SCHOOL OF NURSING
OAKLAND UNIVERSITY

STUDENT HANDBOOK
ACADEMIC YEAR 2023-2024
OAKLAND UNIVERSITY – BEAUMONT
GRADUATE PROGRAM OF NURSE ANESTHESIA

DNP-NURSE ANESTHESIA

SON website: SON Website
Follow us on social media

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Glossary

AACN — American Association of Colleges of Nursing
ACE — Alliance for Clinical Experience
ACLS — Advanced Cardiac Life Support
AGNP — Adult Gerontological Nurse Practitioner
ANA — American Nurses Association
APA — American Psychological Association
APRN — Advanced Practice Registered Nurse
ASD — Accelerated Second Degree
ATI — Assessment Technologies Institute
BLS — Basic Life Support
BSN — Bachelors of Science in Nursing
CCNE — Commission on Collegiate Nursing Education
CITI — Collaborative Institutional Training Initiative
CNP — Certified Nurse Practitioner
CNS — Clinical Nurse Specialist
COA — Council on Accreditation of Nurse Anesthesia Educational Programs
CRNA — Certified Registered Nurse Anesthetist
DNP — Doctor of Nursing Practice
FNP — Family Nurse Practitioner
FOR — Faculty of Record
IRB — Institutional Review Board
MACN — Michigan Association of Colleges of Nursing
MAE — Medication Administration Examination
MARC — Medication Administration Remediation Course
MSN — Master of Science in Nursing
NA — Nurse Anesthesia
NCLEX — National Council Licensure Examination
OU — Oakland University
OUBGPNA — Oakland University-Beaumont Graduate Program of Nurse Anesthesia
OUCA — Oakland University Computer Account
PhD — Doctor of Philosophy
POS — Plan of Study
RN — Registered Nurse
RN-BSN — BSN Degree Completion Sequence for Registered Nurses
SON — School of Nursing
USCIS — United States Citizenship and Immigration Services

Each year the Oakland University-Beaumont Graduate Program of Nurse Anesthesia publishes a student handbook. The academic requirements, policies, and procedures described in this handbook are in effect Fall 2023 through Summer 2024 for students who have been admitted to the SON graduate program. Students are responsible for following the most current handbook. This handbook reflects information available at the time of publication. OU SON reserves the right to revise this publication at their discretion and to make reasonable changes in requirements to academic and non-academic programs.

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OAKLAND UNIVERSITY™

**Beaumont Graduate Program of Nurse
Anesthesia**

Dear Student:

Welcome to the Oakland University - Beaumont Graduate Program of Nurse Anesthesia (OUBGPNA). The 36-month program of study includes intense didactic instruction and a wide range of clinical experiences that will prepare you to take the National Certification Examination offered by the National Board of Certification and Recertification for Nurse Anesthetists. Upon completion of the graduate program, you will be conferred the Doctor in Nursing Practice degree with a specialty focus in Nurse Anesthesia.

Program administration has developed this student handbook for you to use as a resource, reference, and guide to all programmatic policies and procedures. In addition to this handbook, it is required that you read and understand all information within the Oakland University (OU) Graduate Catalog and the OU School of Nursing (SON) DNP Student Handbook.

The program reserves the right to revise the information in this handbook at its discretion and make reasonable changes in requirements that enhance the program and/or improve the quality of your education. OUBGPNA faculty will communicate changes verbally, in writing, or electronically to all students should changes occur.

We look forward to working with you in the classroom and clinical area. The faculty is passionate about the profession of nurse anesthesia and eager to facilitate your education.

Linda McDonald, DNAP, CRNA	Program Director
Anne Hranchook, DNP, CRNA	Assistant Program Director
Andrea Bittinger, DNP, CRNA	Adjunct Instructor and Program Faculty
Mary Golinski, PhD, CRNA	Associate Professor and Program Faculty
Lori Shannon, DNAP, CRNA	Adjunct Instructor and Program Faculty
Holly Franson, DNP, CRNA	Part-time Faculty

Overview of the School of Nursing

School of Nursing Mission

Approved by the SON Faculty Assembly on *March, 24, 2023*

The School of Nursing prepares innovative, caring, and competent nurse leaders committed to the health and well-being of individuals and communities through education, practice, and scholarship.

School of Nursing Vision

Approved by the SON Faculty on *March, 24, 2023*

The School of Nursing inspires nurses to have a sustained positive impact on the health of a diverse society through community partnerships and excellence in education.

School of Nursing Philosophy

Approved by the SON Faculty on February 18, 2016

The Oakland University School of Nursing (OU-SON) Philosophy of Nursing Education is informed by insights into the empirical, aesthetic, ethical, and personal ways of knowing that undergird nursing as a practice discipline, the position that nursing holds in society, and the relationship that exists between the SON and OU. Nursing's disciplinary domain has both a scientific and professional practice component. Nursing science discovers, develops, synthesizes, validates, and brings order to the theoretical and practical knowledge that informs the professional practice of nursing. Professional nursing care of individuals, families, and communities is a social mandate that carries with it the responsibility to educate nurses qualified to fulfill the professional role and uphold standards of the profession.

The faculty of the SON believes that nursing education:
- Requires innovative approaches in order to prepare professional nurses now and in the future to address the health care needs of individuals, families, and communities through patient-centered nursing care, teamwork and collaboration, communication, and information technology.
- Has a foundation in the arts and sciences of liberal education which is needed to ground nursing in the complexity of the human experience.
- Prepares students to recognize, understand, and work with nursing phenomena and to understand the results of these efforts in relation to human values including life, justice, personal freedom, health, and well-being.
- Prepares students to use empirical knowledge as a guide for judgment, decision-making, and the provision of quality and safe professional nursing practice.
- Prepares students across all curriculum levels to learn, work, and live productively in ever changing national and international societies.

The faculty of the SON also believes that:
- Students learn best when challenged by educational experiences that are salient and incorporate real-life situations and issues related to systems-based practice.

- Diversity among faculty, students, and members of national and international societies enriches the educational experience.
- A commitment to life-long learning is essential to the professional development of nurses, the health of national and international societies, and the growth of the discipline.
- Faculty members are responsible for determining what is to be learned and how that learning can be assessed, evaluated, and enhanced.

Doctoral Program Outcomes, Essentials, Organization Chart

The Essentials of Doctoral Education for Advanced Nursing Practice

The Essentials of Doctoral Education for Advanced Nursing Practice (American Association of Colleges of Nursing [AACN] 2021) are the guiding framework for the SON Graduate Program.

Domains
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

Concepts
- Clinical Judgment
- Communication
- Compassionate Care
- Diversity, Equity and Inclusion
- Ethics
- Evidence-Based Practice
- Health Policy
- Social Determinates of Health

Doctor of Nursing Practice Program Outcomes

Approved by School of Nursing Faculty Assembly March 29, 2018

At the end of the DNP program, the DNP graduate will be able to:

DNP OUTCOME	Link to AACN DNP ESSENTIALS
Integrate scientific and theoretical knowledge from nursing and other disciplines to develop, identify, evaluate, and disseminate best practices to improve health care and health care systems	I, II, V, VI
Lead organizations and systems to enhance quality and safety to improve patient, population, and organizational outcomes.	II, III, IV, V, VII, VIII
Employ data analytic methods, information systems and technology to evaluate, integrate, and translate evidence to improve programs of care, outcomes of care and care systems.	I, II, III, IV
Lead and influence health policy to reduce health disparities, encourage cultural sensitivity and promote access to quality care while advocating for social justice and equity at the system, state, national, and international levels.	II, V, VI, VIII
Use models of interprofessional collaboration to enhance patient and population health outcomes.	I, II, IV, VI, V, VI, VII, VIII
Provide the highest level of ethical, patient-family-centered care as a scholar in nursing specialty practice.	I, III, V, VI, VII, VIII

The Essentials of Doctoral Education for Advanced Nursing Practice

The Doctor of Nursing Practice program is consistent with the American Association of Colleges of Nursing (2006) Essentials of Doctoral Education for Advanced Nursing Practice (Essentials).

The eight Essentials (AACN, 2006) are:

I: Scientific Underpinnings of Practice

II. Organizational and Systems Leadership for Quality Improvement and Systems

III. Clinical Scholarship and Analytical Methods for Evidenced-Based Practice

IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

V: Health Care Policy for Advocacy in Health Care

VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

VII: Clinical Prevention and Population Health for Improving the Nation's Health

VIII: Advance Nursing Practice

Accreditations

The Doctor of Nursing Practice program at Oakland University is accredited by the Commission on Collegiate Nursing Education https://www.aacnnursing.org/CCNE . The Oakland University-Beaumont Graduate Program of Nurse Anesthesia (OUBGPNA) is accredited by the Council on Accreditation of Nurse Anesthesia Education Programs.. You may contact the COA directly at 847-655-1160 or via 222 S. Prospect Ave. Park Ridge, IL 60068-4001 or visit their website at https://www.coacrna.org/ .

Oakland University-School of Nursing Organizational Chart
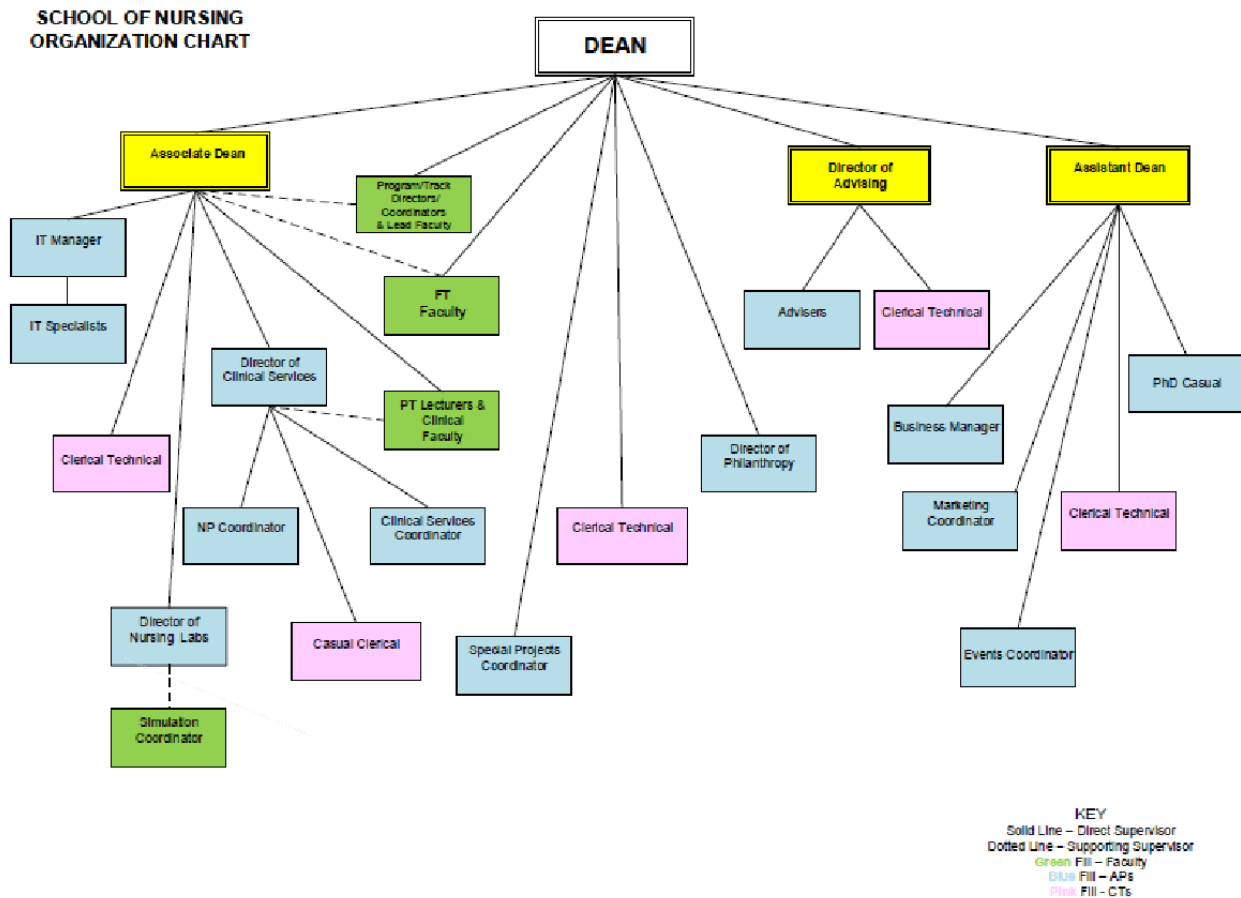
Student Representation on SON Committees:
Graduate nursing students may serve on the SON Graduate Committee on Instruction (GCOI).

Sigma Theta Tau International
Sigma Theta Tau International, the Honor Society of Nursing, was chartered at OU in April 1986. Each year nursing students who are academically eligible are invited to become members. Candidates for membership are selected solely based on superior scholastic achievement.

The American Association of Colleges of Nursing (AACN)
OU is a member of the AACN, the national voice for baccalaureate and graduate-degree nursing education. A unique asset for the nation, AACN serves the public interest by providing standards and resources, and by fostering innovation to advance professional nursing education, research, and practice.

American Association of Nurse Anesthetists (AANA)
Founded in 1931, the AANA is the professional association representing more than 59,000 certified registered nurse anesthetists (CRNA) and student registered nurse anesthetists nationwide.   The AANA promulgates education and practice standards and guidelines, and affords consultation to private and governmental entities regarding nurse anesthetists and their practice.

Michigan Association of Nurse Anesthesia Students (MANAS)
The Michigan Association of Nurse Anesthetists (MANA) is a statewide association representing over 2,600 CRNAs and students. MANAS is the student chapter of MANA. Student registered nurse anesthetists (SRNAs) have the opportunity to participate in MANAS as elected officers or as a representative for the OUBGPNA.

Black Student Nurses Association at Oakland University (BSNA – OU)
The BSNA-OU provides nursing students an opportunity to promote unity among minorities and other students by providing a support network for pre-nursing and current nursing students. In addition, the BSNA-OU allows members the opportunity to improve their networking skills while informing the greater OU community about health issues that affect minorities.

<u>Dean's Circle</u>
The Dean's Circle is a select group of SON students who are invited to apply for membership to serve as SON ambassadors. Participation in the Dean's Circle provides students with opportunities to develop leadership skills by assisting with various SON events, interacting with the SON Dean and other administrators, and representing the SON at various university functions.

Lines of Communication Policy

The purpose of this policy is to delineate various modes of communication that a student may use for conflict resolution or questions. Normal lines of student communication begin with the clinical and/or didactic faculty. Subsequent steps include contacting the clinical coordinator(s), followed by the assistant director, and then program director. The Associate Dean, and ultimately the Dean of the School of Nursing at Oakland University may be contacted after the program faculty. In general, any of the program administrative faculty can answer questions as they arise.

OU Judicial Process

All members of Oakland University's academic community are expected to practice and uphold standards of academic integrity. Academic integrity means representing oneself and one's work honestly. Misrepresentation is cheating since it means the student is claiming credit for ideas or work not actually his or her own and is thereby seeking a grade that is not actually earned. All academic misconduct allegations are forwarded to the Dean of Students office and adhere to the student judicial system.

Oakland University Formal Complaint/Incident Report Process

Students, faculty, staff, parents, and others are strongly encouraged to report behaviors that they feel are concerning, worrisome, or threatening (no matter how small or insignificant that may seem). The link to submit a formal complaint or report an incident of concern can be found on the OU Dean of Students website. Imminent threats should immediately be reported to the Oakland University Police Department (OUPD).

Sexual misconduct can occur in any University sponsored program, both on-campus and off-campus. Sexual misconduct is unwelcome conduct of a sexual nature without consent and includes sexual harassment, sexually hostile environments and sexual violence. For a more complete understanding of OU's Sexual Misconduct Policy and corresponding laws, please click here.

Boundary Violations

Divulging confidential patient and/or family information of any kind without authorization, including without limitation in-person, via telephone and/or via any electronic media (e.g., email, text, social media, or any other electronic communications of any kind), violates the applicable ethical, professional and legal standards, and may result in discipline up to and

including suspension or dismissal from the SON and/or the University. See additional information from the ANA and National Council of State Boards of Nursing regarding the Use of Social Media.

In addition, the use of any language or materials, including without limitation in-person, via telephone and/or via any electronic media (e.g., email, text, social media, or any other electronic communications of any kind), may also result in discipline up to and including suspension or dismissal from the SON and/or the University if it:

- Contains illegal content
- Violates any University or SON policy or any provision of this handbook
- Constitutes fighting words, obscenity, defamation, invasion of privacy, harassment, threats, intimidation, or discrimination on a basis prohibited by federal or state law
- Has the effect or likelihood of inciting imminent unlawful action
- Conveys an imminent threat of physical harm to specific individuals, including without limitation in-person, via telephone and/or electronic communications, the internet, and/or any other social media

Family Educational Rights & Privacy Act

FERPA (1974) is a federal law designed to protect the privacy of educational records and to establish the rights of students to inspect, review, and restrict access to their education records. A full copy of the OU FERPA policy is available on the OU website. All SON policies and practices governing the collection, maintenance, review, and release of student education records are based on the principles of confidentiality and the student's right to privacy, consistent with FERPA.

