THE UNIVERSITY OF SCRANTON
DEPARTMENT OF NURSING

DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA PROGRAM
STUDENT HANDBOOK
2024-2025 Academic Year

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WELCOME

We are very excited that you have decided to attend the University of Scranton for your Doctor of Nursing Practice (DNP) degree. Our program will prepare you for advanced practice as a nurse anesthetist at the highest level.

 The purpose of this handbook is to provide you with guidelines for policies, procedures and core information that will be needed while you are enrolled as a Doctor of Nursing Practice (DNP) student in the nurse anesthesia (NA) program in the Department of Nursing at The University of Scranton. These policies and procedures are the basis for decision-making regarding student matters.

Every nurse anesthesia DNP student is responsible for adhering to the policies and procedures contained in the Department of Nursing **DOCTOR OF NURSING PRACTICE NURSE ANESTHESIA PROGRAM STUDENT HANDBOOK.** Upon admission to the program, the DNP student is expected to read and review all policies. In addition, a copy of the Confidentiality Policy, Professional Nursing Behaviors Policy, and Verification of Receipt of the DNP Student Handbook must be signed and returned to the administrative assistant. Should you have any questions regarding these policies, please see the Nurse Anesthesia Program Administrator, Dr. Ann Culp.

General policies in this handbook apply to <u>all</u> DNP NA students. Students are also governed by the policies at the agencies where they complete their practicum hours.

The educational policies and procedures governing admission, advisement and counseling of students can be found in *The University of Scranton Graduate Studies Catalog.* The policies in this handbook apply to students in the Department of Nursing and were approved by the Dean of the Leahy College of Health Sciences (LCHS).

Nurse Anesthesia Specialization

The Nurse Anesthesia specialization is a full-time, rigorous, and comprehensive 36-month program that prepares registered nurses to become Certified Registered Nurse Anesthetists (CRNAs). Students are given the opportunity to integrate classroom content with direct application of advanced techniques in the provision of anesthesia care to patients in all risk categories throughout the lifespan.

The Nurse Anesthesia Program is based on a continuum of perioperative anesthesia care. This care includes preoperative assessment, formulating an anesthesia management plan, the administration of anesthetic agents and adjunct therapeutics, and the provision of appropriate consultation during the postoperative recovery period.

Nurse anesthesia practice requires substantial specialized knowledge, judgment, and advanced nursing competencies, all of which are based on biological, physiological, pharmacological, and the psychosocial sciences. Nurse anesthetists function as an advocate, acting on behalf of the patient to maintain his/her psycho-physiological integrity throughout the perioperative period. Competencies required of nurse anesthetists make them qualified to institute and/or participate in emergency life-support activities.

A concentrated program of theory and clinical study prepares the student to be a qualified professional. As an advanced nursing practitioner, students act as a multidisciplinary team member to provide anesthesia services in a variety of settings. The curriculum includes study in research methodology, biophysical sciences, physical assessment, physiology/pathophysiology, pharmacology, principles of anesthesia, and professional role issues. Graduates are capable of exercising independent judgment within their scope of competence utilizing critical thinking skills.

The Nurse Anesthesia Program is offered as an 83-credit DNP program for baccalaureate prepared nurses that can be completed in 36 months of continuous study (9 semesters) making them eligible for national certification as a CRNA from the National Board of Certification and Recertification for Nurse Anesthetists.

IMPORTANT PHONE NUMBERS AT A GLANCE

NURSING DEPARTMENT	**941-7673**
Dr. Mary Jane DiMattio, Chairperson	941-7673
(Email: maryjane.dimattio@scranton.edu)	
Dr. Ann Feeney, Graduate Program Director, DNP Program…………………941-4118	
(Email: joann.nicoteri@scranton.edu)	
Dr. Ann Culp, Nurse Anesthesia Program Administrator……………………..941-5588	
(Email: ann.culp@scranton.edu)	
Dr. Susan Elczyna, Nurse Anesthesia Assistant Program Administrator…..941-5583	
(Email: susan.elczyna@scranton.edu)	
Tracy Murray, JD, CRNA, MSN, CRNP, Clinical Director ……………...…..941-5551	
(Email: tracy.murray@scranton.edu)	
Jill O'Connor, Administrative Assistant,	
Nurse Anesthesia Program	941-5531
(E-mail: jill.oconnor@scranton.edu)	
FAX - Department of Nursing	941-7903
Bookstore	941-7454
Campus Ministry	941-7419
Career Services	941-7640
Center for Teaching and Learning Excellence (CTLE)	941-4038
Computing Help Desk	941-4173
Counseling Center	941-7620
Financial Aid Office	941-7700
Handicap Coordination	941-7580
Learning Resources Center	941-4038
Library	941-7451
Parking/Security	941-7888
Royal Card (University ID System)	941-6181
Security – Emergencies	941-7777
Student Health Center	941-7667
Wellness Center	941-4253
Weather information Line……………………………………………..941-5999	

DEPARTMENT OF NURSING PROGRAM OVERVIEW

Mission Statement

The Mission of the Department of Nursing at The University of Scranton is to prepare nurses at the baccalaureate, masters, and doctoral levels, who are grounded in the Catholic and Jesuit tradition, and committed to excellence in practice for the 21st century**.** Our graduates have the knowledge and competencies to deliver high-quality, evidence-based, holistic person-centered care.

Philosophy

The Department of Nursing is an integral part of the Leahy College of Health Sciences of The University of Scranton and reflects the heritage, mission, values, and goals of the University and of the College.

The philosophy of the Department of Nursing is based on a holistic view of the person who has inherent worth, dignity, and human rights. The individual is recognized as a total entity, with consideration given to the interdependent functioning of the physiological, psychological, cognitive, social, cultural, and spiritual domains. Every person is unique and demands the respect of free choice. The person is in constant interaction with a changing environment. The integrity of an individual's potential for growth is maintained and supported.

Each person has the right and responsibility to determine and participate in decisions affecting health and deserves access to health care. Health is viewed on a continuum, as a dynamic state of physiological, psychological, sociocultural, and developmental adaptation. One's state of health is influenced by genetic endowment, sociocultural background, environmental forces, and life style. The primary responsibility for health lies with the individual, and secondarily with the family and community.

The professional nurse accepts responsibility and accountability for the practice of nursing based upon sound clinical judgment. Nurses collaborate with members of the interprofessional healthcare team to promote optimal health. The professional nurse responds to the changing needs of individuals, families, communities, and populations within society. Professional nurses are guided by ethical principles, legal regulations, and standards of practice; and use clinical judgment to provide high quality, safe, and competent care**.** The professional nurse uses knowledge of the research process and evidence to advance nursing practice. Grounded in faith, evidence-based practice, and clinical expertise, our graduates are prepared to advocate for individuals, families, communities, and populations; and to provide leadership in the delivery of safe, comprehensive, person-centered care.

Learning involves a dynamic interaction between students and faculty. Self-directed learning is expected. The faculty guides, instructs, and facilitates student learning by encouraging development of intellectual curiosity, stimulating self-direction, and enhancing involvement both in professional activities and service to society. Faculty members serve as role models for the students as educators, leaders, researchers, clinicians, and advocates.

Purpose of the Baccalaureate of Science in Nursing (BSN) Program

The purpose of the baccalaureate program is to prepare professional nurses, who as generalists, possess clinical competence to function in a variety of settings. Patient-centered care, quality and safety, collaboration and teamwork, the use of evidence-based practice, informatics, and ethics are emphasized. The program prepares graduates to deliver holistic
nursing care to individuals, families, communities, and populations, and to participate in the advancement of the nursing profession.

Purpose of the Master of Science in Nursing (MSN) Program

The master's program is designed to prepare nurses for current and emerging roles in health care delivery, who are equipped with advanced nursing knowledge for improving health outcomes. The program prepares graduates with the competencies to engage in higher level nursing practice and leadership in a variety of roles and settings.

Purpose of the Doctor of Nursing Practice (DNP) Program

The DNP program is designed to prepare graduates for independent practice in advanced nursing practice specialties. The DNP graduate will possess enhanced organizational and leadership skills in health care delivery, expertise in the application of evidence-based practice to improve patient and health care outcomes, and the ability to lead inter-professional teams.

Baccalaureate of Science in Nursing (BSN) Program Outcomes

Upon completion of the baccalaureate program the graduate is prepared to:

1. Integrate a personal philosophy into nursing practice and service to others, based on the uniqueness, worth, dignity, and diversity of human beings.

2. Synthesize concepts of leadership, quality improvement, and safety in the provision of evidence-based, person-centered care.

3. Assess, plan, implement, and evaluate professional nursing practice through the integration of scientific evidence and the application of clinical judgement.

4. Utilize informatics and other patient care technologies to inform, improve, and create an environment for safe and effective delivery of quality nursing care.

5. Advocate for patient's rights using an understanding of healthcare systems, regulation policies, and scope of practice.

6. Apply interprofessional communication and collaboration to deliver safe, evidence-based, person-centered care.

7. Synthesize evidence to promote health and prevent disease in individuals, families, communities, and populations across the lifespan.

8. Demonstrate responsible and accountable behavior that reflects standards of professional nursing practice.

9. Engage in critical thinking, ethical reasoning, and lifelong learning to support excellence in professional nursing practice.

Master of Science in Nursing (MSN) Program Outcomes

Upon completion of the master's program the graduate is prepared to:

1. Integrate knowledge from nursing and other disciplines to provide evidence-based care to diverse populations at an advanced practice level.

2. Apply leadership skills that emphasize ethical principles and critical decision making to promote quality and safety in master's level nursing practice.

3. Articulate the process of quality improvement and apply quality and safety principles within an organization.

4. Incorporate research evidence within the clinical setting to resolve practice problems and disseminate results.

5. Utilize informatics and patient-care technologies to deliver nursing care at an advanced practice level.

6. Employ advocacy strategies to promote health and improve health care.

7. Establish interprofessional relationships to mobilize resources and coordinate quality health care.

8. Engage in master's level nursing practice in accordance with applicable specialty nursing standards, integrating concepts of person-centered, and culturally appropriate clinical prevention and population health activities.

9. Demonstrate master's level knowledge and competencies in nursing and relevant sciences to influence healthcare outcomes for individuals and populations.

10. Articulate a commitment for continuous professional development and service to others.

Doctor of Nursing Practice (DNP) Program Outcomes

Upon completion of the DNP program the graduate is prepared to:

1. Incorporate science-based theories from nursing and other disciplines to develop, implement, and evaluate practice approaches that improve health care.

2. Utilize organizational and systems leadership to promote quality, cost effectiveness, and patient safety in the delivery of health care.

3. Demonstrate leadership in the application and critical evaluation of evidence-based practice to improve patient and health care outcomes.

4. Apply information systems/technology to monitor and improve patient care and health care delivery systems.

5. Consistent with Jesuit values, advocate for health care policies that comply with ethical principles and address health disparities and vulnerable populations.

6. Organize and lead inter-professional teams to improve patient and population health outcomes.

7. Analyze epidemiological, biostatistical, and environmental data to develop, implement, and evaluate clinical prevention and population health initiatives.

8. Function independently in an advanced nursing practice role to improve patient outcomes in a specialty area of practice.

9. Engage in lifelong learning and service to others.

Competencies of the Nurse Anesthetist

The graduate of the Nurse Anesthesia program will demonstrate that she/he has acquired the knowledge, skills, and competencies as identified by the American Association of Nurse Anesthetists (Standards for Accreditation of Nurse Anesthesia Programs, Doctorate Practice Revised January 30, 2023), which are outlined below:

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

2. Individualized Peri-anesthetic Management
   - Provide individualized care throughout the perianesthetic continuum.
   - Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
   - Provide anesthesia services to all patients across the lifespan.
   - Administer general anesthesia to patients with a variety of physical conditions.
   - Administer anesthesia for a variety of surgical and medically related procedures.
   - Administer and manage a variety of regional anesthetics.
   - Function as a resource person for airway and ventilator management of patients.
   - Maintain current certification in Cardiopulmonary Resuscitation (CPR), advanced cardiac life support (ACLS) certification and pediatric advanced life support (PALS) certification.
   - Deliver culturally competent perianesthetic care throughout the anesthesia experience.
   - Perform a comprehensive history and physical assessment.

