DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA
STUDENT HANDBOOK

EDGEWOOD
UNIVERSITY

HENRY PREDOLIN COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING
2026 – 2027

Table of Contents

INTRODUCTION 3
PROGRAM OVERVIEW 3
PROGRAM MISSION AND GOALS 3-4
NAP FACULTY GOALS 4
NURSE ANESTHESIA PROGRAM OUTCOMES 4-6
NAP PLAN OF STUDY/COURSE SEQUENCE 7-8
COURSE FORMATS 8-9
GRADUATION REQUIREMENTS 9
COURSE TRANSFER POLICY 9-10
GRADING POLICY 10
COURSE EVALUATION POLICY 10
DNP PROJECT INFORMATION 11-13
SELF-EVALUATION EXAMINATION 14
NATIONAL CERTIFICATION EXAMINATION 14
SON ADMISSION, PROGRESSION, AND ACADEMIC POLICIES 14-17
CODE OF STUDENT CONDUCT 17-18
PRACTICUM POLICIES AND PROCEDURES COMPENDIUM 18-19
CLINICAL SITES & COORDINATORS 19
GENERAL CLINICAL GUIDELINES 20-23
LICENSE, MEMBERSHIP AND CERTIFICATION POLICY 23-24
CLINICAL EXPERIENCE POLICIES 24
TYPHON CASE REPORTING 24-25
PROGRAM EVALUATIONS 26
CLINICAL PROBATION AND DISMISSAL 27
CLINICAL CONFERENCE GUIDELINES 28
STUDENT LEAVE POLICIES 28-30
NURSE ANESTHESIA FACULTY & STAFF CONTACT INFORMATION 31
APPENDICES 32
APPENDIX A – STUDENT REGISTERED NURSE ANESTHETIST (SRNA) CONTRACT 33
APPENDIX B - CODE OF PROFESSIONAL CONDUCT 34-41
APPENDIX C – END OF SEMESTER COURSE EVALUATION 42-44
APPENDIX D - VIEWPOINT SCREENING FOR GRADUATE STUDENTS 45-46
APPENDIX E – TYPHON CASE REPORTING 47
APPENDIX F – COA GUIDELINES FOR COUNTING CLINICAL EXPERIENCES 48
APPENDIX G –DAILY CLINICAL EVALUATION TOOL 49-51
APPENDIX H – MID SEMESTER & END OF SEMESTER ADVISOR EVALUATION OF PROGRESS 52
APPENDIX I – STUDENT SELF EVALUATION TOOL 53-54
APPENDIX J – CLINICAL PRECEPTOR EVALUATION 55-56

Edgewood University
Henry Predolin College of Health Sciences (HPCOHS)
School of Nursing (SON)
Doctor of Nursing Practice-Nurse Anesthesia Program (DNP-NAP)

INTRODUCTION

Welcome to Edgewood University!

The Doctor of Nursing Practice (DNP)-Nurse Anesthesia Program (NAP) resides in Edgewood University's Henry Predolin College of Health Sciences (HPCOHS), School of Nursing. Within this Student Registered Nurse Anesthetist (SRNA) handbook, the abbreviation "SON" will be used to denote the Henry Predolin College of Health Sciences school of nursing.

The SRNA handbook is a compendium of guidelines, policies, procedures, and information pertinent to the NAP. It lays out the foundation and conduct for Edgewood University, HPCOHS, and the SON to fully execute the NAP and its curriculum. SON and NAP faculty developed the policies contained within this SRNA handbook. NAP faculty and SRNAs will continuously evaluate these policies and adopt changes based on classroom and clinical performance outcomes with the intent of enhancing the quality and integrity of the NAP. Therefore, the SON and NAP reserve the right to change the contents of this handbook at any time. SRNAs will be notified of any changes 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).

PROGRAM MISSION AND GOALS

Mission of Edgewood University

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

Mission of Henry Predolin School of Nursing

The SON reflects the mission of Edgewood University 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, humanities, and 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 NAP supports the mission, vision, values, and philosophy of Edgewood University 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 Anesthesiology (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 professional roles, advocate for the profession on a local, state and national level, and communicate the importance of the CRNA's role in healthcare.

NAP FACULTY GOALS

The NAP will strive to accomplish the following goals:

- Provide a well-rounded, diverse education in anesthesia for qualified SRNAs and train them for professional competence.
- Provide didactic and clinical opportunities that will contribute to the SRNAs' professional and academic development in the specialized area of anesthesia.
- Stimulate the desire for personal growth and clinical competency through programs of continued education.
- Provide community service to the public by educating qualified future CRNAs.

NURSE ANESTHESIA PROGRAM OUTCOMES

The NAP curriculum is designed to develop competent, advanced practice nurses with a specialty in nurse anesthesia, prepared for full scope of practice as CRNAs. By the completion of this 36-month curriculum, NAP graduates will be able to demonstrate the ability to meet the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs Graduate Standards as below:

Patient Safety

The graduate must demonstrate the ability to:

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

Perianesthesia

The graduate must demonstrate 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.

Critical Thinking

The graduate must demonstrate the ability to:

- Apply knowledge to practice 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 in accordance with 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.
- Pass the National Certification Examination (NCE) administered by the National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA).

Communication

The graduate must demonstrate the ability to:

- 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 ensures continuity of care and patient safety.
- Teach others.

Leadership

The graduate must demonstrate the ability to:

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

Professional Role

The graduate must demonstrate 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 one's practice
- Understand the importance of providing cost effective anesthesia services
- Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder.
- Inform others of the role and practice of the CRNA
- Evaluate how public policy impacts 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 and healthcare systems.
- Disseminate scholarly work.

- Use information/communication/technologies and informatics processes to support and improve patient care.
- Use information/communication/technologies and informatics processes to support and improve healthcare systems.
- Analyze business practices encountered in nurse anesthesia delivery settings.

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 diverse diagnostic and surgical populations. The curriculum is offered in a multidisciplinary framework, with a large part of the didactic instruction completed during the first year. Clinical practicum experiences take place in the second and third year of the program during which time the students attend didactic classes one day a week. The curriculum includes content in physiology, pathophysiology, chemistry, physics, evidence-based principles, biostatistics, research, and pharmacology. Some courses are hybrid courses. Graduates are eligible to take the NBCRNA National Certification Exam (NCE) 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 665 Applied Statistics	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 702 Advanced Physical Assessment	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 670 Evidence-Based Practice	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
ANES 813 Health Policy	3
NRS 800B Applied Research Methods	2
	Total: 12 credits
Summer Year 2	
ANES 811 Principles of Nurse Anesthesia IV	3
ANES 816 Practicum III	4
ANES 900 DNP Project Identification	2
NRS 645 Advanced Leadership Roles in Healthcare System	3
	Total: 12 credits
Fall Year 3	
NRS 810 Population Health	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

Graduate Courses

The SON Graduate level (MSN/DNP) core courses are designated with the *NRS*-Prefix. These courses are facilitated fully online. All graduate level SON Core Courses are offered over 8-week sessions except for NRS 701 Advanced Pathophysiology and NRS 800B Applied Research Methods, which are offered over a 16-week session. The graduate level core courses are typically 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

NAP didactic courses are facilitated in person and/or in person with hybrid components. Beginning with the spring semester in year two of the program, SRNAs at clinical sites greater than 50 miles from the Edgewood University campus may be permitted to attend ***certain*** NAP classes via an internet platform

(i.e. Zoom, Teams, Canvas). All course examinations will be administered on campus unless prior approval by the Program Director. NAP practicum courses are supervised, precepted experiences conducted in clinical settings. Both NAP didactic and practicum courses are offered over 16-week fall and spring sessions and 14-week summer sessions. SRNAs are responsible for adhering to course syllabi regarding expectations and due dates related to readings, activities, and postings. Please see the Practicum Policies and Procedures (pg. 21) for extensive information regarding practicum courses.

Faculty and Student Email Expectations
All program and/or course-related email correspondence, including correspondence with faculty and clinical preceptors, should take place via Canvas and/or the Edgewood email system. All SRNAs must use their Edgewood University email address as their official email address. SRNAs are responsible for checking their email at least daily. Email response is expected within 48 business hours.

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

**** A laptop or desktop computer is required for all coursework; the software for online lectures/quizzes and exams does not function with a tablet and/or iPad ****

GRADUATION REQUIREMENTS

Criteria for Graduation
To graduate, SRNAs must satisfy all coursework as required by the SON and NAP. An SRNA must:

- Earn the number of credits (105) required for the degree and satisfy all coursework as listed in the curriculum (if any coursework was transferred, the SRNA must also meet Edgewood University's Residency Requirement Policy),
- Maintain a 3.00 cumulative GPA on all coursework with no grades lower than a BC (80%); grades of C or below cannot be used to fulfill NAP requirements,
- Complete a minimum of 2000 practicum (clinical) hours and satisfactory completion of all case requirements and anesthesia time commitments as required for taking the certification exam: COA Guidelines for Counting Clinical Experience
- Complete end of course evaluations, exit survey, and all components of compliance training,
    - Meet all the requirements of the accrediting/approval bodies for licensure and certification
    - Possess current AHA certification in ACLS, BLS, and PALS,
- Submit and disseminate a final version of his/her DNP Project (per the requirements of the COA)
- Meet financial obligations to all clinical sites and Edgewood University,
- Achieve a minimum score of **425 on the Self-Evaluation Examination (SEE) during the third year of the program**. The score must be met by the date that grades are due for graduating SRNAs.

Several of these criteria are elaborated upon hereafter.

COURSE TRANSFER POLICY

In accordance with Edgewood University 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 University. However, the transferability of coursework to the NAP is highly restrictive. The following course transfer policies are in place for the NAP:

- No nurse anesthesia courses will be accepted for transfer (i.e., no transfer courses will satisfy ANES-prefix courses).

- No courses covering Advanced Physiology or Pathophysiology, Advanced Physical Assessment, or Advanced Pharmacology will be accepted for transfer (i.e., no transfer courses will satisfy NRS 701, 702, and 703).
- 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).
- 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.

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 the Graduate Program Advisor, NAP Faculty, NAP Assistant Director, and/or NAP Director, 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 probation and may be subject to academic dismissal. SRNAs must maintain a minimum cumulative GPA of 3.0 on a 4.0 scale with **no grades below a BC (80%) in any course within the NAP curriculum**.

Early Alert for Students
Didactic course faculty may issue an ***Early Alert*** for any SRNA who scores less than 80% on any exam. Students who have earned a grade of less than 80% at the halfway point of a course will be required to meet with the NAP Director or designee to receive and sign a Performance Improvement Plan (PIP). During this meeting, the student will be informed that their grade in the course at the halfway point is below 80%, and that 80% or above is required to pass the course.

