



DEPARTMENT OF NURSING
STUDENT AND FACULTY HANDBOOK
NURSE ANESTHESIA
PROGRAM
DOCTOR OF NURSING PRACTICE
2022-2023

Updated August 2022

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UNIVERSITY OF NORTH DAKOTA
NURSE ANESTHESIA PROGRAM
 DOCTOR OF NURSING PRACTICE
 2022-2023 STUDENT & FACULTY HANDBOOK

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I. Nurse Anesthesia Program Overview

Forward

Welcome to the University of North Dakota Nurse Anesthesia Program. This Student & Faculty Handbook is intended as a reference for questions regarding policy, procedure, or any other matters related to the nurse anesthesia program. It should be referred to on an ongoing basis as questions arise. In addition to the policies in this handbook, students are expected to adhere to all policies in the University of North Dakota Graduate Student Handbook and Catalog and the College of Nursing and Professional Disciplines Graduate Nursing Student Handbook. Students will be held accountable for all information within this student handbook.

Accreditation

The University of North Dakota Nurse Anesthesia Program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) until 2031, which is recognized by the US Department of Education and the Council for Higher Education Accreditation (CHEA). The address is Council on Accreditation of Nurse Anesthesia Educational Programs, 222 South Prospect Avenue, Park Ridge IL 60068-4001. Telephone (847) 655-1160. Fax (847) 692-7137. Email: accreditation@coa.us.com. COA Website: www.coacrna.org. The Doctor of Nursing Practice (D.N.P.) Program is accredited by the Commission on Collegiate Nursing Education (CCNE) until 2030 and approved by the North Dakota Board of Nursing (NDBON) through 2026.

History

The University of North Dakota (UND) Nurse Anesthesia Program is housed in the College of Nursing and Professional Disciplines. The program was founded in 1986 at the Grand Forks campus, with the first students admitted to the twenty-four-month Master of Science (M.S.) degree program in August 1987. In August 2009, the length of the M.S. program increased to twenty-eight months.

The Council on Accreditation of Nurse Anesthesia Programs (COA) approved the post-baccalaureate Doctor of Nursing Practice (DNP) degree program in June 2017. The first cohort for the DNP degree began in August 2018. The COA has accredited the UND Nurse Anesthesia program since its inception. As of August 2022, over 340 professionals have graduated from the program.

Mission Statement

The Nurse Anesthesia Program ascribes to the College of Nursing and Professional Disciplines (CNPD) Mission Statement. The mission of the CNPD is to prepare future leaders to advance human well-being and improve the quality of life for diverse populations, with an emphasis on rural communities in North Dakota, the region, and beyond, through the provision of high-quality, innovative inter-professional education, research, and service.

Vision Statement

The UND Nurse Anesthesia Program ascribes to the CNPD Vision Statement. The CNPD will lead the state and nation and influence the world through the impact of our research, educational programs, and practice innovations on health and human services.

Philosophy of Nurse Anesthesia Program

The faculty and students of the Nurse Anesthesia Program believe that:

1. Students enrolled in the nurse anesthesia program must be provided education of such quality that they can excel in anesthesia practice.
2. Nurse anesthetists provide a valued and definitive role in the delivery of anesthesia care.
3. It is the right of all individuals to receive high-quality anesthesia care conducted according to recognized tenets of patient safety and respect.

The educational program for preparing nurse anesthetists is a shared responsibility between students and faculty. Students must be intensely committed to achieving their goals by consistently demonstrating purpose, motivation, responsibility to patients and colleagues, independence of thought, creativity, and professional demeanor. Faculty are committed to the duties of serving as resources, facilitators of learning, and professional role models. The program is committed to each student through individualized instruction and counsel.

Our primary goal is to provide the graduate student with an advanced scientific knowledge base and a comprehensive array of clinical skills that hallmark the standard of care in anesthesia practice.

Our obligation to graduates is to prepare them for full participation in the delivery of anesthesia care in concert with other health care team members. Graduates will be competent in independent judgment as professional nurses practicing in the field of anesthesia.

Our responsibility to the community is expressed in the provision of an educational program that will prepare the nurse anesthetist to meet the public's health care needs in a competent and ethical manner.

Our obligation to the profession is to prepare a nurse anesthetist who will serve as a valuable resource in support of the goals of the American Association of Nurse Anesthetists and the advancement of the profession of nurse anesthesia.

Notice of Nondiscrimination

The University of North Dakota (UND) is committed to the principle of equal opportunity in education and employment. UND does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, sexual orientation, gender identity, genetic information, creed, marital status, veteran's status, political belief or affiliation, or any other status protected by law. Pursuant to Title IX of the Education Amendments of 1972, UND does not discriminate on the basis of sex in its educational programs and activities, employment, and admission. UND will promptly and equitably investigate reports of discrimination or harassment and take disciplinary action as appropriate.

Retaliation in any form against a person who reports discrimination or participates in the investigation of discrimination is strictly prohibited and will be grounds for separate disciplinary action.

The University's policies and procedures for complaints of discrimination or harassment are found at:

[Discrimination and Harassment Policy](#)
[Code of Student Life](#)

UND College of Nursing and Professional Disciplines
Nurse Anesthesia Program (DNP)

Concerns regarding UND's equal opportunity and nondiscrimination policies, including Title IX, Title VI, Title VII, ADA, and Section 504 may be addressed to:

Donna Smith
Director, Equal Opportunity & Title IX
Title IX/ADA Coordinator
Twamley Hall Room 102
264 Centennial Dr Stop 7097
Grand Forks, ND 58202-7097
P: 701.777.4171
UND.EO.TitleIX@UND.edu
donna.smith@UND.edu

A complaint or concern regarding discrimination or harassment may also be sent to the Office for Civil Rights, U.S. Department of Education, 500 West Madison, Suite 1475, Chicago, IL 60611; phone 312.730.1560; fax 312.730.1576; email OCR.Chicago@ed.gov; or any other federal agency.

EEO Policy Statement

It is the policy of the University of North Dakota that no person in the United States shall be discriminated against because of race, religion, age, color, gender, disability, national origin, creed, sexual orientation, gender identity, marital status, veteran's status, or political belief or affiliation and the equal opportunity and access to facilities shall be available to all. This policy is particularly applicable in the admission of students in all colleges, and in their academic pursuits. It also is applicable in the University-owned or University-approved housing, food services, extracurricular activities and all other student services. It is a guiding policy in the employment of students either by the University or by outsiders through the University and in the employment of faculty and staff. Concerns regarding Title IX, Title VI, Title VII, ADA, and Section 504 may be addressed to Donna Smith, Director of Equal Opportunity & Title IX, Title IX/ADA Coordinator at 701.777.4171, UND.EO.TitleIX@UND.edu or the Office for Civil Rights, U.S. Dept. of Education, 500 West Madison, Suite 1475, Chicago, IL 60611; phone 312.730.1560; fax 312.730.1576; email OCR.Chicago@ed.gov, or any other federal agency.

Disclaimer

The UND Nurse Anesthesia Program reserves the right to make policy changes as the needs of its administration, faculty, students, and conducting or affiliating institutions change. These changes may occur without prior notification.

Program Faculty and Staff Contact Information

James Sperle, DNP, CRNA Program Director, Clinical Associate Professor

Nursing Building, Room 349, Phone: (701) 777-4521, Email: james.sperle@und.edu

Courses Taught:

<i>Basic Principles of Anesthesia Practice I</i>	<i>Professional Aspects of Nurse Anesthesia Practice</i>
<i>Basic Principles of Anesthesia Practice II</i>	<i>Advanced Health Assessment for Nurse Anesthetists</i>
<i>Anatomy for Nurse Anesthetists (Co-taught)</i>	<i>Clinical Anesthesia Practicum I – V</i>
<i>Advanced Principles of Anesthesia Practice I</i>	<i>Nurse Anesthesia Review Course</i>
<i>Advanced Principles of Anesthesia Practice II</i>	<i>DNP Project Teams</i>
<i>Pharmacotherapeutics for Nurse Anesthesia</i>	

Amber Johnson, Ph.D., CRNA Assistant Program Director, Clinical Assistant Professor

Nursing Building, Room 343, Phone: (701) 777-4742, Email: amber.johnson.5@und.edu

Courses Taught:

<i>Basic Principles of Anesthesia Practice I</i>	<i>Professional Aspects of Nurse Anesthesia Practice</i>
<i>Basic Principles of Anesthesia Practice II</i>	<i>Advanced Health Assessment for Nurse Anesthetists</i>
<i>Anatomy for Nurse Anesthetists (Co-taught)</i>	<i>Clinical Anesthesia Practicum I – V</i>
<i>Advanced Principles of Anesthesia Practice I</i>	<i>Nurse Anesthesia Review Course</i>
<i>Advanced Principles of Anesthesia Practice II</i>	<i>DNP Project Teams</i>
<i>Pharmacotherapeutics for Nurse Anesthesia</i>	

Kevin Buettner, Ph.D., CRNA Clinical Professor

Nursing Building, Room 352, Phone: (701) 777-4509, Email: kevin.buettner@und.edu

Courses Taught:

<i>Basic Principles of Anesthesia Practice I</i>	<i>Professional Aspects of Nurse Anesthesia Practice</i>
<i>Basic Principles of Anesthesia Practice II</i>	<i>Advanced Health Assessment for Nurse Anesthetists</i>
<i>Anatomy for Nurse Anesthetists (Co-taught)</i>	<i>Clinical Anesthesia Practicum I – V</i>
<i>Advanced Principles of Anesthesia Practice I</i>	<i>Nurse Anesthesia Review Course</i>
<i>Advanced Principles of Anesthesia Practice II</i>	<i>DNP Project Teams</i>
<i>Pharmacotherapeutics for Nurse Anesthesia</i>	

Jennifer Bry Harrison, DNP, CRNA Clinical Instructor

Nursing Building, Room 352, Phone: (701) 777-4509, Email: jennifer.harrison@und.edu

Courses Taught:

<i>Basic Principles of Anesthesia Practice I</i>	<i>Professional Aspects of Nurse Anesthesia Practice</i>
<i>Basic Principles of Anesthesia Practice II</i>	<i>Advanced Health Assessment for Nurse Anesthetists</i>
<i>Anatomy for Nurse Anesthetists (Co-taught)</i>	<i>Clinical Anesthesia Practicum I – V</i>
<i>Advanced Principles of Anesthesia Practice I</i>	<i>Nurse Anesthesia Review Course</i>
<i>Advanced Principles of Anesthesia Practice II</i>	<i>Pharmacotherapeutics for Nurse Anesthesia</i>

Brian Higginson, DNSc, RN, FNP-BC, CNE Clinical Associate Professor

Off-Campus, Email: brian.higginson@und.edu

Courses Taught: *Advanced Physiology/Pathophysiology I & II, Advanced Pharmacology*

Mary Jane Rivard, DNP, RN-BC Clinical Associate Professor

Off-Campus, mary.rivard@und.edu

Courses Taught: *HC Econ, Finance & Leadership, DNP Project Teams III, DNP Capstone, DNP Project Teams*

Laurie Nelson, Administrative Assistant

Nursing Building, Room 308, Phone: (701) 777-4557, Email: laurel.a.nelson@und.edu

Doctor of Nursing Practice Outcomes

Graduates will demonstrate the ability to:

1. Integrate nursing science with knowledge of ethics, biophysical, psychosocial, analytical, and organizational science as a basis for practice and inquiry.
2. Lead systems level quality improvement and safety initiatives to enhance patient outcomes.
3. Evaluate evidence-based processes that address practice patterns and healthcare organizations to promote safe, equitable, patient-centered care.
4. Apply relevant evidence-based findings to develop practice guidelines that improve population health and the practice environment and promote safe, equitable, patient-centered care.
5. Integrate technology and information systems with advanced nursing practice to improve patient care and outcomes.
6. Demonstrate expertise in the healthcare policy analysis, formulation, and implementation process.
7. Collaborate effectively as a member and leader of interprofessional teams.
8. Employ clinical prevention and health promotion strategies to improve population health, emphasizing rural, diverse, and vulnerable populations.
9. Demonstrate advanced levels of nursing practice, clinical judgment, and accountability to deliver optimal patient care with an emphasis on rural communities.

