



SCHOOL OF NURSING

STUDENT HANDBOOK-CLASS OF 2024 OAKLAND UNIVERSITY – BEAUMONT GRADUATE PROGRAM OF NURSE ANESTHESIA

DNP-NURSE ANESTHESIA

SON Website: <http://www.oakland.edu/nursing>



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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 2021 through Summer 2022 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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**Beaumont Graduate Program of
Nurse Anesthesia
In collaboration with Beaumont**

Fall, 2021

Dear Student:

Welcome to the Oakland University - Beaumont Graduate Program of Nurse Anesthesia. 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 degree of Doctor in Nursing Practice 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 information contained in this handbook at its discretion and to make reasonable changes in requirements that enhance the program and/or improve the quality of your education. Administration 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.

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Clinical Coordinator

Overview of the School of Nursing

School of Nursing Mission

Approved by the SON Faculty Assembly on April 24, 2014

The mission of Oakland University School of Nursing is to prepare transformational leaders committed to caring and using the best evidence in nursing practice, education and research to optimize the health of the public in a diverse ever-changing global society.

School of Nursing Vision

Approved by the SON Faculty Assembly on April 24, 2014

The faculty and graduates of Oakland University School of Nursing will be recognized as transformational leaders, caring practitioners and scholars who optimize the health and well-being of a diverse global society.

School of Nursing Philosophy

Approved by the SON Faculty Assembly 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.

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] 2006) are the guiding framework for the SON Graduate Program.

Essentials of Doctoral Education for Advanced Nursing Practice AACN, 2006 are:

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

Doctor of Nursing Practice Program Outcomes

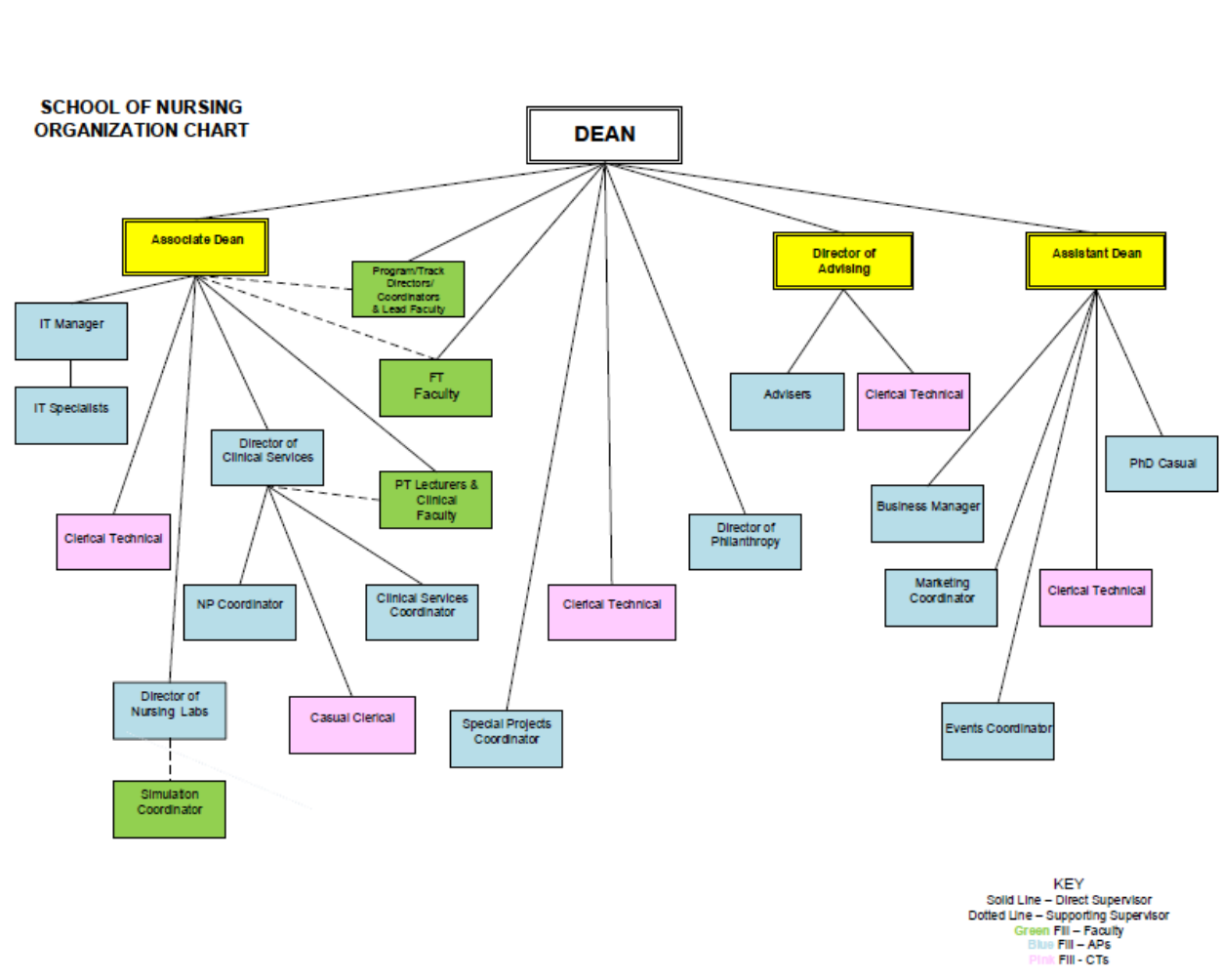
Approved by School of Nursing Faculty Assembly March 29, 2018

Building on the foundation of the Bachelor of Science in Nursing, the Doctor of Nursing Practice (DNP) program will prepare graduates for the highest level of clinical nursing practice. The DNP graduate will:

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

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 or COA. The next review is scheduled for March of 2022. 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/> .



