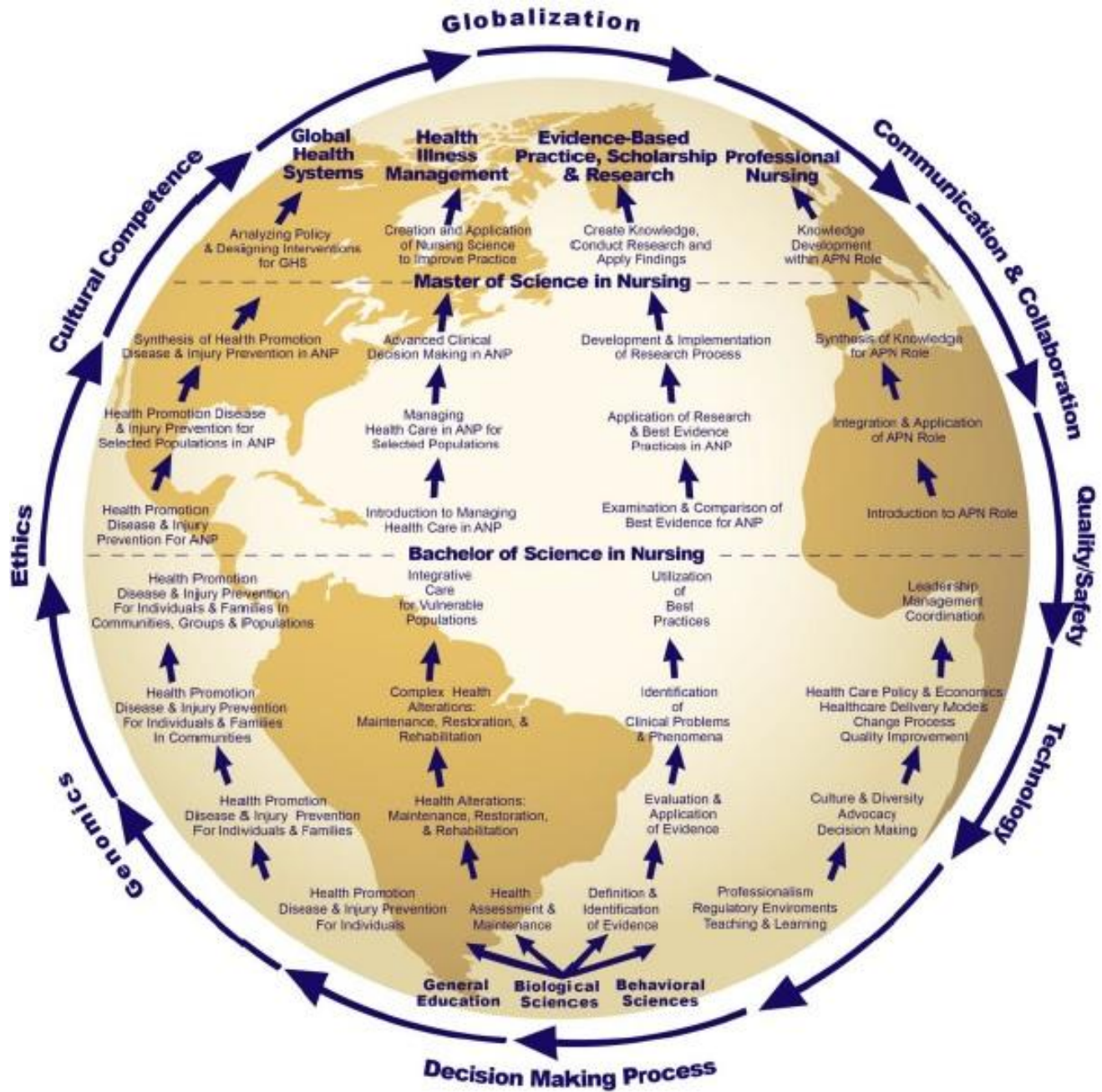
1. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
2. Interact on a professional level with integrity.
3. Apply ethically sound decision-making processes.
4. Function within legal and regulatory requirements.
5. Accept responsibility and accountability for his or her practice.
6. Provide anesthesia services to patients in a cost-effective manner.
7. 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").
8. Inform the public of the role and practice of the CRNA.
9. Evaluate how public strategies impact the financing and delivery of healthcare.
10. Advocate for health policy change to improve patient care.
11. Advocate for health policy change to advance the specialty of nurse anesthesia.
12. Analyze strategies to improve patient outcomes and quality of care.
13. Analyze health outcomes in a variety of populations.
14. Analyze health outcomes in a variety of clinical settings.
15. Analyze health outcomes in a variety of systems.
16. Disseminate research evidence.
17. Use information systems/technology to support and improve patient care.
18. Use information systems/technology to support and improve healthcare systems.
19. Analyze business practices encountered in nurse anesthesia delivery settings.

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**NWCNHS** . Nicole Wertheim College of Nursing and Health Sciences. (2010).*Undergraduate nursing program purposes and objectives*. Retrieved from : <https://cnhs.fiu.edu/assets/docs/bsn-curriculum-overview.pdf>

**NWCNHS** . Nicole Wertheim College of Nursing and Health Sciences. (2010).*Graduate nursing program purposes and objectives*. Retrieved from: [http://cnhs.fiu.edu/nursing/graduate/assets/ngr-doct-assets/MSN\\_CURRICULUM%20OVERVIEW.pdf](http://cnhs.fiu.edu/nursing/graduate/assets/ngr-doct-assets/MSN_CURRICULUM%20OVERVIEW.pdf)

# Organizing Framework: BSN, MSN, and Doctoral (DNP & PhD) Programs





## **DNP 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 healthcare. 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 healthcare 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 on 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 the 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 the 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 health-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 the 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:**

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#### **Organizing Curriculum Framework of the DNP Program**

The DNP program is a post-masters and post-baccalaureate doctoral plan of study for the registered nurse with specialty preparation in advanced clinical nursing practice (nurse practitioners, nurse anesthetists, nurse midwives). The DNP program builds upon the clinical specialization to include the study of advanced specialty practice; systematic practice and program outcome evaluation; application

of health informatics resources; development of safe, equitable, and cost-effective health policy; innovation, implementation and evaluation of care delivery models; leadership development in health care delivery; and clinical expertise for advanced nursing practice and education. The curriculum is based upon the outcome objectives for DNP graduates as defined by the 2006 AACN Essentials of Doctoral Education for Advanced Nursing Practice. The curriculum incorporates applicable graduate course offerings within the College as well as new courses developed specific to the DNP program. The resulting curriculum is educationally sound and cost-effective. DNP graduates exit the program with advanced skills and competency in 1) analyzing, designing, implementing, managing, and evaluating health care practice, policy, and delivery systems; 2) facilitating the application and integration of research into clinical practice using innovative approaches across multiple settings to improve health care, patient outcomes, and health care systems; and 3) preparing to assume leadership roles in practice, education, and management. The organizing curriculum framework for the DNP program is derived from the mission, vision, and goals of the Nursing Unit and the goals and objectives of the DNP program. The DNP organizing curriculum framework builds upon a common global concept schematically depicted in the “globe”. The DNP curriculum framework is founded on the knowledge base and advances the organizing processes (vertical and pervasive threads) of the BSN and MSN curricula on the “globe”.

The organizing curriculum framework for the DNP program is divided into the major components of CORE KNOWLEDGE, FOCUS CONCENTRATION, DNP RESIDENCY, and a DNP PROJECT. These 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 from the BSN to the DNP curriculum, providing depth and breadth to the 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 DNP curriculum. These vertical threads reflect the mission, vision, and goals of the Nursing Unit and the purposes and objectives of the DNP 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. DNP

graduates will be prepared as facilitators in designing interprofessional healthcare teams, who use an understanding of organization and environment, and are able to integrate care services across global health systems. DNP 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, DNP 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; NGR 5810 Research Methods; 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 DNP Anesthesiology Nursing Program students:***

*NGR 6492 Professional Aspects of Anesthesiology Nursing*

**Health/Illness Management** A goal of the NWCNHS 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. DNP graduates will be prepared as professional advanced practice nurses who utilize communication, collaboration, and synthesis of evidence-based practice, scholarship, and research in the delivery of healthcare for global health systems. DNP students acquire foundational knowledge in the health-illness management continuum in the CORE KNOWLEDGE component courses: *NGR 5141 Pathophysiologic Basis for ANP; NGR 6172 Pharmacology and Pharmacotherapeutics in Advanced Nursing Practice; and NGR 6002C Advanced Health Assessment*. For the POPULATION/SPECIALIZATION component, DNP 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 6172 Pharmacological Concepts in Adv Practice Nursing*
- *NGR 6407 Technology & Physics in Anesthesiology Nursing*
- *NGR 6431L Anesthesiology Nursing Clinical Residency I*
- *NGR 6941L Anesthesiology Nursing Simulation Practicum I*
- *NGR 6462 Pharmacology & Chemistry of Anesthesiology Nursing I*

- *NGR 6463 Pharmacology & Chemistry of Anesthesiology Nursing II*
- *NGR 6490 Regional Anesthesia and Pain Management*
- *NGR 6441L Anesthesiology Nursing Simulation Practicum II*
- *NGR 6432L Anesthesiology Nursing Clinical Residency II*
- *NGR 6422 Principles Anesthesiology Nursing II (OB/Peds)*
- *NGR 6423 Principles of Anesthesiology Nursing III (CVT)*
- *NGR 6442L Anesthesiology Nursing Simulation Practicum III*
- *NGR 6433L Anesthesiology Nursing Clinical Residency III*
- *NGR 6494 Anesthesia for Special Populations I*
- *NGR 6495 Anesthesia for Special Populations II*
- *NGR 6434L Anesthesiology Nursing Clinical Residency IV*
- *NGR 6425 Advanced Principles of Anesthesiology Nursing I*
- *NGR 6426 Advanced Principles of Anesthesiology Nursing II*
- *NGR 6435L Anesthesiology Nursing Clinical Residency V*
- *NGR 6436L Anesthesiology Nursing Clinical Residency VI*
- *NGR 6491 Advanced Anesthesiology Nursing Seminar*
- *NGR 6437L Anesthesiology Nursing Clinical Residency VII*
- *NGR 7716 Fundamentals of Clinical Education*
- *NGR 7121 Scientific and Theoretical Foundations of Adv Practice Nursing*
- *NGR 7769 Patient Safety and Quality Improvement in Healthcare*
- *NGR 5810 Research Methods*
- *NGR 7733 Organizational Dynamics of Health Systems*
- *NGR 5131 Culture and Advanced Practice Nursing*
- *NGR 7871 Healthcare Informatics*
- *NGR 7891 Healthcare Finance & Economics for Adv Practice Nursing*
- *NGR 7854 Analytical Methods for Evidence-Based Clinical Practice*
- *NGR 7892L Health Policy*
- *NGR 5141 Pathophysiology for Advanced Practice Nursing*
- *NGR 6002C Advanced Health Assessment*
- *NGR 7853 Translational Research*
- *NGR 7940C DNP Project I-Proposal & Implementation*
- *NGR 7941C DNP Project Implementation & Analysis*
- *NGR 6492 Professional Aspects of Nurse Anesthetist Practice*
- *NGR 7942C DNP Project III-Evaluation & Dissemination*
- *NGR 7943 DNP Capstone Project Completion*

Evidence-Based Practice, Scholarship & Research, a goal of the NWCNHS 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. DNP 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 for DNP graduates.

DNP students acquire foundational knowledge in evidence-based practice, scholarship and research in the CORE KNOWLEDGE component courses: *NGR 7121 Scientific and Theoretical Foundations for Advanced Nursing Practice* and *NGR 7853 Translational Research*. Students work with faculty conducting research in the research project course: *NGR 7940C, 7941C, 7942C, and 7943C DNP Project I, II, III, and DNP Capstone Project Completion* respectively. In the POPULATION/SPECIALIZATION component, DNP 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 NWCNHS 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 DNP program is to prepare graduates for advanced nursing roles in practice, education, research, and leadership. DNP 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. DNP 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 Pathophysiology for Advanced Practice Nursing; NGR 6172 Pharmacology and Pharmacotherapeutics in Advanced Nursing Practice; NGR 6002C Advanced Health Assessment; NGR 7121 Scientific and Theoretical Foundations for Adv Nursing Practice, NGR 7853 Translation Research* and *NGR 7940C, 7941C, 7942C, 7943, DNP Project I, II, III, IV*

In the POPULATION/SPECIALIZATION component, DNP 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:***

*NGR 6700L, 6337L, 6619L, 6505L Role Synthesis in Advance: Adult Health, Child Health, Family Health, Psychiatric Health, respectively.*

*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 and meet all the DNP essentials:

1. Scientific Underpinnings for Practice
2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
3. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
4. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
5. Health Care Policy for Advocacy in Health Care
6. Inter-professional Collaboration for Improving Patient and Population Health Outcomes
7. Clinical Prevention and Population Health for Improving the Nation's Health
8. Advanced Nursing Practice

## **DNP 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 Advanced Practice Nursing 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 DNP 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 2,000 hours in clinical residency and a minimum of 600 cases as required by the Council on Accreditation of Nurse Anesthesia Educational Programs.

