EDGEWOOD COLLEGE

HENRY PREDOLIN SCHOOL OF NURSING, BUSINESS, EDUCATION AND HEALTH SCIENCES
2025-2026

DOCTOR OF NURSING PRACTICE
NURSE ANESTHETIST PROGRAM
STUDENT HANDBOOK

HENRY PREDOLIN SCHOOL OF NURSING, BUSINESS, EDUCATION & HEALTH SCIENCES
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Edgewood College
Hendry Predolin School of Nursing, Business, Education & Health Sciences (SoNBEHS)
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*Student Registered Nurse Anesthetist (SRNA) Contrac*t

I have received a copy of the 2025-2026 NAP Student Handbook and have reviewed its contents. As an SRNA enrolled in Edgewood College's SoNBEHS NAP, I agree to adhere to the policies and guidelines set forth in this handbook. I acknowledge that NAP policies and procedures may change during my study. It is my responsibility to keep abreast of these changes.

Upon graduation, I agree to provide my employer information to the NAP faculty. I also understand my employer will be sent an evaluation tool to evaluate my performance as an NAP graduate. I further understand employer evaluations are confidential and will be used only for internal program evaluation and to improve the program for future students.

I agree, upon graduation, to sit for the Certification Examination administered by the Council on Certification of Nurse Anesthesiologists within 6 months of the program's completion.

Full Name (please print):   Date:

Signature:

Faculty Signature:

*This form is to be completed and returned to the Nurse Anesthesia office after reading the NAP student handbook.

Nurse Anesthesia Faculty & Staff Contact Information

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Program Director and Instructor
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Clinical Sites & Coordinators

1. Prairie Ridge Health- Columbus, WI
   Clinical Coordinator: Craig Vana, CRNA

2. SSM Health- St. Mary's-Madison, WI
   Clinical Coordinator: Luke Hattenhauer, CRNA

3. Reedsburg Area Medical Center- Reedsburg, WI
   Clinical Coordinator:

4. Southwest Health Center- Platteville, WI
   Clinical Coordinator:

5. Swedish American Hospital- Rockford, IL
   Clinical Coordinator:

6. Freeport Memorial Hospital- Freeport, IL
   Clinical Coordinator:

7. Upland Hills Health-Dodgeville, WI
   Clinical Coordinator:

8. Memorial Hospital of Lafayette County-Darlington, WI
   Clinical Coordinator:

9. Grant Regional Health Center-Lancaster, WI
   Clinical Coordinator:

10. Mercy Hospital & Trauma Center- Janesville, WI
    Clinical Coordinator:

11. Javon Bea Hospital- Riverside- Rockford, IL
        Clinical Coordinator:

12. Mercy Hospital Crystal Lake- Crystal Lake, IL
        Clinical Coordinator:

13. Mercy Hospital & Medical Center Walworth- Lake Geneva, WI
        Clinical Coordinator:

14. Mercy Health Hospital & Medical Center Harvard- Harvard, IL
        Clinical Coordinator:
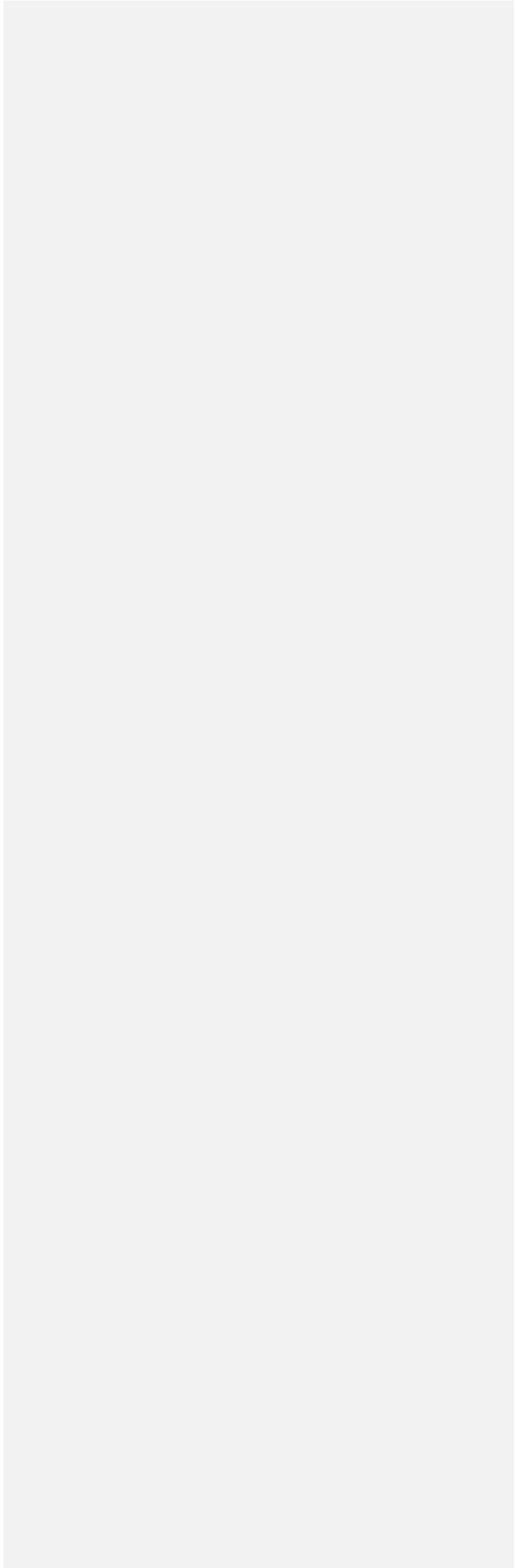
Edgewood College
Henry Predolin School of Nursing, Business, Education, and Health Sciences
(HPSoNBEHS)
School of Nursing (SoN)
Doctor of Nursing Practice-Nurse Anesthesia Program (NAP)

Mission of Edgewood College

Edgewood College, rooted in the Dominican tradition, engages students within a community of learners committed to building a just and compassionate world. The College educates students for meaningful lives of ethical leadership, service, and a lifelong search for truth

Mission of Henry Predolin School of Nursing

The Henry Predolin School of Nursing (SoN) reflects the mission of Edgewood College by locating professional nursing education within the context of a Catholic, liberal arts setting in the Dominican tradition. Nursing is a profession built on knowledge from nursing theory, research and practice, the humanities, and the natural and behavioral sciences. Students are educated in a dynamic interactive environment to be knowledgeable, accountable, responsible, ethical and culturally sensitive graduates who will become leaders in a changing and diverse healthcare environment.

Mission of the Advanced Degree Nursing Programs

The Graduate Nursing Programs are designed to develop nurses into leaders with advanced knowledge, Dominican values, and the ability to contribute to the changing, diverse healthcare environment. Advanced roles in nursing require further enhancement of critical reasoning and decision-making skills as theory is translated into practice. Programs provide individuals with the opportunity to pursue professional development within a scholarly environment.

Nurse Anesthesia Program Mission:

The Nurse Anesthesia Program (NAP) supports the mission, vision, values, and philosophy of Edgewood College and the SoN. The NAP is committed to excellence in nurse anesthesia education, utilizing cutting-edge technology, evidence-based practice techniques, and scholarly inquiry to provide vigilant, high-quality care to all patients entrusted in our care.

Nurse Anesthesia Program Vision:

Consistent with the American Association of Nurse Anesthesiologists (AANA) philosophy of nurse anesthesia practice, students will be educated to the full scope of practice. Graduates will be prepared to care for patients across the lifespan, encompassing a wide range of skills and needs. They will be prepared to serve in leadership roles in the nurse anesthesia community and hospital-wide committees. They will be equipped to seek out professional roles, advocate for the profession on a local, state and national level, and communicate the importance of the certified registered nurse anesthetist's role in healthcare.

INTRODUCTION

Welcome to Edgewood College!

The Doctor of Nursing Practice(DNP)-Nurse Anesthesia Program (NAP) resides in Edgewood College's School of Nursing, Business, Education, and Health Sciences (HPSoNBEHS). Within this Student Registered Nurse Anesthetist (SRNA) handbook, the abbreviation "SoN" will be used to denote the SoNBEHS's division of nursing.

