

University of South Dakota DNAP Student Handbook

Introduction

Welcome to the University of South Dakota (USD) Doctor of Nurse Anesthesia Practice (DNAP) Nurse Anesthesia Program (NAP). This handbook is intended to be used as a reference regarding policy, procedure, or any other matters related to the NAP. Unless they are in conflict with the policies stated in this document (in which case, this document supersedes all others) students are also expected to adhere to the following policies and responsibilities: the Department of Nursing Graduate Nursing Handbook, Graduate program student policies and responsibilities, and the AANA Professional Practice Manual.

Department of Nursing Graduate Nursing Handbook found at:

<https://sites.google.com/usd.edu/graduate-nursing-handbook>

Graduate program student policies and responsibilities found at: [Graduate School Policies and Procedures - University of South Dakota - Acalog ACMS™ \(usd.edu\)](#)

AANA Professional Practice Manual (including Code of Ethics, Scope of Practice, Standards of Nurse Anesthesia Practice, etc.) found at: <https://www.aana.com/practice/practice-manual> (login may be required)

History and Organization

The University of South Dakota- was authorized by the first territorial legislature in 1862. The University is managed by the State of South Dakota and is supported by appropriations from the state government, student tuition and fees, research grants, gifts from alumni and friends, and federal assistance. The University is comprised of the following colleges and schools: the College of Arts & the Sciences, Beacon School of Business, the College of Fine Arts, the School of Education, the Knutson School of Law, the Sanford School of Medicine, the School of Health Sciences, and the Graduate School. Shelia K. Gestring, M.B.A. is the President of the University of South Dakota and Kurt Hackemer, PhD is the Provost/Vice President for Academic Affairs.

Health Affairs – the Sanford School of Medicine and the School of Health Sciences comprise the Health Affairs Division. Tim Ridgway, MD, FACO, FASGE is the Dean for the Sanford School of Medicine and the Vice President for Health Affairs. Haifa A. Samra, PhD, RN, CNL, FAAN is the Dean for the School of Health Sciences. The School of Health Sciences is home to nine academic departments offering over twenty-five graduate and undergraduate programs, two dental hygiene clinics and two significant public service centers. The Nurse Anesthesia Program is housed in the School of Health Sciences, which is the largest and most comprehensive source educating healthcare professions education in the state of South Dakota.

Graduate School – the mission of the Graduate School is to provide high-quality graduate programs in the liberal arts and sciences, education, business, fine arts, law, and medicine; to promote excellence in teaching and learning; and to support research and creative scholarship. The Graduate School accomplishes its mission by providing students with excellent academic preparation and extraordinary opportunities for research, creative scholarship, clinical experiences, and internships in partnership with

individual degree programs,. Beth Freeburg, PhD is Associate Provost and Dean of the Graduate School. Additional information can be found at: [Graduate School | USD](#).

DNAP Program – the mission of the DNAP program is to prepare professional registered nurses for full scope anesthesia practice to improve healthcare delivery for all by providing the educational background and skills founded in innovated evidence-based practice and advanced technologies to become safe competent providers, healthcare leaders, professional advocates, and implementers of evidence-based practice. The program is administered by a Program Administrator and Assistant Program Administrator. Both administrators are full-time, doctorally prepared, experientially qualified Certified Registered Nurse Anesthetists (CRNAs) who hold a license or privilege to practice as a registered professional nurse and/or APRN in South Dakota and have current certification/recertification by the NBCRNA. Program faculty will have the same educational, licensure, and certification requirements. Program faculty and the Assistant Program Administrator report directly to the Program Administrator. The Program Administrator reports directly to the Dean of the School of Health Sciences.

Accreditation

Institutional Accreditation: The University of South Dakota is accredited through 2030 by the Higher Learning Commission’s Open Pathway 10-Year Cycle, and ongoing process that consists of and Assurance Review, A Quality Initiative, and a Comprehensive Evaluation. For more information visit: [Higher Learning Commission Accreditation \(usd.edu\)](#).

The South Dakota Board of Nursing granted provisional approval of the DNAP at its August 11, 2021 Board meeting.

The Nurse Anesthesia Program is currently undergoing the accreditation process by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) <https://www.coacna.org/>. A May 2022 onsite review will take place and the decision will take place in October 2022.

Non-Discrimination

The NAP does not discriminate based on race, age, creed, gender, sexual orientation, color, national origin, marital status, religion, or any other factor prohibited by law.

Program Outcomes

1. Maintain Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accreditation
2. Maintain or exceed COA benchmark first time national certification exam pass rates (currently 80%)
3. Maintain an attrition rate of 10% or less
4. Monitor and report graduate employment rate within 6 months of graduation

Student Learning Outcomes

In addition to the DNP outcomes, NAP graduates will have knowledge, skills, and competencies related to patient safety, perianesthesia patient management, critical thinking, communication, leadership, and the professional role.

Patient Safety will be demonstrated by the student’s ability to:

- Be vigilant in the delivery of patient care
- Conduct a comprehensive equipment check
- Protect patients from iatrogenic complications

Perianesthesia patient management will be demonstrated by the student's ability to:

- Perform comprehensive histories and physical assessments
- Provide individualized, culturally competent, evidence-based perianesthesia care to patients across the lifespan
- Administer and/or manage various types of anesthesia techniques to patients with various physical conditions for a variety of surgical and medically related procedures
- Maintain ACLS and PALS certifications

Critical thinking will be demonstrated by the student's ability to:

- Apply theory and evidence-based principles in decision making/problem solving and when providing anesthesia services.
- Perform a preanesthetic assessment and formulate an anesthesia plan of care before providing anesthesia services
- Identify and appropriately manage complications and/or anesthetic equipment-related malfunctions
- Interpret and utilize data obtained from noninvasive and invasive modalities
- Recognize, evaluate, and appropriately manage physiological responses and/or complications coincident to the provision of anesthesia services
- Use science-based theories and concepts to analyze new practice approaches
- Calculate, initiate, and manage fluid and blood component therapy

Communication skills will be demonstrated by the student's ability to:

- Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families while maintaining respect, privacy, and confidentiality of patients
- Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals
- Utilize appropriate verbal, nonverbal, and written communication in the delivery and transfer of perianesthesia care
- Maintain comprehensive, timely, accurate and legible healthcare records
- Transfer responsibly of care of the patient to other qualified providers in a manner that assures continuity of care and patient safety
- Teach and mentor others

Leadership skills will be demonstrated by the student's ability to:

- Integrate critical and reflective thinking in his or her leadership approach
- Employ strategic leadership skills to influence complex healthcare systems and facilitate intraprofessional and interprofessional collaboration

Professional role will be demonstrated by the student's ability to:

- Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetists

- Function professionally within legal and regulatory requirements with integrity and accept responsibility and accountability for his or her practice
- Apply ethically sound decision-making processes
- Provide anesthesia services in a cost-effective manner
- Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession
- Participate in activities that support and improve patient care
- Inform the public of the role and practice of the CRNA
- Advocate for the advancement of the CRNA specialty and improved patient care
- Demonstrate scholarship through presentations, publications, or leadership activities
- Evaluate how public policy making strategies impact the financing and delivery of healthcare
- Analyze strategies to improve patient outcomes and quality of care
- Analyze health outcomes in a variety of populations, clinical settings, and systems
- Disseminate scholarly work
- Use information systems/technology to support and improve patient care and healthcare systems
- Analyze business practices encountered in nurse anesthesia delivery settings