## **CORE KNOWLEDGE Component**

The CORE KNOWLEDGE component required of all DNP students consists of twelve (12) courses of three (3) credits each and three (3) courses of four (4) credits each (48 total credits): *NGR 7121 (Scientific and Theoretical Foundations of Adv Nursing)*; *NGR 7797 (Patient Safety and Quality Improvement in Healthcare)*; *NGR 7871 (Healthcare Informatics)*; *NGR 6172 (Pharmacology and Pharmacotherapeutics in Advanced Nursing Practice)*; *NGR 7733 (Organizational Dynamics of Healthcare)*; *NGR 5131 (Culture and Advanced Practice Nursing)*; *NGR 7891 (Healthcare Finance & Economics for Advanced Practice Nursing)*; *NGR 7892L (Health Policy)*; *NGR 6002 (Advanced Health Assessment)*; *NGR 7854 (Analytical Methods of Evidence-based Clinical Practice)*; *NGR 5141*



*(Pathophysiology for Advance Practice Nursing); NGR 7853 (Translational Research); and NGR 7940C, 7941C, 7942C, 7943 (DNP Project I, II, III, IV).* 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 five clinical domains of specialization: Advanced Adult Health, Advanced Child Health, Advanced Family Health, Psychiatric Mental 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, child, and psychiatric 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.*

**Psychiatric Mental Health Nursing** students complete *NGR 6503C/NGR 6503L Advanced Psychiatric Mental health Nursing I Theory/Practicum, NGR 6504C/6504L Advanced Psychiatric Mental Health theory/Practicum II, and NGR 6505L Role Synthesis in Psychiatric Mental Health Nursing.*

#### ***For anesthesiology nursing students:***

Anesthesiology Nursing students complete a minimum of 110 credits. These credits include 53 credits of CORE KNOWLEDGE and 57 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 (NBCRNA). 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.

FLORIDA INTERNATIONAL UNIVERSITY  
NICOLE WERTHEIM COLLEGE OF NURSING AND HEALTH SCIENCES

DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

**ADMINISTRATIVE  
POLICIES/PROCEDURES MANUAL**

**ADMINISTRATION & FACULTY**

FLORIDA INTERNATIONAL UNIVERSITY  
NICOLE WERTHEIM COLLEGE OF NURSING AND HEALTH SCIENCES

DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

**MISSION, VISION, VALUE STATEMENTS**

**POLICY/PROCEDURE 01:**

The program will be guided by the mission, vision, values and goals statements of Florida International University, the Nicole Wertheim 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

**Nicole Wertheim College of Nursing and Health Sciences**

The **mission** of the NWCNHS 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 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 NWCNHS nursing programs 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."

## **ETHOS**

I will honor and respect NWCNHS's heritage of innovation, excellence, diversity, cultural competence and compassion. I will continuously build on this heritage. Complacency is not part of our culture. I am committed to the success of the NWCNS, my teammates, and myself. I am humble, hardworking and compassionate. I will learn from past challenges or past setbacks and seek future success. I am outcome-driven. I will undertake all of my responsibilities with the utmost of honesty and integrity. I will approach every task with passion, responsibility, creativity, teamwork and innovation. We succeed as a collaborative team. Mediocrity and selfishness are not part of my fabric and my education is never complete-there is no finish line. I encourage a flexible approach to accomplish milestones, but I am inflexible in the stellar nature of my execution. The promotion and delivery of safe, quality, compassionate and evidence-based care is my ultimate goal. Inter-professional teamwork and respect for one another and the services and the care we deliver to others are paramount. I will positively contribute to our culture and community. I embody teamwork and leadership. I am in control of my environment because I own my actions. I am accountable for myself and for mentoring others. I will be kind and welcoming to others. I believe it is a privilege to be a member of the NWCNHS community and this honor must be earned every day through my actions and deeds. I am fueled by intellect; driven by innovation and caring.

## **Department of Nurse Anesthetist Practice**

### **Our Mission**

It is our mission to create a positive impact upon the profession of anesthesiology nursing by developing nurse anesthetists who will be the leaders of tomorrow in practice, education, research. Our faculty, staff, students, alumni, and clinical partners create a dynamic working and learning environment by imparting knowledge through excellent teaching, discovering 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, inter-professional 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.

### **Our Vision**

The Department of Nurse Anesthetist Practice at the FIU Nicole Wertheim College of Nursing & Health Sciences (NWCNHS) 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.

### **Our Faculty**

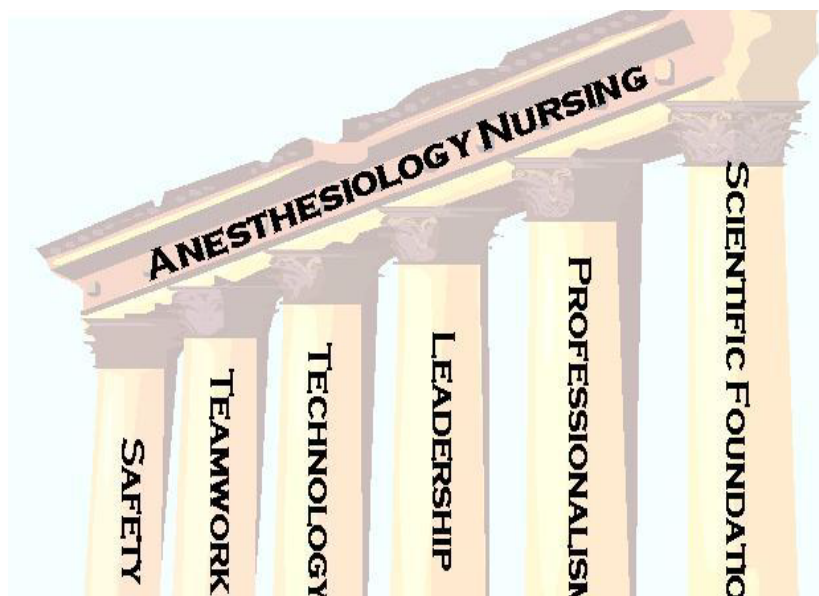
Our Faculty, staff, students, alumni, and clinical partners create a dynamic working and learning environment by imparting knowledge through excellent teaching, applying new knowledge, problem-solving, promoting clinical excellence, and fostering creativity and innovation. We have a commitment to excellence, 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.

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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.

### **VALUES**

Science | Professionalism | Leadership | Technology | Teamwork | Safety | Evidenced-based Practice



FLORIDA INTERNATIONAL UNIVERSITY  
NICOLE WERTHEIM COLLEGE OF NURSING AND HEALTH SCIENCES

DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

**COMPLIANCE WITH LEGAL AND ACCREDITATION STANDARDS**

**POLICY/PROCEDURE 2a:** Program administrators and faculty act in accordance with federal and state standards that are prescribed by law (*See Standard V, Criterion VE1-13*).

The Program Chair 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 corrective action if necessary.

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

Program changes and revisions are made only with the approval of the COA of Nurse Anesthesia Educational Programs, DNAP administrators, 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 website.

<https://www.coacrna.org/>

FLORIDA INTERNATIONAL UNIVERSITY  
NICOLE WERTHEIM COLLEGE OF NURSING AND HEALTH SCIENCES

DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

**ADMINISTRATIVE POLICIES/PROCEDURES MANUAL**

**POLICY/PROCEDURE 03:**

Upon admittance to the DNP Anesthesiology Nursing Program, students receive policies, procedures and regulations manuals of the program, college and university and the location to access these materials on the program, college and university websites. During orientation, students will acknowledge a review of the administrative manual with signature. 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 and on the FIU DNP Anesthesiology Nursing program website.

I was made aware that there are additional policies and procedures applicable to graduate nursing students and Anesthesiology Nursing, and that these additional applicable policies and procedures can be found at: <https://cnhs.fiu.edu/resources/students/policies-forms/index.html>

I was made aware that I can access the Department of Nurse Anesthetist Practice Administrative Manual online at: <https://cnhs.fiu.edu/resources/students/handbooks-manuals/index.html>

Navigation:

- ❖ <https://cnhs.fiu.edu/>
- ❖ click on Resources
- ❖ Students
- ❖ Handbooks & Manuals
- ❖ Nurse Anesthesia Handbook & Manuals

I was made aware that I can access the FIU Student Handbook online at:  
<https://studentaffairs.fiu.edu/about/student-handbook/index.php>

I agree to check my FIU email account on a daily basis and that I am responsible to be aware of all electronically posted or distributed information.

I agree to submit to, at my expense, drug and/or alcohol testing at any time, immediately upon request, while a student in the Anesthesiology Nursing Program, and further, that failure to submit to such testing is tantamount to my immediate withdrawal from the Anesthesiology Nursing Program and that such refusal may be grounds for report to the Florida Board of Nursing, and/or the Intervention Project for Nurses.

Printed Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_



FLORIDA INTERNATIONAL UNIVERSITY  
NICOLE WERTHEIM COLLEGE OF NURSING AND HEALTH SCIENCES

DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

**DNAP SYSTEMATIC PROGRAM EVALUATION**

**POLICY/PROCEDURE 04:** The DNAP evaluation plan guides the systematic assessment of program indicators and outcomes.

The DNAP Systematic 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; (f) provides for relevant documentation of outcomes; and (g) 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\*
5. Didactic instruction
6. Clinical instruction\*
7. Student retention rate
8. Number of students passing the National Certification Examination (NCE)
9. 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 DNAP Continuous Quality Assessment Committee
2. A clinical site DNAP Peer Review Committee

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DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

**SYSTEMATIC EVALUATION PLAN**  
Academic Year Cycle (*reviewed annually*)

Systematic Evaluation Plan Overview  
FIU NWCNHS Department of Nurse Anesthetist Practice

In compliance with the Standards for Accreditation of Nurse Anesthesia Educational Programs: Practice Doctorate (updated as of January 2018).

**H. Evaluation Standards**

1. The program has a written systematic plan for continuous self-assessment that incorporates the following:

	Assessment method(s)	Responsible person(s) & Timeline	Process description	Documentation	Disposition of documentation	
1.1. Formative and summative evaluations of each student that are conducted for the purpose of counseling students and documenting student achievement.						
Formative	Didactic achievement	Variable: quizzes, assignments, return demonstration, classroom participation Simulation-based	Didactic course coordinators – deploy, review throughout each semester, counsel students as needed	Syllabi: didactic courses	Graded assignment rubric, quiz files; official student transcript (course grades)	Electronic archive in ExamSoft, Canvas, and course coordinators' files; Midterm and End-term Evaluations
	Didactic achievement	Interview	<ul style="list-style-type: none"> <li>•Student – schedules meeting with advisor Mid-term semester and End-term and as needed</li> <li>•Faculty advisor – documents meeting, Twice per semester and as needed</li> </ul>	Graduate Student Handbook: Advising	Student Formal Counseling form; Student Informal Counseling form	Student general file
	Clinical achievement	Direct observation	<ul style="list-style-type: none"> <li>•Student – provides evaluation forms to clinical preceptor daily</li> <li>•Clinical preceptor – completes form, returns to student</li> <li>•Student returns evaluation book per policy to faculty advisor for evaluation and report to the Clinical coordinators</li> <li>•Coordinator of Clinical Education and Assistant Clinical Coordinator – ongoing review of documentation</li> </ul>	Graduate Student Handbook: Clinical Evaluation Books	Daily Clinical Progress Evaluation Books Remediation through Simulation-based instruction and demonstration	Student clinical file
Summative	Didactic achievement	Variable: examinations, presentations	Didactic course coordinators-Advisors deploy, review throughout	Syllabi: didactic courses	Examination result files, graded	Electronic archive in ExamSoft, Canvas,

Systematic Evaluation Plan Overview  
 FIU NWCNHS Department of Nurse Anesthetist Practice

			each semester counsel students as needed		presentation rubric OSCE	course coordinators' files
Didactic achievement	Research and didactic comprehensive examinations	<ul style="list-style-type: none"> <li>• DNP Curriculum Coordinator reviews the curriculum and DNP Projects for deliverable consistency</li> <li>• Course Coordinators – review graded examinations, and counsels students as needed</li> <li>• Course Coordinators-configures computerized exams</li> </ul>		DNAP Administrative Manual and Graduate Student Handbook: Comprehensive Examinations	Graded examination files	Electronic archive in ExamSoft,
	Self-Evaluation Examination (SEE)	2 <sup>nd</sup> year students – take exam Spring (7 <sup>th</sup> ) semester 3 <sup>rd</sup> year students take exam in Beginning of Fall (9 <sup>th</sup> ) semester Faculty advisors review score reports, counsel students as needed Students schedule meeting with advisor after exam as needed		DNAP Administrative Manual and Graduate Student Handbook: Self-Evaluation Examination	NBCRNA Score report	Student general file
Clinical achievement	Review of student clinical file and electronic case record	Coordinator of Clinical Education and Assistant Coordinator of Clinical Education - reviews files with faculty advisors and with clinical site coordinators prior to determining semester clinical course grades		Syllabi: clinical practicum courses	Electronic case records in Typhon; Daily Clinical Progress Report form	Typhon, student clinical file
Clinical achievement	Review of electronic case record	The DNAP Chair– reviews files prior to graduation in December		DNAP Administrative Manual and Graduate Student Handbook: Clinical Evaluation Books	Electronic case records in Typhon (Final Typhon report)	Typhon
1.1.1. Terminal evaluation is completed to demonstrate student achievement of Graduate Standards D1-D51.						