The SRNA handbook is a compendium of guidelines, policies, procedures, and information pertinent to the NAP. It lays the foundation and conduct for Edgewood College, HPSoNBEHS, and the SoN to fully execute the NAP and its curriculum. NAP faculty developed the policies contained within this SRNA handbook. NAP faculty and SRNAs will continuously evaluate these policies and adopt changes based on outcomes of classroom and clinical performance with the intent to enhance the quality and integrity of the NAP. Therefore, the SoN and NAP reserves the right to change the contents of this handbook at any time. SRNAs will be notified of any change in policies by the NAP Director.

PROGRAM OVERVIEW

The NAP is a post-baccalaureate curriculum comprised of 105 credits leading to a DNP degree with a specialization in nurse anesthesia. The curriculum prepares students as advanced practitioners in nurse anesthesia who are eligible for certification as a Certified Registered Nurse Anesthetist (CRNA) and licensure as Advanced Practice Registered Nurses (APRNs).

NAP FACULTY GOALS

The NAP will strive to accomplish the following goals:

1. To provide a well-rounded, diverse education in anesthesia for qualified SRNAs and train them for professional competency.
2. To provide didactic and clinical opportunities that will contribute to SRNAs' professional and academic development in the specialized areas of anesthesia.
3. To stimulate the desire for personal growth and clinical competency through programs of continued education.
4. To provide a community service to the public by educating qualified future CRNAs.

NAP PROGRAM OUTCOMES

NAP curriculum is designed to develop strong, independent advanced practice nurses with a specialty in nurse anesthesia. By the completion of this 36-month curriculum, NAP graduates will be able to confidently demonstrate the ability to:

- Maintain patient safety.
- Protect patients from iatrogenic complications.

- Position or supervise the positions of patients to prevent injury.
- Apply knowledge to practice in decision-making and problem-solving.
- Assume responsibility and accountability for diagnosis.
- Perform a pre-anesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
- Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
- Conduct a comprehensive and appropriate equipment check.
- Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
- Deliver culturally competent general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
- Provide anesthesia services to patients, including trauma and emergency cases.
- Administer and manage a variety of regional anesthetics.
- 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 with anesthesia services.
- Recognize and appropriately manage complications that occur during the provision of anesthesia services.
- Function as a resource person for airway and ventilatory management of patients.
- Serve as a leader or member of a cardiopulmonary resuscitation team and possess ACLS recognition.
- Possess pediatric advanced life support (PALS) recognition.
- Participate in quality management activities.
- Provide nurse anesthesia services based on evidence-based principles.
- Use science-based theories and concepts to analyze new practice approaches.
- Function within appropriate legal requirements as a registered professional nurse, accepting responsibility for his or her practice.
- Demonstrate personal and professional integrity and the ability to interact on a professional level.
- Pass the national certification examination (NCE) administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).

TERMINAL OBJECTIVES FOR GRADUATES

Following completion of the NAP, the graduate will demonstrate satisfactory performance to the NAP faculty in the following areas:

A. Knowledge

1. Knowledge of human anatomy, physiology and pathophysiology.

2. Ability to correctly interpret and apply diagnostic and laboratory tests to preoperative, intraoperative, and postoperative patient care.

3. An understanding of the financial aspects of health care delivery, to include the reimbursement and cost/benefit analysis of patient care.

4. The ability to make sound clinical case decisions regarding anesthetic techniques as they apply to the surgical procedure and individual patient pathology.

5. The ability to analyze published data in the field of anesthesia, and to apply new technology, pharmacology, and techniques to patient care.

6. An understanding of pharmacological principles and the ability to apply this knowledge to all administered drugs.

7. Understanding of the mechanisms of pain and pain management as they apply to the management of acute and chronic pain.

8. Knowledge of the American Association of Nurse Anesthetists (AANA) and its roles and functions in the practice of Nurse Anesthesia.

9. Knowledge of the anesthetic indications as they apply to specialties such as pediatrics, obstetrics, cardiac, neuro, and trauma anesthesia.

10. A foundation of information and knowledge which serves as a basis for consultation and sound recommendations for patient care to other members of the health care team.

11. Knowledge of the roles of the anesthetist in preventing patient injury during anesthesia.

12. Demonstrate knowledge of risk management, quality improvement, and legal implications governing medical practice and patient care.

B. Skills

1. The ability to correctly perform an anesthetic history and physical exam.

2. Proficiency in manual skills needed to safely manage an airway, deliver regional anesthesia, and insertion of intravenous and invasive monitoring lines.

3. Effective communication skills and interactions with all members of the health care team. The ability to recognize and treat untoward responses to anesthetic care.

4. The ability to recognize and initiate treatment for life threatening events such as cardiopulmonary arrest and malignant hyperthermia.

5. The ability to respond appropriately to patient emergences outside of the operating room when called upon to do

6. The ability to accurately monitor patient data and perform appropriate interventions such as fluid management or drug therapy.

7. The skill needed to accurately perform safety related checks of anesthesia equipment.

8. The recognition of the role of the anesthetist in preventing patient injury during surgery to include proper positioning.

C. Attitude and Behaviors

1. A commitment towards professional excellence that promotes a positive image of a nurse anesthetist within the health care setting and the community.

2. Students will respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.

3. Compassionate and respectful treatment of patients.

4. A commitment to serve as a role model and mentor for potential future students.

5. Demonstration of honesty and professional integrity.

6. An understanding of the technical and legal limitations of practice.

7. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.

8. Interact on a professional level with integrity.

NAP PROGRAM REQUIREMENTS

MSN/DNP Core Courses

NRS 601	Professional Writing
NRS 620	Integrated Theory and Knowledge Development
NRS 645	Advanced Leadership Roles in Healthcare System
NRS 665	Applied Statistics
NRS 670	Evidence-Based Practice
NRS 800B	Applied Research Methods
NRS 810	Population Health
NRS 820	Health Care Service and Clinical Quality
NRS 830	Health Systems Informatics

APRN Courses

NRS 701	Advanced Pathophysiology
NRS 702	Advanced Physical Assessment
NRS 703	Advanced Pharmacology

Nurse Anesthesia Courses

ANES 800	Applied Chemistry & Physics for Nurse Anesthesia
ANES 802	Principles of Nurse Anesthesia I
ANES 803	Advanced Pharmacology for Nurse Anesthesia I
ANES 804	Advanced Anatomy, Pathology & Pathophysiology for Nurse Anesthesia
ANES 805	Advanced Anatomy, Pathology & Pathophysiology for Nurse Anesthesia Lab
ANES 806	Principles of Nurse Anesthesia II
ANES 807	Regional Anesthesia
ANES 808	Advanced Pharmacology for Nurse Anesthesia II
ANES 810	Principles of Nurse Anesthesia III
ANES 811	Principles of Nurse Anesthesia IV
ANES 812	Practicum I
ANES 813	Health Policy
ANES 814	Practicum II
ANES 816	Practicum III
ANES 817	Professional Aspects of Nurse Anesthesia
ANES 818	Practicum IV
ANES 820	Practicum V
ANES 822	Practicum VI
ANES 900	DNP Project Identification
ANES 901	DNP Project Development
ANES 902	DNP Project Implementation
ANES 903	DNP Project Evaluation/Dissemination
ANES 910	Anesthesia Nursing Seminar I
ANES 911	Anesthesia Nursing Seminar II

NAP PLAN OF STUDY/COURSE SEQUENCE

The full-time, 36-month NAP will prepare students with the skills and knowledge to provide anesthesia services to a diverse diagnostic and surgical population. The curriculum is offered in a multidisciplinary framework, with most of the didactic instruction completed during the first year. Clinical education is provided in the program's second and third years, during which time the students return to the SoN for classes one day a week. The curriculum includes content in physiology, pathophysiology, chemistry, physics, evidenced-based principles, biostatistics,

research, and pharmacology. Some courses are web-based. Graduates are eligible to sit for the national certification examination offered by the NBCRNA upon successful completion of this program.