Plan of Study

Year	Spring	Credits	Summer	Credits	Fall	Credits
Year 1	<ul style="list-style-type: none"> • CRNA 843 Advanced Anatomy/Physiology for Nurse Anesthesiology • CRNA 844 Advanced Pharmacology for Nurse Anesthesiology I • *NURS 773 Clinical Scholarship and Analytical Methods 	4 3 3	<ul style="list-style-type: none"> • *NURS 841 Applied Evidence-Based Practice and Pop health • *NURS 811 Scientific underpinnings for EBP • CRNA 713 Professional Aspects of Nurse Anesthesiology Practice 	3 3 2	<ul style="list-style-type: none"> • CRNA 852 Coexisting Pathologies • CRNA 846 Advanced Pharmacology for Nurse Anesthesiology II • CRNA 715 Advanced Health Assessment for Nurse Anesthesiology 	4 3 3
	Subtotal	10	Subtotal	8	Subtotal	10
	Spring		Summer		Fall	
Year 2	<ul style="list-style-type: none"> • *NURS 813 Scholarly Writing and Communications • *NURS 880 DNP Project 1 • CRNA 716 Basic Principles of NAP • *BADM 761 Leadership development 	1 1 4 3	<ul style="list-style-type: none"> • CRNA 854 Advanced Principles of Nurse Anesthesiology I • CRNA 881 Clinical Residency I (3 days/week) • *NURS 880 DNP Project II 	3 3 1	<ul style="list-style-type: none"> • *NURS 812 Leadership dev in healthcare policy & advocacy • *NURS 880 DNP project III • CRNA 856 Advanced Principles of Nurse Anesthesiology II • CRNA 882 Clinical Residency II (4 days/week) 	3 1 3 4
	Subtotal	9	Subtotal	7	Subtotal	11
	Spring		Summer		Fall	
Year 3	<ul style="list-style-type: none"> • *NURS 863 Leadership Development in Healthcare Business • CRNA 857 Advanced Principles of Nurse Anesthesiology III • CRNA 883 Clinical Residency III (4 days/week) • *NURS 880 DNP Project IV 	3 3 4 1	<ul style="list-style-type: none"> • *NURS 862 Leadership dev. In Information syst tech • *NURS 814 Scholarly writing for DNP project • CRNA 877 Seminar I Business of Anesthesia • CRNA 884 Clinical Residency IV (4 days/week) 	3 1 1 4	<ul style="list-style-type: none"> • *NURS 861 Leadership Development in Quality Improvement in NSG for Health Systems • CRNA 878 Seminar II Clinical Topic Synthesis • CRNA 885 Clinical Residency V (4 days/week) 	3 2 4 4
	Subtotal	11	Subtotal	9	Subtotal	9
	Clinical Hours = minimum 2400 *= online courses		DNP Project Practicum Hours =		Grand Total	84

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Admission Information and Requirements

The Doctor of Nurse Anesthesia Practice (DNAP) post baccalaureate program prepares registered nurses to become Certified Registered Nurse Anesthetists (CRNAs) who will have the educational background and skills necessary to provide anesthesia care that is founded in innovative evidence-based practice and use of advanced technologies. Furthermore, graduates of the program will be able to assume leadership roles in a variety of healthcare settings and improve healthcare delivery. This DNAP program is designed for BSN or MSN prepared RNs with at least one year of full-time critical care/ICU experience.

GRADUATE SCHOOL ADMISSION REQUIREMENTS

1. Completed application through the centralized application service for nursing, NursingCAS found at: <https://www.nursingcas.org>.
2. In order to complete your Graduate School application to the University of South Dakota, you must submit a \$35 application fee, in addition to the NursingCAS fee. The USD Graduate Application fee cannot be waived or deferred, and it is nonrefundable. The fee can be paid on the [USD Deposits and Fees](#) website.
3. Official transcript(s) verifying receipt of an undergraduate degree or master's degree (in English or with translation) must accompany an application. Official transcripts of all academic work at the undergraduate and graduate levels are required for international students. The USD Graduate School and/or academic units retain the right to require credential evaluation from organizations, such as Educational Credential Evaluators/World Education Services (ECE/WES), for a student if such an evaluation is deemed necessary.
4. Completion of a Bachelor of Science in Nursing (or equivalent) degree or an entry-level master's degree in nursing from institutions with institutional accreditation for those degrees. A minimum undergraduate cumulative GPA of 3.0 on conferred degree and/or graduate cumulative GPA of 3.0 on a 4.0 scale is required for full admission. Each graduate program may admit students on provisional status per University policy.
5. Applicants with degrees from countries other than the United States and who have obtained an undergraduate or graduate degree from an institutionally accredited American college or university or from an accredited institution in the following English-speaking countries: United Kingdom, Republic of Ireland, Canada (Excluding Quebec), Australia, and New Zealand are not required to submit an approved English proficiency exam score. For all other applicants, a minimum score of 79 on the Internet-Based TOEFL (iBT) or 550 on the Paper-Based TOEFL (PBT), a minimum IELTS Academic score of 6.0, or a minimum PTE score of 53 is required for graduate admission.
6. A written 500-1000 words statement to address advanced practice professional goals.

Additional Specific Nurse Anesthesiology Program Admission Requirements:

1. Three (3) letters of recommendation (one from a direct supervisor, one from an anesthesia provider, and one from your choice).
2. Current resume/CV.
3. Proof of current unencumbered United States RN licensure. Upon matriculation, all students must have a copy of current nursing South Dakota license (or one from a compact state).

4. At least one year (preferably two years) of current full-time experience as an RN in an intensive care or critical care setting at time of application demonstrated on resume/cv.
5. Certification as a critical care registered nurse (CCRN) at time of application.
6. Completed shadow experience log indicating a minimum of 8 hours (see appendix A).

Top candidates may be selected for an interview with faculty (if moved forward by the program admissions committee).

Applicants accepted to the program will be required to submit up-to-date immunization records, insurance card, Basic Life Support (BLS) certification and Advanced Cardiovascular Life Support (ACLS) for healthcare providers certification, successfully complete a criminal background check and pass a drug screening before matriculation. This is a strict requirement of USD Health Affairs and the School of Health Sciences.

Subject to faculty approval, those who do not meet all the above criteria may be admitted on a provisional basis.

Application Deadline

- Spring Start
 - Deadline: December 1st

Pre-requisites

Evidence of a statistics course with a B or better

Evidence of an organic chemistry or biochemistry with a B or better

Academic Advisement

Although you are responsible for your academic progress in the DNAP program; a Nurse Anesthesia Program faculty advisor will work collaboratively with you on long-term planning, progression through the graduate program, and will provide guidance on meeting graduation requirements and deadlines. In some cases, the academic faculty advisor may also serve as your DNAP Project chair. Your Nurse Anesthesia Program faculty advisor will meet with you at least once per semester to discuss student progression, semester achievements, highlights, formative and summative clinical evaluations, DNAP project progress, clinical case numbers, and other programmatic/student goals/issues. Students will complete a Student Self-Evaluation Form prior to each meeting (see appendix B).

Academic Performance and Progression

The DNAP Nurse Anesthesia Program follows the Academic Policies of the University of South Dakota in accordance with the South Dakota Board of Regents Policies. Graduate School Policies can be found at [Graduate Student Resources | USD](#). The South Dakota Board of Regents Student Conduct Policy can be found at <https://www.sdbor.edu/policy/Documents/3-4%20Student%20Code%20of%20Conduct%20Outline.pdf>

The DNAP Nurse Anesthesia Program features a curriculum that provides a core of science and specialty courses that students then draw upon to enter the clinical arena. As such, the curriculum is meant to be started, progressed through, and completed without interruption. This allows not only for optimal learning, but also optimal success with the NCE that follows the completion of the program of study. NAP specific courses are only offered once per year. If a student fails to maintain a grade of “B” or better in an anesthesia course, progression in the plan of study will be halted and the student will need to discuss their continuance in the NAP with the graduate program director and academic advisor. Failure to maintain a 3.0 GPA may result in dismissal from the program. Students who are required to withdraw or are dismissed due to academic reasons may be eligible for readmission to the program. Students who are eligible for readmission will be required to follow the current admission process as a new applicant. Should an applicant be readmitted, he/she will be considered a new student and will be required to complete the entire curriculum.

Please note that Clinical Residency courses cannot be repeated. A student may be placed on clinical probation at any time during the Clinical Residency for failure to achieve clinical course objectives, unsafe clinical care, unprofessional decorum, or for unethical behavior. A student's behavior must be safe in all areas of patient care. Students failing to meet clinical course objectives or deemed unsafe may be placed on clinical probation with a remediation plan or dismissed from the program. Students who are not able to meet the terms of the remediation plan or address issues of clinical probation will not be able to progress in a clinical residency course. Clinical residency course progression is discussed more thoroughly in the Clinical Residencies Information section of this handbook.

Additional requirements for progression in the DNAP Program:

- Students must hold current active unencumbered registered nurse licensure for SD and the state in which clinical coursework is being completed while enrolled the program. Documentation must be on file with the program office.
- Students must maintain current ACLS, BLS, and PALS certifications while enrolled in the program. Documentation must be on file with the program office.
 - It is the responsibility of the student to provide documentation of the above to the NAP Administrative Coordinator.
 - Failure of the student to provide and/or maintain current certification(s) will result in dismissal from any clinical activities. Any missed clinical time due to expired certifications will be scheduled to be completed after date of program completion/graduation.
- Students in the DNAP program are required to provide evidence that they are up to date with the [Health Affairs](#) required immunizations. Immunization requirements are located in the Health Affairs [Infection Control Policies & Procedures Manual](#). All immunization records are maintained by [Sanford Health](#). Students are advised to keep copies of all records pertaining to health care certifications and immunization status for their personal/employment needs.
- Students in the DNAP program have a continual obligation to report any criminal felony or misdemeanor (including drug/alcohol) charges pending against him/her, which occur after the student has been granted final acceptance into the program. Once admitted to the program all students must complete an updated criminal background check (CBC) and drug screen yearly

while in the program or more frequently if warranted. The DNAP program is housed within the Health Affairs Division; therefore, the program follows the Health Affairs Criminal Background and Drug Screening for Admission and Continuation in the Program policy.