Professional Organizations

Student Representation on SON Committees:

Graduate nursing students may serve on two SON Constitutional Committees: the SON Graduate Committee on Instruction (GCOI) or the SON Commencement and Honors Committee. No one who is a current OU graduate/doctoral student in the SON may serve on the GCOI as an elected faculty member.

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 on the basis of 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 49,000 certified registered nurse anesthetists (CRNA) and student registered nurse anesthetists nationwide. The AANA promulgates education and practice standards and guidelines, and affords consultation to both private and governmental entities regarding nurse anesthetists and their practice.

Michigan Association of Nurse Anesthesia Students (MANAS)

The Michigan Association of Nurse Anesthetists (MiANA) is a statewide association representing over 2,300 CRNAs and students. MiANAS is the student chapter of MiANA. Annually, student members elect leaders from Michigan NA programs

National Black Student Nurses Association at Oakland University – (NBNA – OU)

The NBNA-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 NBNA-OU allows members the opportunity to improve their networking skills while informing the greater OU community about health issues that affect minorities.

OVERVIEW OAKLAND UNIVERSITY BEAUMONT GRADUATE PROGRAM OF NURSE ANESTHESIA (OUBGPNA)

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 both 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 is to 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 as a shared responsibility between student and faculty. Students must be intensely committed to achieving their goals through a consistent demonstration of purpose, motivation, responsibility to patients and colleagues, independence of thought, creativity and personal demeanor. Likewise, Faculty is committed to the responsibilities of 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 which is 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

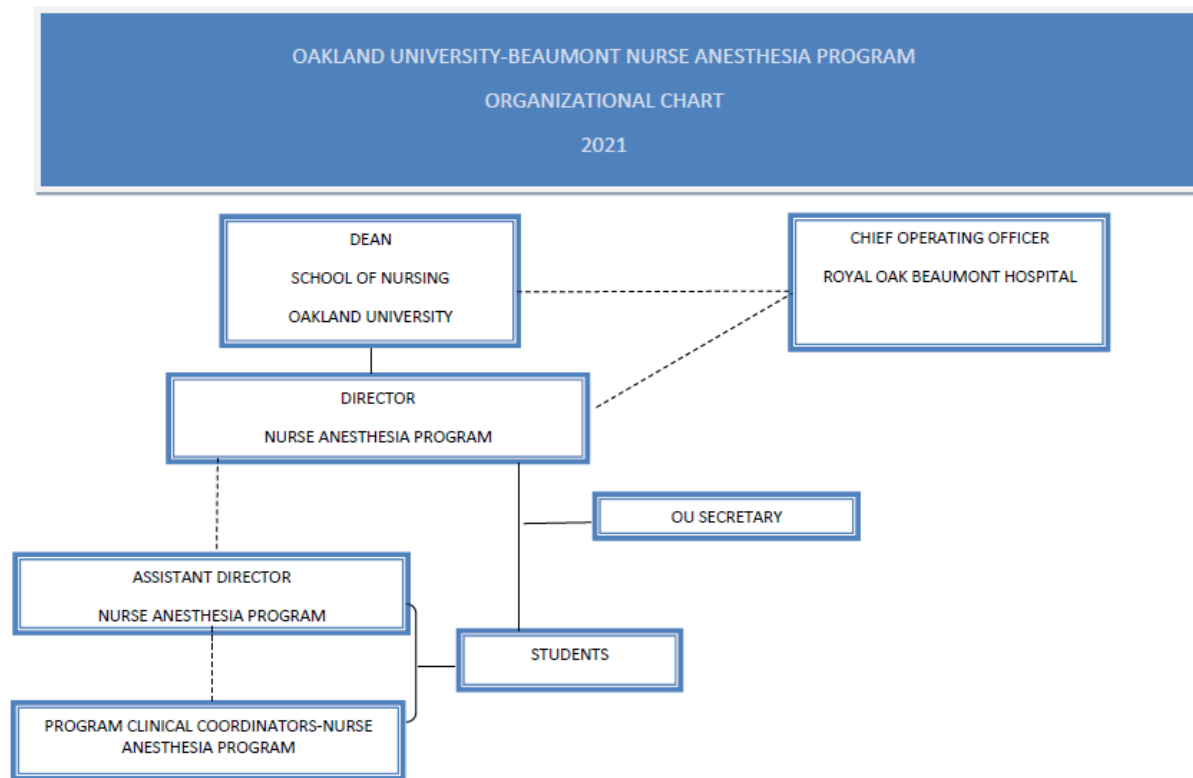
provide an educational program that will ably prepare the nurse anesthetist to meet the health care needs of a culturally diverse population.