3. Critical Thinking
   - Apply knowledge to practice in decision-making and problem solving.
   - Provide nurse anesthesia services based on evidence based principles and research evidence.
   - Perform a preanesthetic assessment before providing anesthesia services and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
   - Assume responsibility and accountability for diagnosis
   - Formulate an anesthesia plan of care before providing anesthesia services.
   - Identify and take appropriate action when confronted with anesthetic

equipment- related malfunctions.
- Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
- Calculate, initiate, and manage fluid and blood component therapy.
- Recognize, evaluate and manage the physiological responses and appropriately manage complications that occur during the provision of anesthesia services.
- Use science-based theories and concepts to analyze new practice approaches.
- Pass the National Certification Examination (NCE) administered by the NBCRNA.

4. Communication Skills
   - Effectively communicate with all individuals influencing patient care.
   - Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.
   - Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
   - Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals. Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate Page 18-19 Revised January 30, 2021*
   - Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
   - Maintain comprehensive, timely, accurate, and legible healthcare records.
   - Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
   - Teach others

5. Leadership Role
   - Integrate critical and reflective thinking in his or her leadership approach.
   - Provide leadership that facilitates intraprofessional and interprofessional collaboration.

6. Professional Role
   - Participate in activities that improve anesthesia care.
   - Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
   - Interact on a professional level with integrity.
   - Participate in continuing education activities to acquire new knowledge and improve his or her practice.
   - Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
   - Apply ethically sound decision-making processes.
   - Function within legal and regulatory requirements.
   - Accept responsibility and accountability for his or her practice.
   - Provide anesthesia services to patients in a cost-effective manner.

- Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder (see Glossary, "Wellness and substance use disorder").
- Inform the public of the role and practice of the CRNA.
- Evaluate how public policy making strategies impact the financing and delivery of healthcare
- Advocate for health policy change to improve patient care.
- Advocate for health policy change to advance the specialty of nurse anesthesia.
- Analyze strategies to improve patient outcomes and quality of care.
- Analyze health outcomes in a variety of populations.
- Analyze health outcomes in a variety of clinical settings.
- Analyze health outcomes in a variety of systems.
- Disseminate scholarly work.
- Use information systems/technology to support and improve patient care
- Use information systems/technology to support and improve healthcare systems.
- Analyze business practices encountered in nurse anesthesia delivery settings.

Doctor of Nursing Practice Curriculum

Year 1	Year 2	Year 3
Summer Semester (June – August) NURS 520 Advanced General Pharmacology (3) NURS 593 Research Methodology (3) **Total Credits (6)**	**Summer Semester (June – August)** NURS 530 Advanced Clinical Assessment (2) NURS 530L Advanced Clinical Assessment Lab (1) NURS 539 Nurse Anesthesia Principles II (3) NURS 539L Nurse Anesthesia Principles II Lab (1) **Total Credits (7)**	**Summer Semester (June – August)** NURS 765 Nurse Anesthesia Residency and DNP Scholarship I (7) **Total Credits (7)**
Fall Semester (September – December) NURS 504 Anatomy and Physiology for Nurse Anesthesia (3) NURS 514 Chemistry and Physics for Nurse Anesthesia (3) NURS 517 Advanced Pharmacology of Nurse Administered Anesthesia I (4) NURS 700 Epidemiology and Biostatistics (3) NURS 710 Information Systems and Health Care Technology (3) **Total Credits (16)**	**Fall Semester (September – December)** NURS 546 Nurse Anesthesia Clinical Practicum I (2) NURS 549 Nurse Anesthesia Principles III (4) NURS 549L Nurse Anesthesia Principles III Lab (1) NURS 760 Advanced health Care Policy (3) **Total Credits (10)**	**Fall Semester (September – December)** NURS 775 Nurse Anesthesia Residency and DNP Scholarship II (7) **Total Credits (7)**
Spring Semester (January – May) NURS 510 Advanced Physiology and Pathophysiology (3) NURS 518 Advanced Pharmacology of Nurse Administered Anesthesia II (2) NURS 529 Nurse Anesthesia Principles I (3) NURS 720 Advanced Scientific Inquiry (3) NURS 730 Translating Evidence into Practice (3) **Total Credits (14)**	**Spring Semester (January – May)** NURS 556 Nurse Anesthesia Clinical Practicum II (2) NURS 559 Nurse Anesthesia Principles IV (4) NURS 778 Organizational and Systems Leadership for Nurse Anesthesia (3) **Total Credits (9)**	**Spring Semester (January – May)** NURS 785 Nurse Anesthesia Synthesis and Residency III (7) **Total Credits (7)** _____ **Total Credits 83 for DNP Degree**

Relationship of DNP Program to University Mission and College/Dept. Goals

The DNP program is consistent with the University's strategy to add new innovative graduate options that are in character with our mission and responsive to the market. Below is a table that further identifies how the DNP program compares with the University, LCHS, and the Department of Nursing mission and goals.

Appendix B - Comparison of the Mission/Philosophy and Expected Outcomes of the University of Scranton, Leahy College of Health Sciences (LCHS), and the Department of Nursing			
University of Scranton	**LCHS**	**Department of Nursing**	**Congruency**
"The University is a community dedicated to the freedom of inquiry and personal development fundamental to the growth in wisdom and integrity of all who share its life." (University Mission)	"LCHS upholds the highest academic standards in preparing….students for successful professional careers in allied health and education." (Mission LCHS)	"Learning involves a dynamic interaction between students and faculty.......The faculty guides, instructs, and facilitates student learning…." (DON philosophy)	The University, LCHS, and the Department of Nursing are committed to fostering a positive learning environment.
"Exhibit broad knowledge of the human condition, understanding the world in its physical and natural aspects, as well as the philosophical and theological basis for modern thought, faith, and belief." (University ILO)	"…a focus on moral reflection [is] embedded in our LCHS curriculum" (Mission LCHS)	"The individual is recognized as a total entity, with consideration given to the interdependent functioning of the physiological, psychological, cognitive, social, cultural, and spiritual domains." (DON philosophy)	The University, LCHS, and the Department of Nursing are committed to supporting the spiritual needs of students from varied religious and value orientations.

University of Scranton	LCHS	Department of Nursing	Congruency
"Develop and use the intellectual and practical competencies that are the foundation of personal and professional development and lifelong learning…." "Demonstrate competence in their chosen field of study…" (University ILOs)	"…..emphasis is on intellectual inquiry ad clinical practice devoted to the lifelong development….. of our students [and] faculty…" (Mission LCHS) "Students will successfully complete licensure exams….." (LCHS SLO)	"The [mission] is to prepare nurses…….,who are committed to excellence in practice…." (Mission DON)	The University, LCHS, and the Department of Nursing are committed to academic excellence and life-long learning.
"Employ their knowledge and intellect……..that demonstrates a devotion to the spiritual and corporal welfare of other human beings and by a special commitment to the pursuit of social justice…." (University ILO)	"…a focus on …teaching for social justice… [is] embedded in our LCHS curriculum" (Mission LCHS)	"Nurses collaborate with members of the interprofessional heath team to promote optimal health for individuals, families, communities and populations." (DON philosophy)	The University, LCHS, and the Department of Nursing emphasize responsibility to society.
"……address situations in a way that demonstrates……. a special commitment to the …….common good of the entire human community." (University ILO)	"…embedded in our LCHS curriculum …..[is] service on both the undergraduate and graduate level." (Mission LCHS)	"This [learning environment] encourages the development of intellectual curiosity, stimulates self-direction, and enhances involvement both in professional activities and service to society." (DON philosophy)	The University, LCHS, and the Department of Nursing are committed to community service / service to society.

Appendix E- Comparison of Scranton DNP Program Outcomes with AACN DNP Essentials and Council on Accreditation of Nurse Anesthesia Educational Programs (COA) Competencies			
Scranton DNP Program Outcomes	**Related DNP Essential**	**COA Competencies (Nurse Anesthesia)**	**Comparison**
Incorporate science-based theories from nursing and other disciplines to develop, implement, and evaluate practice approaches that improve health care.	Essential I: Scientific Underpinnings for Practice	Provide nurse anesthesia care based on sound principles…	The DNP graduate is expected to practice from a scientific basis of nursing and related disciplines**.**
Utilize organizational and systems leadership to promote quality, cost effectiveness, and patient safety in the delivery of health care.	Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking	Participate in quality management activities.	The DNP graduate is expected to have knowledge in organizational and systems leadership to improve patient and healthcare outcomes.
Demonstrate leadership in the application and critical evaluation of evidence-based practice to improve patient and health care outcomes	Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice	Interpret anesthesia related research data.	The DNP graduate is expected to provide leadership for evidence-based practice and have competence in knowledge application activities.
Apply information systems/technology to monitor and improve patient care and health care delivery systems.	Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.	The DNP graduate is expected to have knowledge and skills related to information systems/technology and patient care technology.
Consistent with Jesuit values, advocate for health care policies that comply with ethical principles and address health disparities and vulnerable populations.	Essential V: Health Care Policy for Advocacy in Health Care	Demonstrate ethical behavior when interacting with patients, families, and members of the healthcare community	The DNP graduate is expected to design, implement and advocate for health care policy that addresses issues of social justice and equity in health care.

Scranton DNP Program Outcomes	Related DNP Essential	COA Competencies (Nurse Anesthesia)	Comparison
Organize and lead inter-professional teams to improve patient and population health outcomes.	Essential VI: Inter-professional Collaboration for Improving Patient and Population Health Outcomes	Effectively communicate with all individuals influencing patient care.	The DNP graduate is expected to have preparation in establishing and leading inter-professional teams.
Analyze epidemiological, biostatistical, and environmental data to develop, implement, and evaluate clinical prevention and population health initiatives.	Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health	Participate in activities that improve anesthesia care.	The DNP graduate is expected to integrate evidence-based clinical prevention and population health services for individuals, aggregates, and populations.
Function independently in an advanced nursing practice role to improve patient outcomes in a specialty area of practice.	Essential VIII: Advanced Nursing Practice	Administer anesthesia to patients of all ages and physical conditions for a variety of surgically and medically related procedures.	The DNP graduate is expected to base practice on the biophysical, psychosocial, cultural, and nursing science in their area of specialization.

Glossary of Terms

Please refer to the Glossary of Terms found in Addendum A.

APPEAL OF A COURSE GRADE

Students who wish to appeal a final grade in a course must make a written appeal to the instructor within five (5) business days of the date the course grade becomes available to the student from the University, explaining why the grade should be changed. If the instructor agrees that a change of grade is warranted, the student will be notified in writing and a Change of Grade form will be completed and submitted to the Dean. If the instructor finds that the grade is correct as originally submitted, the student will be notified in writing, specifically addressing the student's reason for the appeal. The instructor's response must take place within five (5) business days of the receipt of the appeal from the student. If the student is not satisfied with the written response of the instructor, the student has the right to appeal in writing to the Chairperson of the Department of Nursing within five (5) business days of the instructor's response, providing a complete explanation of the appeal and supporting documentation. The Chairperson will attempt to facilitate a reasonable solution at the department level and will make written recommendation to both the student and faculty member within five (5) business days of receiving the appeal. If the matter is not resolved at the department level, the student, within five (5) business days of the Chairperson review, may request in writing that the Dean review the matter. The request to the Dean shall include complete documentation explaining why the student believes the grade should be changed and any responses the student received from the instructor and Chairperson. The Dean will conduct a review and provide a written decision to the student and faculty member within ten (10) business days of receiving the written appeal. The Dean's decision is final.

ATTENDANCE POLICY FOR CLASS

Regular class attendance is expected. It is the responsibility of the student to report absences from class to the individual faculty member prior to the scheduled class. The student is responsible for the material covered in class when not in attendance.

ATTENDANCE POLICY FOR CLINICAL PRACTICUM

Attendance is required. The student must notify university faculty and preceptor/clinical site if absence occurs.

SNOW DAYS AT CLINICAL SITES POLICY

If, in the judgment of the student, the weather would impede safe travel to an agency in which a clinical practicum is scheduled, the student may cancel the clinical practicum. The student will notify the agency and make rescheduling arrangements as needed to meet course objectives.