Systematic Evaluation Plan Overview  
 FIU NWCNHS Department of Nurse Anesthetist Practice

	Review of student performance reports; and student, faculty, alumni, employer evals	DNAP Chair & Assistant Chair-review Students Perception of Teaching Survey (SPOTS) each semester; and report to the DNP Curriculum Coordinator to who Reports to Curriculum Committee annually, at the Spring meeting	Curriculum Committee Assessment Review Policy	Detailed Assessment Report	SPOTS online
	Review of student general and clinical files	Faculty advisor - Fall semester prior to graduation in December	DNAP Administrative Policy Manual	Electronic case records in Typhon; NBCRNA transcript; Graduation Application	Student general file
1.1.2. There is an established assessment procedure to verify competence in scholarship skills relevant to the area of academic focus.					
	Rubric	DNP Curriculum Coordinator reviews the DNP Curriculum and Project Deliverables. The DNP Project committee—reviews scholarly work throughout project, completes evaluation rubric upon completion of DNP Project	Graduate Student Handbook Guidelines	DNP Project Completion Form, Project Evaluation Rubric	Student general file
1.1.3. Faculty advising provides students with ongoing feedback, both formal and informal.					
	Interview	Faculty advisor – provides feedback and documents advising meeting notes twice per semester and as needed	Graduate Student Handbook: Advising	Student Formal Counseling form; Student Informal Counseling form	Student general file
1.2. Students evaluate the quality of:					

Systematic Evaluation Plan Overview  
 FIU NWCNHS Department of Nurse Anesthetist Practice

1.2.1. courses	Electronic survey in SPOTS	<p>DNAP Chair &amp; Assistant Chair-review Students Perception of Teaching Survey (SPOTS) each semester.</p> <p>Student complete evaluations for each course and didactic instructor each semester</p> <p>Course coordinators – review evaluation reports related to their course(s) and present assessment report to Curriculum Committee at each meeting</p>	Graduate Student Handbook: Evaluation; Semester Course Review Procedure	Course Evaluation Survey, Course Evaluation Summary report, Semester Course Evaluation Summary Spreadsheet	Electronic archives
1.2.2. didactic instruction	Electronic survey in SPOTS			Didactic Course Evaluation Survey, Didactic Faculty Evaluation Summary, Semester Didactic Faculty Evaluation Summary Spreadsheet	
1.2.3. clinical sites	Electronic survey in Typhon	Clinical Coordinator– maintains persistent link to evaluation surveys in Typhon, reviews completed evaluations on an ongoing basis, compiles and archives annual report annually	Graduate Student Handbook: Evaluation	Affiliate Clinical Site Evaluation Survey; Affiliate Clinical Site Evaluation Summary Spreadsheet	Clinical Coordinator files
1.2.4. clinical instruction	Electronic survey in Typhon		Graduate Student Handbook: Evaluation	Clinical Faculty Evaluation Survey; Clinical Faculty Evaluation Summary Spreadsheet	

Systematic Evaluation Plan Overview  
 FIU NWCNHS Department of Nurse Anesthetist Practice

1.2.5. teaching and learning environment	Electronic survey in SPOTS	DNAP Chair & Assistant Chair-review Students Perception of Teaching Survey (SPOTS) one week prior to the end of each semester. This survey is compiled and presented in a report to DNP Curriculum Committee at each semester meeting.  Curriculum Committee reviews reports at each meeting	Graduate Student Handbook: Evaluation; Semester Course Review Procedure	Items added to the End-of-Semester Evaluation Survey	Electronic archive
	Electronic survey in Typhon	DNAP Chair & Assistant Chair maintains persistent web link (accessed via student Typhon), reviews each incoming response within one week, refers feedback to appropriate parties within one week	Graduate Student Handbook: Evaluation	Student Feedback Survey; .pdf copy of each response	Electronic archive
	Electronic Survey in Qualtrics	Director of Academic Support services deploys program evaluation survey within one week of December graduation, compiles and presents report to DNAP Chair who reports to the DNAP Curriculum Committee at Spring meeting Curriculum Committee reviews report	Graduate Student Handbook: Evaluation	Program Evaluation Survey; Program Evaluation Summary; Curriculum Committee meeting minutes	Electronic archive
1.2.6. advising/mentorship	Electronic Survey in Qualtrics	Director of Academic Support services deploys program evaluation survey within one week of December graduation, compiles and presents report to DNAP Chair who reports to the DNAP Curriculum Committee at Spring meeting	Graduate Student Handbook: Evaluation	Program Evaluation Survey; Program Evaluation Summary; Curriculum Committee meeting minutes	Electronic archive

Systematic Evaluation Plan Overview  
 FIU NWCNHS Department of Nurse Anesthetist Practice

		Curriculum Committee reviews report			
1.2.7. their own achievement (self-evaluation)	Narrative report	Student documents self-assessment of didactic achievement once per semester at a minimum; clinical achievement each clinical day; and overall achievement during final Fall semester, prior to graduation in December	DNAP Administrative Manual Graduate Student Handbook: Evaluation	Student Formal Counseling form; Daily Clinical Progress Report form	Student general file, student clinical file
1.2.8. program					
1.2.8.1.institutional/program resources 1.2.8.2.student services	Electronic Survey in Qualtrics	Director of Academic Support services deploys program evaluation survey within one week of December graduation, compiles and presents report to DNAP Chair who reports to the DNAP Curriculum Committee at Spring meeting Curriculum Committee reviews report	Graduate Student Handbook: Evaluation	Program Evaluation Survey; Program Evaluation Summary; Curriculum Committee meeting notes	Electronic archive
		Director of Academic Support services reviews each incoming response within one week, refers feedback to appropriate parties within one week	Graduate Student Handbook: Evaluation	Student Feedback Survey; .pdf copy of each response	Electronic archive
1.2.8.3. curriculum	Electronic Survey in Qualtrics	Director of Academic Support services deploys program surveys within one week of completion of each course, compiles results within one month of completion of course and archives all data once per semester	Graduate Student Handbook: Evaluation; Semester Course Review Procedure	End-of-Semester Evaluation Survey example, Course Evaluation Summary, Semester Course	Electronic archive

Systematic Evaluation Plan Overview  
 FIU NWCNHS Department of Nurse Anesthetist Practice

		<p>Student complete evaluations for each course and didactic instructor each semester</p> <p>Course coordinators – review evaluation reports related to their course(s) and present assessment report to Curriculum Committee at each meeting</p>		Evaluation Summary Spreadsheet	
	Electronic Survey in Qualtrics	<p>Director of Academic Support services deploys program evaluation survey within one week of December graduation, compiles and presents report to DNAP Chair who reports to the DNAP Curriculum Committee at Spring meeting</p> <p>Curriculum Committee reviews report</p>	Graduate Student Handbook: Evaluation	Program Evaluation Survey; Program Evaluation Summary	Electronic archive
1.3. Faculty evaluate the quality of:					
1.3.1. faculty services	Electronic Survey in Qualtrics	<p>Faculty Orientation includes the description of faculty services. The office of the Associate Dean of Administration responds to all request and notifies the building manager</p>	NWCNHS Policy	Faculty review annually at the Fall DNAP faculty retreat	DNAP faculty fall retreat minutes
1.3.2. the program	Review of course review data, student summative performance data, program files	<p>Course Coordinators compile and present reports of student performance in each course at each DNP Curriculum meeting; Mid semester and end of semester presentation includes each coordinator's assessment of program effectiveness and makes suggestions for amendments</p>	DNP Coordinator and faculty Assessment Review Policy	DNP Curriculum Coordinator meeting minutes	Mid-term reports of failing students are sent electronically to the Associate Dean of Academic Affairs and then Electronic archive



Systematic Evaluation Plan Overview  
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		DNP Curriculum Coordinator review reports at each meeting			
	Interview	Faculty schedule meeting with Department Chair annually, in May; maintain meeting notes	NWCNHS Faculty Annual Evaluation guide book	Faculty Annual Report	Electronic archive, faculty files
1.3.3. their own contribution to teaching, practice, service, and scholarly activities (self-evaluation)	Self-assessment	Faculty complete self-assessment portion of Annual report prior to scheduling meeting with Department Chair in May	NWCNHS Annual Evaluation guide book	Faculty Annual Report	Electronic archive,
1.4. Alumni evaluate:					
1.4.1. the quality of the program 1.4.2. their preparation to enter practice	Electronic Qualtrics	Director of Academic Services Electronic surveys to Alumni each year in January, files upon return and compiles report	DNP Curriculum Coordinator Assessment Review Policy	Alumni Survey; Detailed Assessment Report	Electronic archive,
1.5. Employers evaluate the performance of recent graduates.	Electronic Qualtrics		Curriculum Committee Assessment Review Policy	Alumni Survey; Detailed Assessment Report	Electronic archive,
	Interview	Clinical Coordinator-- discusses alumni performance with employers during each site visit, where applicable; documents meeting and shares findings with DNAP Chair The DNAP Chair reviews findings annually in the Fall semester		Clinical site visit record; Detailed Assessment Report	Electronic archive,
1.6. Outcome measure of academic quality including:					
1.6.1. Student attrition 1.6.2. NBCRNA NCE pass rates and mean scores 1.6.3. employment rates 1.6.4. other outcome measures (Student Learning Outcomes)	Review of department files, student records	DNAP Chair reviews NCE performance, compiles report and presents to DNAP Monitoring committee Meeting Committee annually, in Spring semester	Monitoring Committee Assessment Review Policy	NBCRNA Program Score Transcript; Detailed Assessment Report	Electronic archive

Systematic Evaluation Plan Overview  
 FIU NWCNHS Department of Nurse Anesthetist Practice

		The DNAP Chair and Assistant Chair review assessment annually each Fall semester				
2. The program utilizes evaluation data (including that from the systematic plan for continuous self-assessment) to:						
2.1. monitor and improve program quality and effectiveness	Review of student evaluation data, department files, student records	The DNAP Chair and Assistant Chair review performance files and annually each Fall semester; compile and present reports at Spring Curriculum Committee meeting  Curriculum Committee reviews report at Spring meetings		DNP Coordinator and Curriculum Committee Assessment Review Policy	Detailed Assessment Report; DNAP curriculum committee meeting minutes	Electronic archive;
2.2. monitor and improve student achievement	Review of student performance reports	Course Coordinators review performance in each course and present reports at every DNAP Curriculum Committee  The DNAP Chair and Assistant Chair review performance files annually each Fall semester; compile and present reports at Spring DNAP Curriculum Committee meeting  Curriculum Committee reviews reports at every meeting		DNP coordinator and Curriculum Committee Assessment Review Policy	Detailed Assessment Report; DNAP curriculum committee meeting minutes	Electronic archive
2.3. monitor and improve advising/mentorship	Electronic survey in review of program evaluation report	Director of Academic services deploys program evaluation survey within one week of graduation in December, compiles report prior to Spring DNAP Curriculum Committee meeting  DNAP Curriculum Committee reviews report at Spring meeting		DNP Coordinator and Curriculum Committee Assessment Review Policy	Program Evaluation Survey & Summary Report	Electronic archive; DNP Curriculum Committee meeting minutes
2.4. monitor compliance with accreditation requirements and initiate corrective action should areas of noncompliance occur	Review of electronic archives	Department Chair	Annually	COA Policy	COA Annual	Electronic archive,

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DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

**EVALUATION PLAN SUMMARY**

**Indicators of Program Compliance and Success**

<b>Component Evaluated</b>	<b>Responsible Party</b>	<b>Evaluation Methods</b>	<b>Reviewer of Data</b>
Students	<ul style="list-style-type: none"> <li>• Didactic Faculty</li> <li>• Clinical Faculty</li> <li>• Council on Accreditation of Nurse Anesthesia Educational Programs</li> </ul>	<ul style="list-style-type: none"> <li>• Exams, papers, practical exercises, presentations, Objective Structured Clinical Examinations, DNP Project, DNP Symposium</li> <li>• Clinical evaluation tools, mid-semester and final semester</li> <li>• Student Self Examination (SEE)</li> <li>• Formative and Summative evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• Chair (DNAP)</li> <li>• Assistant Chair (DNAP)</li> <li>• Faculty (DNAP)</li> <li>• Curriculum Committee</li> <li>• Student Affairs Committee</li> </ul>
Didactic Faculty	<ul style="list-style-type: none"> <li>• Students</li> <li>• Chair (DNAP)</li> <li>• Assoc. Deans, Graduate Director (NWCNHS)</li> <li>• Dean, (NWCNHS)</li> </ul>	<ul style="list-style-type: none"> <li>• FIU- SUS developed (standardized) instructor evaluation</li> <li>• NWCNHS Faculty Performance Appraisal</li> <li>• DNAP faculty evaluation tools</li> </ul>	<ul style="list-style-type: none"> <li>• Chair</li> <li>• Assistant Chair</li> </ul>
Clinical Faculty	<ul style="list-style-type: none"> <li>• Students</li> <li>• Clinical Coordinators</li> </ul>	<ul style="list-style-type: none"> <li>• DNAP faculty evaluation tools</li> </ul>	<ul style="list-style-type: none"> <li>• Chair (DNAP)</li> <li>• Assistant Chair (DNAP)</li> </ul>
Clinical sites	<ul style="list-style-type: none"> <li>• Students</li> <li>• Chair (DNAP)</li> <li>• Clinical preceptors</li> </ul>	<ul style="list-style-type: none"> <li>• DNAP clinical site evaluation tools</li> <li>• Clinical preceptor evaluations</li> <li>• Faculty preceptor evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• Chair (DNAP)</li> <li>• Assistant Chair (DNAP)</li> </ul>
Graduates	<ul style="list-style-type: none"> <li>• Council on Accreditation of Nurse Anesthesia Educational Programs</li> <li>• Employers</li> </ul>	<ul style="list-style-type: none"> <li>• National Certification Examination (NCE)</li> </ul>	<ul style="list-style-type: none"> <li>• Chair</li> <li>• Assistant Chair (DNAP)</li> <li>• Curriculum Committee</li> </ul>
Program	<ul style="list-style-type: none"> <li>• Students</li> <li>• Employers</li> <li>• Council on Accreditation (COA) of Nurse Anesthesia Educational Programs</li> <li>• Commission on Collegiate Nursing Education (CCNE)</li> <li>• Southern Association of Colleges and Schools</li> </ul>	<ul style="list-style-type: none"> <li>• DNAP program evaluation tools/survey</li> <li>• DNAP graduate evaluation tools/survey</li> <li>• COA Self-Study Site visits</li> <li>• Self-Study Site visits</li> </ul>	<ul style="list-style-type: none"> <li>• Chair (DNAP)</li> <li>• Assistant Chair (DNAP)</li> <li>• Dean (NWNWCNHS) and designees</li> <li>• Curriculum Committee</li> </ul>

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DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

**CLINICAL AFFILIATION REQUIREMENTS**

**POLICY/PROCEDURE 05:**

Pre-Approval of Clinical Sites

The Program Chair 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 counsel 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 Chair/Designee makes at least one visit to each clinical site annually. During the visit, the Program Chair /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 Chair/Designee observes students in the actual clinical practice of anesthesia to assess compliance with the *Standards* established by the COA of Nurse Anesthesia Programs Practice Doctorate Standards.