Academic failure occurs when an SRNA does not achieve the requisite grade of BC (80%) or higher in any course in the NAP curriculum. SRNAs experiencing academic failure are required to withdraw from all NAP courses and complete out-processing paperwork. Individuals who have failed one course and desire to return to the NAP are eligible to re-apply to the NAP; however, the individual must submit a new application, adhere to all application requirements, and pay the associated fees. An invitation for an interview does not signify acceptance back into the NAP. An SRNA who is accepted to return to the NAP must pass a written test, simulation(s) and skills labs based on previous successfully completed course material with a score of 80% or above. SRNAs who have failed two or more courses in the NAP will not be considered for re-admission.

COURSE EVALUATION POLICY

Each semester, SRNAs are encouraged to complete online course evaluations for all courses they are enrolled in (APPENDIX C).

Nurse Anesthesia Program Evaluation Committee
The Edgewood University Nurse Anesthesia Program Evaluation Committee (NAPEC) is a dedicated group responsible for assessing and enhancing the quality and effectiveness of the NAP. The committee ensures that the program aligns with educational standards, COA accreditation requirements, and the evolving needs of the healthcare industry. The committee will meet at the end of each semester (Fall, Spring, and Summer).

Three student members (one 1st year, one 2nd-year, and one 3rd-year) are nominated by the faculty based on several factors, including their academic performance, professionalism, engagement with faculty, and participation in informational sessions where they demonstrate the ability to ask thoughtful questions, seek clarification, and provide constructive feedback drawn from their own experiences as well as those of their peers.

DNP PROJECT INFORMATION

Overview

As part of degree requirements set forth by the COA, SRNAs must successfully complete a DNP Project that is of professional dissemination quality. To satisfy the requirements of practice doctorate training, scholarly work represents an evidence-based inquiry process using ***scholarship skills*** resulting in an academically sound product. Consistent with the expectations of practice doctoral education, the DNP Project represents an evidence-based inquiry that applies scholarship to produce an academically rigorous product designed to improve healthcare quality, patient outcomes, perioperative care, or the nurse anesthesia profession. 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. Planning for the DNP Project begins in the second year of enrollment and evolves as the SRNA progresses through the NAP with guidance from SON DNP and NAP faculty over a sequence of four courses.

DNP Project Committee

The DNP Project Committee is comprised of a faculty serving as the DNP Project Chair and a Team Member who is a clinical expert in the field of anesthesia. All projects will have a CRNA faculty or clinical expert on the team. In the 2nd year of enrollment, SON DNP and NAP faculty review the initial project ideas of the student. When DNP Project ideas begin to crystallize, the SRNA is assigned to NAP faculty to guide the DNP Project process. The SRNA will work with their assigned NAP faculty to identify an appropriate clinical expert to serve as the team member on their DNP Project Committee. The clinical expert may be a faculty member or a nurse anesthesia clinical educator. In addition to the support of the DNP Project Committee, the SRNA will also receive support from the NAP and DNP core course faculty.

DNP Project Overview

Project Requirements, Format, and Process

The DNP Project Committee will provide guidance to the SRNA to plan the DNP Project and establish a project timeline for the submission of completed written sections and the DNP Project Dissemination. The DNP Project is completed over a sequence of four DNP Project Courses, following these steps:

- **Identify** a problem related to nurse anesthesia practice (clinical, educational, professional).
- **Search, analyze, and synthesize** existing evidence (literature search skills and critical thinking).
- **Literature reviews** are a requirement for all projects. A review of the literature inclusive of an appraisal with implications and/or recommendations for practice offers breadth, depth and scope to a project. For example, a student may complete a literature review, analysis, and synthesis focused on CRNA involvement in professional associations. Another student may address this same topic, focusing on state policy development. Stand-alone literature reviews without analysis serve as a platform for a project but fall short of the other elements of scholarly work.
- **Develop** a strategy or method to address the problem (demonstrating problem solving and critical thinking).
- **Plan for Implementation** of the strategy or method to be used to address the problem. It is acknowledged that not all projects can be implemented due to breadth or scope. For example, projects aimed at changing practice, educational strategies or administrative policies may not be implementable because of their breadth or scope, yet they still have value as an initial examination and analysis of a problem. Therefore, while the student may generate the foundations of change based on evidence and analyses and propose methods for

implementing the change, executing the change may require time, resources and committee approvals well past the student's graduation. As evidenced by the SIG survey, foundation session, focus group, and Call for Comments survey, scholarly projects can be extremely varied.

Project example with implementation

1. Registered Nurses may lack knowledge and training regarding malignant hyperthermia protocols throughout a multi-facility hospital system. Administration of a pre-test to determine baseline knowledge would precede an in-service education program; following the in-service, a post-test to evaluate gains in knowledge would form the foundation of the project. Implementation of new educational requirements results.
2. Implementing oral didactic testing in an entry-level nurse anesthesia educational program may be initiated based on a project dedicated to testing comparisons.

Project example without implementation

1. Issue: Improving patient safety by changing current monitoring practices for patients receiving peripheral nerve blocks (PNBs). To address this issue, a student may search for, analyze, and apply evidence to create a hospital policy for patients receiving PNBs. However, implementing the policy requires multiple levels of approval as well as staff education. Time constraints of the entry-level or completion-degree CRNA may preclude full implementation.
2. Projects with a very large scope may be extended from one cohort to the next. It may not be feasible to implement the initial project. Narrowing the scope of the project is advisable but is not always feasible depending on the project topic.

Evaluation of Scholarly Project

Evaluation of scholarly work may include a combination of methods including faculty, experts, and/or peer evaluation. Programs tailor scholarly work evaluation and approval processes per university, department, program or committee requirements.

Dissemination of Scholarly Project (COA Required)

Dissemination of rigorous scholarly work contributes to the profession. Dissemination methods depend on the program or institution and may include a combination of methods. Dissemination includes a final written product that is presented to stakeholders at the university or at a local, state, or national meeting. Other methods for disseminating the scholarly product to multiple stakeholders may include poster presentations; manuscript under review and/or submission for publication; in-service education; or podcasts.
Avoid the term 'defense' in the final presentation of a completed practice doctorate project. The term is commonly applied to approval for the research-oriented doctorate.

The following courses will be taken in sequential order to successfully complete the DNP Project requirement:

- ANES 900 DNP Project Identification – SRNAs identify a topic amenable to a DNP Project.
- ANES 901 DNP Project Development – SRNAs develop a written DNP Project Proposal and submit the proposal to the Edgewood University Human Participant Board and the Review Board at the respective clinical facility where the project will be implemented.
- ANES 902 DNP Project Implementation – SRNAs implement the project.
- ANES 903 DNP Project Evaluation and Dissemination – SRNAs evaluate the results of the project and orally defend the project; SRNAs work with the DNP Project Chair to further disseminate the DNP Project.
- The Final Written Product is a five-section Scholarly Manuscript that includes the following five sections:
    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 the DNP Project Committee).

SELF-EVALUATION EXAMINATION

The 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 year. The NBCRNA SEE has three objectives:

- to provide information to SRNAs about their progress in the NAP
- to provide information to program administrators on how well their programs are preparing SRNAs with the knowledge they need for anesthesia practice
- 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. The cost of taking this examination is the responsibility of the student. Students will not be charged with personal leave time for the initial date that the SEE is scheduled. However, if the SEE must be repeated, the day or days will be charged as vacation days. Students must complete the SEE exam with a **minimum score of 425 prior to degree conferral.** Students who do not earn the minimum score will be required to repeat the examination until they achieve the minimum required score. Failure to meet this benchmark will delay degree conferral until the next commencement date after the required score is achieved.

Information obtained from NBCRNA SEE Resources

NATIONAL CERTIFICATION EXAMINATION

- The NBCRNA administers the 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 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: NBCRNA NCE Resources

SON ADMISSION, PROGRESSION, AND ACADEMIC POLICIES

Nondiscrimination Policy (Admission)

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

Academic Advising (Progression)

Upon admission, SRNAs are jointly advised by both the Graduate Program Advisor and a NAP faculty member. The Graduate Program Advisor assists SRNAs in understanding the administrative and logistic components of the NAP. The Graduate Program Advisor communicates the program plan in the SRNA's initial meeting, maintains a complete record of each SRNA's NAP plan throughout their academic career, assists in course enrollment, communicates policy changes, and makes referrals as needed. SRNAs should consult with the Graduate Program Advisor every semester before registering for courses, or if/when their course plan changes. Each SRNA will be assigned to a NAP faculty advisor who will serve as the point-of-contact for educational and professional interests and concerns as well as initial DNP Project and practicum resources.

Student Records

During an SRNA's enrollment at Edgewood University, the official file of records is kept by the Registrar's Office. A copy of the SRNA's file may be maintained by the Graduate Program Advisor and the NAP Director. Official Edgewood University transcripts are maintained in the Office of the Registrar, where copies may be obtained upon proper application.

The SON adheres to the intent of the Family Education Rights and Privacy Act (Section 513, P.L. 93-380, Education Amendments of 1974, commonly known as the Buckley Amendment). This policy is available at: http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Academic Honesty Policy

As members of a scholarly community dedicated to healthy intellectual development, students and faculty at Edgewood University 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 effort in a particular course, unless the instructor has directed otherwise. To clarify and emphasize its standards for academic honesty, the university 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 Vice President of Academic Affairs (VPAA)/Provost's Office for appropriate action.

Due Process

SRNAs aggrieved by decisions made in the classroom, NAP, or SON-level (including dismissal) may appeal that decision to the VPAA/Provost's Office. The VPAA/Provost will decide on final resolution or forward the grievance to the appropriate policy committee for consideration and action.

Family Educational Rights and Privacy Act

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 is included in the Edgewood University catalog.

Academic Appeal

SRNAs follow Edgewood University policy as it relates to academic appeals which states: "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."

SRNA Appeal Procedure

Prior to initiating the appeal process, an SRNA 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 SRNA will contact the NAP faculty advisor or the NAP director to explore other options.

If an SRNA chooses to initiate the appeal process, he/she must submit a written letter requesting an appeal to the Dean of the SON within 10 business days of the date of the letter notifying the SRNA that he/she is being dismissed from the program, or the right to appeal will be denied. The letter must include the following:

- Precise grounds on which the appeal is based;
- Circumstances associated with the appeal;
- Rationale supporting the appeal, including the SRNA's attempts to resolve the situation prior to requesting an appeal;
- Description of proposed specific remedial actions to be taken to improve the SRNA's academic performance.

1. The Dean of the SON will submit the SRNA's request for an appeal hearing to the Chair of the SON Appeals Committee no later than five business days after receiving the request for the appeal.
2. Within five business days of receiving the appeal request, the committee will determine whether or not a hearing is justified.
3. If a hearing is not granted:
    - The committee chairperson will provide written rationale to the Dean.
    - The Dean will then notify the SRNA in writing of the final decision.
4. If a hearing is granted: The committee chairperson will notify the SRNA of the time, date, and location of the hearing. The committee will have access to the student's record and other pertinent written or verbal information such as the SRNA's advising file.
    - The SRNA 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.
    - If the SRNA chooses to attend the hearing, s/he is permitted to bring one support person. The name and relationship of that person to the SRNA must be furnished in writing to the committee chair at least two business days prior to the hearing. An Edgewood University Faculty member is not allowed to be a support person or to submit a letter of support.
    - During the hearing, the SRNA 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 SRNA and support person will be excused while the committee goes into closed session for deliberation.
    - Audiotaping or videotaping any portion of the meeting is not permitted.
5. The Appeal Committee's recommendation for resolution of the SRNA appeal will be forwarded in writing from the committee Chair to the Dean of the SON within 5 business days of the hearing.
6. The Dean of the SON will consider the committee's recommendation in making the final decision regarding the disposition of the SRNA appeal.
7. The Dean of the SON will notify the SRNA in writing of this final decision within 5 business days of receiving the committee's recommendation.