Overview of Oakland University Beaumont Graduate Program of Nurse Anesthesia

Mission, Philosophy, History, Organization Chart

OUBGPNA Mission

The mission of the Oakland University-Beaumont Graduate Program of Nurse Anesthesia (OUBGPNA) is to provide the highest quality graduate educational program that prepares CRNA exemplars in clinical practice, education, research, and leadership.

OUBGPNA Philosophy

Faculty of the Oakland University-Beaumont Graduate Program of Nurse Anesthesia believe that nurse anesthesia students bring a wealth of knowledge, skills and experiences with them thus providing a unique lens from which they view their rich educational experiences. We believe students possess natural intellectual curiosity, are highly motivated, and have a desire for self-direction and life-long learning.

Specific to learning the art and science of nurse anesthesia, the Faculty believes that experiences offered in the classroom and clinical environment are specialized instruments to be embraced as progression to advanced practice nursing arises. Students are taught that anesthesia care should be delivered holistically and without bias, discrimination, or prejudice. Competency is the ultimate outcome for each learner and the recipients of care entrust the faculty to uphold this commitment. We promote an educational environment of scholarly inquiry, and each student is supported as they develop a multitude of cognitive, psychomotor, and psychosocial skills necessary for safe clinical practice. These skills include but are not limited to the ability to think critically, effectively communicate, respect the external environment, problem solve, and apply best evidence to practice.

Faculty are designers of active, goal directed learning processes who guide the students in translating the fund of knowledge they have acquired into an environment of mutually respectful exchange of ideas, discussion of new and innovative plans of care, and individualized perspectives. Graduate education is a shared responsibility between student and faculty. Students must be intensely committed to achieving their goals by consistently demonstrating purpose, motivation, responsibility to patients and colleagues, independence of thought, creativity and personal demeanor. Likewise, Faculty is committed to acting as a competent resource, providing expert guidance, and demonstrating a high level of professionalism.

As Faculty, we believe we have a responsibility to the profession expressed in our desire to prepare nurse anesthetists who will serve as an invaluable resource in support of the goals of the American Association of Nurse Anesthetists (AANA). The AANA mission is to advance patient safety, practice excellence, and the profession of nurse anesthesia. Ultimately, we endeavor to

provide an educational program that will ably prepare the nurse anesthetist to meet the healthcare needs of a culturally diverse population.

OUBGPNA History & Overview

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia began in 1991 as a collaborative initiative to address the nurse anesthesia shortage and provide an exceptional educational environment for the student nurse anesthetist. Authority for the program continues to be shared between Oakland University and Corewell Health- William Beaumont University Hospital. Since its inception, over 4000 baccalaureate-prepared Registered Nurses have applied and > 450 have successfully graduated from the program. The following timeline offers a historical perspective of program development:

1991	Inaugural class admitted and began full time study
1992	Nurse anesthesia track receives accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
1993	First class graduates (11 graduates achieve 100% pass rate on National Certification Examination)
1996	Nurse anesthesia track receives continued accreditation by (COA)
2002	Program receives a 10-year continued accreditation from the COA and is accredited by CCNE
2003	Nurse Anesthesia track is cited in the Federal Register as the only nurse anesthesia program in the United States to receive an HHS grant for program development in distance education. Distance education students attend classes via video conferencing and complete the majority of their clinical requirements at their primary hospital(s)
2006	The Marcia and Eugene Applebaum Surgical Learning Center launched under the direction of the Program Director of the Nurse Anesthesia Track
2006	Oakland University School of Nursing became the first university in the state of Michigan to offer a post-Master's Doctor of Nursing Practice (DNP) degree program.
2011	The anesthesia classroom and student study area renovation was completed, , demonstrating the enduring commitment of Oakland University and Beaumont Hospital to the education of student nurse anesthetists.
2011	Initial meetings begin for the development of the BSN to DNP curriculum
2012	Program receives a 10-year continued accreditation from the COA
2012	School of Nursing moves to Human Health Building
2013	Proposal formalized for the Nurse Anesthesia BSN to DNP curriculum
2015	Proposal for the Nurse Anesthesia BSN to DNP curriculum approved by School of Nursing
2016	Nurse Anesthesia BSN to DNP proposal approved by Graduate Council
2017	Nurse Anesthesia BSN to DNP approved by the BOT and the COA
2018	Inaugural Nurse Anesthesia BSN to DNP class begins full time study in the fall
2021	Inaugural Nurse Anesthesia BSN to DNP class graduated
2022	Program receives a 10-year continued accreditation from the COA

OU-Beaumont Graduate Program of Nurse Anesthesia Organizational Chart

OAKLAND UNIVERSITY-BEAUMONT NURSE ANESTHESIA PROGRAM

ORGANIZATIONAL CHART

2021

DEAN

SCHOOL OF NURSING

OAKLAND UNIVERSITY

CHIEF OPERATING OFFICER

ROYAL OAK BEAUMONT HOSPITAL

DIRECTOR

NURSE ANESTHESIA PROGRAM

OU SECRETARY

ASSISTANT DIRECTOR

NURSE ANESTHESIA PROGRAM

STUDENTS

PROGRAM CLINICAL COORDINATORS-NURSE ANESTHESIA PROGRAM
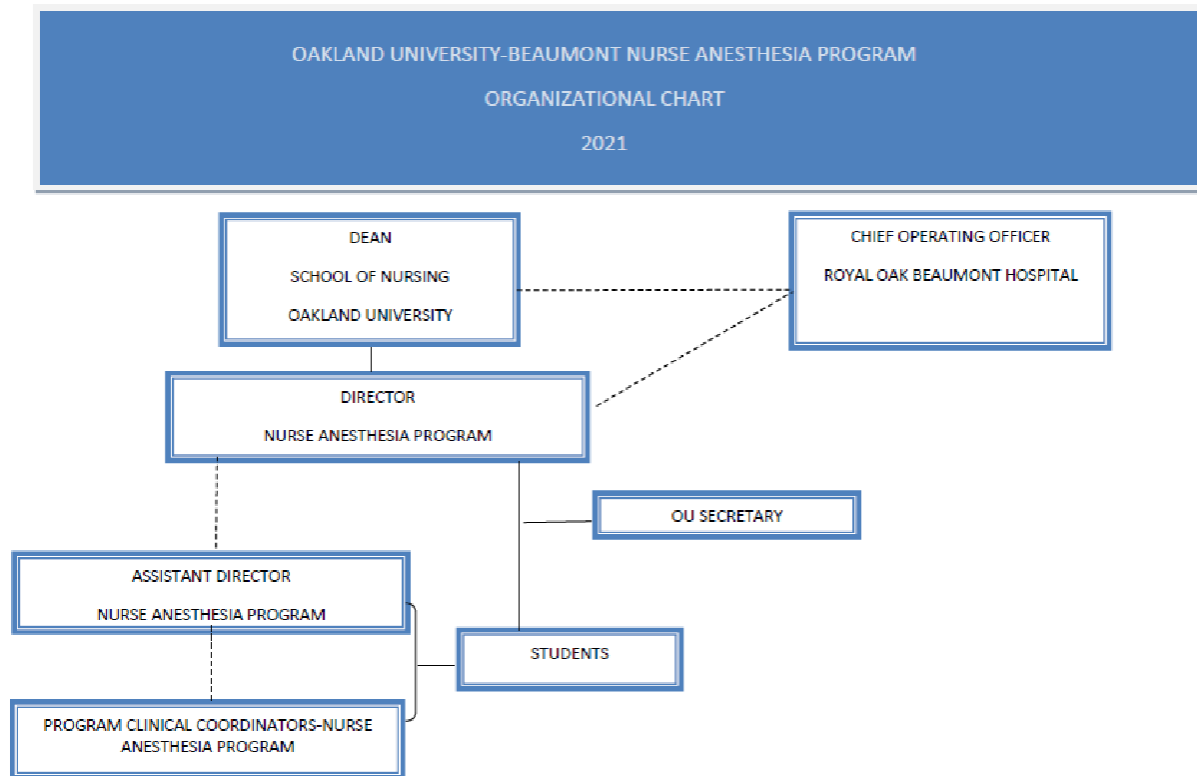
Program Description

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia involves 36 continuous months of full-time study. The curriculum includes core courses in nursing, the basic sciences, and specialty courses specific to the art and science of nurse anesthesia. An intensive clinical internship parallels the didactic curriculum and provides an ongoing opportunity to apply theory to practice. The program proudly boasts that students have exposure to over 35 different clinical sites providing clinical instruction for a wide range of anesthesia techniques and experiences. Additionally, the program exceeds minimum accreditation standards set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) in clinical and didactic instruction. For example, students graduate with hundreds of cases and hours of didactic instruction over the minimum requirement by the COA. Students also have numerous opportunities to engage in research, quality improvement, manuscript development and publications, and leadership development.

The program is recognized for faculty and alumni who either currently serve or have served in leadership positions for the American Association of Nurse Anesthetists (AANA), the Michigan Association of Nurse Anesthetists (MANA), COA, and the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).

Student Resources

Oakland University Resources

OU Website

The OU website is an important source of information for all OU students. Students should refer to the OU website for university academic resources (i.e. Office of Disability Support Services, Writing Center, Academic Success Center, Graham Health Center, etc.).

MySAIL

The OU MySail system allows students to register for classes, view their financial aid status, and set up an e-bill online payment system.

Student Name, Address, and Phone Number Changes

The SON uses student name and address information that is on file with OU. Each student is responsible for informing the OU Office of the Registrar of any changes to their name, address, and/or telephone number.

Schedule of Classes

The schedule of classes is provided through the [OU SAIL sy](#)stem and gives students times and dates for each specific course offered at Oakland University.

Academic Calendar

The [academic calendar](#) provides students a table of important dates. Students should access the academic calendar prior to each semester.

OU Email Account

Information related to courses, scholarships, health requirements, etc. are communicated to students using their [OU e-mail accounts](#). All SON students are expected to check their OU email daily and to use their OU email accounts when communicating with SON/OU faculty, staff, administration and advising.

Program faculty will use your OU e-mail address to communicate important information; therefore, e-mail must be checked <u>daily</u> for updates. A response within 48 hours is the expectation for students and faculty. Use professional language, appropriate grammar, and spell check for all emails, letters, phone messages, and pages.

SON Website

The [SON website](#)is an important source of information for current nursing students.

Moodle

Oakland University uses Moodle as its learning platform. Information regarding each SON course, including the course syllabus, can be found on the course homepage Moodle is used by course instructors and students to look up course schedules, syllabi, outlines, PowerPoints and assigned readings. We encourage you to bring your laptop to class. Exam results and final grades are posted on Moodle. [Help](#) and [tutorials](#) for Moodle are available online.

Plan of Study

The Plan of Study (POS) is developed by the Program Director/Coordinator in conjunction with the advising office and details specific courses and other requirements you must complete in order to earn your graduate degree.

SON Faculty

Students can communicate with [SON faculty](#) via OU email, internal Moodle email, telephone, or they can meet with them in person. SON faculty are available to assist students with their questions and/or concerns regarding nursing courses, clinical experiences, course grading, professional nursing, etc.

SON Academic Advising

SON students are assigned an [academic adviser](#)who will work with them for the duration of

their nursing education. SON academic advisers are available by appointment to assist students with program planning, course scheduling, petitions of exception, transfer equivalencies, etc.

Graduate Catalog

The OU Graduate Catalog includes a listing of academic programs, degree requirements, policies, and related program information.

The Graduate School

The Graduate School website is an important source of information for current graduate students.

Graham Health Center

Graham Health Center (GHC) is Oakland University's on campus health center. Services offered by Graham Health Center are available to all current students, faculty, and staff.

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Oakland University Counseling Center

The Oakland University Counseling Center (OUCC) supports the academic mission of the University by providing high quality, short-term, confidential counseling for students.

SON Scholarships

A variety of SON scholarships are available to SON students. Announcements regarding the application process will be sent to all SON students via OU email.

Kresge Library

Kresge Library, located at the heart of OU's campus, is a critical center of learning, providing access to scholarly information, research support, library instruction, and computing and study facilities. Students will find important services and resources to help meet their academic and research goals through the Library and their extensive Websites

Student Financial Service

Support your best investment with financial assistance from Oakland University. Oakland University participates in a variety of financial assistance programs to help you plan and pay for educational expenses. Assistance can be awarded by Oakland University, the federal government, and by private sources.

School of Nursing Resources

Faculty Names and Addresses

Faculty names, email addresses, office addresses, and phone numbers can be found at the SON website: http://wwwp.oakland.edu/nursing/directory/

School of Nursing Academic Advising Office

Academic Advisers are available by appointment to assist students with program planning, course scheduling, petitions of exception, transfer equivalencies, etc. You will be assigned a professional Academic Adviser for the duration of the nursing program. The advising office is located at 3027 Human Health Building at 248-370-8733 or nrsinfo@oakland.edu.

SON Scholarships

A variety of SON scholarships are available to SON students. More information will be sent through Oakland email accounts regarding the scholarship application process.

OUBGPNA Student Resources

Computers

Students have unlimited access to the computers designated for student use within the office and suites of the school of anesthesia at Corewell Health-William Beaumont University Hospital. Computers are located in the quiet study, faculty offices commons area, and the student lounge. Computer use is for graduate program education only. Personal use of computers or internet service for nonacademic purposes is not permitted. Students are not permitted to download software onto Beaumont or program computers.

Students are expected to properly care for all computers, distance education equipment, telephones, and patient care equipment. If a computer is not working properly, please notify the program coordinator.

Student Lounge

Books scribed as program property in the student lounge are to always remain in the lounge. Books are also available for loan in the administrative office area at Beaumont and should be checked out with the help of the program coordinator. Students are responsible for maintaining a clean work area. Maintenance issues should be reported to the program coordinator.

OUBGPNA Office Library

- Students may select a book from the library outside of the faculty's office by signing the book out from the program coordinator.
- Books signed out from the department collection must be returned within 7 days.
- Books that are missing for two weeks will be replaced or paid for by the student.

- Students may use the program office copying machine. Please use paper conservatively for educational materials only.

Medical Library

- Students may use the Kresge library at Oakland University or the medical library at Corewell Health- William Beaumont University Hospital during operating hours.
- The student must bring their library card and ID badge whenever using library services.
- Students may request a literature search by the library staff or perform their own.
- Library online services are provided through [Oakland University Library](#)

Components of the DNP Curriculum

Foundation Courses

Foundation courses (14 credits) address critical content needed by all graduate nursing students as outlined by the Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). These courses include content on nursing theory, health policy, interprofessional collaboration, informatics, professional role development and leadership.

- NRS 8712   **Adv. Practice Seminar: Translating Research for Evidence-based Practice (2 cr.)**
- NRS 8211   **Advanced Nursing Theory (3 cr.)**
- NRS 8221   **Health Systems Policy and Regulation (3 cr.)**
- NRS 8231   **Organizational and Systems Leadership (3 cr.)**
- NRS 8241   **Nursing and Healthcare Informatics Leadership (3 cr.)**

Research Courses

The purpose of the research sequence (15 credits) is to prepare DNP students to complete a DNP scholarly project. Nurses, as members of the healthcare team, are expected to assume a prominent role in transforming our nation's healthcare. The DNP curriculum prepares students to employ scholarship, leadership, and teamwork skills to advance practice. The DNP Final Project is a *scholarly work that aims to improve clinical practice through:*

- identification of a practice problem
- a search, analysis, and synthesis of the literature and evidence
- translation of evidence to construct a strategy or method to address a problem
- designing a plan for implementation and actual implementation when possible, and
- an evaluation of the outcomes, process, and/or experience

The School of Nursing DNP Project and Student Handbooks provide information and policies related to the project. The course sequence for the DNP Final Project includes:

- NRS 8671   **Advanced Scientific Methods for Evidence Based Practice (4 cr.)**
- NRS 8681   **Clinical Prevention and Population Health (3 cr.)**

- **NRS 8998**   **DNP Final Project (8 cr.)**

Specialty Courses

The specialty courses are comprised of didactic and clinical courses that prepare students for the advanced practice. The specialty courses build upon nursing knowledge and skills learned at the undergraduate level and during foundation and clinical core courses.