- Any student who is found to be impaired during the clinical portion of the program is in violation of the student code of conduct and possibly in violation of state and/or federal laws. If the student is suspected of impairment, hospital policy will be followed. In addition, the Clinical Site Coordinator, Clinical Course Director and Program Administrator will be notified. The student may be subject to University disciplinary measures and/ or criminal penalties; including dismissal from the program.
- All DNAP students are required to have medical health insurance throughout the duration of their program.
- A clinical schedule/ site rotation schedule will be available to each student one month or more prior to next clinical course. ** Please note: the rotation schedule is subject to change at any time due to unforeseen events.*

Academic Misconduct

Students attending the DNAP program are expected to adhere to the program academic policies, the University of South Dakota [Graduate School policies and procedures](#), and the South Dakota Board of Regents Student Misconduct policy which can be found at [SDBOR 2:33](#). Faculty suspecting academic misconduct shall begin the resolution process under this policy. Allegations of academic misconduct, both when disposition is achieved and not achieved under SDBOR 2:33, will then move to SDBOR Policy 3:4. Graduate students can expect communication from the Director of Student Rights & Responsibilities regarding the final disposition of allegations of academic misconduct; referring faculty and the Graduate Dean will be notified of disposition as well. The [Academic Misconduct Disposition Form](#) utilized by faculty is accessible on the portal.

Academic Probation and Dismissal

If a student has more than one course of unsatisfactory work and/or has not maintained a 3.0 term or cumulative graduate GPA, the academic program places the student on warning, probation, or dismisses him/her from the program in keeping with department and Graduate School policies. Degree programs and the Graduate School review the academic standing of all graduate students each term, and program leaders notify students directly of academic warning, probation or dismissal. The Graduate School is copied on all student communication. A graduate student may be dismissed from the program at any time for failure to meet the academic performance and progress standards of the degree program's or Graduate School. The department is required to provide students a written notice of the issues and an opportunity to meet with the program head (face-to-face, teleconference, virtually) before dismissal action.

A Student in the DNAP program may be considered for dismissal from the program for any of the following reasons:

- A grade below B in **any** course in the program
- A term or cumulative GPA lower than 3.0

- Professional misconduct including unethical, dishonest, illegal conduct that is inconsistent with the Code of Ethics for Nurses or the AANA Code of Ethics for the Certified Registered Nurse Anesthetist [code-of-ethics-for-the-crna.pdf \(aana.com\)](#)
- Conduct which poses a threat or safety risk to property, client, family, faculty, self, other students or healthcare personnel
- A felony conviction while enrolled in the program
- Failure to comply with the drug screening
- Failure to comply with policy of reporting any pending criminal felony of misdemeanor charges
- Academic misconduct

Grievance Process

Please see Board of regents Policy BOR: 2.9 <https://www.sdbor.edu/policy/documents/2-9.pdf> which governs academic disputes involving students. Access to the BOR link can also be found on the Graduate School Student Resources page@ <https://www.usd.edu/graduate-school/student-resources>

Student Code of Conduct and the Appeal Process: South Dakota Board of regents Policy 3:4 <https://www.sdbor.edu/policy/documents/3-4.pdf>

Graduate Appeal forms and the Appeal Process information <https://www.usd.edu/graduate-school/student-resources>

Leave of Absence

Students can request a leave of absence for extenuating circumstances. Each request for a leave of absence will be reviewed on an individual basis. A leave of absence can only be granted during semester 1-4 of the plan of study. Due to the necessary progression in the clinical residencies, and the fact that coursework is only offered once per year, a leave of absence cannot be granted in semesters 5-9. The student's leave of absence request will be reviewed by their graduate program and the Graduate School. If approved, the Graduate School will place the student on leave. A student on approved leave will maintain their "active" status and will not be required to reapply to resume enrollment at the University, provided they return within three semesters, including summer semester. Students whose approved leave lasts longer than three consecutive semesters, must reapply to re-enter the Graduate School. Unless approved for a leave of absence, students who do not remain continuously enrolled will become "inactive," and will need to re-apply to re-enter the Graduate School. A student who takes a leave of absence must still complete their degree within the allotted ten-year time period.

If a student is granted a leave of absence, the student will return one-year later to re-enter the plan of study. Student will only ever be required to follow the original program of study in the catalog they were admitted to. So Curricular/program changes will only be in effect for new cohorts going forward. Student returning from a leave of absence will remain in their original catalog.

Due to the rigor of the nurse anesthesia curriculum and scaffolding of important content, students may be asked to complete refresher modules or coursework prior to re-entering program. This will be discussed with student and documented at the time of the leave of absence

DNAP Degree Requirements

The curriculum is designed as a 36-month full-time plan of study. It is expected that the student will complete all requirements in the prescribed timeline after admission to the program. Before a degree is granted, the student must meet all the requirements of the Graduate School and the NAP. Students should note that graduate studies represent advanced work and research in a discipline or interdisciplinary area and should be more than a compilation of course work. Students are responsible for conforming to all published academic policies and degree requirements. They are likewise responsible for the regulations concerning the degree they plan to obtain and any special requirements within the program or academic unit. In addition, it is the student's responsibility to conform to the University policies regarding the standard of work necessary to maintain enrollment in the Graduate School. In addition to the USD graduation requirements the following criteria must be met to graduate from the Nurse Anesthesia Program:

- Satisfactory completion of all academic courses with a minimum GPA of 3.0. A grade of "B" or higher must be attained in all courses.
- A cumulative and term GPA of 3.0 or higher is required to progress in the program.
- Grades of "C", "D", "F", or other unsatisfactory designations are not acceptable for graduate credit and students receiving these grades will not be able to progress in the program.
 - This does not mean that grades of "C", "D" and "F" may not be assigned but that credit for courses in which such grades have been earned will not be counted toward a graduate degree although they are included in GPA calculations.
 - A student may repeat a course once if readmitted into the program.
 - For repeated courses only the last grade is used in computing the grade point average.
- Satisfactory completion of clinical experiences as required by the Nurse Anesthesia Program, the COA, and the NBCRNA.
- Satisfactory achievement of the Nurse Anesthesia Program's Student Learning Outcomes
- Satisfactory completion of all academic and clinical assignments including but not limited to anesthesia management plans, evaluations, Doctoral project, etc.
- All clinical records must be completed and submitted to the Nurse Anesthesia Program via an electronic clinical experiences platform (i.e., Medatrax, etc.)
- Satisfactory clinical performance
- Successful completion of the Self Evaluation Exam (SEE)
- Satisfactory completion of the Anesthesia Doctoral Project
- Satisfactory completion of all requirements of the COA and NBCRNA
- Current ACLS, BLS, and PALS, and unencumbered SD RN license on file with the Nurse Anesthesia Program

The Self-Evaluation Exam (SEE) is administered by the NBCRNA and will be taken in the third year of the program. Students are required to obtain a score equivalent to the national mean for students in their level of the program (currently 432.4 for third year students). The SEE has three objectives: 1) to provide information to students about their progress in the nurse anesthesia educational program; 2) to provide information to program administrators on how well their programs are preparing the students with the knowledge they need for anesthesia practice; and 3) to prepare students for the National Certification Exam (NCE) [SEE Resources | NBCRNA](#).

After successful completion of the 36-month curriculum, students will be eligible and are required to apply for the national certification examination (NCE) through the NBCRNA. Certification to be a CRNA requires a passing score on the NCE. 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 for entry into nurse anesthesia practice. [NBCRNA](#)

Mastery in the Nurse Anesthesia Program will be demonstrated several ways. First, students who pass all their didactic courses will demonstrate content mastery. Evaluation of didactic courses will be via examinations, quizzes, and presentations. Second, students who pass their clinical courses will demonstrate mastery of clinical skills necessary for entry-level full scope practitioners. Third, students who pass the SEE will demonstrate mastery of the knowledge needed for anesthesia practice. Finally, students who pass the NCE will demonstrate mastery of the knowledge, skills, and abilities necessary for entry-level nurse anesthesia practitioners. Students who are not able to meet the didactic requirements will not be able to progress in the program. Students who are not meeting clinical requirements may be placed on clinical probation with a remediation plan that may include simulation; if they are still unable to meet the requirements, they will not be able to progress in the program. Students who do not score the benchmark on the SEE will be required to conduct a SWOT analysis and retake the SEE until they do meet the benchmark to graduate.

The andragogy approach will be utilized in this program. Simulation will be incorporated throughout the curriculum to allow students to practice skills, develop competencies, and reinforce didactic knowledge in a safe environment, without potentially harming an actual patient. Simulation activities include in-person, virtual simulation, and virtual reality experiences. In-person experiences included basic task trainers for skills development, standardize patient interactions for history & physicals and difficult conversations exercises, regional anesthesia workshops including ultrasound, difficult airway workshops including fiberoptic and other alternative intubations, high-fidelity mannequin operating room scenario enactment. A human anatomy course with a cadaver lab will enhance the student's anatomy knowledge. Didactic lectures may include audience-response systems, group projects, case scenarios, and workbooks to accommodate different learning styles.