If the SRNA chooses to appeal the final decision, he/she is referred to the section on appeals in the Edgewood University Student Handbook.

Student Complaints and Review
SRNAs have a right to voice a concern to the course instructor. An SRNA who has a concern related specifically to his or her experience in the nursing program should consult with the course instructor 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 the Graduate Program Advisor, if not resolved at this level;
2. Discuss the concern with the NAP Director, 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 SRNA 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 SRNA's graduation or leaving the program.

If not resolved at the SON level, the SRNA may contact the office of the Provost/Vice President for Academic Affairs (VPAA).

CODE OF STUDENT CONDUCT

Code of Conduct
The code of Conduct can be found in appendix B.

AANA Code of Ethics
The SRNA must adhere to the AANA code of ethics which is available at:
https://www.aana.com/practice/clinical-practice/clinical-practice-resources/code-of-ethics-for-crnas/

AANA Practice Documents
Students are required to follow the AANA Scope of Practice, Standards, Guidelines, Code of Ethics, and Position Statements available via the following link:
https://www.aana.com/practice/professional-practice-manual/

Classroom Conduct
SRNAs are expected to attend and participate in all online synchronous and asynchronous modules and/or in-person classes. SRNAs anticipating a missed or late assignment must notify the course instructor via email as far in advance as possible. The decision as to whether a missed or late assignment 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 an SRNA from their responsibility to cover all content required of the module or submit assignments as scheduled.

Student Employment
Students must be prepared to devote full-time energy to their nurse anesthesia studies. Personal responsibilities should be managed to minimize distractions and stress so that the student can concentrate on the program's demanding responsibilities. Part-time work as an RN is very difficult to maintain while trying to meet the program's demands. Thus, students are discouraged from seeking outside employment. **At no time may a student enrolled in this program work as a nurse anesthetist or represent him/herself as a nurse anesthetist.**

Attendance Policy

Students are required to attend all units of instruction to include didactic course work, laboratory assignments, clinical assignments, mandatory program meetings or guest lectures, and conferences provided at clinical sites. In addition, **students are required to be in attendance on campus for all examinations unless otherwise excused by the Program Director**.

Students will be charged with personal leave time for being absent from any didactic course work, laboratory assignments or clinical assignments. Students must obtain approval from the course coordinator to use personal leave time for didactic or laboratory assignments. The program director will give approval for personal leave time from clinical assignments. Personal leave time should not be requested on an examination date unless prior approval by the Course Instructor has been obtained. Students on approved personal leave time are responsible for didactic coursework and laboratory assignments. If an exam is administered or attendance required in one class, the web-based format will not be permitted for any class on that day for any student. Students absent from instruction units without authorization may be subject to disciplinary action.

PRACTICUM POLICIES AND PROCEDURES COMPENDIUM

Practicum Overview

As defined by the 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". **Students are required to complete a minimum of 2,000 clinical 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 and Guidelines – Counting Clinical Experiences, which are 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

Completion of Practicum Hours

To achieve these hours, SRNAs do not follow the traditional semester format upon entering the NAP practicum courses. To provide students with necessary clinical hours to accomplish course and clinical objectives and comply with the required number and types of anesthesia cases required by the COA, each session is continuous with the next session (block format) with vacation and holidays appropriately dispersed on an individual student basis.

HIPAA Privacy of Records

All those in healthcare must comply with the federal regulations of The Administration Simplification Subtitle of the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and the HITECH Act of 2009. These Acts require that individually identifiable patient information be disclosed on a need-to-know basis only. Care must be taken to minimize incidental disclosures and must disclose only minimal amounts of information necessary to accomplish the task. The minimum disclosure standard, however, does not apply to requests for information by a healthcare provider for treatment purposes. For example, if one must administer a medication, you will have full access to the medical record. This is covered by the patient's consent for treatment.

To protect patient/client privacy, all personally identifying information must be removed from student papers, such as care plans and case studies. Information to be removed includes the patient's name, initials, address, phone number, fax number, and social security number. Student papers may not be copied for careless circulation and handling. These written documents containing private health information must be either carefully stored or shredded to prevent the circulation of confidential patient information. Confidentiality and privacy also extend to oral communications which extend beyond the need to know for treatment &/or educational purposes.

Clinical agencies are also mandated to follow HIPAA regulations. Students will therefore be required to meet all the clinical agency requirements as part of the clinical affiliation.

All students must complete the required compliance training for HIPAA and must always maintain current compliance. HIPAA is a federal law. Penalties for wrongful disclosure range from monetary fines to imprisonment.

CLINICAL SITES & COORDINATORS

Clinical Site/Location	Clinical Coordinator
American Family Children's Hospital – Madison, WI	Neil Brauner, MSN, CRNA
Aspirus Divine Savior – Portage, WI	Jeremiah Bond, CRNA
Fort Health Care- Fort Atkinson, WI	Jeff Cichocki, MSN, CRNA
Freeport Memorial Hospital- Freeport, IL	Dr. Bryan Newman, MD
Grant Regional Health Center- Lancaster, WI	Scott Bainbridge, MSN, CRNA
Memorial Hospital of Lafayette County- Darlington, WI	Nick Zuberbuhler, CRNA
Mercy Hospital Crystal Lake- Crystal Lake, IL	Nicholas (Nico) Ventocilla, CRNA
Mercy Hospital & Trauma Center- Janesville, WI	Wes Green, CRNA & Dr. Ian Taggart, MD
Mercy Health Hospital & Medical Center Harvard- Harvard, IL	Nicholas (Nico) Ventocilla, CRNA
Mercy Hospital & Medical Center Walworth- Lake Geneva, WI	Mark Dvorak, CRNA
Mercy-Javon Bea Hospital-Riverside- Rockford, IL	Dr. Ian Taggart, MD
Prairie Ridge Health- Columbus, WI	Craig Vana, CRNA
Reedsburg Area Medical Center- Reedsburg, WI	John Roos, CRNA
Southwest Health Center- Platteville, WI	Trevor Capron, CRNA
SSM Health St. Clare – Baraboo, WI	Kari Heyn, CRNA
SSM Health- Madison, WI	Luke Hattenhauer, CRNA
Swedish American Hospital- Rockford, IL	Dr. Bryan Newman, MD
University of Wisconsin Hospital- Madison, WI	Neil Brauner, MSN, CRNA
Upland Hills Health- Dodgeville, WI	Georgia Govier, MSN, CRNA
UW East Park Hospital – Sun Prairie, WI	Chelsea Bennet, MSN, CRNA
William S. Middleton VA Hospital – Madison, WI	Katie Divyak, CRNA

GENERAL CLINICAL GUIDELINES

Daily Student Clinical Responsibilities

- 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 NAP and cannot be changed by anyone except the NAP Director. Each SRNA is required to rotate to the hospital assigned for the designated period.
- Nurse anesthesia students are guests of the clinical affiliate. Students must comply with the policies and procedures of the affiliating clinical institution and anesthesia department.
- Perform or review a preoperative visit and evaluate all assigned patients. The assessment is to include an anesthesia related history and physical examination, review of pertinent labs, and other studies (x-ray, ECG, MRI, stress tests, etc.). Previous anesthetic records should be reviewed. The preanesthetic assessment is documented according to the procedures of each clinical site.
- Students are required to follow the Care Plan Policy as stated in this handbook.
- Students should revise the anesthesia care plan based on suggestions from the clinical preceptor or anesthesiologist. **In the event of a conflict between the student's plan and that of the anesthesiologist or CRNA clinical preceptor, the anesthesiologist or preceptor will make the final decision for the plan of care.**
- Students who are found to be unprepared for clinical activities may be dismissed from the operating room setting and may be charged with personal leave time. Dismissal from the clinical area may result in disciplinary action.
- Prepare the anesthesia machine, airway equipment, drugs, and ancillary equipment necessary for the conduct of the procedure and anesthetic. This includes all IVs, regional anesthesia trays, fluid warmers, and invasive monitoring lines.
- Manage the anesthetic from pre-induction through maintenance and emergence in collaboration with the clinical preceptor and/or anesthesiologist. The clinical preceptor will decide on the student's level of involvement in the case based upon the student's level of experience, the patient's condition, and the difficulty of the procedure. Students should strive for increased independence in decision-making and patient management as they gain knowledge and skills.
- Position and/or supervise the positioning of patients to ensure optimal physiological function and to prevent injury.
- At the termination of the anesthetic/procedure, transport the patient safely to the appropriate postoperative area. Report pertinent pre- and intraoperative data to the recovery personnel.
- Document all aspects of the anesthesia care given (pre-, intra-, and postoperatively) according to the policies and procedures of the clinical site. Complete all required documentation of controlled substances and billing.
- Conduct post-operative visits
- SRNAs who are not assigned to a case or have completed their original assignment must contact the clinical site 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 NAP Director.
- SRNAs CANNOT under any circumstances revamp or rearrange clinical hours or days with the clinical coordinator or clinical preceptors for personal benefit. Doing so is grounds for probation/dismissal due to unprofessional conduct and integrity.

Required Clinical Equipment

- SRNAs must wear SON identification and/or hospital identification.
- SRNAs are required to follow the assigned hospital's policy for operating room attire.
- SRNAs are required to obtain the following additional equipment:
    - White lab coat
    - Eye protection
    - Clipboard
    - Calculator
    - Stethoscope
    - Anesthesia reference/handbook

Clinical Attendance Guidelines

- SRNAs are required to attend clinical as scheduled by the NAP Director. Additionally, SRNAs MUST attend all department meetings in-services, or other education sessions at their clinical site.
- SRNAs are expected to 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.
- A typical clinical day is from 0545 until 1600. Students are expected to arrive in the clinical area in sufficient time to prepare all necessary drugs and equipment for the assigned clinical experiences.
- Refusing to complete clinical assignments or leaving the operating room area without permission is grounds for academic suspension and/or dismissal. After being relieved in the OR, students should obtain their next day's assignments and make pre- and post-operative rounds.
- It is inappropriate for a nurse anesthesia student to ask clinical preceptors/coordinators to leave the clinical area early or to alter their clinical assignment. Students may be dismissed early from the clinical area only at the discretion of the clinical coordinator or the charge CRNA.
- SRNAs are required to attend all scheduled classes. SRNAs are expected to be on time for class and clinical experiences.
- SRNAs must notify the site's clinical coordinator and NAP Director if they are not able to attend class/clinical for any reason. This notification must occur prior to the scheduled class or clinical experience.
- In cases of emergency, SRNAs should call the Program Director or Assistant Program Director, present the extenuating circumstances and request early release from clinical. Unexcused absence from the clinical area is grounds for academic discipline, including suspension, probation, and dismissal from the program.
- If an SRNA is in a clinical site longer than 12 hours, it is **MANDATORY** that they contact the NAP Director by email and inform them that they are still at the site and why they are there for more than 12 hours.