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.

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DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
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**PROGRAM CHAIR AND ASSISTANT CHAIR  
QUALIFICATIONS AND RESPONSIBILITIES**

**POLICY/PROCEDURE 06:** The Program Chair is qualified by credentials and experience to administer a Doctoral graduate program with a clinical specialty in nurse anesthesia.

**CHAIR**

Authority

The Chair has authority over the organization and administration of the Program.

General Responsibilities

The Chair is qualified by credentials and experience to administer a graduate program with a clinical specialty in anesthesiology nursing. The Chair is responsible for managing the day-to-day operation of the DNAP within the framework of the Nursing Programs, the College, and the University. In addition, the Chair is responsible to facilitate coordination of the DNAP within the DNP programs of the College. The Chair reports directly to the Dean, Nicole Wertheim 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.

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 reviews 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 the classroom setting, ensuring 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 the classroom and clinical instruction.
13. Participates as a Program administrator within the guidelines set forth in the FIU NWCNHS, 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 recommendations from the clinical coordinators for additional clinical site affiliations for students in the Program.
16. Ensures completion of record-keeping and data collection required by the COA/Council on Certification.
17. The Chair or designee 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, NWCNHS or their designee, on issues related to the Program.
21. Provides input to the NWCNHS Dean and Associate Deans and other NWCNHS administrators regarding the budgeting process so that there are 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.
23. Demonstrates knowledge of environmental issues that may influence the program and nurse anesthesia practice by engaging in professional development.

#### Personnel Management

1. Supervises DNAP staff personnel.
2. Recruits faculty for the DNAP.
3. Coordinates faculty assignments and team teaching.
4. Orients 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, NWCNHS reserves the right to make changes at any time in the duties and responsibilities of the Chair.

## **ASSISTANT CHAIR**

### Authority

The Assistant Chair is qualified by credentials and experience to assist the Chair in the administration of a doctoral graduate program with a clinical specialty in anesthesiology nursing. The Assistant Chair 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 Assistant Chair is responsible to assume the position of Chair in their absence.

### Reporting Responsibilities

The Assistant Chair reports to the DNAP Chair.

### Qualifications

1. Earned doctorate degree 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.

Minimum of three (3) years of experience as an active practicing nurse anesthetist. Minimum of two (2) years 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 of 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 Chair on issues related to the program.

15. Provides input to the DNAP regarding the budgeting process so that there are adequate resources available to the DNAP for successful operation and achievement of Program outcomes.
16. Demonstrates knowledge of environmental issues that may influence the program and nurse anesthesia practice by engaging in professional development.

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



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**PROGRAM FACULTY QUALIFICATIONS**

**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 the 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. Earned Doctorate from a regionally accredited university.
2. Hold a current, unrestricted license as a professional nurse in the State of Florida.
3. Hold current status as an APRN as a Certified Registered Nurse Anesthetist (CRNA) in the State of Florida.
4. Is a graduate of an accredited school of nurse anesthesia as accredited by the AANA or the COA of Nurse Anesthesia Educational Programs.
5. Hold current Certification as a CRNA from the Council Certification or Re-Certification of Nurse Anesthetists.
6. Hold current BCLS, ACLS and PALS certifications.
7. Faculty who hold certification as CRNAs are expected to follow all policies and procedures established by the university, college, school, and program. In addition, 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.

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**RECORD OF FACULTY CREDENTIALS & DEVELOPMENT ACTIVITIES**

**POLICY/PROCEDURE 08:** Documentation of DNAP faculty and clinical coordinator credentials is current and stored in a secure location in NWCNHS Program administrative offices.

DNAP CRNA faculty must provide:

- Current and unrestricted Florida APRN 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 APRN 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 Chair and staff ensure that copies of the above are filed in the NWCNHS 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.

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**STUDENT EVALUATION OF FACULTY**

**POLICY/PROCEDURE 09:** Electronic 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 the 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 Chair and the faculty member. Results are posted to the University website 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 Chair and Associate Dean of Academic Affairs. The Program Chair 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.

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**FACULTY SELF-EVALUATION**

**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, NWCNHS or their designee. The self-evaluation is based on the College (NWCNHS) 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 the College Faculty Assembly and administrators. A faculty member can schedule a conference with the Program Chair and/or the Dean (NWCNHS) 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.

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**ADMINISTRATOR EVALUATION OF FACULTY**

**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 assignments. Faculty assignments are based on their credentials and expertise as well as the guidelines found in the College (NWCNHS) Differentiated Faculty Assignment Guidelines. The Guidelines were developed and approved by the 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 (NWCNHS) 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 (NWCNHS), 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.

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**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 the criteria for admissions are in accordance with the requirements of the COA of Nurse Anesthesia Educational Programs, the School, and the University.

Membership

Committee members are selected by the Program Chair. Membership includes DNAP faculty, nursing graduate faculty who teach Program students, DNAP students (Level I and Level II) and a representative clinical coordinator or their designee. A Chair will be elected by the admission committee members.

Responsibilities

1. Conducts a review of the data profile (GPA, Science GPA, GRE, RN, ICU 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 the interviews, and selects the slate of candidates to be recommended to the Department for final selection via unanimous vote.
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 recommends 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.

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**STUDENT RECORDS**

**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 certifications.
5. Documentation of meeting all admissions criteria.
6. Verification of the 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 Chair or designee.
10. Evaluations (summary of didactic and clinical).
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.

If you would like to request a copy of your student records, you need to send an email with your request to the **FIU Office of the General Counsel** at [generalcounsel@fiu.edu](mailto:generalcounsel@fiu.edu). In your request, you need to specify the list of documents you are requesting.

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**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 Chair and Assistant Chair, and DNAP Search and Screen Committee.

Recruitment Materials

The Program Chair 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>

NWCNHS website: <http://cnhs.fiu.edu>

DNAP website: <https://cnhs.fiu.edu/academics/nursing/nurse-anesthesia/index.html>

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.*



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**ADVERTISING**

**POLICY/PROCEDURE 15:** Advertising materials related to the Program are reviewed and approved prior to public use.

The Program Chair reviews advertising materials (printed and electronic) for currency, accuracy, consistency, and clearness. Advertising in any form must have the approval of the Program Chair and Assistant Chair and the Dean, NWCNHS 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.*

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**CATALOGS**

**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 Chair and Assistant Chair and the Dean, NWCNHS 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 websites 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/>

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**PUBLICATIONS**

**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 to submission for accuracy, consistency, and clearness. Publications concerning the Program that are distributed to the public must have the approval of the Chair and Associate-chair and the Dean, NWCNHS 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.*

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**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 NWCNHS now assess a program tuition rate, specific to the program. The nature of these changes limits 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: <https://cnhs.fiu.edu/academics/nursing/nurse-anesthesia/programs/dnp-na/tuition-aid/index.html>

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**STUDENTS ADVANCED STANDING OR TRANSFERRING FROM OTHER PROGRAMS**

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

**Advanced standing** credits taken at other Universities are conducted on a case-by-case basis. Students must present an official transcript and indicate which FIU course would be the equivalent. The transcripts are evaluated, and an official decision is reached by the Program Chair.

1. Per University policy, no more than six (6) semester hours of credit may be transferred from an accredited institution and/or at the discretion of the Program Chair.
2. Only a letter grade of A or B in an equal Program course is eligible for transfer.

**Applicant requests for transfer** credits from another nurse anesthetist program are also addressed on a case-by-case basis. Program administrators and faculty may consider a student request for transfer to the FIU Program if the following conditions are met:

1. The student meets all requirements for program admission.
2. A letter of recommendation from the Program Chair 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 and/or at the discretion of the Program Chair.
4. Only a letter grade of A or B in an equal Program course is eligible for transfer.
5. The Program does not accept the transfer of anesthesiology nursing courses nor does the program grant credit for advanced standing.

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**SECTION II  
ADMINISTRATIVE  
POLICIES/PROCEDURES MANUAL**

**CURRICULUM & STUDENTS**

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**ADMISSION REQUIREMENTS**

(Academic, Technical, Criminal Background, Drug Screening)

**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 Program Chair.

**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 a Bachelor of Science in Nursing degree and hold current and unrestricted licensure as a registered nurse in Florida. Out-of-state applicants must have a Compact license and be able to practice unrestricted in Florida prior to the program. Current unrestricted licensure in Florida or Compact state must be maintained throughout enrollment in the Program and a copy provided to the Program upon renewal.
3. Possess a Bachelor of Science in Nursing 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, of full-time professional clinical experience in a critical care (ICU, MICU, CCU, PICU, SICU, NICU) setting in the United States 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.
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. 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 Chair of the previous Program must be produced stating that the student left in good standing.
14. All applications must be marked complete by the application deadline in NursingCAS and in the FIU Graduate Admissions Department.

### **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 factors, though notwithstanding, the following professional performance skills and abilities are required, with or without accommodation. <https://www.eeoc.gov/disability-discrimination>

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.

- Demonstrate personal and professional self-control as well as tactfulness, sensitivity, compassion, honesty, integrity, empathy, and respect.
- Work flexibly and effectively in stressful and rapidly changing situations.
- Cooperate with other members of the health care team to provide a therapeutic environment and safe patient care.

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 the clinic, classroom building, and the hospital.

- Demonstrate sufficient physical strength to perform airway management, move and position patients and equipment.
- Sufficient stamina to stand or sit for prolonged periods of time.
- Safely maneuver in the operating room and other anesthetizing locations.
- Respond appropriately to alarms and changes in patient conditions that require physical interventions.

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 the 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, and 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.

- Use reason, analysis, calculations, problem-solving, critical thinking, self-evaluation and other learning skills to acquire knowledge, comprehend and synthesize complex concepts.
- Interpret information derived from auditory, written and other visual data to determine appropriate anesthetic management plans.
- Apply theoretical knowledge to practice to provide safe anesthetic 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 Nicole Wertheim 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” on the Conviction Record Guidelines of the Florida Board of Nursing at <http://www.floridahealth.gov>

Students must sign an 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.

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**EMPLOYMENT**

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

Students enrolled in the DNP Anesthesiology Nursing 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.**

**POLICY/PROCEDURE 21A:** Employment disclosure procedure.

All students are required to complete the disclosure form of employment, regardless of employment status upon beginning semester 3. If at any time a student's employment status changes, the student is required to update the form. Failure to disclose employment is grounds for immediate dismissal.

Per COA, Standards for Accreditation of Nurse Anesthesia Programs-Practice Doctorate Revised October 11, 2019. Reasonable time commitment - A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours (see Glossary, "Clinical hours") averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.

**PLEASE NOTE CLINICAL SCHEDULE WILL NOT BE ADJUSTED TO WORK SCHEDULE DURING THE STUDENT'S TENURE THROUGHOUT THE FIU DNAP PROGRAM**



**Disclosure Form of Employment**

I, \_\_\_\_\_ am employed at \_\_\_\_\_. I will be working during my studies in the FIU DNAP program. I intend to work \_\_\_ hours per day a week.

I, \_\_\_\_\_ am not employed.

I also acknowledge the following policy/procedure 21 in the FIU DNAP policy and procedure manual and the Council on Accreditation Educational policy and procedures which states the following:  
Reasonable time commitment - A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours(see Glossary, “Clinical hours”) averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours

**Student Comments:**

**Student Signature** \_\_\_\_\_

[EMPLOYMENT DISCLOSURE FORM.pdf](#)

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**COMPUTER REQUIREMENTS**

**POLICY/PROCEDURE 22:** Entering the DNP Anesthesiology Nursing Program 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 of 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 Learning Management System CANVAS and check their email daily and reply within 24 hours. All course examinations are administered by computerized testing.

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**PROFESSIONAL LIABILITY INSURANCE**

**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 the 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.

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**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 there are inherent environmental and occupational risks exposures and potential for injury 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://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/>

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 a reasonable presumption of exposure risks per JACHO standards. 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 student’s 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 residency 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 Chair 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 student’s 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 clinic. 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 Chair within 24 hours. The purpose of this reporting is to make the Clinical Site Coordinator and the Program Chair 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 <https://cnhs.fiu.edu/assets/docs/resources/nwcnhs-bloodborne-exposure.pdf>

This form should be submitted to the Program Chair who will forward the form to FIU EHS-RM.

Each student must show proof of health insurance prior to admission and enrollment of the DNP Anesthesiology Nursing Program. 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 offers cost-effective health insurance coverage to registered students.

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**AMERICAN ASSOCIATION OF NURSE ANESTHETIST (AANA) MEMBERSHIP**

**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 and FANA meetings as a non-voting participant.
4. Access to the AANA and FANA websites.