LEAVE OF ABSENCE

Criteria for permission for student to obtain a leave of absence during various sections of the curriculum are:

  a. A leave of absence will be for a length of time not to exceed one year.
  b. The remediation process for readmission must be completed in the term prior to the return date. The anesthesia faculty must be notified of request to return to the program by the first day of the summer, fall or spring term prior to the semester the student wishes to return.
  c. The student must pass a comprehensive written exam prior to reentering the program with a minimum score of 86%. The exam will include information covered in courses completed prior to the date of the leave.
  d. The student must successfully perform return demonstration(s) on clinical skills. The skill requirements will be decided by the faculty based on the portion of the program that had been completed by the student prior to the leave of absence.

Academic Calendar
https://www.scranton.edu/academics/registrar/academic-calendar.shtml

SCHEDULED STUDENT DAYS OFF FROM PRACTICUM

Year 1
Memorial Day
Juneteenth Day
Independence Day
Labor Day
Fall Break – 2 Days
Thanksgiving Break - 3 Days
---Christmas and Semester Break--- Approximately 27 days
Spring Break – 5 Days
Easter Break – 3 Days

*Year 2
Memorial Day
Juneteenth Day
Independence Day
Labor Day
Fall Break – 2 Days
Thanksgiving Break – 3 Days
---Christmas and Semester Break--- Approximately 17 days
(Students start clinical 2 weeks prior to the regular semester start date)
Spring Break – 5 Days
Easter Break – 3 Days

*During Clinical Practicum I (NURS 546) students are off one day a week with the exception of M&M Conferences, which are held monthly and four weekend classes.

*During Clinical Practicum II (NURS 556) students are off one day a week with the exception of M&M Conferences, which are held monthly.

Year 3
Memorial Day
Juneteenth Day
Independence Day
Labor Day
Fall Break – 2 Days
Thanksgiving Break – 3 Days
---Christmas and Semester Break--- Approximately 17 days
(Students start clinical 2 weeks prior to the regular semester start date)
Spring Break – 5 Days
Easter Break – 3 Days

Due to the amount of time off that is allotted on the academic calendar all other time requests will be considered as an unscheduled absence. Students are to follow the Unscheduled absence policy below.

Unscheduled Absence:
All Clinical Residency Experiences are required. This includes attendance at clinical, clinical seminar experiences, and conference/professional development days. Any missed experiences must be made up prior to the end of the semester to achieve a grade of Satisfactory.
For unscheduled absence in clinical, it is the student's responsibility to:
1.   Notify the appropriate clinical site
2.   Notify the Nurse Anesthesia Program office (570) 941-5531 (a voice mail during non-office hours is acceptable)
3.   Notify your advisor
4.   Complete the Missed Clinical Time Reconciliation Form and submit it the Nurse Anesthesia Program office within 2 days of the return to clinical
5.   M&M is considered a clinical day. An absent day from M&M requires a make-up clinical day. Complete the Missed Clinical Time Reconciliation Form.

BREAVEMENT LEAVE POLICY
        In the event of a death in the student's immediate family, up to three days of bereavement leave will be allowed for all students in order to attend services for the deceased. For purposes of this policy, the immediate family is defined as parent, spouse, child, brother, sister, grandparent, grandchild, step-parent, in-law relationships to the same degree, or other persons living in the student's household. All other requests are at the discretion of the faculty. Complete the Missed Clinical Time Reconciliation Form. Follow the procedure for Unscheduled Absence (above).

BACKGROUND CHECKS AND DRUG TESTING

Students enrolled in the graduate nursing program are required to submit the following prior to starting the initial clinical rotation. Additional background checks and drug testing may be required at the discretion of the clinical agency. Students are expected to meet all clinical agency requirements for background checks and drug testing, which may require additional fees.

(1) Pennsylvania Child Abuse Background Check (Act 34)
(2) Pennsylvania Criminal Background Check (Act 169)
(3) FBI Background Check through the Department of Human Services
(4) Drug Testing is required by clinical agencies and students will be tested annually, at their own expense while enrolled in clinical courses.

This information is required by the Department of Nursing on behalf of the clinical agencies where the practicum experiences will occur. Students will receive instructions upon registration for the initial clinical rotation to register online at CastleBranch, our background screening vendor. Further instructions on obtaining background checks will be provided to the student from CastleBranch. The results of some background checks are mailed to the student's residence and need to be uploaded to CastleBranch by the student before the deadline. The student and the program director and administrative assistants can view results on CastleBranch's secure website. Background check results may be shared with clinical agencies upon request. A positive background check may prohibit a student from participating in the clinical requirements of the course.

Drug Testing is required by clinical agencies and students will be tested annually, and more often if required by the clinical agencies, while enrolled in clinical courses. Drug testing is coordinated through CastleBranch. Students will register and pay for the drug test at CastleBranch. CastleBranch provides information on obtaining the drug test and automatically posts the results to the student's account to be viewed by the student and program director and administrative assistants. A positive drug test may prohibit the student from participating in the clinical requirements for the course.

A student **WILL NOT** be allowed to attend clinical without obtaining and submitting the required background checks and drug tests by the due date. This information may be shared with the clinical agencies upon their request.

Students may be randomly tested with or without cause for alcohol and/or drugs while a student is in the program.

Students should be aware that Pennsylvania law prohibits licensure or certification of individuals convicted of felonies related to controlled substances and may prohibit licensure if there is a conviction for a felonious act.

CERTIFICATION POLICY

Prior to the initial clinical experience and continuously throughout the clinical courses, students enrolled in the anesthesia program must be certified in Cardiopulmonary Resuscitation (CPR) and AED, ACLS and PALS certification for health care providers by the American Heart Association. All students enrolled in clinical courses must upload a copy of the current CPR, ACLS and PALS certification to CastleBranch.

CLINICAL GUIDELINES POLICIES FOR NURSE ANESTHESIA STUDENTS

Clinical Experience

All clinical experiences are to be documented in the clinical experience record (Typhon) within 48 hours of the clinical day when the experiences took place. It is acknowledged that emergencies may alter the clinical day in a student nurse anesthetist's experience and may fragment the time spent in a clinical case. Although a student may not be able to participate in all aspects of the anesthesia care, she/he must participate in a substantial amount and/or critical portions of the case to be included in the clinical record. In order to clarify the standard for counting clinical experiences please refer to the COA Statement below:

"Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., central venous catheter placement, regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the management of the anesthetic or only observe another anesthesia provider manage a patient's anesthetic care. Two learners should not be assigned to the same case, except when the case provides learning opportunities for 2 students, and 2 anesthesia providers are necessary due to the acuity of the case. The program will need to justify any deviation from this requirement." COA Guidelines for Counting Clinical Experiences, Revised January, 2021 p.2, 3

If there is any question about the amount of clinical that can be credited, please discuss this with your clinical course faculty.

Affiliations

Distance to clinical sites averages between 5 - 200 miles from the University of Scranton campus. Students are responsible for their own transportation and overnight accommodations.

Currently the U of S NAP has fully executed legally bound contracts with clinical sites such as: Bassett Medical Center, Garnet Health Medical Center, Geisinger Community Medical Center, Geisinger Medical Center, Geisinger South Wilkes-Barre, Geisinger Wyoming Valley, Lehigh Valley Health Network (LVHN) Hospital (Allentown), Moses Taylor Hospital, Mountain Laurel Surgery Center, LVHN Pocono, Regional Hospital of Scranton/Surgery Center, Robert Packer Hospital/Guthrie Clinic, LVHN Schuylkill, LVHN Dickson City, St. Joseph's Hospital Health Center, UPMC Williamsport, Veterans' Affairs Medical Center, Wayne Memorial Hospital, Wilkes-Barre General Hospital/Surgery Center, Wilson Regional Medical Center, Children's Hospital of Philadelphia, Cayuga Medical Center.

Required Clinical Cases

Students are required to:
- Complete 650 clinical cases. This exceeds the 600 minimum required cases as designated by the NBCRNA National Certification Examination.
- Complete 2000 clinical hours. This is the minimum required number of clinical hours by the NBCRNA.
- Keep an electronic case log. The program uses "Typhon" for students' electronic records. Students will be oriented to the "Typhon" program.
- Log clinical cases, hours, procedures, medications administered and other required elements.

Evaluation and Guidelines for Clinical Performance

Students are expected to:
- Demonstrate professional behavior.
- Demonstrate competencies of nurse anesthetist as outlined above
- Meet clinical course objectives.
- Arrive in the Anesthesia Department at least 1 to 1 ½ hours prior to the start of assigned cases.
- Complete a long round and a case card per clinical day. (All Clinical Courses)
- Complete Prodigy clinical review assignments, APEX workbooks and exams. (Clinical Residencies)
- Report to the clinical site coordinator prior to leaving the facility. If not available, report to the clinical instructor for that day.
- Participate in a call experience.
- *[+] 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.
- Not be employed as nurse anesthetists by title or function until after graduation.

Each student shall evaluate his/her own daily performance on the Daily Evaluation Form. Each day must be accounted for with an individual form. In addition, clinical performance will be evaluated daily by the clinical preceptor. The student will be afforded the opportunity to discuss the evaluation with the clinical preceptor as well as the faculty member for the clinical course. The student must make an appointment with the faculty member for the clinical course to discuss any written evaluations that contain deficiencies or issues of concern within 24 hours.

It is the student's responsibility to ensure that the Daily Evaluation Forms are uploaded on BrightSpace by Friday of the following week. Exception: for students at Lehigh Valley Clinical Site, the Daily Evaluation Forms will be mailed.
*Standards for Accreditation of Nurse Anesthesia Programs, Practice Doctorate
*Revised May 27,2022
[+] Glossary: Reasonable Time Commitment

Clinical Course Evaluations

Written clinical evaluations are conducted at the end of each clinical course. The evaluations will be completed by the faculty member for the clinical course and reviewed with the student. The clinical guidelines will determine if the student has met the expected objectives for the course. Deficiencies in any of the course objectives may result in dismissal.

Supervision Guidelines for Clinical Experience

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

The clinical supervision ratio of students to instructors must be coordinated to ensure patient safety by taking into consideration the student's knowledge and ability, the physical status of the patient, the complexity of the anesthetic and/or surgical procedure, and the experience of the instructor.

Clinical Evaluation Records

Copies of correspondence about students with the COA, end-of-semester evaluations and any supporting documentation, and a copy of the Transcript of Student Record for the National Certification Examination (NCE) submitted to the COA will be maintained in a secured area for a period of five years following graduation or program separation.

Prevention of Medication Errors Policy

If a medication error occurs, a student will receive a Professional Nursing Behavior Form**.**

All medications prepared by students must be labeled with the name, strength, date and student's initials.

Preoperative care plan should include discussion of specific dosages (ex: milligrams or micrograms not mL's) of drugs to be utilized. The student should notify the CRNA and/or MDA which drug is being administered to the patient using specific amounts (ex: milligrams or micrograms not mL's). The time and specific amount of the medication must be recorded on the Anesthesia Record.

CONFIDENTIALITY POLICY/ HIPAA

HIPAA stands for "Health Insurance Portability and Accountability Act." Although this legislative act includes a wide subject range relating to health insurance, a focus of this legislative act is the protection, security, and privacy of patients' medical records. The University of Scranton has a legal and ethical responsibility to safeguard the privacy of patients and to protect the confidentiality of their health and social information.

Confidentiality of patient information and patient records is of utmost priority in any healthcare setting/agency. While participating in clinical education experiences, students will have access to information that must remain confidential. Patients have the right to privacy and confidentiality of their medical information.

No patient information may be disclosed (verbally or in writing) to unauthorized persons such as friends, family, or other patients.

Any request by the patient to release medical information must be handled by the appropriate agency representative. No student will accept responsibility to release patient information.

Students will not discuss patient information in public areas of an agency or outside of the agency. These areas may include offices if discussions in the office may be overheard by other patients.

Students will not leave medical charts in unrestricted areas of the agency. Under no condition may samples of documentation containing any identifying information, such as evaluations, discharge summaries, results of diagnostic tests or letters to physicians be removed from the premises of the healthcare facility/agency.

The student's obligation to keep information confidential continues outside of work hours and after the clinical experience concludes.

Any activity which is in violation of this agreement will be reported to the appropriate clinical and academic supervisor.

By signing this document, I understand and agree that I have read and will comply with all of the terms of the above policy. I am aware that my individual clinical site will have a Confidentiality Policy and I agree to honor its terms.