Clinical Residencies Information

Purpose: Clinical residency courses are designed to allow students to apply synthesized anesthesia principles and concepts to care for diverse populations across a variety of clinical settings and surgical specialties throughout the entire perioperative period. The courses are designed to meet COA graduate educational standards pertaining to clinical practice training.

Students will progress from novice through the full scope of practice of nurse anesthetists; manage patients across the lifespan with acute and chronic health problems; engage in varied practice models; experience institutions that serve rural, underserved and culturally diverse populations. The staff at each facility is dedicated to assuring students receive a wide range of skills and experiences that will assure fulfilling graduate requirements and becoming full scope of practice providers. As the clinical residencies advance, students will take on increasing responsibility for the planning and implementation of anesthesia care. As a result, the graduate will be prepared to function independently in collaboration with the surgical team, and in a fashion consistent with the scope of nurse anesthesia practice. The clinical residency courses must be taken in sequence and are offered only once per year. Clinical residency courses may not be repeated; therefore, failing a clinical residency course results in dismissal from the program (See Clinical Probation and Dismissal). Students must use the title Student Registered

Nurse Anesthetist or SRNA. **Under no circumstance may they use the title Certified Registered Nurse Anesthetist, CRNA, or Nurse Anesthetist.**

Clinical Performance Objectives: Students are expected to correlate didactic knowledge with clinical practice in the perianesthesia period throughout the program. It is expected that students will progress from providing anesthesia services with close preceptor supervision and guidance in Basic Principles of Nurse Anesthesiology Practice and Clinical Residency I to independently providing anesthesia services with minimal preceptor supervision (as appropriate) in Clinical Residency V.

Level Student Clinical Performance Expectations and Outcomes

CRNA 716 Basic Principles of Nurse Anesthesiology Practice and CRNA 881 Clinical Residency I

- *Performance Expectations:* Students starting to understand the basic flow of anesthesia but are disorganized, unable to prioritize, and need constant direction
- *Outcome #1:* Integrate knowledge of anesthesiology principles, anatomy, physiology, pathophysiology, and pharmacology into evidence-based anesthesia planning and delivery of safe anesthesia care
- *Outcome #2:* Conduct a comprehensive history and physical assessment and formulate an evidence-based anesthesia plan of care based on the patient's underlying health status, culturally relevant information, and the surgical or medical procedure
- *Outcome #3 -* Administer safe evidence-based, culturally competent perianesthesia care to a variety of patients undergoing surgical and medical procedures **with guidance**
- *Outcome #4 -* Demonstrate basic anesthesia skills/techniques and incorporate new skills **with guidance**
- *Outcome #5 -* Identify perianesthesia patient physiologic alterations and/or equipment alterations and initiate appropriate management utilizing evidence-based problem solving and decision making **with guidance**
- *Outcome #6 -* Maintain patient safety throughout the perianesthesia period and transfer care of the patient to qualified providers
- *Outcome #7 -* Use effective communication and documentation skills with diverse patients, families, other healthcare workers, and ancillary personnel to facilitate safe patient care
- *Outcome #8 -* Demonstrate integrity, ethics, honesty, and accountability in professional interactions

CRNA 882 Clinical Residency II and CRNA 883 Clinical Residency III

- *Performance Expectations:* starting to prioritize anesthetic and functions with minimal guidance, somewhat organized, anticipates perioperative events
- *Outcome #1:* Integrate knowledge of anesthesiology principles, anatomy, physiology, pathophysiology, and pharmacology into evidence-based anesthesia planning and delivery of safe anesthesia care
- *Outcome #2:* Conduct a comprehensive history and physical assessment and formulate an evidence-based anesthesia plan of care based on the patient's underlying health status, culturally relevant information, and the surgical or medical procedure

- *Outcome #3* - Administer safe evidence-based, culturally competent perianesthesia care to a variety of patients undergoing surgical and medical procedures **with minimal guidance**
- *Outcome #4* - Demonstrate basic anesthesia skills/techniques and incorporate new skills **with minimal guidance**
- *Outcome #5* - Identify perianesthesia patient physiologic alterations and/or equipment alterations and initiate appropriate management utilizing evidence-based problem solving and decision making **with minimal guidance**
- *Outcome #6* - Maintain patient safety throughout the perianesthesia period and transfer care of the patient to qualified providers
- *Outcome #7* - Use effective communication and documentation skills with diverse patients, families, other healthcare workers, and ancillary personnel to facilitate safe patient care
- *Outcome #8* - Demonstrate integrity, ethics, honesty, and accountability in professional interaction

CRNA 884 Clinical Residency IV

- *Performance Expectations*: getting more organized, functions autonomously, properly manages anticipated and unanticipated perioperative events
- *Outcome #1*: Integrate knowledge of anesthesiology principles, anatomy, physiology, pathophysiology, and pharmacology into evidence-based anesthesia planning and delivery of safe anesthesia care
- *Outcome #2*: Conduct a comprehensive history and physical assessment and formulate an evidence-based anesthesia plan of care based on the patient's underlying health status, culturally relevant information, and the surgical or medical procedure
- *Outcome #3* – **Autonomously** administer safe evidence-based, culturally competent perianesthesia care to a variety of patients undergoing surgical and medical procedures
- *Outcome #4* – **Autonomously** demonstrate basic anesthesia skills/techniques and incorporate new skills
- *Outcome #5* – **Autonomously** identify perianesthesia patient physiologic alterations and/or equipment alterations and initiate appropriate management utilizing evidence-based problem solving and decision making
- *Outcome #6* - Maintain patient safety throughout the perianesthesia period and transfer care of the patient to qualified providers
- *Outcome #7* - Use effective communication and documentation skills with diverse patients, families, other healthcare workers, and ancillary personnel to facilitate safe patient care
- *Outcome #8* - Demonstrate integrity, ethics, honesty, and accountability in professional interaction

CRNA 885 Clinical Residency V

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- *Outcome #1*: Integrate knowledge of anesthesiology principles, anatomy, physiology, pathophysiology, and pharmacology into evidence-based anesthesia planning and delivery of safe anesthesia care

- *Outcome #2:* Conduct a comprehensive history and physical assessment and formulate an evidence-based anesthesia plan of care based on the patient's underlying health status, culturally relevant information, and the surgical or medical procedure
- *Outcome #3 – Independently* administer safe evidence-based, culturally competent perianesthesia care to a variety of patients undergoing surgical and medical procedures
- *Outcome #4 – Independently* demonstrate basic anesthesia skills/techniques and incorporate new skills
- *Outcome #5 – Independently* identify perianesthesia patient physiologic alterations and/or equipment alterations and initiate appropriate management utilizing evidence-based problem solving and decision making
- *Outcome #6 -* Maintain patient safety throughout the perianesthesia period and transfer care of the patient to qualified providers
- *Outcome #7 -* Use effective communication and documentation skills with diverse patients, families, other healthcare workers, and ancillary personnel to facilitate safe patient care
- *Outcome #8 -* Demonstrate integrity, ethics, honesty, and accountability in professional interaction

Clinical Assignments and Responsibilities: During CRNA 716 Basic Principles of Nurse Anesthesiology Practice, students will participate in two days of clinical observation prior to providing anesthesia services. The purpose of clinical observation days is for students to observe and become familiar with anesthesia routines, equipment, and layout of their clinical site. Students will receive information about scheduling and expectations within this course syllabus. Students will be required to complete a clinical orientation checklist during observation days and during the first week in each new clinical site (see appendix C).

Clinical Orientation: A detailed general clinical orientation will be provided prior to the first clinical residency course. The following topics will be covered during clinical orientation: clinical policies, clinical expectations/roles/responsibilities, AANA Standards of Care, Code of Ethics for CRNAs, program outcomes, drug testing/prescriptions, formative and summative evaluations and grading, anesthesia management plans, COA case requirements, COA counting cases document, clinical case/hours documentation in an electronic clinical experiences platform (i.e. Medatrax, etc.), clinical schedules, clinical site orientation check lists. Each clinical site will provide orientation to their site.