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**DOCTOR OF NURSING PRACTICE - ANESTHESIOLOGY NURSING PROGRAM  
DNAP COURSE DESCRIPTIONS**

**POLICY/PROCEDURE 26:** The DNP Anesthesiology Nursing Program curriculum plan is developed by qualified faculty, constructed within a graduate education framework, and approved by appropriate committees and organizations.

The DNP Anesthesiology Nursing Program curriculum plan was developed by the University-based DNAP administrators and faculty in 2011 and received approval from the following:

1. DNAP Faculty
2. SON Curriculum Committee
3. SON Nursing Faculty Organization
4. NWCNHS 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 nine (9) continuous semesters of full-time study at the graduate level. The curriculum is constructed in a progressive semester framework. This is a “lockstep” curriculum plan, in which students must successfully complete each prior semester to advance. 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 DNP Core courses and the Clinical Specialty courses required for all graduate students in advanced practice tracks, DNP Anesthesiology Nursing Program students complete an additional 59 credits in the specialty of anesthesiology nursing.

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**COURSE DESCRIPTIONS**

**NGR 5810 Research Methods (3).** Research methods and designs commonly used in nursing. Focuses on the research process as it is integrated in the interchange of the theory practice and research using information systems.

**NGR 7121 Scientific and Theoretical Foundations of Advanced Practice Nursing (3).** This course examines the scientific underpinnings, theoretical models, and the ways of organizing nursing knowledge for advanced nursing practice.

**NGR 7769 Patient Safety and Quality Improvement in Healthcare (3).** Principles and practices for patient safety and quality improvement. Focus on technologies, evidence-based practices and high-performance teams. Emphasize safety and QI strategies for DNP practice.

**NGR 7871 Healthcare Informatics (3).** This course is designed to prepare students to critically analyze, develop, implement, and evaluate healthcare information systems/technology within clinical and/or academic settings. Prerequisite: Admission to any track in the Advanced Practice Nursing Program.

**NGR 6172 Pharmacology and Pharmacotherapeutics in Advanced Nursing Practice (3).** Knowledge and skills to provide pharmacological management of client's common health problems in a safe, high quality, cost-effective manner. Prerequisites: Graduate standing and departmental permit.

**NGR 7733 Organizational Dynamics of Health Systems (3).** This course will explore and analyze the role of the DNP as a systems leader and change agent for the creation, implementation, and evaluation of care delivery models within health care systems. Prerequisite: Admission to any track in the Advanced Practice Nursing Program.

**NGR 5131 Culture and Advanced Practice Nursing (3).** Theoretical models explanatory of culture and behavioral manifestations of cultural diversity. Focuses on multicultural nursing and methodologies for nursing care throughout the life span. Prerequisite: Departmental permission.

**NGR 7891 Healthcare Finance and Economics for Advanced Practice Nursing (3).** This course provides foundational knowledge and understanding of health care economic trends, reimbursement issues, funding sources and related ethical and legal issues in Advanced Clinical Practice. Prerequisites: Enrollment in DNP degree plan or admission in another graduate program with permission.

**NGR 7892L Health Policy (3).** This course will examine the role of health policy at the federal, state, and local governmental levels and its impact on health care organizations and nursing delivery systems. Prerequisite: Admission to any track in the Advanced Practice Nursing Program.

**NGR 6002C Advanced Health Assessment (4).** Refinement of health assessment skills fundamental to advanced nursing practice emphasizing critical thinking in advanced health assessments across the lifespan. Prerequisites: basic health assessment (3 credits), NGR 5141.

**NGR 7854 Analytical Methods for Evidence-Based Clinical Practice (3).** Analytical methods for evidence-based clinical practice. Focus on analysis of data to answer clinical research questions, including data mining, meta-analysis, and evaluation of practice changes. Prerequisites: Undergraduate statistics and research courses.

**NGR 6421 Principles of Anesthesiology Nursing I (Fundamentals) (2).** Broad field orientation to practice. Study of the areas of pre, intra, and post-anesthesia planning and action. The induction and emergence from anesthesia, monitoring and record-keeping are included. Prerequisite: Graduate Anesthesiology Track.

**NGR 6941L Anesthesiology Nursing Simulation Practicum I (1).** Application of knowledge and skills fundamental to basic anesthesiology nursing practice emphasizing preparation, assessment, positioning, fluid and airway management, and basic anesthesia care. Co-requisite: NGR 6431L.

**NGR 6431L Anesthesiology Nursing Clinical Residency I (1).** Introduction to the art and science of anesthesiology nursing. This course presents the basic concepts and introduces the students to the clinical component of the anesthesia management technique. Prerequisite: Graduate Anesthesiology Track.

**NGR 5141 Pathophysiology for Advanced Practice Nursing (3).** Focuses on the pathophysiologic basis of clinical judgment and client management in advanced nursing practice. Prerequisites: Graduate standing and permission of the department.

**NGR 6490 Regional Anesthesia and Pain Management (2).** Theoretical and clinical aspects of the administration and management of regional anesthesia. Anatomy, physiology and pharmacology will be studied/applied to the administration of anesthetic blocks. Prerequisite: Graduate Nurse Anesthesiology.

**NGR 6441L Anesthesiology Nursing Simulation Practicum II (1).** Application of knowledge and skills fundamental to advanced anesthesiology nursing practice in the care for the intermediate acuity patient; ultrasound guided regional anesthesia; and pain management. Co-requisite: NGR 6432L

**NGR 6432L Anesthesiology Nursing Clinical Residency II (2).** Clinical anesthesiology correlation conferences on a weekly basis. This clinical component includes the fundamentals of patient interaction under the direct supervision of a CRNA instructor. Prerequisite: Completion Sem. I Anesthesiology.

**NGR 7853 Translational Research (3).** Critique and application of research to support improved models of care delivery using evidence-based practice.

**NGR 6422 Principles of Anesthesiology Nursing II (OB/Peds) (3).** Principles, application, administration, and management of obstetric and pediatric anesthesia for the surgical patient in the peri-operative period. Prerequisites: Successful completion of semesters 1-4 in the DNAP program

**NGR 6423 Principles of Anesthesiology Nursing III (CVT) (2).** Principles of cardiothoracic anesthesia, preoperative assessment, pre, intra, and postoperative management, extra-corporeal circulation, cardiac assist devices, and pharmacological intervention. Prerequisite: Graduate Nurse Anesthesiology Track.

**NGR 6442L Anesthesiology Nursing Simulation Practicum III (1).** Application of knowledge and skills fundamental to advanced anesthesiology nursing practice in the preparation, management and OB, pediatric, and cardio-vascular-thoracic anesthesia care. Co-requisite: NGR 6433L.

**NGR 6433L Anesthesiology Nursing Clinical Residency III (2).** (Include Clinical Case Conference). Case presentations to include the clinical component of anesthesia of progressively advanced cases. The instruction is under the direct supervision of CRNA to include between university semesters. Prerequisite: Graduate Nurse Anesthesiology Track.

**NGR 7940C DNP Project I-Proposal and Implementation (4).** First of a 3-course series providing the DNP resident with an immersive residency experience and mentored guidance undertaking the development, implementation and evaluation of a scholastic project.

**NGR 6434L Anesthesiology Nursing Clinical Residency IV (4).** Seminar presentations weekly. Clinical experience: anesthetic management of advanced specialties, including insertion of monitoring lines as appropriate, and progression begin the on-call experience. Prerequisite: Graduate Nurse Anesthesiology Track.

**NGR 7941C DNP Project II-Implementation and Analysis (4).** Second of a 3-course series providing the DNP resident with an immersive residency experience and mentored guidance undertaking the development, implementation and evaluation of a scholastic project.

**NGR 6435L Anesthesiology Nursing Clinical Residency V (3).** Students will incorporate information learned in Practicum I-IV in order to anticipate anesthesia needs for patients in all clinical settings, including post-operative and chronic pain management. Prerequisite: Graduate Nurse Anesthesiology Track.

**NGR 7942C DNP Project III-Evaluation and Dissemination (4).** Third of a 3-course series providing the DNP resident with an immersive residency experience and mentored guidance undertaking the development, implementation and evaluation of a scholastic project.

**NGR 6436L Anesthesiology Nursing Clinical Residency VI (3).** Advanced practice to include completion of clinical competencies in all specialty areas. This includes professional conduct of the

advanced practitioner to include knowledge of advanced practice roles. Prerequisite: Graduate Nurse Anesthesiology Track.

**NGR 6491 Advanced Anesthesiology Nursing Seminar (4).** Synthesis of clinical and didactic course review in the anesthesia management of surgical populations in the perioperative period in preparation for the National Certification Exam. Prerequisite: Successful completion of semesters 1-8 of the DNAP Program

**NGR 7716 Fundamentals of Clinical Education (2).** Fundamental principles of clinical education and teaching of adult learners in the healthcare professions. Emphasis is on in-service education, clinical precepting, and simulation-based instruction.

**NGR 6437L Anesthesiology Nursing Clinical Residency VII (3).** Course in which a graduate functions as the primary nurse anesthetist, and the instructor as a consultant. Experience will be provided with management within the department of anesthesiology. Prerequisite: Graduate Nurse Anesthesiology Track.

**NGR 7943 DNP Capstone Project Completion (1).** This course will provide the DNP resident with continuous enrollment until the DNP capstone project requirement is fulfilled.

**NGR 6492 Professional Aspects of Nurse Anesthetist Practice (2).** This course explores: American Association of Nurse Anesthetists, Councils on Accreditation, Certification and Practice and Professional issues for the practice model of Anesthesiology in Nursing. Prerequisite: Graduate Nurse Anesthesiology Track.

**NGR 6425 Advanced Principles of Anesthesiology Nursing I (2).** Advanced principles for the assessment, administration, and anesthetic management of surgical populations across the lifespan in the perioperative period. Prerequisite: Successful completion of semesters 1-6 of the DNAP Program

**NGR 6426 Advanced Principles of Anesthesiology Nursing II (2).** Synthesis of advanced principles for the assessment, administration, and anesthetic management of surgical populations across the lifespan in the perioperative period. Prerequisite: Successful completion of semesters 1-7 of the DNAP Program

**NGR 6407 Technology and Physics in Anesthesiology Nursing (3).** Physics and technological concepts in anesthesia management for the surgical patient in the peri-operative period across the lifespan. Prerequisite: Successful completion of semesters 1-2 of the DNAP Program

**NGR 6494 Anesthesia for Special Populations I (3).** Advanced, anatomy, physiology, and pathophysiology for the anesthetic management and considerations of surgical patients across the lifespan. Prerequisite: Successful completion of semesters 1-3 of the DNAP Program

**NGR 6495 Anesthesia for Special Populations II (3).** Advanced, anatomy, physiology, and pathophysiology for the anesthetic management and considerations of surgical patients across the lifespan. Prerequisite: Successful completion of semesters 1-5 of the DNAP Program



**NGR 6462 Pharmacology and Chemistry of Anesthesiology Nursing (3).** Pharmacology of drugs affecting the chemical, biochemical, and physiologic effects of the autonomic nervous system. Prerequisite: Successful completion of semesters 1-2 of the DNAP Program

**NGR 6463 Pharmacology and Chemistry of Anesthesiology Nursing II (3).** Advanced pharmacology of drugs affecting the chemical, biochemical, and physiologic effects of anesthetic drugs for surgical patients across the lifespan. Prerequisite: Successful completion of semesters 1-2 of the DNAP Program

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**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 DNP Anesthesiology plan of study is nine (9) consecutive semesters or 36 months. Any changes in the length of the Program must have the approval of the COA of Nurse Anesthetist Educational Programs and the following entities:

1. DNAP Faculty
2. NWCNHS Curriculum Committee
3. University Graduate Council/Curriculum Committee
4. 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.

**PROGRAM LENGTH LIMIT**

Students in the program who need to take a medical or personal leave must obtain approval by the University. If a student is unable to complete the program in 36 months, the student must complete the program in 5 years or less. Otherwise, the student will need to reapply for readmission into the program.

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**DNP LOCKSTEP PROGRAM**

**POLICY/PROCEDURE 28:** The ANP is a lockstep program. Students are not allowed to take courses out of sequence, as each semester is a pre-requisite for subsequent semesters. Students are allowed to retake one course, however, they must return in a year when the course is offered in the sequential lock step sequence. Students can only take a course twice.

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**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 DNP Anesthesiology Nursing Program student must:

1. Meet each of the requirements for the awarding of the DNP 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:

**OBJECTIVES**

The DNP Anesthesiology Nursing Program Student will:

- A. Demonstrate advanced levels of clinical practice, judgment, and scholarship in nursing based on scientific knowledge underpinning practice.
- B. Evaluate and translate research to support evidence-based practice to improve the health care of medically, socially, and culturally diverse populations across the life span.
- C. Collaborate with interdisciplinary teams in the delivery, evaluation, and quality improvement of health care, health promotion, practice models and health policy for individuals and populations.
- D. Integrate the application of scientific evidence, professional values, and ethical decision-making in advanced nursing practice and health care delivery.
- E. Assume leadership roles in the development of excellence in clinical care and health care delivery systems through advanced nursing roles in clinical practice, education, or management settings.
- F. Analyze the scientific, social, ethical, economic, political, legal and policy components of health care systems which impact health care planning, access, and delivery.
- G. Access, utilize, manage, and safeguard state-of-the-science information technology and health care.
- H. Implement analytical methodologies for the evaluation and formulation of health care policies and practices for the clinical situations, practice environment, and the health care delivery system.

**OUTCOMES:  
D. GRADUATE STANDARDS**

*Patient Safety*

**The graduate must demonstrate the ability 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, emailing, etc.).
3. Conduct a comprehensive equipment check.
4. Protect patients from iatrogenic complications.