_____
Student name (please print clearly)

_____   _____
Student Signature   Date

DESCRIPTION OF UNIVERSITY FACULTY ROLE FOR GRADUATE PROGRAM CLINICAL COMPONENT

University faculty assumes overall responsibility for theory and clinical courses. Faculty will develop the course syllabus, identify the content to be included in the course, select methods that will be used to evaluate student learning, and assign the course grade. Faculty work closely with students and preceptors to assist students in achieving course objectives.

Students are assigned by faculty to a specific clinical site based on such variables as educational opportunity, student background and location. Faculty member will communicate with the preceptor/clinical faculty through written communication, phone conversations, meetings and/or site visits with regard to the student's course objectives and progress. Frequency of contact will vary according to needs of the student, clinical site and specialty. All NA clinical sites are visited a minimum of one time per year.

Faculty in the NA track review daily student evaluations completed by the preceptor/clinical faculty and meet with the student when indicated. Formal evaluation is done each semester by the student and University faculty member.

DESCRIPTION OF PRECEPTOR ROLE FOR GRADUATE PROGRAM CLINICAL COMPONENT

Formal arrangements are made between The University of Scranton and the clinical affiliation. An agreement specifying the exact arrangements is sent to each organization/hospital.

Certified Registered Nurse Anesthetists and Anesthesiologists serve as clinical preceptors and evaluators of students. Course work provides students with knowledge and principles required to graduate as safe practitioners. Clinical preceptors provide instruction as students observe, then become responsible for providing direct care.

Preceptor role includes:
- Orienting students to the clinical site
- Facilitating a mutually respectful environment for learning
- Being an expert role model
- Providing evidence-based learning experiences
- Observing and reviewing clinical management and advanced practice nursing skills
- Providing on-going feedback and evaluation to students
- Directing students to resources and readings

Preceptors are expected to provide written evaluations of student progress throughout each semester, utilizing evaluation tools provided by University of Scranton

NA faculty. Ongoing and immediate informal feedback of student performance is used to address student strengths and weaknesses. Concerns about a student's performance or conduct at the clinical site, should be directed to the program administrator or student faculty advisor.

Communication is vital. Should questions or concerns arise, preceptors are encouraged to maintain active communication with either the program administrator or faculty advisor. Preceptors are welcome to attend on-campus student conferences and serve as guest lecturers.

DESCRIPTION OF STUDENT ROLE FOR GRADUATE PROGRAM CLINICAL COMPONENT

It is the student's responsibility to be aware of her/his own unique learning needs and make them known to faculty and preceptors. Students are responsible for providing their own transportation to clinical sites, and are responsible for contacting both the site and faculty member in the event of illness/problems that prevent them from attending their assigned clinical day. Students are expected to complete formal self-evaluations of their clinical performance each semester. In addition, students are responsible for keeping track of all clinical experiences and must complete clinical logs for review by their assigned faculty advisor.

Student maintenance of proper communication with both the University and clinical preceptor is critical to maximize clinical experience. Students should take the initiative to discuss problems with the clinical preceptor and faculty.

DNP STUDENT REPRESENTATION ON DEPARTMENTAL COMMITTEES

There is a DNP student representative on the Faculty Organization and DNP Committees.

DRESS CODE FOR CLINICAL

Nurse anesthesia students are expected to wear appropriate attire as dictated by the clinical site and University approved name badges during clinical rotations. Students are expected to be neat, clean and well groomed. Hair should be appropriate in style and color for professional practice. Jewelry should be kept to a minimum, i.e. wedding band, watch and small pierced earrings. Nails must be neat, trimmed and of appropriate length to allow for patient assessment and care.

Exceptions may be made by graduate program administration when office/hospital policy differs from above.

EXPOSURE TO BLOOD AND/OR BODY FLUIDS IN THE CLINICAL SETTING

The purpose of this policy is to provide a protocol for action when a student is exposed to bodily fluids in the clinical laboratory setting. The Centers for Disease Control and Prevention (CDC) definition of occupational exposure is used as the basis for this policy and is defined as:

a percutaneous injury (e.g., a needle stick or cut with a sharp object), or contact of mucous membranes, or non-intact skin (e.g. when the exposed skin is chapped, abraded, or afflicted with dermatitis) or when contact with intact skin is prolonged or involving an extensive area with blood, tissues, or other body fluids to which universal precautions apply, including: a) semen, vaginal secretions, or other body fluids contaminated with visible blood, because these substances have been implicated in the transmission of HIV infection;... b)cerebral spinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid, because the risk of transmission of HIV from these fluids has not been determined...; and c) laboratory specimens that contain HIV (e.g., suspensions of concentrated virus) (CDC, 1998). For human bites, the clinical evaluation must include the possibility that both the person bitten and the person, who inflicted the bite, were both exposed to blood-borne pathogens (CDC, 10/5/16).

Student Responsibility

It is the responsibility of the student to immediately report the exposure incident to her/his preceptor and faculty course instructor, as certain interventions are most effective when initiated promptly. In addition, the student is expected to report the exposure incident according to the clinical agency's policy, and to seek access to post exposure evaluation and treatment as per the agency's policy when appropriate (e.g. hospital setting, agency's policy may include emergency treatment in the ER). If an exposure occurs in a clinical setting where facilities are not available for the prompt evaluation and treatment of an exposure, it is the student's responsibility to access the nearest facility equipped to evaluate and treat an exposure (e.g. the closest emergency department).

Evaluation of the Exposure

Exposures should be evaluated for potential to transmit hepatitis B, hepatitis C, and HIV based on type of body substance, and route and severity of exposures by the designated person (emergency room physician/infectious disease physician) at clinical agency or other facility.

Testing

Bloodborne pathogens testing should be done at time of exposure and for specific intervals, thereafter, as recommended by the CDC. All testing should be based on initial risk evaluation by an agency representative of the exposure and student's immunity status. It is recommended that bloodborne pathogen testing be performed as

indicated by the clinical agency. It is the student's right to choose the testing site. Results will remain confidential.

Testing is at expense of the student.

Record Keeping
The results of HIV testing will not be reported to, nor kept by the University. It is recommended that all HIV testing results remain the confidential property of the student.

Refer to CDC Blood/Bodily Fluid Exposure Module at CDC.gov

GRADING POLICY

Didactic/Theory Courses

The grading policy for DNP studies at The University of Scranton is as follows:

Letter Grade		Percentage		Quality Points
A	=	100 - 96	-	4.0
A-	=	95 - 92	-	3.67
B+	=	91 - 89	-	3.33
B	=	88 - 86	-	3.0
B-	=	85 - 83	-	2.67
C+	=	82 - 80	-	2.33
C	=	79 - 77	-	2.0
F	=	≤ 76	-	0

Any student who fails to receive a final course grade of "B" or higher in the NA specialty courses cannot progress in the NA specialization. This applies to the following courses in the specialization: NURS 504, NURS 510, NURS 514, NURS 517, NURS 518, NURS 529, NURS 539, NURS 549, NURS 559, and NURS 778. The student may make application to the Department of Nursing to repeat the course when it is next offered. The student shall also be required to repeat any associated laboratory course, regardless of the laboratory grade. Any student who fails to obtain a final course grade of "B" or higher on the second attempt will be dismissed from the program. A student may repeat only one specialty course.

<u>Clinical/Practicum Courses</u>

Students must receive a final grade of Satisfactory (S) in clinical practicum courses to progress in the program. Grades are based upon both faculty and preceptor evaluation of the student's ability to meet course objectives and demonstrate safe advanced clinical nursing practice. A final grade of Unsatisfactory (U) will result in failure of the course and dismissal from the program.

Unsafe clinical behavior is defined as that which places the patient or staff in physical harm or creates an environment of anxiety, distress or uneasiness for patients or families. Unsafe behavior may be a single occurrence of a serious nature or may be a pattern of behavior involving unacceptable risk.

In order to obtain a final grade of Satisfactory (S) in the clinical courses, the student must meet the specific objectives of the course and demonstrate safe advanced clinical nursing practice. This will be determined through faculty and preceptor evaluation of overall performance and weekly logs. Safe clinical practice is defined as:

1. Performs assessments, diagnostic testing, differential diagnoses and therapeutic interventions consistent with generally accepted conventional practice and the Pennsylvania Nurse Practice Act.

2. Takes nursing actions to correct, minimize and/or prevent risk to patient.

The final clinical grade of Satisfactory (S) or Unsatisfactory (U) is given by the faculty member(s) responsible for supervising the student's clinical practicum. A clinical grade of In Progress (IP) may be considered at the discretion of the faculty.

If at any time during the clinical practicum a student demonstrates unsafe clinical behavior, the student is subject to immediate review by the faculty. Depending on the outcome of the review a student would be subject to remediation plan or immediate dismissal from the program. In the case of the remediation plan, if the student fails to meet the recommendations set forth, a final grade of Unsatisfactory (U) will be given and the faculty may recommend dismissal. The student must receive a final grade of Satisfactory (S) to continue in the program.

<u>Scholarly Project Courses: NURS 765, NURS 775 & NURS 785</u>

Students must receive a final grade of Satisfactory (S) to progress in the program and graduate. The grade is based upon successful completion of course objectives, clinical hours, and the scholarly project. A final grade of Unsatisfactory (U) will result in failure of the course and may result in dismissal from the program.

HEALTH AND LIABILITY INSURANCE

Students enrolled in the DNP program are expected to have their own health insurance. **Health insurance is not offered by the University of Scranton**.

In addition, while enrolled in the practicum courses, DNP students must carry professional liability insurance from the AANA.   All DNP students enrolled in practicum courses utilizing affiliating agencies must upload evidence of their health and liability insurance to their CastleBranch account prior to starting their practicum hours. Clinical sites may require additional information prior to starting at that facility.

HEALTH REQUIREMENTS

The health requirements for the Department of Nursing are to assure the student:

> 1) maintains that level of health necessary to complete the course of studies and ultimately to perform the duties of a professional advanced practice nurse.

> 2) is free of any illness or disease that may endanger the health and welfare of themselves and others.

Students enrolled in affiliating agencies for their practicum courses must abide by the following regulations. The pre-clinical physical examination shall include a complete physical examination administered by a certified nurse practitioner or physician with verified evidence of the following: current negative tuberculin skin test (PPD) within previous 12 months (if the PPD test is positive or the student has a history of a positive PPD, a chest x-ray or Quantiferon Gold TB test is required); immunization for diphtheria, tetanus, and pertussis within the previous ten years; immunization for measles, mumps, rubella, and varicella **OR** documented laboratory immunity. Influenza vaccine is required each year for the current flu season. The deadline date to receive the influenza vaccine is October 15. In addition, students are required to submit proof of Hepatitis B immunization or sign a declination form.

Refer to University of Scranton Student Health Services Vaccination Policy regarding COVID 19 requirements.
https://www.scranton.edu/studentlife/studentaffairs/health-services/vaccination-policy.shtml

Subsequently, a PPD skin test must be administered every 12 months while the student is in the practicum nursing courses. If the PPD test has converted to positive, a chest x-ray or Quantiferon Gold TB test is required with appropriate follow-up. (Note: The PPD can be obtained at Student Health Services, which has a facility in the Roche Wellness Center at 1130 Mulberry Street.)

Students with a history of a positive PPD test must complete a "Tuberculosis Symptom Screening Questionnaire" annually. If there are any positive findings on the

questionnaire a repeat chest x-ray or Quantiferon Gold TB test is required with appropriate follow-up.

The student must upload their health record, which includes all of the above-mentioned requirements, to their CastleBranch account. It is the student's responsibility to keep their account up to date. The student **WILL NOT** be able to attend clinical if all appropriate completed physical exam, diagnostic studies and immunizations, and documented health insurance and liability coverage are not uploaded to their CastleBranch account for viewing by the program director or administrative assistants by the due date. Health documents may be provided to clinical agencies upon request. Student's must meet further requirements as dictated by the specific agency.

LICENSURE

All students enrolled in clinical courses must upload a copy of their Pennsylvania and New York professional nurse license to their CastleBranch account prior to starting the clinical rotation. Professional nurse license must be kept current throughout the program. If the professional nurse license is revoked or suspended, the student may be dismissed from the program.

PREGNANT STUDENT'S POLICY

For students approaching or in their clinical courses, it is the responsibility of the student to give **written notice** of her pregnancy to the Anesthesia Program Administrator when she has written confirmation of the pregnancy.