Clinical Rotation Schedules: A clinical schedule/ site rotation schedule will be available to each student one month or more prior to next clinical course. ** Please note: the rotation schedule is subject to change at any time due to unforeseen events.*

Clinical Daily Assignments: Clinical site daily assignments are assigned each day by the Clinical Site Coordinator (or designee). Every attempt will be made to complete and communicate assignment schedules on the afternoon prior to the clinical experience day. This will allow students to prepare adequately for their experience. Responsibilities and expectations related to clinical experience preparation are specific to each individual clinical institution policies and will be discussed during the clinical site orientation. However, in general, students are responsible for:

- Obtaining their patient assignment prior to the clinical day
- Preparing in advance for all patients to whom they are assigned to administer anesthesia

- Performing a preoperative patient interview/assessment on all assigned cases
- Preparing a comprehensive, individualized anesthetic management plan for every clinical case with a written plan as directed by the table below and as directed by program faculty
- Discussing the plan of care with both the supervising CRNA and MD Anesthesiologist (if applicable) prior to the case
- Implementing an appropriate evidence-based culturally competent plan of care
- Performing a postoperative patient evaluation on all assigned cases as appropriate or per clinical site policy
- Documenting all case information, time logs, anesthesia management plans, and required evaluations in the electronic clinical experiences platform (i.e. Medatrax etc.)

A clinical preceptor (CRNA or MD Anesthesiologist) will directly supervise the student in a 1:1 or 1:2 ratio only depending on student skill level. The clinical preceptor must always be immediately available in the anesthetizing area (OR suite or non-OR location) when the student is managing the anesthetic. If not in the room, the student must know how to contact the preceptor. A MD resident, fellow, anesthesiology assistant (AA), student registered nurse anesthetist, or graduate registered nurse anesthetist may not be responsible for the direct supervision of a student. (In accordance with COA Standards and Guidelines).

Nurse anesthesia students must have the opportunity to develop into competent, safe, nurse anesthetists capable of engaging in full scope of practice as defined in the AANA's Scope of Nurse Anesthesia Practice and Standards for Nurse Anesthesia Practice. To ensure nurse anesthesia students develop the knowledge, skills, and abilities for entry into practice, students must participate in all phases of their clinical cases including preoperative, intraoperative and postoperative anesthesia care. Opportunities for advanced clinical experiences or increased autonomy are expected as the SRNA progresses through the clinical residencies and as the student demonstrates capabilities, and knowledge.

Preoperative and Postoperative Visits: In all clinical sites, students are expected to perform preanesthetic assessments on all patients for whom they are assigned to administer anesthesia. In some instances, the preanesthetic assessment may be completed in the preoperative holding area. They are also expected to conduct postoperative/post-anesthesia assessments on all patients for whom they provide anesthesia unless the patient has been discharged. In some situations, students will not have the opportunity to see the patient or obtain patient information the day before the proposed procedure. Students must learn to be flexible and develop strategies to adapt to change. There will be occasions when you developed an anesthesia management plan for a patient but had an assignment change and provided anesthesia for an unexpected case. This is a common occurrence in all clinical sites, but the preparation is important for the novice SRNA. Students should wear appropriate professional attire or scrubs when visiting patients. Students are responsible for compliance with documenting quality assurance information per specific clinical site guidelines. Specific information regarding quality assurance guidelines should be discussed during the clinical site orientation. An unsatisfactory grade for clinical residency may result from failure to comply with this directive.

Clinical Hours:

- Clinical Attendance: Clinical attendance is mandatory.

- Clinical hours - Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, preanesthetic assessment, post-anesthesia assessment, patient preparation, operating room preparation, and time spent participating in clinical rounds.
- Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time. The minimum number of clinical hours is **2000 hours** over the course of the program.
- Call Experiences: During some clinical rotations, students will be required to have call experiences. Call experiences are planned clinical experiences outside the normal operating room schedules. Assigned duty on shifts falling within these hours (e.g., 3-11PM, 11PM-7AM, weekends, etc.) is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with urgent and emergent cases. Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.
- Operating rooms are unpredictable and clinical schedules often change many times during the day. Cases may be canceled, room assignments may change, and urgent/emergency cases may be added. An emergency case is never planned, and surgery often lasts longer than predicted. We ask that students make the most of their clinical residency days to optimize their clinical learning experience. This may include staying late to provide a continuum of care through emergence and post anesthesia transfer of care. Anesthesia departments will release you from the operating room in a timely manner for university functions (classes or seminar), which is a priority. At no time are students allowed to ask to leave early without permission of the Program Administrator or designee. Students are not allowed to negotiate their schedules with Clinical Site Coordinators/Faculty. Changes in the schedule must be approved by the Program Administrator or designee. It is expected that all clinical sites, MD Anesthesiologists and CRNAs at affiliated clinical sites adhere to all ASA and AANA guidelines and to the standards and clinical privileges outlined by each facility for the safe delivery of anesthesia to patients. Periodic site visits will be made by NAP faculty to ensure smooth clinical experiences for all parties.

Clinical Experience Documentation: Students are required by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), to maintain a record of clinical experiences. Students must participate in all phases of anesthesia care including preoperative, intraoperative, and postoperative care. While it may not be possible for students to participate in all phases of anesthesia care on every case, students must personally provide anesthesia care for every case which they claim personal participation. Students may not claim a case if they provided care on a limited basis (i.e., break), are not personally involved with the implementation and management of the anesthetic plan of care, or only observe another anesthesia provider manage a patient or their anesthetic care. A student may only count a procedure (e.g., CVL placement, regional block, etc.) that he or she personally performs. To optimize the time spent during the clinical practicum, the nurse anesthesia student must actively seek learning experiences and function in a self-directed manner to achieve the knowledge, skills and abilities to practice as a CRNA. Please refer to the document COA Guidelines for Counting Clinical Experiences (Revised 2017) found at <https://www.coacrna.org/wp-content/uploads/2020/01/Guidelines-Counting->

[Clinical-Experiences-July-2017.pdf](#) for a detailed explanation of how to count cases and follow these guidelines when documenting cases.

Students are required to subscribe to and accurately record clinical learning experiences in an electronic clinical experiences platform (i.e. Medatrax). They are also required to complete clinical case count records and daily/weekly time logs in the electronic clinical experiences platform. It is expected all clinical case records and time log information should be recorded daily. The deadline of submission is within 7 days of the clinical experience. Failure to submit clinical case count and time log information in a timely and accurate manner may result in a warning which could lead to an unsatisfactory grade for the clinical residency course. Students will be oriented to the electronic clinical experiences platform during clinical orientation. Falsification of student case records and experiences is grounds for disciplinary action including dismissal from the program. Final authority for quantifying clinical experiences rests with the Program Administrator who must affirm the accuracy of the clinical experience record. Any questions that arise regarding how clinical experiences should be counted should be directed to Clinical Residency Course faculty and/or Program Administrator.

Anesthesia Management Plans: Anesthesia management plans are invaluable tools created to reinforce didactic knowledge in physiology, pathophysiology, and pharmacology as well as clinical knowledge for procedures, surgeries, and potential complications. They help develop sound anesthesia planning and judgment. Anesthesia management plans should outline the anesthesia plan of care taking into consideration patient comorbidities and type of procedure. They are to be created in advance, submitted to, and discussed with the assigned preceptor prior to administering the anesthetic. It is the clinical preceptor's responsibility to review the anesthesia management plans and provide student feedback; students will benefit from experienced practitioner's feedback. At no time should a student administer any anesthetic without first discussing it with the assigned preceptor for the day. Students are expected to develop complete anesthesia management plans each clinical day. As the student progresses through the clinical residency courses, written care plans will reflect management of more complex cases and higher acuity patient population. The anesthesia management plans will be considered in the student's formative and summative evaluations. In some clinical settings the anesthesia team preceptor may request to review the anesthesia plan in hard copy form. Students must submit all care plans via the electronic clinical experiences platform. In some situations, students will not have the opportunity to see the patient or obtain patient information the day before the proposed procedure. Students must learn to be flexible and develop strategies to adapt to change. There will be occasions when you developed an anesthesia management plan for a patient but had an assignment change and provided anesthesia for an unexpected case. This is a common occurrence in all clinical sites, and we understand the frustration this causes, particularly for the beginning student.

Clinical Evaluations: Students will be evaluated daily by their preceptor in the clinical setting using the USD DNAP Formative Clinical Evaluation tool (Appendix D) in the electronic clinical experiences platform. Clinical performance midterm and end of semester Summative evaluations (Appendix E) will be conducted by Clinical Course faculty for each student. The Summative evaluations are primarily based on Formative Clinical Evaluations and input from the clinical coordinator, daily clinical preceptors, Clinical Residency Faculty, and/or the Program Administrator/Assistant Program Administrator. It is critically important that students take the initiative to improve their performance based on the feedback received from daily evaluations by clinical instructors. Students who are not meeting the expectations of the Clinical Residency Course may be placed on clinical probation. Students must obtain a satisfactory grade (S) on the summative evaluation to successfully progress through the program.