Semester and Course Number/Title	Credit Hours
Fall Year 1	
ANES 800 Applied Chemistry & Physics for Nurse Anesthesia	4
NRS 601 Professional Writing	3
NRS 701 Advanced Pathophysiology	3
NRS 702 Advanced Physical Assessment	3
NRS 820 Health Care Service and Clinical Quality	3
	Total: 16 Credits
Spring Year 1	
ANES 802 Principles of Nurse Anesthesia I	3
NRS 703 Advanced Pharmacology	3
NRS 665 Applied Statistics	3
ANES 804 Advanced Anatomy, Pathology & Pathophysiology for Nurse Anesthesia	3
ANES 805 Advanced Anatomy, Pathology & Pathophysiology for Nurse Anesthesia Lab	2
	Total: 14 credits
Summer Year 1	
ANES 806 Principles of Nurse Anesthesia II	3
NRS 620 Integrated Theory and Knowledge Development	2
NRS 830 Health Systems Informatics	3
ANES 803 Advanced Pharmacology for Nurse Anesthesia I	3
	Total: 11 Credits
Fall Year 2	
NRS 810 Population Health	3
ANES 807 Regional Anesthesia	3
ANES 812 Practicum I	4
ANES 808 Advanced Pharmacology for Nurse Anesthesia II	3
	Total: 13 credits

Spring Year 2	
ANES 810 Principles of Nurse Anesthesia III	3
ANES 814 Practicum II	4
NRS 800B Applied Research Methods	2
NRS 645 Advanced Leadership Roles in Healthcare System	3
NRS 670 Evidence-Based Practice	3
	Total: 15 credits
Summer Year 2	
ANES 811 Principles of Nurse Anesthesia IV	3
ANES 816 Practicum III	4
ANES 900 DNP Project Identification	2
	Total: 9 credits
Fall Year 3	
ANES 813 Health Policy	3
ANES 818 Practicum IV	4
ANES 901 DNP Project Development	2
	Total: 9 credits
Spring Year 3	
ANES 817 Professional Aspects of Nurse Anesthesia	2
ANES 820 Practicum V	4
ANES 902 DNP Project Implementation	2
ANES 910 Anesthesia Nursing Seminar I	2
	Total: 10 credits
Summer Year 3	
ANES 822 Practicum VI	4
ANES 903 DNP Project Evaluation/Dissemination	2
ANES 911 Anesthesia Nursing Seminar II	2
	Total: 8 credits
Total Program Credits	105 credits

COURSE FORMATS

MSN/DNP Core and APRN Didactic Courses

MSN/DNP Core and APRN didactic courses are facilitated fully-online. With the Exception of NRS 800B, all MSN/DNP Core and APRN Didactic courses are offered over 8-week sessions; NRS 800B is offered over the full 16-week session. Didactic courses are MOST OFTEN

comprised of individual modules. Students are responsible for adhering to course syllabi regarding expectations and due dates related to readings, activities, and postings.

Nurse Anesthesia Courses

Nurse Anesthesia didactic courses are facilitated in-person and/or in-person with hybrid components. Nurse Anesthesia practicum courses are supervised, precepted experiences conducted in clinical settings. Both Nurse Anesthesia didactic and practicum courses are offered over 16-week Fall and Spring sessions or the 12-week Summer session. Students are responsible for adhering to course syllabi regarding expectations and due dates related to readings, activities, and postings.

ONLINE CLASSROOM CONDUCT (MSN/DNP CORE AND APRN DIDACTIC COURSES)

Students are expected to attend and participate in all asynchronous modules. Students anticipating a missed or late module must notify the course instructor via email as far in advance as possible. The decision as to whether a missed or late module will be excused or accepted will be made on an individual basis and at the discretion of the instructor. Work obligations, vacation travel, and technical requirements do not excuse a student from their responsibility to cover any and all content required of the module or submit assignments as scheduled.

Faculty and Student Email Expectations

All course-related email correspondence, including correspondence with faculty and clinical preceptors, should take place via BlackBoard and/or the Edgewood email system. All students must use their Edgewood College email address as their official email address. Students are responsible for checking email on a daily basis. Response to email is expected within 48 business hours.

Preview of Assignments Prior to Submission Deadline

Students are encouraged to review all assignment guidelines and rubrics prior to the submission deadline. Any specific assignment-related questions should be addressed to the course instructor via email in a timely fashion. Students may submit assignments prior to the submission deadline, however, they may not do so as an attempt to solicit formative feedback toward assignment improvement. Faculty reserve the right to allow only one submission of any given assignment.

CLASSROOM CONDUCT (NURSE ANESTHESIA DIDACTIC COURSES)

Adhere to Course Syllabi.

POLICIES AND PROCEDURES FOR NURSE ANESTHESIA PRACTICUM COURSES

Clinical Guidelines

- The NAP faculty view clinical assignments, including call, as essential duties of nurse anesthetists. Therefore, they must be honored as a strong commitment by SRNAs, who are regarded as future CRNAs.
- Rotations are scheduled by the Clinical Education Director and cannot be changed by anyone except the Clinical Education Director or NAP Director. Each SRNA is required to rotate to the hospital assigned for the designated period. All SRNAs will be responsible for contacting the clinical coordinator at each site two weeks before arrival unless otherwise indicated by the clinical site.
- A clinical preceptor (CRNA or MDA) will directly supervise the SRNA in a 1:1 or 1:2 ratio only depending on student skill level. The clinical preceptor must always be immediately available in the anesthetizing area (OR suite or non-OR location) when the SRNA is managing the anesthetic. If not in the room, the SRNA must know how to contact the preceptor.
- At NO time is the supervision ratio to exceed two SRNAs to one clinical preceptor.
- An MD resident, fellow, anesthesiology assistant (AA), SRNA, or graduate registered nurse anesthetist **MAY NOT** be responsible for the direct supervision of a SRNA.
- The supervising clinical preceptor (CRNA and/or anesthesiologist) retains full responsibility for the patient.
- SRNAs in non-anesthetic situations such as airway management and resuscitation must have clinical supervision from a CRNA and/or anesthesiologist.
- SRNAs are not allowed to try clinical interventions without CRNA and/or anesthesiologist supervision, except nursing skills acquired before entering the NAP (i.e. starting intravenous lines, signing out medications, etc.).
- If an SRNA is in a clinical site longer than a 12-hour shift it is **MANDATORY** that thye contact the Clinical Director (or whomever is on call if the Clinical Director is not available) by email and inform them that they are still at the site and why they are there beyond 12 hours. **THIS ALSO APPLIES TO ANYONE DOING A 24- HOUR SHIFT. FAILURE TO NOTIFY THE FACULTY CAN RESULT IN REPRIMAND AND/OR PROBATION.**
- Rotation assignments are subject to change. The Clinical Director will inform the SRNA in writing within 48 hours (about 2 days) of any changes.
- There is a Clinical Coordinator at each hospital for whom the SRNA is responsible.
- Clinical attendance as well as clinical class on Mondays are **MANDATORY**. Additionally, SRNAs MUST attend all department meetings in-services, or other education sessions at their clinical site.
- Class time on Monday is clinical time. If not in class, the SRNA will make up the missed class time in the clinical arena.
- Timely attendance is mandatory for all classes and clinical experiences. Attendance in class, clinical, and other required events is mandatory unless officially excused by the appropriate Course Directors(s). If unscheduled absence occurs for any reason, the appropriate Course Director(s) are to be notified as soon as possible.
- Arrive at the clinical site in time to prepare for assigned cases or as directed by site coordinator or preceptor. SRNAs MUST have the operating room set up, including but not limited to: machine check completed, cart set-up, medications and airway equipment prepared before the first patient is seen.

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- SRNAs not assigned to a case or have completed their original assignment must contact the coordinator for further guidance. In the absence of the coordinator, the appointed individual in charge will provide guidance to perform duties such as:
  - Assist other anesthesia providers
  - Conduct pre and post-op visits
  - Record daily clinical experiences in Typhon
  - Study
- Before leaving clinical for the day, SRNAs must obtain permission from their clinical coordinator or the appointed individual in charge. If the SRNA is released from clinical earlier than the assigned shift hours, it is mandatory that they inform the site coordinator AND the clinical director prior to leaving the site.
- Do NOT under any circumstances revamp or rearrange clinical hours or days with the coordinator/preceptors for personal benefits. This is grounds for probation due to unprofessional conduct and integrity.
- Wear required SoN identification and/or hospital identification as required.
- Dress in a manner appropriate for a professional

The following attire is unacceptable in any clinical setting, which includes orientation meetings and clinical preparation:
- Jeans
- Flip-flops
- Sweatpants
- Shorts
- Active wear; gym clothing
- Bare midriffs or low-cut shirts
- Inappropriately-sized clothing (e.g., too loose or too tight)
- Sexually suggestive clothing
- No artificial nails and/or wearing of nail polish

Jewelry
- Students should refrain from wearing jewelry to ensure safety and sanitary conditions. Earrings: small studs are acceptable. Hoops or dangling earrings are not allowed. Eyebrow, lip, nose, or tongue rings are prohibited in clinical settings. Do not wear bracelets or necklaces. No facial jewelry except small stud earrings or religious jewelry. Rings (except for plain wedding bands with no stones) are discouraged because they may inadvertently cause discomfort to the client and can harbor micro-organisms.