The pregnant student will sign a "Student Pregnancy Health Release Form" to continue in the clinical portion of the program. The pregnant student must obtain written consent from her physician or nurse midwife regarding her participation in the clinical portion of the anesthesia program.

Clinical faculty will not knowingly assign the student to a situation that poses a recognized potential threat to the welfare of the pregnant student or the fetus. The student is responsible for discussing any concerns regarding her assignment with the instructor.

Student must submit clearance by physician or midwife to return to clinical.

**The University of Scranton
Department of Nursing**

STUDENT PREGNANCY/HEALTH RELEASE FORM

I,_____, release the University of Scranton
from any liability related to health consequences to myself or the fetus as a result of my
clinical experiences.

I have presented written consent from my physician/midwife regarding my participation
in the nursing program. (attach consent from physician/midwife)

I have presented written confidential confirmation of my pregnancy to the Department of
Nursing. (attach confirmation from physician/midwife)

I understand that the clinical faculty will not knowingly assign me to a situation that
poses a recognized potential threat to the welfare of myself or the fetus. I understand
that it is my responsibility to discuss any concerns regarding my clinical assignment with
my instructor.
I understand that I must follow all mandated universal precautions.

I understand that pregnancy-related injuries sustained from improper body mechanics
will not be the responsibility of the University of Scranton.

I understand the above restrictions and responsibilities that have been placed upon me.
I accept responsibility for complying with them.

_____   _____
Student/Signature   Date

_____
Student (Printed Name)

PROFESSIONAL NURSING BEHAVIORS POLICY

      DNP nursing students are expected to consistently demonstrate the professional nursing behaviors listed below. Failure to do so may result in dismissal from the doctoral nursing program.

- ❖ Ethical behavior according to the American Nurses Association Code of Ethics for Nurses, and also for nurse anesthesia students the AANA Code of Ethics for Certified Registered Nurse Anesthetists.
- ❖ Maintenance of a safe environment for the patient in the clinical setting.
- ❖ Punctuality for lecture, classroom, and clinical laboratories.
- ❖ Consistent preparation for lecture, classroom, and clinical laboratories.
- ❖ Completion of assignments within allotted parameters.
- ❖ Positive relationships with peers, faculty, patients, and staff.
- ❖ Compliance with the clinical dress code.
- ❖ Acceptance and incorporation of faculty feedback.
- ❖ Adherence to policies and standards established in The University of Scranton's student handbooks.
- ❖ Respect for peers, faculty, patients and staff.

      Each nursing department faculty member (including part-time) will review every student in her/his respective lecture and/or scholarly project courses each semester. If there is a concern raised regarding a student, the faculty member will complete the Professional Nursing Behaviors Evaluation Form. This form will be submitted to the Program Director or Department Chairperson. At that time the Program Director, Department Chairperson or designee will meet with the student and develop a plan for remediation. Should a DNP student receive a second unprofessional behavior warning, the student's behavior will be referred to the DNP Committee for discussion. The DNP Committee will make a recommendation to the Department Chairperson who will contact the Dean regarding further action, which may include dismissal from the graduate nursing program.

      I have received a copy and understand this policy.

_____   _____
 DATE   STUDENT SIGNATURE

_____
PRINT STUDENT NAME

PROFESSIONAL NURSING BEHAVIORS EVALUATION FORM

Student: _____

Faculty: _____ Course/Program:_____

Semester/Year: Fall_____ Spring _____ Summer _____

Nursing Behaviors	Areas of Concern
Ethical behavior according to the American Nurses Association Code of Ethics for Nurses, and also for nurse anesthesia students the AANA Code of Ethics for Certified Registered Nurse Anesthetists	
Maintenance of a safe environment for the patient in the clinical setting	
Punctuality for lecture, classroom and clinical laboratories	
Consistent preparation for lecture, classroom and clinical laboratories	
Completion of assignments within allotted parameters	
Positive relationships with peers, faculty, patients and staff	
Compliance with the clinical dress code	
Acceptance and incorporation of faculty feedback	
Adherence to policies and standards established in The University of Scranton's student handbooks.	
Respect for peers, faculty, patients and staff	

Comments:

Date: _____   Faculty Signature _____

SCHOLARLY PROJECT

Each student will complete an evidence-based scholarly project. A scholarly project is the hallmark of the practice doctorate demonstrating an outcome of the student's educational experience. The scholarly project embraces the synthesis of both coursework and practice application. The DNP Scholarly Project will include completion of a Scholarly Practice Portfolio, including self-analyses and evidence of individualized active learning; and three comprehensive Evidence-based Clinical Case Studies.

Students begin preparation of evidence-based case reports during spring semester of the second year. Students are assigned a primary project advisor/reader. Second readers are selected by the student with input from the primary project advisor/reader. Readers can be faculty, or Doctoral or Master's prepared preceptors from clinical sites. The second readers name, email address, and approval form must be submitted to the primary project advisor.

The DNP project **must** be submitted to the library prior to graduation. Students typically submit their work as Word, PowerPoint and/or PDF files. Multiple files may be uploaded via the web submission form. If there are multiple authors, whoever submits the project files will list every author's name in the web form. The authors will then receive an email notification that they were identified as an author and that they need to select rights & permissions. They are directed via a link to e-sign permission to add the project to the Library's digital collections.

Scholarly Practice Portfolio

A portfolio is a "compilation of academic work and other forms of educational evidence assembled for the purpose of (1) evaluating coursework quality, learning progress, and academic achievement; (2) determining whether students have met learning standards or other academic requirements for courses, grade-level promotion, and graduation; (3) helping students reflect on their academic goals and progress as learners; and (4) creating a lasting archive of academic work products, accomplishments, and other documentation." http://edglossary.org/portfolio/

The portfolio promotes active learning by enabling students to compile, assess, and reflect on one's own educational experiences and accomplishments. This experience is transformational and provides the foundation for pursuit of ongoing clinical scholarship. The portfolio provides a measurable outcome of competency-based doctoral-level behaviors that are evaluated by faculty. Compilation of the portfolio begins in spring of the first year and continues throughout the program. At the end of each semester, students prepare a formative reflection and self-analysis describing professional growth and progress on meeting program outcomes. Each objective will not be addressed every semester; however, all outcomes must be met by the end of the program. (See Formative Self-analysis and Summative Self-analysis- next page)

Portfolios will include written scholarly works from NURS 593, 700, 710, 720, 730, 760 and 778, multiple competency-based assessments, structured reflection and self-analysis of learning and practice development, and detailed clinical case reports.

Professional Activities

Each student must complete a minimum of **three** different additional educational or experiential activities unique to the professional development of the individual. **One** must be a professional meeting. Examples of such activities include but are not limited to peer-reviewed publications, newspaper or journal articles, peer-networking activities with a directed goal and purpose, active professional memberships, university or hospital committee membership, attendance at educational nurse anesthesia conferences, community service activities, educational or practice-oriented blog, mission trips, participation in research study, tutoring/student learning assistance, public relations, and National Nurse Anesthetists Week activities. These additional activities promote self-direction and individual creativity, encouraging students to take an active role in one's own professional development. Explanation of how additional work contributed to the student's professional development is required in the formative self-analysis at the end of the semester in which the activity occurred.

Guidelines for use of Professional Development Days
● PANA Lobby Day (1 day)
● Valley Anesthesia- Friday – With documentation of registration and verification of attendance (1 day)
● 3 other days can be used for National or PA State Professional Meetings (AANA or PA State meetings only) with prior approval by their advisor.

Any student representatives (PANA, AANA, etc.) will coordinate and request approval for meeting time with the Program Administrator or their advisor.

Procedure:

Before the Meeting:
1. Prior authorization is required from your advisor prior to the dates of attendance.
        (Forms available through the Program Office or BrightSpace)
2. Documentation of Program Registration is required (upload into Typhon).
3. Attendance at Meeting sessions is required.
4. Notification to clinical site coordinators with cc to Program Faculty of absence

After the Meeting:
1. All attendees must summarize information obtained at the professional meeting in their end of semester self-analysis.
2. Documentation of attendance is required (upload into Typhon).

If prior authorization is not received or if any supporting documentation is not provided any missed clinical days must be made up within the time-frame of the semester in which it was missed.

Formative Self-analysis

Beginning in spring of the first year (third semester) and continuing through the program, the student composes a self-analysis describing their current learning experiences. This represents the qualitative domain of the portfolio and therefore will be learner driven and is submitted at the end of the semester. Self-analysis describes an overview of learning that occurred in the previous semester with special attention to course objectives and program outcomes; how learning facilitated progress toward COA Doctoral practice Standards (2021); how the portfolio documents represent the student's own professional development; strengths the student has developed; areas in need of improvement with a plan for improvement; and any challenges identified. Also, any plans for improvement from the previous semester should be addressed.

Students exposed to self-reflective activities can have a significant increase in perception of their own learning abilities. Each semester provides opportunities for higher level self-learning activities. Formative feedback will be given by the student's project mentor to assist in the process of lifelong learning.

The Formative Self-analysis paper should be a minimum of 3 single-spaced typewritten pages, 11-point font Times New Roman or Arial, with 1" margins. Double spacing between paragraphs and headings is acceptable. Proper grammar, spelling, and punctuation are expected. Unacceptable papers will be returned for revision and re-submission.

Suggestions for critical reflection/self-evaluation:
1. What challenges have you faced this semester?
2. Think of yourself as a learner, describe strengths and weaknesses in the areas of your personal, academic and professional lives.
3. Do you have a plan to overcome these limitations or weaknesses?
4. What were your accomplishments, what gave you satisfaction or disappointment?
5. Describe some highlights, explain how you felt physically or emotionally.
6. How has your learning contributed to your development as a CRNA? DNP?
7. How has this learning enabled you to progress toward the *Essentials of Doctoral Education for Advanced Practice Nursing* (AACN, 2006) and COA standards?

Summative Self-analysis

A summative reflective self-analysis completed in the final semester explains how the student's portfolio and case study focused clinical project represents the attainment of program outcomes and how the *Essentials of Doctoral Education for Advanced Practice Nursing* (AACN, 2006) has been worked into one's own professional practice preparation. Papers should also demonstrate how the student has met the DNP Graduate Standards (COA, 2021). In addition, students describe how specific knowledge and skills relate to AACN Essentials and COA Standards and prepares them for future practice.

Summative self-analysis is included as the last entry in the portfolio. Use of specific examples from classroom and clinical coursework demonstrates achievement of program outcomes. The paper should be a minimum of 6 single-spaced typewritten pages, 11-point font Times New Roman or Arial, with 1" margins. Double spacing between paragraphs and headings is acceptable. Proper grammar, spelling, and punctuation are expected. Unacceptable papers will be returned for revision and re-submission.

DNP Essentials (AACN, 2021)
1. Knowledge for Nursing Practice
2. Person-Centered Care
3. Population Health
4. Scholarship for the Nursing Discipline
5. Quality and Safety
6. Interprofessional Partnerships
7. Systems-Based Practice
8. Informatics and Healthcare Technologies
9. Professionalism
10. Personal, Professional, and Leadership Development

Refer to DNP Program Outcomes and Competencies of the Nurse Anesthetist (pg. 9-12)

Portfolio Preparation (**see below)

During the third semester, the student will begin the process of maintaining a portfolio of course accomplishments as identified in the chart below.