Clinical Supervision of Students

- A clinical preceptor (CRNA or Anesthesiologist) will directly supervise the SRNA in a 1:1 or 1:2 ratio only depending on student skill level and the acuity of the patient or surgical procedure. 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 an 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 perform clinical interventions without CRNA and/or anesthesiologist supervision, except for nursing skills acquired before entering the NAP (i.e. starting intravenous lines, signing out medications, etc.)

Reasonable Time Commitment Guidelines
As defined by the 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".

Call Experiences
Call experiences include "off" shifts, including 3p-11p, 11p-7a, and weekends. When a student is assigned an "off shift", there must be a qualified CRNA or anesthesiologist immediately available to supervise the student.

Use of Electronics in the Operating Room (OR)
- Electronic 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.

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 University Student Handbook procedures will be followed.

Clinical Dress Code Policy
SRNAs are expected to dress in a manner appropriate for a professional setting. The following attire is unacceptable in any clinical setting, which includes orientation meetings and walking into and out of the clinical site:

Attire
- 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 microorganisms.

Scrubs

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

Clinical Onboarding Policies
Compliance files are maintained by **Viewpoint Screening** (Appendix D). The SRNA is held responsible for accurately uploading their health information and criminal background 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 and/or dismissed from the program.

Clinical Health Status Policies
SRNAs are required to contact the Clinical Coordinator/Nurse Anesthesia Program Specialist/NAP director immediately with any change in their health status.

Criminal Background Policies
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 the practicum is to be held. Failure to submit to a background check will result in exclusion from the practicum and possibly being dropped from the course and/or dismissed from the program. Potential criminal background history concerns are addressed on a case-by-case basis.

SRNAs are required to contact the Clinical Coordinator/Nurse Anesthesia Program Specialist/NAP director immediately with any change in their criminal background history.

LICENSE, MEMBERSHIP AND CERTIFICATION POLICY

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. There are clinical rotations in the state of Illinois, Michigan, Wisconsin and Iowa; students traveling to those sites will be required to obtain licensure in all states where clinical sites are held. Failure to comply with this requirement will result in suspension from clinical rotations until this requirement is satisfied. The cost of maintaining licensure is the responsibility of the student.

Certifications
SRNAs are required to maintain current American Heart Association (AHA) certification in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) at all times while enrolled in the NAP. Students must upload a signed copy of the front and back of the certification card or ecards to Typhon each time certification is renewed.

All certifications must remain current for each semester.

Memberships
Associate Membership American Association of Nurse Anesthesiologists (AANA)
Students are required to join the American Association of Nurse Anesthetists (AANA) as associate members within 30 days of program enrollment. Once the student is an AANA member, they must complete the RRNA Wellness Ambassador Micro-Credential by the end of the first term. The cost of Associate Membership is the responsibility of the student. Benefits of membership include:

- Subscription to AANA Journal
- Subscription to AANA News Bulletin
- Membership in the Wisconsin Association of Nurse Anesthetists (WIANA)

- Reduced enrollment fees at national and state meetings
- Privilege to attend business meetings of AANA and WIANA (non-voting status)
- Opportunities to network with other CRNAs and health service industry personnel

CLINICAL EXPERIENCE POLICIES

Anesthesia Care Plans

Anesthetic Care Plans (ACP) are tools to help the student prepare for clinical experiences. The SRNA will perform a preoperative patient assessment and complete the care plan incorporating information from the health history, chart review, and physical exam. The ACP should include fluid deficit and replacements, allowable blood loss, ventilatory settings, and anesthetic drug dosing specific to each patient. **To preserve patient confidentiality, at no time should the student include patient identifying information on the student care plan**.

- Verbal care plans are required for ALL cases for which a written care plan is not required. **Students are expected to develop a written care plan for the first semester as well as for any case that they have not done previously, as well as for all complex cases, despite the level in the program.**
- For the first semester, if a case is in the SRNA's case record, they MUST have a completed ACP for that patient.
- At least one evidence-based practice or research article is to accompany ONE of the SRNA's scheduled cases listed as a reference on the care plan and must be accessible if asked to provide a copy of the source.
- Only ACPs using the Edgewood University template on Typhon will be accepted.
- SRNAs must complete the ACP for their assigned surgical case prior to administration of an anesthetic. The care plan must be available to the preceptor for discussion before the case starts.
- If patient information is not available, it is up to the SRNA 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 an SRNA performed anesthesia for an add-on case, they must 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 should be conducted on all patients. Post-op notes should be completed per department policy, and pertinent information should be updated on the ACP.

TYPHON CASE REPORTING

ACP in Typhon

SRNAs are responsible for accurate and punctual documentation of anesthesia cases, clinical hours, and anesthesia hours in Typhon (APPENDIX E) as outlined in the COA Guidelines for Counting Clinical Cases (APPENDIX F). **Care plans from the previous week must be uploaded to Typhon by 0800 on Monday morning. Students must upload care plans in Typhon by 0800 on the day of scheduled class.**

Students should review their care plans with their clinical preceptor for that day. The clinical preceptor may make comments, as indicated, on the care plans as they review them.

Students who do not submit their care plans on time may be subject to disciplinary action. Students failing to develop an appropriate care plan may be excused from the clinical area to make needed improvements to the care plan. Clinical time missed for revising anesthesia care plans must be made up at the Program Director's discretion. Repeated problems with care plan development may result in academic disciplinary action. Lost or missing care plans will result in the lack of credit for the clinical day. Missing clinical time must be made up according to the discretion of the program director.

Clinical Experience Record in Typhon

The clinical experience record is documentation of the SRNA's progress towards meeting the COA requirements for clinical experiences for graduation. This documentation also assists faculty in clinical placement for the student to achieve the COA requirements. This cumulative record helps identify areas where sufficient experience has been obtained and where more experience may be needed.

- The student will record the total number of procedures, agents, patients, etc. that were performed in the Typhon clinical experience record within 7 days of the experience
- Students may make their own personal copy of the log to assist them in determining needed case experiences and to place them in their student portfolio. Students are responsible for knowing their case needs and seeking out these experiences at the clinical site.
- Students should also check the accuracy of the log record periodically.
- Students can only take credit for a case where they personally provide anesthesia for critical portions of the case.
- A student may only count a procedure (e.g., central venous catheter placement, regional block, etc.) that he or she performs.
- If a student takes over during a case that is in progress, the student may take credit only for that portion of the case of procedure in which they are actively involved.

  Refer to the Council on Accreditation® Guidelines for Counting Clinical Experiences below: https://www.coacrna.org/wp-content/uploads/2020/01/Guidelines-Counting-Clinical-Experiences-July-2017.pdf

Preceptor->Student: Daily Preceptor Evaluation

- Daily clinical evaluations must be completed every day that the SRNA is in a clinical rotation (APPENDIX G).
- Students must have a clinical evaluation completed by the preceptor for every day they are assigned to clinical.
- The clinical preceptor should rate the student on all competencies in each of the four Domains (Novice, Advanced Beginner, Competent, Proficient). Narrative comments are encouraged as they are an integral part of the evaluation process and help students improve clinical performance.
- If the student receives a safety concern for any competency, the clinical preceptor is encouraged to provide a comment.
- After completing the written evaluation, preceptors should discuss the evaluation with the student and indicate this on the evaluation.
- The faculty advisor will access electronic evaluations. Lost or missing evaluations may result in the loss of credit for the respective clinical day. Missing student evaluations exceeding 25% of assigned clinical time may result in failure of the clinical aspect of a clinical practicum course and/or disciplinary action. Students encountering problems with obtaining student clinical evaluations from their preceptors should report this to their faculty advisor.
- Faculty advisors will conduct mid-semester and end of semester summative evaluations with each student to review the student's progress beginning in the second semester of the program (APPENDIX H).
- The faculty advisor will review the composite of evaluations during each conference with the student. The faculty advisor will assign the clinical grade for the practicum course at the end of each semester based on a composite of the student's daily clinical evaluations, which reflect the expert opinions of the student's clinical preceptors throughout the semester and whether the student has met the expectations for behavior and clinical competencies for his or her level in the program.
- Each student will provide his/her advisor with two to three clinically based performance goals at the beginning of each semester. The faculty advisor will review the student's progress toward achievement of these goals during the mid-semester and end of semester summative evaluations and evaluate the student's progress.
- 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, and/or stethoscope, this will result in an automatic failed clinical day, and a note will be placed in the SRNA's file.

- 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.

Graduate Standards Evaluation

- To be completed weekly and submitted in Typhon with the weekly Care Plan
- Supporting evidence/comments must be provided for all standards that are selected as being met

PROGRAM EVALUATIONS

Student Self Evaluation

Self-reflection and evaluation are professional responsibilities. As such, students are required to participate in their own evaluation process. The self-evaluation can be found in APPENDIX I. Students should submit a typewritten list of goals they wish to accomplish to their advisor at the beginning of each semester. Goals should be clinically based and individualized to the student's area of interest and area(s) of needed improvement. Attention should also be given to designing goals consistent with student rotations and the expected level of functioning in the program. During the summative evaluation with the faculty advisor at the end of the semester, students should discuss whether their stated goals for the semester were achieved. The student should also set goals for the next semester during the summative evaluation at the end of each semester. In this manner, students can track their learning and skill development as they progress through the program, and faculty can develop needed clinical experiences to enhance student learning.

Clinical Site Evaluations

Purpose

- Provide clinical sites with feedback on their facilities and contributions.
- Allow students the opportunity to comment on clinical instruction.
- Provide feedback to NAP on clinical instruction.
- Identify potential areas for faculty development programming.

Procedure

- Students complete evaluations of clinical sites upon completion of each rotation.
- Student comments and ratings are compiled and summarized for use by the program in such a way that confidentiality and freedom of expression of each student are preserved. All comments are reviewed by program administration and faculty and shared with clinical coordinators at each clinical site.

Student ->Preceptor: Clinical Preceptor Evaluations (APPENDIX J)

Purpose

- Provide clinical preceptors with feedback at the end of each rotation via survey.
- Promote professional growth and development of clinical preceptors.

Procedure

- Students complete evaluations of clinical preceptors upon completion of each rotation. Students can select the clinical preceptors they wish to evaluate.
- Student comments and ratings are compiled and summarized for use by the program in such a way that confidentiality and freedom of expression of each student are preserved. The comments are reviewed with the respective clinical coordinators at each clinical agency.
- Annual site visits to each affiliate clinical site also serve as a form of evaluation of clinical preceptors.