Anatomy, Physiology and Pathophysiology (9 credits)
- **BIO 5101**   **Gross Anatomical Dissection (3 cr.)**
- **BIO 5600**   **Advanced Physiology & Pathophysiology I (3 cr.)**
- **BIO 5602**   **Advanced Physiology & Pathophysiology II (3 cr.)**

Nurse Anesthesia Specialty (17 credits)
- **NRS 6642**   **Biophysics and Chemistry for Nurse Anesthesia (2 cr.)**
- **NRS 6652**   **Nurse Anesthesia Practice I (4 cr.)**
- **NRS 6662**   **Nurse Anesthesia Practice II (4 cr.)**
- **NRS 6672**   **Nurse Anesthesia Practice III (4 cr.)**
- **NRS 6682**   **Regional Anesthesia and Pain Management (3 cr.)**

Pharmacology (10 credits)
- **NRS 7712**   **Advanced Pharmacology for Nurse Anesthesia Practice I (4 cr.)**
- **NRS 7722**   **Advanced Pharmacology for Nurse Anesthesia Practice II (3 cr.)**
- **NRS 7732**   **Advanced Pharmacology for Nurse Anesthesia Practice III (3 cr.)**

Advanced Health Assessment (3 credits)
- **NRS 7611**   **Advanced Health Assessment I (3 cr.)**

Seminars and Nurse Anesthesia Topics (7 credits)
- **NRS 8504**   **Interprofessional Role Development and Ethics for Nurse Anesthesia (2 cr.)**
- **NRS 8722**   **Adv. Practice Seminar: Adv. Concepts in Respiratory & Pain Physiology (1 cr.)**
- **NRS 8732**   **Adv. Practice Seminar: Adv. Concepts in Perioperative Cardiac Care (1 cr.)**
- **NRS 8742**   **Advanced Practice Seminar: Approaches to Healthcare Education (1 cr.)**
- **NRS 8762**   **Cumulative Review (2 cr.)**

Clinical Internships (12 credits)
- **NRS 7715**   **Nurse Anesthesia Clinical Internship I (1 cr.)**
- **NRS 7725**   **Nurse Anesthesia Clinical Internship II (1 cr.)**
- **NRS 7735**   **Nurse Anesthesia Clinical Internship III (1 cr.)**
- **NRS 7745**   **Nurse Anesthesia Clinical Internship IV (1 cr.)**
- **NRS 7755**   **Nurse Anesthesia Clinical Internship V (2 cr.)**
- **NRS 7765**   **Nurse Anesthesia Clinical Internship VI (2 cr.)**
- **NRS 7775**   **Nurse Anesthesia Clinical Internship VII (2 cr.)**
- **NRS 7785**   **Nurse Anesthesia Clinical Internship VIII (2 cr.)**

Academic Plan of Study

OAKLAND UNIVERSITY SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE: NURSE ANESTHESIA (DNP)
FULL TIME PLAN OF STUDY

OAKLAND UNIVERSITY

	FALL	WINTER	SUMMER
	Students are required to take courses in the sequence listed on the POS		
Fall 2023 Winter 2024 Summer 2024	NRS 7712 – Advanced Pharmacology for Nurse Anesthesia Practice I (4cr.) BIO 5600 – Advanced Phys. and Pathophysiology (3cr.) NRS 8671 – Advanced Scientific Methods for Evidence Based Practice (4cr.) NRS 6642 – Biophysics & Chemistry for Nurse Anesthesia (2cr.) BIO 5101 – Gross Anatomical Dissection (3cr.)	BIO 5602 – Adv. Phys. And Pathophysiology (3cr.) NRS 6652 – Nurse Anesthesia Practice I (4cr.) NRS 7722 – Advanced Pharmacology for Nurse Anesthesia Practice II (3cr.) NRS 8211 – Advanced Nursing Theory (3cr.) NRS 7715 – Nurse Anesthesia Clinical Internship I (1cr.)	NRS 6662 – Nurse Anesthesia Practice II (4cr.) NRS 7725 – Nurse Anesthesia Clinical Internship II (1cr.) NRS 8241 – Nursing and Healthcare Informatics & Leadership (3cr.)
Fall 2024 Winter 2025 Summer 2025	NRS 6672 – Nurse Anesthesia Practice III (4cr.) NRS 8712 – Theory and Translating Research for Evidence Based Practice (2cr.) NRS 7735 – Nurse Anesthesia Clinical Internship III (1cr.) NRS 8732 – Adv. Prac Seminar: Advanced Concepts in Perioperative Cardiac Care I (1cr.)	NRS 8998 – DNP Project (1cr.) NRS 6682 – Regional Anesthesia & Pain Management (3cr.) NRS 7611 – Adv. Health Assessment for Nurse Anesthesiology (3cr.) NRS 7745 – Nurse Anesthesia Clinical Internship IV (1cr.)	NRS 7755 – Nurse Anesthesia Clinical Internship V (2cr.) NRS 8221 – Health Systems Policy and Regulation (3cr.) NRS 8998 – DNP Project (2 cr.) NRS 8722 – Adv. Prac Seminar: Advanced Concepts in Respiratory and Pain Physiology (1cr.)
Fall 2025 Winter 2026 Summer 2026	NRS 8681 – Clinical Prevention and Population Health (3cr.) NRS 8998 – DNP Project (1cr.) NRS 7765 – Nurse Anesthesia Clinical Internship VI (2cr.) NRS 8231 – Organizational & Systems Leadership (3 cr.)	NRS 7732 – Advanced Pharmacology for NA Practice III (3cr.) NRS 8998 – DNP Project (2cr.) NRS 8742 – Adv Prac Seminar: Approaches to Healthcare Education (1cr.) NRS 7775 – Nurse Anesthesia Clinical Internship VII (2cr.)	NRS 8998 – DNP Project (2cr.) NRS 8504 – Interprofessional Role Development & Ethics for Nurse Anesthesia (2cr.) NRS 7785 – Nurse Anes. Clinical Internship VIII (2cr.) NRS 8762 – Cumulative Review (2cr.)

COA Outcome Criteria

The Council on Accreditation standards are designed to prepare graduates with competencies for entry into anesthesia practice. Standard D: Graduate Standards describes the knowledge, skills and competencies that are expected throughout and at the end of nurse anesthesia educational programs.

The graduate must demonstrate the ability to:

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

Perianesthesia:
5. Provide individualized care throughout the perianesthesia continuum.
6. Deliver culturally competent perianesthesia care.
7. Provide anesthesia services to all patients across the lifespan.
8. Perform a comprehensive history and physical assessment.
9. Administer general anesthesia to patients with a variety of physical conditions.

10. Administer general anesthesia for a variety of surgical and medically related procedures.
11. Administer and manage a variety of regional anesthetics.
12. Maintain current certification in ACLS and PALS**.**

Critical Thinking:
13. Apply knowledge to practice in decision making and problem solving.
14. Provide nurse anesthesia services based on evidence-based principles
15. Perform a preanesthetic assessment before providing anesthesia services.
16. Assume responsibility and accountability for diagnosis.
17. Formulate an anesthesia plan of care before providing anesthesia services.
18. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
20. Calculate, initiate, and manage fluid and blood component therapy.
21. Recognize, evaluate and manage the physiological responses coincident to the provision of anesthesia services.
22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
23. Use science-based theories and concepts to analyze new practice approaches.
24. Pass the national certification examination (NCE) administered by the NBCRNA.

Communication:
25. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
28. Maintain comprehensive, timely, accurate and legible healthcare records.
29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
30. Teach others

Leadership:
31. Integrate critical and reflective thinking in his or her leadership approach.
32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

Professional Role:
33. Adhere to the *Code of* Ethics *for the Certified Registered Nurse Anesthetist.*
34. Interact on a professional level with integrity.

35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for his or her practice.
38. Provide anesthesia services to patients in a cost-effective manner.
39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder.
40. Inform the public of the role and practice of the CRNA.
41. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
42. Advocate for health policy change to improve patient care.
43. Advocate for health policy change to advance the specialty of nurse anesthesia.
44. Analyze strategies to improve patient outcomes and quality of care.
45. Analyze health outcomes in a variety of populations.
46. Analyze health outcomes in a variety of clinical settings.
47. Analyze health outcomes in a variety of systems.
48. Disseminate scholarly work.
49. Use information systems/technology to support and improve patient care.
50. Use information systems/technology to support and improve healthcare systems.
51. Analyze business practices encountered in nurse anesthesia delivery settings.

Clinical Internship Guideline Policies

The purpose of these guidelines is to delineate the student's responsibilities relative to the clinical internship. Although didactic courses are offered within the university calendar, the clinical internship spans the entire calendar year to provide an optimal variety of case experiences.

The clinical internship provides an invaluable and essential educational opportunity for the student to apply didactic learning in the clinical setting. The clinical internship requires the integration of information learned in the nursing foundation, research and specialty courses. In order to optimize the time spent in the clinical area, the student must actively seek learning experiences and function in a self-directed manner to achieve the knowledge, skills and abilities necessary to practice as a CRNA.

Requirements to Participate in Graduate Level Clinical Experiences

Before the start of the program
1. Enroll in Typhon and upload required documents.The program coordinator emailed you instructions over the summer. Please assure that this is completed.
2. Health Insurance- ***Students must maintain their own health insurance throughout the duration of the program.*** **Clinical agencies do not provide health care services to students and contracts require them**.

Before September 30th:
1. Obtain AANA/NBCRNA membership- an invite will be sent to you after you begin classes. Do <u>not</u> join the AANA/NBCRNA before you receive the invite.
2. Complete Beaumont mandatories- ALL students must do this and maintain them annually.

Between January 1-January 30th
1. Purchase liability insurance from the AANA and maintain for the duration of the program (must be purchased by January 30th)

Annually
1. Complete Beaumont mandatories (ALL students)
2. Maintain ACLS, BLS, PALS certifications
3. Maintain RN licensure in Michigan and other appropriate states
4. Maintain health insurance coverage
5. Annual TB test
6. Background checks- Many clinical sites require a background check within 90 days of starting. Check Typhon for requirements.

Before Graduation
1. ACLS, BLS and PALS certification must be current for 3 months after graduation date
2. Apply to graduate-see [Graduation page](#) for final date to apply

Clinical Site Requirements

Each affiliate site has an information page in Typhon. Students are referred to Typhon for specific information regarding clinical requirements for each affiliate site. Students should contact the site

coordinator and complete all necessary paperwork **a <u>minimum</u> of 6 weeks before the first day of your rotation.**

The following may be required by clinical agencies where students are placed for clinical courses:
1. Criminal background check. NOTE: Some clinical sites may require students to get a new background check. Background checks and drug screens must be done within 45 days of starting the rotation. Drug Screens and Background Checks will be done through American Databank. Student must contact American Databank at <u>oaklandunivcompliance.com</u> and follow directions provided for Graduate (FNP, AGNP, NA, FN) students. A receipt with results showing that a drug screen and background check were performed must be included in your packet, so be sure to allow adequate time for this.
2. Urine drug screen
3. Flu vaccine
4. COVID-19 vaccination
5. Annual TB test
6. ACEMAPPS-Some clinical sites are using ACEMAPPS to collect necessary paperwork from students. If you rotate to a site that utilizes ACEMAPPS, there is an annual student fee of $50. The program coordinator will email you a link to sign up for ACEMAPPS a few months before you are scheduled to rotate to that clinical site.

Students are required to comply with any additional requirements of any clinical or enrichment site they are assigned to.

Liability Insurance

Students must apply for and maintain student liability insurance through the AANA throughout the duration of the program. Proof of liability insurance and or renewal of liability insurance must be maintained for the remainder of the program. Students will not be able to rotate to affiliate sites without student liability insurance coverage from the AANA. Any clinical missed due to failure to obtain coverage or lapse in coverage must be made up during the next semester break.

Health Insurance

Students must obtain and maintain health insurance coverage for the duration of the 36-month program.
1. Students must obtain health insurance coverage on their own
2. Clinical agencies are not required to provide free treatment for students and will bill individuals for use of their emergency or employee health services.
3. OU is not responsible for any costs associated with student exposures or accidents at clinical.

Clinical Scheduling

Student's Monthly Schedule
1. Schedule requests must be entered in Typhon by the 15th of each month, approximately 6 weeks prior to the start of the new schedule. (Example: Schedule requests for November would be due by September 15th) Requests will not be honored if submitted past the schedule request date
2. Students may request a maximum of 1 weekend off per month or 2 week-end days.

3. Permission must be granted from program clinical coordinators prior to making any changes to the approved Typhon schedule
4. Students may not change their clinical schedule at any clinical site. If an emergency arises, the student must contact program faculty who will determine if clinical schedules will change. Program faculty reserve the right to make changes as deemed necessary.

Specialty Rotation Schedule

The specialty rotation schedule is published 1-2 months prior to the start of specialty rotations. Revisions to rotation schedule may be made based on individual clinical site or program need. If changes to the clinical rotation schedule are made, students will be informed of changes as far in advance as possible.

Clinical Attendance

Clinical attendance is integral to the success of the student. Students must make every effort to be in clinical each scheduled day. Students should familiarize themselves with the call-in procedure for each clinical site on the first day of their rotation and follow the site guidelines. *In the event of an unscheduled absence on a scheduled clinical day, the clinical coordinators and the program coordinator, Susan Davis (davis@oakland.edu) must be notified before the start of the clinical day via email*. This procedure must be followed for **each day** of absence from class or clinical, unless discussed with program faculty. See call in procedure below.

Students must not leave clinical early without faculty permission. Doing so may result in an unexcused absence. If a clinical instructor dismisses a student from clinical due to lack of preparation or poor performance, the student must report it immediately to a faculty member .

Students are required to attend all departmental educational offerings on scheduled clinical days at Beaumont Hospital (and affiliate sites if appropriate) unless excused by the clinical coordinators.

Call in Procedure

1. If you need to call in, email the program coordinator, Susan Davis (davis@oakland.edu),and clinical coordinators Lori Shannon (lshannon@oakland.edu), , and Andrea Bittinger (bitting2@oakland.edu)
2. Follow call-in procedure for each respective clinical site.
   i. At Corewell Health- Wm. Beaumont University Hospital
      i. Day shift- Call 248-898-7814 before 0630. Leave your name, shift, and OR to which you are assigned.
      ii. Evening/Midnight shift- Contact the NT board runner via Mobile Heart Beat and inform of your absence
      iii. If you are at a Corewell Health site that uses Mobile Heartbeat, you should also text your CRNA instructor for the day and inform them of your absence.
      iv.
   ii. All other clinical sites
      i. Contact the site coordinator. Site coordinator contact information may be found in Typhon.
      ii. Review site information on Typhon and follow any further instructions

Clinical Sites & Contact Directory

For a complete listing of clinical sites and contact information, please see Typhon.

Time Commitment

Clinical time will be scheduled for students based on the operating room schedule at each clinical site. Shift times vary as directed by clinical schedules and specific learning needs.

1. Call experience and off shifts will be scheduled throughout the program. The scheduling of clinical experiences on the off shift and weekends will begin with Clinical Internship II.
2. Students will be scheduled for one eight-hour shift at a time. Because of the nature of a clinical assignment, the student may need to extend their time beyond eight hours to achieve the optimum clinical learning experience. Should a clinical assignment extend beyond 14 hours, the student should contact the clinical coordinator.
3. Students must have a minimum 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). If a student does not have a 10-hour rest period between scheduled clinical duty periods, the student should notify the program clinical coordinator.
4. At no time may a student provide direct patient care for a period longer than 16 continuous hours
5. Reasonable time commitment – A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed an average of 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours averaged over 4 weeks.
6. Check with the clinical or site coordinator if a clinical assignment is canceled or finishes early. **It is never acceptable to leave the clinical area early without permission of the program faculty.**

Human Patient Simulation Laboratory (SIM LAB)

The Marcia and Eugene Applebaum Surgical Learning Center is a 5,500 square foot, $4.5 million-dollar comprehensive laboratory facility located within Corewell Health- William Beaumont University Hospital. It is designed to educate surgical teams and healthcare providers in advanced techniques through a combination of computer simulation and laboratory skills. The Learning Center has three mock operating rooms where anesthesia students can approximate the complexities of anesthesia in a simulated environment. Workshops focusing on various multifaceted scenarios are presented as a way for students to perfect their cognitive and psychomotor skills prior to contact with patients in the operating rooms and other anesthetizing locations. Experiences in the Surgical Learning Center will begin in the second semester and continue until the end of the program. The benefit of patient simulation is the ability to fashion critical thinking and make efficient decisions without the fear of harm to the patient or punitive actions. Simulation offers a methodology that fosters attainment of knowledge not readily acquired through traditional approaches; it presents learning opportunities not possible in the classroom or clinical arena. High risk/low frequency scenarios are played out in a realistic atmosphere allowing students the environment to critically think through their actions/reactions to critical situations.

Beginning with Clinical Internship II and continuing through the end of the program, students are assigned to the SIM Lab to further enhance their understanding of didactic material presented in lecture. The SIM Lab provides instructor-student interactions using scenarios for patient assessment utilizing mannequins and/or student veterans to introduce basic and complex concepts including: assessment, troubleshooting and working with equipment, airway skills, difficult airway management, central invasive line insertion, administration of regional anesthesia including ultrasound guided techniques, critical thinking and decision-making in anesthesia, crisis management, crew resource management, team training and specialty anesthesia management skills (obstetrics, cardiovascular, vascular, thoracic, trauma, and pediatrics). Students are expected to schedule additional simulation sessions and utilize task trainers as needed to improve individual areas of weakness.

Simulation hours, simulated case experiences or task training are never counted as real patient experiences. Simulation time cannot be counted as hours of clinical case time. Refer to the Record of Clinical Experiences provided in this handbook for the COA requirements for minimum number of case experiences, preferred number of case experience, and simulation number/experiences allowed. Students can also find this information on the Council on Accreditation website.