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 Beaumont Health. 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 completed, under the direction of the Program Director, demonstrating the enduring commitment of Oakland University and Beaumont Hospital to the education of student nurse anesthetists.
2011	Initial meetings begin for 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

OU-Beaumont Graduate Program of Nurse Anesthesia Organizational Chart



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 ongoing opportunity to apply theory to practice. The program proudly boasts the fact that students have exposure to over 30 different clinical sites; the majority provides clinical instruction for a wide range of anesthesia techniques and experiences across the life span. Additionally, the program exceeds minimum accreditation standards set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) in both clinical and didactic instruction. For example, students graduate with hundreds of cases and hundreds of hours of didactic instruction over the minimum requirement by the COA. Students also have numerous opportunities to engage in many forms of research, 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).

Simulation

The Marcia and Eugene Applebaum Surgical Learning Center is a 5,500 square foot, \$4.5 million-dollar comprehensive laboratory facility located within Beaumont Hospital Royal Oak. It is designed to educate surgical teams and health care 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.

Student Resources

Oakland University Resources

OU website: <http://www.oakland.edu>

Academic Calendar: <http://www.oakland.edu/important-dates>

OU E-mail Account

Students are expected to communicate with SON faculty and staff using their OU E-mail account. Communication must occur through university e-mail accounts only. Communication through personal accounts will not be accepted. Information related to courses, scholarships, health requirements, etc. are communicated via student OU E-mail accounts.

Program faculty will use your OU e-mail address to communicate important information; therefore, e-mail must be checked daily for updates. Use professional language, appropriate grammar and spell check for all emails, letters, phone messages, and pages.

Graduate Catalog

The graduate catalog is available at catalog.oakland.edu. The graduate catalog contains a listing of academic programs, degree requirements, policies, and related information.

The Graduate School Web Site

This website contains information about graduation and a link to the graduate catalog.

<http://www.oakland.edu/grad>

SON Website

The SON website is an important source of information for current students. Important SON documents, such as the SON clinical health requirements, are available on the SON website:

<http://www.oakland.edu/nursing/>

Course Websites/MOODLE

Every SON course has a course website in MOODLE. Information regarding each SON course, including the course syllabus, can be found on the course website. Moodle is the e-learning site used by course instructors and students to look up course schedules, syllabi, outlines, assigned readings, receive lecture handouts, communicate with instructors, and more. We encourage you to bring your laptop to class and go green. Exam results and final grades are posted on Moodle. On-line courses are Moodle based. Help and tutorials for Moodle are available online. Students are required to check each course, including Clinical Internships, on Moodle daily. The site is: moodle.oakland.edu and then log into Moodle using your username and password.

Graham Health Center at Oakland University

The Graham Health Center at Oakland University, 248-370-2341, provides nurse practitioner health care services to students, faculty and staff. The Health Center serves as a primary care facility to enrolled students; services include treatment of acute illness, dispensing of

prescription drugs, allergy injections, and laboratory services as well as annual physicals. The Counseling Center, located in the health center, offers a broad range of mental health services, including personal counseling, psychological and psycho-educational testing, career testing and counseling, and substance abuse evaluation, treatment and prevention. Additional information regarding these services can be found in the Oakland University Graduate Catalog.

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. Through the Library and their extensive Web sites, students will find important services and resources to help meet their academic and research goals.

<https://library.oakland.edu/>

Financial Aid

<https://wwwp.oakland.edu/financialservices/available-financial-assistance/grad/>

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

[3027 Human Health Building, (248) 370-8733] 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.

SON Scholarships

A variety of SON scholarships are available to SON students. Each spring, an e-mail will be sent from the SON to all undergraduate students via their OU e-mail 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 Beaumont Royal Oak. 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 maintain proper care of 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 remain in the lounge at all times. 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 and submitting the card from the inside cover to 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 important educational materials only.

Medical Library

- Students may use the Kresge library at Oakland University or Beaumont Hospital during operating hours.
- The student must bring their library card and ID badge whenever using library services.
- Students may request a med-line search by the library staff or perform their own.
- Library online services are provided through Beaumont Hospital and Oakland University.

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** **Advanced 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

Students will identify a practice problem, synthesize the literature, develop a proposal, carry out the DNP scholarly project process, and prepare a final report that represents the outcomes of the effort. The American Association of Colleges of Nursing, Essentials of Doctoral Education for Advanced Nursing Practice (2006), the DNP Project Handbook and the policies of Oakland University Graduate Study and Lifelong Learning will be used as guides for what constitutes appropriate content and formatting for the final project.