*Perianesthesia*

**The graduate must demonstrate the ability to:**

1. Provide individualized care throughout the perianesthesia continuum.
2. Deliver culturally competent perianesthesia care (*see Glossary, "Culturally competent"*).
3. Provide anesthesia services to all patients across the lifespan (*see Glossary, "Anesthesia services" and "Across the lifespan"*).
4. Perform a comprehensive history and physical assessment (*see Glossary, "Comprehensive history and physical assessment"*).
5. Administer general anesthesia to patients with a variety of physical conditions.
6. Administer general anesthesia for a variety of surgical and medically related procedure

7. Administer and manage a variety of regional anesthetics.
8. Maintain current certification in ACLS and PALS.

### *Critical Thinking*

#### **The graduate must demonstrate the ability to:**

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

12. Pass the National Certification Examination (NCE) administered by NBCRNA.

### *Communication*

#### **The graduate must demonstrate the ability to:**

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

### *Leadership*

#### **The graduate must demonstrate the ability to:**

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

## *Professional Role*

### **The graduate must demonstrate the ability to:**

1. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
2. Interact on a professional level with integrity.
3. Apply ethically sound decision-making processes.
4. Function within legal and regulatory requirements.
5. Accept responsibility and accountability for his or her practice.
6. Provide anesthesia services to patients in a cost-effective manner.
7. 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").
8. Inform the public of the role and practice of the CRNA.
9. Evaluate how public policy-making strategies impact the financing and delivery of healthcare.
10. Advocate for health policy change to improve patient care.
11. Advocate for health policy change to advance the specialty of nurse anesthesia.
12. Analyze strategies to improve patient outcomes and quality of care.
13. Analyze health outcomes in a variety of populations.
14. Analyze health outcomes in a variety of clinical settings.



15. Analyze health outcomes in a variety of systems.
16. Disseminate research evidence.
17. Use information systems/technology to support and improve patient care.
18. Use information systems/technology to support and improve healthcare systems.
19. Analyze business practices encountered in nurse anesthesia delivery settings.

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

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**ACADEMIC CALENDAR**

**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 are contained on the calendar and is the student's responsibility to review course syllabi.

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**LIBRARY HOLDINGS**

**POLICY/PROCEDURE 31:** Program administrators, faculty and students have input into the collection of library holdings related to the specialty of nurse anesthesia.

DNP Anesthesiology Nursing Program 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 online, and library services and databases can be accessed from remote computers.

The University library's 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 NWCNHS 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.

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**CLINICAL SITE ROTATIONS**

**POLICY/PROCEDURE 32:** Clinical site rotations are made by the DNAP clinical coordinator in conjunction with the clinical site coordinators and faculty. Clinical site rotations are based on student learning needs, opportunities for clinical experiences, and location. There is no guarantee of where clinical placement will be and the miles the student may need to travel.

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

Based on the current clinical sites under an 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 DNAP Chair and clinical coordinator have 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 fewer rotations than other students. The Program Chair, 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 during the DNP Anesthesiology Nursing Program in addition to new clinical sites approved by COA.

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 vehicles. Students must park at their own risk. The Program is not responsible to damage or theft of any student's vehicle.

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DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

**CLINICAL ATTIRE and UNIFORMS**

**POLICY/PROCEDURE 33:** Clinical Attire and Uniforms

**Policy on Clinical Attire**

DNP Anesthesiology Nursing Program Students are invited guests at our clinical affiliates. Students are representing the FIU DNP 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 DNP students 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 according to each clinical facility for FIU DNP Students is:

- Scrub shirt
- Scrub pants
- Clean white FIU lab coat to be worn on campus and professional clinical setting meetings
- Clean shoes, shoe covers are to be worn if shoes are worn outside the clinical facility
- Scrub cap, surgical mask, and shoe covers are to be removed anytime you leave the OR suite
- Scrubs are to be changed at the clinical site

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 DNP Anesthesiology Nursing Program student, 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 allowed. Scrubs may be worn to/from the facility provided that a white lab coat is worn over the scrubs. A short-sleeve tee shirt may be worn under the scrub shirt and not be visible. Long-sleeve shirts worn under the scrub shirt are not permitted. It is not appropriate to wear OR surgical gowns in place of a warm-up jacket, except in cases requiring the care of infectious precautions patients, placing an epidural, central line or any procedure which requires sterile technique and follows institution protocol. Scrubs that become contaminated or soiled should be changed as soon as possible and follow institutional policy.

Hair needs to be covered completely with a disposable scrub cap or bonnet provided by each clinical site/institution, no custom lien scrub caps are allowed. Jewelry in the operating room must follow institution and JCAHO standards and policies, No bracelets, dangling earrings, and watches are prohibited. Wedding rings are allowed but need to be removed for sterile procedures. DNP Anesthesiology Nursing Program Students are expected to adhere to a professional appearance

appropriate to the OR environment in grooming, make-up, and jewelry. Nails must be kept short and no fake nails allowed. 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, fanny packs or briefcases are not appropriate in the operating room and do not follow JACHO standards. The appropriate name/identification badge of the clinical facility is to be worn and displayed at all times per each institution and FIU policy.

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**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) per Centers for Medicare and Medicaid Services, CMS, supervision requirements.

Once a student is assigned to a patient, the student is responsible for conducting a pre-operative assessment and formulate an anesthetic care plan, which is reviewed with the clinical instructor CRNA or MD 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. No more than 64 hours of clinical in one week and at least 10 hours of off time between shifts per the (COA) Standards for Accreditation of Nurse Anesthesia Programs-Practice Doctorate Revised October 11, 2019. The Program Chair is ultimately responsible for the assignment of all students in the Program.

**POLICY/PROCEDURE 34A:** Clinical Protected Day Off.

Students receive one protected clinical day for didactic and study time weekly. Students are not allowed to participate in clinical on their assigned protected clinical day.

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**CLINICAL SUPERVISION OF STUDENTS**

**POLICY/PROCEDURE 35:** Clinical supervision of students is restricted to CRNAs and/or anesthesiologists with staff privileges at the designated clinical site who are immediately available in the clinical area.

DNP Anesthesiology Nursing Program 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 are under the direction of the supervising anesthesiologist or CRNA and NOT the surgeon or Anesthesia Assistant (AA). The COA has approved non-anesthetic physician instruction in specific areas who can serve as the overseeing 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 participating in any anesthetic or non-anesthetic clinical activity.

Supervision by another student registered nurse anesthetist is prohibited. Supervision by an Anesthesiology Resident, an Anesthesiologist Assistant, or a non-certified Graduate Registered Nurse Anesthetist is prohibited.



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**STUDENT DOCUMENTATION**

**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 (Typhon) - 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
11. Clinical partner credentialing forms

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.

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**STUDENT EVALUATION TOOLS/INDICATORS**

**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
- Students' performance in the Objective Structured Clinical Evaluations (OSCE)
- Student completion of the criteria for graduation from the Program

Student evaluations are the responsibility of the DNAP faculty, Clinical Coordinator and the Program Chair. 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.

**STUDENT RESPONSIBILITY**

Students are responsible for reading their daily clinical evaluations for self-reflection, learning and 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 the faculty member 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 evaluations for each DNP Anesthesiology Nursing Program student's nursing simulation classes and daily clinical performance in regard to the student's 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 per the DNP Anesthesiology Nursing Program grading policy.

FIU DNAP faculty review students' completed clinical performance 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. Mid-semester and end of semester meetings are conducted with faculty and advisee/student to review each student's clinical evaluations. The student also conducts a self-assessment along with clinical objectives for the remainder of the semester or program. Clinical evaluations that are based on the Graduate Standards 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 postoperative anesthesia care note(s) on the anesthesia record

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**GRADING**

**POLICY/PROCEDURE 39:** Grading methodology is described in course syllabi.

The DNAP faculty determines the methodology for assigning course grades in a manner that conforms to Program standards and is defined in the course syllabi for didactic, residency and practicum courses. Letter grades are set by the FIU DNAP approved grading scale.

Anesthesiology nursing residency courses consist of daily clinical performance evaluations that are summarized at mid and end of the residency 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:

<b>Passing</b>	<b>Not Passing</b>
A = 93 to 100%	B- = 83 to 84%
A- = 91 to 92%	C+ = 81 to 82%
B+ = 89 to 90%	C = 77 to 80 %
B = 85 to 88%	D= 67 to 76 %
	F/FO = 00 to 66%

A high level of scholarship must be maintained to continue in the Program in which a student must pass with a letter grade of B, >85% or better. 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:

A	4.00
A-	3.67
B+	3.33
B	3.00

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

1. Achieve grade of "B" >85% or better in all courses; and
2. Maintain a cumulative GPA of 3.0 or better.

Because of the **“lockstep”**, successful completion nature of the DNP Anesthesiology Nursing Program Curriculum, a grade less than “B“ < 85% in any 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 Chair, a student may be offered an opportunity to repeat only one didactic course. 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 residency courses may not be repeated unless it is approved by a consensus of the DNAP Faculty and recommended to the Program Chair for final approval. Failure to obtain 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

If a student has failed one course, and successfully retakes that course, failure to attain a grade of “B” >85% or higher in any other course remaining in the curriculum is grounds for non-progression and therefore dismissal from the Program. Only one course failure is allowed in the FIU DNAP program regardless of retake.

**Dropping a class (DR):**

If a student drops a course with a DR or W grade, the DR/W grade is considered a failure in the program if the withdrawal from the course is related to an academic reason. Therefore, a failure in another course would be considered two course failures and would result in automatic dismissal from the program.

**Incomplete Grades:**

An incomplete grade (IP) is a temporary symbol given at the discretion of the instructor, unanimous vote by the faculty and final approval by Chair for work not completed, because of a serious interruption not caused by the student’s own negligence. DNP students must contact the faculty member(s) and the Program Chair 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 one year 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.

<https://cnhs.fiu.edu/assets/docs/resources/nwcnhs-student-academic-grievance.pdf>

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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 Residency Course, students are required to complete a self-evaluation at the mid-term and at the end-term of each semester. Self-evaluations will be reviewed by the DNAP faculty advisor each semester.

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**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. FIU E-mail
2. NWCNHS and DNAP websites
3. CANVAS 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 an 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 or “actionable emails” and respond immediately. 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. Emails that are not actionable, need to respond within 24 hours. Failure to respond to any emails within 24 hours, excluding holidays will lead to probation as this is considered unprofessional behavior and insubordination.

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**GRIEVANCE and APPEAL PROCEDURE**

**POLICY/PROCEDURE 42:  
NWCNHS Student Academic Grievance/Appeal Procedure**

NWCNHS 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 an appeal, for an academic grievance which includes the following:

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. Documented arbitrary grading for coursework, comprehensive examination, thesis or dissertation
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 NWCNHS academic grievance/appeal procedure found on the NWCNHS website:

[https://cnhs.fiu.edu/\\_assets/docs/resources/nwcnhs-student-academic-grievance.pdf](https://cnhs.fiu.edu/_assets/docs/resources/nwcnhs-student-academic-grievance.pdf)

*NWCNHS Student Academic Grievance/Appeal Procedure: Revised 12/7/11*

1. Speak with the course faculty member(s) about a grade or other controversies/course complaints within two (2) business days after the 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 (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; 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 will be made.

3. After the student submits the written appeal and meets with the chair 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 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.**

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**ATTENDANCE and SICK TIME**

**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.

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 and dismissal from the program.

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 email in advance of the scheduled class session, and not via text message, or as soon as possible within 24 hours. If illness, injury, or personal emergency precludes notification of the class session 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 2 days will be deducted from the total allotment of the student's PTO days. Upon the third instance of an unauthorized absence from a course, the assignment of a grade of "F" for the course will be given. If no call or no show for an unauthorized absence in clinical without notice within 24 hours, constitutes grounds for dismissal from the FIU DNAP Program. 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 makeup 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 non-medical 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 makeup under the DNAP Policy GRADING.

Late Arrival or Early Departure:

Consistent punctual arrival and attendance is a personal and professional responsibility for all students enrolled in the Program. Late arrival and/or early departure will be treated in the same manner as unauthorized absence. 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 email in advance of the scheduled class session.

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 acknowledgment by any student for a student who is not in attendance shall constitute an act of Honor Code violation and shall be subject to disciplinary action, up to and including dismissal.

Clinical call out

Students who call out sick from clinical must follow the **FIU DNAP POLICY** and the **CLINICAL SITE POLICY** for calling out sick. Per the FIU DNAP Policy, the student must complete the Qualtrics survey within 24 hours which is located on the homepage of Typhon in the bottom right corner under *messages and alerts*. *Also the link is provided below.*

Qualtrics link for calling out in the FIU DNAP Program:

[https://fiu.qualtrics.com/jfe/form/SV\\_1Nct9PL3YuGaiTH](https://fiu.qualtrics.com/jfe/form/SV_1Nct9PL3YuGaiTH)

The clinical site policy and protocol for calling out sick differs at each clinical site. The clinical coordinator at each hospital will instruct the SRNA on their policy and procedure. Each student is responsible for reaching out to the clinical coordinator for any further clarification.

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**TIME OFF POLICY and PROCEDURES**

**POLICY/PROCEDURE 44:**

Students are advised at the time of applicant information, 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 safeguards for the health and well-being of students, preceptors, and patients while at the same time setting a standard for expected professionalism and teamwork. 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:**

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 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.

**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: your name, 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 the Clinical Education Coordinator at 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 prior to your scheduled clinical time)
- **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 and can result in immediate dismissal.

**PERSONAL TIME OFF ALLOTMENT:**

Semesters 1-4 – Student didactic course and clinical schedules follow the University Academic Calendar and provide for personal off time for holidays, semester breaks and spring break week. No scheduled personal time off (PTO) is allotted during this time. A clinical absence taken for illness, injury, personal emergency taken during this time will be deducted from the PTO allotment for Semesters 5 – 9.