Guidelines for Simulation assignments

1. Assignment to the SIM lab is for an 8-hour day. The student is expected to be available in the hospital for this entire time. Time outside of the SIM Lab can be used for assignments and may include opportunities such as:
   a. Clinical cases
   b. Regional anesthesia
   c. Emergency add-on cases.
   d. Assisting with ECT and POR
   e. Starting IVs in preop hold areas and patient care areas
   f. Responding to CPR codes in patient care areas.
2. On each simulation day, students are required to:
   a. Come prepared, having studied the subject to be covered in that SIM session
   b. Complete a student simulation evaluation form
   c. Perform skills and discussing anesthesia management for specialty anesthesia topics
   d. Use critical thinking skills to independently manage simulated scenarios
   e. Maintain confidentiality regarding simulation scenarios

Simulation lab sessions and their content are proprietary. Purposeful dissemination of this information without faculty permission is considered academic misconduct.

Student Responsibilities

Clinical Area:

1. When in the clinical area students are expected to:
   a. Review and be aware of clinical internship objectives
   b. Be prepared to administer anesthesia for every patient assigned at the start of each assigned shift.
   c. Submit an evaluation form and written anesthetic plan at the beginning of each day to the clinical instructor.
   d. Check the operating room schedule for any changes throughout the day.

e. Arrive promptly and be prepared to participate in scheduled department meetings. Have OR set up by 0700.
f. Check with a clinical/site coordinator regarding reassignment whenever cases are canceled.
g. Comply with departmental policy regarding time spent out of the department for breaks and lunches.
h. Use unassigned clinical time for educational endeavors. Clinical days are always at least an 8-hour commitment. Students are expected to remain on site for the entire clinical day.
i. Observe the dress code policy of the program and the clinical site. Lab coats are required over scrubs when seeing patients in the hospital.
j. Introduce themselves to patients and family by saying "Hello, my name is _____. I am a registered nurse and a doctoral student studying nurse anesthesia. I will be working with the certified registered nurse anesthetist to provide your anesthesia."
k. Obtain informed consent, verify correct patient, procedure, site and sidedness, and participate in final preoperative verification for the surgical procedure according to institutional policy.
l. Verbalize anesthetic plan with clinical preceptor.
m. Practice ethically. Falsifying information about a patient or anesthetic care or failing to share information regarding a patient or anesthetic care is considered unethical behavior and may be grounds for dismissal from the program.
n. Complete pre- and post- anesthetic assessments on all inpatients assigned; follow-up with appropriate clinical instructors.
o. Participate in continuous quality improvement activities relative to post anesthesia assessments and review of perioperative anesthetic complications.
p. Report any major complication involving a student to a clinical coordinator immediately. A copy of the anesthesia record and a detailed description of the incident should follow as expeditiously as possible for review.
q. Be vigilant. The use of cellular phones for activities other than patient care is strictly prohibited and constitutes negligent action that may lead to deleterious effects on the patient

2. The student is expected to continually review didactic material and work toward meeting the terminal objectives of the program.
3. Students may be required to present a brief case report during scheduled CRNA staff meetings at Corewell Health or affiliate sites.
4. The student must adhere to all program policies and the policies of each clinical site where they rotate. Any student who does not abide by a clinical site's policies or who exhibits unprofessional behavior or conduct endangering patient safety may be recommended for dismissal from the program. A student may be placed on probation or recommended for dismissal for demonstrating willful or negligent actions reflecting professional misconduct.
5. Students are not permitted to bring backpacks or textbooks into the operating room.
6. Time designated for clinical internship may be assigned for other educational activities such as simulation lab, demonstrations, continuous quality improvement activities, journal clubs, seminars, learning laboratory, interviews, IV starts, career fairs, and other professional activities. Program faculty will determine which students will be assigned to these activities based on availability, current academic standing, and rotation schedules.

Anesthetic Plan of Care Requirements

The purpose of this policy is to define the requirements for completion of verbal and written anesthetic plans within the context of the clinical internship. A well-researched plan of care is essential to the safe management of a patient

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

COA Standard D. 17: Formulate an anesthesia plan of care before providing anesthesia services.

Program Guidelines

The following guidelines must be followed in order to meet the requirements of the program in preparation of care plans:
1. The student must complete a thorough assessment & chart review of the patient.
2. All inpatients must be seen the day before.
3. The program-derived care plan template must be used.
4. Care plans must demonstrate in-depth preparation and planning. Students should not copy and paste care plans.
5. During Clinical Internship I-VII, a full patient-specific anesthetic plan must be provided for the most difficult case of the day. In addition, an abbreviated patient specific anesthetic plan must be submitted for every scheduled case. The full anesthetic plan should be completed for the most complex surgical procedure or patient diagnosis (co-existing disease).
6. Specialty rotation care plans must be completed prior to each rotation and submitted to the simulation coordinator before the specialty rotation begins.
7. During clinical internship VIII students are relieved of the previous care plan requirements with the following exception: a patient specific care plan must be completed on any cases not previously done or patient disease states not previously encountered during the previous months in the program.
8. Three signed, patient specific care plans must be submitted with the end of semester self-evaluations. Failure to do so will result in an incomplete for the clinical internship.
9. Care plans must be submitted to the clinical instructor at the beginning of the day along with the appropriate daily clinical evaluation.
10. All care plans must be signed and dated by the instructor.
11. Although collaboration and sharing of ideas is encouraged, **individual work is required on care plans**. Copying information from other's care plans or texts is not permitted and is considered academic misconduct.
12. Students will discuss their plan of care verbally with their clinical instructor and/or anesthesiologist prior to proceeding with an anesthetic.
13. Students having difficulty writing care plans are encouraged to seek assistance from their preceptor or program faculty.
14. Students continuing to have difficulty developing care plans will meet with the program clinical coordinator for remediation.

Tracking Clinical Experiences

Clinical Case Tracking: Typhon

The Typhon Nurse Anesthesia Student Tracking System (NAST) is a real time on-line tracking system of all cases. The Typhon NAST System is also used for daily instructor evaluations, clinical affiliate site evaluations, simulation evaluations, time logs, and schedules.
● Students are expected to enter case data daily. Accurate and honest data is expected.
● Fifteen clinical instructor evaluations must be completed each semester.

- Clinical affiliate site evaluations are to be completed at the end of each monthly rotation.
- Case entry is tracked by the program clinical coordinator. Students failing to enter case data daily will be contacted by the coordinator. If the situation is not quickly rectified or is a persistent problem, program faculty will suspend the student from clinical. The time missed from clinical will be considered an unexcused absence.

Guidelines for Counting Clinical Experiences

Nurse anesthesia students must have the opportunity to develop as competent, safe, nurse anesthetists, capable of engaging in full scope of practice as defined by the AANA's "Scope and Standards for Nurse Anesthesia Practice." To ensure nurse anesthesia students develop the knowledge, skills and abilities for entry into practice, students must participate in all phases of their clinical cases including preoperative, intraoperative and postoperative anesthesia care.

While it may not be possible to participate in all phases of care on every case, students must personally provide anesthesia for the majority of any case for which they claim personal participation. In addition, personal participation must include the management of the patient during the beginning or induction of the anesthetic experience and/or the ending or emergence of the anesthetic experience. Students cannot take credit for an anesthetic case if they provide care on a limited basis (e.g., sharing cases with another student, only lunch/or break relief), are not personally involved with the implementation and management of the anesthetic plan of care, or only observe another anesthesia provider manage a patient or their anesthetic care.

For clarification regarding counting clinical experiences, please see "COA Guidelines for Counting Clinical Experiences" or "Counting Clinical Experiences" PowerPoint on the OUBGPNA eSpace.

Attendance

Combined Time Off

1. All students will receive 54 days (or the equivalent of 432 hours) of combined time off. This includes the following:
   a. One week of scheduled time off will be assigned to students between each semester. This will account for 48 days of the 54 days (or the equivalent of 384 hours) of combined time off.
   b. 6 days (48 hours) of unscheduled time off which may be used for unscheduled absences when they start the program.
2. The scheduled weeks for 2023-2024 are as follows:
   a. December 23, 2023 - January 2, 2024
   b. April 27, 2024-May 7, 2024
   c. Future weeks will be provided to students as the academic calendars are published.
   d. First year students' vacation week in December will begin on the last day of finals (December 16, 2023) and continue until January 2, 2024
3. During the program, students are scheduled for clinical rotations during university-recognized mid-semester breaks.

Unscheduled Absences

1. Unscheduled absences include illness or any unforeseen problems that prevent a student from attending clinical.

2. Students will receive the following number of unscheduled combined days off prorated for the amount of time remaining in the program:
   a. Class of 2024- 4 days (32 hours)
   b. Class of 2025- 6 days (48 hours)
   c. Class of 2026- 6 days (48 hours)
3. If a student exceeds the number of unscheduled combined time off, the time missed from clinical must be made up. Time must be made up in 8- or 12-hour increments. Time may be made up at the end of the program or during scheduled time off between semesters. For extenuating circumstances, time may be made up on weekends. Making up time on weekends requires program faculty approval before scheduling the makeup weekend.
4. Any remaining unscheduled time off may be used at the end of the program and taken as study days.
5. Students who become seriously ill requiring extended absence must notify the Program Director, Assistant Director and Clinical Coordinators. Students seeking extended periods of time off should refer to the "leave of absence policy".
6. Patterns of unscheduled absences, such as calling in prior to exams, immediately before or after vacations, etc. is discouraged and will require a physician's note.
7. Absence due to illness on the day of an exam will require documentation from a physician.
8. An unexcused absence includes but is not limited to the following:
   ● Calling in the day before an exam
   ● Not attending class or clinical without proper notification
   ● Leaving clinical early without faculty permission
   ● Dismissal from a clinical assignment due to lack of preparation
   ● No call/ no show
9. In the event of an unexcused absence, the time must be made up during the next scheduled week off.
10. Unexcused absences may result in dismissal from the program.

Travel Days

One travel day will be given when a student must travel more than 4 hours to get to their clinical site. Unless the student requests otherwise, this will be scheduled on the last clinical day of the month.

DNP Project Days

NRS 8998-DNP Project is an 8-credit hour course that spans five semesters. Occasionally there may be an instance in which students will be granted a "DNP Project Day" to complete work during the regularly scheduled clinical time. Appropriate reasons for a "DNP Project Day" include meetings with stakeholders, data collection, and meetings with statisticians. DNP Project Days are not intended for students to complete assignments for NRS 8998 (writing proposals, completing IRB applications, analyzing data, writing results/discussion sections, preparing for dissemination, etc.). Students should request a DNP Day in Typhon **after** receiving approval from their DNP chair. Students will email the clinical coordinator requesting a "DNP Project Day,"and cc their DNP chair. The DNP chair will communicate approval with the clinical coordinator. When possible, "DNP Project Days" should be scheduled in accordance with normal scheduling guidelines (6 weeks before the date).

Mission Trips

Students may request up to 5 days off to serve on a medical mission experience. Although this experience can be extremely valuable, mission trips are not part of the curriculum and are not sponsored by the Oakland University-Beaumont Graduate Program of Nurse Anesthesia. The student may choose to participate in a longer mission trip, but any additional time must be made up. OUBGPNA does not insure, endorse, protect or assume liability for any aspect of these experiences. The student assumes all risks. Students must request permission from the clinical coordinator for participation in mission trips. Students must be in good academic and clinical standing, and the timing of the mission trip should not interfere with any specialty rotation. Upon return, students must present their experience and what they learned at a faculty-staff meeting.

Time off for Certification Renewal

1. **One certification/recertification day for BLS, ACLS, PALS will be granted during the program**. This time must be used on the actual day of the certification/recertification course. Any other time needed for maintaining certifications/re-certifications will be completed on the students' own time.
2. Students cannot attend clinical without current certifications on file. If the student allows certification to lapse, they will not be assigned in the clinical area and unexcused absences will be given for each day of absence.

Holidays

Six holidays per year are recognized: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas Day. Students are not scheduled for class or clinical on these days.

Bereavement

Up to 24 hours (three 8-hour days) of bereavement may be granted for the death of an immediate family member.
1. Immediate family members are defined as wife/husband, grandparents, parents, brothers/sisters, children, and grandchildren. All of the above designations include "step" and "in-law" derivations.
2. If asked, students should be prepared to provide an obituary notice or other documentation.

Jury Duty

Students must notify their clinical coordinator immediately upon notification of possible selection for jury duty. A copy of the order to appear for jury duty must be submitted to program faculty.

Clinical Policies

Attendance at Orientations/SRNA days

Students must attend all scheduled orientations and SRNA days unless given permission by faculty.

Graduation Events

Graduating seniors are expected to attend program and university graduation events.

Attendance at Conferences and Departmental Meetings

1. Students are required to attend departmental conferences at Corewell-Wm. Beaumont University Hospital and other clinical sites where offered. These include monthly Morbidity and Mortality conferences, monthly guest speakers, and off-site conferences. Currently at Royal Oak, guest speakers are the first Tuesday of every month in the ABW auditorium and M & M conferences are

the third Tuesday of every month in the ABW auditorium. Both begin promptly at 7:00 a.m. Attendance is mandatory if you are scheduled to be at Beaumont-Royal Oak at any time during that day.

2. Students are encouraged to attend the AANA Annual Meeting. Conference time will be given for the duration of the conference as well as a return travel day. Students will be given an outline each year regarding required scheduled sessions. Students must attend scheduled sessions each day or the conference days must be made up.

3. **All students must attend at least three meetings of the Michigan Association of Nurse Anesthetists (MANA) during the program.** MANA meetings are held in the spring and fall of each year. Second- and third-year students may choose to also attend CRNA Impact Day in Lansing or the Mid-Year Assembly in Washington D.C. If a student must travel more than 2 hours from their assigned clinical site to the MANA conference, one travel day will be given. All students attending spring or fall MANA will receive a conference day on the Monday after the conference.

4. **One conference day** will be given for the purposes of taking a board review class. This includes travel time.

5. Requests for additional conference time will be reviewed on an individual basis.

6. Students must bring proof of conference attendance to the clinical coordinator within 5 days of attending a conference. Failure to do so will result in making up the conference day(s).

7. A student must be in good academic and clinical standing to attend conferences/meetings. Conference registration does not guarantee that a student will be permitted to attend. If academic, clinical or professional performance is in question; permission to attend may be denied.

8. Students may not take time off to attend meetings (including the AANA Annual Congress) or conferences during a rotation at Children's Hospital of Michigan.

Snow Days/Oakland University Emergency Closing

When Oakland University is closed due to inclement weather, students are NOT required to attend classes held on campus or by non-anesthesia program professors. Students will be notified if courses held in or connected to the anesthesia classroom at Corewell-Wm. Beaumont University Hospital are canceled. Students are required to attend scheduled clinical experiences. Students that feel they cannot travel safely should call-in according to proper procedure and will be required to use an unscheduled day off or make up the time.

Oakland University encourages you to explore the information on their website. To sign up to receive text message alerts in the event of a major campus emergency, university closure or campus wide cancellation of classes, visit the Emergency Notification website. To register, you must have a Grizzly ID number and valid OU e-mail address. Voice alerts are available for OU community members without text message capability.

Procedure for Injury, Illness or Exposure in the Clinical Area

1. When a student has a work-related illness, exposure or injury, he/she should immediately report it to program faculty and the anesthesia/operating room supervisor at the clinical site.

2. The cost for diagnosis/treatment of injuries that occur during clinical time are the responsibility of the student. The student's personal health insurance will be billed for any treatment expenses.

Exposure to Communicable Diseases

Any student who has been exposed to a communicable disease and are known to be susceptible, may not be allowed to provide patient care during the potential period of communicability. Students unsure of their immune status should not provide care until proof of immunity is provided. Any student who believes they have a transmissible infectious disease, including disease of the respiratory system, GI system or integumentary system must report this to program administration. For COVID related exposures or illness, students and faculty will refer to the most up to date information and protocols available on Oakland University's website.

Exposure to Environment and Chemical Hazards

Certain environmental and chemical hazards exist in the operating room, which the student entering the profession of nurse anesthesia should be aware of.

1. Selected inhalation anesthetic agents are known to be hepatotoxic and on occasion an individual may develop sensitivity to agents, which are reflected in abnormal liver function studies. In addition, studies performed in the past have demonstrated an association between sustained exposure to an anesthetic environment and an increased incidence of spontaneous abortions, birth defects and certain types of malignancies for both male and female personnel. While no cause-and-effect relationship has been established, consideration should be given to these findings prior to entry into an anesthetizing area.
2. Students will be exposed to radiation during certain operative procedures. Lead aprons, thyroid shields, and lead glass eye protection are available at each anesthetizing location and must be worn during radiology procedures
3. Responsibility for accepting the risks associated with this specialty rests with the individual who chooses to work within this environment, rather than with the institution, which takes required precautions to minimize potential hazards.

Health Related Costs

Oakland University and the OUBGPNA are not responsible for student health care related costs. All students are required to maintain current health care coverage at all times while enrolled in the program.