DNP students must identify faculty who will serve as DNP project team members (one faculty chair and one or more members - one whom is a CRNA member) on their DNP project to supervise the student's progress in completing the project, ensuring that all human investigation requirements are met. It is permissible for students to work in groups (usually two students) on the final project, with permission of the DNP project team chair. 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

FALL		WINTER	SUMMER
Students are required to take courses in the sequence listed on the POS			
Fall 2021 Winter 2022 Summer 2022	NRS 7712 – Advanced Pharmacology for Nurse Anesthesia Practice I (4cr.)	BIO 5602 – Adv. Phys. And Pathophysiology (3cr.)	NRS 6662 – Nurse Anesthesia Practice II (4cr.)
	BIO 5600 – Advanced Phys. and Pathophysiology (3cr.)	NRS 6652 – Nurse Anesthesia Practice I (4cr.)	NRS 7725 – Nurse Anesthesia Clinical Internship II (1cr.)
	NRS 8712 – Theory and Translating Research for Evidence Based Practice (2cr.)	NRS 7722 – Advanced Pharmacology for Nurse Anesthesia Practice II (3cr.)	NRS 8241 – Nursing and Healthcare Informatics & Leadership (3cr.)
	NRS 8231 – Organizational & Systems Leadership (3 cr.)	NRS 8211 – Advanced Nursing Theory (3cr.)	
	BIO 5101 – Gross Anatomical Dissection (3cr.)	NRS 7715 – Nurse Anesthesia Clinical Internship I (1cr.)	
Fall 2022 Winter 2023 Summer 2023	NRS 6672 – Nurse Anesthesia Practice III (4cr.)	NRS 8998 – DNP Project (1cr.)	NRS 7755 – Nurse Anesthesia Clinical Internship V (2cr.)
	NRS 8671 – Advanced Scientific Methods for Evidence Based Practice (4cr.)	NRS 6682 – Regional Anesthesia & Pain Management (3cr.)	NRS 8221 – Health Systems Policy and Regulation (3cr.)
	NRS 7735 – Nurse Anesthesia Clinical Internship III (1cr.)	NRS 7611 – Adv. Health Assessment for Nurse Anesthesiology (3cr.)	NRS 8998 – DNP Project (2 cr.)
	NRS 8732 – Adv. Prac Seminar: Advanced Concepts in Perioperative Cardiac Care I (1cr.)	NRS 7745 – Nurse Anesthesia Clinical Internship IV (1cr.)	NRS 8722 – Adv. Prac Seminar: Advanced Concepts in Respiratory and Pain Physiology (1cr.)
Fall 2023 Winter 2024 Summer 2024	NRS 8681 – Clinical Prevention and Population Health (3cr.)	NRS 7732 – Advanced Pharmacology for NA Practice III (3cr.)	NRS 8998 – DNP Project (2cr.)
	NRS 8998 – DNP Project (1cr.)	NRS 8998 – DNP Project (2cr.)	NRS 8504 – Interprofessional Role Development & Ethics for Nurse Anesthesia (2cr.)
	NRS 7765 – Nurse Anesthesia Clinical Internship VI (2cr.)	NRS 8742 – Adv Prac Seminar: Approaches to Healthcare Education (1cr.)	NRS 7785 – Nurse Anes. Clinical Internship VIII (2cr.)
	NRS 6642 – Biophysics & Chemistry for Nurse Anesthesia (2cr.)	NRS 7775 – Nurse Anesthesia Clinical Internship VII (2cr.)	NRS 8762 – Cumulative Review (2cr.)

Total Credits 87

COA Outcome Criteria

In accordance with the COA Standard D: Graduate Standards the program demonstrates that graduates have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication, leadership and professional role.

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 August 1, 2021

1. Register and upload documents to Typhon
2. [Clinical/Health Requirements for Graduate Students](#)
3. 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.***

Between September 5, 2021- September 30, 2021

1. Obtain AANA/NBCRNA membership- an invite will be sent to you after you begin classes. Do not join the AANA/NBCRNA before you receive the invite.
2. Complete Beaumont mandatories- ALL students must do this and maintain them annually.
3. Purchase liability insurance from the AANA and maintain for the duration of the program (must be purchased by January 1, 2019)

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 academic calendar for final date to apply.](#)

All documents must be uploaded into Typhon.

Clinical Site Requirements

Students are referred to the Typhon web page for specific information regarding clinical requirements for each affiliate site. **It is an expectation of the program that students will have contacted the clinical site a minimum of 6 weeks before the arrival date.**

The following may be required by clinical agencies where students are placed for clinical courses:

1. Criminal background check
2. Urine drug screen (testing for illicit drugs)
3. Flu vaccine
4. COVID-19 vaccination
5. Annual TB test
6. **NOTE: Background checks and drug screens must be done within 45 days of the deadline date. Drug Screens and Background Checks will be done through American Databank. Student must contact American Databank at oaklandunivcompliance.com 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.**

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.

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: November schedule requests 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 unplanned 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.

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

Call in Procedure

1. If you need to call in, Email the program coordinator Susan Davis (davis@oakland.edu) and clinical coordinators Linda McDonald (lamcdonald@oakland.edu), Lori Shannon (lshannon@oakland.edu), Laura Rodgers (larodgers@oakland.edu) and Andrea Bittinger (bitting2@oakland.edu)
2. Follow call-in procedure for each respective clinical site.
 - a. At Beaumont-Royal Oak
 - 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
 - b. All other clinical sites
 - i. Contact the site coordinator. Site coordinator contact information may be found in the Clinical Sites and Contact Directory on Typhon.
 - ii. Review site information on Typhon and follow any further instructions
 - c. **If you are at a Beaumont site that uses Mobile Heartbeat, you should also text your CRNA instructor for the day and inform them of your absence.**

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).
4. 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.
5. 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)

Beginning with Clinical Internship I 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 on their own 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 on arrival and throughout the day.
 - e. Arrive promptly and be prepared to participate in scheduled department meetings and morning conference.
 - f. Check with a clinical/site coordinator regarding reassignment whenever cases are cancelled.
 - 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. Casual business wear and/or lab coats are mandatory in the classroom setting. 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.
2. It is expected that the student will 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 Beaumont 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 simulator 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. It is one of the thirteen standards in the AANA Standards for Nurse Anesthesia Practice and a COA Graduate Standard.