Required Operating Room Attire
- Cap
- Mask
- Scrubs (shirt and pants with draw strings always tucked in)
- Shoes with socks always (No open-toe shoes)
- Stethoscope with holder
- Precordial earpiece
- Eye protection

*SRNAs will NOT arrive or leave the clinical site in scrubs whether they are hospital or personal scrubs.

VIEWPOINT SCREENING (HEALTH REQUIREMENT AND BACKGROUND CHECK COMPLIANCE)

Before beginning Practicum, SRNAs must provide evidence of completing all compliance requirements for the SoN and the practice setting as outlined in the **On-Boarding Requirements for Graduate Students Form** (Appendix I). Compliance files are maintained by **Viewpoint Screening** (Appendix J). The SRNA is held responsible for accurately uploading their health information into Viewpoint Screening by the established due date (dates may vary depending upon agency guidelines). It is further the SRNA's responsibility to submit any additional health-related documentation required by the agency where the practicum is to be held (including proof of current physical examination). Associated fees for Viewpoint Screening and any additional documentation required by the agency are covered by the SRNA. Failure to comply with the student health policies will result in exclusion from practicum, as well as possibly being dropped from the course.

Students are required to contact the Clinical Coordinator immediately with any change in their health status.

The SoN and all clinical agencies under contract to the SoN require that every SRNA and faculty member submit to a background check. Background checks are initiated through the Viewpoint Screening registration process. SRNAs may also be required to complete additional background checks by the agency where Practicum is to be held. Failure to submit to a background check will result in exclusion from Practicum as well as possibly being dropped from the course. Potential criminal background history concerns are addressed on a case-by-case basis.

SRNAs are required to contact the Clinical Coordinator immediately with any change in their criminal background history.

SRNAs are responsible for keeping all documentation updated as needed to complete their Practicum experiences. SRNAs should keep copies of these documents in a personal file so they are available if requested by the agency hosting the Practicum.

Reasonable Time Commitment
As defined by the Council on Accreditation for Nurse Anesthesia Education (COA) "A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours (see Glossary, "Clinical Hours") averaged over 4 weeks. SRNAs must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may an SRNA provide direct patient care for a period longer than 16 continuous hours."

Clinical Hours

As defined by the Council on Accreditation for Nurse Anesthesia Education (COA) "Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time." **The required number of clinical hours to sit for the national board exam is 2,000 hours.** Examples of other clinical time would include in-house call, pre-anesthesia assessment, postanesthetic assessment, patient preparation, operating room preparation, and time spent participating in clinical rounds.

These definitions are both found in the Glossary of the Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate, which is available on the COA website: https://www.coacrna.org/wp-content/uploads/2024/03/Standards-for-Accreditation-of-Nurse-Anesthesia-Programs-Practice-Doctorate-editorial-rev-February-2024-1.pdf

APPENDIX A- GUIDELINES FOR COUNTING CLINICAL EXPERIENCES

> Commented [AM3]: add from COA document

https://www.coacrna.org/wp-content/uploads/2020/01/Guidelines-Counting-Clinical-Experiences-July-2017.pdf

Anesthesia Care Plans

- Anesthetic Care Plans (ACP) are to be completed on all patients throughout your clinical education (September – Graduation)
- At least one evidence-based practice or research article is to accompany ONE of your scheduled cases and given to your preceptor at the start of the day.
- If a case is in the student's case record, they MUST have a completed ACP for that patient. Example: if you have 100 patients recorded in your Typhon case log you SHOULD have 100 ACP in the Typhon system.
- Only ACP using the Edgewood College template on Typhon will be accepted. If the site requires a different template, please advise the Clinical Director.
- Students must complete the ACP for each patient prior to administration of an anesthetic. The plan must be printed out and discussed with the preceptor prior to the start of every case.
- If patient information is not available, it is up to the student to retrieve the information and update the care plan at the end of the case.
- Pre-anesthesia assessments must be conducted on all patients. Pertinent information should be included in the ACP.
- If you performed anesthesia for an add on case, complete a care plan in Typhon documenting the actual care provided.
- Unscheduled or emergency cases should have an ACP completed following the completion of the day or the next day.
- Post-anesthesia assessments must be conducted on all patients, except ambulatory care, outpatients or early discharges. Post-op notes should be completed per department policy and pertinent information should be updated on the ACP.

Typhon Case Reporting

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SRNAs are responsible for accurately and punctually documenting all practicum hours into Typhon (Appendix B). Clinical hour documentation will be reviewed by the Instructor of Record and approved. If the instructor of record has any concerns regarding documentation, the SRNA will be contacted.

All anesthetic cases must be recorded in Typhon. If the SRNA is involved in a significant portion of the patient's anesthetic care, he/she should record the case in Typhon.

Multiple categories may be recorded for the same anesthetic or procedure. Example: A thoracic case where the SRNA places an A-line, central line, epidural for post-op pain, intubate with a double lumen tube and then replaces with a standard ET tube at the end of the case. Record each event under the appropriate column in Typhon.

Typhon files MUST be updated DAILY. The Clinical Education Director will review SRNAs' case logs every morning.

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Daily Clinical Evaluations

- Daily clinical evaluations are to be completed for every day that the SRNA is in a clinical rotation.
- Evaluation forms are not to be altered by the SRNA or the clinical preceptor.
- Evaluations are to be presented to the clinical preceptors at the beginning of each clinical day.
- SRNAs MUST maintain an acceptable level of clinical competence during each semester. Failure to do so will result in probation or dismissal.
- All evaluations must be submitted to the clinical director weekly, before class on Monday. SRNAs are responsible for reviewing their evaluations and validating that all areas are completed, signatures are present, and they are in chronological order prior to submitting them. Do not email evaluations.
- Failure to meet the expectations stated above will result in a clinical fail day and a note will be placed in the SRNA's file. **Three** clinical fail days in one semester will result in clinical probation for 60 days.
- If the preceptor did not return an evaluation prior to Monday's class, the SRNA must fill out all areas on the top portion on the evaluation form and sign it. Once the SRNA receives the completed evaluation, the incomplete evaluation will be discarded, and the completed evaluation will be placed in their file.
- ALL SRNA problems will be discussed with the nurse anesthesia faculty. IF an adverse evaluation received by the SRNA is purposely not submitted to the clinical director, the SRNA will be placed on probation or dismissed from the program.
- SRNAs who receive an evaluation of BELOW expectations in two (2) or more areas on a single clinical day or a written summative failed document via email from the clinical site will receive a failed clinical day.
- If there is notification by the coordinator and/or preceptor during a site visit that there is an observation of no care plan, eye protection, precordial earpiece and/or stethoscope this will result in an automatic fail clinical day and a note will be placed in the SRNA's file.

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- If an SRNA is dismissed from their assigned clinical site for the day, they will receive a failed clinical day.
- SRNAs who receive **three (3)** or more failed clinical days in a semester WILL be placed on clinical probation by the clinical director and/or program director. The SRNA and all involved at the clinical site will provide written documentation to the clinical director.
- If an SRNA is dismissed from their assigned clinical site permanently, they will be placed on clinical probation immediately. Following investigation, if found plausible, the SRNA will be dismissed. The SRNA and all involved at the clinical site will provide written documentation to the clinical director.

Clinical Probation and Dismissal
- A preceptor will be assigned to assist the SRNA with the program of study. This preceptor can be the clinical coordinator or a credentialed CRNA from the hospital staff.
- A written plan for remediation will be established and implemented. After discussing the plan with the SRNA, the SRNA will sign acknowledgement of receipt of the plan.
- The SRNA will be counseled at frequent intervals (weekly) by the preceptor and the clinical education director. All counseling sessions will be documented.
- Criteria for release from probation status will be identified. The SRNA must meet all criteria to be removed from probation. If the SRNA has successfully met the established criteria, he/she will be removed from probation. If an SRNA fails to meet the established criteria, a recommendation will be made to the School of Nursing for dismissal.
- SRNAs who have demonstrated continued poor academic or clinical performance will be considered for dismissal. An SRNA should be considered for dismissal only after every attempt has been made to correct identified weaknesses or deficiencies during a period of academic or clinical probation.
- SRNAs who commit acts of unprofessional or personal misconduct according to NAP clinical guidelines listed in this SRNA handbook will be subject to dismissal.
- SRNAs may request voluntary dismissal. A request for voluntary dismissal must be signed and submitted in writing to the NAP Director.