Nurse Anesthesia Program Objectives

In addition to the DNP outcomes, Nurse Anesthesia Program graduates will demonstrate the ability to:

1. Formulate an individualized, physiologically sound, evidence-based, and culturally competent anesthesia plan of care for patients from diverse populations across the lifespan, while taking into account the surgical procedures and comorbid conditions.
2. Implement a formulated anesthesia plan of care safely, efficiently, and cost-effectively to ensure the best possible patient outcome.
3. Analyze physiologic responses to the anesthetic and implement scientifically sound interventions.
4. Evaluate nurse anesthesia care to positively impact patient outcomes, reduce complications, and improve the safety and quality of nurse anesthesia care.
5. Demonstrate the highest legal, ethical, and practice standards for nurse anesthesia while accepting responsibility and accountability for one's actions as a healthcare professional.
6. Demonstrate personal and professional excellence by working to advance the profession of nurse anesthesia and recognizing the importance of remaining a life-long learner.

Program Organizational/Communication Chart



Program Organizational Communications

Questions regarding the subjects listed below should be directed to the indicated administrative faculty member.

Subject:	Refer Questions To:
General questions/advisement	Assigned student advisor
Clinical Instruction	Affiliate Clinical Coordinator Assistant Program Director Program Director
Clinical Scheduling	Assistant Program Director
Clinical matters (unresolved by clinical coordinator)	Assistant Program Director or Program Director
Didactic curriculum	Program Director
DNP Project	DNP Project Advisor
Any clinical matter not listed, or if Assistant Director is unavailable	Program Director

Nurse Anesthesia Program Committee Structure

Various established committees within the College of Nursing and Professional Disciplines serve to provide structure and governance for graduate programs and are described in the Department of Nursing Bylaws. Other committees unique to the program are listed below. Committee membership unique to the anesthesia program will be renewable yearly, depending upon a mutual agreement between individual and program needs. All committees will meet annually or more frequently if the respective committee chairs deem it necessary.

Nurse Anesthesia Admissions Committee

The UND School of Graduate Studies initially receives and processes the application to the program, and all applications are then considered by the Nurse Anesthesia Program administration and faculty. The Nurse Anesthesia Admissions Committee then interviews, evaluates, and recommends candidates for admission to the Nurse Anesthesia Program and the School of Graduate Studies. The committee members include the Program Director, Assistant Director, graduate faculty member, and not less than two affiliate clinical coordinators (or their designee). This committee meets annually.

Nurse Anesthesia Advisory Committee

The Nurse Anesthesia Advisory Committee serves as a forum for College of Nursing and Professional Disciplines administrators, program faculty, affiliate clinical coordinators (or their designee), a public member, and student representatives to discuss relevant issues with the community of interest. This committee also monitors compliance with accreditation standards. This committee meets annually.

Program Review and Evaluation Committee (PREC)

The Program Review and Evaluation Committee (PREC) serves as a steering committee that reviews all aspects of the program and whose responsibilities include: bringing, evaluating, and recommending program policy changes to the Graduate Council; processing and assessing the academic and clinical progress of students; to analyze assessment data and make determinations regarding necessary program improvements such as curricular change; to review and evaluate the didactic and clinical curriculum periodically. In addition, faculty or College administration may recommend other duties. Membership includes the Program Director, Assistant Program Director, and core anesthesia faculty members. Other individuals, including the Department Chair, students, and clinical faculty, may be requested to participate. This committee meets monthly and as issues arise.

Records Retention

The College of Nursing and Professional Disciplines (CNPD) Office of Student Service retains the academic records of currently enrolled students. The Office of Student Services is responsible for finalizing all official records, and the program will maintain accurate cumulative records. All student records will be retained for one-year post-graduation or until the student passes their certification examination, whichever occurs last, except for records that should be kept indefinitely. Records that are kept indefinitely include records that may relate to litigation, final case records, summative student evaluations, National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) transcripts, and grievances.

Patient Rights and Responsibilities

Patients have a right to know who is administering their anesthesia, who will be supervising the administration of the anesthetic, and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard. Patients have a right to expect that those anesthesia services provided by students will be under the supervision of a CRNA and/or an anesthesiologist. This should be consistent with the anesthetic risk of the patient, the magnitude of the anesthesia and surgery, and the student's educational level.

At all times, a CRNA and/or anesthesiologist shall 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 medical staff member from designating any patient as a non-teaching patient.

Applicant Rights and Responsibilities

Applicants have a right to be treated respectfully, be communicated with in a truthful and timely fashion, have their application considered with the same degree of consideration as any other applicant, be notified when their application is incomplete, and what items they need to submit for application completion. Applicants have a responsibility to inform the program of changes in contact information (address, email, and phone number), complete their application and send in all supporting documentation before the deadline, be truthful and complete on the application and in all aspects of their communication, provide the program the information necessary to make decisions about their qualifications for admission into the program.

Student Rights and Responsibilities

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 nurse anesthetists capable of:

- Integrating theory underlying the practice of anesthesia with the actual practice.
- Providing anesthesia management to all categories of patients for most or all varieties of diagnostic or therapeutic intervention utilizing consultation as required.
- Functioning with minimal supervision in all hospitals or agencies.
- 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.
- Incorporating sound ethical and moral practices into his/her own personal value system.

Students have a right to expect that they will not be exploited relative to time commitment for pay or profit of the conducting institution. Enrollment in a nurse anesthesia program grants certain rights and responsibilities to the student and the program, which each party should comply with and understand. A student's failure to achieve the goal within the expected time frame is based on valid, reliable data, information from evaluations, viewed objectively and fairly and reviewed as necessary. Appeals mechanisms are available when decisions are contested. Fair and accurate evaluations of student progress in the educational program are conducted regularly, and the students are informed of their progress.

Students will be held accountable for the quality of preparation, completion, and performance of assignments; for complying with the policies and procedures pertaining to the program of nurse anesthesia and all affiliate sites, and ethical and legal responsibilities for repayment of student loans from any source, public and private.

Conducting Institution Rights and Responsibilities

The UND Nurse Anesthesia Program, the University of North Dakota, and the affiliated clinical sites are responsible to provide the student with quality didactic and clinical instruction, to coordinate and carry out application and admission procedures, provide classroom and laboratory space as needed for didactic courses and to provide for academic counseling of nurse anesthesia students.

UND College of Nursing and Professional Disciplines
Nurse Anesthesia Program (DNP)

Additionally, the UND Nurse Anesthesia Program is responsible to:

- Provide didactic instruction.
- Coordinate advertising and public relation efforts.
- Provide professional liability coverage which applies to nurse anesthesia students.
- Provide for the clinical instruction and evaluation of nurse anesthesia students.
- Provide orientation to the clinical area.
- Evaluate students in the clinical area.
- Provide support for clinical research and studies.
- Provide the resources needed for effective operation of an educational program of high quality.
- Continually evaluate the program to ensure that it meets student needs and that graduates attain the desired outcomes.
- Prevent department needs from superseding students' needs.
- Conduct the program in compliance with all legal and accreditation standards.

Additionally, the University of North Dakota as the conducting institution has the right to expect that:

- The Nurse Anesthesia faculty operate the program in accordance with the standards, policies and procedures of the accrediting agencies, University, affiliate clinical sites and the program.
- Accurate and comprehensive records will be maintained, and these will be made available to on site accreditation reviewers.
- The program will submit annual reports to the accrediting agency, and other submissions as may be required from time to time.
- The program represents itself with integrity and truthfulness in all communications.
- It will be kept informed of program changes, accrediting agency evaluations and standards, and trends affecting nurse anesthesia education.
- Applicants will be selected after review of their health and academic records, interview, and personal references.
- Students will be aware of and follow department and institutional policies relative to patient care, personal health care habits, and in all other matters addressed in relevant policies.
- Students will communicate with clinical instructors relative to their ability to perform procedures, throughout the perioperative period, and apply knowledge in their clinical internships.
- Students will arrive prepared for classes, seminars, conferences, and clinical internship.

Council on Accreditation Rights and Responsibilities

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) is responsible to publish any and all applicable standards necessary for accreditation and successful reaccreditation, and to evaluate programs in their ability to meet the published standards. Additionally, it is the responsibility of the COA to identify any areas of noncompliance and to inform the program accordingly. The COA reserves the right to conduct periodic announced and unannounced site reviews to assess for compliance to published standards. It is the responsibility of the Program to assist the COA in all requirements necessary to conduct a thorough evaluation. The Program is responsible to provide any required supportive documentation to demonstrate compliance. The Program also has the duty to provide accurate and truthful statements and documents to the Council. The UND Nurse Anesthesia Program is required to follow all policies and procedures published by the Council on Accreditation.

Faculty Expectations of Students

Faculty expectations of students are carefully enumerated in course syllabi and clinical objectives; however, in addition to these, Program faculty has additional expectations. Faculty expect that students are intellectually curious and are sensitive of the need to study independently and in depth; to return to basic physiology and pharmacology, nursing science and other basic courses; to make inferences, draw upon past experience and integrate them with the present; develop concepts, think through processes and to ask questions of oneself and others. The faculty also expects that students will learn to adapt to new stresses and experiences and not give up. The volume of material is much greater than most students may be accustomed to and it isn't possible to succeed utilizing poor study patterns. Memorization of isolated facts is not enough. It is expected that each student's concern and respect for their classmates will be as great as their concern and respect for themselves. If a student comes unprepared for class or clinical assignments, they will require a disproportionate amount of the instructor's time and deprive them and other students of their rightful share of time for learning. Nurse anesthesia students will have the continuing responsibility to comply with federal and state laws; rules and regulations of the University of North Dakota, the CNPD and its affiliated hospitals and other medical institutions; and other applicable guidelines.

Time Commitment

Successful completion of the program requires a substantial time commitment. Student's time commitments are limited to that which is reasonable to ensure patient safety and promote effective student learning. This commitment averages 50-60 hours a week, year-round, assuming that two hours of study are required for each class hour. This commitment figure includes time spent in the classroom, in clinical, and in study.

Graduates

Graduates may have access to transcripts of their academic and clinical achievements and upon request have verified copies furnished to institutions, agencies, other programs of nurse anesthesia or others as specified by the student or graduate. There is a fee for photocopying of all transcripts and records.

Records retained by the program after graduation may include grades, certification exam application, special awards or honors, licenses and certifications. Graduates have the right to expect that a complete, accurate, certified transcript of student educational experiences will be forwarded to the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) upon graduation. It is the student's responsibility to make arrangements to take the Certification Examination at the specified site within the NBCRNA's specified time period. It is ultimately the student's responsibility to ensure that all guidelines and deadlines in the *National Board of Certification and Recertification for Nurse Anesthetists NCE Handbook* are followed.

II. CURRICULUM

Design of the Nurse Anesthesia Program

The College of Nursing and Professional Disciplines academic standards are identical with those in the University of North Dakota (UND) Academic Catalog. Selected additional information that will help you progress through the Nurse Anesthesia Program follows:

Course Duration

The post-baccalaureate Doctor of Nursing Practice degree program for cohorts matriculating on or after August 2021 consists of 90 credits. Cohorts in the Nurse Anesthesia program are full-time, begin in August of each year, and continue for a consecutive 36 months. Upon completion of all academic and clinical requirements, students graduate with a Doctor of Nursing Practice degree. Students who are earning their Doctor of Nursing Practice degree will be permitted to participate in the August campus graduation ceremony.