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 are not to copy and paste care plans.
5. During Clinical Internship I-III, a patient-specific anesthetic plan must be provided for the most difficult case of the day. In addition, a patient specific anesthetic plan must be submitted for every scheduled case. The 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 internships VII & 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 28 months in the program.
8. Three care plans with corresponding patient specific 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 NAST system fulfills the case and time tracking requirements to meet the case numbers and hours required for initial certification set by the COA. 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.
- Clinical instructor evaluations must also be completed each day the student is in the OR.
- 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" by the time they complete their program of study. As set forth by the COA 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., 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.

Scheduling Time Off

Vacation Time

1. One week of vacation time will be assigned to students between each semester.
2. Vacation weeks for 2021-2022
 - a. December 23, 2021 - January 2, 2022
 - b. April 23, 2022 - May 1, 2022
 - c. August 20, 2022 - August 28, 2022
 - d. Future weeks will be provided to students as the academic calendars are published.
3. During the program, students are scheduled for clinical rotations during university-recognized mid-semester breaks.

Unplanned Absences

1. Unplanned absences include illness or any unforeseen problems that prevent a student from attending clinical.
2. Unplanned absences must be made up on a weekend shift within a 4 week period at the student's home site.
3. Patterns of unplanned absences will require a student to make up days during the *next* scheduled vacation week.
4. 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".
5. Unplanned absences on off-shifts must be made up on a similar shift.
6. Patterns of unplanned 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. If a clinical instructor dismisses a student from clinical due to lack of patient and/or care plan preparation or performance, the student must report immediately to program administration and an unexcused absence will be charged.

Unexcused Absences

1. 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
 - No call/No show
 - Dismissal from a clinical assignment due to lack of preparation
2. Students who are habitually tardy or indiscriminately use sick call may be charged an unexcused absence or recommended for dismissal.
3. In the event of an unexcused absence, the time must be made up on a weekend within a 4 week period and the student must work one day during their next scheduled break.

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 or clinical internship 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. Students must present their experience and what they learned at a faculty-staff meeting upon return.

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

Students must attend all scheduled orientations.

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 Beaumont-RO and other clinical sites where offered. These include monthly Morbidity and Mortality conferences, monthly guest speakers, morning reports and yearly 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 one meeting of the Michigan Association of Nurse Anesthetists (MANA) each year.** MANA meetings are held in the spring and fall of each year. Second and third year students may be chosen to attend CRNA Impact Day in Lansing or the Mid-Year Assembly in Washington D.C. No conference days are granted for MANA meetings unless a student is traveling more than 2 hours from their assigned clinical site to 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.
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. Classes held in or connected to through the Royal Oak Beaumont classroom taught by program faculty will continue as scheduled unless otherwise notified. Students ARE still 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 make up the day as an unplanned absence.

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, i.e. chicken pox, 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.

Hospital Manuals, Policies and Procedures

Beaumont Hospitals -Manuals, policies, and procedures are found after logging into Inside Beaumont. From the drop-down menu select Documents > Policies > Choose: Beaumont Health and then choose from Patient Care, Infection Control, Medication Management, Organizational Functions and more for specific policies.

For all other clinical affiliates, the student is responsible for familiarizing themselves with respective manuals, policies and procedures. For assistance, contact the site coordinator.

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.

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. Students have the right to expect that the 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.

Program Faculty

Anne Hranchook, DNP, CRNA (Director)	Beaumont Office	(248) 898-1270
	Cell	(586) 480-0001
Mary Golinski, PhD, CRNA (Assistant Director)	Beaumont Office	(248) 898-8043
	Oakland Office	(248) 364-8776
	Cell	(248) 709-1605
Andrea Bittinger, DNP, CRNA	Office	(248) 898-7683
	Pager	(248) 992-4752
Linda McDonald, DNAP, CRNA	Office	(248) 898-1812

	Cell	(248) 408-2016
Laura Rodgers, DNAP, CRNA	Office	(248) 898-6234
	Cell	(248) 867-2941
Lori Shannon, DNAP, CRNA	Office	(248) 898-7247
	Cell	(248) 705-5556
Susan Davis (Program Coordinator)	Beaumont Office	(248) 898-8075
	Oakland Office	(248) 364-8774

School of Nursing

Judy Didion, PhD, RN (Dean)	Office	(248) 364-8787
Carrie Buch, PhD, RN (Associate Dean)	Office	(248) 364-8716

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 at the beginning of each clinical day.
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) within 24 hours 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 year 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 self-evaluation form, collected daily evaluations, and care plans are submitted to the program coordinator by the student.
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. Evaluation materials will be distributed to each student's clinical course faculty of record at the end of each semester by the program coordinator Susan Davis.
2. The clinical course faculty of record will review the student 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 and based on strengths and weaknesses, 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 are required to 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 score on the SEE that equates to success on the NCE. This minimal score will be provided by faculty prior to taking the exam. If a student fails to achieve this score, the student must repeat the SEE until that score is achieved. The cost to take the SEE exam is the responsibility of the student. 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 completion of each site.
2. Nurse anesthesia faculty is ultimately responsible for 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 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 are unable to 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 website](#) 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 cancelled, 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 in the Oakland University graduate catalog under the section titled "Academic Conduct." 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.