Individual Clinical Site Policies: Students are responsible to review and adhere to all hospital and anesthesia departmental policies and guidelines set forth by the clinical sites in which they are providing anesthesia. All students must be eligible to rotate to all COA approved clinical sites and understand that they may be assigned to any USD COA approved clinical site while in the program. The inability to place a student at a clinical site for any reason may prevent them from completing the program. Students are responsible for providing their own transportation to their assigned clinical site. Depending on place of residence, some students may have to travel more than 60 miles to their assigned clinical site. We believe that all our clinical sites provide a unique and valuable experience. Students should expect to rotate to multiple clinical sites throughout their clinical residencies. Requests in writing to attend or to be excluded from a specific clinical site will be considered prior to clinical scheduling. Clinical Site Coordinators will orient students to the facility either prior to or on the first day of clinical rotation. Orientation should include the physical site, operating room, staff and personnel, and all equipment and work areas. Expectations should be reviewed at this time to include expected report times, call shifts, beeper call, off shifts and weekend time. Students are responsible for all information presented during the orientation. Students should not be placed into the operating room suite until proper orientation has been completed. Clinical site requirements, required documents, and other information will be available to each student electronically.

Credentiailling: Students are required to maintain continuous compliance with all credentialing requirements at each clinical site. Students who are found to be noncompliant may be removed from site. Students are expected to begin their credentialing process for their next clinical site at least 4-8 weeks prior to the rotation, to complete and submit any necessary paperwork and complete any mandatory training. The contact list and credentialing process is subject to change. Students should check Clinical Residency Course online site for the latest credentialing requirements and process that must be completed prior to a rotation at an assigned site. Students should contact the Clinical Residency Course faculty for any concerns. The inability to place a student at a clinical site for any reason will result in the need to makeup clinical experiences and may prevent them from completing the program as designed in the Program of Study.

Clinical Supervision:

Anesthetizing areas:

- A CRNA or anesthesiologist with staff privileges shall be immediately available in all anesthetizing areas at all times for consultation and/or assistance. The ratio of students to instructors in the clinical area shall not exceed 2:1 and shall be directly related to the student's experience, patient condition, complexity of the procedure and anesthetic. Please note: MD residents, fellows, anesthesiology assistants (AAs), student and/or graduate registered nurse anesthetists are not permitted to supervise students.

Non- anesthetizing areas:

- Students in non-anesthetizing areas must be supervised by physicians and registered nurses with staff privileges. Documentation of staff privileges and credentials is maintained by each clinical affiliation site.

Clinical Probation and Dismissal:

A student may be placed on clinical probation at any time during the Clinical Residency for failure to achieve clinical course objectives, unsafe clinical care, unprofessional decorum, or for unethical

behavior. * Clinical probation will be based on a review of the student's formative and summative evaluations (if available) obtained from clinical preceptors; direct communications from clinical preceptors and/or the Clinical Site Coordinator; and review of written anesthesia care plans (as applicable). The length of clinical probation is 30 calendar days and may be assigned only once during the program.

Students placed on clinical probation will meet with the Clinical Residency Course faculty, the Assistant Program Administrator, and/or the Program Administrator to review the basis of the probationary status. Faculty will review the written evaluations and clinical preceptor communications (as applicable) with the student at the time that a probationary status is assigned, noting specific areas needing improvement. A **remediation plan** will be formulated for the student to remediate (with specific goals/objectives/actions/expectations) and resolve any concerns regarding the probationary issues.

Written notification of the student's probationary status and the plan for remediation will be provided to the student prior to the commencement of the probationary period. If a student does not meet the terms of the remediation plan during the probationary period, the student will be dismissed from the program. In addition, there are behaviors or actions that may require immediate dismissal regardless of remediation plan. See **Clinical Reasons for Dismissal** for more information.

During probation, the student may be required to meet additional expectations and/or clinical, didactic, or simulation as outlined in the remediation plan. The student will be expected to obtain daily formative evaluations for review by Clinical Residency Course faculty. Students may be required to meet with the Clinical Residency Course faculty, Assistant Program Administrator and/or Program Administrator on a weekly basis for review of clinical performance. During these conferences, efforts shall be made to aid the student in formulating strategies to correct deficiencies. In addition, reevaluation of the remediation plan may be done. Meeting minutes will be recorded for all meetings, reviewed by student, and signed by all present.

Students on probation will be assigned by the Clinical Residency Course faculty to a clinical site best equipped to execute the remediation plan. The Clinical Site Coordinator at the identified site will be notified of the student's probationary status and applicable elements of the remediation plan. The Clinical Site Coordinator will identify and assign CRNA preceptors to work with the student to execute the remediation plan.

If the probationary period extends beyond a Clinical Residency course semester schedule, the student will be assigned an Incomplete (I) for the course until the probationary period ends. At the end of the probationary period, the student will either be:

- Reinstated in good standing and continue progression in the clinical residency course (or, if the clinical residency course had previously ended and an Incomplete (I) assigned, the grade will be changed to a Pass (P)) or
- Be given a Fail (F) for the clinical residency course, which may result in immediate dismissal from the Program. **

**Please note: A student may be immediately dismissed from a clinical site and/or the program if there are serious concerns for patient safety or the student exhibits egregious unethical and/or unprofessional behavior.*

***Clinical residency courses cannot be repeated*

Clinical Reasons for Dismissal:

- Failed criminal background check *
- Unsuccessful completion of clinical probationary status
- Failure to make progress toward meeting Student Learning Outcomes in senior year
- Since only one probationary period is allowed, may be dismissed for failing to meet clinical objectives at any time after successfully completing a first probationary period
- Unsatisfactory performance of clinical objectives, or poor performance necessitating changes in clinical assignments (including rotations)
- Record-keeping
 - Falsification of documents including, but not limited to, the patient medical record, narcotic administration records, and clinical evaluation forms (including failure to turn in all daily clinical evaluations, including unfavorable ones).*
 - Failure to keep electronic case records current, or turn in clinical evaluation forms in a timely manner
 - Failure to document all cases within 14 days of their occurrence, or repeatedly falling behind more than 14 days in case recording
 - Failure to turn in completed written clinical evaluation forms for the minimum percentage of clinical
- Failure to report critical incidents within 48 hours, that could have led (or did lead) to patient harm
- Use of time/accountability
 - Repeated instances of tardiness, lateness, or absenteeism
 - Request by clinical site that a student rotation be ended
 - Patterned absence (i.e. before exams, weekends, holidays, before or after a scheduled use of clinical release time, etc.)
 - Unexplained absence from the clinical area *
 - No call/no show for class or clinical *
 - Leaving the clinical area without notification of supervising staff *
- Initiating care without the physical presence of a CRNA clinical instructor or physician anesthesiologist
- Student employed as a nurse anesthetist, by title or function, while in the educational program*
- Unethical or unprofessional conduct associated with clinical assignments including, but not limited to:
 - refusing a patient care assignment without patient-related cause (e.g. patient safety)
 - violation of policies, rules and regulations of the hospital or anesthesia department to which the student is assigned for clinical practice *
 - dishonesty
 - inappropriate behavior or language in the clinical setting
 - insubordination or threats directed at university CRNA or other faculty, or clinical instructors *
 - violation of patient confidentiality, such as posting protected health information, details of care, or images of patients publicly, e.g. on social media web sites.
 - any violation of the substance abuse policy*

- reporting for duty while under the influence of any substance which impairs the student's ability to perform his/her clinical tasks. *
- Medication errors
 - Failure to self-disclose errors within 48 hours
 - An error deemed very negligent by faculty (not meeting the standard we expect of an RN even prior to anesthesia education), especially if the patient was harmed
 - Multiple (more than one) medication errors

Items above marked with an asterisk have the potential for immediate dismissal. Substance abuse is incompatible with learning or practicing nurse anesthesia and is a severe threat to patient and student safety. Therefore, it may be grounds for immediate dismissal of a student.

Additional DNAP Specific Information

Attendance Policy: Students are expected to attend all courses, labs, and clinicals as scheduled.

Employment: The DNAP Nurse Anesthesia Program is a full-time continuous, rigorous program. The program strongly discourages students from seeking outside employment while in the program. ***In addition, no student is permitted to be employed as a nurse anesthetist by title or function or to engage in activities which are deemed to be in the scope of a nurse anesthetist outside his/her educational responsibilities while enrolled in the program.***

Program Evaluations: Students will be given the opportunity to provide the program feedback in a variety of ways. Feedback allows programs to improve. Feedback surveys are provided for courses, end of semester advisor meetings, end of clinical rotation surveys, an end of program survey, and a post-graduation survey.

Program Time Off: During the first year, students will follow the USD academic calendar for vacation/ time-off. During the second and third year, due to the clinical residency courses, vacation/ time-off will be granted during breaks between clinical residency courses. Students are expected to schedule their appointments, interviews, etc. during their time off. Please note that clinical residency courses are 17 weeks, not the traditional 15 weeks, and therefore are not reflected on the USD academic calendar. Students should report illness to the didactic faculty prior to the class period. If they are ill during a clinical day, they must notify the NAP and the Clinical Site coordinator prior to the start of the shift. Sick days must be made up.