UND College of Nursing and Professional Disciplines
Nurse Anesthesia Program (DNP)

Curriculum Outline for Cohorts Matriculating on or after August 2021

The following curriculum outline is for the post-baccalaureate Doctor of Nursing Practice degree program for cohorts matriculating on or after August 2021:

Nurse Anesthesia Program – D.N.P. Curriculum	
FIRST YEAR - Semester I (Fall) 12 credits	
NURS 505 Advanced Pharmacology	3
NURS 510 Advanced Physiology/Pathophysiology I	3
NURS 515 Basic Principles of Anesthesia Practice I	3
NURS 612 Integrated Leadership DNP Core Concepts	3
FIRST YEAR - Semester II (Spring) 12 credits	
NURS 511 Advanced Physiology/Pathophysiology II	3
NURS 516 Basic Principles of Anesthesia Practice II	3
NURS 518 Pharmacotherapeutics for Nurse Anesthesia	2
NURS 524 Anatomy for Nurse Anesthetists	1
NURS 551 Advanced Health Assessment for Nurse Anesthesia	3
FIRST YEAR - Semester III (Summer) 10 credits	
NURS 528 Advanced Principles of Anesthesia Practice I	4
NURS 604 Health Informatics	3
PSYC 541 Advanced Univariate Statistics	3
SECOND YEAR - Semester IV (Fall) 11 credits	
NURS 529 Advanced Principles of Anesthesia Practice II	6
NURS 602 Evidence Based Research I	3
NURS 605 Health Policy	2
SECOND YEAR - Semester V (Spring) 13 credits	
NURS 560 Clinical Anesthesia Practicum I	6
NURS 542 Professional Aspects of Nurse Anesthesia Practice	4
NURS 603 Evidence Based Research II	3
SECOND YEAR - Semester VI (Summer) 6 credits	
NURS 561 Clinical Anesthesia Practicum II	4
NURS 609 DNP Project Teams	2
THIRD YEAR - Semester VII (Fall) 10 credits	
NURS 562 Clinical Anesthesia Practicum III	5
NURS 608 Health Economics, Finance, and Leadership	3
NURS 609 DNP Project Teams	2
THIRD YEAR – Semester VIII (Spring) 10 credits	
NURS 563 Clinical Anesthesia Practicum IV	6
NURS 609 DNP Project Teams	2
NURS 610 DNP Capstone	2
THIRD YEAR – Semester IX (Summer) 6 credits	
NURS 508 Nurse Anesthesia Review Course	1
NURS 576 Clinical Anesthesia Practicum V	5
Total Credits:	90

Course Descriptions

Course descriptions for the post-baccalaureate Doctor of Nursing Practice curriculum can be found in the University of North Dakota Academic Catalog. The current catalog can be found here: <http://und-public.courseleaf.com/graduateacademicinformation/departments/courses/programs/nursing/nur-dnp/>

First Year Students Clinical & Didactic Format

Students are predominantly in the didactic phases of the curriculum during semester 1 (Fall), semester 2 (Spring), and for a portion of semester 3 (Summer) and semester 4 (Fall). Full-body patient simulation will be introduced during the Fall semester of the first year for the development of airway management skills, positioning, patient safety, anesthesia machine knowledge and utilization, medication administration, and sequence development, among other skills. At the end of semester 1, first year students will participate in a clinical component where they will be able to begin to develop their clinical skills, become more familiar with the operating room environment, and begin to apply theory to practice. Students will have a 4 day/week clinical schedule for a portion of semester 3 and semester 4 following or preceding the didactic phases in those semesters.

Clinical practicum during the Fall semester of the first year of instruction will be conducted at approved clinical sites while the student continues the didactic courses. Clinical practicum during the first year may be assigned to at least one of the following institutions: Altru Health System – Grand Forks, ND; Avera St. Luke’s – Aberdeen, SD; Essentia Health – Fargo, ND; Essentia Health/St. Mary’s Medical Center – Duluth, MN; Sanford Medical Center Bismarck – Bismarck, ND; Sanford Medical Center, Sioux Falls – Sioux Falls, SD or Sanford Medical Center Fargo – Fargo, ND.

Second- and Third-Year Students Clinical & Didactic Format

Students will continue their didactic work throughout the second and third year of the program. The second and third year of the program focuses primarily on clinical practicum, including weekday and weekend call experiences beginning early in the Spring semester of year 2. Following completion of a cardiac surgery learning module in the Spring semester of year 2, students will begin a 3-to-4-week cardiac anesthesia rotation, usually during the Spring, Summer, or Fall semester of the second or third year. Students will begin to work on their DNP Project during semester 6 and continue through semesters 7 and 8. During the second and third year of the program students will participate in monthly online clinical correlation conferences.

Clinical Simulation/Laboratory Experience

Beginning in the Fall Semester of the student’s first year, laboratory experiences and clinical patient simulation will be introduced. Students will work with faculty to introduce the specialty of nurse anesthesia. This experience will focus on developing basic skills to prepare students in anesthesia management of patients undergoing a variety of surgical and/or diagnostic procedures. This “hands-on” experience includes preparation of patients and equipment, pre/postoperative patient evaluation, planning and implementing individualized anesthesia care plans, non-invasive and invasive monitoring, patient positioning, pain and airway management. During this experience, faculty will utilize a variety of teaching methods, including simulation and discussion. Simulation will be used initially for physical assessment, evaluation/ management of non-difficult airways, positioning, induction sequence, and monitoring. As students progress through the program, difficult airway and crisis management training will be included in the simulation experience. Students continue with simulation training at various times during their second year, as well. Student simulation experiences will be formally evaluated based on the UND Nurse

Anesthesia Program Simulation Objectives. A “satisfactory” score is required on all applicable objectives in order for students to move to the clinical setting and to successfully pass the course. Please refer to UND CNPD Graduate Student Progression Policy #606 and the corresponding course syllabi.

Clinical Correlation Conferences

Students are required to participate in monthly clinical correlation conferences during the second and third years of the program as a component of the Clinical Anesthesia Practicum I-V courses. These online conferences are facilitated by a Nurse Anesthesia faculty member. Each student will be assigned to develop a presentation on interesting and/or unique cases. A template for the presentation will be available on the course Blackboard site. In addition, each student will be assigned a certification review topic that they will develop into a presentation. These presentations should be between 20-30 minutes in duration and include 10 board review type questions.

SEE Exam

Students are required to complete the Self Evaluation Examination (SEE) offered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) during their program. The SEE is an evaluation of the student’s progress in the nurse anesthesia program and is meant to provide the program with feedback as to how well students are prepared with the knowledge that is needed for nurse anesthesia practice. In addition, the SEE helps to prepare the student to take the NCE as it has specifications that are similar to the NCE.

Students are registered for the exam by the Program Director, however, students are responsible for the cost of the exam and any subsequent SEE. The date for students to complete the SEE will be communicated by the Program Director. It is the student’s responsibility to schedule a testing date and time with the testing center. Test center information will be provided to the students by the NBCRNA. Students will be expected to assure they are prepared to take the SEE. As with all examinations, this would include studying and ensuring they are well rested.

DNP Scholarly Project

The DNP Project is the final scholarly project completed by the DNP student. It demonstrates a high-level mastery of advanced nursing practice and focuses on the translation of evidence and research into practice. The DNP Project demonstrates a measurable improvement or impact on healthcare care delivery and/or patient outcomes American Association of Colleges of Nursing. (2015) The Doctor of Nursing Practice: Current issues and clarifying recommendations (p2). It has the potential to advance nursing practice at local, state, and national levels by addressing key issues and barriers surrounding healthcare and promoting inter-professional collaboration. The DNP Project must be completed prior to graduation and will be disseminated initially through an oral presentation before graduating from the program. The DNP student will also complete a DNP Project paper per the following guidelines and be expected to disseminate their work through future journal submission and/or future presentations at state and national levels. More information about the DNP Project will be discussed during the program.

Graduation Criteria

To be eligible for graduation, all students must meet didactic and clinical requirements, including completing and submitting all required elements of their DNP Project. Specific criteria and performance objectives for the clinical curriculum, which cover affective, ethical, and behavioral aspects, are located in this Handbook. Expectations for didactic courses are published in their respective syllabi. All of the above must be met prior to graduation.

Program requirements that must be completed include:

1. Library/CRSC materials returned (books, journals, etc.).
2. Forwarding address left with the program.
3. All degree outcomes and program objectives met.
4. Application to graduate filed with the UND School of Graduate Studies.
5. Current American Heart Association (AHA) Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification.
6. Current RN licensure.
7. Exit interview/surveys completed.
8. Satisfactory completion of all designated clinical hours.
9. Final case record totals submitted, which show completion of all requirements of the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).
10. All final evaluations completed.
11. All care plans and daily evaluations submitted.
12. Completion of NBCRNA National Certification Examination application.
13. Completion of all course work with GPA of at least 3.0.
14. Satisfactory completion of a DNP Project.
15. Satisfactory completion of the DNP Project paper.
16. Satisfactory completion of an oral presentation and defense of the DNP Project.
17. Compose an abstract/manuscript for presentation and/or publication.

A graduation checklist and information about commencement ceremonies can be found at:

[UND Commencement](#)

Deferral of Graduation

The University of North Dakota Nurse Anesthesia Program reserves the right to defer a student's graduation until all requirements, including attendance make-up days, have been met. In addition, all required clinical paperwork must be submitted and complete. Students who have not fulfilled their graduation requirements will not be allowed to participate in the graduation ceremony with their classmates.

III. Graduate Program Policies

For policies and procedures related to academic progression through the program, graduation policies and procedures, academic grievance, disciplinary actions, due process, petitions and appeals, dismissal or withdrawal from the university, and student ethics, the student is referred to appropriate sections as outlined in the [UND Academic Catalog](#), [College of Nursing and Professional Disciplines \(CNPD\) Graduate Programs in Nursing Student Handbook](#), [CNPD Department of Nursing Student Handbook](#) or the [UND Code of Student Life](#). Academic grading policies and procedures are outlined in the [UND Academic Catalog](#) and the [CNPD Graduate Programs in Nursing Student Handbook](#), as well as contained in individual course syllabi.

Course and Faculty Evaluations

Students will evaluate each course and faculty member at the end of each semester's didactic course. The information is used to ensure that faculty provide high-quality instruction, student learning needs are being met, and for the future development of courses within the curriculum. The results of these evaluations will be shared with the Chair of Graduate Nursing Programs in the CNPD Department of Nursing.

Faculty Self-Evaluations

Program faculty are required to complete a thoughtful and comprehensive performance self-evaluation on an annual basis and the results shared and acknowledged by the Chair of Graduate Nursing Programs in the CNPD Department of Nursing. This information along with evaluations from students will be used to ensure that faculty provides high quality instruction and guidance to students, as a source of feedback regarding teaching styles, course content preparation, organization and delivery, and to ensure that course objectives are consistent with the Programs terminal objectives and stated mission and goals of the College of Nursing and Professional Disciplines.

Transfer of Graduate Credits

The maximum amount of graduate credit transfer allowed for the Doctor of Nursing Practice degree, if no pre-requisite master's degree has been earned, is 21 credits towards the doctoral degree. All transfer credit must have a grade of B or better, and the student's overall average in all prior graduate work must be a minimum of B. Transfer graduate credit will not be accepted unless it was taken within the general time limit of *seven years* prior to receipt of the UND degree. Further information about this policy can be found in the [UND Academic Catalog](#). Final approval of graduate credit transfer is granted by the UND School of Graduate Studies.

School of Graduate Studies Standards of Professional Conduct Policy

Graduate students are at all times expected to conduct themselves in a professional and respectful manner when interacting with fellow students, faculty, and the School of Graduate Studies staff. Graduate students are expected to arrive to class on time, follow deadlines, complete the assigned coursework, and meet standards of professional behavior, including, but not limited to: being present, as required, to meet the academic and research expectations of the school or department; communicating in a timely, respectful and professional manner; complying with institutional policies and procedures and; participating appropriately in the program's community. Academic expectations include ethical behavior in the completion of course assignments and the production of academic knowledge: instances of academic dishonesty will be treated as instances of professional misconduct.