Semester	Submit Academic Writing Assignments as follows	Time Deadlines
Spring – 1st Year	*Research Study Critique from NURS 593 *Epidemiology and Biostatics (NURS 700) *Information Systems and Healthcare Technology (NURS 710) Advanced Scientific Inquiry (NURS 720) Translating Evidence into Practice (NURS 730) CITI Training Verification End of Spring Semester Self- analysis	*February 28 for summer and fall courses All items due during finals week
Summer - 2nd Year	History and Physical (NURS 530) End of Summer Semester Self- analysis	All items due during last week of class.
Fall – 2nd Year	Policy Analysis (NURS 760) Typhon Case Log from Practicum I 6 clinical anesthesia care plans End of Fall Semester Self- analysis	All items due during finals week
Spring – 2nd Year	Assignment from NURS 778 Typhon Case Log from Practicum II 6 clinical anesthesia care plans First Evidence-based Case Report End of Spring Semester Self- analysis	All items due during finals week except for First Case Report, which is due March 31
Summer – 3rd Year	Typhon Case Log from Residency I 6 clinical anesthesia care plans Second Case Report - (Morbidity and Mortality Case Review) End of Summer Semester Self- analysis	All items due during last week of class.
Fall – 3rd Year	Typhon Case Log from Residency II 6 clinical anesthesia care plans Third Case Report Project Poster End of Fall Semester Self- analysis Professional Development Activities	All items due during finals week except for third case report which is due October 31 and Project Poster which is due by last day of clinical.
Spring – 3rd Year	Typhon Case Log from Residency III 6 clinical anesthesia care plans Resume Summative End-of Program Reflective Self-analysis Professional Development Activities (3 by program completion) Poster Presentation DNP Project Submission to Library via webpage with instructions and a link to the web form: https://digitalservices.scranton.edu/digital/collection/p1511 1coll1/custom/instructions	All items due April 1, except Typhon log which is due the Friday before last day of classes.

*** Also, a minimum of three individualized additional professional activities as described above, with at least two of the activities in the final year of study.

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Evidence-based Case Studies

Case studies demonstrate utilization of evidence-based practice to provide a basis for the provision and evaluation of patient care. In addition, case studies integrate principles of clinical anesthesia, pharmacology, physiology, chemistry, physics, and information technology as it relates to nurse anesthesia care. Case narrative format was designed to provide a framework wherein students can systematically document clinical encounters and faculty can assess performance. Descriptive nature of narratives provide a basis for understanding complex cognitive processes employed in the provision of care. Case narrative requires in-depth reflection, high-level analysis and synthesis, and critical appraisal and application of clinical evidence. Case narrative formats ensure that all doctoral competencies are met. Some case narratives depict a single encounter that illustrates several competencies. Most case narratives depict complex management over time and across settings to demonstrate application of DNP level competencies. All narratives include: reason for selecting the case, assessment, care provided, and outcomes, and all are supported by evidence. The DNP case narrative format is outlined below. (Smolowitz, J., & Honig, J., (2008). DNP portfolio: The scholarly project for the Doctor of Nursing practice. *Clinical Scholars Review, 1*(1): 18-22. doi:10.1891/1939-2095.1.1.18.)

Three complex case studies that provide sufficient evidence of clinical competence are required. (First during NURS 556 – Practicum II; second during NURS 765 – Residency I; and third during NURS 775 – Residency II). First case study completed during NURS 556 shows evidence of managing anesthesia cases in the early portion of the clinical experience. Second case study completed during NURS 765 will be a morbidity and mortality case review and should identify an error that occurred and how it was addressed along with suggested changes in practice. Third case study completed during NURS 775 demonstrates progression in critical thinking and anesthesia management skills as the student is performing at a higher-level.

Students consult with faculty advisors/mentors and are expected to seek challenging, complex cases commensurate with their level of education and experience for in-depth examination. First case narrative (excluding abstract and references) will be between 1200 – 1400 words, the second and third narratives (excluding abstract and references) will be at least 2000 words.   Following approval by their faculty advisor, students proceed with the clinical case report as delineated below in APA formatting, using 11-point font and Times New Roman or Arial formatting.

Outline for Case Studies (First and Third)

1. **Title**: The title should be specific and contain the phrase "case study" or "case report".

    For example: Delayed Onset of Malignant Hyperthermia during Sevoflurane Anesthesia in an Afghan Trauma Patient: A Case Report

2. **Abstract**: (225 words Maximum)

3. **Introduction**: Several paragraphs providing a clear idea about what is interesting or challenging about the case. Make the reader understand why it is useful to read your work.
    - Overview of clinical problem to be addressed
    - Reason for selecting the case

4. **Case Presentation**: Introduce the case performed. Report the events as they unfolded. Avoid opinions or justifying behavior. Include history and physical, demographics, pertinent lab values, and diagnostic testing. Describe the facts that are significant to the case in greater detail. Present anesthetic implications and develop anesthesia plan providing rationale for your choices using relevant literature.
    - Brief description of the patient (de-identified)
    - Patient history, review of symptoms, physical exam, pertinent diagnostic data
    - Detailed perioperative course

5. **Discussion**: Describe the entire perioperative course. Use this area to describe actions carried out by the anesthesia team. Identify a problem (system error, human error, patient related factors) that occurred during the case. Use pertinent anesthesia literature to develop a strategy that addresses the problem and how it may be implemented in the future to improve clinical practice.
    - Review of relevant literature (journal articles only)
    - Recommendations for practice

6. **Summary and conclusion**: Briefly summarize the concepts presented. Apply findings to your development as a nurse anesthetist

7. **Disseminate information**: Scholarly projects contribute to evidence based practice. The case study will be presented to the faculty in a poster format as described below.

8. **References:** Minimum 6 references, must be recent journal articles (less than 5 years). Summarize findings of <u>each</u> research article. Identify the type of study (ex: systematic review, meta-analysis, etc.). Provide a brief overview of each piece of literature in general terms, an analysis of the key aspects of the study, a review of the research questions, methods, procedures and outcomes, and an overview of the strong and weak points, gaps and contradictions. Describe why each article is RELEVANT to your case. APPLY the findings to your case e.g. why you should have done/not done what you did. State how it will IMPACT/CHANGE your future practice and contribute to further disclosure to the practice of anesthesia in general.

DNP Clinical Project Poster Presentation

DNP students must successfully defend their poster to obtain a grade of "Satisfactory" for NURS 785, the last residency course, to graduate. Clinical project posters will be presented their last semester during the DNP Scholarly Project Symposium. All graduating and second year students will be present for the Project Symposium. A professional clinical project poster will be prepared and presented to the faculty and for peer review. Undertaking this project prepares the nurse anesthesia student to incorporate clinical scholarship and analytical methods for evidence-based practice. Business attire is expected for the presentation.

The poster must be professionally printed, and acceptable for presentation at a national conference. Individuals reading the poster should scan and obtain all salient points within 3-4 minutes. Do not copy and paste information directly from a paper. Posters should be a condensed synopsis of the main aspects of an evidence-based clinical case study. The grading rubric for the poster can be found below. Follow MLA or APA style to format the writing within the poster. All images, graphs, diagrams, or charts must be cited. Acceptable references are peer-reviewed journal articles and quality websites.

Areas of focus or concentration for the poster include:
- Why was this case selected?
- Brief overview of the case
- Review of relevant literature
- Discuss findings: explain the pathophysiology and/or pharmacology of the clinical case and describe the course of action
- Discuss conclusions, change in practice or recommendations for future study

Poster presentations include relevant findings, literature synthesis, and any recommendations for practice change. Faculty elicits questions from students during a discussion after oral presentation. Students are evaluated on ability to clearly articulate the poster topic, answer questions, and project a confident, professional demeanor.

Those students who fail oral poster presentation will receive remediation with faculty and be given an opportunity to present again. Those students who fail the second oral poster presentation will be dismissed form the program.

While not required, students are encouraged to present their poster at outside forums such as state or regional meetings, the AANA Nurse Anesthesia Annual Congress, or a clinical facility.

Rubric for evaluation of Case Study (first and third)*

PERFORMANCE AREA	SATISFACTORY	UNSATISFACTORY
Introduction and Purpose	Purpose of the paper is evident. Topic, research question problem statement is clearly stated. Contribution to the field or contribution to personal development is demonstrated.	Purpose of the paper is not evident. Topic, research question problem statement is vague. Contribution to the field or contribution to personal development is not demonstrated.
Case Presentation	Appropriate selection and presentation of background information is evident. Pertinent patient information is included.	Inappropriate selection and presentation of background information. Unrelated patient information is included.
Discussion	Presentation of evidence is comprehensive, focused, organized and unbiased. Data used are reflective of evidence-based data collections. Clearly relates to individual patient. Critical analysis is present and relevant.	Presentation of evidence is not comprehensive, is unfocused, disorganized and biased. Data used are not reflective of evidence-based data collections. Does not relate to the patient, research question, or problem statement. Critical thinking is not evident
Summary and Conclusion	Summary and conclusion are reflective of the evidence. Implications for practice are clearly defined and supported by the evidence.	Summary and conclusion are unrelated to the evidence. Implications for practice are not clearly defined and not supported by the evidence.
Mechanics	Clear and professional tone. Proper use of APA or MLA format, citation, and style is evident. This includes format, sentence structure, paragraph structure, spelling, vocabulary, and proper use of grammar and punctuation.	Unprofessional tone. APA or MLA format, citation, and style was not applied. This includes format, sentence structure, paragraph structure, spelling, vocabulary, and proper use of grammar and punctuation.

*Satisfactory is required in all areas

Outline for Morbidity and Mortality Case Report (Second Case Study)
- Situation – Statement of the Problem
- Admitting Diagnosis
  - Statement of procedure, operation
  - Statement of adverse outcome
- Background
  - Patient history (pertinent HPI, PMH, PSH, Meds)
  - Indication for intervention
  - Labs and imaging studies – relevant to outcome
  - Procedural details – technical/physiologic details related to outcome
  - Hospital course – nonprocedural events related to outcome
  - Recognition of complications - how and when
  - Management of complications
- Assessment and analysis
  - What happened? Error analysis – sequence of events leading to adverse outcome
  - Why? Root cause analysis
    - Human error – error in diagnosis, technique, judgement, communication
    - Systems errors – problems in care system/organization (poor supervision, low staff levels, etc.)
    - Patient related factors – disease or non-compliance
- Review of literature pertinent to complication (Evidence-based practice)
- Recommendations
  - Identify how problem could have been prevented or better managed
  - Identify learning points from case
  - Apply findings to your development as a nurse anesthetist
- References

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Rubric for evaluation of Morbidity and Mortality Case report
(Second Case Study)*

PERFORMANCE AREA	SATISFACTORY	UNSATISFACTORY
Situation and Admitting Diagnosis	Diagnosis, problem, procedure and adverse outcome are presented in a clear and concise format.	Lack of clarity and organization.
Background	Information is presented in a complete and organized manner. Relevance to case is identified. Details of recognition and management of the situation are well described.	Fails to provide specific information, description or data. Unclear description of events.
Assessment and Analysis	Problem is identified, assessed and analyzed in an organized manner Root cause analysis: possible reasons for the problem are recognizable and distinctly defined.	Fails to consider complexities of the issue. Unable to connect background information to the problem. Improperly analyzes the situation.
Review of Literature	Clear presentation of synthesis of body of evidence related to problem, including overall gaps, strengths, weaknesses and limitations.	Literature review is poorly presented or fails to support the problem
Recommendations	Draws conclusions and sets meaningful goals that address the issue raised by the experience	Implications for practice are not clearly defined and not supported by the evidence Provides no clear connection between the experience and learning.
Mechanics	Clear and professional tone Paper and citations adhere to APA/MLA format with only minor or random errors. This includes sentence structure, paragraph structure, spelling, grammar and proper use of punctuation. Appropriate and sufficient references.	Lack of adherence to APA/MLA format or with multiple errors.

*Satisfactory is required in all areas

Rubric for Grading Poster Presentation*

PERFORMANCE AREA	SATISFACTORY MEETS EXPECTATIONS	UNSATISFACTORY FAILS TO MEET EXPECTATIONS
Overall Presentation	Clear, organized poster. Flows between topic areas. Professional printing source used. Follows guidelines.	Poster lacks good organization, is homemade or hastily assembled, and/or fails to comply with guidelines.
Introduction	Clearly introduced topic. Background appropriately informs reader and supports significance of project work.	Lack of clarity in articulating topic, background, and/or significance.
Case Description	Appropriate history and physical, with relevant diagnostic data. Clear, accurate description of perioperative course.	Poor history and physical. Lacking relevant diagnostic data. Failure to appropriately describe perioperative course.
Discussion	Key points of case stated, and clinical rationale adequately described. Appropriate critique with alternatives clearly presented and referenced.	Lack of clarity or inappropriate presentation of case. Failure to present alternatives. Insufficient references.
Conclusions/Recommendations for Practice	Clinically accurate and logical presentation of conclusions. Impact of results on practice clearly noted.	Conclusions not logical or evidence based. Poorly articulated impact of results on practice.
Aesthetics	Poster is visually appealing. Colors are complementary and font is readable. Effective use of tables and graphs when indicated.	Poster is boring, colors and font make it difficult to read, and/or ineffective use of tables and graphs.
Oral Presentation	Presenter has professional appearance and demeanor, is well-prepared and answers questions skillfully.	Presenter poorly prepared, lacks professional appearance and/or demeanor.