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 in order to avoid inadvertent misrepresentation of their work.
2. Individual work on in-class, take-home or on-line examinations, reports, care plans, and on-line course work 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 that a student completed for a course taken in the past, or is completing for a concurrent course, must not be submitted in that instructor's 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 thereby 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 on-line 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 crosschecked 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 identified as committing unethical acts or academic misconduct will be reported to the Program Director, Dean of the School of Nursing and the Dean of Students.

Students are required to 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 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 will not be able to 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 will not be able to 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. In the case where proctoring cannot be done either in person or via distance technology, a mechanism for monitoring students will be implemented. 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, with the exception of 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 microphones must be on.

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) cannot be removed from the hospital without proper authorization. Students who want to take any property of the program from the premises must first obtain permission

from 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.

Student Health Care

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.

Impairment/Chemical Dependency/Substance Abuse

As noted in the Ethics section in this Student Handbook, 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 at any time 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 policy and procedures of the institutions that 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 Standards for Nurse Anesthesia Practice and the American Nurses Association (ANA) Scope & Standards of Practice provide the foundation for the OUBGPNA student expectations. The Standards identify sixteen areas of professional performance that are expected of every nurse. As part of the graduate nursing student's development, it is imperative that this professional conduct be demonstrated in all health care and academic settings. Each standard is followed by competencies for the registered nurse and additional competences 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), 103A North Foundation Hall, phone: (248) 370-3266; TTY (248) 370-3268 or email them at DSS@oakland.edu

<u>Competency</u>	<u>Standard</u>
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 their development of 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 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. It is expected that students will 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 not be made without 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 representation of the program to patient, 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 administration of the anesthetic 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 educational level of the student. 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 by the Occupational Health Services or Emergency Center 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 that quality of education necessary to fulfill the objectives of the program.
 - b. The program will prepare graduate nurse anesthetists who have 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 that an official Transcript of Student Record will be forwarded to the National Board of Certification & Recertification for Nurse Anesthetist 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 pertaining to the program of nurse anesthesia.
 - 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 period of enrollment.
- 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 codes of Business and Ethical Conduct 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 in relation to 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

Bullying

If you are a student in the SON and you believe that you have been a victim of lateral violence or “Bullying” in any setting, please communicate it to the SON as soon as possible. The SON has a process for communicating your concerns. If the incident(s) occurred during a clinical experience, the communication process is as follows:

1. Discuss the matter with your clinical faculty,
2. If the matter is not resolved to your satisfaction, next discuss the matter with the course Faculty of Record (FOR),
3. If the matter is not resolved to your satisfaction, next discuss the matter with the Program Director,
4. If the matter is not resolved to your satisfaction, next discuss the matter with the Associate Dean, and
5. If the matter is not resolved to your satisfaction, next discuss the matter with the SON Dean.

If the incident(s) occur in any other academic setting, begin the communication process with #2, the course FOR.

If you experience an incident or are in any academic setting that makes you feel unsafe, call the agency’s security immediately and have them come to the department/unit, walk you to your car, contact OU/local police, etc. For further information, refer to the ANA (2015) position statement on Incivility, Bullying, and Workplace Violence at <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Incivility-Bullying-and-Workplace-Violence.html>

Boundary Violations

Divulging information of any sort about patients/and or their families on the Internet or any other social medium is considered unethical and unprofessional behavior, and may result in sanctions. Boundary violation web link from the ANA and National Council of State Boards of Nursing is https://www.ncsbn.org/Social_Media.pdf for further information.

Family Educational Rights & Privacy Act

The federal Family Educational Rights and Privacy Act (FERPA) of 1974 pertain to confidential student educational records. This legislation allows students the right to view their own confidential educational records upon request and defines the use of these records by others. The OU Dean of Students is the university compliance officer for the FERPA. OU is subject to the provisions of the FERPA. Accordingly, student grades may not be publicly posted in any form that violates the confidentiality of student records.

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 in regard to grading and progression for both didactic and clinical courses. Students must successfully pass both the didactic and clinical component each semester in order to progress to the next semester.

Didactic Evaluation

Evaluation of students' didactic performance is by academic achievement in the classroom. Progression in the program requires attainment of 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%, 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 in order to progress to the next semester. Students who are not making satisfactory clinical progress in the program may be placed on a clinical advisement or probation. A plan for remediation 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 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 one 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 the use of an E-portfolio. Instruction on how to develop an Eportfolio will be provided during the first year in 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 with respect to any information provided to the program 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 is considered unethical behavior and grounds for dismissal from the program

Grievance Hearing Procedure

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

Resignation/Withdraw from Program

Any student who wishes to withdraw or resign from the program must submit a letter stating such to the Director of the program, their SON academic adviser, and the Dean of the School of Nursing. Students wishing to withdraw from the program must contact the OUBGPNA Program Director and SON academic adviser.