[School of Graduate Studies Standards of Professional Conduct Policy](#)

IV. Nurse Anesthesia Program Policies

Attendance Policy

Attendance for lectures and exams is mandatory. Due to the large volume of classroom material, it is challenging for students to make up missed class lectures and labs. Due to the nature of the courses, professional courtesy must be extended to each other and the faculty. The student must notify the instructor if they cannot attend class on a given day. The student must also inform the Program Director of any absences. At the discretion of the Program Director, special assignments may be used in place of

missed classes. Attendance at all clinical experiences is mandatory during the program's first year, and any missed clinicals must be made up. If a student misses a clinical day, both the clinical site and the Program or Assistant Program Director must be notified and a make-up date scheduled. Personal leave days may be used during the second and third year of instruction.

Inclement Weather Policy

Students are expected to follow the UND inclement weather policy, which outlines that students are expected to attend class unless the UND campus closes. In addition, program faculty may use their discretion to determine if class will be cancelled, postponed and/or rescheduled due to weather issues. Faculty encourage students to use best judgment and err on the side of safety when traveling to and from campus. If UND is open, students are expected to attend class which may require traveling to campus a day early and/or returning a day after.

If the UND campus closes due to weather events, students are still required to attend clinicals. However, students should use best judgment to determine if they can safely travel to their designated clinical site. Students who cannot attend clinicals due to travel issues should notify their clinical coordinator and program faculty.

Testing

Fair and accurate measurement of students' cognitive and critical thinking skills obtained through didactic, assigned readings, and lab experiences will include the administration of examinations. Test questions are predominantly multiple choice. Short answer and essay questions may be included to assess critical thinking ability. Computerized item analyses of questions are employed to ensure that student responses accurately reflect the assimilation of course content. Written course examinations are utilized in concert with other evaluation tools such as written case scenarios, patient simulation experiences, the completion of clinical care plans, daily instructor clinical evaluations, and formative and summative clinical evaluations. Student presentations of selected topics and contributions to classroom and case study discussions also provide valuable feedback to program and clinical faculty in assessing student acquisition of cognitive, integrative and critical thinking skills.

Challenging Test Questions

Challenges to test questions in core nurse anesthesia courses, must be made within 5 working days after the date of the test. Challenges received after 5 working days will not be considered. All challenges will be evaluated individually and must be made on the "Challenge of Test Question" form. The completed form can be submitted in person or electronically via email and it should be directed to the Program Director or Assistant Program Director. Challenges concerning appropriateness or relevancy of the question are not within the purview of the student and will not be considered. The Program Director or Assistant Program Director will make the final decision concerning the challenge and notify the student and/or class.

Cheating and Plagiarism

A student who is determined to have plagiarized, fabricated documentation, submitted unoriginal work or cheated on any assignment or examination is considered in violation of ethical standards deemed essential to the integrity of the UND Nurse Anesthesia Program. Such violations of ethical conduct are grounds for disciplinary action, which can include dismissal from the program.

As members of an academic community engaged in the pursuit of truth and with a special concern for values, students are expected to conform to a high standard of honesty and integrity in their academic

work. The fundamental assumption under which the University operates is that work submitted by a student is a product of his/her own efforts.

Among the most serious academic offenses is plagiarism, submitting the style of another author or source without acknowledgment or formal documentation. Plagiarism occurs when specific phrases or entire passages, whether a sentence, paragraph or longer excerpt, are incorporated into one's own writing without quotation marks or documentation. One also plagiarizes by paraphrasing the work of another, that is, retaining another writer's ideas and structure without documentation.

Students are advised always to set off another writer's exact words by quotation marks, with appropriate references. Students avoid plagiarism by concentrating on their own words and ideas and by fully crediting others' words and ideas when they find their way into the writing. Whenever in doubt, cite the source.

Students who purchase essays from other students or agencies, or who copy from one another or from prohibited sources, commit the most serious type of academic dishonesty. The consequences of plagiarism, or any act of academic dishonesty, may range from failure in a course to dismissal from the University.

The University of North Dakota *Code of Student Life* outlines the rights and responsibilities enjoyed by student, faculty and staff who make up the University Community. You may access the *Code of Student Life* online at <http://und.edu/student-affairs/code-of-student-life/>. Members of the University community are expected to be familiar with the rules and regulations contained within the *Code* and to act in compliance with them at all times.

Fraternization

Personal or business relationships between faculty and students are discouraged. Faculty, clinical or didactic, who have personal or business relationships with students beyond the normal faculty role will not directly supervise these students in classroom or clinical. These faculty members will disclose outside relationships to the Program Director, who will determine whether or not to excuse them from deliberations on that student's academic progress. Faculty/student professional boundaries are expected, respected and must be maintained.

[Department of Nursing Student Code of Conduct: Policy 257](#)

V. CLINICAL STUDENT CONCERNS & PROCEDURES

Professionalism and Integrity

Patient rounds, case preparation, reading, meeting attendance, and other types of inquiry often have to be performed on the student's own time. Students shall also conduct themselves professionally and respectfully during class, clinical, professional meetings, and seminars. The highest levels of integrity and ethical behavior are expected in academic and clinical settings. All students should be dressed neatly and appropriately when on hospital property (no shorts, sweat suits, etc.) Students are expected to follow each hospital's dress code policy.

Professional Decorum

The Student Registered Nurse Anesthetist (SRNA) is a representative of the specialty, the profession, the University, and the clinical affiliates. The maintenance of a professional appearance and demeanor

facilitates the acceptance of the profession and the individual by patients and other health professionals. It is expected that students will assume responsibility for observing the following guidelines on professional attire and demeanor. While attending classes or laboratory sessions on the University of North Dakota campus, students may express their personal choice in dress. Choices should be tasteful and neat.

While participating in any Program activity outside the University of North Dakota campus, such as the clinical sites, students should present a professional appearance. Program identification/name tags **MUST** be worn while on the hospital grounds and at all clinical training sites. The hospital or university issued identification badge must also be worn at all times while on those sites. All SRNAs must be clearly and continuously identified as students during clinical experiences.

Professional attire should be observed whenever students are at hospital or institutional sites. This includes visits to study in the hospital library, didactic examinations administered in the hospital facility, major group meetings, etc. Jeans, sweatpants and shirts, sandals and casual accessories are not considered appropriate in these settings. During clinical experiences, students are expected to follow policies and procedures put forth by each clinical site. Students may not wear artificial nails or dangly jewelry in the operating room or while caring for patients.

Guidelines for Clinical Conduct

As the program offers new clinical challenges, the developing professional bears the responsibility of representing the profession to patients, the public, clinical preceptors, and other health care team members. The following guidelines must be observed:

- Consistently demonstrate your concern for the welfare of the patient.
- Be thoughtful and professional when obtaining the history and performing the physical exam.
- Treat patients with respect and dignity in your interactions with them and in your patient-related discussions with other professionals.
- Demonstrate your concern not only for the medical problem but also for the total patient.
- Conscientiously respect the rights of your colleagues.
- Characterize all of your professional encounters with cooperation and consideration.
- Strive to assume an appropriate and equitable share of patient care duties.
- Approach your responsibilities with dedication.
- Be truthful in all professional communications.
- When meeting multiple demands, establish patient-centered priorities to guide you in completion of such work.
- Accurate and factual documentation in both clinical affiliate patient medical records (i.e., electronic medical records) and academic records (i.e., Typhon NAST, clinical paperwork)

Failure to follow any of the above guidelines could be grounds for dismissal from the program.

Personal Electronic Device Use During Clinicals

Vigilance is critical to ensure high-quality care and patient safety during anesthetic administration and management. The use of personal electronic devices (PED) that may distract from patient care/vigilance is prohibited while in patient care areas. Examples of prohibited uses includes, but not limited to, talking on your phone, texting, accessing social media, or surfing the internet. If you need to make a phone call or

read/send a text, request permission from your preceptor to leave the patient care area to take care of this. If you wish to use your PED in areas where patient care is being provided, such as accessing an anesthesia related application or calculator for patient care, be sure to inform your preceptor of what you are doing so there is no confusion. The majority of clinical sites have policies related to the use of PED's that need to be followed during your clinical rotations. If the facility has no policy, then this program policy will be followed.

Title and Identification

Role and title confusion are common problems encountered in dealing with patients (e.g., some patients identify all those wearing white coats as physicians). Students should be aware of this problem and avoid misrepresentation by politely explaining their role and position. In professional interactions with patients and others, a student should introduce himself or herself as a "Student Registered Nurse Anesthetist." Students should use the designation, SRNA, following all notations in charts, records, and other medical forms. In all professional communications, including paging or beepers, a student should introduce him or herself as a "Student Registered Nurse Anesthetist". No student should casually accept the "page" of doctor. Students may be subject to sanctions within the Program for failure to observe any of these ethical guidelines. Photo identification badges must be worn by students at all times while in the clinical setting.

Practice and Professional Ethics

The program expects students to adopt and observe the American Association of Nurse Anesthetists (AANA) Code of Ethics, which can be found at: [https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/code-of-ethics-for-the-crna.pdf](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/code-of-ethics-for-the-crna.pdf) . Violations of this ethical conduct standard will be regarded as professional and academic misconduct and failure to meeting term objectives and be subject to review as such.

Clinical Tardiness

Students are expected to report promptly for all clinical assignments. The student should arrive before the CRNA, do a machine check, set up the first case, stock the OR for the day, review the patient's chart, interview the patient, and start the IV (when possible). If unavoidably detained, the student must notify the clinical coordinator or the clinical instructor that he or she is assigned with for that day. Repeated instances of tardiness subject the student to clinical removal, clinical probation, failure of course and potential dismissal from the program.

Student Responsibilities for Case Management

A student must comply with directions regarding case assignment and case management given by the clinical instructor and/or clinical coordinator. If a student is unable or unwilling to follow directions, the case management should be immediately turned over to the CRNA clinical instructor. Following the incident, the situation should be discussed in detail with the clinical coordinator. If the student or instructor remains dissatisfied, the situation should be brought to the attention of the Assistant Program Director or Program Director.

Clinical/Simulation Objectives

The clinical/simulation objectives for each semester build upon the previous semester(s) in the program. Objectives for each year and semester are as follows:

YEAR 1, SEMESTER 1

At the completion of the first semester, the student registered nurse anesthetist will be able to meet the following objectives through simulation and clinical experiences:

I. READINESS/PREPARATION FOR CLINICAL

1. Pre-anesthesia assessment
 - Identifies the importance of performing a thorough and accurate pre-operative assessment and patient interview.
 - Identifies the important components of a thorough and accurate pre-operative assessment and patient interview.
 - Demonstrates the ability to insert an intravenous line.
 - Demonstrates an understanding of airway anatomy and the relationship to airway assessment and evaluation.
 - Demonstrates an understanding and ability to accurately assess and evaluate airways for potential difficulty.
2. Anesthesia Plan
 - Demonstrates ability to develop anesthesia plan based on laboratory values, X-rays, EKGs, consults, H&Ps, and vital signs
 - Articulates an appropriate anesthesia plan A and B including reasoning for each plan
 - Identifies anesthetic considerations of anesthetic drugs, interventions, and techniques during induction, maintenance, and emergence.
3. Preparation of Equipment and Drug/Pharmacology
 - Completes a through pre-anesthesia machine and equipment check according to acceptable protocol.
 - Prepares the appropriate airway equipment necessary for management of normal and difficult airways.
 - Demonstrates the ability to operate the routine anesthesia equipment including anesthesia machine, vaporizers, EKG, O₂ analyzer, automatic BP cuff, pulse oximeter, blood warmer, nerve simulator, ventilator, BIS monitor, etc.
 - Exhibits a satisfactory knowledge of the most commonly used drugs in anesthesia, including the concentration, the average dose, absolute contraindications, and how to calculate the required dose for a particular patient

II. INDUCTION

1. Demonstrates the ability to mask ventilate, intubate, and insert LMA's for Mallampati I and II airways.
2. Exhibits knowledge of patient safety during anesthesia

III. MAINTENANCE

1. Demonstrates an awareness of the importance of utilizing all senses in gaining a complete assessment of the patient's condition
 - Monitors BP, EKG, ETCO₂, breath sounds, and temperature routinely on each patient
2. Demonstrates novice skills of management with the following agents/techniques, utilizing instructor for assistance.
 - Inhalation Agents
 - Balanced Anesthesia technique

IV. COMMUNICATION AND PROFESSIONALISM

1. Demonstrates an understanding of the process a patient undergoes during their surgical experience.
2. Demonstrates an understanding of the importance of communication for the efficient care of the surgical patient.
3. Shows an awareness of the responsibilities of the anesthetist in the clinical area and his/her position as a member of the OR team
4. Demonstrates sincere willingness to cooperate and communicate with instructors, MDA's, surgeons and OR team
5. Accepts instructor's constructive critiques, if any, in a professional manner
6. Demonstrates ability to work effectively within the operating room environment and maintaining an ability to be adaptable.