CLINICAL PROBATION AND DISMISSAL POLICY

- A CRNA or MD preceptor will be assigned to assist the SRNA with the program of study. This preceptor may be the site's clinical coordinator or a credentialed CRNA from the hospital staff.
- A written plan for remediation will be established and implemented. After the NAP Director discusses the plan with the SRNA, the SRNA will sign acknowledgment of receipt of the plan.
- The SRNA will be counseled at frequent intervals (weekly) by the preceptor and the NAP Director or designee (e.g., NAP Assistant 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 SON for dismissal from the NAP.
- SRNAs who have demonstrated continued poor academic or clinical performance will be considered for dismissal from the NAP. An SRNA should be considered for program 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 from the NAP.
- 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 thirty (30) days. If the SRNA cannot satisfy the criteria for release at the end of the probation, the SON dismissal policy will be enforced.

Adverse Anesthetic Outcome Policy

- Any SRNA involved in a case with an untoward anesthetic event MUST notify the preceptor/clinical coordinator/anesthesia charge immediately. Additionally, they must notify the NAP Director via email within 12 hours of 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 NAP Director within 12 hours of 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 actions:
    - Excuse themselves from the person or the environment without jeopardizing patient care.
    - Contact the site's clinical coordinator and NAP Director via phone, email or text immediately.
    - It is mandatory that the SRNA provides written documentation within 24 hours regarding the incident.
    - Follow up with the site's clinical coordinator at the assigned date and time agreed upon with the NAP Director. The NAP Director or designee will be present during the meeting.

Malpractice Insurance

Malpractice insurance is mandatory for all SRNAs throughout the NAP. SRNAs must purchase an individual professional liability insurance policy through the American Association of Nurse Anesthetists insurance services. Students will receive information to apply for malpractice insurance after they obtain associate membership in the AANA. Students are covered by liability insurance for clinical rotation assignments assigned by the program. The cost of liability insurance is the responsibility of the student. Students are required to maintain this liability policy continuously while enrolled in the NAP.

CLINICAL CONFERENCE GUIDELINES

Grand Rounds
Graduates are required to have a minimum of 45 hours of conference time.
These conference hours can be obtained through participation in Case Conferences at clinical sites, Grand Rounds, Minority Focus Groups, and local/national anesthesia conferences.

Grand rounds are held quarterly; attendance is required for all SRNAs. Students with scheduled vacation time may be excused with approval by the program director.

Goals and Objectives of Grand Rounds:

- To critically review and discuss NAP student cases.
- To use current literature to explain and justify different approaches to anesthesia case management.
- To use student-centered and collaborative learning to develop a learning community, improve intra-operative patient management, and prevent errors from recurring.
- To evaluate the validity of the case management presented, based on evidence, to support and promote evidence-based practice.
- To promote student wellness.
- To enhance cultural competence.

Procedure of Grand Rounds:

- Patient confidentiality is to be maintained. Data that could identify a patient is not to be included in any Grand Rounds material (verbal or written).
- Students are required to report any unexpected or adverse anesthesia events, perioperative complications, or unusual patient diagnoses to the NAP Program Director and their faculty advisor. The program director and/or faculty advisor will determine if a student must present a case at Grand Rounds.
- Students presenting a case study at Grand Rounds must submit their PowerPoint presentation to their faculty advisor to review and approve at least seven days prior to the date of Grand Rounds.
- The student presenting the case must prepare questions to ask the audience concerning the case. The questions can be based on anatomy, physiology, pharmacology, perioperative anesthetic management, ethical issues, legal issues, educational issues, or cultural issues. Questions will be submitted along with the presentation to the faculty advisor for review and approval. The questions are not sent to students.
- The NAP faculty will moderate presentations and discussion during Grand Rounds.

STUDENT LEAVE POLICIES

Semester Breaks
Students entering the NAP will follow the academic calendar for the first three semesters of the plan of study. Thus, didactic and clinical assignments will be assigned continuously throughout the year.

Personal Leave Time
Personal leave time is scheduled and approved by the Program Director. Students are expected to attend class and clinical as scheduled. For extenuating circumstances, the student should contact the Program Director. Students will receive **25 days** of personal leave time, which includes vacation and sick time to be dispersed throughout the program. Due to the stressful nature of the program, students are encouraged to schedule time off throughout the program. **Students are not to "save up" their personal leave time to take it entirely at the end of the program**. Students will be allowed a maximum of ten days of personal leave time during the last four (4) months of the program. Personal leave time needs to be requested via email 30 days prior; the requests may be approved or denied by the NAP Director.

SRNAs in specialty rotations (Cardiac, OB, Trauma, Pediatrics & Regional) will not receive personal leave during these times; an alternate leave schedule will be offered. SRNAs are responsible for didactic material presented while they are on personal leave time. Course schedules are posted before the start of the semester. Personal leave time should not be requested on examination dates.

Holidays Observed
Students will not be scheduled for class or clinical on official holidays. During years 2 and 3, the following holidays will be observed: Labor Day, Thanksgiving, Christmas Eve, Christmas Day, New Years Eve, New Years Day, MLK Day, Memorial Day, and Independence Day. Students can schedule personal leave time with official holidays. Students must submit personal leave time requests with one of the holidays via email to the Program Director.

Illnesses

- 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 in to 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.

Pregnancy
The operating room presents a potentially hazardous environment to the fetus. As a result, students who are pregnant should consult with their physician and notify the Program Director or Assistant Program Director as soon as possible so that clinical assignments may be adjusted as necessary. The program will work with students who anticipate taking maternity leave to adjust clinical and didactic assignments and the length of the program as necessary.
If a student is absent from clinical for more than the allotted 25 days, the student must seek prior approval from the Program Director to make up clinical time. All clinical time must be made up by the date grades are due for graduating students or graduation may be delayed. **Make-up time is not allowed until the student has taken the SEE exam and earned the minimum required score**.

Family
Extended leave from the NAP will be granted to students in accordance with The Family and Medical Leave Act of 1993.

Armed Services Duty
Students who are U.S. National Guard or U.S Armed Services Reserve Force members will be granted military leave as directed under applicable State and Federal statutes. It is recommended that the student schedule reserve duty commitments to avoid interference with classroom and clinical activities. Active military duty time must be scheduled with the program director. To be eligible for military duty leave, a student must present official military orders to the Program Director. Students will be responsible for missed didactic and clinical time. For more details: https://www.edgewood.edu/veterans/active-duty-policy/

Absenteeism
Personal business must be handled during the student's own time. For example, personal business includes appointments and job interviews. Unexcused absenteeism is grounds for disciplinary action.

Tardiness
Tardiness includes reporting late for clinical duties, didactic responsibilities, and/or returning late to class or clinical after a break or lunch. If a student knows he/she will be late, he/she should make every effort to notify the Program Director and appropriate Clinical Coordinator at their site. Students failing to report within an hour of the scheduled start time will be considered absent. Unexcused tardiness is grounds for disciplinary action.

Suspension

Suspension may be imposed for a variety of reasons, including, but not limited to violation of program policies, academic or clinical performance issues, and/or unprofessional or unethical behavior. The length of suspension time will be imposed on an individual basis as determined by the program director.

Dismissal
The NAP faculty reserves the right to immediately suspend, dismiss, and/or fail any student for conduct that is unprofessional, illegal, unethical, or immoral.

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 Program Director.

Mid-Year Assembly: Second Year SRNAs will be allowed to attend the AANA MYA in lieu of clinical. Students attending MYA must submit documentation of registration and will be required to attend all student events, business meetings, and legislative meetings.

AANA Annual Congress: Second-year SRNAs will be allowed to attend the AANA annual congress in lieu of clinical. Students attending annual congress must submit documentation of registration and will be required to attend all student events and the business meeting.
SRNAs will be granted time off from clinical to attend an NBCRNA Certification Board Review Course (i.e. Apex, Valley Review) with the approval of the NAP Director.

NURSE ANESTHESIA FACULTY & STAFF CONTACT INFORMATION

Dr. Ann R. Madden, DNP, CRNA
Program Director and Instructor
annmadden@edgewood.edu
Office location: DER340
Office: (608) 663-4352
Cell: (715) 562-0213

Dr. Mary Scott-Herring, DNP, MS, CRNA
Assistant Program Director, Associate Professor
mscottherring@edgewood.edu
Cell: (410) 207-4011

Julia Christensen, MSN, MEd, RN
Nurse Anesthesia Program Specialist
julchristensen@edgewood.edu
Office Location: DER 322
Office: (608)-663-3452

APPENDICES

A. STUDENT REGISTERED NURSE ANESTHETIST (SRNA) CONTRACT
B. CODE OF PROFESSIONAL CONDUCT
C. END OF SEMESTER COURSE EVALUATION
D. VIEWPOINT SCREENING FOR GRADUATE STUDENTS
E. TYPHON CASE REPORTING
F. COA GUIDELINES FOR COUNTING CLINICAL EXPERIENCES
G. DAILY CLINICAL EVALUATION TOOL
H. MID SEMESTER & END OF SEMESTER ADVISOR EVALUATION OF PROGRESS
I. STUDENT SELF EVALUATION FORM
J. CLINICAL PRECEPTOR EVALUATION

APPENDIX A – STUDENT REGISTERED NURSE (SRNA) CONTRACT

Edgewood University
Hendry Predolin College of Health Sciences
School of Nursing
Nurse Anesthesia Program
Student Registered Nurse Anesthetist (SRNA) Contract

I have received a copy of the 2026-2027 NAP Student Handbook and have reviewed its contents. As an SRNA enrolled in Edgewood University's Nurse Anesthesia Program (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 studies. 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 that 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 National Certification Examination (NCE) administered by the National Board of Certification and Recertification for Nurse Anesthetists within 6 months of the program's completion.

Full Name (please print): _____ Date: _____

SRNA Signature: _____

Faculty Signature: _____

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

EDGEWOOD UNIVERSITY

Appendix B

Code of Professional Conduct

Introduction

Edgewood University's Henry Predolin College of Health Science, School of Nursing offers a variety of nursing degrees from the Bachelors of Science in Nursing to the Doctor of Nursing Practice. Each degree/degree concentration is a professional program that expects the highest standards of ethical and professional conduct. The School of Nursing (SON) Code of Professional Conduct is based on the American Nurses' Association (ANA) Nursing: Scope and Standards of Practice (2021) and ANA Code of Ethics (2015) and is an integral part of student development and professional performance. The SON believes that professional behavior is an integral part of each student's nursing education and adheres to the Code of Professional Conduct throughout all educational endeavors, activities, and events sponsored by the SON. Our duty is to maintain an environment supportive of personal growth, as well as to ensure safe, effective quality health care to the public. Students are not simply seeking a Nursing degree but to join a profession with a very specific and rigorous set of ethical and professional responsibilities.

Henry Predolin College of Health Sciences, School of Nursing Standards of Conduct

NURSES ARE ACCOUNTABLE AND RESPONSIBLE FOR THEIR ACTIONS

As a professional nurse, it is our obligation and duty to adhere to the Nursing Scope and Standards of Practice (*4th Edition*) (*American Nurses Association [ANA], 2021*), and the Nursing Code of Ethics (*ANA, 2015*).