Leave of Absence Policy

Nurse anesthesia students who are considering a Leave of Absence must seek immediate guidance from the nurse anesthesia program director. Whenever possible, the request should be made in advance of the anticipated leave or as soon as possible after commencement of an emergency leave. A letter of explanation detailing the circumstances surrounding the request must be submitted to the program director along with notification. The curriculum builds upon didactic and clinical experiences in a sequential manner. Students who are 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 normally be received during the leave period and that such agencies are informed of the proposed leave. Student on student loan or financial aid programs should determine the consequences that such a leave may have on their repayment status.

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

Application to Graduate

Criteria for Graduation

A student will be eligible to take the National Certification Examination, administered by the NBCRNA only 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
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 at a time determined by faculty prior to graduation. Proof of a current nursing license as well as ACLS, BLS and PALS certification will be required and must not expire prior to taking the exam. RN licensure must not expire within 90 days of the end date of the program.

In order to graduate 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 Outcome Criteria Certification Tool Appendix I:	End of program	Successful completion of all COA competencies required for graduation.
	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	End of semester per course syllabi	Documentation and reflection on progress in meeting the DNP Essentials and Program Outcomes.

		maintain an Eportfolio table to track progress. Appendix K: DNP Essentials Grid Table		
	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 submission of anonymous evaluations are requested of students at the conclusion of each didactic course. Tool: OU Classroom Faculty Effectiveness Online Survey	End of each semester	Data will be analyzed and utilized to recognize accomplishments and needs for improvement.
	Student	Clinical Instructor/Precceptor:	Students are encouraged to do this	Data will be analyzed and utilized to recognize

		Electronic submission of anonymous evaluations are requested of students at the conclusion of each clinical course Tool: Typhon Clinical Instructor Evaluation Tool	daily. Minimum requirements set according to clinical syllabi.	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	Several times annually and more frequently as needed.	Student feedback is used to recognize strengths and identify areas for improvement.

		dialogue is encouraged. Method: Face to Face Meeting		
	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 of the exit survey. Voluntary feedback is sought to provide clarity on any identified issues. Method: Face to face meeting	End of Program	Data is used to guide academic and administrative decision making with the intent of improving the program.
	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, OUSON 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	1 st 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 DEFINE A PLAN OF GROWTH IN THESE AREAS.

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	-----
<ul style="list-style-type: none"> Induction: Independently performs induction sequence, appropriate monitoring, positioning 	
<ul style="list-style-type: none"> Maintenance: Independently adjusts anesthetic plan as appropriate, vigilant monitoring, documentation 	
<ul style="list-style-type: none"> Emergence: timely independent emergence, safe extubation, transfer to PACU/ICU safely 	
<ul style="list-style-type: none"> Airway skills: skilled at various modalities of airway management 	
<ul style="list-style-type: none"> Arterial lines: Independently inserts arterial lines 	
<ul style="list-style-type: none"> Spinals/epidurals: Inserts SAB independently, epidurals with assistance 	

Comments:

Knowledge Base	
<ul style="list-style-type: none"> Knowledge base is appropriate to the student's level of training 	
<ul style="list-style-type: none"> Uses analytical thinking in clinical situations 	

Comments:

Evaluation	
<ul style="list-style-type: none"> Evaluates own performance, incorporates feedback into improvement activities 	
<ul style="list-style-type: none"> 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

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.

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 who are located at distance primary sites. The program endeavors to connect students at Beaumont, Royal Oak and off campus in an atmosphere that promotes a feeling of belonging and camaraderie by the use of video, audio, and active learning.

Some helpful tips for staying connected to your classmates include:

- Make connections with fellow students
- Establish a buddy relationship with a Royal Oak classmate so that 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. The back of the OU-Beaumont Graduate Program of Nurse Anesthesia Student Handbook provides contact information for Beaumont, including the program coordinator, classroom phone number, etc. (see attached).
- 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.
- We 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.

Evaluations at Distance Sites

Daily Clinical Evaluations:

Site coordinators collect and review the *white copy* of student evaluations. He/she will forward the original to the program clinical coordinator on a regular basis throughout the program.

The site coordinator may assign students to a clinical instructor. Each semester your site coordinator (clinical instructor) will complete a summary of your clinical progress (see form in Student Handbook-End Semester Evaluation Summary), which will be forwarded to the Beaumont clinical coordinator and placed in your files.

Your 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, you are directed to contact the OU-Beaumont clinical coordinator. Your next line of communication would be the assistant director, then the program director. You 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).

You are asked to 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 instructor evaluations daily 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 are able to 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 will be required to complete a clinical agency evaluation of the Beaumont site as well as daily instructor evaluation each time they rotate via Typhon.
6. Students are encouraged to communicate with the clinical coordinator frequently during their rotation at Beaumont.
7. Students may be required to attend Simulation learning sessions after class or clinical hours while on your rotation to Royal Oak Beaumont.
8. You will be required to come back 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 needed experiences to graduate.
9. 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 for clinical experiences is to expose them to surgical procedures and anesthetic techniques that may not otherwise be gained at your distance primary site.