YEAR 1, SEMESTER 2

At the completion of the second semester, the student registered nurse anesthetist will be able to meet the following objectives through simulation:

I. READINESS/PREPARATION FOR CLINICAL

1. Pre-anesthesia assessment
 - Demonstrates an ability to perform a pre-operative assessment and patient interview
 - Reviews old charts if available.
 - Assigns the appropriate ASA classification
2. Anesthesia Plan
 - Recognizes the need for independent research prior to discussing the anesthetic management plan for each individual patient with the CRNA
 - Demonstrates ability to develop anesthesia plan based on laboratory values, X-rays, EKGs, consults, H&Ps, vital signs, and previous anesthetics.
 - Develops an anesthesia plan A and B including a fluid management plan for each patient.
 - Recognizes the importance of this consultation and remains adaptable to changes in plans before and during administration of anesthesia
3. Preparation of Equipment and Drug/Pharmacology
 - Prior to starting each case, assembles the necessary equipment and drugs to manage anesthetic procedure
 - Completes a through pre-anesthesia machine and equipment check according to acceptable protocol
 - Demonstrates the ability to operate the routine anesthesia equipment including anesthesia machine, vaporizers, EKG, O₂ analyzer, automatic BP cuff, pulse oximeter, blood warmer, nerve simulator, ventilator, BIS monitor, etc.
 - Exhibits a satisfactory knowledge of the most commonly used drugs in anesthesia, including the concentration, the average dose, absolute contraindications, and how to calculate the required dose for a particular patient

II. INDUCTION

1. Demonstrates the ability to follow the routine steps of induction with assistance in an organized and accurate manner
2. Exhibits knowledge of patient safety during anesthesia

III. MAINTENANCE

1. Demonstrates an awareness of the importance of utilizing all senses in gaining a complete assessment of the patient's condition
 - Monitors BP, EKG, ETCO₂, breath sounds, and temperature routinely on each patient
2. Begins to demonstrate a working knowledge of intra-anesthetic management with the following agents/techniques, utilizing instructor for assistance.
 - Inhalation Agents
 - Balanced Anesthesia technique
 - Monitored Anesthesia care
 - Regional Anesthesia
3. Utilizes the written fluid management plan and considers urine output and blood loss

IV. EMERGENCY

1. Follows the routine steps of emergency with assistance
 - Appropriate sequencing
 - Extubates with proper technique and assistance
 - Transports the patient to the designated recovery area (i.e., PACU, SDS) safely
2. Includes all pertinent data in report to the designated recovery area nurse

V. COMMUNICATION AND PROFESSIONALISM

1. Shows an awareness of the responsibilities of the anesthetist in the clinical area and his/her position as a member of the OR team
2. Demonstrates sincere willingness to cooperate and communicate with instructors, MDA's, surgeons and OR team
3. Accepts instructor's constructive critiques, if any, in a professional manner
4. Demonstrates ability to work effectively within the operating room environment and maintaining an ability to be adaptable.

YEAR 1, SEMESTER 3

At the completion of the third semester, the student registered nurse anesthetist will be able to meet the following objectives through simulation and clinical experiences:

I. READINESS/PREPARATION FOR CLINICAL

7. Makes a pre-anesthesia visit on each assigned case
 - Evaluates each patient through the use of personal interview, patient history, physical examination, psychological assessment, consideration of culture, review of current chart, and previous medical records
 - Evaluates laboratory results, EKG's, CXR's, and medical consultations, recognizing pertinent abnormalities related to the anesthetic management

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- Obtains informed consent, if required by the institution's protocol
 - Determines the appropriate ASA classification
 - Records a pre-anesthetic note on care plan
 - Discusses care plan with CRNA and orders appropriate pre-anesthetic medications
2. Utilizing pre-anesthetic assessment, prepares an anesthesia plan for each patient, including choice of anesthetic and technique, fluid requirements or/and type of airway management
 3. Formulates an anesthetic plan based on didactic knowledge and independent research, correlating theory to clinical practice
 - Researches the information obtained during pre-anesthetic assessment, and the anesthetic considerations of the proposed surgical procedure
 - Develops an alternative plan
 - Considers the position of the patient and the anesthetist during anesthetic management
 4. Discusses plan with instructor in an organized and knowledgeable fashion
 5. Assembles routine and special equipment and appropriate drugs prior to starting each anesthetic
 - Cart is clean, organized and stocked
 - Has suction available and functioning for each anesthetic
 6. Checks all equipment for proper function and is familiar with its use
 7. Exhibits a knowledge of commonly used drugs in anesthesia

II. INDUCTION

1. Prepares the patient for induction with minimal assistance
 - Positions the patients on the operating room table
 - Applies appropriate monitors
2. Assists in placement of regional anesthetic utilizing appropriate sterile technique
3. Follows the routine steps of inductions with assistance
4. Initiates an organized, time efficient, and accurate induction
5. Determines the proper time for intubation
6. Positions patients for optimum safety and surgical accessibility

III. MAINTENANCE

1. Monitors the BP, pulse, EKG, respiratory rate, breath sounds, ETCO₂, temperature and general appearance of each patient, utilizing all senses to gain a complete assessment of the patient's condition
 - Monitors systolic, diastolic, pulse pressure, and mean pressure
 - Monitors the rate, quality and rhythm of the pulse utilizing precordial or esophageal stethoscopes
 - Monitors and interprets EKG rhythms
 - Monitors the ETCO₂ pattern and value
 - Monitors the temperature by the appropriate method (oral, nasal, rectal axillary or skin)
 - Monitors the bispectral index (BIS) and understands its application to the anesthetic process
2. Remains vigilant in the delivery of patient care
3. Recognizes changes in the monitored parameters

4. Correlates the information obtained through monitoring to the depth of anesthesia, the surgical procedure, the effects of the various anesthetic agents the principles of physiology, and pathophysiology
5. Calculates the fluid requirements based on a sound didactic knowledge of fluid replacement therapy, for the surgical patient
 - Monitors urine output and correlates it with the amount of fluid infused, state of hydration and type of surgery to maintain fluid and electrolyte balance
 - Monitors blood loss and recognized the need for replacement when indicated
6. Tailors replacement therapy to the individual patient
7. Maintains an appropriate level of anesthesia for general, regional or monitored anesthesia care utilizing inhalational agents, narcotics, local anesthetic, muscle relaxants, and accessory anesthetic agents, alone or in combination
 - Correlates degree of neuromuscular block with twitch, tetanus, fade and post-tetanic facilitation
8. Recognizes significant events during intra operative management and discusses these with instructor
9. Provides an accurate and legible chart for the patient's hospital record
10. Completes the total anesthetic record by the end of the case
 - Emphasizes legibility, accuracy and completeness in charting

IV. EMERGENCY

1. Follows the routine steps of emergence in the appropriate sequence
 - Times emergence to correlate with the completion of the surgical procedures
2. Assesses the level of consciousness and respiratory adequacy with assistance
3. Administers neuromuscular and narcotic reversal drugs with assistance
4. Extubates with proper technique
5. Recognizes and initiates treatment of emergence complications
6. Determines proper and safe time for transport of patient to the designated recovery area (i.e., PACU, SDS)
7. Gives accurate and concise report to the designated recovery area nurse
8. Conducts a post-anesthesia visit on each patient
 - Notes the post-anesthesia course in the chart including anesthetic complications not evident at the termination of the anesthetic
 - Communicates the progress of the patient to the CRNA and/or MDA for follow up if necessary

V. COMMUNICATION AND PROFESSIONALISM

1. Demonstrates the ability to work as a member of the surgical team
 - Communicates effectively with peers, physicians, OR personnel, faculty and patients
 - Displays appropriate confidence level

2. Considers the patient's comfort, safety, and emotional needs
3. Refrains from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.)
4. Gives an accurate verbal report to the instructor
 - Asks appropriate questions
 - Seeks help as needed
5. Cooperates and accepts constructive critiques with a positive and professional attitude
6. Can adapt to changes in routines and functions effectively under stress
7. Makes decisions based on theoretical knowledge and clinical experience
8. Demonstrates a professional commitment by good attendance and punctuality

YEAR 2, SEMESTER 4

At the completion of the fourth semester, the student registered nurse anesthetist will be able to meet the following objectives through simulation and clinical experiences:

I. READINESS/PREPARATION FOR CLINICAL

1. Takes a pertinent health history, does a thorough chart review, and a relevant pre-anesthetic physical examination during the pre-anesthetic visit
2. Analyzes the information obtained and confers with CRNA
3. Develops an anesthetic plan taking into consideration the pre-anesthesia finding and the type of surgical procedure
 - Identifies particular areas important to anesthetic management
 - Applies theoretical knowledge to the plan
 - Considers regional anesthesia
4. Chooses an appropriate anesthetic technique and agent for the individual patient based on theoretical knowledge of anesthesia and knowledge of the particular surgical procedure
 - Chooses a variety of anesthetic methods and techniques
5. Applies a theoretical knowledge of the various types of intubations in determining the appropriate techniques for the individual patient
6. Demonstrates a beginning skill in managing increasingly complex cases and is aware of the specific needs of each type of case
7. Begins to identify potential problems and hazards for a particular case
8. Develops a plan for emergence and post anesthesia management of the individual patient
9. Selects the appropriate equipment and is familiar with its use
 - Organizes the cart and equipment set-up
 - Checks the equipment for proper functioning
10. Prepares the necessary anesthetic and accessory drugs
 - Exhibits a working knowledge of all the common anesthetic agents

II. INDUCTION

1. Organizes the induction of anesthesia and initiates a smooth anesthesia with speed, accuracy and minimal assistance on ASA I and II patients
 - Recognizes the relative priorities for the various aspects of induction
 - Asks for assistance during induction if indicated
2. Individualize drug dosages in accordance with patient requirements
3. Assists with placement of arterial catheter for continuous blood pressure monitoring
4. Demonstrates the ability to safely place regional anesthetic with assistance from clinical instructor

III. MAINTENANCE

1. Provides an appropriate level of anesthesia throughout the procedure
2. Remains vigilant in the delivery of patient care
3. Skillfully monitors routine parameters of the patient requirements
4. Utilizes various types of anesthetic agents
5. Recognizes and responds to the physiological effects of anesthesia
 - Recognizes and responds quickly to adverse patient responses to anesthesia
 - Seeks assistance when indicated
6. Determines when accessory drugs are indicated and employs these agents based on theoretical knowledge
7. Applies a knowledge of drug interactions in utilizing drug combinations
8. Demonstrates an understanding of fluid and electrolyte management in anesthesia based on the needs of the individual patients
 - Calculates fluid replacement and correlates IV's, UO, and blood loss
 - Alters fluid management plan to correspond with individualized patient requirements and surgical events
9. Demonstrates an understanding of charting principles by accurate and complete documentation on the anesthetic record
10. Handles maintenance of ASA I and II patients with little assistance