Rights of Patients: Patients have a right to know who is administering their anesthesia, who will be supervising the administration of the anesthetic, and the relationship between the two. No practice will be tolerated which intended to deceive or mislead the patient about these relationships. Patients have a right to expect that those anesthesia services provided by students will be under the supervision of a CRNA and/or a physician anesthesiologist. The degree of supervision should be consistent with the anesthetic risk of the patient, the magnitude of the anesthesia and surgery, and the educational level of the student. At all times a CRNA and/or physician anesthesiologist must be immediately available in all anesthetizing areas where students are performing anesthesia. Patients have a right to expect that the student and supervisory personnel providing their services are mentally competent and not impaired by fatigue, drugs, or other incapacitating conditions. The patient's surgeon, or responsible physician shall

be kept informed pertaining to the anesthetic management and any complications arising from that management. Nothing shall prevent any patient from requesting not to be a teaching patient or prevent any member of the medical staff from designating any patient as a non-teaching patient.

Rights and Responsibilities- Students: Students have a right to expect that upon acceptance into an accredited program of nurse anesthesia they will be provided the quality of education necessary to fulfill the objectives of the program to prepare competent full scope anesthesia providers capable of:

- Attaining the program student learner outcomes
- Successfully completing a doctoral project
- Meeting the COA Graduate Standards for the Practice Doctorate
- Meeting the requirements to take the NBCRNA National Certification Exam
- Integrating theory underlying the practice of anesthesiology with actual practice
- Providing a variety of anesthesia services to patients across the lifespan with various comorbidities utilizing consultation as required
- Functioning with minimal supervision
- Assuring patient comfort and safety within the confines of those aspects of care over which a student has control or can influence through consultation, advice, or other actions

Students are responsible for and will be accountable for:

- The quality of preparation, completion, and performance of assignments
- Complying with the policies and procedures pertaining to the University, College, NAP and all affiliate sites. Student responsibilities may be defined at the time of enrollment in the program, or made part of the educational experience during the period of enrollment.
- Their ethical and legal responsibilities for repayment of student loans from any source, public or private
- Monitoring their USD email account. Communications sent to the student through USD email shall be considered as adequate notice. Students are required to use their USD email account when communicating with University faculty and clinical faculty/preceptors
- Ensuring that the NAP, USD, and NBCRNA have the student's current contact information at all times
- Submitting current records such as case logs, licensure, certifications (ACLS, BLS, PALS), health status, immunizations and vaccinations, and other records which may be requested by the program.

Responsibilities of Faculty: Faculty members are expected to conduct themselves in a fair and conscientious manner in accordance with ethical standards generally recognized within the academic community as well as those of the profession. Faculty members are expected to (except in cases of illness, emergencies, or other compelling circumstances):

- Attend scheduled classes and appointments
- Be available at reasonable times for appointments with students
- Make appropriate preparation for classes and other meetings
- Perform grading duties in a fair and timely manner
- Evaluate academic work without bias related to race, age, creed, gender, sexual orientation, color, national origin, marital status, religion, or any other factor prohibited by law or defined by COA

- Respect confidentiality of student information contained in University academic records and abide by the Family Educational Rights and Privacy Act (FERPA)
- Give appropriate recognition to contributions made by students in research, publication, service, or other activities

Time Commitment: Students can expect to dedicate an average of 60-64 hours per week throughout the program. During the portion of the program that includes clinical residencies, the time commitment for coursework class times and clinical time will not exceed 64 hours per week. This does not include study time. Please note that clinical assignments in the clinical residency courses may include 24-hour shifts, extended shifts, off shifts, weekend shifts, and night shift experiences.

Technical Standards: Nurse Anesthesia practice is physically, mentally, and emotionally challenging. The provision of safe, competent anesthesia services requires that practitioners demonstrate skills in observation, communication, and motor functions in evaluating applicants for admission and preparing Student Registered Nurse Anesthetists (SRNAs), it is essential that the integrity of the curriculum be maintained, that those elements necessary for the education of the SRNA be preserved and that the health and safety of patients be maintained. Students with a documented, qualified disability are eligible to request reasonable accommodations. Accommodation requests will not be granted if the accommodation requires a substantial modification of an essential element of the curriculum, lowers the academic standards of the program, poses an undue administrative or financial burden, or poses a threat to patient safety. All requests for accommodation should be made in a timely fashion. Because the DNAP degree signifies that the holder is a person prepared for entry into the practice of anesthesia, it follows that graduates must have the knowledge, skills, and ability to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Therefore, candidates for DNAP degree from USD must have certain sensory and motor functions that permit them to carry out the activities described in the sections that follow. They must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze, and synthesize data.

A candidate for the DNAP degree must have abilities and skills of five varieties, including:

1. Observation
2. Communication
3. Motor
4. Intellectual, conceptual, integrative, and quantitative abilities
5. Behavioral and social attributes

Technological accommodation may be available to assist for some disabilities in certain of these areas, but a candidate and student should be able to perform in a reasonably independent manner without reliance on a trained intermediary to replace the candidate's judgment or power of assessment and observation.

Observation: Students must have sufficient capacity to make accurate visual observations and interpret them in the context of laboratory studies, medication administration and patient care activities. A student must be able to observe a patient accurately at a distance and close at hand. Students must have a sufficient level of hearing to determine both high and low levels of frequency and amplitude

(monitor, assess and respond to health needs). Students must be able to detect and interpret changes in monitoring alarms and equipment. Students must have sufficient sensory capacity to observe in the lecture hall, the laboratory, the outpatient setting, and the patient's bedside. Students must have sensory skills adequate to perform a physical examination. Functional vision, hearing and tactile sensation must be adequate to observe a patient's condition and to elicit information from computerized monitors, and through procedures regularly required in a physical examination, such as inspection, auscultation, and palpation. Students must be able to observe a patient accurately at a distance and close at hand.

Communication: Students must communicate effectively both verbally and non-verbally to elicit information and to translate that information to others. A student must be able to read and write English effectively to fulfill academic requirements, and to maintain accurate clinical records on patient care. Communication includes not only speech but reading and writing. They must be able to communicate effectively and efficiently in oral and written form with all members of the health care team. They must be able to read and record observations in a legible, efficient, and accurate manner including the effective use of electronic documentations.

Motor: Students are required to possess motor skills sufficient to elicit independently information from patients by palpation, auscultation, percussion, and other manually based diagnostic procedures. Students should be able to conduct laboratory and diagnostic tests and carry out physical assessments. Students must possess motor skills required for their specialty's scope of practice. The student must also be able to coordinate fine and gross muscular movements to treat patients in emergency situations. Emergency situations include any circumstance requiring immediate remedy (i.e., CPR, ACLS). Students must be able to coordinate gross and fine motor movements and the senses of touch and vision to insert intravascular access, administer regional anesthetic techniques, and perform airway management. They must demonstrate sufficient physical strength to perform airway management, move and position patients and equipment, including the ability to lift > 35 lbs. and perform adequate chest compressions associated with administering CPR. Students must have sufficient stamina to stand or sit for prolonged periods of time. They must safely maneuver in the operating room and other anesthetizing locations. Students must Respond appropriately to alarms and changes in patient conditions that require physical interventions.

Intellectual, conceptual, integrative, and quantitative abilities: The student must be able to develop and refine problem-solving skills that are critical to practice as a nurse. The student must have the ability to measure, calculate, reason, analyze and synthesize objective and subjective data and to make decisions that reflect consistent and sound clinical judgment. Students must possess good judgment in patient assessment, and the abilities to incorporate new information, comprehend three-dimensional relationships, and retain and recall pertinent information in a timely fashion. This includes decision-making to maintain safety and security of patients and to behave appropriately with patients, staff, students, supervisors, and faculty. A student must be able to read and understand medical and nursing literature. To complete the degree, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely and often critical fashion in problem-solving and patient care.

Behavioral and Social Attributes: Students must possess the physical and emotional health required for the application of his/her intellectual abilities and the employment of sound judgment in an appropriate

and prompt manner. Students must be able to function effectively under physically and emotionally taxing workloads, and in times of physical and mental stress. Students must display compassion, sensitivity, and concern for others, and always maintain professional integrity. Students must be able to adapt to changing environments; display flexibility; accept and integrate constructive criticism and learn to function cooperatively and efficiently in the face of uncertainties inherent in clinical practice. This includes appropriately interacting with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

Graduate Student Resources

Financial Aid: A college education is an investment in your future. The Office of Financial Aid [Financial Aid | USD](#) works with students and parents to explore the many resources available to help make your college education even more affordable. The Office of Financial Aid is located in the Belbas Center on Campus. The address is:

Belbas Center
414 E. Clark Street
Vermillion, SD 57069
Phone: 605-658-6250
Fax: 605-677-5238

Research: Research and creative scholarships are an integral part of the University of South Dakota's mission and an important facet of most graduate education programs. Faculty and students pursue research in virtually all academic departments on campus, and in many cases, research or creative scholarship is a required portion of a graduate degree program. Additionally, there are many interdisciplinary and mission-oriented institutes on campus that carry out research. Graduate Research @ [Graduate Research | USD](#)

Writing: The Writing Center is a place where writers can get help on all aspects of their writing, from developing ideas to revising and polishing their pieces. This free service is available to students, faculty, and staff at the University of South Dakota. The Online Writing Center is available to students taking distance courses through USD and those who are unable to attend an on-campus session.