HIPAA

In accordance with HIPAA (Health Insurance Portability and Accountability Act), patient information is not to leave the hospital or be left in open view of those not caring for the patient. Students should never copy, carry or share any secured patient information (name, hospital number etc.) outside hospital premises. Computer programs that display patient information must be closed and not left unattended. This includes but is not limited to the surgery schedule used to obtain assignments and specific patient information obtained in preparation for your clinical day. Failure to comply with HIPPA requirements could result in immediate dismissal from the program. All students should review Beaumont Hospital's HIPAA and Confidentiality policies found on the "Inside Beaumont" website.

Program Faculty

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School of Nursing

| Christopher Coleman, PhD, RN (Dean) | Office | (248) 364-8787 |
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Program Evaluation Process

Continuous evaluation of the nurse anesthesia program occurs at regular intervals. The nurse anesthesia program administration, faculty, curriculum, students and resources will be continuously evaluated to assure attainment of educational excellence and compliance with the Standards set forth by the Council on Accreditation. Data will be used to inform evidence-based improvements. The evaluation plan for both undergraduate and graduate programs of the School of Nursing are described in the Oakland University School of Nursing Master Evaluation Plan document. Some of the components that relate directly to the Nurse Anesthesia Track are described below. See appendix A for the table describing the program's evaluation process.

Evaluation of Student

Daily Evaluation of Student Clinical Performance

1. Beginning with Clinical Internship I, clinical CRNA/MD instructors will complete a Clinical Performance Evaluation tool each clinical day. Students are required to submit and collect daily clinical evaluations through the last clinical day of the program. **See Appendix D–Clinical Evaluation Tool**
    a. The Clinical Internship objectives are based on the Standards of Nursing Practice for Advanced Practice Nurses (ANA), the AANA Standards for Nurse Anesthesia Practice, and COA Doctoral Standard D: Graduate Standards.
    b. It is the responsibility of the student to submit the daily clinical evaluation tool to the CRNA/MD instructor <u>at the beginning of each clinical day</u>.
2. The student should fill out the top section of the evaluation form. The procedure, date, ASA status, and other information must be complete. Incomplete evaluation forms will be returned to the student.
3.   If students have questions about their evaluation, they should first speak with their instructor. Following this, the student may proceed in the following order to discuss their evaluation: the site coordinator, program clinical coordinator, assistant director and director.
4. Students who receive a "1", indicating they performed an action that may be harmful, unsafe or does not meet the objective, must discuss the circumstances with a program clinical coordinator (assistant or program director if clinical coordinator is not available) <u>within 24 hours</u> of receiving the evaluation.
5. Each student must be certain that they have received a completed written evaluation for each clinical day. Total semester evaluations will be tallied by the student and graded accordingly.
6. If an instructor fails to return an evaluation, the student should send a reminder for the completed evaluation to the CRNA/MD instructor and copy the clinical coordinator on this email. Students are expected to have 90% of daily evaluations returned by the end of the semester. Repeated reminders may be necessary.
7. Simulation Evaluation: Students will be evaluated daily when assigned to the simulation lab using the student simulation evaluation tool and skill competency checklists as appropriate.
8. In the second and third years of the program, students may be assigned to a clinical site that requires less frequent evaluations or monthly evaluations. Students will be informed by the program and clinical site when this applies.

Student Self-Evaluation

1. Students will complete a self-evaluation at the end of each semester, beginning with Clinical Internship II and ending with Clinical Internship VII. See **APPENDIX B: STUDENT SELF EVALUATION FORM**
2. The student submits the self-evaluation form, collected daily evaluations, and care plans to the Clinical Internship Moodle page.
3. Students are required to have 90% of their daily evaluations at this point. Students will receive a grade commensurate with the number of daily evaluations returned in the Clinical Internship grade.

End of Semester Clinical Summary Evaluation of Student

At the end of each semester, the clinical course faculty of record completes a semester summary of the student's clinical performance and suggests a plan for continued improvement. The process for these meetings is described below.

1. The program coordinator will distribute evaluation materials to each student's clinical course faculty of record at the end of each semester.
2. The clinical course faculty of record will review the student's self-evaluation, care plans, and the clinical performance evaluations.
3. The clinical course faculty of record will develop a summary statement that details the student's progress, strengths and weaknesses, and will offer recommendations for continued improvement and development in the clinical area.
4. At the end of the semester, students will have the opportunity to meet with their clinical course faculty of record to review and discuss the Clinical Summary statement summarizing clinical performance. It will be signed by the student and clinical course faculty of record and placed in the student's file. Students will be given a copy of this summary.
5. At the end of each semester, the clinical course faculty of record mentor will assign a letter grade for each clinical internship completed. Students must earn a course grade of B or better in order to progress to the next clinical internship

Self-Evaluation Examination (SEE)

The SEE examination is a NBCRNA developed computerized adaptive test that is available for students to take who are enrolled in an accredited nurse anesthesia educational program and who are more than 30 days from expected date of graduation. Nurse Anesthesia students enrolled in the OUBGPNA must take the self-evaluation exam (SEE) during the second and third year of the program. The month that the exam must be taken is designated by faculty. Students will be given a day out of clinical to take the exam. Students are responsible for contacting the testing center to schedule their exam and for the costs of the exam.

The three main objectives of the SEE are as follows:
   1) to provide information to students about their progress in the nurse anesthesia educational program
   2) to provide information to program administrators on how well their programs are preparing students with the knowledge they need for anesthesia practice
   3) to prepare students for the National Certification Examination (NCE) experience.

To meet these objectives, the examination has specifications similar to those of the NCE, is administered under secure conditions, and has a reporting system designed to provide maximum feedback to students and program administrators.

During the third year, OUBGNPA students must achieve a SEE score that equates to NCE success. This minimal score will be provided by faculty before taking the exam. If a student fails to achieve this score, the student must repeat the SEE until that score is achieved. Failure to achieve this score before the last day of the final semester may delay degree conferral. The cost of taking the SEE exam is the student's responsibility. The repeat SEE must be taken on a non-clinical day.

Evaluation of Faculty

Faculty of Record and Didactic Instructor Evaluation

1. Course Evaluation — Students have the opportunity to evaluate each course at the end of each semester in accordance with the Oakland University School of Nursing evaluation plan. Faculty effectiveness evaluations are completed online via Moodle.

Student and Faculty Evaluation of Clinical Agencies/Clinical Instructors

1. Students will evaluate clinical affiliate agencies, clinical instructors and site coordinators at the end of each assigned rotation using Typhon. This should be done within one week of the completion of each site.
2. Nurse anesthesia faculty is ultimately responsible for the evaluation of student experiences, and will make site visits to affiliating agencies during clinical courses.
3. Nurse anesthesia faculty will visit each clinical site annually and participate in evaluating students in the clinical area.
   a. Results from student Typhon evaluations will be de-identified, summarized and distributed to the affiliate sites during annual site visits.

Academic Program Policies

Class Attendance

1. **Attendance for all lectures and exams is mandatory.**
2. Students rotating to a distance site will be expected to attend class at the nearest classroom location unless another arrangement has been made with the faculty of record.
3. Instructors will notify program administration if a student is absent or consistently tardy to class.
4. In an extreme emergency, students who cannot attend a class day must notify the faculty of record for the course and email the program coordinator at davis@oakland.edu within 2 hours of the scheduled class start time. Failure to do so will result in an unexcused absence.
5. The academic calendar detailing specific class start dates, final exam dates and school breaks is available via the Oakland University Important Dates and in the current Oakland University Graduate Student Catalog.
6. All students are expected to be attentive and respectful of all lecturers. Casual conversation, inattentiveness, behaviors that others will find distracting, and leaving the classroom during lecture is inappropriate and disrespectful to classmates and lecturers.
7. Professional attire is expected of all students on class days, regardless of location. Professional attire is defined as business casual.
8. Laptops and electronic devices are to be used during class for class purposes only.
9. Due to the nature of the anesthesia profession and because patient care is a priority, instructors may not be available as scheduled. Therefore, class will occasionally be canceled, moved to an earlier or later time, or moved to a different day. The program makes every attempt to see that instructors arrive in a timely manner and class is held as scheduled. Program faculty reserves the right to reschedule class/clinical days to meet learning objectives.

Academic Conduct

Students are expected to practice and uphold standards of academic integrity and honesty as outlined on the Oakland University website. Academic dishonesty may result in a numerical grade of 0.0 (F) for a course.

In addition to the Oakland University Academic Conduct policy, completion of all course related assignments must be the result of the student's individual effort, except in the circumstance where the instructor communicates that the assignment requires a group effort.

Academic Conduct Policies

1. Students are required to follow instructions contained in policies and procedures provided by the instructor, program and university. The student is charged with the responsibility of assuring that rules and procedures are understood to avoid inadvertent misrepresentation of their work.
2. Individual work on in-class, take-home, or online examinations, reports, care plans, and online coursework is expected unless the instructor specifically makes an exception to this policy. Documentation of references must be honest and accurate.
3. Students must assume that an instructor intends for work to be completed for that course only. Any work a student completed for a course taken in the past, or is completing for a concurrent course,

must not be submitted in a different course unless the student receives the instructor's specific permission.
4. Misrepresentation by words or conduct regarding the source of a student's work is characterized as academic misconduct, meaning a student is claiming credit for ideas or work that is not actually his or hers, and the student is attempting to obtain a grade that is not earned. The following are examples of misrepresentation:
   a. Looking at another student's test during the exam
   b. Using materials such as books, notes, or electronic devices when not authorized by the instructor during exams
   c. Taking advantage of prior information not authorized by the instructor regarding questions to be asked on the exam or in the simulation lab
   d. Copying from another student's work, paper or care plans
   e. Sharing answers or working together on take-home or online exams
   f. Helping someone copy work
   g. Substituting another person or that person's work during an examination or on any coursework
5. Plagiarizing from the work of others is prohibited. When utilizing written sources, a clear distinction should be made between quotations, which reproduce information from the source word for word within quotation marks and paraphrases, which are a restatement of the source information produced in the student's own words. Both direct quotations and paraphrases must be referenced. Sources are cross checked by computer verification.

The practice of anesthesia requires a commitment to honesty and integrity at all times. Because of the potential for patient harm in the clinical area, any examples of unethical or academic misconduct are extremely serious and will not be tolerated. Students who commit unethical acts or academic misconduct will be reported to the Program Director, Dean of the School of Nursing and the Dean of Students.

Students must report any evidence of academic or clinical misconduct or dishonesty to their instructor and program director. This information will be kept in confidence, and an investigation conducted.

Testing Procedure

The purpose of this procedure is to identify the minimum guidelines required for the administration of examinations in the nurse anesthesia didactic courses.

Due to the nature of the field of practice, it is essential that evaluative measures, such as written or oral examinations, be given. Test security must be preserved, and the opportunity for academic misconduct minimized. The following elements will be present when an examination is administered as part of a nurse anesthesia didactic course.

1. The instructor responsible for the class will provide an examination schedule. This schedule will include major examinations but may not include other evaluative measures such as quizzes, demonstration evaluations, or oral examinations.

3. During exam administration, the following measures may be employed:
   ▪ Spacing of students as the room permits
   ▪ Questions will be programmed within Moodle to shuffle responses within questions so no one exam will be similar to another.

- Seating that permits the instructor a clear view of laptops or computers

4. Students may not use a cell phone or other unapproved electronic devices during examinations. If calculations are required, a basic calculator may be used.
5. The instructor, or a proctor appointed by the instructor, will administer exams.
6. The table must be cleared of all personal items except a pencil/pen and scrap paper if allowed.
7. Students cannot leave the classroom until their completed exam is submitted. The instructor may allow students to leave as they finish the exam. However, once a student has left the classroom, they cannot return until everyone has completed their exam.
6. Once a quiz or examination has been turned in to the instructor or proctor, it is considered complete and the student may not request to review the exam or change answers.
7. Examinations and quizzes are the property of the program, and students may not possess or make copies of any exams or exam questions. Failure to observe this is a serious violation of academic conduct and will be handled according to the policy on academic conduct.
8. Review of a completed exam must be done in the presence of program faculty or the program administrative assistant by appointment.
9. Students are not permitted to make written notes regarding exams or place marks on the exam while reviewing it.

Testing Procedure for Students Located at Distance Sites and Non-Face to Face Exams

1. At distant sites, students will be proctored via distance technology.
2. If proctoring cannot be done in person or via distance technology, a mechanism for monitoring students will be implemented. There may be a cost to students for proctoring services. Methods recognized by Oakland University's e-learning and instruction support office (e-LIS) includes:
   a. ProctorU
   b. Live proctoring via Zoom
2. Most exams, except for labs and simulation, are given through the Moodle exam platform whether students are in person or off campus.
3. Student computers must be visible to the instructor via distance technology or via live Zoom in the gallery mode, and <u>microphones must be on</u>.

Student Employment

The purpose of this policy is to define the position of the school as it relates to student employment while enrolled in the program. The time commitment involved in graduate study may prohibit a student from working during the program. In the event that a student chooses to work, the following guidelines are given:

- The student's performance in the program will dictate how much the student may work. If a student is experiencing difficulty in either the didactic or clinical areas, the student may be advised to stop working as part of the corrective plan for didactic/clinical deficits.
- **Under no circumstances may a student be employed or represent themselves as a Certified Registered Nurse Anesthetist (CRNA) by title or function while matriculating in the program.** Violation of this policy is grounds for immediate dismissal from the program.

Hospital Property and Security

Equipment (hospital/program) can only be removed from the hospital with proper authorization. Students who want to take any program property from the premises must first obtain permission from the faculty. An official Beaumont permission form signed by faculty must accompany this property. Beaumont security personnel reserve the right to search all hospital areas, including lockers, and inspect all packages (purses, backpacks, etc.) entering and leaving the premises. Failure to comply with this procedure constitutes theft of hospital property and will be subject to penalties.

Impairment/Chemical Dependency/Substance Abuse

Patients have the right to expect that the student and supervisory personnel providing services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions. Therefore, students must not be impaired by drug or alcohol use, fatigue, physical or mental illness, or any condition that causes impairment during the program. This includes clinical and classroom education at all locations. Students are expected to report any student suspected of drug, alcohol, or cognitive impairment to the program director at any time during the program.

Students in the program are subject to the Oakland University Conduct Code, the judicial system and the policies and procedures of the institutions they rotate to. All students are directed to review policies and procedures for the individual institutions they are assigned to.

Nondiscrimination Policy

Oakland University prohibits unlawful discrimination against any person on the basis of race, sex, gender identity, gender expression, sexual orientation, age, height, weight, disability, color, religion, creed, national origin or ancestry, marital status, familial status, or veteran status.

Standards of Professional Performance

The American Association of Nurse Anesthetists (AANA) Standards for Nurse Anesthesia Practice and the American Nurses Association (ANA) Scope & Standards of Practice provide the foundation for the OUBGPNA student expectations. The ANA Standards identify seventeen areas of professional performance expected of every nurse. As part of the graduate nursing student's development, this professional conduct must be demonstrated in all healthcare and academic settings. Each standard is followed by competencies for the registered nurse and additional competencies for the graduate-level prepared specialty nurse and the APRN.

Reference: AANA Professional Practice Manual
American Nurses Association. (2021). Nursing: scope and standards of practice (4th ed.)

Core Performance Standards

Graduate students must be able to demonstrate all of the Core Performance Standards.
Any graduate student who believes that he/she may need assistance meeting the Core Performance Standards should contact the OU Office of Disability Support Services (DSS) oakland.edu/dss

Competency	Standard
Critical Thinking	Inductive/deductive reasoning sufficient for clinical judgment and decision making
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, spiritual and intellectual backgrounds
Emotional Stability	Emotional stability sufficient to assume responsibility/accountability for actions
Communication	Communication abilities sufficient for interaction with others in verbal and written form
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care
Visual	Visual ability sufficient to provide safe and effective nursing care
Hearing	Auditory ability sufficient to provide safe and effective nursing care
Tactile	Tactile ability sufficient for assessment and implementation of care
Health	Characteristics that would not compromise health and safety of clients

Standards for Nurse Anesthesia Practice

The graduate student is responsible for reading and adhering to the most up-to-date practice related documents, including the Scope of Nurse Anesthesia Practice and Standards for Nurse Anesthesia Practice. The AANA Standards for Nurse Anesthesia Practice offer guidance for Certified Registered Nurse Anesthetists (CRNAs) and healthcare institutions regarding nurse anesthesia practice. CRNAs are responsible for the quality of services they render.

These standards are intended to:

1. Assist the profession in evaluating the quality of care provided by its practitioners.
2. Provide a common base for practitioners to use in developing a quality practice.

3. Assist the public in understanding what to expect from the practitioner.
4. Support and preserve the basic rights of the patient.

Oakland University-Beaumont Graduate Program of Nurse Anesthesia Professionalism

Students are responsible for reviewing all content in the Oakland University Graduate Catalog, Oakland University School of Nursing DNP Student Handbook and DNP Nurse Anesthesia Student Handbook.   As a Student Registered Nurse Anesthesia Student (SRNA), you are a representative of our profession, Oakland University, and our affiliate clinical agencies. Students will conduct themselves in a professional and respectable manner during class time, in the clinical area and during professional meetings and conferences. SRNAs must always identify themselves as nurse anesthesia students and never misrepresent their professional status.