IV. EMERGENCE

1. Utilizes appropriate sequence and timing of emergence to correspond with completion of the surgical procedure
2. Accurately assesses the level of consciousness or level of sensory block based on response to verbal and painful stimuli
3. Accurately assess respiratory adequacy based on respiratory rate, tidal volume, chest movement and the effects of the anesthetic agents
4. Recognizes and treats emergence complications
5. Safely transports patients to the designated recovery area (i.e., PACU, SDS)
6. Assesses patient's needs in the designated recovery area including mechanical ventilation, respiratory adequacy, need for pain medication and laboratory tests
7. Makes a post-anesthesia evaluation on each patient and completes accurate documentation.
 - Recognizes and reports post-anesthesia complications appropriately

V. COMMUNICATION AND PROFESSIONALISM

1. Demonstrates the ability to work as a team member by displaying a mature and professional attitude, effective communication skill, appropriate confidence and sincere willingness to cooperate and accept instruction
2. Recognizes capabilities and limitations and asks for assistance appropriately
3. Refrains from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.)
4. Makes appropriate decisions that are based on sound anesthetic principles
5. Works effectively under stress
6. Demonstrates a professional commitment by good attendance and punctuality

YEAR 2, SEMESTER 5

At the completion of the fifth semester, the student registered nurse anesthetist will be able to meet the following objectives through clinical experiences:

I. READINESS/PREPARATION FOR CLINICAL

1. Takes a pertinent health history, does a thorough chart review, and a relevant pre-anesthetic physical examination during the pre-anesthetic visit
2. Analyzes the information obtained and confers with CRNA
3. Develops an anesthetic plan taking into consideration the pre-anesthetic findings and the type of surgical procedure
 - Identifies particular areas important to anesthetic management
 - Applies theoretical knowledge to the plan
4. Chooses an appropriate anesthetic agent for the individual patient based on theoretical knowledge of anesthesia and knowledge of the particular surgical procedure.
 - Chooses a variety of anesthetic methods and techniques
5. Applies a theoretical knowledge of the various types of intubations in determining the appropriate techniques for the individual patient
6. Demonstrates the ability to manage increasingly complex cases and is aware of the specific needs of each type of case
7. Identifies potential problems and hazards for a particular patient/case
8. Develops a plan for emergence and post anesthesia management of the individual patient and follows through with that plan in an organized and smooth method
9. Selects the appropriate equipment and is familiar with its use
 - Organizes the cart and equipment set-up
 - Checks the equipment for proper functioning
10. Prepares the necessary anesthetic and accessory drugs
 - Exhibits a working knowledge of all the common anesthetic agents

II. INDUCTION

1. Organizes the induction of anesthesia and initiates a smooth anesthesia with speed, accuracy and minimal assistance on ASA I, II, and III routine and emergent patients
 - Recognizes the relative priorities for the various aspects of induction
 - Requires little or no assistance during induction though seeks it as necessary
2. Individualized drug dosages in accordance with patient requirements
3. Places intra-arterial monitoring lines with minimal assistance
4. Places CVP lines with assistance from clinical instructor

III. MAINTENANCE

1. Provides an appropriate level of anesthesia throughout the procedure
2. Remains vigilant in the delivery of patient care
3. Skillfully monitors routine parameters of the patient requirements
4. Monitors and understands ABP and CVP monitoring as it relates to surgical case type and patient ASA status and underlying pre-existing conditions
5. Utilizes various types of anesthetic agents
6. Recognizes and responds to the physiological effects of anesthesia
 - Recognizes and responds quickly to adverse patient responses to anesthesia
 - Seeks assistance when indicated
7. Determines when accessory drugs are indicated and employ these agents based on theoretical knowledge
8. Applies a knowledge of drug interactions in utilizing drug combinations
9. Demonstrates an understanding of charting principles by accurate and complete documentation on the anesthetic record
10. Demonstrates an understanding of fluid and electrolyte management in anesthesia based on the needs of the individual patients
 - Calculates fluid replacement and correlates IV's, UO, and blood loss
 - Alters fluid management plan to correspond with individualized patient

IV. EMERGENCY

1. Utilizes appropriate sequence and timing of emergence to correspond with completion of the surgical procedure
2. Accurately assesses the level of consciousness or level of sensory block based on response to verbal and painful stimuli
3. Accurately assess respiratory adequacy based on respiratory rate, tidal volume, chest movement and the effects of the anesthetic agents
4. Recognizes and treats emergence complications
5. Safely transports patients to the designated recovery area (i.e., PACU, SDS)
6. Assesses patient's needs in the designated recovery area including mechanical ventilation, respiratory adequacy, need for pain medication and laboratory tests
7. Makes a post-anesthesia evaluation on each patient and completes accurate documentation
 - Recognizes and reports post-anesthesia complications appropriately

V. COMMUNICATION AND PROFESSIONALISM

1. Demonstrates increasing professional and personal accountability, intra and inter-professional collaboration, patient advocacy and effective written and oral communication skills
2. Demonstrates appropriate confidence and sincere willingness to cooperate and accept instruction
3. Refrains from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.)
4. Recognizes capabilities and limitations and asks for assistance appropriately
5. Makes appropriate decisions that are based on sound anesthetic principles
6. Works effectively under stress
7. Demonstrates a professional commitment by good attendance and punctuality

YEAR 2, SEMESTER 6

At the completion of the sixth semester, the student registered nurse anesthetist will be able to meet the following objectives through clinical experiences:

I. READINESS/PREPARATION FOR CLINICAL

1. Takes a complete and pertinent health history, does a thorough chart review, and a relevant pre-anesthetic physical examination during the pre-anesthetic visit
2. Analyzes the information obtained and confers with CRNA
3. Develops an anesthetic plan taking into consideration the pre-anesthesia finding and the type of surgical procedure
 - Identifies particular areas important to anesthetic management
 - Applies theoretical knowledge to the plan
4. Chooses an appropriate anesthetic agent for the individual patient based on theoretical knowledge of anesthesia and knowledge of the particular surgical procedure
 - Chooses a variety of anesthetic methods and techniques
5. Applies a theoretical knowledge of the various types of intubations in determining the appropriate techniques for the individual patient
6. Demonstrates an ability to manage increasingly complex cases and is aware of the specific needs of each type of case
7. Identifies potential problems and hazards for a particular patient/case
8. Develops a plan for emergence and post anesthesia management of the individual patient and follows through with that plan in an organized and smooth method
9. Selects the appropriate equipment and is familiar with its use
 - Organizes the cart and equipment set-up
 - Checks the equipment for proper functioning
10. Prepares the necessary anesthetic and accessory drugs
 - Exhibits a working knowledge of all the common anesthetic agents

II. INDUCTION

1. Organizes the induction of anesthesia and initiates a smooth anesthesia with speed, accuracy and minimal assistance on ASA I, II, III, and IV patients and with special emphasis on the patient undergoing cardiac surgery
 - Recognizes the relative priorities for the various aspects of induction
 - Requires little or no assistance during induction or placement of regional block
2. Individualized drug dosages in accordance with patient requirements
3. Places intra-arterial lines with minimal assistance
4. Places CVP catheters with assistance from clinical instructor

III. MAINTENANCE

1. Provides an appropriate level of anesthesia throughout the procedure
2. Remains vigilant in the delivery of patient care
3. Skillfully monitors routine parameters of the patient requirements
4. Monitors and understands ABP, CVP, PA, LVEDP, and other invasive monitoring techniques, particularly as they relate to the cardiac patient
5. Utilizes various types of anesthetic agents
6. Recognizes and responds to the physiological effects of anesthesia
 - Recognizes and responds quickly to adverse patient responses to anesthesia
 - Seeks assistance when indicated
7. Determines when accessory drugs are indicated and employ these agents based on theoretical knowledge
8. Applies a knowledge of drug interactions in utilizing drug combinations
9. Demonstrates an understanding of fluid and electrolyte management in anesthesia based on the needs of the individual patients
 - Calculates fluid replacement and correlates IV's, UO, and blood loss
 - Alters fluid management plan to correspond with individualized patient requirements and surgical events
10. Demonstrates an understanding of charting principles by accurate and complete documentation on the anesthetic record
11. Handles maintenance of ASA I, II, III, and IV patients for routine and emergent cases with little assistance

IV. EMERGENCY

1. Utilizes appropriate sequence and timing of emergence to correspond to completion of the surgical procedure
2. Accurately assesses the level of consciousness based on response to verbal and painful stimuli
3. Accurately assess respiratory adequacy based on respiratory rate, tidal volume, chest movement and the effects of the anesthetic agents

4. Recognizes and treats emergence complications
5. Safely transports patients to the designated recovery area (i.e., PACU, SDS, critical care unit)
6. Assesses patient needs in the designated recovery area including mechanical ventilation, respiratory adequacy, need for pain medication and laboratory tests
7. Makes a post-anesthesia evaluation on each patient and completes accurate documentation.
 - Recognizes and reports post-anesthesia complications appropriately

V. COMMUNICATION AND PROFESSIONALISM

1. Demonstrates increasing professional and personal accountability, intra and inter-professional collaboration, patient advocacy and effective written and oral communication skills
2. Demonstrates appropriate confidence and sincere willingness to cooperate and accept instruction
3. Refrains from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.)
4. Recognizes capabilities and limitations and asks for assistance appropriately
5. Makes appropriate decisions that are based on sound anesthetic principles
6. Works effectively under stress
7. Teach others where appropriate
8. Demonstrates a professional commitment by good attendance and punctuality

YEAR 3, SEMESTER 7

At the completion of the seventh semester, the student registered nurse anesthetist will be able to meet the following objectives through clinical experiences:

I. READINESS/PREPARATION FOR CLINICAL

1. Takes a complete and pertinent health history, does a thorough chart review, and a relevant pre-anesthetic physical examination during the pre-anesthetic visit
2. Analyzes the information obtained and confers with CRNA
3. Develops an anesthetic plan taking into consideration the pre-anesthesia finding and the type of surgical procedure
 - Identifies particular areas important to anesthetic management
 - Applies theoretical knowledge to the plan
4. Chooses an appropriate anesthetic agent for the individual patient based on theoretical knowledge of anesthesia and knowledge of the particular surgical procedure
 - Chooses a variety of anesthetic methods and techniques
5. Applies a theoretical knowledge of the various types of intubations in determining the appropriate techniques for the individual patient
6. Demonstrates an ability to manage increasingly complex cases and is aware of the specific needs of each type of case
7. Identifies potential problems and hazards for a particular patient/case

8. Develops a plan for emergence and post anesthesia management of the individual patient and follows through with that plan in an organized and smooth method
9. Selects the appropriate equipment and is familiar with its use
 - Organizes the cart and equipment set-up
 - Checks the equipment for proper functioning
10. Prepares the necessary anesthetic and accessory drugs
 - Exhibits a working knowledge of all the common anesthetic agents

II. INDUCTION

1. Organizes the induction of anesthesia and initiates a smooth anesthesia with speed, accuracy and minimal assistance on ASA I, II, III, and IV patients and with special emphasis on the patient undergoing cardiac surgery
 - Recognizes the relative priorities for the various aspects of induction
 - Requires little or no assistance during induction or placement of regional block
2. Individualized drug dosages in accordance with patient requirements
3. Places intra-arterial lines with minimal assistance
4. Places CVP catheters with assistance from clinical instructor

III. MAINTENANCE

1. Provides an appropriate level of anesthesia throughout the procedure
2. Remains vigilant in the delivery of patient care
3. Skillfully monitors routine parameters of the patient requirements
4. Monitors and understands ABP, CVP, PA, LVEDP, and other invasive monitoring techniques, particularly as they relate to the cardiac patient
5. Utilizes various types of anesthetic agents
6. Recognizes and responds to the physiological effects of anesthesia
 - Recognizes and responds quickly to adverse patient responses to anesthesia
 - Seeks assistance when indicated
7. Determines when accessory drugs are indicated and employ these agents based on theoretical knowledge
8. Applies a knowledge of drug interactions in utilizing drug combinations
9. Demonstrates an understanding of fluid and electrolyte management in anesthesia based on the needs of the individual patients
 - Calculates fluid replacement and correlates IV's UO, and blood loss
 - Alters fluid management plan to correspond with individualized patient requirements and surgical events
10. Demonstrates an understanding of charting principles by accurate and complete documentation on the anesthetic record
11. Handles maintenance of ASA I, II, III, and IV patients for routine and emergent cases with little assistance