*Satisfactory is required in all areas

DNP Care Plan Guidelines

Complete 6 anesthesia care plans: 6 different cases
(Do not use the same case for multiple care plans.)

- Must use APA format including:
  - Cover page
  - Running header and page number on every page
  - Double spaced
  - Minimum two references
  - Introductory sentence or paragraph

· Please have a conclusory sentence or paragraph

Ex of introductory paragraph: Multimodal antiemetic/PONV prophylaxis is becoming increasingly common in anesthesia care. Certain procedures are considered high risk for PONV. There are also patients with high risk factors for PONV. PONV can delay discharge from the PACU and decrease patient satisfaction which reflect negatively on our anesthetic care. This is a case where multimodal management for PONV should/could have been instituted.

- Suggested Headings:
  - Introduction
  - Background

· Anesthesia Plan (proposed and actual) – chart/table can be placed here along with a narrative paragraph comparing what your proposed plan was and what actually happened/was done.
  - Analysis
  - Review of literature
  - Conclusion

- Pay attention to sentence structure.   EX: standard monitors were applied. (sounds better than saying "the patient was attached to appropriate monitoring"). Avoid using the, the patient, etc.

- Include a statement about the induction ex. #4 LMA inserted without difficulty, placed on SIMV, PSV Pro, hand ventilated to maintain a TV of 400 cc etc.

- Make sure there is a general statement about the wake-up, ex. emergence was uneventful. Endotracheal tube was removed and 3 liters/min oxygen via nasal cannula was applied for transport to the post- anesthesia care unit (PACU).

- Explain why intraoperative decadron, ondansetron, fentanyl, vasopressors/vasodilators were given during the case ex. BP dropped, ephedrine 5 mg was administered, decadron and ondansetron were administered to prevent PONV, etc.

- Transition into research articles. Summarize findings of each research article. Identify why each article is **RELEVANT** to your case. State what the research findings were and why they are applicable to your case. **APPLY** the findings to your case e.g. why you should have done/not done what you did. State how it will **IMPACT/CHANGE** your future practice. Will you share your findings with your peers/colleagues/ anesthesia team and surgeon so that best evidence is offered to your patient?

SELF-EVALUATION EXAMINATION (SEE) POLICY

Students are required to take the SEE twice during the program. Once during NURS 556 Nurse Anesthesia Clinical Practicum II or NURS 765 Nurse Anesthesia and DNP Scholarship I; and once during NURS 785 Nurse Anesthesia Synthesis and Residency III. (Total 2 SEE Exams)

Students must obtain a minimum score outlined in the NURS 785 Nurse Anesthesia Syntheses and Residency III. Students will be allowed to repeat the examination until they obtain the required minimum score during the second SEE. Failure to obtain the required minimum score by **April 15th** will result in an "IP" for the course.

Any student may opt to take the SEE during NURS 775 Nurse Anesthesia Residency and DNP Scholarship II. Should the student obtain the minimum score or higher on the SEE during NURS 775, the student will not be required to take the SEE during NURS 785 Nurse Anesthesia Synthesis and Residency III.

SIGMA THETA TAU
IOTA OMEGA CHAPTER

I. **Objectives and Purpose**

Joining an honor society signifies one's commitment to excellence in his or her chosen profession and acknowledges the individual's achievements-whether academic or professional. The specific purposes of the Honor Society of Nursing, Sigma Theta Tau International membership is to:
  ❖ Recognize superior achievement;
  ❖ Recognize the development of leadership qualities;
  ❖ Foster high professional standards;
  ❖ Encourage creative work; and
  ❖ Strengthen commitment to the ideals and purposes of the profession.
More details about specific qualifications for membership can be found in the Sigma Theta Tau International bylaws.

II. **Qualification**

There are two entry levels into membership within Sigma Theta Tau International; academic and professional. Each chapter makes a professional

judgment about candidates' membership eligibility based on documentation received from the candidate.

The academic qualification is based on the grades a student receives during initial or graduate nursing preparation. Even though schools in different countries assign grades in various methods, it is possible for any honor society to establish a system in which students with high academic achievement can be considered for admission.

The second route to qualify for admission is through one's professional achievement. Accomplishments are seen in areas such as research, publication leadership, clinical practice and education. Nurses qualify for entry into the Honor Society of Nursing, Sigma Theta Tau International because they are recognized for their contribution to nursing by providing leadership to peers, encouraging achievement in others, having contributed to research that will have an impact on health care and patient care, and/or having developed an innovative practice or method of caring for patients or managing a department.

III.   **Criteria for Graduate Students**

1) Must have completed ¼ of the nursing curriculum;
2) Must have at least a GPA of 3.5 (based on a 4.0 scale);
3) Must meet the expectation of academic integrity.

IV.   **Application**

Graduate students who meet the criteria for induction should contact the Faculty Counselor at the beginning of September regarding application.

SOCIAL MEDIA POLICY

Social media is defined as mechanisms for communication designed to be disseminated through social interaction, created using easily accessible and scalable publishing techniques. Social media is commonly thought of as a group of Internet-based applications that allow for the creation and exchange of user generated content. Examples include but are not limited to LinkedIn, Wikipedia, Flickr, blogs, podcasts, RSS feeds, Twitter, Facebook, YouTube, and MySpace. In addition to the following guidelines, students are expected to adhere to the American Nurses Association Code of Ethics and the National Council of State Boards of Nursing's Guide to the Use of Social Media, while engaging in the use of social media. Students must represent the University of Scranton and the Department of Nursing in a fair, accurate and legal manner while protecting the brand and reputation of the University.

** Students may use social media to discuss, among other things, other students. But they are restricted as Nursing students from doing so when it would reveal information that is otherwise confidential to the Program.

** Students may not post confidential or proprietary information about the University, staff, students, clinical facilities, patients, or others with whom students have contact in the role of a University student.

** Students must be mindful of copyright and fair use and must not violate intellectual property rights.

** No University or Department marks, such as logos and graphics may be used on personal social media sites.

** During clinical, use of PDAs and other devices employed for social media will be used only as authorized by faculty and in accordance with agency policies.

** No personal phone conversations or texting are allowed at any time while in patient areas or in the classroom.

** Use of computers (PDAs, Notebooks, etc.) during class shall be restricted to note taking and classroom activities.

** Students may not record (audio or video) professors, guest speakers, or fellow students for personal or social media use without the expressed permission of the faculty, guest, or fellow student.

** Students may not photograph, or record patients nor may students post or otherwise transcribe or transfer any recordings of patients, whether legitimate or not, via social networking.

** Students may not post or share clinical or class materials developed by Department faculty or staff without express written permission.

Violation of the Social Media Policy will result in disciplinary action in accordance with the Department's Professional Behaviors Policy, up to and including dismissal from the Program.

STUDENT APPEAL POLICY

(<u>Note</u>: The Department of Nursing Appeal of a Course Grade Policy and The University of Scranton Academic Code of Honesty and Sexual Harassment policies should be followed when applicable.)

A student who has a grievance should first appeal the matter to the faculty member involved. The student has the right to appeal to the faculty member's chairperson, who will make a recommendation to his or her dean. The student may request the Dean to review the matter.

STUDENTS AS LEGAL WITNESSES POLICY

To avoid unnecessary legal entanglements and involvement in situations that are possibly beyond the student's competence, the DNP nursing students at The University of Scranton, while assigned to affiliating agencies as part of course requirements, are prohibited: 1) to solicit signatures of patients and/or family members on consent forms, 2) to sign as a witness or to witness the signing of consent forms or any other legal documents including wills/contracts, etc.

This policy does not prohibit the student from asking the patient's consent to invasive procedures that the student is to perform as part of his/her assignment.

VERIFICATION OF RECEIPT OF HANDBOOK

I have read and understand the contents of The Doctor of Nursing Practice Student Handbook, Department of Nursing, The University of Scranton Nurse Anesthesia Program.

_____

Student name printed

_____   _____

Student Signature   Date

Please return this form to Jill O'Connor, Administrative Assistant
(jill.oconnor@scranton.edu)

Thank you.

7/2024

Addendum A

Glossary

Ability to benefit - The ability to benefit refers to the integrity of a college/university or education program to enroll only those individuals with the capacity to succeed and gain value from the education.

Academic preparation - Academic preparation includes degree specialization, specialty course work, and other preparation to address the major concepts included in the courses taught.

Academic quality - Academic quality refers to results associated with teaching, learning, research, and service within the framework of the institutional mission. Academic quality requires an effective learning environment and sufficient resources for faculty and students to obtain the objectives of the program and meet accreditation standards.

Across the lifespan - Across the lifespan refers to a patient population focus of families and individuals. The continuum of care ranges from the prenatal period to end of life with health statuses ranging from healthy through all levels of acuity including immediate, severe, or life-threatening illnesses or injury.

Advanced health assessment - A course in advanced health assessment includes assessment of all human systems, advanced assessment techniques, diagnosis, concepts, and approaches.

Advanced noninvasive hemodynamic monitoring – The use of advanced non-invasive technologies used to monitor hemodynamic variables such as central venous pressure, cardiac output, vascular resistance, and ventricular performance. This does not include routine monitors such as the automated blood pressure cuff.

Advanced Practice Registered Nurse (APRN) - APRN refers to advanced practice nurses in the roles of Certified Registered Nurse Anesthetists, certified nurse-midwives, certified nurse practitioners, and clinical nurse specialists. It is recognized that states vary in the titles they use for the different advanced practice nursing roles. Programs may enroll advanced practice nurses regardless of title authorized by state.

Alternative tracheal intubation techniques - Alternative tracheal intubation techniques include, but are not limited to, fiberoptic intubation, light wand, retrograde tracheal intubation, transtracheal jet ventilation, gum elastic bougie/tracheal tube changer, laryngeal mask airway (LMA) guided intubation, cricothyroidotomy, video assisted laryngoscopy, etc. The placement of supraglottic airway devices is not included in this definition because that clinical experience is counted separately. If the student inserts an LMA and then performs an LMA-guided endotracheal intubation, the student would count both experiences in the appropriate categories.

Anesthesia services - Anesthesia and anesthesia-related care represent those services that anesthesia professionals provide upon request, assignment, and referral by the patient's healthcare provider authorized by law, most often to facilitate diagnostic, therapeutic, and surgical procedures. In other instances, the referral or request for consultation or assistance may be for management of pain associated with obstetrical labor and delivery, management of acute and chronic mechanical ventilation, or management of acute and chronic pain through the performance of selected diagnostic and therapeutic blocks or other forms of pain management.

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Call experience - Call is a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 PM and before 7 AM, Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

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

Clinical supervision - Clinical supervision of students must not exceed (1) 2 students to 1 CRNA, or (2) 2 students to 1 anesthesiologist, if no CRNA is involved. The CRNA and/or anesthesiologist are the only individual(s) with responsibility for anesthesia care of the patient, and have responsibilities including, but not limited to: providing direct guidance to the student; evaluating student performance; and approving a student's plan of care. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., life-threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g., additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety). Clinical supervision must be consistent with the COA Standards (i.e., clinical oversight is the responsibility of a CRNA or anesthesiologist only). The program is responsible for ensuring its clinical supervision requirements are consistent with the COA Standards and that students are aware of these requirements and know who is supervising them in the clinical area.

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

Comprehensive history and physical assessment - Comprehensive history and physical assessment includes the history, physical, and psychological assessment of signs and symptoms, pathophysiologic changes, and psychosocial variations of a patient. The assessment includes an evaluation of the body and its functions using inspection, palpation, percussion, auscultation, and advanced assessment techniques, including diagnostic testing, as appropriate. A complete physical assessment should incorporate cultural and developmental variations and needs of a patient. The results of a comprehensive history and physical assessment are used to establish a differential diagnosis based on assessment data and develop an effective and appropriate plan of care for a patient. Specific assessment related to anesthesia should be stressed in the practical experience of nurse anesthesia students.