The length of the probation program shall not be longer than sixty (60) days. If the SRNA cannot satisfy the criteria for release at the end of the probation program, they will be referred to the SoN for dismissal.

Adverse Anesthetic Outcome Policy
- Any SRNA involved in a case with an untoward anesthetic event MUST notify the clinical education director or program director within 12 hours after the incident. Untoward anesthetic events include, but are not limited to, unexpected ICU admission, dental injury, nerve injury, medication error, airway difficulty, anaphylactic reaction, cardiopulmonary arrest and death.
- If an adverse outcome report was completed by the hospital staff, SRNAs MUST notify the clinical education director or program director within 12 hours after the incident.
- If any incident occurs in the clinical arena in which the SRNA feels threatened or feels they are in a hostile environment, they must proceed with the following instructions:
  - Excuse themself from the person or the environment without jeopardizing patient care.

- o Contact the clinical coordinator and clinical director via phone, email or text immediately.
- o It is mandatory that the SRNA provide written documentation within 24 hours regarding the incident.
- o Follow up with the clinical director physically in the Nurse Anesthesia office at the assigned date and time agreed upon with the clinical director. The anesthesia faculty will be present during the meeting.

Malpractice Insurance

Malpractice insurance is mandatory for all SRNAs throughout the entirety of the NAP. The SoN requires SRNAs to participate in a group policy that covers SRNAs involved in clinical nursing activities that are part of the educational program. This insurance covers SRNAs only during school-related experiences and does not negate the need for individual professional insurance for total coverage. All SRNAs are charged for malpractice insurance at the time of registration billing. The Certificate of Insurance is maintained in the Office of Legal and Contractual Services and may be reviewed upon request.

> **Commented [QM7]:** Or, just when they start Practicum

> **Commented [AM8]:** I'm assuming Edgewood covers students, we need to address it in this paragraph

> **Commented [QM9R8]:** Please talk to Kyle and/or legal.

Vacation

SRNAs participating in practicum will receive one week off at the end of the Spring Semester Year II. However, SRNAs in Specialty rotations (Cardiac, OB, Trauma, Pediatrics & Regional) will not receive vacation during these times; an alternate vacation schedule will be provided by the clinical director. SRNAs will only be credited for the days they worked during the scheduled vacation time.

Holidays Observed

Holiday schedules will be followed according to the individual hospital where the SRNA is assigned.

Personal/Sick Days

- Five (5) personal days will be granted during SRNAs entire clinical training. These days are available to accommodate personal demands such as, but limited to, job interviews, sickness, and family issues. A two-week notice is required for personal days prior to approval by the clinical director.
- **These days are not to be saved to complete clinical rotation early during an SRNA's third year in the NAP.**
- Once the 5 personal days are exhausted, clinical days MUST be made up.
- SRNAs must record time off in Typhon.
- A sick day constitutes any emergency room quality illness or health related issue requiring immediate attention from a health care provider. The program director requires that an SRNA obtain written approval from a physician before returning to class or clinical following an illness. The original doctor's note must be turned into the clinical director upon return.
- Extended time off will be reviewed by the clinical and program director. If an SRNA requires more than 10 calendar days off, a leave of absence is required. The SRNA must request a leave of absence in writing, and the faculty will help complete the paperwork.

- Upon return from extended time off, the SRNA will be evaluated by the anesthesia faculty for ability to return to clinical via skills lab, simulation and remediation in the clinical setting.

Excused and Unexcused Absences
- Only excused absences are allowed during the NAP. Excused absences are those due to an illness, family emergency, scheduled vacations, or other similar circumstances.
- SRNAs obtain excused absences by notifying the clinical coordinator and the clinical education director in writing when they will miss clinical without prior written approval. If unable to reach the above individuals, SRNAs MUST call and leave a voice message detailing their situation. The SRNA must contact the clinical education director by phone no later than 9:00AM the day of the missed clinical.
- If an SRNA misses clinical without contacting the nurse anesthesia faculty AND clinical site, they will be given an unexcused absence which is equivalent to a failed clinical day.

Other Excused Time Off
Participation in local, state and national professional organizations (WIANA, AANA) is a vital function of all professionals. The NAP faculty supports SRNA involvement and participation in these organizations. SRNAs will be allowed time off from clinical to attend local, state and national professional conferences. SRNAs are highly encouraged to participate in state, national professional councils and committees. SRNAs will be granted time off with prior written approval by the clinical education director or program director.

AANA Annual Congress: Third-year SRNAs will be allowed to attend the AANA annual congress. If an SRNA chooses not to attend the annual congress, they must go to their clinical sites.

SRNAswill be granted time off for a certification board review course (i.e. Apex, Valley Review). There will be no travel day scheduled to attend the course. **Approval must be obtained prior to registering for the review course.**

Drug Allegations
If clinical faculty recognizes and reports behavior of possible illegal drug and/or alcohol use, the following will occur:
- The SRNA will be escorted immediately to the Emergency Room for testing.
- The SRNA must contact the site coordinator and the clinical director immediately via email, text and/or phone.
- Edgewood College Handbook procedures will be followed.

Use of Electronics in the Operating Room (OR)
- Electronics items in the OR such as cell phones and IPads are not allowed while providing care in the OR.
- Engagement in activities such as texting and reading email while providing direct patient care will result in a failed clinical day.
- If the clinical site requires communication via phone and texting, please follow the policies set forth by the institution.

Extracurricular Activities
- Do not engage in extracurricular activities such as going out for dinner/drinks with coordinators, preceptors, and/or OR staff during your clinical training.
- Activities (Holiday event, CEU dinners, etc.) that involve the OR staff as an organization where ALL are invited are acceptable. Please inform the Clinical Director of any invitation presented t by the clinical site.

DNP PROJECT INFORMATION

Overview

As part of degree requirements, SRNAs must successfully complete a DNP Project that is of professional dissemination quality. The scholarly process of developing and completing the DNP Project equips SRNAs with the knowledge and skills necessary to further the application of translational research in a clinical practice setting.

Project Scope

The scope of the DNP Projects may vary among SRNAs, however, all projects must be related to "quality" initiatives intended to improve clinical practice. Planning for the DNP Project begins in the first year of enrollment and evolves as the SRNA progresses through the NAP with guidance from SoN DNP and NAP faculty.

DNP Project Committee

In the 2nd year of enrollment, SoN DNP and NAP faculty review SRNAs' initial project ideas. When DNP Project ideas begin to crystallize, the SRNA is assigned a DNP Project Chair guide the DNP Project process. Each SRNA will work with their DNP Project Chair to identify an appropriate Clinical Expert to serve on their DNP Project Committee. The Clinical Expert typically is a non-faculty nurse leader situated within the SRNA's field of interest. These two individuals (DNP Project Chair and Clinical Expert) serve as the DNP Project Committee. It is important to note, however, that throughout the process, the SRNA will also receive support from course and non-course DNP faculty.

Project Requirements, Format, and Process

Together, the SRNA and DNP Project Committee members will plan the DNP Project and establish a project timeline for submission of completed written sections and DNP Project Defense. In general, SRNAs are expected to:

- submit a written proposal to the DNP Project Committee at the completion of ANES 900, with oral defense of the proposal prior to completion of ANES 901.
- submit a written proposal to the Edgewood College Human Participant Review Board (HPRB) along with the review board at the institution where the DNP Project will be completed (SRNA should have HPRB approval prior to beginning ANES 903)
- orally defend the completed DNP Project (to be completed near the end ANES 903)
- produce a final written **DNP Project** (Appendix L) in a five-section, scholarly paper format:
    1. Introduction (containing problem statement)
    2. Review of Literature
    3. Methodology
    4. Results
    5. Discussion (including recommendations and implications for future practice)
- provide a plan that describes the dissemination of work (to be discussed with DNP Project Committee).