American Nurses' Association Scope and Standards of Practice

Standards of Practice: The Standards of Practice describe a competent level of nursing practice demonstrated by the critical thinking model known as the nursing process. Accordingly, the nursing process encompasses significant actions taken by registered nurses and forms the foundation of the nurse's decision-making.

Standard 1. Assessment: The registered nurse collects pertinent data and information relative to the healthcare consumer's health or the situation.

Standard 2. Diagnosis: The registered nurse analyzes the assessment data to determine the actual or potential diagnoses, problems, or issues.

Standard 3. Outcomes Identification: The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Standard 4. Planning: The registered nurse develops a collaborative plan encompassing strategy to achieve expected outcomes.

Standard 5. Implementation: The nurse implements the identified plan.

- **Standard 5A. Coordination of Care:** The registered nurse coordinates care delivery
- **Standard 5B. Health Teaching and Health Promotion:** The registered nurse employs strategies to teach and promote health and wellness.

Standard 6. Evaluation: The registered nurse evaluates progress toward attainment of goals and outcomes.

Standards of Professional Performance:

The Standards of Professional Performance describe a competent level of behavior in the professional role, including activities related to ethics, culturally congruent practice, communication, collaboration, leadership, education, evidence-based practice and research, quality of practice, professional practice evaluation, resource utilization, and environmental health. All registered nurses are expected to engage in professional role activities, including leadership, appropriate to their education and position. Registered nurses are accountable for their professional actions to themselves, their healthcare consumers, their peers, and ultimately to society.

Standard 7. Ethics

The registered nurse integrates ethics in all practices of nursing.

Standard 8. Advocacy
The registered nurse demonstrates advocacy in all roles and settings.

Standard 9. Respectful and Equitable Practice
The registered nurse practices with cultural humility and inclusiveness.

Standard 10. Communication
The registered nurse communicates effectively in all areas of professional practice.

Standard 11. Collaboration
The registered nurse collaborates with the healthcare consumer and other key stakeholders.

Standard 12. Leadership
The registered nurse leads within the profession and practice setting.

Standard 13. Education
The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

Standard 14. Scholarly Inquiry
The registered nurse integrates scholarship, evidence, and research finding into practice.

Standard 15. Quality of Practice
The registered nurse contributes to quality nursing practice.

Standard 16. Professional Practice Evaluation
The registered nurse evaluates one's own and others' nursing practice.

Standard 17. Resource Stewardship
The registered nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, financially responsible, and used judiciously.

Standard 18. Environmental Health

The registered nurse practices in a manner that advances environmental safety and health.

Source: ANA. (2021). *Nursing: Scope and Standards of Practice* (4th ed.) (p. 89-107). Silver Spring, MD: ANA.

American Nurses Association Code of Ethics for Nurses

Provision 1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 4. The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.

Provision 5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

Provision 7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

Provision 8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

American Nurses' Association Standards of Professional Nurse Practice and Standards of Professional Performance
As a professional nurse, it is our obligation and duty to adhere to the Nursing Scope and Standards of Practice (*3rd edition*) (*American Nurses Association [ANA], 2015*), and the Nursing Code of Ethics (*ANA, 2015*).

Academic Accountability and Responsibility
In addition to professional accountability and responsibility, students must also assume the same standards of accountability and responsibility for their education. Part of educational responsibility and accountability addresses preparation for participation in academic advising.

Advising
NURSING students are required to meet with their academic advisor every semester. It is the student's responsibility to schedule and keep this appointment. During this time, students and faculty members will discuss the advisee's academic plan, academic progress, and plans for graduation as well as answer any questions related to future employment, internships, graduate school or preparing for the state board exam (NCLEX). It is the student's responsibility to come prepared for their advising appointment. Adequate preparation includes having a course plan developed prior to the appointment, knowing how many credits remain prior to graduation, and, if necessary, prior calculation of GPA.

As a student progresses in the nursing program, additional preparation for advising will include discussion of ATI results.

NURSES DEMONSTRATE PROFESSIONAL BEHAVIOR, RESPECT, CIVILITY

Students will fulfill professional nursing roles including client advocate, direct care provider, and educator. Students will treat peers, faculty, members of the healthcare team, and clients with respect and compassion. Clients and their families come from different cultural backgrounds and hold different values. Students will respect these differences providing professional, empathetic, and holistic health care for all.

Each student is expected to display behaviors that represent Edgewood University's Dominican values (TRUTH, JUSTICE, COMPASSION, COMMUNITY, PARTNERSHIP) as well as the values and beliefs of SON. To exhibit the quality and caliber of professionalism deemed appropriate for the Edgewood University student nurse, it is expected that the student will display the professional behaviors addressed in this code.

Clinical and Classroom Expectations
Students enrolled in the nursing major are expected to attend all classes, laboratories, and clinical experiences to fulfill credit requirements for each course. In the event of an absence from clinical, students will be required to complete additional learning experiences as determined by the clinical instructor. ***No*** *on-site clinical make-up experiences will be offered.* Students cannot attend a different clinical section to make up an absence from clinical. There are no excused or unexcused absences from clinical and completing additional learning experiences as required by the clinical instructor does not remove the absence from clinical evaluations.

Students are not to miss clinical, lab, simulation, or theory class to meet the needs of another course (nursing or non-nursing). Likewise, students are not to miss clinical, lab, simulation, or theory class to meet other obligations (e.g., job interviews and/or orientation for employment, elective/non-urgent appointments). Please note that the Edgewood University Calendar is posted for the entire academic year before the start of the fall semester. Therefore:

- Students are expected to plan outside activities during university breaks. Students should not schedule vacations at any other time during the academic semester.
- Travel arrangements for a scheduled break should not include any day in which a class, lab, or clinical is scheduled.
- Students will not be excused from class, lab or clinical, or exams/quizzes prior to or immediately after a scheduled break or for any other vacation during the academic semester.

Additional attendance policies and expectations may be listed in individual course syllabi.

Participation at the Center for Healthcare Education and Simulation (CHES) and other activities related to being a student at Edgewood University including Student Nurses Association events, travel experiences, and participation in other off campus experiences related to the SON are treated as clinical activities in terms of professional behavior expectations. The student will display a caring and compassionate attitude when providing care for any patient, including simulation activities. Students must maintain confidentiality and privacy according to all HIPPA and health care policies and regulations.

Students are expected to arrive on time and be prepared for **all clinical, lab, simulation, and theory class activities.** Preparation in the nursing student context entails readiness to administer safe and appropriate nursing care. Students unprepared to safely administer safe and appropriate care due to poor preparation may be denied to participate in clinical and/or sent home and reprimanded according to SON policy. Any student reporting to clinical or lab under the influence of any substance, whether prescribed or illicit, that may interfere with the cognitive and/or physical ability to render safe patient care will be sent home and reprimanded according to SoN policy.

All students are expected to maintain professional behavior in both clinical and classroom settings. This professional behavior includes, but is not limited to:

- Attending all classes, labs, and clinical activities.
- Taking exams as scheduled (including ATI tests).
- Arriving on time and leaving class/clinical as scheduled.
- Adhering to the SON clinical dress code for all clinical activities.
- Accepting responsibility and accountability for one's own actions. Responsibility and accountability in the nursing student context include completing assignments on time and clinical preparation as required by the clinical rotation. Failure to complete assignments and/or clinical preparation on time can result in a course failure.
- Giving prior notification in writing, voice mail, email, or per faculty course guidelines, to the faculty when he/she is unable to meet commitments. Students are to check with course faculty as to the method of communication required for concerns or questions regarding attendance. The faculty acknowledges that life emergencies do exist and will work with the student in these situations as they arise.

  NOTE: True life emergencies do NOT include:

  1. Scheduling work or vacation during class/lab or clinical, or exam times (including ATI testing).
  2. Missing class in order to work; this is not an excused absence.
  3. Non-emergent doctor or dental appointments.
  4. Fatigue associated with personal choices such as work, extra-curricular activities, or social activities.
  5. Planning "special" events that interfere with class, clinical time, or exam times (e.g., wedding/vacation).
- Interacting with others (peers, faculty, and patients/clients) in a respectful, sensitive, and nonjudgmental manner.
- In the clinical setting, professional behavior must be maintained at all times including your time during patient preparation, breaks, lunch, and any other time you are at the clinical agency.
- Respect others' space and quiet time.
- Addressing faculty in a respectful manner by use of appropriate titles: Dean, Professor, Mr./Mrs., and last name. Do not assume a first-name basis is acceptable until you obtain permission from the faculty member.
- Use of professional language (no profanity and/or inappropriate gestures).
- Approved Cell Phone Use: Cell phone use is prohibited in all nursing courses unless otherwise specifically approved by course faculty.
- Appropriate Cell Phone Use: If cell phone use is permitted by course faculty, it may only be used as directed.
- Constructive verbal and non-verbal behavior.
- Care for others in an empathetic manner.
- Honest, open, and therapeutic communication.
- Confidentiality of all patient information.
- Teamwork and helping behavior for peers.
- Professional and personal courtesy, honor, ethics, and integrity.
- Maintaining professional boundaries.

- Respecting all individuals' differences (i.e., culture, ethnicity, religion, work experience, gender, age, sexual orientation, etc.).
- Refrain from personal conversations and comments during lectures and other class presentations.
- Avoid using laptops for purposes other than educational or class activities as directed by course faculty.
- Wait until it is declared appropriate by the professor to gather things for breaks and at the end of class.
- Avoid leaving the room in the middle of a lecture or exam.
- Attending final clinical evaluations as scheduled and submitting the necessary paperwork prior to the final evaluation.

Examples of serious violations that are subject to immediate dismissal from the PROGRAM include, but are not limited to:

- Illegally removing healthcare agency or patient property from the premises.
- Destruction of any healthcare agency or patient property.
- Falsifying or fabricating clinical experiences.
- Calling in sick for clinical under false pretenses.
- Documenting nursing care that was not performed. Please note that documentation in advance of nursing performance or falsifying any documentation is illegal.

Bullying or Lateral Acts of Violence

Bullying or other lateral acts of violence will not be tolerated by the SON. Bullying is the demeaning and downgrading of an individual through vicious words and cruel acts that undermine confidence and self-esteem. Bullying can involve both psychological and physical actions that can include, but are not limited to, social media, written, and verbal material that results in psychological or physical harm. Any student engaging in this type of behavior may be dismissed from the nursing program.

No-Gift Policy

On occasion, students may want to recognize or thank faculty members for their work throughout the semester. This practice more commonly occurs in clinical settings. Even though gifts are intended as a gesture of thankfulness, they can create uncomfortable feelings among students who may not support the effort or who cannot contribute financially. As such, SON faculty members support a **no-gift** policy for all instructors. If students want to offer a card of thanks, that would be appropriate.

Use of Social Media

People gain information, education, news, etc., through electronic media and print media. Social media is distinct from industrial or traditional media, such as newspapers, television, and film. Social media is relatively inexpensive and accessible to enable anyone to publish or access information, compared to industrial media, which generally requires significant resources to publish information.