Semesters 5 – 9– Student didactic course schedules follow the University Academic Calendar. There is no elective PTO from didactic courses; students are expected to attend all scheduled class sessions. Clinical course schedules run continuously, irrespective of the academic calendar. PTO allotment for Semesters 5 – 9 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 PTO.
- Any clinical absence in Semesters 5 – 9 due to illness, injury or personal emergency is deducted from the 20 day PTO.
- Students 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 PTO for a scheduled clinical absence, the following provisions apply:

- All PTO must be scheduled and approved in advance by the respective Clinical Site Coordinator and is deducted from the 20 day PTO.
- All PTO 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 PTO requests must be made through the students Typhon Case Record system.

**PTO requests are not to be scheduled during specialty** or outside rotations except during mid-year assembly, AANA Annual Congress and ADCE meetings.

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 9.** (Students with < 6 PTO days in Semester 9 may elect to request PTO days off their remaining days for the end of the semester.

**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:

- PTO requests must be coordinated with the respective clinical site coordinator and the DNAP Clinical Education Coordinator.
- PTO may be granted by the DNAP Clinical Education Coordinator to permit the student to attend a professional meeting or educational function, excluding external Board Review programs for which PTO may be requested.
- PTO requests must be made in writing via email at least 3 months in advance and must be made with the respective clinical site coordinator and the Department of Nurse Anesthetist Practice Clinical Educational Coordinator. The Site Coordinator will approve the request with respect to time and students per site scheduling requirements and the DNAP Educational 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.
- Attendance for 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 PTO.
- PTO requests will not be granted for students who have used 10 or more nonconsecutive days for unscheduled clinical absences.

- PTO 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 PTO 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, Christmas Eve and Christmas Day.

### **Jury Duty**

When a student receives notification of jury duty summons, they should immediately contact the Program Chair. 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 until a later date. The Program will not provide a letter requesting an exemption, only deferral of service to a later date. The DNAP 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 the 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 5 days of funeral leave. Additional time beyond 5 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, grandparents, siblings or other family member of the household for whom the student was a primary caregiver. 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 Chair upon receiving active duty orders. The Program Chair may provide a letter of support for deferral requests for Active Duty Training from the student. The DNAP supports military service; 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 the university is officially closed, and classes are canceled due to a hurricane or inclement weather, students will follow university policy on classes and clinical attendance. 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 University closure.

**TIME OFF IN EXCESS OF PERSONAL TIME OFF PROVISIONS:****Leave of Absence**

For time off beyond the 20 days Personal Time Off allotment, the student must take a Leave of Absence. A student who has successfully completed all other required coursework, and has been granted permission from the Program Chair and clinical site coordinator may register for an additional semester (semester 10). 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 PTO allotment 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, NWCNHS, and DNAP student standards of conduct, in addition to the following principles from the American Association of Nurse Anesthetists (AANA), which are described as "Code of Ethics for the CRNA that define the essentials of honorable behavior for the Nurse Anesthetist."

**Preamble**

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

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

**1. Responsibility to Patients**

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

- 1.1 Respects human rights and the values, customs, culture, and beliefs of patients and their families.
- 1.2 Supports the patient's right to self-determination.
  - 1.2.1 Presents accurate, complete and understandable information to the patient to facilitate informed healthcare decisions.
  - 1.2.2 Encourages patients, including minors, to participate in healthcare decision-making that is appropriate for their developmental capacity.
  - 1.2.3 Supports a patient's decision-making without undue influence or coercion.

- 1.3 Acts in the patient's best interest and advocates for the patient's welfare.
  - 1.3.1 Discloses and manages or resolves perceived or real conflicts of interest (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict between the CRNA's interests and the patient's interests.)
  - 1.3.2 If the CRNA has a moral, religious or ethical conflict related to the patient's healthcare decisions or plan for care, the CRNA may, without judgment or bias, transfer care to an appropriately credentialed anesthesia provider willing to perform the procedure.
- 1.4 Prior to providing anesthesia, pain management, and related care:
  - 1.4.1 Introduces self, using their name, a term representing the CRNA credential, and role.
  - 1.4.2 Verifies that students have introduced themselves or been introduced to the patient, and the patient has consented to student participation in anesthesia, pain management, and related care.
  - 1.4.3 Discusses the plan of care and obtains informed consent or verifies that the patient has given informed consent in accordance with the law, accreditation standards, and institutional policy.<sup>2</sup>
  - 1.4.4 Discusses the plan of care and obtains informed consent from a legal decision-maker (e.g., healthcare proxy, surrogate) when the legal decision-maker is responsible for the patient's healthcare decisions or verifies that the legal decision-maker has given informed consent.
  - 1.4.5 Protects patient privacy, including confidentiality of patient information, except when necessary to protect the patient or other persons, or when required by law.
- 1.5 Protects patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, deceptive, abusive, disrespectful, or unethical practices.
- 1.6 Participates in honest and transparent disclosure of an adverse or unanticipated event to the patient and others with the patient's consent.

## **2. Responsibility as a Professional**

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

### **Competence and Responsibility in Professional Practice**

- 2.1 Engages in a scope of practice within individual competence and maintains role-specific competence.
- 2.2 Maintains national certification as a CRNA and a state license as a registered nurse and meets state advanced practice statutory or regulatory requirements.

- 2.3 Engages in continuing education and lifelong professional development related to areas of nurse anesthesia practice, including clinical practice, education, research, and administration.
- 2.4 Evaluates and integrates personal practice outcome data, scientific research, expert opinion, new technology, patient preferences, and relevant metrics to improve processes and outcomes.
- 2.5 Is physically and mentally fit for duty (ANA and AANA code of ethics).
- 2.6 Clearly presents his or her education, training, skills, and CRNA credential.
- 2.7 Is honest in all professional interactions to avoid any form of deception.
- 2.8 Treats all others, including patients, families, staff, students, and colleagues, in a culturally sensitive manner and without prejudice, bias, or harassment.
- 2.9 Maintains professional boundaries in all communications and actions.

### **Leadership**

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

### **Clinical Practice and the Interdisciplinary Team**

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

### **Role Modeling and Education of Others**

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

## **The Profession**

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

### **3. Responsibility in Research**

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

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

### **4. Responsibility in Business Practices**

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

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

### **5. Responsibility when Endorsing Products and Services**

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

- 5.1 Makes truthful endorsements based on personal experience and factual evidence of efficacy.
- 5.2 Discloses and manages or resolves perceived or real conflicts of interest associated with the endorsed product or service (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict).
  - 5.2.1 Only uses the CRNA credential when endorsing products or services that are related to CRNA professional practice or expertise.

### **6. Responsibility to Society**

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

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

### **References**

1. American Nurses Association Code of Ethics for Nurses with Interpretive Statements. <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/> . Accessed February 8, 2018.
2. Informed Consent for Anesthesia Care. Park Ridge, IL: American Association of Nurse Anesthetists; 2016.
3. National Board of Certification and Recertification for Nurse Anesthetists. The Continued Professional Certification (CPC) Handbook. [https://www.nbcna.com/docs/default-source/publications-documentation/handbooks/cpc\\_hb.pdf?sfvrsn=941c170c\\_22](https://www.nbcna.com/docs/default-source/publications-documentation/handbooks/cpc_hb.pdf?sfvrsn=941c170c_22) Accessed December 11, 2019.
4. United States National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html#xinform> . Accessed March 3, 2018.
5. Guide for the Care and Use of Laboratory Animals. 8th ed. Washington, DC: The National Academies Press; 2011.

Adopted by the AANA Board of Directors in 1986.  
Revised by the AANA Board of Directors in 1992, 1997, 2001, 2005, and July 2018.

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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 Typhon after the experience, on a daily basis. Typhon record entry will not be allowed for cases over two weeks. All students are responsible for the accuracy and integrity of their case experience records. As a condition of graduation and application for eligibility to sit for the NCE certification exam, students will be expected to sign and attest to the accuracy and integrity of their case experience record.

<http://home.coa.us.com/accreditation/Documents/Guidelines%20Counting%20Clinical%20Experiences%20October%202015.pdf>

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, emergence, inhalational induction, and central line placement, etc.) that they attempt or perform. A missed intubation or similar incomplete procedure is not counted as a 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 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 approved template and uploaded weekly on Typhon and the clinical residency course. One care plan is to be uploaded weekly starting in semester four (4) to semester nine (9) in which the student's advisor reviews for progression of critical thinking in anesthetic case management according to the level in the program. Verbal care plans should include the perioperative plan of care that is discussed with the student's clinical preceptor prior to anesthesia administration. Students are responsible to have a verbal anesthesia care plan for every surgical case. 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: neuro, cardiac, OB, pediatric, and regional. The review questions must be completed in compliance with the instructions on the question sets and must be uploaded to Typhon and submitted to the student's advisor prior to the first day of the start of their specialty rotation otherwise student will be placed on academic probation and inhibiting the progression of clinical specialty until clinical review questions are complete.

The FIU Honor Code and Standards of Academic Integrity and Misconduct apply to all anesthesia care plans and specialty rotation clinical review question sets as stated on the DNP Anesthesiology Nursing Program care plans.

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**MEDICATION SAFETY POLICY and PROCEDURES**

**POLICY/PROCEDURE 47:**

Students enrolled in the ANP have prior education and experience as a Registered Nurse and hold licensure as a Registered Nurse, which obligates them to safe practices in the handling, management, and administration of medications per JACHO standards and CDC guidelines. Medication errors represent a threat to patient health and safety as well as professional practice liability concern for preceptors, clinical facilities, and for the student.

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.

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 that is hand-delivered to their faculty advisor. 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 **issues**, 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 and Joint Commission Accreditation, Health Care and Certification standards.
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, residents, or staff members.
  4. Management and accountability of all unused controlled substances as well as controlled substance wastage will follow the guidelines at the clinical 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.
  8. DNP Anesthesiology Nursing Program students can be randomly screened for drugs via a blood or urine sample at any time on FIU Campus and/or clinical site.

In compliance with the American Association of Nurse Anesthetists 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.

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**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 with their white DNAP lab coat and in proper attire business casual 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. No ripped jeans, mid-drifts, shirts, mini-skirts, tank tops or attire which shows undergarments or skin.

DNP Anesthesiology Nursing Program students 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.

Students who do not follow the dress code, will be sent home and will receive an unauthorized absence.

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**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 University, Program Chair, Dean, and/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.

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**DISCIPLINARY ACTIONS**

**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.

**Program Dismissal:**

A student may be dismissed without a probationary period for identified infractions below. Dismissal of any student for deficiencies must reflect a consensus of the DNAP Faculty as recommended to the Program Chair and approved by the Dean, Nicole Wertheim 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 Anesthetist

### **Academic Warning, Probation, and Dismissal**

Academic warning and probation are governed by the rules of the University and Program.

#### **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, Nicole Wertheim 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 with the office of Counseling and Psychological service, free of charge by the University. See link below:

<https://studentaffairs.fiu.edu/health-and-fitness/counseling-and-psychological-services/>

### **ADMINISTRATIVE PROBATION**

A student may be placed on probation for a 60-day period if, in the judgment of the DNAP Faculty, a student doesn't conduct themselves in a professional manner. A student can only be on administrative probation a maximum of 2 times in the program as a third infraction will be grounds for immediate dismissal in the program.

#### **Grounds for administrative probation include:**

1. Insubordination or failure to follow direct instructions from faculty.
  - a. Violation of ANP policies, procedures and the AANA Code of Ethics.
2. Unprofessional behavior by a Student Registered Nurse Anesthetist (SRNA) towards:
  - a. Faculty, staff and violation of acceptable standards
  - b. This may be demonstrated by:
    - i. Arrogance
    - ii. Disrespect
  - c. Inappropriate tone of voice
    - i. Curtness

- d. Insolence
- e. Dishonesty
- f. Failure to attend scheduled meetings without notifying the faculty member.

**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 Chair to discuss the reason(s) for recommending probation. During the meeting, the student has the opportunity to provide evidence to refute the recommendation.
2. After hearing all sides, the Program Chair has the final decision on placing the student on administrative probation with a faculty vote.
3. The student is informed in writing of the decision by the Program Chair or faculty member. 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 administrative 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. Student will be responsible for writing an improvement plan entailing objectives and goals for success.
6. At the end of the period of administrative probation, the faculty makes one of the following recommendations to the Program Chair.
  - a. Removal of probation status and return to good standing in the Program
  - b. Dismissal from the program
7. The final determination of administrative probation is made by the faculty with a majority vote.

**DIDACTIC PROBATION**

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

The FIU DNAP is lockstep program. Lockstep means classes are taken in the approved FIU DNAP sequential sequence. No class will be taken out of sequence from the approved plan of study.

Due to the "lockstep" nature of the curriculum, any grade less than 85% (B) in any DNAP course is grounds for non-progression in the current cohort. If a student fails a didactic course, the student will return in the following academic year when the DNAP program course is offered, no exceptions.

**READMISSION:**

Students returning to the program after a year, will be placed on didactic probation for the semester.

**Grievance and Appeals Procedure:**

Students have the right to appeal academic, clinical or program dismissal decisions. Students who wish to appeal must follow the NWCNHS Academic Grievance and Appeals Procedure.

As noted in the Procedure, the NWCNHS Dean's decision on all matters of appeal is final. (See – Grievance and Appeals Procedures)

<https://cnhs.fiu.edu/assets/docs/resources/nwcnhs-student-academic-grievance.pdf>

### **CLINICAL PROBATION**

A student may be placed on probation for 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. A student can only be on clinical probation a maximum of 2 times in the program as a third infraction will be grounds for immediate dismissal in the program.