IV. EMERGENCE

1. Utilizes appropriate sequence and timing of emergence to correspond to completion of the surgical procedure
2. Accurately assesses the level of consciousness based on response to verbal and painful stimuli
3. Accurately assess respiratory adequacy based on respiratory rate, tidal volume, chest movement and the effects of the anesthetic agents
4. Recognizes and treats emergence complications
5. Safely transports patients to the designated recovery area (i.e., PACU, SDS, critical care unit)
6. Assesses patient needs in the designated recovery area including mechanical ventilation, respiratory adequacy, need for pain medication and laboratory tests
7. Makes a post-anesthesia evaluation on each patient and completes accurate documentation.
 - Recognizes and reports post-anesthesia complications appropriately

V. COMMUNICATION AND PROFESSIONALISM

1. Demonstrates increasing professional and personal accountability, intra and inter-professional collaboration, patient advocacy and effective written and oral communication skills
2. Demonstrates appropriate confidence and sincere willingness to cooperate and accept instruction
3. Refrains from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.)
4. Recognizes capabilities and limitations and asks for assistance appropriately
5. Makes appropriate decisions that are based on sound anesthetic principles
6. Works effectively under stress
7. Teach others where appropriate
8. Demonstrates a professional commitment by good attendance and punctuality

YEAR 3, SEMESTER 8

At the completion of the eighth semester, the student registered nurse anesthetist will be able to meet the following objectives through clinical experiences:

I. READINESS/PREPARATION FOR CLINICAL

1. Takes a complete and pertinent health history, does a thorough chart review, and a relevant pre-anesthetic physical examination during the pre-anesthetic visit
2. Analyzes the information obtained and confers with CRNA
3. Develops an anesthetic plan taking into consideration the pre-anesthesia finding and the type of surgical procedure
 - Identifies particular areas important to anesthetic management
 - Applies theoretical knowledge to the plan
4. Chooses an appropriate anesthetic agent for the individual patient based on theoretical knowledge of anesthesia and knowledge of the particular surgical procedure
 - Chooses a variety of anesthetic methods and techniques
5. Applies a theoretical knowledge of the various types of intubations in determining the appropriate techniques for the individual patient

6. Demonstrates increasing autonomy, skill, and efficiency in the perioperative management of patients receiving all types of anesthesia
7. Identifies potential problems and hazards for a particular patient/case
8. Develops a plan for emergence and post anesthesia management of the individual patient and follows through with that plan in an organized and smooth method
9. Selects the appropriate equipment and is familiar with its use
 - Organizes the cart and equipment set-up
 - Checks the equipment for proper functioning
10. Prepares the necessary anesthetic and accessory drugs
 - Exhibits a working knowledge of all the common anesthetic agents

II. INDUCTION

1. Organizes the induction of anesthesia and initiates a smooth anesthesia with speed, accuracy and minimal assistance on ASA I, II, III, and IV patients and with special emphasis on the patient undergoing cardiac surgery
 - Recognizes the relative priorities for the various aspects of induction
 - Requires little or no assistance during induction or placement of regional block
2. Individualized drug dosages in accordance with patient requirements
3. Places intra-arterial lines with minimal assistance
4. Places CVP catheters with assistance from clinical instructor

III. MAINTENANCE

1. Provides an appropriate level of anesthesia throughout the procedure
2. Remains vigilant in the delivery of patient care
3. Skillfully monitors routine parameters of the patient requirements
4. Monitors and understands ABP, CVP, PA, LVEDP, and other invasive monitoring techniques, particularly as they relate to the cardiac patient
5. Utilizes various types of anesthetic agent
6. Recognizes and responds to the physiological effects of anesthesia
 - Recognizes and responds quickly to adverse patient responses to anesthesia
 - Seeks assistance when indicated
7. Determines when accessory drugs are indicated and employ these agents based on theoretical knowledge
8. Applies a knowledge of drug interactions in utilizing drug combinations
9. Demonstrates an understanding of fluid and electrolyte management in anesthesia based on the needs of the individual patients
 - Calculates fluid replacement and correlates IV's, UO, and blood loss
 - Alters fluid management plan to correspond with individualized patient requirements and surgical events
10. Demonstrates an understanding of charting principles by accurate and complete documentation on the anesthetic record
11. Handles maintenance of ASA I, II, III, and IV patients for routine and emergent cases with little assistance

IV. EMERGENCE

1. Utilizes appropriate sequence and timing of emergence to correspond to completion of the surgical procedure
2. Accurately assesses the level of consciousness based on response to verbal and painful stimuli
3. Accurately assess respiratory adequacy based on respiratory rate, tidal volume, chest movement and the effects of the anesthetic agents
4. Recognizes and treats emergence complications
5. Safely transports patients to the designated recovery area (i.e., PACU, SDS, critical care unit)
Assesses patient needs in the designated recovery area including mechanical ventilation, respiratory adequacy, need for pain medication and laboratory tests
6. Makes a post-anesthesia evaluation on each patient and completes accurate documentation
 - Recognizes and reports post-anesthesia complications appropriately

V. COMMUNICATION AND PROFESSIONALISM

1. Demonstrates increasing professional and personal accountability, intra and inter-professional collaboration, patient advocacy and effective written and oral communication skills.
2. Demonstrates appropriate confidence and sincere willingness to cooperate and accept instruction
3. Recognizes capabilities and limitations and asks for assistance appropriately
4. Refrains from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.)
5. Makes appropriate decisions that are based on sound anesthetic principles
6. Works effectively under stress
7. Teach others where appropriate
8. Demonstrates a professional commitment by good attendance and punctuality

YEAR 3, SEMESTER 9

At the completion of the final semester of clinical experience, the student registered nurse anesthetist will be able to meet the following objectives of the program through clinical experiences:

1. Formulate an individualized, physiologically sound, evidence based and culturally competent anesthesia plan of care for patients from diverse populations across the lifespan, while taking into account the surgical procedures and comorbid conditions.
2. Implement a formulated anesthesia plan of care in a safe, efficient and cost-effective manner to ensure the best possible patient outcome.
3. Analyze physiologic responses to the anesthetic and implement scientifically sound interventions.
4. Evaluate nurse anesthesia care to positively impact patient outcomes, reduce complications, and improve the safety and quality of nurse anesthesia care.
5. Demonstrate the highest legal, ethical, and practice standards for nurse anesthesia while accepting responsibility and accountability for one's own actions as a healthcare professional.
6. Demonstrate personal and professional excellence by working to advance the profession of nurse anesthesia and recognizing the importance of remaining a life-long learner.

Simulation Deficiencies

The student registered nurse anesthetist must meet specific simulation objectives to progress in the program. These objectives are outlined in the syllabi of courses with a simulation component. Failure to meet or consistently achieve any of the simulation objectives could result in the following: not being able to attend clinicals as scheduled, Clinical Non-Progression and/or an unsatisfactory grade for the corresponding course. Please refer to UND CNPD Graduate Student Progression Policy #606 and the course syllabi.

Clinical Deficiencies

Clinical faculty may suggest/request that a student receives a clinical performance evaluation at any time if they feel it is indicated. If a student is experiencing difficulty, he/she should be observed by the clinical coordinator and selected preceptors to evaluate the student's performance individually and make recommendations to the clinical coordinator. Early identification of concerns (deficiencies) is important, as is immediate attention to developing strategies to confront such matters. Corrective processes, including appropriate documentation, are initiated whenever necessary, and students are afforded adequate time to correct identified deficiencies.

The Assistant Program Director and/or Program Director are informed of and involved in this process. They work cooperatively with the clinical coordinator and CRNA faculty to identify and articulate perceived problems and participate during meetings with the student to formulate a Work Performance Plan.

Please refer to UND CNPD Graduate Student Progression Policy #606 and the course syllabi.

Work Performance Plan

The Work Performance Plan (WPP) includes the development of objectives and strategies to accomplish specific goals and establish a time frame for resolving deficiencies. Clinical faculty will be asked to complete daily formative evaluations, including specific notes regarding performance on each case. As established at the onset of the process, specific areas of concern should be indicated in these records. Daily records will be thorough, accurate, and concise so that counseling of the student is clear. The clinical coordinator and program faculty will meet with the student at the predetermined intervals providing feedback and counsel. The student will also be responsible for completing self-evaluations as requested by the Assistant Program Director. WPPs may be started at any point in a semester and at the discretion of the Program Director or Assistant Program Director, may be carried over to subsequent semesters.

Clinical Non-Progression & Clinical Probation

Failure to meet or consistently achieve any clinical objectives will be considered *Clinical Non-Progression* and could result in an unsatisfactory grade for the corresponding course. At the discretion of the Program Director, a student who receives an Unsatisfactory grade may:

1. Placed on probation and a probationary contract will be implemented ([See Nursing Policy 603 and Procedure 603A](#))
2. Repeat the course in the next academic term the course is offered.
Note: The decision to allow a student to repeat a portion of the curriculum is conditional. The ultimate decision lies with the Graduate Chair and is dependent on the availability of resources.
3. Recommendation for Graduate Student Dismissal ([See Nursing Policy 606 and Procedure 606A](#))

Clinical Removal Policy

A student exhibiting behaviors in the clinical setting which are deemed by the responsible clinical faculty member or clinical coordinator/designee to be unprofessional or unsafe to the mental, emotional, or physical welfare of clients, staff, self, or others shall be immediately removed from the clinical site. After removal from the clinical setting, a meeting with the clinical coordinator/designee and program administration is scheduled. The student will not be allowed to continue clinical rotations or patient contact until the student, clinical coordinator, and faculty meet. A professional decision is made regarding whether the student's behavior is such that the student should be permanently removed from any patient contact and/or the clinical site permanently. Such removal will result in immediate failure of the clinical course and/or dismissal from the program.

Following the meeting, a program faculty member will place all appropriate documentation in the student's academic file (under clinical evaluations). The Program Director will inform the Graduate Nursing Chair, Director of the Office of Student Services, Associate Dean, and the Dean of the removal.

An agency has the right to request program administration remove the student from the clinical agency because of performance, which is deemed unprofessional or unsafe to the mental, emotional, or physical welfare of clients, staff, self, or others. In addition, the agency may independently decide to remove the student from client contact and will notify the program administration. The aforementioned situation may result in the student being dismissed from the program.

Program Dismissal

Immediate dismissal from the Nurse Anesthesia program may occur for the following reasons:

- Unethical or unprofessional conduct or actions
- Behaviors or actions that threaten patient safety and well-being
- Violation of professional and ethical standards
- Cheating or Plagiarism
- Any violation of the substance abuse policy; reporting for duty under the influence of any substance which impairs the student's ability to perform his/her clinical tasks
- Violation of policies, rules and regulations of the hospital or anesthesia department to which the student is assigned for clinical practice
- Fraudulent documentation or falsification of documents including but not limited to medical records and/or academic records (i.e., Typhon- case records, clinical time, clinical case type, procedures, etc.)
- Unexplained or unexcused absences or tardiness.
- Temporary or permanent removal from the clinical site as determined by faculty members or the clinical site and/or designee.

In addition to the above mentioned, dismissal is also determined by [Department of Nursing Procedure #606a](#). Department of Nursing policies regarding program dismissal will be followed.

Clinical Affiliations

Students rotate to various hospitals throughout the program. Affiliations are designed to provide a variety of clinical experiences and to increase the breadth and depth of the clinical learning experience.