Use of social media (Facebook, Twitter, phone texts, blogs, etc.) is strictly prohibited in all capacities related to your SON experience. Posting pictures, comments, or discussions addressing any classroom and/or clinical experiences on any of these sites could result in dismissal from the program. If you discover you have been "tagged" on a Facebook site, notify the individual responsible for the posting to remove the posting immediately. Follow up on this request with documentation from the individual who posted the comment/picture that it has been removed.

It is a common misconception that content that has been deleted from a site is no longer accessible. Any and all content posted on any social media site can be accessed if desired.

"Nurses have been disciplined by boards, fired by employers, and criminally charged by authorities for the inappropriate or unprofessional use of social media". (www.ncsbn.org)

Edgewood University faculty may require a student to use social media as part of the course curriculum. This use of social media is at the discretion of the faculty and will be the only exception to the use of social media at Edgewood University during clinical or classroom settings.

Use of Cell Phones and Laptop Computers in Class

Behaviors such as talking in class, surfing the internet, and use of cell phones (including text messaging during class), are distracting, disruptive, and disrespectful to individuals conducting class and your fellow classmates. These unprofessional behaviors will not be tolerated. Out of respect for your colleagues and instructors, **CELL PHONES MUST BE TURNED OFF AND STORED DURING CLASS MEETINGS.** In the case of a life crisis or for individuals who must be "on call" or "accessible for a text message" on a specific date, please inform the instructor before class begins that you need to keep your cell phone switched on and nearby.

Laptops are allowed in class. Students using laptops must plan to sit in the back row to decrease distractions for other students. If this privilege is abused (i.e. using your laptop for purposes that are not class related) it will be removed at the discretion of the professor.

NURSES MAINTAIN ACADEMIC HONESTY

The Edgewood University Academic Honesty Policy states:

"As members of a scholarly community dedicated to healthy intellectual development, students and faculty at Edgewood University 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 effort in a particular course unless the instructor has directed otherwise. In order to clarify and emphasize its standards for academic honesty, the University 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 other course materials; submitting work previously submitted in another course or the same course if repeating, unless specifically approved by the present instructor
- Posting exam questions or other course materials on the internet without the instructor's permission.
- Falsifying documents or signing an instructor's or administrator/s name to a document or form
- Plagiarism
- 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 commonly 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.

Plagiarism---nurses or other authors do not claim the words and ideas of another as their own; they give credit where credit is due (*American Psychological Association Ethics Code Standard 8.11*)
Self- Plagiarism---nurses and other authors do not present their own previously published work as new scholarly work. An author may cite their own previous work, but they cannot submit that work as new material (*American Psychological Association, 2019*).

- Example: A student submits a paper to CNURS 305 and then with a few minor edit changes, submits the paper for another class or resubmits the paper, with minor edits, if repeating a course.
- Example: A student submits a paper from another class, in which he/she has augmented previous learning but fails to cite the original work.

Plagiarism and self-plagiarism are unprofessional, unethical, and are considered violations of the academic honesty code of the University and the School of Nursing. Participating in any act of plagiarism and/or self-plagiarism directly violates the Nursing Code of Ethics.

NURSES MAINTAIN A PROFESSIONAL APPEARANCE

Students are expected to maintain a professional appearance for both functional and aesthetic reasons. Students engaged in nursing clinical experiences are expected to comply with the SoN dress code requirements. The dress code may vary with selected clinical field trips or conferences; faculty will inform students of appropriate professional attire. Each student is responsible for purchasing the required uniform and Edgewood University nametag PRIOR TO beginning clinical and are responsible for all uniform costs. Faculty may suspend a student from the clinical setting for non-compliance with the Henry Predolin College of Health Sciences, School of Nursing dress code (this will be counted as an absence).

SANCTIONS FOR NOT ADHERING TO THE SCHOOL OF NURSING CODE OF CONDUCT

A student may be dismissed from the SoN for any of the following reasons:

- Failure to meet the academic standards.
- Behavior which is contrary to the ethical code of the nursing profession. This behavior includes any violations against current HIPPA regulations.
- Three early alerts issued during a clinical rotation will result in failing the clinical rotation. Any failure in a nursing course results in dismissal from the nursing program.

Students whose behavior does not comply with the Code of Professional Conduct presented in this document will receive sanctions which may include, but are not limited to, the following: A lower or failed grade, reprimand, campus or community service, restitution, suspension or dismissal from the clinical/classroom or nursing program. The Dean of the College of Health Sciences may define further sanctions not listed in this document.

- *REPRIMAND*- official warning in writing that continuation or repetition of wrongful conduct may result in further disciplinary action (e.g. early alert notice, documentation in clinical evaluation).
- *DISCIPLINARY PROBATION*- may be imposed for any misconduct, failure to follow the Code of Professional Conduct, or any other violations that do not warrant suspension from the nursing program but require further consequences. Disciplinary probation is imposed for a designated period of time determined by the College of Health Sciences Dean. This probationary status includes the probability of further penalties if the student commits additional acts of misconduct or fails to comply in any probation contract details.
- *CAMPUS AND/OR COMMUNITY SERVICE*- requirement that services will be offered for a specified period to an appropriate nonprofit community agency and/or to the campus community.
- *RESTITUTION*- reimbursement for damage to or loss of property which occurred as a result of the misconduct.
- *SUSPENSION*- exclusion from classes, enrollment, and other privileges in the SoN.
- *EXPULSION*- permanent termination of admission and enrollment status in the SoN.

Disciplinary actions, to include expulsion and suspension, shall be included in the student's permanent academic record.

PROCEDURE FOR PROFESSIONAL DISCIPLINARY ACTION

An allegation of professional misconduct may be made by other students, faculty, staff, clients/patients, visitors, or any member of an agency that has a verbal or written agreement to provide learning experiences for students.

The allegation of misconduct should be submitted in written form to the faculty member in whose class or clinical setting the misconduct occurred and the SoN Dean. Information about the misconduct should include:

- *Date, time, location, and description of the incident.*
- *Names of all parties involved and witnesses.*
- *Supporting facts and justification for the complaint.*
- *Brief description of efforts to resolve the complaint.*
- *Date and signature of the person(s) making the allegation of misconduct.*

Students should first discuss any conduct allegations with the faculty member responsible for the clinical or classroom setting in which the infraction occurred. A faculty member who witnesses or observes a student will discuss the situation with the SoN Dean or designated faculty as directed by the Dean. The College of Health Sciences Dean has the right to impose sanctions as deemed appropriate and may involve faculty members as needed. The Dean may also refer the student to the Appeal Process as described in the NURSING Student Handbook.

Students who violate any part of the Code of Professional Conduct a second time will be dismissed from the SoN.

If a student is in violation of the Code of Conduct as described in the University Student Handbook, it is the student's responsibility to notify the College of Health Sciences Dean immediately upon being contacted of their violation by the Dean of Student's Office

APPENDIX C – END OF SEMESTER COURSE EVALUATAION

ABOUT YOURSELF

What grade do you expect to receive in this course?
O A
O AB
O B
O BC
O C
O CD
O D
O F

THE COURSE

The content and workload of the course were challenging.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree
The course schedule was flexible and well paced, with realistic deadlines.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree
The goals and objectives of the course were understandable.

O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree
I learned a lot in this course.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree

*REQUIRED QUESTION
Please rate your overall satisfaction with this course.
O Excellent
O Very Good
O Good
O Fair
O Poor
O Very Poor

Please add any other general suggestions that you wish.
_____

THE INSTRUCTOR

Assignments and readings were fair and relevant.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree
I received consistent and relevant feedback on my work for the class.
O Strongly Agree

O Agree
O Neutral
O Disagree
O Strongly Disagree
Instructor showed knowledge of the subject area.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree
The instructor helped the students understand complex concepts.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree
The instructor was available for individual help.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree
The instructor responded to student ideas, criticisms and suggestions.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree
Instructor encouraged students to express themselves freely.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree
Instructor facilitated students' thinking for themselves.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree

Instructor appeared to be genuinely concerned with whether students understood the material.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree
Instructor helped students develop interest in the subject matter.
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree
There was enough variety in class format (discussions, lectures, demonstration, etc.).
O Strongly Agree
O Agree
O Neutral
O Disagree
O Strongly Disagree

*REQUIRED QUESTION
Please indicate your overall rating of your instructor.
O Excellent
O Very Good
O Good
O Fair
O Poor
O Very Poor

Please list two or three things that the instructor DOES that allow you to learn, retain information, and succeed.
_____

Please list two or three things that you wish the instructor WOULD do to help you learn better, retain information, and succeed.
_____

APPENDIX D - VIEWPOINT SCREENING FOR GRADUATE STUDENTS

Henry Predolin College of Health Sciences

School of Nursing

Edgewood University

1000 Edgewood College Drive

Madison, WI 53711

The following documents must be on file with the School of Nursing prior to beginning your Practicum, Residency, or Advanced Practice Clinical experience (this process should begin at least 60 days in advance of the start-date).

All documents must be completed before beginning clinical experiences or data collection activities.

1. Copy of RN licenses
2. Completed criminal background check
3. Documentation of current TB skin test (within one year)
4. Documentation of current BLS CPR, ACLS, PALS
5. Immunization Documentation for MMR, HepB, Influenza, Varicella, Tdap, and Covid-19.
6. Assumption of Risk form

For Edgewood On-Boarding:
The School of Nursing needs to be in compliance with all our clinical agencies regarding documents noted above and any additional required forms. Students only need on-board **once** for the School of Nursing by submitting documents to ViewPoint Screening. However, students must keep requirements up to date throughout the entirety of their experience (e.g., as TB screening, flu vaccination, licensure renewals, ACLS/BLS/PALS).

Viewpoint Screening for Graduate Students
Henry Predolin School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

In addition to requirements outlined above, the following must be submitted to Viewpoint Screening (Directions are on the Viewpoint Screening website).

Varicella: Must submit documentation of 2 varicella immunizations or a positive titer. Documentation must include administered dates OR the lab results of the titer. If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series.
Hepatitis B: Must submit documentation of 3 vaccinations. The student must also submit a positive antibody titer (lab report required) or declination waiver.
Tuberculosis: Documentation of a two-step PPD skin test within the past 12 months (two step requires an initial injection and reading by a licensed healthcare professional and a second injection and reading by a healthcare professional within 1-3 weeks of the first.)
The renewal date will be set for 1 year from the date of the test results. Need the date of skin test placement **and** date read **and** the mm of induration **and** the signature of the healthcare professional who read the results. Note that some sites such as the VA ~~will require~~ a TB test within 90 days of the clinical start date. Students who have received the BCG vaccine or have a history of positive skin tests will need to provide a chest x-ray.
If you test positive at ~~any time~~, please notify the clinical coordinator immediately.
CPR Certification: M~~UST be BL~~S for Healthcare Providers/Professional Rescuers. The front and back of the card must be submitted and must be signed; certificates of completion with your name and date are acceptable. Renewal date will be based on the expiration of the card or certificate (certification is good for 24 months).
Health Form: Provide documentation for a physical exam completed within the last 12 months. You may use the form we provide, a signed form from your healthcare provider or screenshot of a MyChart. The date must be visible.
Influenza: Documentation of a flu vaccine administered during the current flu season (August-March).
Due date: Original date; then annually on November 1.