Criteria for Graduation

To graduate, an SRNA must earn the number of credits appropriate to the degree sought. For the NAP, only credits in courses numbered 600 or above count toward meeting this requirement. The SRNA must have maintained a 3.00 GPA on those credits and successfully met all Edgewood College, SoN, and NAPnd general degree requirements. No degree will be officially conferred by Edgewood College until all defined degree requirements for NAP have been met. Grades of a C or above will fulfill NAP requirements; grades of CD or below cannot be used to fulfill NAP requirements.

NAP Graduation Requirements

To graduate, SRNAs must satisfy all coursework as required by the SoN and NAP. An SRNA must have:

1. earned the number of credits required for the degree and satisfied all coursework as listed in the curriculum,
2. completed the 2000 hours residency requirement as set forth by the COA,
3. and successfully defended his/her DNP Project with accompanying Doctor of Nursing Practice-DNP Project Approval Form (Appendix M). SRNAs are encouraged to publish their DNP Project on Proquest (Appendix N), however, publication is NOT a requirement of the NAP (only manuscripts of publishable quality [fully-edited, approved by the SoN] will be approved for Proquest).

> **Commented [QM10]:** Review Appendix and Form
>
> **Commented [QM11]:** Necessary?

Residency Requirements for the NAP

In accordance with College Policy, a minimum to the nearest multiple of three (3) of 2/3 of the coursework credits presented for a graduate degree must be taken at Edgewood College. However, transfer coursework acceptance to the NAP is highly restrictive. The following course transfer policies are in place for the NAP:

1. No nurse anesthetist-specific courses will be accepted for transfer (i.e., no transfer courses will satisfy ANES-prefix courses).
2. No courses covering Advanced Pathology, Advanced Physical Assessment, or Advanced Pharmacology will be accepted (i.e., no transfer courses will satisfy NRS 701, 702, and 703).
3. Only courses completed within the past 2 years will be *considered* for transfer for Applied Statistics (NRS 665), Evidence-Based Practice (NRS 670), or Applied Research Methods (NRS 800B).
4. All remaining courses eligible for transfer will be evaluated by SoN graduate faculty in consultation with the NAP Director for equivalency. The NAP Director is afforded final approval authority for transfer courses within this category.

Additional NAP Graduation Requirements

1. Satisfactory completion (grade of C or better) on all courses with an overall GPA of 3.0 or above.
2. Satisfactory completion of all clinical (Practicum) requirements.
3. Satisfactory completion of all time responsibilities in the didactic and clinical areas.
4. Satisfactory completion of all case requirements and anesthesia time commitments as required for taking the certification exam.

5. Satisfaction of all financial obligations to all Clinical sites and Edgewood College.
6. Successful completion of the comprehensive examination administered in the student's last semester.

NAP GENERAL POLICY SUMMARY

A significant number of polices guide the NAP

1. All SRNAs will act in accordance with the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs policies and procedures for accreditation.

2. All SRNAs must take two Self-Evaluation Exams (SEEs). The SEE will be taken during SRNAs' second and third year of the NAP. The expense for this exam will be the SRNA's responsibility. There will be a required SEE score to progress in the program, the score requirement will be evaluated annually based on the national average and success rate of passing the national board examination.

3. SRNAs will conduct an annual self-evaluation. NAP faculty will review these evaluations.

4. SRNAs will not be employed as nurse anesthetists by title or function when enrolled in the program. During the NAP classroom and clinical rotations, SRNAs may not engage in any off-hours registered nursing employment.

5. In all clinical areas, a Certified Registered Nurse Anesthetist (CRNA) or Medical Doctor of Anesthesia, with staff privileges, must be immediately available to supervise SRNAs at a ratio of 1:1 or 2:1. The degree of supervision will be based on the student's knowledge and ability, the patient's physical status, complexity of the anesthetic and/or surgical procedure, and the instructor's experience.

6. Clinical preceptors will perform daily formative evaluations for each SRNA's performance, knowledge and preparedness for each clinical day. Summative clinical evaluations will be completed by NAP faculty at the end of each semester of clinical practicum.

7. SRNAs will have on-call experiences during various clinical education rotations. These rotations may include weekends, holidays, evenings, and nights. SRNAs cannot take in-house call at a clinical site without another anesthesia provider in-house (CRNA or Anesthesiologist). Call experiences include "off" shifts such as 3p-11p, 11p-7a, 7p-7a and weekends (7a-7p or 7p-7a).

8. SRNAs will follow the rights and responsibilities of patients according to the policies of the affiliating clinical sites and other policies promulgated by regulatory agencies.

9. Each clinical site will be visited by NAP faculty (at least) annually to assure quality clinical experiences, education, and professionalism.

10. SRNA grievances will be addressed following the SoN standards, procedures, and rules.

> **Commented [QM13]:** Refer to the page number of this document as in "See Page ### for SoN Grievance Policy"

11. A file will be maintained by the NAP Director for all complaints lodged against the NAP, to include actions taken to resolve the complaint and the outcome of the complaint.

> **Commented [QM14]:** This does not follow SoN policy. We will need to rewrite it with tweaks, but it conflicts with the previous Summary point.

12. Policies and procedures will be used for SRNAs that do not discriminate based on race, age, religion, gender, national origin, marital status or disability.

NAP GOALS

The NAP will strive to accomplish the following goals:

1. To provide a well-rounded, diverse education in anesthesia for qualified SRNAs and train them for professional competency.
2. To provide didactic and clinical opportunities that will contribute to SRNAs' professional and academic development in the specialized areas of anesthesia.
3. To stimulate the desire for personal growth and clinical competency through programs of continued education.
4. To provide a community service to the public by educating qualified future cerfiticed registered nurse anesthetists.

FEES AND EXPENSES

Equipment/Certifications/Exams	Cost (*all are approximate and subject to change)
ACLS, BLS, PALS (re) certification	$220
Self Evaluation Examination (SEE) -taken during junior and senior year	$280
Typhon Case Tracking Membership	$700 (2 year subscription)
AANA Resident Membership	$300 (one-time fee)
NBCRNA Certification Exam (for entry into practice	$995
Anesthesia Boot Camp	$478 (one time fee)
Apex Anesthesia Subscription	$569 (for 3-year subscription)
Peripheral Nerve Stimulator	$400
V-Scan Ultrasound	$4,250
Precordial/Esophageal Stethoscope	

Other Expenses	
WIANA & AANA Meetings	Varying costs
Clinical Site Travel Expenses	Varying costs

Required Additional Equipment:

An earpiece for precordial/esophageal monitoring of heart sounds and breath sounds is required of all students. SRNAs must have a white lab coat, eye protection, clipboard, calculator, stethoscope and an anesthesia reference/handbook.

> **Commented [AM15]:** need to look into where these can be made in the Madison area

Self-Evaluation Examination

The National Board on Certification and Recertification for Nurse Anesthetists (NBCRNA) administers the Self-Evaluation Examination (SEE) to second- and third-year SRNAs. SRNAs must take this examination during the NAP's second and third years. The NBCRNA Self-Evaluation Examination (SEE) has three objectives:

 1) to provide information to SRNAs about their progress in the nurse anesthesia educational program

2) to provide information to program administrators on how well their programs are preparing SRNAs with the knowledge they need for anesthesia practice

3) to prepare SRNAs for the National Certification Examination (NCE) experience.

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

Information obtained from https://www.nbcrna.com/students/see-resources

Certification Examination

The NBCRNA administers the National Certification Examination (NCE) to measure the knowledge, skills and abilities necessary for entry-level nurse anesthesia practitioners. The NCE is a variable-length computerized adaptive test. The NCE can be taken up to four times in the year after completing the NAP. The examination fee of $995.00 (subject to change) must accompany the application. The Council will notify individual students of their eligibility to take the NCE.

Information about the NCE can be found here https://www.nbcrna.com/students/nce-resources

Licensure

SRNAs must present a copy of their current non-disciplined nursing license from the Wisconsin State Board of Nursing before matriculation. It is each SRNA's responsibility to maintain active licensure throughout the NAP. Failure to comply with this requirement will result in suspension from the NAP until this requirement is satisfied. Suspension time must be made up prior to graduation.

Certifications

All SRNAs must present copies of their current certification in Basic Life Support and Advanced Cardiac Life Support before matriculation. Certifications must be kept current throughout the length of the Program. Copies of those certifications must be provided to the Clinical Director. Pediatric Advanced Cardiac Life Support is required before attending the clinical phase.