Counting clinical experiences - Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., central venous catheter placement, regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not

personally involved with the management of the anesthetic or only observe another anesthesia provider manage a patient's anesthetic care. Two learners should not be assigned to the same case, except when the case provides learning opportunities for 2 students, and 2 anesthesia providers are necessary due to the acuity of the case. The program will need to justify any deviation from this requirement.

Credentialed expert - An individual awarded a certificate, letter, or other testimonial to practice a skill in an institution is a credentialed expert. The credential must attest to the bearer's right and authority to provide services in the area of specialization for which he or she has been trained. Examples are: a pulmonologist who is an expert in airway management, an emergency room physician authorized by an anesthesia department to assume responsibility for airway management, or a neonatologist who is an expert in airway management.

Critical care experience - Critical care experience must be obtained in a critical care area within the United States, its territories or a US military hospital outside of the United States. During this experience, the registered professional nurse has developed critical decision making and psychomotor skills, competency in patient assessment, and the ability to use and interpret advanced monitoring techniques. A critical care area is defined as one where, on a routine basis, the registered professional nurse manages one or more of the following: invasive hemodynamic monitors (e.g., pulmonary artery, central venous pressure, and arterial catheters), cardiac assist devices, mechanical ventilation, and vasoactive infusions. Examples of critical care units may include but are not limited to: surgical intensive care, cardiothoracic intensive care, coronary intensive care, medical intensive care, pediatric intensive care, and neonatal intensive care. Those who have experiences in other areas may be considered provided they can demonstrate competence with managing unstable patients, invasive monitoring, ventilators, and critical care pharmacology.

Culturally competent - Cultural competency is demonstrated by effectively utilizing various approaches in assessing, planning, implementing, and administering anesthesia care for patients based on culturally relevant information.

Demonstration of clinical competency - The academic environment must provide substantial access to practice experts in order for students to learn. As the competencies needed to practice are rapidly changing, students must have access to instructors who possess clinical content knowledge and create a learning environment that is characterized by a culture of inquiry and practice scholarship that exemplifies rapid translation of new knowledge into practice and utilizes evaluation of practice-based models of care.

Clinical competence may be demonstrated by an instructor's involvement in one or more of the following:
· Current clinical practice
· Research in clinical area
· Education in the clinical area
· Utilization of evidence-based practice in instruction, in consultation with clinical experts as appropriate
· Participation in continuous professional development program

Environmental issues - Environmental issues are surrounding conditions, influences, or forces that may impact nurse anesthesia programs and nurse anesthesia practice.

Environmental issues can include but are not limited to community and workforce needs, changes in financial and clinical resources, state and federal regulatory requirements, accreditation requirements, scope of practice, educational environments, healthcare reimbursement, and technological advancements. Program administrators' knowledge of environmental issues may be demonstrated by their attendance at professional meetings, active engagement in state and/or national professional associations, active participation on program and conducting institutions' committees, and scholarly activities.

Experientially qualified - Program administrators must possess: (a) clinical experience as a CRNA; (b) graduate preparation in the basic and clinical sciences relevant to nurse anesthesia practice; (c) formal instruction in curriculum, evaluation, and instruction; (d) current knowledge of CRNA practice and related professional issues; and (e) current knowledge of institutional and programmatic accreditation requirements for nurse anesthesia educational programs. Administrative experience is preferred.

Assistant program administrators must possess: (a) clinical experience as a CRNA; (b) graduate preparation in the basic and clinical sciences relevant to nurse anesthesia practice; (c) formal instruction in curriculum, evaluation, and instruction; (d) current knowledge of CRNA practice and related professional issues; and (e) current knowledge of institutional and programmatic accreditation requirements for nurse anesthesia educational programs.

Experimental curriculum - A curriculum that is being tested to determine whether it will produce expected outcomes that may or may not become permanent.

Formal instruction in curriculum, evaluation, and instruction - Formal instruction in curriculum, evaluation, and instruction includes completed educational content evidenced on a transcript from an accredited institution of higher education, an AANA approved continuing education (CE) program, or a CE program approved by another nationally recognized professional approval organization.

Full-time program administrator - A full-time program administrator is a CRNA who by title and function directs the organizational administration of a nurse anesthesia program; providing leadership and oversight of all aspects of the educational program including but not limited to governance, didactic and clinical curriculum, recruitment, and evaluation. The workload may include a reasonable teaching commitment. Engagement in direct patient care activities, including supervising nurse anesthesia student clinical performance, does not qualify as meeting organizational administrative duties.

Graduate employment rate - Graduate employment is defined as occupational engagement in, or an offer of occupational engagement in, any setting that requires performance of duties within the scope of practice of the Certified Registered Nurse Anesthetist (CRNA) as a condition of employment.

Innovative curriculum - A new or creative way to introduce a curriculum or program that may become permanent. Programs that are developed to prepare broad-based, competent nurse anesthetists but do not necessarily comply with Council's requirements pertaining to specific class hours or the details of the practical experiences.

Institutional accreditor - The institution where a degree is earned must be accredited by an agency that is recognized by the US Secretary of Education as a reliable authority for the quality of training offered.

Nondiscriminatory practice - Nondiscriminatory practice is the practice of treating all individuals, including applicants, without regard to race, color, national origin, gender, marital status, sexual orientation, religion, age or disability, consistent with law. Although an applicant should not be required to provide information regarding any protected characteristics, he or she can provide such information on a voluntary basis. An applicant may be asked if he or she can perform the essential tasks or functions of a nurse anesthetist.

Pain management, acute - Acute pain management involves the treatment of pain of recent onset arising from a discrete cause, e.g., postoperative pain. Acute pain may result from both surgical and nonsurgical origins. The experience of acute pain can initiate a cascade of emotional, physical, and/or social reactions.

Pain management, chronic - Chronic pain management involves the treatment of persistent pain or discomfort that continues for an extended period of time (usually involving durations greater than 3 to 6 months). Chronic pain may result from both surgical and nonsurgical origins. Some chronic conditions cause pain that may come and go for months or years or that may cause acute increases in the pain level. Persistent pain in certain circumstances becomes a disease with complex causal interactions of biological and psychological factors and not just a symptom.

Pain management encounters - Pain management encounters are individual one-on-one patient interactions for the express purpose of intervening in an acute pain episode or a chronic pain condition. Pain management encounters must include a patient assessment before initiating a therapeutic action. Pain management encounters include but are not limited to the following:

1. Initiation of epidural or intrathecal analgesia.
2. Facilitation or initiation of patient controlled analgesia.
3. Initiation of regional analgesia techniques for postoperative pain or other nonsurgical pain conditions including but not limited to plexus blocks, local anesthetic infiltration of incisions, intercostal blocks, etc.
4. Adjustment of drugs delivered, rates of infusion, concentration or dose parameters for an existing patient controlled analgesia or patient controlled epidural analgesia.
5. Pharmacologic management of an acute pain condition in postanesthesia care unit.
6. Trigger point injections.
7. Electrical nerve stimulation.

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

Privilege to practice - Privilege to practice is the authority to practice nursing in any compact state that is not the state of residency. Additional license is not granted for this authority.

Professional role development - Curricular content geared toward development as a professional nurse anesthetist includes but is not limited to the history of nurse anesthesia, standards of practice, professional ethics, regulation of practice (governmental and nongovernmental), legal aspects of practice, the business of

anesthesia and practice management, anesthesia reimbursement methodologies and payment policies, wellness and substance use disorder, as well as the structure and function of the state, national, and international nurse anesthesia organizations.

Protected time - While the definition of protected time may vary somewhat, the intent is to allow for reasonable balance between personal wellness and professional responsibilities. The institution shall summarize expected faculty efforts for all activities including administration, teaching, research, clinical, and other activities. Other activities include but are not limited to those related to maintaining professional competence, scholarly pursuits, and professional advancement. The total hours of faculty commitment must provide ample time for the faculty member to maintain healthy work-life balance.

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

Published outcomes - A program must publish accurate data and information to the public on its performance. The data must demonstrate the degree to which it has achieved its purpose and objectives. Publications can be in various formats but must include posting the information on a website that is linked to the Council's *List of Accredited Educational Programs*.

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

Reasonable time commitment - A reasonable number of hours to 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.

Scholarly work - The doctoral program culminates with the completion of a scholarly work that demonstrates the ability to translate research findings into practice. This is an opportunity for the student to prepare a substantial final written work product, applicable to nurse anesthesia practice, that reflects the breadth of skills and knowledge the student has gained throughout the program of study. The final written work product may be in the form of a manuscript submitted for publication, a poster presented at a national meeting, design of innovative clinical practice model, or other effective means of dissemination. The structure and process of the scholarly work will vary according to the requirements of the governing institution and conform to accepted educational standards at the practice doctoral level.

Scholarly work oversight - While CRNA and non-CRNA faculty involvement in the scholarly work development process may vary depending on the institution, college or program, or project scope, faculty with a CRNA credential must be involved in the process of planning, formation and evaluation of each scholarly project. Evaluation of scholarly work may include a combination of methods including faculty, expert and/or peer evaluation. Programs tailor scholarly work evaluation and approval processes per university, departmental, program or committee requirements.

Scholarship skills - Scholarship skills include but are not limited to the ability to perform extensive literature searches, critically appraise the available research evidence, synthesize information from diverse formats and sources, and cogently express understanding of complex concepts in both verbal and written forms, all while demonstrating high professional, personal, and intellectual integrity.

Simulated clinical experiences - Simulated clinical experiences are learning experiences involving the imitation or representation of clinical activities that are designed for competency attainment, competency assessment, or competency maintenance. Simulation involves a wide range of options including but not limited to standardized patients, web-based simulation, computer-based simulation, manikin-based technologies ranging from low- to high-fidelity, task trainers, and holodecks. These clinical learning experiences are intended to help bridge didactic learning with safe and effective patient care delivery.

Single degree plan - A single degree plan is a degree plan with the following components: (1) there is 1 curriculum plan for both entry-into-practice students and master's prepared CRNAs seeking a practice doctoral degree; (2) students complete the same coursework; (3) the institution has in place an appropriate advanced standing policy, and master's prepared CRNAs are given advanced standing for coursework completed in their entry-into-practice program or completed as prerequisites for admission into the nurse anesthesia program; and (4) as a result, students in both programs meet same program terminal objectives on completion of the program.

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

Title IV eligibility - Title IV Higher Education Opportunity Act (HEOA) federal programs administered by the US Department of Education have a requirement for institutions or programs participating in federally funded programs to be accredited by an institutional accreditor recognized by the US Secretary of Education. Examples of federal programs where accreditation provides a federal link to funding are Direct Loans, Student Aid Programs (Stafford, PLUS, and consolidation loans), and Federal Perkins Loans.

Unshared governance - An unshared governance is a formal arrangement in which 2 or more organizations or institutions are controlled by separate administrative authorities. Written affiliation agreements are necessary between entities that participate in an unshared governance arrangement.

Wellness and substance use disorder - Wellness is defined as a positive state of the mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life. Substance use disorder (SUD), also known as chemical dependency and addiction, is a chronic and progressive disease which threatens physical and mental well-being and is individually characterized by a multiplicity of behaviors from misuse through

dependency/addiction to alcohol and/or drugs (legal and illegal). The wellness/SUD curriculum must be an evidence-based program of study that could include but is not limited to the following 5 key conceptual components:

1. Importance of wellness to healthcare professionals: Describe the integration of healthy lifestyles, adaptive coping mechanisms for career stressors, and an awareness of chemical dependency risk factors and pathophysiology.

2. Healthy lifestyles: Describe attitudes, behaviors, and strategies (i.e., healthy nutrition, exercise, sleep patterns, and critical incident stress management) that create a positive work-life balance for personal wellness.

3. Coping mechanisms: Describe adaptive or maladaptive behaviors employed by individuals to reduce the intensity of experienced stress. Discuss positive stress reduction techniques, such as meditation, deep breathing, and exercise.

4. Identification and intervention of SUD: Describe needed awareness of the symptoms of SUD, appropriate strategies for successful intervention, evaluation, treatment, and aftercare.

5. Reentry into the workplace after treatment for SUD: Broadly describes components of successfully returning to anesthesia practice. These components include frameworks for returning to administrative, academic, or clinical anesthesia practice; strategies to reduce the likelihood of relapse; and elements of lifestyle adaptation that lead to a healthy balance of professional work and physical, emotional, and spiritual health.