Ethics

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia shall be conducted within the ethical and moral standards defined by those professional groups (organizations, institutions, agencies, government boards, or other entities) having an impact on the individual program and on nurse anesthesia in general.

Interpretation and Guidelines
A. Those professional groups (organizations, institutions, agencies, or governmental entities) that have an impact on this program and on nurse anesthesia in general are defined to include, as a minimum, the American Association of Nurse Anesthetists, the American Society of Anesthesiologists, the American Hospital Association, the American Medical Association and American Nurses Association as pertains to medicine and nursing in general state and federal governmental agencies having to do with licensure and other regulation of hospitals, health personnel, and consumer interest groups. Consumer interests are further defined to include patients, employers and students (as a consumer of the educational program). These third parties shall have access by oral and/or written presentations to the Council on Accreditation.
B. The maintenance of high ethical and moral standards is the joint responsibility of the conducting institutions, the faculty, affiliating institutions, the students, and the accrediting agency. Many of these responsibilities are reciprocal. However, each bears responsibility for assuring that those services provided to patients are in conformance with defined ethical and moral standards.
C. The promotion of attitudes conducive to the development of high ethical and moral standards among practitioners relative to the practice of nurse anesthesia is a responsibility of the program of nurse anesthesia. Attitudes and standards of conduct can seldom be learned from lectures or preachments. The most effective means of teaching these is through acting as role models. Thus, the conduct of the program, as well as the environment within which it exists, will be conducive to promoting appropriate attitudes and standards of conduct, and criteria for graduation will be reasonable assurance that the graduate has accepted these as a part of his or her own personal value system.
D. Loyalty, as a part of an ethical or moral code, flows up and down the organizational channels. It should not be misconstrued to mean an absence of valid critique, complaint, or discussion, nor

total agreement with consensus or other managerial decisions. It does imply support of management policies or decisions and working within the system to effect change in those policies or decisions in which there is disagreement or difficulty.

E. Students are expected to demonstrate commitment/loyalty to institutions to which they have accepted financial support and/or made employment agreements.

Third party presentations to the Council on Accreditation shall only be made with exhausting first all avenues of due process within the conducting institution.

Guidelines for Ethical Conduct of a Nurse Anesthesia Educational Program

These guidelines shall serve as the basis for assessing the ethical conduct of a nurse anesthesia educational program. They are defined in relation to the rights and responsibilities of the major participants in this joint endeavor - the profession, the patients, the students, the faculty, the conducting and affiliating institutions, and the accrediting agency.

A. **Relative to the Profession:**
   a. Honesty and integrity will be the basis for the representation of the program to patients, students, and the public.

B. **Relative to Patients:**
   a. Patients have a right to know who is administering their anesthesia, who will be supervising the anesthetic administration, and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard. Student anesthetists are not to represent themselves by title or function as a CRNA.
   b. Patients have a right to expect that those anesthesia services provided by students will be under the supervision of a CRNA or an anesthesiologist, consistent with the anesthesia risk of the procedure, the magnitude of the anesthesia and surgery, and the student's educational level. At all times, a CRNA or anesthesiologist shall be immediately available in all anesthetizing areas where students are performing anesthesia.
   c. Patients have a right to expect that the student and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions. The program has the right to require drug screening, physical and psychological assessment when impairment or fatigue is suspected.
   d. The patient's surgeon, or responsible physician, shall be kept informed pertaining to the anesthetic management and any complications arising from that management.
   e. Patients have the right to expect that students will avoid conflicts between his or her personal integrity and the patient's rights. In situations where the student's personal convictions prohibit participation in a particular procedure, the student refuses to participate or withdraws from the case provided that such refusal or withdrawal does not harm the patient.
   f. Patients have the right to confidentiality as outlined in the HIPPA regulations.

C. **Relative to Students:**
   1. Students have a right to expect that:
      a. Upon acceptance into an accredited program of nurse anesthesia, they will be provided the quality of education necessary to fulfill the objectives of the program.
      b. The program will prepare graduate nurse anesthetists with the knowledge, skills, and competencies in patient safety, perianesthetic management, critical thinking, communication, and the professional role.
      c. The program provides the opportunity for:
         i. Integrating theory underlying the practice of anesthesia with the actual practice.

     ii. Providing anesthetic management to all categories of patients for most or all varieties of diagnostic or therapeutic interventions utilizing consultation as required.

     iii. Functioning with minimal supervision in all sizes and/or locations of hospitals or agencies.

     iv. Assuring patient comfort and safety within the confines of those aspects of care over which a nurse anesthetist has control or can influence through consultation, advice or other actions.

     v. Incorporating sound ethical and moral practices into his/her own personal value system relative to nurse anesthesia practice.

     vi. They will not be exploited relative to time commitment or pay for the profit of the conducting institution or corporation.

   d. Enrollment in a program of nurse anesthesia is equivalent to an agreement between the student and the program, and that the rights and responsibilities of each party of the agreement are fully understood and complied with. Students' failure to achieve the goal within the time frame expected for which he/she enrolled is based on valid, reliable data and information from evaluations, viewed objectively and fairly, and reviewed as may be required by due process mechanisms when contested.

   e. Fair and accurate evaluations of their progress in the educational program and to be kept informed of the status of that progress.

   f. Normal lines of student communication begin with the clinical and/or didactic faculty. Subsequent steps include the Clinical Coordinator, Assistant Director, Program Director, Associate Dean, and ultimately the Dean of the School of Nursing.

2. Students and graduates have the right to have access to transcripts of their academic and clinical achievements and upon their request have verified copies furnished to institutions, agencies, other programs of nurse anesthesia, or others specified by the student or graduate. A fee for copying may be charged and payment would be the responsibility of the student.

3. Graduates have the right to expect an official Transcript of Student Record to be forwarded to the National Board of Certification & Recertification for Nurse Anesthetists in sufficient time for eligibility determination so that graduates may schedule the Certification Exam at their earliest convenience following program completion. Students will be held accountable for:

     i. The quality of preparation, completion and performance of graduate work.

     ii. Complying with the policies, procedures, and regulations of the nurse anesthesia program.

     iii. Fulfilling all responsibilities and requirements connected with the program defined at the time of enrollment in the program or made a part of the educational agreement during the enrollment period.

4. In addition to the information in this handbook, students are referred to the Oakland University Graduate Catalog, the Oakland University School of Nursing DNP Student Handbook and the DNP Project Handbook. Students are expected to read and be aware of the code of student conduct and rights, student responsibilities and policies and procedures outlined in these publications.

Guidelines for Student Ethical Conduct

Relative to Completion of the DNP Final Project:

1. Students who complete the DNP Final Project must do so according to acceptable ethical research and reporting standards established by public law, institutional procedures, and the health professions.
2. The student protects the rights and well-being of people and animals that serve as subjects in research.
3. Students are expected to follow the policies and procedures of Oakland University, the School of Nursing, and the institutional review boards in the facilities in which they are conducting the DNP Final Project.

Relative to Endorsement of Products and Services:

1. Students will adhere to the Business and Ethical Conduct codes at each affiliate institution.

Relative to Protection of Patient Privacy:

1. Students will refrain from sharing or discussing protected patient information in public places or through electronic media
2. Students will uphold the standards, policies, and procedures set forth by each institution they are assigned concerning HIPPA regulations and maintaining patient privacy.
3. Students will refrain from taking photos or sharing any information that may be used to identify patients or violate privacy.

Social Media Guidelines – see Appendix H

Policies and Procedures for Progression, Retention, and Dismissal in the SON

Program Progression

Grading

As stated in the Oakland University Graduate Catalog, many programs have more stringent grade requirements for credit and retention. Students enrolled in the Oakland University-Beaumont Graduate Program of Nurse Anesthesia will follow the policies in this handbook regarding grading and progression for both didactic and clinical courses.   Students must successfully pass both the didactic and clinical components each semester to progress to the next semester.

School of Nursing Grade Conversion Scale

Percentage	Grade
95.00-100.00	A
90.00-94.99	A-
85.00-89.99	B+
80.00-84.99	B
75.00-79.99	B-
70.00-74.99	C+
65.00-69.99	C
60.00-64.99	C-
55.00-59.99	D+
50.00-54.99	D
0.00-49.99	F

Didactic Evaluation

Evaluation of students' didactic performance is by academic achievement in the classroom. Progression in the program requires a score of 80% or better for each course. The Faculty of Record may counsel and issue a midterm academic advisement if a student's course grade is less than 80%. At the end of the semester, if the student's course grade is less than 80%, the program faculty will recommend that the student be dismissed from the program.

Clinical Evaluation

Students must earn a clinical internship course grade of B or better each semester to progress to the next semester. Students not making satisfactory clinical progress in the program may be placed on clinical advisement or probation. A remediation plan will be developed with the student and the following additional steps will be taken:

- A written copy of the advisement will be given to the student.
- The Program Director, Academic Advising, and the Dean of the SON at OU will be notified of the clinical advisement.

- During the advisement period, program faculty will meet with the student weekly to discuss the student's clinical performance.
- A student who continues to make progress and meets the clinical objectives will receive a grade corresponding with the grading scheme found in the syllabus.
- A student who fails to progress in meeting the Clinical Internship Objectives or demonstrates unsafe or egregious practice will receive a grade below a B for that Clinical Internship and be recommended for dismissal from the program.
- A student can be placed on a maximum of <u>one</u> clinical advisement period during the program. Any subsequent pattern of performance that falls below acceptable standards will result in recommendation for dismissal.

Professional E-portfolio

Nurse anesthesia students will be required to document their progression toward achieving graduate standards and program outcomes in multiple ways, including using an E-portfolio. Instruction on developing an Eportfolio will be provided during the first year of the program. Progressive completion of the E-portfolio is a requirement that will be evaluated at each end-of-semester conference.

Grounds for Dismissal

While the procedure for dismissal of a student for clinical performance is generally preceded by an advisement period, grave misconduct may warrant immediate dismissal. Grounds for dismissal from the program may include, but are not limited to, the following:
- Theft
- Gross professional misconduct or insubordination
- Cheating
- Any egregious practice
- Conviction of a felony
- Inappropriate credentials/willful misrepresentation of any information provided to the OU SON or clinical affiliates
- Confirmed drug abuse
- Breach of ethical conduct
- Willful or negligent action that may lead to deleterious effects on the patient
- Violation of any rules governing license to practice nursing
- Failure to meet clinical objectives at the completion of a clinical advisement period
- Failure to abide by the policies and procedures of the program and/or any clinical affiliate
- Falsifying information about a patient or anesthetic care or in any way failing to share information regarding a patient or their anesthetic care
- Grievance Hearing Procedure

Any student who feels that he/she has received an unfair grade, disciplinary action, dismissal, or unsatisfactory management of allegations relating to his/her failure to meet clinical objectives or professional misconduct may initiate grievance proceedings. Students must comply with the guidelines and procedures outlined in the [Oakland University School of Nursing Doctor of Nursing Practice Student Handbook](#).

Resignation/Withdraw from Program

Course Withdrawal Policy

● A student who is considering withdrawal from any nursing (NRS) course is advised to meet with their faculty for the course.
● After meeting with the faculty, it is recommended that the student meet with the Program/Track Director or Coordinator and Academic Advisor, prior to initiating the withdrawal to discuss the implications of withdrawal on the student's plan of study; and the student's progress towards their degree.
● Withdrawals-
  ● Withdrawals from the same nursing (NRS) course twice will be dismissed from the SON.
  ● Withdrawals from two nursing (NRS) courses in different semesters, will be dismissed from the SON.
  ● Withdrawals from multiple courses in a single semester will be considered as one withdrawal.
● A student who wishes to appeal dismissal from the SON may initiate the Dismissal Appeal process by contacting Academic Advising.
● Refer to the "Policies and Procedures for Progression, Retention, and Dismissal" section of the DNP Student Handbook.

Program Withdrawal Policy

● A student who is considering a discontinuation of graduate studies and wishes to withdraw from the graduate program should contact their SON Program/Track Director or Coordinator and Academic Adviser.
  ● Students with intent to withdraw are to submit their formal intent in writing to SON Program/Track Director or Coordinator and Academic Adviser.

Leave of Absence Policy

The OUBGPNA curriculum builds upon didactic and clinical experiences in a sequential manner. In the event of an extended leave of absence, an amended POS will be generated. Returning to SON coursework is contingent upon space and course availability. Students absent beyond the end of an approved Leave of Absence are not guaranteed re-entry into the program.

It is the student's responsibility to ensure that the proposed leave is compatible with the regulations of any granting agency from which funding would generally be received during the leave period, and that such agencies are informed of the proposed leave. Students receiving loans or financial aid should determine the consequences that a leave of absence will have on their repayment status.

Application to Graduate

Criteria for Graduation

A student will be eligible to take the National Certification Examination, administered by the NBCRNA after they have met all graduation criteria. Refer also to the Oakland University DNP Student Handbook.

Program graduation criteria:

1. Completion of all program and university requirements
2. Certification of attainment of outcome criteria (see Appendix I and J)
3. Achievement of all program outcome criteria as described in the student handbook
4. Current ACLS, BLS and PALS (current until 3 months after graduation)
5. Current RN license
6. Return of program property, including keys, ID badge, and library materials
7. Forwarding address and e-mail with program secretary
8. Completion of Senior Exit Evaluation
9. Submission of final case records.
10. Payment of all tuition and fees

Students will complete the application for the National Certification Examination before graduation. Proof of a current nursing license and current ACLS, BLS and PALS certification will be required.RN licensure must not expire within 90 days of the end date of the program.

You must apply for graduation by the semester deadline through the Graduate School.

APPENDIX A: PROGRAM EVALUATION

Evaluation of the Program

Evaluation of the Oakland University-Beaumont Graduate Program of Nurse Anesthesia will occur as depicted in the following tables:

Program Evaluation Summary

1. **Evaluation of Student:**

Area	Evaluator	Evaluation Tool	Frequency	Action/ Intervention
Clinical Performance				
	CRNA/MDA Clinical Instructors	Clinical Evaluation Tool – Appendix D	* Each clinical day semesters II-VIII *Monthly at some sites	Remedial instruction as indicated , formal plan of remediation if indicated by warning of failure
	Student	Student Self Evaluation Tool – Appendix B	Formal summative student self-evaluation submitted at the end of each semester II-VII	Reflection on accomplishments and identification of areas needing improvement
	Faculty of Record (Mentor)	End of Semester Summary Tool Appendix C	Formal summative evaluation of student's achievement of course objectives at the end of semesters II-VII	Determination of course grade and progression to subsequent clinical courses.
Didactic Performance				
	Didactic Faculty of Record	Written exam and assignment grades according to course syllabi.	Each semester & as outlined in course syllabi	Verbal and/or written counseling or remedial instruction by instructor as indicated. Midterm warnings when indicated.
	Student	NBCRNA SEE interim score reports	During the second and third year of program	Verbal and/or written counseling or remedial instruction by instructor as indicated
	Student and Faculty of Record (Mentor)	Students are asked to self-assess if they have met all COA outcome criteria. The student's faculty mentor certifies attainment of outcomes. COA	End of program	Successful completion of all COA competencies required for graduation.

		Outcome Criteria Certification Tool Appendix I:		
	Student and Faculty of Record (Mentor)	Students are asked to self-assess if they have met all DNP program outcomes. The student's faculty mentor certifies attainment of outcomes. DNP Program Outcomes Certification Tool Appendix J	End of program	Successful completion of all DNP program outcomes is required for graduation.
Overall Performance				
	Student	Students are required to build and maintain an Eportfolio in Google Sites. The Eportfolios are graded according to course syllabi. Students also maintain an Eportfolio table to track progress. Appendix K: DNP Essentials Grid Table	End of semester per course syllabi	Documentation and reflection on progress in meeting the DNP Essentials and Program Outcomes.
	Student	Written self-reflection at the end of the second and third year and uploaded to Eportfolio. Appendix L: Self Reflection Rubric	End of the second and third year	Provides evidence that is clearly linked to DNP – NA programmatic outcomes/ AACN DNP Essentials. Development of critical thinking skills and clinical and reasoning. Offers an opportunity to demonstrate evidence of learning and professional growth. Fosters professionalism.

2.   Evaluation of Faculty:

Area	By Whom	Form	Frequency	Action/ Intervention
Course & Instructor Performance				
	Student	**Didactic Instructor/FOR**: Electronic	End of each semester	Data will be analyzed and utilized to recognize

3.		submission of anonymous evaluations are requested of students at the conclusion of each didactic course. Tool: OU Classroom Faculty Effectiveness Online Survey		accomplishments and needs for improvement.
	Student	**Clinical Instructor/Preceptor:** Electronic submission of anonymous evaluations are requested of students at the conclusion of each clinical course Tool: Typhon Clinical Instructor Evaluation Tool	Students are encouraged to do this daily. Minimum requirements set according to clinical syllabi.	Data will be analyzed and utilized to recognize accomplishments and needs for improvement.
	Program Faculty	**Program Faculty Self Evaluation**: Written self-evaluations are required annually. Tool: OU SON Faculty Annual Report & Merit Summary Rubric	Annually	Program Faculty assess their accomplishments and set goals for improvements annually.
	Dean	**Program Faculty Administrative Review:** Data is reviewed, compiled and decisions regarding promotion and merit are shared with faculty. Tool: OU SON Merit Performance Rubric	Annually	Data is used to note accomplishments, encourage improvement, and guide faculty development and scholarship.