EDGEWOOD UNIVERSAL ACADEMIC POLICIES
Edgewood College General Graduation Policies

Students must file a formal application for a degree in the Registrar's Office. The Intent to Graduate form is required for four important reasons:

1. To inform the Registrar's Office that the student is planning to graduate at the end of the term.
2. To inform the Registrar's Office whether the student intends to participate in the commencement ceremony.
3. To allow the student an opportunity to indicate how he or she wants their name spelled on their diploma.
4. To allow the student the opportunity to provide a mailing address for his or her diploma that may be different from any other address that may be on file for the   student (with graduation, many students move to new addresses).

If all graduation requirements have been met, but the Intent to Graduate Form has not been submitted to the Registrar's Office, the student's degree will be conferred, but no diploma will be released until the form is received.

Edgewood College Academic Regulations and Policies

Registration consists of course selection for the next semester, with the assistance of the Graduate Program Advisor as necessary. Registration has two distinct steps:
1. Registration
2. Payment of Fees

Registration is open prior to each fall, spring, and summer semester. Online registration is available to new and continuing students. Graduate students are held responsible for knowing the registration policies and procedures as printed in the Registration Guide.

Registration is complete when all fees are paid, or payment arrangements are made with the Business Office. Credit may not be earned unless a student is properly registered, and fees are paid. Students who have not paid fees or made payment arrangements by the end of the first week of classes will be withdrawn.

Academic Dates and Deadlines

Students are held responsible for knowing and adhering to academic dates and deadlines regarding add/drops, refunds, and withdrawals as published by the Registrar:
https://registrar.edgewood.edu/academic-dates-and-deadlines

Add/Drop Policies

Students may use the online registration system to add or drop courses until the deadline has been reached. Students may also use the official Course Change Form obtained from the Graduate Program Advisor or the Office of the Registrar to add or drop a course. This form must be submitted to the Registrar's Office before the student will be considered officially added or dropped from a class. All other changes in course registration follow a similar procedure. Failure to comply with the official Add/Drop procedure may result in a loss of credit or a grade of "F" for an unofficial drop from a course. Absence from classes or informing the instructor does not constitute withdrawal or dropping a course and will result in a failure for the course(s).

SRNA Specific Grading Policies
Grade Reports

Grades may be viewed online.

Only graduate courses numbered 600 or above are used to determine an SRNA's cumulative and semester GPA. In accordance with College Policy, no grade below a C is applicable for meeting requirements for a graduate degree.

Grading Policy

A……………………………………….95-100%
AB…………………………………….90-94%
B……………………………………. 85-89%
BC…………………………………….80-84%
C……………………………………. 75-79%
D…………………………………….70-74%
F……………………………………. 0-69%

SRNAs are responsible for monitoring their own academic progression toward the completion of degree requirements, seeking advice, when necessary, from their advisor(s), and maintaining good academic standing. Definitions of academic standing can be viewed below. SRNAs who do not maintain satisfactory academic performance may be placed on academic jeopardy (graduate) or probation and may be subject to academic dismissal. SRNAs must maintain a minimum cumulative GPA of 3.0 on a 4.0 scale. In addition to the GPA requirement, SRNAs must pass NRS 701 Advanced Pathophysiology with a grade of "B" or better or they will be required to retake the course.

SRNAs must earn a 'B' (3.0) or better on all NAP-related exams and NAP-core courses. Failure to do so will result in probation and/or dismissal. It is MANDATORY that SRNAs contact their advisor within 24 hours to set up an appointment to discuss ANY grades below a 'B'.

All SRNAs must demonstrate continued satisfactory performance in all clinical work. Satisfactory clinical performance is evaluated by the clinical faculty according to the performance criteria defined within the student evaluation tool. Any SRNA considered to have unsatisfactory clinical performance will be presented to the Evaluation Committee for their recommendations. Suggestions are presented to the Clinical Director. An SRNA may be dismissed for unsatisfactory clinical performance.

The Evaluation Committee is comprised of the Academic Clinical Director and the Associate Dean of Graduate Studies. The Evaluation Committee will meet as deemed necessary based on the student's progress. Final decision to dismiss a student will be made by the Evaluation Committee.

Commented [QM16]: But then you need this structure (i.e., an Evaluation Committee).

Commented [QM17]: ? We don't have that position.

Commented [QM18]: Don't you want them to recommend to you dismissal and then you have final word?

**SRNAs at clinical sites greater than 50 miles from the Edgewood College campus are permitted to attend certain NAP classes via an internet platform (i.e. zoom, teams, blackboard collaborate)

Academic Standing

There are three categories of academic standing for students enrolled in graduate programs at Edgewood College: good standing, probation, and dismissed.

Good Standing
An enrolled student in good standing is one who maintains a cumulative 3.00 GPA while enrolled in graduate courses.

Probation
An enrolled student whose cumulative GPA in graduate courses falls below 3.00 is placed on probation.

Dismissed
A student on probation is dismissed if his or her cumulative GPA remains below 3.00 after completing nine additional graduate credits. Coursework not included in the grade point average does not count as part of the nine additional credits (courses numbered below 600, withdrawals, or pass/fail graded courses). Students may also be dismissed for academic dishonesty.

Academic standing is posted at the close of each semester and reported on each student's grade report.

Examination

Students are expected to take course exams on the scheduled date/time. Students who are late will not be given additional time to complete the exam. If a student is unable to take the exam at the scheduled date/time, he/she must contact the course coordinator **PRIOR** to the exam by email to provide the following information: name and reason for absence. Documentation will be

required to verify the absence. The make-up exam will be offered as soon as possible at the discretion of the faculty, and the exam may be multiple-choice, essay, sentence completion, case studies, or any combination of these options at the discretion of the course faculty. The student will **NOT** discuss the exam with anyone other than the faculty. Exams will only be reviewed after the examination at the instructor's discretion to ensure test integrity. Students are expected to review pertinent study material following the examination to ascertain correct answers. All instructors will be available for individual questions. **NO complete review of examinations will be done on an individual basis.**

Repeating a Course

Most courses cannot be repeated for additional credit. Only the most recent attempt at the course will be included in the GPA calculation even if the most recent attempt at a course results in a lower grade. The credits for a course are earned only once, provided at least one of the courses has a passing grade. All repeated courses and their grades will appear on the transcript in the terms they were taken, and the repeated course will be noted as "R" (repeated).

Student Records

During a graduate student's enrollment at Edgewood College, the official file of records is kept by the Registrar's Office. A copy of the student's file may be maintained by the Graduate Program Advisor and the student's faculty advisor. Official Edgewood College transcripts are maintained in the Office of the Registrar where copies may be obtained upon proper application.

Privacy of Student Records

The Family Educational Rights and Privacy Act (the Buckley Amendment) provides that, with certain explicit exceptions, students have the right to see their records (accessibility) and the right to determine who else will see their records (confidentiality). Detailed information about the provisions of the act and its implications on this campus may be obtained from the Edgewood College catalog.

Academic Honesty Policy

As members of a scholarly community dedicated to healthy intellectual development, students and faculty at Edgewood College are expected to share the responsibility for maintaining high standards of honesty and integrity in their academic work. Each student should reflect this sense of responsibility toward the community by submitting work that is a product of his or her own 16 effort in a particular course, unless the instructor has directed otherwise. To clarify and emphasize its standards for academic honesty, the college has adopted this policy.

The following are examples of violations of standards for academic honesty and are subject to academic sanctions: cheating on exams, submitting collaborative work as one's own, falsifying records, achievements, field or laboratory data, or other course work, stealing examinations or

course materials, submitting work previously submitted in another course, unless specifically approved by the present instructor, falsifying documents or signing an instructor's or administrator's name to any document or form; plagiarism, or aiding another student in any of the above actions.

Plagiarism, which is defined as the deliberate use of another's ideas or words as if they were one's own, can take many forms, from the egregious to the mild. Instances most seen in written work by students in order from most to least serious are:

- Borrowing, buying or stealing a paper from elsewhere; lending or selling a paper for another's use as his or her own; using printed material written by someone else as one's own
- Getting so much help on a paper from someone else, including a college tutor, that the student writer can no longer legitimately claim authorship
- Intentionally using source material improperly, e.g., neither citing nor using quotation marks on borrowed material; supplying an in-text citation but failing to enclose quoted material within quotation marks; leaving paraphrased material too close to the original version; failing to append a works-cited page when sources have been used
- Unintentional misuse of borrowed sources through ignorance or carelessness

Sanctions recommended for dishonesty are an "F" on the assignment and/or an "F" in the course. More serious violations may be referred to the Academic Dean's Office for appropriate action.