#### **Grounds for clinical probation include:**

1. Unsatisfactory clinical performance, which may include, but is not limited to:
  - a. Violating the AANA Standards for Nurse Anesthesia Practice
  - b. Failure to perform pre-anesthesia assessments on an assigned patient, or as assigned.
  - c. Incomplete or unsatisfactory anesthesia care plan.
  - d. Inadequate preparation for an anesthetic induction, management, or emergence.
  - e. Commission of a medication error, not deemed to be due to negligence.
  - f. Failure to demonstrate satisfactory progression in clinical practicum, within or between semesters.
  - g. Failure to have made postoperative rounds as assigned.
  - h. Failure to follow-up an anesthetic complication until the problem was resolved.
  - i. Delivery of hypoxic mixture. A hypoxic mixture of oxygen is defined as oxygen below FiO<sub>2</sub> of less than 21%.
  - j. Level of incompetence representing a potential threat to patient safety.
  - k. 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 in clinical 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
  - f. Dishonesty

#### **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 Chair 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 Chair has the final decision on placing the student on clinical probation with a faculty vote.
  3. The student is informed in writing of the decision by the Program Chair. 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 student will meet with an assigned faculty member a minimum of once per week to discuss progression and improvement plan.
  6. Student will be responsible for writing an improvement plan entailing weekly objectives and goals for success.
  7. A copy of the minutes of the conferences is forwarded to the Program Chair following each meeting.
  8. At the end of the period of clinical probation, the clinical faculty counseling the student makes one of the following recommendations to the Program Chair:
    - 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
  9. The final determination of clinical probation is made by the faculty.



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**PROGRAM COMPLAINTS**

**POLICY/PROCEDURE 51:** A record of Program complaints is maintained, including actions taken to resolve the complaint, and the 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 place the complaint in writing. The document must be dated, signed, and submitted to the Program Chair. The Program Chair, upon receipt of such notification from a student, shall, within 7 business 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 NWCNHS Associate Dean, Academic Programs. The Associate Dean, upon receipt of such notification from a student, shall, within 7 business 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, NWCNHS who makes the final decision regarding a 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 NWCNHS Academic Grievance and Appeals Procedure. As noted in the Procedure, the NWCNHS Dean's decision on all matters of appeal is final.

<https://cnhs.fiu.edu/assets/docs/resources/nwcnhs-student-academic-grievance.pdf>

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**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 in the DNAP administrative manual:

**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.
- 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 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 the 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 prior notice as suggested of a semester 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 Chair 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 Chair and recommends 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 the 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 accreditation 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 the accrediting agency are the following:**

Enforce established educational standards and accreditation requirements and procedures consistent with:

- Ensuring quality education for students for purposes for 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.

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**NONDISCRIMINATION**

**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 IDEA Office may be contacted at 305-348-1509 or PC Rm 215.

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**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 NWCNHS 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.

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**CLINICAL PERFORMANCE EVALUATION PROCEDURES**

**POLICY/PROCEDURE 55:** Clinical performance evaluations provide the student and preceptor with a guide for clinical performance expectations. The clinical evaluation form allows formative 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 utilizing the TYPHON daily clinical performance evaluation. All cases completed for each clinical day must be accounted for in the Typhon Case Log System within 24 hours
- Students and preceptors should review the daily clinical performance evaluation.
- The midterm and final semester self-evaluation will be uploaded in Typhon and CANVAS for the assigned clinical residency course
- For **UNSATISFACTORY evaluations**, the Preceptor should complete the evaluation form in the TYPHON daily clinical performance evaluation to discuss the evaluation and actions needed for improvement with the student.
- Students are responsible for asking the preceptor to complete the daily clinical performance evaluation at the completion of the clinical day.
- Altering, tampering, or falsification of clinical daily performance clinical evaluations 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.



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**COURSE EXAMINATION and ASSIGNMENTS POLICY**

**POLICY/PROCEDURE 56:** 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 matrix schedule and CANVAS. 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. Tardiness will not be tolerated.

**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 Division of IT (FIU UTS) for a laptop rental or assistance with repairs. Only students who experience a computer failure during the examination will be provided with a DNAP temporary computer, or paper copy 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, ISMART watches, 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, FIU scratch paper 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 coordinated in which students will be facing each other and not seated next to each other. A student should not see another student's computer screen. No water bottles or beverages drinks will be allowed on the desk while taking an exam.
- d. Instructors may utilize audio-video monitoring of the exam room during examinations.

- e. A student who arrives for a scheduled exam more than 15 minutes after the start of the exam will not be permitted to sit for the exam and will receive a zero. The exam time will not be extended for students who arrive after the start of the exam but within the 15-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 students are to remain seated until all exams are completed. 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 the 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.
- i. 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 and immediate dismissal from the DNP Anesthesiology Nursing Program.
- b. Students who wish to challenge an exam question must send an email to the instructor 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 with 24 hours of the exam. 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 adjust 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 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 as identified in the anesthesia course syllabi. If a student is not in attendance to sit for the exams a mandated comprehensive exam will be administered to make up for a missed scheduled exam. The comprehensive exam will be consistent with content from the entire course.
- c. The DNP Anesthesiology Nursing 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 i.e.: 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, but no less than **24-hours** in advance. 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 comprehensive 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 85 percent.
- a. Students will be allowed no more than one missed exam in a course.
- b. The comprehensive exam will cover any didactic content covered for the course period, the percentage of content is at the discretion of the faculty member
- c. The comprehensive exam will take place during scheduled FIU finals week.

### **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, otherwise a zero will be given.
- 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.  
Where the student is unable to attend a class session where a presentation is due, the Program will recognize three categories of absence in the section exam 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 a non-excused absence, the student will receive a zero for the assignment.

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**ELECTRONIC MOBILE DEVICES IN THE CLINICAL SETTING POLICY**

**POLICY/PROCEDURE 57:** Electronic Mobile Devices policy in accordance with AANA Position Statement 2.18 and COA Section C, C.23.

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 the use of electronic mobile devices, e.g., mobile phones, smartphones, tablets, PDAs, SMART watches, may lead to significant patient safety lapses. Other recent research has also suggested 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).

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 [https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/mobile-information-technology.pdf?sfvrsn=610049b1\\_6](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/mobile-information-technology.pdf?sfvrsn=610049b1_6) and the Council on Accreditation of Nurse Anesthesia Educational Programs has issued Section C, C.23 stating *Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.)*.

[http://home.coa.us.com/accreditation/Documents/Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Education%20Programs\\_January%202014.pdf](http://home.coa.us.com/accreditation/Documents/Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Education%20Programs_January%202014.pdf)

[https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/mobile-information-technology.pdf?sfvrsn=610049b1\\_2](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/mobile-information-technology.pdf?sfvrsn=610049b1_2)

To facilitate compliance with the AANA Position Statement and the COA Section C, C.23, 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 DNP Anesthesiology Nursing Program student all times while in the clinical setting will adhere to the policy and procedures of the clinical institution

with regard to electronic devices. 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 and can result in immediate dismissal. 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 DNP Anesthesiology Nursing Program student 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 a prevailing resource (Infection Control Policy, CDC, device manufacturer).

<https://www.coacrna.org/accreditation/accreditation-standards-policies-and-procedures-and-guidelines/>

FLORIDA INTERNATIONAL UNIVERSITY  
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DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
DNP Anesthesiology Nursing Program

**SOCIAL MEDIA POLICY**

**POLICY/PROCEDURE 58:**

The FIU ANP follows the Health Insurance Portability and Accountability Act (HIPAA). Under no circumstances is information about patients, clinicians, hospital affiliations, preceptors, and faculty to be on any social forum, such as and not limited to: Facebook, Twitter, LinkedIn, YouTube, etc. Improper use of social media may violate state and federal laws established to protect patient privacy and confidentiality and can result in both civil and criminal penalties. Inadvertently or unintentionally breaching privacy and confidentiality may result in disciplinary action, which can lead to program dismissal.

FIU DNAP will follow the NWCNHS social media policy stated below

**SOCIAL MEDIA POLICY**

**POLICY:** The Nicole Wertheim College of Nursing and Health Sciences will specify specific requirements, student responsibilities and recommended guidelines regarding the use of social media and web-based network platforms.

**RATIONALE:** The Nicole Wertheim College of Nursing and Health Sciences recognizes that social media and web-based network platforms and applications including, but not limited to, Facebook, Instagram and Twitter, are an important and timely means of communication. However, students who use these social media sites and applications must be aware of the critical importance of limiting the use of these sites and privatizing the settings of these sites and applications so that only trustworthy “friends” have access to the sites. Students must also be aware that posting certain information is illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions that range from a written reprimand to dismissal from the program and expulsion from the university.

**PROCEDURE**

When using these social networking sites, FIU students in the Nicole Wertheim College of Nursing and Health Sciences are expected to conduct themselves in a mature, responsible, and professional manner. Discourse should always be civil, respectful, and in accordance with University Regulations. Student behavior should be in accordance with FIU's values and are bound by FIU-2501 Student Conduct and [Honor Code](#).

Enrolled students represent the Nicole Wertheim College of Nursing and Health Sciences and Florida International University as healthcare professionals. With regard to Social Media, personal posts on any and all social media platforms, which currently exist or will exist in the future, should be appropriate to your profession in healthcare, and not reflect adversely on the College of Nursing and Health Sciences or the University. Students who violate social media guidelines will be in violation of the FIU-2501 Student Conduct and Honor Code, Section 5-K-1 and may be subject to disciplinary action.

1. Students must NOT transmit or place online individually identifiable patient information; this includes photographs of any kind.
2. Students must observe ethically prescribed professional patient-healthcare provider boundaries.
3. Students should understand that patients, colleagues, institutions, and employers may view postings on personal accounts.
4. Students should take advantage of privacy settings and should seek to separate personal and professional information online.
5. Students should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
6. Standards of professionalism are the same online as in any other circumstance. This includes postings regarding the University, the Nicole Wertheim College of Nursing and Health Sciences, faculty, staff, and peers.
7. Do not share or post information or photos gained through the healthcare provider-patient relationship.
8. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
9. Do not make disparaging remarks about patients, clinical sites, clinical rotations or field experiences, employers, co-workers, and/or peers even if they are not identified.
10. Do not take photos or videos of patients or any clinical setting on personal devices, including cell phones.
11. Promptly report a breach of confidentiality or privacy.
12. If students choose to list an email address on a social networking site, they should use a personal email address (not their fiu.edu address) as their primary means of identification.
13. Students may not represent themselves as another person.
14. Students may not utilize Web sites and/or applications in a manner that interferes with their academic/clinical responsibilities.
15. The following actions are strongly discouraged:
  - a. Display of vulgar language.
  - b. Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
  - c. Presentation of photographs that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.



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**RE-ADMISSION DIDACTIC FAILURE**

**POLICY/PROCEDURE 59:**

COA adopted a definition for *competence* and *competency* in January 30, 2021 affecting all existing programs

- A new Glossary definition of “competence” has been included in the *Accreditation Policies and Procedures*. “**Competence**” is defined as the array of abilities (knowledge, skills, and attitudes, or KSA) across multiple domains or aspects of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training. Competence is multi-dimensional and dynamic. It changes with time, experience, and setting.
- A new Glossary definition of “**competency**” has been included in the *Accreditation Policies and Procedures*. “Competency” is defined as an observable ability of a health professional, integrating multiple components such as **knowledge, skills, values, and attitudes**. Since competencies are observable, they can be measured and assessed to ensure their acquisition.

When students are re-admitted, students will have to show evidence of *competence* and *competency* in both clinical and didactic coursework.

Clinical competency assessment will be determined through Objective Structured Clinical Examinations (*OSCE*). The OSCE assessments will be determined based on the student re-entry level.

Didactic competency assessment will be determined through an oral board exam administered by the faculty. The oral board exam will be determined based on the student’s re-entry level.

Failure of either assessment will affect the student’s return as placement into the program must match the COA definition of **competence** and **competency** encompassing **knowledge, skills, values, and attitudes** of the level of re-entry.

Students returning to the program after a year will be placed on didactic probation for the semester.

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DEPARTMENT OF NURSE ANESTHETIST PRACTICE  
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**TITLE VII and TITLE IV**

Sexual Harassment **Title IX**, and Sexual Misconduct, Nondiscrimination, Harassment and Retaliation,

**POLICY/PROCEDURE 60:**

FIU DNAP students are expected to respect the rights of others regardless of their race, religion, nationality, gender, age, sexual orientation, physical condition, or mental state in both didactic and clinical settings.

Refer to <https://regulations.fiu.edu/regulation> for current FIU regulations regarding: Sexual Harassment (Title IX) and Sexual Misconduct, Nondiscrimination, Harassment and Retaliation (Title VII).

If a student experiences bullying or incivility at FIU or in the clinical setting, please go to the university link to file a complaint.

<https://forms.fiu.edu/view.php?id=531706>

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**REMOTE LEARNING**

**POLICY/PROCEDURE 61: Remote learning**

During remote learning, mandatory attendance is expected via ZOOM and professional etiquette is required, as in face-to-face classes. Etiquette will include business attire for class attendance, no hats, sunglasses, or neutral ZOOM backgrounds. Graduate students will be held to the same standards as an in-person class with the utmost professionalism in professional attire and conduct. No texting or insubordinate behavior will be accepted.

## **APPENDIX**

### **Council on Accreditation of Nurse Anesthetist Education Programs Doctoral Standards for Accreditation**

<https://www.coacrna.org/accreditation/Documents/Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Programs%20-%20Practice%20Doctorate,%20rev%20Oct%202018.pdf>