3. **Evaluation of Clinical Sites:**

Area	By Whom	Form	Frequency	Action/ Intervention
Clinical Site Performance				
	Student	Electronic submission of anonymous evaluations are requested of students at the conclusion of each rotation and if not completed sooner, at the end of each semester: Tool: Typhon Clinical Site Evaluation	End of each rotation/ semester	Data is analyzed and utilized to recognize strengths and needs for improvement
	Program Faculty	Clinical site visits: Tool: Written summary of annual site visit	Annually and as needed	Data is analyzed and utilized to recognize strengths and needs for improvement

4. **Evaluation of Program:**

Area	By Whom	Form	Frequency	Action/ Intervention
Program Performance				
	Students	Program Faculty - Student meetings: Student reps are invited to attend. Program focused questions are asked. Students also bring forward questions and concerns. Open dialogue is encouraged. Method: Face to Face Meeting	Several times annually and more frequently as needed.	Student feedback is used to recognize strengths and identify areas for improvement.
	Senior Students	Electronic submission of anonymous evaluations are requested of students at the conclusion of the program. Tool: Senior Exit Evaluation Survey	End of Program	Data is used to guide academic and administrative decision making with the intent of improving the program.
	Senior Students	At the end of the program, faculty meet with students to present the results	End of Program	Data is used to guide academic and administrative decision making with the intent of improving the program.

		of the exit survey. Voluntary feedback is sought to provide clarity on any identified issues. Method: Face to face meeting		
	Graduates	Alumni are asked to complete a survey. Tool: 1-Year Post Graduate Employee Evaluation	One year after program completion	Data is used to guide academic and administrative decision making with the intent of improving the program.
	Employers of Program Graduates	Employers are asked to complete a survey. Tool: 1-Year Post Graduate Employer Evaluation	One year after Program completion	Data is used to guide academic and administrative decision making with the intent of improving the program.
	Faculty	All faculty will be required to submit evaluations of the overall program utilizing established criteria and measures.	As indicated by the COA accreditation cycle.	Data is used to guide academic and administrative decision making with the intent of improving the program.
	Students	NBCRNA NCE and SEE interim reports and NBCRNA Annual report	Annually	Data is used to guide academic and administrative decision making with the intent of improving the program.
	Program Director	COA Annual Report	Annually	Data is used to guide academic and administrative decision making with the intent of improving the program.
	External Reviewers	Program Self-Study and COA Onsite Visit	Accrediting Cycle	Data is used to guide academic and administrative decision making with the intent of improving the program.
	Clinical Preceptors, Clinical Site Coordinators, Program Faculty, OU SON Faculty & Students	COA Mid-Point Evaluation Survey	Mid Accrediting Cycle	Data is used to guide academic and administrative decision making with the intent of improving the program.
	Outcome Indicators	1st Time NCE Pass Rates: Attrition, Employment Rates, Application Rates	Annually	Data is used to guide academic and administrative decision making with the intent of improving the program.

APPENDIX B: STUDENT SELF EVALUATION

STUDENT SELF EVALUATION

DATE:

NAME:

FACULTY OF RECORD

EVALUATION PERIOD (MONTHS):

ROTATIONS COMPLETED DURING THIS EVALUATION PERIOD:

NUMBER OF **SIGNED** CARE PLANS SUBMITTED:

NUMBER OF **CLINICAL DAYS** PROVIDING ANESTHESIA:

NUMBER OF RETURNED EVALUATIONS (MUST MATCH # OF O.R. DAYS):

NUMBER OF EVALUATIONS **NOT RETURNED** (Indicate site and CRNA):

PLEASE RATE YOUR PERFORMANCE **SINCE YOUR LAST EVALUATION** IN THE FOLLOWING AREAS:

1-NEVER   2-SOMETIMES   3-USUALLY   4-MOST OF THE TIME   5- ALWAYS

COGNITIVE SKILLS

Formulates appropriate care plans	1	2	3	4	5
Demonstrates peri-operative preparation and knowledge of anesthetic and surgical procedures	1	2	3	4	5
Exercises good judgment in problem solving	1	2	3	4	5

PSYCHOMOTOR SKILLS

Meets criteria for safe induction and emergence of patients	1	2	3	4	5
Selects, utilizes and places appropriate monitoring lines and equipment	1	2	3	4	5
Manages intraoperative hemodynamics skillfully	1	2	3	4	5
Maintains organization throughout the day	1	2	3	4	5
Charts completely and legibly	1	2	3	4	5

PROFESSIONALISM

Exhibits a professional demeanor	1	2	3	4	5
Communicates effectively with members of the health care team	1	2	3	4	5
Seeks out learning opportunities	1	2	3	4	5
Demonstrates interest and enthusiasm	1	2	3	4	5

PLEASE IDENTIFY **TWO** AREAS IN WHICH YOU FEEL YOU HAVE IMPROVED SINCE YOUR LAST EVALUATION.

DESCRIBE **TWO** CHALLENGING DAYS THIS EVALUATION PERIOD AND STATE:

A) WHY THEY WERE CHALLENGING TO YOU

B) HOW YOU THINK YOU PERFORMED

C) WHAT YOU LEARNED DURING YOUR EXPERIENCE.

LIST **TWO** OR MORE AREAS IN WHICH YOU WOULD LIKE TO IMPROVE DURING THE NEXT EVALUATION PERIOD AND <u>DEFINE A PLAN OF GROWTH IN THESE AREAS</u>.

COMMENTS

Student Signature: _____ Date: _____

APPENDIX C: END OF SEMESTER SUMMARY

Oakland University-Beaumont Graduate Program of Nurse Anesthesia
Example: Clinical Internship II-IV Semester Summary

STUDENT:
SEMESTER:
EVALUATION SUMMARY COMPLETED BY:

Number of written evaluations reviewed (**Please arrange evaluations in order by date from last to first**): _____

SPECIALTY ROTATIONS COMPLETED THIS SEMESTER:
Evaluate the student using the following scale:
> **1-Does not meet objectives**
> **2-Meets objectives with assistance**
> **3- Meets objectives**
> **N/A- Not applicable or not mentioned**

Patient Care/Clinical Skills	
1. Assessment: performs a comprehensive preoperative interview, incorporates assessment data in diagnostic and therapeutic decisions, sound judgment, obtains informed consent, identifies potential difficult airway	
2. Planning: formulates patient specific written & verbal care plans, selects & prepares appropriate equipment, performs appropriate safety checks, labels & secures medications properly, uses evidence-based practice	
3. Implementation	----------
● **Induction:** Independently performs induction sequence, appropriate monitoring, positioning	
● **Maintenance**: Independently adjusts anesthetic plan as appropriate, vigilant monitoring, documentation	
● **Emergence:** timely independent emergence, safe extubation, transfer to PACU/ICU safely	
● **Airway skills:** skilled at various modalities of airway management	
● **Arterial lines:** Independently inserts arterial lines	
● **Spinals/epidurals:** Inserts SAB independently, epidurals with assistance	

Comments:

Knowledge Base	
● **Knowledge base is appropriate to the student's level of training**	
● **Uses analytical thinking in clinical situations**	

Comments:

Evaluation	
● **Evaluates own performance, incorporates feedback into improvement activities**	
● **Completes post-operative evaluations on patients**	

Comments:

Professionalism	
● **Respectful, compassionate, honest, responsible, considerate**	
● **Attitude: enthusiastic to do cases, flexible, able to accept criticism**	
● **Attendance: on time, available when needed, prepared for the day**	
● **Utilizes appropriate resources with regard to safety and cost effectiveness**	

Comments:

What are this student's strengths?

What are some things this student needs to work on?

Additional comments:

Student comments:

      ☐ **Case numbers reviewed with student**
      ☐ **Portfolio progression reviewed with student**

Student: _____ Date: _____
Faculty of Record: _____ Date: _____
***Site Coordinator: _____ Date: _____**

*This form may also be used in lieu of daily clinical evaluations by Site Coordinators at the end of rotations at sites with a small department.

APPENDIX D: CLINICAL EVALUATION TOOL

Clinical Internship: __*____ Evaluation of Clinical Performance
Oakland University Beaumont Graduate Program of Nurse Anesthesia

Student _____ Year _____ Date _____ Shift/Location _____

Clinical Site _____ CRNA _____ Anesthesiologist _____

Case _____ ASA _____ Technique _____

Case _____ ASA _____ Technique _____

Case _____ ASA _____ Technique _____

Evaluation Scale: **N** = not applicable; 1=does not meet objective; unsafe or harmful, 2=meets objective with assistance, 3=meets objective

Faculty Comments

I. Assessment and Diagnosis				
A. Performs health history, physical, and psychosocial assessment	1	2	3	N
B. Initiates and interprets diagnostic testing	1	2	3	N
C. Prioritizes data collection based on patient's current needs	1	2	3	N
D. Derives appropriate diagnosis from assessment data	1	2	3	N
II. Outcome				
A. Educates patient	1	2	3	N
B. Obtains informed consent	1	2	3	N
C. Incorporates evidence based practice to identify outcome	1	2	3	N
III. Planning				
A. Formulates patient specific verbal & written anesthetic plan of care	1	2	3	N
B. Selects appropriate equipment, medication, & monitoring modalities	1	2	3	N
C. Performs and documents appropriate safety checks	1	2	3	N
IV. Implementation				
A. Performs appropriate induction sequence	1	2	3	N
B. Performs appropriate airway management	1	2	3	N
C. Positions patient for optimal safety, comfort and surgical exposure	1	2	3	N
D. Adjusts anesthetic plan according to patient's physiological response	1	2	3	N
E. Manages invasive procedures with skill	1	2	3	N
F. Tailors patient monitoring in accordance with patient needs	1	2	3	N
G. Completes accurate and timely documentation	1	2	3	N
H. Manages emergence	1	2	3	N
I. Is vigilant in the delivery of patient care	1	2	3	N
J. Calculates, initiates and manages fluid and blood component therapy	1	2	3	N
K. Assures patient safety while transferring responsibility of care	1	2	3	N
L. Collaborates with other health care professionals to provide optimal care	1	2	3	N
M. Utilizes universal precautions	1	2	3	N
N. Protects patient from iatrogenic complications and nosocomial infections	1	2	3	N
O. Adheres to safety precautions established by the institution	1	2	3	N
P. Practices standards that promote environmental health	1	2	3	N
V. Evaluation				
A. Evaluates effectiveness of interventions	1	2	3	N
B. Completes post operative evaluation on patients	1	2	3	N
C. Participates in the continuous quality improvement process	1	2	3	N
VI. Standards of Professional Performance				
A. Respects and maintains basic rights of patients	1	2	3	N
B. Collaborates with members of the interprofessional team	1	2	3	N
C. Seeks learning experiences to develop clinical knowledge	1	2	3	N
D. Seeks feedback regarding practice from health care team	1	2	3	N
E. Mentors peers in acquisition of clinical knowledge and skills	1	2	3	N
F. Models expert practice to interprofessional team	1	2	3	N
G. Utilizes appropriate resources with regard to safety and cost effectiveness	1	2	3	N

Student Comments

CRNA signature: _____

APPENDIX E: DISTANCE STUDENT GUIDELINES

Distance Student Guidelines

One of the goals of OUBGPNA's distance education program is to overcome barriers of place and time. Distance learning allows education to reach those located at distant primary sites. The program endeavors to connect students at Corewell Health- Wm. Beaumont University and off campus in an atmosphere that promotes a feeling of belonging and camaraderie through the use of video, audio, and active learning.

Distance students have unique needs and concerns that program faculty recognize. Faculty and distance site coordinators are committed to providing students the support and resources needed to succeed in the program.

The increasing use of technology in classroom instruction has grown exponentially over the years. Most universities and colleges have adopted some form of online learning. Distance learning is a rapidly expanding educational advance in nurse anesthesia. The Oakland University – Beaumont Graduate Program of Nurse Anesthesia has made great strides in the use of distance technology.

The Council on Accreditation requires that distance education programs and courses meet the same standards and achieve the same outcomes as traditional educational offerings.

Some helpful tips for staying connected to your classmates include:

- Make connections with fellow students
- Establish a buddy relationship with a Royal Oak classmate. In the event you miss a concept presented or have interruptions in transmission, you have an established contact person to provide you with missed information.
- Do not hesitate to notify the instructor to adjust the camera or volume or pause to clarify a point. Take initiative. Ask questions as if you were physically present in the classroom
- Make sure your microphones are not muted. If you experience connection problems, call the anesthesia classroom. A director of phone numbers for all classrooms is located at the end of this appendix.
- The program will have a list of your classroom phone and classroom fax in our classroom. Please provide your cell phone numbers so we can contact you if needed.
- Instructors make every attempt to have our lecture material e-mailed (or posted to Moodle) prior to the scheduled lecture, but that is not always possible. Take the responsibility to contact the faculty of record if you do not have lecture materials prior to the scheduled lecture time.
- It is each student's personal responsibility for checking his or her OU email every day. As a distance student, you may want to check it each morning before you come to class.

Communication
Microphones are in place at each table in the classroom at Beaumont, Royal Oak. Fellow classmates are instructed to use the microphones for all discussions in order to assure that distance students are included in the discussions.

Distance students are encouraged to communicate frequently via e-mail or phone with the Oakland University-Beaumont clinical coordinator and faculty of record for courses in order to maintain consistent, open dialogue about any matter of concern to you.

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Evaluations at Distance Sites

Daily Clinical Evaluations:
Distant students must send the *white copy* of the daily evaluations to the program coordinator <u>monthly via a</u> <u>prepaid envelope.</u> The site coordinator may assign students to a clinical instructor. Each semester thesite coordinator or faculty mentor will complete a summary of your clinical progress (see Appendix C) which will be forwarded to the Beaumont clinical coordinator and placed in your files.

The first line of communication about clinical-related issues should be with the individual instructor, and then distance site coordinator. If the issue cannot be resolved, students should contact the OU-Beaumont clinical coordinator. The next line of communication would be the assistant director, then the program director. Students are expected to contact the OU-Beaumont clinical coordinator any time a sentinel event or major error on your part occurs (i.e., drug error).

Students should communicate with the OU-Beaumont clinical coordinator on a regular basis via phone or email to keep them apprised of your clinical progress. This also provides students with an opportunity to communicate any questions or concerns regarding didactic and clinical issues.

Instructor Evaluations:
All students are expected to complete fifteen instructor evaluations each semester using the Typhon Case Tracking Instructor Evaluation form.

Distance Clinical Sites
Program faculty will visit distance sites at least annually and complete a site evaluation.The program director will conduct an Exit Evaluation with all distance students.
Students evaluate their individual distance site using the typhoon tracking system.

Distance Student Rotation to Beaumont Hospital-Royal Oak
1.   Distance student will be required to spend 4 weeks at Royal Oak Beaumont in clinical during the second year of the program. Additional weeks may be required depending on the individual student's performance. The month you are scheduled to rotate to Royal Oak Beaumont will be assigned at the beginning of the semester.
2.   Distance students scheduled to rotate to Beaumont-Royal Oak should contact Susan Davis 6 weeks before their scheduled start date. Susan will schedule an Epic class and notify Security IT to gain access into the EPIC system.
3.   Once scheduled, students are to contact the OU clinical coordinator one week prior to their scheduled rotation to communicate specific learning experiences needed. Students are responsible for making travel plans so that they can get assignments, visit patients and collect all necessary information regarding cases preoperatively.
4.   The faculty will facilitate clinical experiences with distance students by working with them, if possible, during their rotations to Beaumont. When not feasible, coordinators will facilitate assigning clinical instructors to work with students.
5.   Students are encouraged to communicate with the clinical coordinator frequently during their rotation at Beaumont.

6. Students may be required to attend Simulation learning sessions after class or clinical hours while on your rotation to Royal Oak Beaumont.
7. You will be required to return to Royal Oak Beaumont if it is determined that your primary site cannot provide the mandated clinical experiences paralleling that of traditional classmates. The primary goal is to attain the objectives of your clinical internships and obtain the needed experiences to graduate.
8. Distance students will be required to travel away from their home site **at least six months** throughout the program. Many of these sites will be located more than 1 hour away from your home site and you will be required to obtain housing at these sites.

One important consideration: Your position as a distance student is unique. You have the advantage of being assigned to your "home site" for nearly all of your clinical training. Your month rotation to Beaumont provides the program faculty with an opportunity to evaluate you over a very short period of time. An important goal of having students travel to Beaumont and other affiliate clinical sites for clinical experiences is to expose them to surgical procedures and anesthetic techniques that may not otherwise be gained at your distance primary site.