Due Process
Students aggrieved by decisions made in the classroom, department, or SoN-level may appeal that decision to the VPAA's Office. The VPAA will decide final resolution or forward the grievance to the appropriate policy committee for consideration and action.

FERPA Statement
The Family Educational Rights and Privacy Act (FERPA) of 1974, also known as the Buckley Amendment, provides that students have the right to see their records (accessibility) and to determine who will see their records (confidentiality). Detailed information on the provisions of the Act and its applications are included in the Edgewood College catalog.

Bloodborne Pathogen Exposure Control

Bloodborne pathogens are diseases that you can get from direct body fluid contact with another person's body fluids, like blood, if infected. Although this is rare, precautions must be taken to avoid this situation. Edgewood College has developed a bloodborne pathogen exposure control program that provides prevention and exposure control protocol for employees in jobs with potential body fluid contact.

In the event of a blood spill, contact your supervisor or custodial staff immediately. These individuals are trained in the proper cleanup and disposal of body fluids.

Universal precautions as described below are methods of protecting yourself from exposure.

- Treat blood or other body fluids of all employees a potentially infectious.

- Wear medical gloves if you are helping to treat injured coworkers.
- If trained in CPR, wear a CPR mouthpiece when resuscitation is necessary.
- Wear mask, gown, and eye protection if there is the potential of splashing body fluids.
- All of these items are located in the biohazard spill kits or first aid kits in your area.

<div align="center">

Academic Appeal
</div>

Student appeals are limited to requests to continue in the major, or for grades that impact student progression in the School of Nursing. Any student who feels he/she has cause for appeal may initiate the appeal process.

Appeal Procedure

Prior to initiating the appeal process a student should make every effort to resolve the situation with the course faculty most immediately and directly involved. If the concern is unresolved, it is expected that the student will contact with the MSN Advisor and his/her faculty advisor to explore other options.

I. If the student chooses to initiate the appeal process, he/she must submit a written letter requesting an appeal to the Dean of the School of Nursing. A written appeal must be filed with the Dean of the School of Nursing within 10 business days of the date of the letter notifying the student that s/he is being dismissed from the program, or the right to appeal is denied.

    The student's letter to the Dean must include the following information:

    A. Precise grounds on which the appeal is based;

    B. Circumstances associated with the appeal;

    C. Rationale supporting the appeal, including student attempts to resolve the situation prior to requesting an appeal;

    D. Description of proposed specific remedial actions to be taken to improve the student's academic performance.

I. The Dean of the School of Nursing will submit the student's request for an appeal hearing to the Chair of the Student Appeals Committee no later than five business days after receiving the request for the appeal.

II. Within five business days of receiving the appeal request, the committee will determine whether or not a hearing is justified.

III. If a hearing is not granted:

    a. The committee chairperson will provide written rationale to the Dean.

    b. The Dean will then notify the student in writing of the final decision.

V. If a hearing is granted:

    a. The committee chairperson will notify the student of the time, date, and location of the hearing. The committee will have access to the student's record and to other pertinent written or verbal information such as the student's advising file.

    b. The student is encouraged, although not required, to attend the hearing which will result in a recommendation to the Dean concerning his or her progression in the nursing program.

     c. If the student chooses to attend the hearing, s/he is permitted to bring one support person. The name and relationship of that person to the student   must be furnished in writing to the committee chair at least two business   days prior to the hearing. An Edgewood College Faculty member is not   allowed to be a support person or to submit a letter of support.

     d. During the hearing, the student will be invited to provide additional information to the committee or to answer specific questions from the Appeals Committee. Once the Appeals Committee has sought and received any   needed clarification of the appeal, the student and support person will be   excused while the committee goes into closed session for deliberation.

     e. Audio-taping or videotaping any portion of the meeting is not permitted.

VI. The Appeal Committee's recommendation for resolution of the student appeal will be forwarded in writing from the committee Chair to the Dean of the School of Nursing within 5 business days of the hearing.

VII. The Dean of the School of Nursing will consider the committee's recommendation in making the final decision regarding the disposition of the student appeal.

VIII. The Dean of the School of Nursing will notify the student in writing of this final decision within 5 business days of receiving the committee's recommendation.

If the student chooses to appeal the final decision, s/he is referred to the section on appeals in the Edgewood College Student Handbook.

Student Complaints and Review/Maintenance of Records

Students have a right to voice a concern to the course instructor. A student who has a concern related specifically to his or her experience in the nursing program should consult with the course instructor in an attempt to arrive at a resolution of the issue. If the concern is not resolved at the instructor-student level, the following sequence should be followed:

1. Discuss the concern with their SoN Advisor, if not resolved at this level;
2. Discuss the concern with the SoN Assistant Dean, if not resolved at this level;
3. Discuss the concern with the SoN Associate Dean, if not resolved at this level;
4. Discuss the concern with the SoN Dean, if not resolved at this level, the SoN Dean instructs the student to complete a formal complaint. The SoN Dean is responsible for disposition and documentation of all formal complaints. The SoN Dean will maintain records for a period of three years following the student's graduation or leaving the program.

If not resolved at the SoN level, the student may contact the office of the Vice President for Academic Affairs (VPAA)

The Evaluation Process

> **Commented [AM19]:** add preceptor and student eval as appendix

Overview

Orientation for all entering students will consist of a review of all program policies and expectations. This includes a receipt of a copy of the School of Nurse Anesthesia Orientation Manual acknowledged by signature.

The evaluation process is a vital part of the educational mechanism for Edgewood College's Doctor of Nursing Practice Nurse Anesthesia Program. Evaluation is utilized during all phases of the educational program. It encompasses all students, all clinical and didactic faculty, courses, the program itself, and our graduates.

The Evaluation Committee chairperson schedules evaluation activities, ensures they are completed confidentially, communicates the results to the appropriate committees or individuals. Additionally, the chairperson monitors the effectiveness of measures taken to address the problems identified. The Evaluation Committee chair also monitors student performance in the classroom and clinical areas and makes recommendations regarding academic and clinical progression to the program director.

Evaluation of Students

Evaluation of students occurs in the didactic and clinical areas. Evaluation of student performance in the clinical area will include verbal evaluation, daily clinical evaluations, and peer review during clinical anesthesia conferences, and journal club. Students will be verbally evaluated during their three months in clinical. The clinical instructor will give a verbal evaluation after each case or at the end of the clinical day.

Written evaluations will begin during the first month following the start of clinic rotations. Written evaluations are to be completed daily summarizing the student's performance. It is the student's responsibility to provide an evaluation form to the clinical preceptor at the beginning of the day. It is the clinical instructor's responsibility to complete the evaluation form and to discuss the daily cases with the student.

Students will complete an end of semester self-evaluation. The Clinical Director will conduct an evaluation interview in which the self-evaluation will be reviewed with each student at the end of each clinical semester. The Clinical Director will provide additional feedback to the student on performance based on site visits and coordinators/preceptors' feedback.

Clinical Coordinators & Preceptors Evaluation

Students will evaluate all coordinators and preceptors at the end of each clinical rotation. Each student will complete one evaluation for each person they have worked with during the rotation. All written evaluations are completed anonymously. The comments will be summarized by the program director and reviewed with each site. Site evaluations must be physically submitted. Do not email.

Evaluation of Faculty

Students also evaluate didactic faculty members at the end of each semester. The results of these evaluations are shared with each faculty member at the conclusion of each semester. Students' comments and evaluations will be summarized and compiled for use by the Program Director so that confidentiality and freedom of expression of each student is preserved. The compiled evaluations will be used by the Program Director and Assistant Program Director to improve the Program's overall quality.

Evaluation of Program

Evaluation of the nurse anesthesia program will occur via several methods. The program will be under the continuous review of the Advisory, Admissions, Curriculum, Student Affairs, and Evaluations Committees, which function to assess the program's strengths and weaknesses and to work on the written self-study required for accreditation. Each committee continuously evaluates the program's responsibility and generates ideas and strategies for improvement. Policies and procedures of the program (Faculty/Student Handbook and Administrative Manual) will be reviewed and updated annually.

Program administration will schedule exit interviews for all graduates during their last semester. All graduates evaluate clinical, didactic and ethical aspects of the program during these interviews. Confidentiality and freedom of expression are encouraged. Results in summary form will be shared with faculty and all appropriate committees.