Receive help on all areas of your writing from developing ideas to revising and polishing your pieces. The Writing Center provides assistance with essays, reports, homework that involves writing, theses and dissertations, short stories, resumes, business letters, and grants and proposals. Visit the Writing Center @ [Writing Center | USD](#)

University Libraries: The University Libraries strives to advance the teaching, learning, and research priorities of the University of South Dakota by providing services in discovering, accessing, and using authoritative resources and collections. Our services are delivered by library and information professionals located at I.D. Weeks Library on the Vermillion campus, the Wegner Health Science Information Center on the USD Sanford School of Medicine campus in Sioux Falls, and the USD Community Center for Sioux Falls.

The University Libraries are committed to providing high quality library services to all USD students and faculty. This mission includes USD off-campus students. You can take advantage of our specialized

liaison services no matter where you are. Meet your library liaison and schedule a consultation (including online consultations) to receive personalized help. Visit University Libraries @ [University Libraries | USD](#) and Library Services for Distance Learners @ [Services for Distance Learners | USD](#)

Technology and Computing Resources: The USD Information Technology Department provides students with technology support. Information can be found @ <https://www.usd.edu/technology>

Professional Development and Leadership Opportunities: The Graduate School at the University of South Dakota is committed to the professional development for our Graduate Students. Outside of the classroom, USD offers a range of development tools through scholarships, research and events. Find scholarships related to your program. Participate in our student research opportunities. Join our leaders in research for our Responsible Conduct of Research seminar series. [Professional Development | USD](#)

APPENDICES

Appendix A Shadow Experience Log

Shadow Experience Log

The University of South Dakota Nurse Anesthesiology Program requires applicants to shadow a CRNA for a minimum of 8 hours as part of the application process. This shadow experience is intended to provide prospective program candidates with insight into the profession and practice of CRNAs.

Please complete the following information and return the form to the program applicant. The applicant is responsible for submitting this form with his/her application. Thank you for taking the time to share the CRNA profession with potential future CRNAs!

Applicant Name: _____

I verify that the applicant named above has completed _____ hours of shadowing with a CRNA providing direct patient care and has had the opportunity to ask questions about the CRNA profession and practice.

- Discussed the roles and responsibilities of CRNAs
- Observed the preanesthesia assessment and patient/room preparation
- Observed induction of general anesthesia
- Observed intraoperative monitoring and anesthetic management
- Observed emergence from general anesthesia
- Observed postoperative assessment and handoff
- Observed invasive line placement
- Observed regional anesthesia
- Other experiences (please list):

Shadow Date(s):

Facility:

Printed CRNA Name:

CRNA signature:

CRNA email address:

Appendix B End of Semester Evaluation

End of Semester Evaluation

Name: _____ Faculty Advisor: _____ Date: _____

Topic	Yes	No	N/A	COMMENTS
Student's Self-Evaluation presented and discussed?				
Student's semester goals presented and discussed?				
Student's previous semester goals achieved?				
Student's current didactic performance discussed?				
Student's formative and clinical evaluations discussed?				
Student's case count/ clinical experiences record discussed?				
Student's DNP project progress discussed?				
Student's semester achievements/highlights discussed?				

Additional comments:

Student Signature

Faculty Advisor Signature

Appendix C: Clinical Orientation Checklist

Student _____

Clinical Site: _____

Rotation Dates: _____

***Completion required within 3 days of starting new rotation**

Tasks to be completed	Y= Yes; N= No; NA = Not applicable
ID Badge obtained	
Orientation packet received	
Contact information provided	
Access to patient electronic health records	
Electronic signature and password for anesthesia record	
Surgical scrubs access and policy	
Review with Clinical Onsite Coordinator: <ul style="list-style-type: none"> • Pre- and post-op policies • Patient sign-off from PACU • Beta blocker administration • PATIENT Checklist report hand-off • Management of patients with coronary artery stents, pacemakers, AICD's • Blood and blood-product administration • Airway emergency response • Clinical orientation packet and skills checklist 	
Locate the following areas where anesthesia services or patient care may be provided: <ul style="list-style-type: none"> • ICU • Cath lab • GI • Ambulatory • Pharmacy • OB • Radiology • Blood Bank or Blood Product policy • Pre-op Holding area • Communication board for OR Schedule • Confirm Methods of Communication 	
Locate Pyxis/Medication Dispenser	
Obtain Access to the Pyxis/Medication Dispenser	
Student understands and agrees to follow institutional policy and procedures on controlled substances (management, waste, and documentation)	

Student Signature/Date

Onsite Clinical Coordinator Signature/Date

Appendix D: USD DNAP Formative Clinical Evaluation tool

Name: _____ Preceptor: _____ Semester/Level _____ Date: _____

Clinical Site: _____ Case(s): _____

S= functions at expected level in program; U= functions below expected level in program; N/A = not applicable/observed

Patient Safety	S	U	N/A	COMMENTS
Vigilant in delivery of patient care				
Refrains from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (i.e. texting, reading, etc.)				
Conducts comprehensive equipment check				
Protects patients from iatrogenic complications				
Perianesthesia	S	U	N/A	COMMENTS
Provides individualized care throughout the perianesthesia continuum				
Delivers culturally competent perianesthesia care				
Provides anesthesia services to all patients across the lifespan				
Performs a comprehensive history and physical assessment				
Administers general anesthesia for a variety of surgical and medically related procedures				
Administers a variety of regional anesthetics				
Critical Thinking	S	U	N/A	COMMENTS
Apply knowledge to practice in decision making and problem solving based on evidence-based principles				
Perform a preanesthetic assessment and formulate an anesthesia plan of care prior to providing anesthesia services and				
Assume responsibility and accountability for anesthesia care				
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 patient physiologic responses				
Recognize and appropriately manage anesthesia complications				
Use science-based theories and concepts to analyze new practice approaches				
Communication	S	U	N/A	COMMENTS
Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families				
Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals				
Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care				
Maintain comprehensive, timely, accurate, and legible healthcare records				
Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety				
Teach others (grand rounds, presentations, mentoring)				
Professional Role	S	U	N/A	COMMENTS

Adheres to the <i>Code of Ethics for the Certified Registered Nurse Anesthetist</i>				
Interacts on a professional level with integrity				
Applies ethically sound decision-making processes				
Functions within legal and regulatory requirements				
Accepts responsibility and accountability for own practice				
Provides anesthesia services in a cost-effective manner				
Overall Assessment	S	U	N/A	
Functions at expected level				

Appendix E: USD DNAP Summative Clinical Evaluation

Student Name:

Clinical Site:

Date:

Clinical Coordinator name/signature:

Please circle the response that best reflects the student's performance at your clinical site for the period between: _____ and _____.

- 1. Student knowledge base (anatomy, physiology, pathophysiology, pharmacology, basic laboratory/diagnostic information, chemistry/biochemistry/physics, anesthesia principles, equipment/technology)**
 - a. Meets or exceeds expectations for level in program (20 points)
 - b. Does not meet expectations for level in program (0 points)

- 2. Student preanesthesia preparation of patient and anesthetizing area (patient assessment/evaluation, cultural competence, evidence-based anesthesia management plan, medications/treatments, room set up)**
 - a. Meets or exceeds expectations for level in program (20 points)
 - b. Does not meet expectations for level in program (0 points)

- 3. Student perioperative anesthesia management is evidence-based (induction, maintenance, emergence, safety, pain management, post-anesthesia care)**
 - a. Meets or exceeds expectations for level in program (20 points)
 - b. Does not meet expectations for level in program (0 points)

- 4. Student psychomotor skills (airway management, regional techniques, arterial/venous access techniques, infection control/universal precautions)**
 - a. Meets or exceeds expectations for level in program (20 points)
 - b. Does not meet expectations for level in program (0 points)

- 5. Student professionalism (ethical/legal, receptive to instruction, interdisciplinary communication, patient/family communication, collaboration, leadership, considers quality improvement/cost effectiveness)**
 - a. Meets or exceeds expectations for level in program (20 points)
 - b. Does not meet expectations for level in program (0 points)

Total Points: _____ **out of 100 points**

- 6. Please provide additional comments that would be beneficial to the student and the NAP faculty.**