	Corewell-RO	Kalamazoo	Marquette	Petoskey	Toledo
Site coordinator	**Andrea Bittinger** Bitting2@oakland.edu **248-898-7683**	**Cara Hermann** **Cara.m.cunliffe@gmail.com** 269-599-3308 Jordan Sullenberger Jordan.sullenberger@yahoo.com 517-648-7501	**Lisa Kuopus** (906)360-3535 lakuopus@aol.com	**Todd Singleton** twsingleton73@yahoo.com **(541) 210-2876**	**Howard Brown** **Howie53@bex.net** (419) 291-4491
Classroom phone #	**248-898-3271**	(269) 226-7382	(906) 225-4505		
FAX	**248-898-8285**	(269) 226-7062	(906) 225-3203		
Tech support		**Jim Wertz** Phone: (269) 226-8443 Cell: 269-744-6524 Fax: (269) 226-7204 Email: jameswurtz@borgess.com	Debra Reed (906) 225-3018 **Deborah.reddfowler@mghs.org**		
Test proctor			**Lisa Ward** (906)225-3595		

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APPENDIX F: STANDARDS OF CONDUCT FOR INSTRUCTOR: STUDENT RELATIONSHIP

OUBGPNA
Standards of Conduct for the Clinical Instructor-Student Anesthetist Relationship

The Oakland University- Beaumont Graduate Program of Nurse Anesthesia (OUBGPNA) recognizes the importance of clinical instructors serving as role models for student anesthetists and that this role is fundamental to the program's educational mission. The clinical instructor-student anesthetist relationship confers rights and responsibilities on both parties. Behaving in ways that represent the ideal instructor-student relationship fosters respectful behavior, minimizes the likelihood of student mistreatment or abuse, and optimizes the educational experience for students.

Responsibilities of clinical instructors include:
> Be prepared and on time
> Provide learners with the most current materials
> Treat students respectfully and without bias based upon a legally protected characteristics
> Give students timely, constructive, and accurate feedback
> Avoid the embarrassment or humiliation of students

Responsibilities of student anesthetists include:
> Be prepared and on time
> Be courteous and respectful of instructors and fellow students and without bias based upon a legally protected characteristics
> Treat fellow students as colleagues and respect the mutual learning environment
> Take responsibility for maximizing educational experiences
> Address conflicts and discomforts which may impede learning while protecting the patient
> Be an enthusiastic learner
> Be trustworthy and honest
> Know limitations and ask for help when needed

> **In the clinical setting:**
> Seek knowledge about patient illnesses. Put patient welfare ahead of educational needs
> Treat all patients and members of the health care team respectfully and without bias based upon a legally protected characteristics
> Be compassionate
> Respect patients' privacy

The responsibilities of teachers and learners constitute the University's standards for respectful and professional behavior. Behaviors which fall outside of these standards, are clearly abusive or represent poor judgment, unprofessional behavior or mistreatment.

The behaviors listed below are clearly abusive:
> Unwanted physical contact
> Sexual harassment
> Discrimination based upon a legally protected characteristic.

Requiring students to perform personal chores (i.e. running errands, babysitting, etc.)

Disrespectful or unprofessional behaviors that may disrupt the student's educational experience, include:

Repeated questioning of a student with the primary intent to humiliate or embarrass

Clinical evaluation based on factors other than performance or merit

Coercing students to do something they find morally objectionable

Public humiliation

Requiring excessive menial, non-educational chores

Sharing information about student performance in a way that damages student's chances to progress

Reporting Incidents of Mistreatment

Students, faculty, staff, parents, and others are strongly encouraged to report behaviors that they feel are concerning, worrisome, or threatening (no matter how small or insignificant that may seem). The link to submit a formal complaint or report an incident of concern can be found at the [OU Dean of Students website](). Imminent threats should immediately be reported to the Oakland University Police Department (OUPD).

Sexual misconduct can occur in any University sponsored program, both on-campus and off-campus. Sexual misconduct is <u>unwelcome</u> conduct of a sexual nature <u>without consent</u> and includes sexual harassment, sexually hostile environments and sexual violence. For a more complete understanding of OU's Sexual Misconduct Policy and corresponding laws, please [click here]().

Students who believe they have been mistreated by a faculty member, clinical instructor (CRNA/MDA), Oakland University or Corewell Health System employee should notify the OUBGPNA Program Faculty.

Regarding an allegation against a faculty member or clinical instructor: A student may request to delay forwarding the complaint and resulting action or remedy until after the student is evaluated academically.

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APPENDIX G: CLINICAL EXPERIENCES

The minimum number of clinical hours is 2,000 *(See Glossary, "Clinical hours")*.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases

Patient Physical Status

	Minimum Required Cases	Preferred Number of Cases
Class I		
Class II		
Classes III-VI (total of a, b, c, & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
Total cases	650[†]	700

Patient Assessment[†]

	Minimum Required Cases	Preferred Number of Cases
Initial preanesthetic assessment[†]	50	100
Postanesthetic assessment[†]	50	150
Comprehensive history and physical[†]		
a. Actual[†]		
b. Simulated[†]		

Special Cases

	Minimum Required Cases	Preferred Number of Cases
Geriatric 65+ years	100	200
Pediatric		
Pediatric 2 to 12 years	30	75
Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Trauma/emergency (E)	30	50
Obstetrical management (total of a & b)	30	40
a. Cesarean delivery	10	15
b. Analgesia for labor	10	15
Pain management encounters *(see Glossary, "Pain management encounters")*	15	50

Anatomical Categories[5]

	Minimum Required Cases	Preferred Number of Cases
Intra-abdominal	75	
Intracranial (total of a & b)	5	20
a. Open	3	10
b. Closed		
Oropharyngeal	20	
Intrathoracic (total of a, b, & c)	15	40
a. Heart		
1. Open heart cases (total of a & b)	5	10
a) With cardiopulmonary bypass		
b) Without cardiopulmonary bypass		
2. Closed heart cases		10
b. Lung	5	
c. Other		
Neck	5	10
Neuroskeletal	20	
Vascular	10	30

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Methods of Anesthesia		
General anesthesia	400	
Perform a general anesthetic induction with minimal or no assistance[†]	50	100
Inhalation induction	25	40
Mask management[6]	25	35
Supraglottic airway devices (total of a & b)	35	50
a. Laryngeal mask		
b. Other		
Tracheal intubation (total of a & b)	250	
a. Oral		
b. Nasal		5
Alternative tracheal intubation/endoscopic techniques[7] (total of a & b) *(see Glossary, "Alternative tracheal intubation techniques")*	25	50
a. Endoscopic techniques[8] (total of 1 & 2)	5	15
1. Actual tracheal tube placement		
2. Simulated tracheal tube placement		
3. Airway assessment		
b. Other techniques	5	25
Emergence from anesthesia	300	

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

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

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

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Regional techniques		
Actual administration (total of a, b, c, & d)	35	
a. Spinal (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
b. Epidural (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
c. Peripheral[9] (total of 1 &2)	10	50
1. Anesthesia		
Upper		
Lower		
2. Pain management		
Upper		
Lower		
d. Other[10] (total of 1 & 2)		
1. Anesthesia		
2. Pain management		
Management (total of 1 & 2)	35	50
1. Anesthesia		
2. Pain management		
Moderate/deep sedation	25	50

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

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

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases

Arterial Technique

	Minimum Required Cases	Preferred Number of Cases
Arterial puncture/catheter insertion	25	
Intra-arterial blood pressure monitoring	30	

Central Venous Catheter

	Minimum Required Cases	Preferred Number of Cases
Placement [12] – Non-PICC (total of a & b)	10	15
a. Actual		5
b. Simulated		
Placement – PICC (total of a & b)		
a. Actual		
b. Simulated		
Monitoring	15	

Pulmonary Artery Catheter

	Minimum Required Cases	Preferred Number of Cases
Placement		5
Monitoring		10

Other

	Minimum Required Cases	Preferred Number of Cases
Ultrasound-guided techniques (total of a & b)	20[†]	
a. Regional[13]	10[†]	
1. Actual regional[†]		
2. Simulated regional[†]		

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[12] Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone. Insertion of peripherally inserted central catheters (PICC) does not meet the requirements for central line placement.

[13] Regional includes neuraxial, truncal, and peripheral nerve blocks. No clinical experiences can be obtained by simulation alone.

b. Vascular[14]	10†	
1. Actual vascular†		
2. Simulated vascular†		
Point of Care Ultrasound (POCUS)†, 15		
a. Actual†		
b. Simulated†		
Intravenous catheter placement	100	
Advanced noninvasive hemodynamic monitoring		
Assessment of chest X-ray†, 16	5	10

† Effective for all students matriculating into an accredited program on or after January 1, 2022.

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[14] Vascular includes arterial, peripherally inserted central catheters, central venous, and peripheral access. No clinical experiences can be obtained by simulation alone.

[15] Refers to the use of portable ultrasonography at a patient's bedside for diagnostic (e.g., symptom or sign-based examination) purposes. This is exclusive of using ultrasound for image-guidance purposes such as for regional anesthesia or vascular access.

[16] This experience can be gained in a healthcare institution, classroom, simulation center, or by using online resources. One case should be counted as the evaluation of one chest x-ray, regardless of the number of items assessed on that x-ray.

APPENDIX H: SOCIAL MEDIA GUIDELINES

SOCIAL MEDIA GUIDELINES

Social networking sites have become an integral part of everyday life for millions of people around the world. How students and programs of nurse anesthesia are represented and viewed through this social media has become increasingly important.

The following are the main points Oakland University-Beaumont Graduate Program of Nurse Anesthesia students should consider when using blogs, social networking sites (Facebook, Twitter, etc.) and other social media.

Nothing is private: Anything you say online could be misunderstood or misinterpreted. Anyone with access to the web can access your activity on social media sites. Regardless of how careful you try to keep them separate, in your online activity, your professional life and your personal life overlap.

Do no harm. Respect your audience. Don't use ethnic slurs, personal insults, obscenities, or engage in any conduct that would not be acceptable at Oakland University or any of our many clinical sites. You should also properly consider others' privacy and topics that may be considered objectionable or controversial—such as politics and religion.

Be polite. Realize that social media communities have their own culture, etiquette, and norms. Respect them.

Uphold patient confidentiality. Do not provide confidential patient information in any manner. Don't publish or report on conversations that are meant to be private.

Respect copyright, fair use and financial disclosure laws. You must show respect for the laws governing copyright and fair use of copyrighted material owned by others, including copyrights and brands such as Oakland University and Beaumont logos.

Don't pick fights. Be the first to correct your own mistakes, and indicate that you have done so before altering previous posts.

Try to add value and create interest. Provide worthwhile information and perspective. Use your voice and bring your personality to the forefront.

Be vigilant. Refrain from using phones or other computing devices to engage in extraneous activities that minimize or abandon vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.). Be aware of your association with Oakland University and Beaumont in online social networks. If you identify as an Oakland University-Beaumont Graduate Program of Nurse Anesthesia student, ensure your profile and related content are consistent with how you wish to present yourself with colleagues and patients.

Use your personal email address (not your Oakland.edu address) as your primary means of identification. Just as you would not use Oakland or Beaumont letterhead when writing personal correspondence, do not use your Oakland email address to express your personal views.

Use your best judgment. If you're about to publish something that makes you even the slightest bit uncomfortable, review the suggestions above and think about why that is. Ultimately, however, you have sole responsibility for what you post to your blog or publish in any form of online social media.

Students must know and abide by the following Social Networking and Other Web-Based Communications Policies: Beaumont Policy (#297), Oakland University Policy #890 and the boundary violations policy stated in the OU School of Nursing Graduate Handbook.

APPENDIX I: CERTIFICATION FOR ATTAINMENT OF COA OUTCOME CRITERIA

DNP Graduate Program Outcomes	Met	Not Met
Upholds patient safety by demonstrating the following: Vigilance in the delivery of patient care; Refraining from engaging in extraneous activities while providing direct patient care (e.g., texting, reading, emailing, etc.); Conducting a comprehensive equipment check; Protecting patients from iatrogenic complications.		
Provides individualized perianesthetic management as evidenced by the ability to: Provide individualized care throughout the perianesthesia continuum; Deliver culturally competent perianesthesia care; Provide anesthesia services to all patients across the lifespan; Performa a comprehensive history and physical assessment; Administer general anesthesia to patients with a variety of physical conditions; Administer general anesthesia for a variety of surgical and medically related procedures; Administer and manage a variety of regional anesthetics; Maintain current certification in ACLS and PALS.		
Demonstrates critical thinking as demonstrated by the ability to: Apply knowledge to practice in decision making and problem solving; Provide nurse anesthesia services based on evidence-based principles; Perform a preanesthetic assessment before providing anesthesia services; 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 coincident to the provision of anesthesia services; Recognize and appropriately manage complications that occur during the provision of anesthesia services; Use science-based theories and concepts to analyze new practice approaches.		
I am an effective communicator as evidenced by my ability to demonstrate that I: 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; 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.		

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Demonstrates effective leadership as demonstrated by the ability to: Integrate critical and reflective thinking in my leadership approach; Provide leadership that facilitates intraprofessional and interprofessional collaboration.		
Is able to fulfill the professional role of a CRNA as demonstrated by the ability to: Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist; Interact on a professional level with integrity; Apply ethically sound decision-making processes; Function within legal and regulatory requirements; Accept responsibility and accountability for my own 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; 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 research evidence; 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.		
Faculty Signature	
Student Signature	
Date	

This document certifies that following 36 months of study in the Oakland University-Beaumont Graduate Program of Nurse Anesthesia, the above signed student has successfully met all outcome criteria identified in COA Standard D: Graduate Standards

APPENDIX J: CERTIFICATION FOR ATTAINMENT OF DNP PROGRAM OUTCOMES

Doctor of Nursing Practice Program Outcomes	Met	Unmet	
Able to integrate scientific and theoretical knowledge from nursing and other disciplines to develop, identify, evaluate, and disseminate best practices to improve health care and health care systems			
Able to lead organizations and systems to enhance quality and safety to improve patient, population, and organizational outcomes.			
Able to employ data analytic methods, information systems and technology to evaluate, integrate, and translate evidence to improve programs of care, outcomes of care and care systems.			
Able to lead and influence health policy to reduce health disparities, encourage cultural sensitivity and promote access to quality care while advocating for social justice and equity at the system, state, national, and international levels.			
Able to model interprofessional collaboration to enhance patient and population health outcomes.			
Able to provide the highest level of ethical, patient-family-centered care as a scholar in nursing specialty practice.			
Faculty Signature			
Student Signature			

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Date	

This document certifies that following 36 months of study in the Oakland University-Beaumont Graduate Program of Nurse Anesthesia, the above signed student has successfully met all DNP program outcomes.

APPENDIX K: DNP ESSENTIALS GRID/TABLE

KEY	Fall YR I	Winter YR I	Summer YR I	Fall YR II	Winter YR II	Summer YR II	Fall YR III	Winter YR III	Summer YR III

Project/Assignment	Essential I	Essential II	Essential III	Essential IV	Essential V	Essential VI	Essential VII	Essential VIII
Fall Year I								
Winter Year I								
Summer Year I								
Fall Year II								
Winter Year II								
Summer Year II								
Fall Year III								
Winter Year III								

Summer Year III								

Semester Summary Narrative: In addition to completing the table, briefly describe how the assignments you selected for each semester helped you to meet the DNP Essentials identified. This is a document that keeps growing as you add on to it. For each new semester, start your narrative by titling it with the name of the new semester such as "Fall Year I" and so on.

APPENDIX L: REFLECTION RUBRIC

Reflection Level	Non Reflective – 1	Thoughtful Action – 2	Reflection – 3	Critical Reflection - 4	Score
Writing Spectrum	No exploration of meeting the Essential (fact reporting, vague impressions)	Superficial exploration of meeting the Essential, shallow descriptive writing (absence of reflection)	Moderate attempt to understand, question, or analyze meeting the Essential/s.	Robust exploration of meeting the Essential/s, strong link to programmatic outcome/s, in depth analysis, strong argument with solid reasoning.	
Analysis and meaning making	None	Little or unclear	Some	Comprehensive	
Description of challenges and/or areas of concern	No description of challenges encountered in meeting the Essential/s, how challenges were met or plans to overcome them in the future.	Weak description of challenges encountered in meeting the Essential/s, how challenges were met or plans to overcome them in the future.	Moderate description of challenges encountered in meeting the Essential/s, how challenges were met or plans to overcome them in the future.	Robust description of challenges encountered in meeting the Essential/s, how challenges were met or plans to overcome them in the future.	
Learning and professional growth	No personal insight into learning and professional growth in meeting the Essential/s	Weak personal insight into learning and professional growth in meeting the Essential/s	Moderate personal insight into learning and professional growth in meeting the Essentials	Robust personal insight into learning and professional growth in meeting the Essentials	
Score					

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APPENDIX M: SIGNATURE PAGE

OAKLAND
UNIVERSITY.

I have received a copy of the Oakland University – Beaumont Graduate Program of Nurse Anesthesia Student Handbook for the 2023-2024 academic year. I have had an opportunity to review and discuss its contents and I agree, as a student enrolled in this program, to adhere to the policies and guidelines within this handbook.

I am aware that program faculty reserves the right to revise all information in this handbook at its discretion and to make reasonable changes in requirements to improve the quality of education or upgrade the program.

_____   _____ __
(Name)   (Date)