Tetanus (Td): Documentation of a Tetanus booster within the past 10 years. The renewal date will be set for 10 years from the administered date of the booster.
Measles, Mumps, Rubella (MMR): Documentation of 2 vaccinations or positive antibody titer (lab report required)
RN License (State License only): Expiration based on date on license.
The due date will be 90 days prior to the 1st day of Advanced Practice Clinical or Practicum, depending on the start date of clinical residency.

APPENDIX E- TYPHON CASE REPORTING

NAST STUDENT INFORMATION SHEET

INTRODUCTION
Typhon Group's NAST System is software used by your school to track your clinical encounters, your time spent at clinical facilities, your evaluations, schedule, portfolio, and much more.

Typhon Group is a web-based software. This means you can access your account and enter information on any computer or device that has a modern browser. There are no "apps" to install. You can login directly to the Typhon Group website (www.typhongroup.net) from anywhere you have internet access.

Students DO NOT self-register for Typhon. Your program creates an account for you. Once your account has been created and your program is ready to grant you access, they will send you an email with login instructions and information. Typhon Group cannot directly provide you with this information.

Once you have received the initial email from your school, you can log in to your account. If your temporary password has expired (or you forgot your password), you can request another one by clicking "Forgot Login or Password." Classroom training may be provided by your school, but once you log in, you'll gain access to the complete instruction manual and video tutorials.

PAYING FOR YOUR ACCOUNT
The first time you log in to the system, you will be directed to an online payment page. On this page, you can pay your one-time $100 system access fee with a credit card (Amex, Visa, MasterCard, or Discover). Once your credit card has been approved, the system will automatically activate your account, enabling you to start using the system.

LOG IN TIPS
Typhon Group provides several kinds of products, so to ensure you log in to the correct area, utilize the special page we created for your school. Your school's home page is http://www.typhongroup.net/**xxxx**, where **xxxx** is the main web domain of your school. Click on your specialty, then the "Log In" button, and then the "Student Data Entry Login" link. Add this page to your favorites or bookmarks for future reference. You should see the screen below (with the blue NAST logo and "Student Data Entry Login"), plus your account number will automatically get inserted when you log in through your school's special page.



ADDITIONAL HELP
Although Typhon Group hosts and provides the software, the system is customized and maintained by your school. Thus, your school is responsible for handling your questions regarding access to your account and login issues. Your questions should be directed to the Typhon Group program administrator at your school. They can also answer your questions about clinical content, missing drop-down items (i.e. your clinical site is not listed), or specifics on how to use the system.

APPENDIX F – COA GUIDELINES FOR COUNTING CLINICAL EXPERIENCES

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

APPENDIX G: DAILY CLINICAL EVALUATION TOOL

Daily Clinical Preceptor Evaluation

This evaluation should be completed by the individual who directly supervised the student during today's clinical experience. Please complete the evaluation before the student leaves the clinical site.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

Expectations for Daily SRNA Clinical Evaluation - Clinical Practicum 1

- Conducts comprehensive anesthesia machine check- Performs anesthesia cart and medication set-up- Conducts preoperative anesthesia assessment on ASA I & II patients- Able to insert IV catheters in uncomplicated patients- Starting to establish induction routine- Developing skills in masking and intubation- Recognizes esophageal intubation- Appropriate positioning techniques.

2. Clinical Date *

Please input date (M/d/yyyy)

3. Clinical Site *

- ◯ Fort Memorial Hospital
- ◯ Mercy Hospital - Crystal Lake
- ◯ Mercy Hospital and Trauma Center - Janesville
- ◯ SSM Health St. Mary's
- ◯ Upland Hills Health
- ◯ UW - AFCH
- ◯ UW - EMH
- ◯ UW - University Hospital
- ◯ William S. Middleton VA Hospital

4. Preceptor/Supervisor Name *

Enter your answer

5. Preceptor/Supervisor Contact Information - Please provide your contact information if you would like the Program Director to follow up with you regarding any concerns

Enter your answer

8. Student Evaluation *

	Proficient	Competent	Advanced Beginner	Novice	Safety Concern	Not Applicable
Preoperative assessment & preparation (Equipment, monitors, cart setup)	○	○	○	○	○	○
Controlled induction & airway management	○	○	○	○	○	○
Participates in patient positioning, protecting patient from iatrogenic complications and injury	○	○	○	○	○	○
Effective anesthesia titration & maintenance phase management	○	○	○	○	○	○
Timely, controlled emergence	○	○	○	○	○	○
Appropriate management of ventilation, pain, n/v, hydration, complications	○	○	○	○	○	○
Use of Universal Precautions & sterile technique	○	○	○	○	○	○
Invasive line insertion	○	○	○	○	○	○
Regional block insertion	○	○	○	○	○	○
Vigilance/ Situational Awareness/ Charting/ Documentation	○	○	○	○	○	○
Seeks out learning opportunities and preceptor feedback	○	○	○	○	○	○
Culturally competent care	○	○	○	○	○	○
Diagnostic skills & effective critical thinking	○	○	○	○	○	○
Appropriate written/verbal anesthesia care plan for assigned cases	○	○	○	○	○	○
Individualizes care using effective decision-making process & evidence-based practices	○	○	○	○	○	○
Intra- & inter-professional collaboration & communication including handoff to appropriate staff	○	○	○	○	○	○

9. Did the student present a care plan for the case? *

- ◯ Yes
- ◯ No

10. Overall Performance Today *

- ◯ Exceeds Expectations
- ◯ Meets Expectations
- ◯ Needs Improvement
- ◯ Unsatisfactory
- ◯ Safety Concern

11. Overall Performance Today *

☆ ☆ ☆ ☆ ☆

12. Preceptor Comments (Strengths demonstrated or areas of improvement)

Enter your answer

13. I confirm that I directly supervised this student today, completed this evaluation, and discussed it with the student. *

- ◯ Yes

APPENDIX H: MID SEMESTER & END OF SEMESTER ADVISOR EVALUATION OF PROGRESS

EDGEWOOD UNIVERSITY NURSE ANESTHESIA PROGRAM

ADVISOR EVALUATION OF PROGRESS

Student: **Date:**

Advisor: MADDEN **Evaluation:** Midterm Summative ☐

Semester: Year I Year II Year III ☐ Spring ☐ Summer Fall ☐

Specialty rotation completed: *Cardiovascular* ☐ *OB* ☐ *Neuro* ☐ *Peds* ☐

Area					Comments
DNP Project	Completed	In Progress	Not Started		
Portfolio	Completed	In Progress	Not Started		
Care plans:					
Quantity	100% present	1-2 missing	3-5 missing	6 or more missing	
Quality	Patient specific	Agree	Disagree	Undecided	
	Procedure specific:	Agree	Disagree	Undecided	
	Medications & doses included:	Agree	Disagree	Undecided	
	Complete & thorough	Agree	Disagree	Undecided	
	Appropriate rationale for choices	Agree	Disagree	Undecided	
	Considers alternatives	Agree	Disagree	Undecided	
Daily Student Evaluations	Meeting objectives for time in program	Agree	Disagree	Undecided	Novice
	Level of independence is appropriate for cases & time in program	Agree	Disagree	Undecided	
Three Semester Clinical Goals	1. 2. 3.	Appropriate & identifies areas needing improvement	Shows progress in meeting previous goals	Shows insight into own development needs	
Clinical experiences	Total: *See Attached Typhon Print-out*	GA: *See Attached Typhon Print-out*	Regional: *See Attached Typhon Print-out*	Conf Hours:	
Didactic Performance	Meeting expectations	Not meeting expectations	Counseling session given	Action Plan Developed	

Additional comments: √ Mask ____ √ Pain ____

Needs: *Completed*
Spinal (20)
Epidural (20)
Regional (20)
Hearts (10)
Neuro (10)
Central Line (10)_____

☐ I have had the opportunity to ask question and voice concerns about this evaluation.

Student Signature: _____ **Date:**

Faculty Signature: _____ **Date:**

APPENDIX I – STUDENT SELF EVALUATION

Student self-evaluation is an important part of the overall program evaluation. **This self-evaluation will be completed at the end of every semester and presented to your faculty advisor at the time of your end of semester summative evaluation.** Please comment on the growth of your knowledge and skills since beginning this program. The information you provide is kept confidential and utilized only for program improvements. Place one check mark in the box for each criterion. Rate each according to the following scale.

E=Excellent; S = Satisfactory; NI – Need Improvement: NA = Not Applicable or Unable to Comment.

Comments are always **VERY** helpful. Comments are **required** for a rating of "NI" comments. Use the back of the form for more comments if needed.

Student Name: _____ Semester and Year:_____

CRITERIA	E	S	NI	NA	Comments:
1.Knowledge of:					
a. Pharmacology					
b. Physical Assessment					
c. Principle of Anatomy, Pathophysiology					
d. Anesthetic Techniques					
e. Evidence-Based Practice					
2. Pre-Op Evaluation					
a. Formulate a Plan					
b. Defend plan with clinical preceptor					
3.Knowledge Of:					
a. Preoperative Patient Preparation					
b. Monitored Anesthesia Care					

c. ASA I & II Patients for General Anesthesia					
d. ASA III & IV Patients for General Anesthesia					
e. Regional Anesthesia					
f. Immediate Postoperative Care					
g. Pediatrics					
h. Obstetrics					
i. Neurosurgery					
j. Cardiothoracic					
k. Regional Anesthesia					
l. Pain Management					
4. Understanding of Anesthetic Equipment/Monitors					
5. Attitude and Adaptability					
6. Acceptance of Instruction					
7. Case conference/Journal Club-Compliance					
8. Compliance with School Requirements (i.e. Typhon)					
9. Self-Directed Study					
10. Self Confidence					

Student Comments:

Student Signature _____ Date: _____

Faculty Signature _____ Date: _____

APPENDIX J: CLINICAL PRECEPTOR EVALUATION

1) Preceptor being evaluated:

2) Preceptor serves as a professional role model.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Don't Know/Not Applilcable

3) Provides guidance in integrating theory and practice.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Don't Know/Not Applilcable

4) Encourages critical thinking and communicates appropriately.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Don't Know/Not Applilcable

5) Encourages independent learning and allows appropriate level of independence.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Don't Know/Not Applilcable

6) Is aware of student's knowledge and capabilities based on level in the program and maintains positive environment.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree

- ◯ Strongly disagree
- ◯ Don't Know/Not Applilcable

7) Provides timely feedback and is available to student.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Don't Know/Not Applilcable

8) Please name a clinical preceptor who made a positive impact on your clinical education and briefly describe why.

→