Beaumont-Royal Oak

Anesthesia Classroom:	(248) 898-3271
FAX	(248) 898-8285
Oakland University-Beaumont	Linda McDonald, CRNA
	Phone: (248) 898-1812
	Email: lamcdonald@oakland.edu

UP Health-Marquette

Clinical site coordinator:	Lisa Kuopus, CRNA
	Phone: (906)360-3535
Test proctor/Anesthesia Department Secretary:	Lisa Ward
	Phone: (906)225-3595
	Fax: (906)225-3697
Classroom Phone:	(906) 225-4505
Classroom Fax:	(906) 225-3203
IT Support:	(906) 225-3018
Video conference:	Debra Reed-Fowler email: Deborah.Reedfowler@mghs.org

Kalamazoo Distance Students:

Clinical site coordinators:	
Primary	Cara Herman, MSN, CRNA
	Phone: 269-599-3308
	Email: Cara.m.cunliffe@gmail.com
	Jordan Sullenberger, MSN, CRNA
	Phone: 517-648-7501
	Email: Jordan.sullenberger@yahoo.com

Classroom learning will primarily be held in the Navigation Center.

Classroom Phone:	(269) 226-7382
Classroom Fax:	(269) 226-7062

Jim Wertz (Video Tech for Navigation Center)

Phone:	(269) 226-8443
Cell:	269-744-6524
Fax:	(269) 226-7204
Email:	jameswurtz@borgess.com

Kalamazoo Anesthesiology

Administrative Office: Lisa Fisher (for paper & additional toner cartridges)

Phone: (269) 345-8618 x 1223

Fax: (269) 345-1508

Email: lfisher@kalamazooanesthesiology.com

Promedica Students

Clinical site coordinator: Howard Brown, CRNA, MSN

Pager: (419) 291-4491

Email: Howie53@bex.net

- Toledo students will attend all Oakland University/Beaumont Nurse Anesthesia courses/exams at the scheduled campus with their “traditional” classmates.

Phone: (419) 291-4491

Fax: (419) 479-6905

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 educational mission of the program. 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 fairly, respectfully, and without bias based upon a legally protected characteristic

- 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 characteristic

- Treat fellow students as colleagues and respect mutual the 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 characteristic

- Be compassionate

- Respect patients' privacy

The responsibilities of teachers and learners constitute the School'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 also 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 who believe that they have been mistreated by another student as defined in the Oakland University Standards of Conduct Policy should notify the Associate Dean of Student Affairs Immediately and must file a written report within 30 calendar days of the alleged action in order for the allegation to be investigated in a timely manner.

Students who believe that they have been mistreated by a faculty member, clinical instructor (CRNA/MDA), or employee of either Oakland University or Beaumont Health System should notify the OUBGPNA Program Faculty. Students are referred to the School of Nursing Graduate Student Handbook for information on the process for communicating concerns related to bullying.

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

APPENDIX G: CLINICAL EXPERIENCES

Appendix

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

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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Patient Physical Status

Class I		
Class II		
Classes III-VI (total of a, b, c, & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
Total cases	600	700

Special Cases

Geriatric 65+ years	100	200
Pediatric		
Pediatric 2 to 12 years	30	75
Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5
Trauma/emergency (E)	30	50
Obstetrical management (total of a & b)	30	40
a. Cesarean delivery	10	15
b. Analgesia for labor	10	15
Pain management encounters (<i>see Glossary, "Pain management encounters"</i>)	15	50

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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Anatomical Categories⁵

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
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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

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
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Arterial Technique

Arterial puncture/catheter insertion	25	
Intra-arterial blood pressure monitoring	30	

Central Venous Catheter

Placement ¹¹ – 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

Placement		5
Monitoring		10

Other

Ultrasound-guided techniques (total of a & b)		10
a. Regional		
b. Vascular		
Intravenous catheter placement	100	
Advanced noninvasive hemodynamic monitoring		

¹¹ 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.

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 a 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 get access to your activity on social media sites. Regardless of how careful you are in trying 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, obscenity, or engage in any conduct that would not be acceptable at Oakland University or any of our many clinical sites. You should also show proper consideration for others' privacy and for 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, and be respectful of 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. It is critical that you 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 don't alter previous posts without indicating that you have done so.

Try to add value and create interest. Provide worthwhile information and perspective. Use your own voice and bring your own 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 yourself as an Oakland University-Beaumont Graduate Program of Nurse Anesthesia student, ensure your profile and related content is 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 a 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; Perform 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.		
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.		

<p>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.</p>		
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 for patient safety, perianesthetic management, critical thinking, communication, leadership and professional role.

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			
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
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Project/Assign ment	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					

APPENDIX M: SIGNATURE PAGE



I have received a copy of the Oakland University – Beaumont Graduate Program of Nurse Anesthesia Student Handbook for students of the Class of 2024. 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 set forth.

I am aware that simulation learning is a required component of the program and all instructional direction, discussion, practice and testing are confidential.

I agree to not share any information used during the simulation session with anyone. I understand that I may be videotaped during these sessions and that it may be used for educational purposes.

I agree to comply with student responsibilities as stated in the Standards of Conduct for the Clinical Instructor-Student Relationship.

I agree to comply with Social Media Policy Guidelines provided by Beaumont Health System and Oakland University.

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)