UND College of Nursing and Professional Disciplines
Nurse Anesthesia Program (DNP)

Clinical affiliates include:

- Altru Health System, Grand Forks, ND
- Altru Specialty Center, Grand Forks, ND
- Avera St. Luke's Hospital, Aberdeen, SD
- CHI St. Alexius Health Williston Medical Center, Williston, ND
- CHI St. Francis Health Care Campus, Breckenridge, MN
- Essentia Health West, Fargo, ND
- Essentia Health – St. Mary's Regional Medical Center, Detroit Lakes, MN
- Essentia Health/St. Mary's Medical Center, Duluth, MN
- Jamestown Regional Medical Center, Jamestown, ND
- RiverView Hospital, Crookston, MN
- St. Luke's Hospital, Duluth, MN
- Sanford Bemidji Medical Center, Bemidji, MN
- Sanford Medical Center Bismarck, Bismarck, ND
- Sanford Medical Center Broadway, Fargo, ND
- Sanford Medical Center Fargo, Fargo, ND
- Sanford Medical Center, Sioux Falls, SD
- Sanford Thief River Falls Medical Center, Thief River Falls, MN
- Tri-County Health Care, Wadena, MN
- Trinity Health, Minot, ND
- Veteran's Administration Medical Center – Fargo, Fargo, ND

Clinical Supervision of Students

The College and University maintain written agreements with all clinical agencies with regard to scheduling students to obtain clinical experience. These contracts are reviewed on a regular basis, their currency being the responsibility of the Dean of the College of Nursing and Professional Disciplines. In the clinical environment, students are supervised, mentored, and directed by individuals as established in the agency agreement. Individuals that may be utilized to meet the program's educational objectives may include anesthesiologists, certified registered nurse anesthetists, and other credentialed professionals.

While practicing in anesthetizing areas, clinical supervision of SRNAs is restricted to CRNA's and/or anesthesiologists with institutional staff privileges who are immediately available in all clinical areas. Graduate Registered Nurse Anesthetists (GRNA's) who are not yet certified and physician residents may participate in the training of Nurse Anesthesia Students, but those individuals may not supervise a SRNA.

The clinical supervision ratio of students to instructors is 1:1 at all clinical sites affiliated with the UND Nurse Anesthesia Program. A CRNA clinical coordinator is assigned at each clinical affiliation to serve as the primary student contact person and student resource. A *UND Clinical Preceptor Handbook* is provided to each clinical affiliate site's clinical coordinator. Clinical coordinators have several responsibilities, which include but are not limited to:

- Serve as a liaison between the affiliate site and the UND Nurse Anesthesia Program.
- Convey suggestions from their clinical site for program improvement or enrichment.
- Sit on the Nurse Anesthesia Admissions Sub-Committee.
- Provide on-going communication, guidelines, and feedback to students assigned to clinical site.

- Sit on the Nurse Anesthesia Program Advisory Committee.
- Provide case assignments to students.
- Monitor student professionalism, attendance, and clinical performance.
- Inform program faculty of any student performance that is below average, unsatisfactory, or unprofessional.
- Function as second-line problem resolution if dispute arises between student and clinical faculty.

Student Supervision Outside Anesthetizing Areas

Students may participate in educational activities involving the non-anesthetizing duties of a Nurse Anesthetist. These activities may include, but are not limited to, postoperative rounds, IV starts and resuscitative services. Students working in non-anesthetizing areas may be supervised by credentialed experts who are authorized by their institution to assume responsibility for the SRNA. Students responding to cardiac or respiratory arrests are required to do so under the direct supervision of a credentialed expert who is physically present. Individual clinical affiliate policies/procedures will dictate appropriate supervision of students for other activities, such as IV starts, etc.

Clinical Site Review

To ensure high quality clinical experiences for students, annual visits by Program faculty, Assistant Program Director and/or Program Director will be made to evaluate clinical sites. Written evaluation tools will be utilized and results shared with the site clinical coordinator. Both the program faculty evaluator and clinical coordinator are required to acknowledge reviewing the results of the site evaluation by their signatures. Documentation of these visits will be maintained in the Program office.

Clinical Assignments & Rotations

Students gain anesthesia experiences in a variety of surgical, obstetrical, radiological and outpatient services. Students are generally scheduled to at least one clinical site during their first year in the program. Students receive approximately four days of clinical experience during the summer session beginning in later June or early July and during the Fall semester beginning in September following the didactic portion of that semester.

During the second and third years of the program, the student will rotate through not less than three, and usually not more than six clinical sites. Individual clinical rotations are determined by the Program faculty, with assignments made to maximize the student's opportunity to experience as wide a range of surgical cases and anesthesia techniques as possible. A semester clinical assignment may be split, which entails a student being assigned at two clinical sites for the semester. Students are responsible for obtaining suitable housing at each clinical assignment.

Preoperative Consultation by CRNA or Physician

A thorough pre-operative evaluation is required prior to any anesthetic administration. With the exception of pre-induction administration of drugs (as may be accepted protocol), students are not permitted to begin the conduct of anesthesia, general or regional anesthesia, without a preoperative consult with a qualified CRNA or physician anesthesiologist.

Postoperative Patient Assessments

Students are required to complete a postoperative assessment on all patients that the student anesthetizes except for ambulatory care patients and early discharges. Whenever possible, ambulatory care and early discharge patients should also be seen and assessed postoperatively by students. Individualized, problem-oriented patient assessment are important to ensure optimal postoperative recovery and offers the student valuable feedback on their delivery of anesthesia services. The postoperative assessment is to be noted on the anesthesia care plan when appropriate, shared with the clinical preceptor, and documented in the student's Typhon Group NAST clinical case tracking record.

Reporting Complications

During the course of anesthesia conduct, or during other various activities in which the student may engage during the course of his/her program, events may arise which place the patient or members of the health care team at risk. In the event that any such untoward events arise, during or irrespective of the conduct of the anesthetic, which are an imminent or potential threat to the well-being of the patient or any health care team member, the student is required to inform his/her assigned preceptor immediately.

Any patient death or major complication involving a student, or any injury incurred by a student requires an initial verbal notification to the Program Director of the Nurse Anesthesia Program. When asked to do so, students will promptly and properly document occurrences, which may include the completion of incident reports or other documents that may be required by the University and the clinical affiliate.

Safe Learning Environment

The UND Nurse Anesthesia Program is committed to providing a safe, supportive, and respectful learning environment for students. The environment will be free of belittlement, humiliation and/or hostility. Examples of student mistreatment may include (but not limited to) being:

- Verbally abusing, belittling, or humiliating a student.
- Intentionally singling out a student for arbitrary treatment that could be perceived as punitive.
- Unwanted exclusion from reasonable learning opportunities.

Students should report concerns about perceived mistreatment within their learning environment to their clinical site coordinator and Assistant Program Director or Program Director.

Call Experience

As part of clinical practicum, students are assigned to call experiences during their second and third year in the program. The purpose of such assignments is to provide students with opportunities to gain experience in the management of emergency surgical cases, to further develop critical thinking and decision making skills, and to participate as an anesthesia team member in a surgical setting unique from day to day practice.

Assignment to call generally begins early in the spring semester of the student's second year in the program and is assigned by the clinical coordinator in conjunction with program faculty. Beginning with Semester 5 (Spring), students will need to complete the following number of weekday (Mon-Thurs) call shifts:

- Fall & Spring semesters – **5 shifts**; Summer semester – **3 shifts**.
- In addition, students will need to complete a total of **eight weekend (Fri or Sat) call shifts** during semesters 5-9. One weekend shift needs to be during the rural clinical rotation.
- Sunday is considered the day off after a Saturday call shift. Sunday call is not assigned
- Students will not have weekday or weekend call shifts in semester 9.

Students are assigned on call with a CRNA or anesthesiologist who is responsible for determining the level of independent practice allowed the student. At no time are students allowed to be the sole anesthesia caregiver, meaning that a CRNA or anesthesiologist preceptor must be immediately available in the operating area for consultation.

Based on varied department policies regarding CRNA call, students may stay in-house, be provided with a beeper, or called in from home. If a student is on call, they will be provided the day off after call. This reflects a safety concern for students working late in the evening or night and then performing clinical activities the following morning.

Students are limited to a maximum of 24 hours for a scheduled on-call shift. In addition, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

Out of concern for patient safety and respect for student welfare, if at any time the student or clinical preceptor questions the student's ability to provide safe and effective anesthesia care to patients due to an extended time commitment or due to fatigue, the student will be immediately removed from patient care and released from the clinical experience for the day.

There will be no call shifts assigned during clinical weeks that are 3 days or less. The exception would be if the student chooses to take call on the Saturday of a short week. Considerations unique to anesthesia department call that may impact the student's role and responsibility during the call experience are clarified through discussions between the clinical coordinator and the Director or Assistant Director of the program.

Care Plans & Weekly Evaluations

During semesters 3 and 4, each student must complete a comprehensive anesthesia plan of care for the largest assigned case of the day. The student's clinical preceptor will review and discuss the care plan with the student prior to the administration of anesthesia.

Clinical care plans requirements are as follows:

- Semester 3 (Summer) and Semester 4 (Fall): Daily
- Semester 5 (Spring): 20
- Semester 6 (Summer): 15
- Semester 7 (Fall): 10
- Semester 8 (Spring) and Semester 9 (Summer): No care plans

When possible, care plans during semesters 5 - 7 should be completed on complex and unusual cases. Five cardiac care plans are required during the student's heart rotation. The cardiac care plans are not in addition to the semester requirement. For example, if the student's heart rotation is scheduled in semester 5, the student is required to complete 15 care plans and 5 cardiac care plans.

Care plans are to be developed utilizing appropriate references and information, including patient pre-anesthetic assessment and interview (when possible). It is required that the plan includes the application of basic/advanced principles of anesthesia and corresponds with the student's level of knowledge and clinical experience, as set forth in the clinical objectives. Students who do not provide a written care plan may be removed from the clinical setting until requirements are met.

When the student is assigned an operating room where the full complement of cases for the day is known, and the student has access to the patient (for interview/assessment, etc.), the student is expected to develop a comprehensive care plan for one case and discuss their anesthesia plan for each additional case with the preceptor. In situations, such as same-day-surgery, emergency cases, added procedures,

change of operating room, etc., where the student does not have time nor access to the patient to complete written care plans, then, the student will discuss their anesthesia plan with the preceptor before the commencement of anesthesia.

A daily evaluation is required for every clinical day utilizing the weekly evaluation form. Daily evaluations provide the student with feedback (i.e., written and/or oral) regarding their clinical performance and help them become safe and professional providers. Clinical preceptors should reference the clinical objectives (specific to students' year and semester) in the Nurse Anesthesia Program Student and Faculty Handbook when completing daily evaluations. It is the student anesthetist's responsibility to provide the clinical preceptor with the evaluation form to complete.

The student is responsible for submitting their completed care plans and weekly evaluations to the Assistant Program Director at mid-semester and end-of-semester. Daily Care Plans, Weekly Clinical Evaluations, and Evaluation of Student Clinical Performance Evaluations are available on Blackboard.

Clinical Evaluation Procedure

Students receive their first end-of-semester (summative) clinical performance evaluation at the completion of semester 3 and the second summative evaluation upon completion of semester 4. Beginning in semester 5, as clinical participation increases, students receive mid-semester (formative) clinical evaluations, followed by an end-of-semester (summative) clinical evaluation.

A student self-evaluation and a clinical coordinator evaluation, of the student, is required each time a formative and summative clinical evaluation is completed. Mid-semester and end-of-semester clinical performance evaluations are based on clinical objectives consistent with the student's level in the program. The clinical coordinator evaluation should integrate feedback noted in the weekly evaluations, oral communications, and personal interactions with the student. Clinical coordinators should reference the clinical objectives (specific to students' year and semester) in the Nurse Anesthesia Program Student and Faculty Handbook when completing formative and summative evaluations. As stated above, CRNA preceptors complete daily clinical evaluations utilizing the weekly evaluation form. The weekly evaluations are kept on file, by the student either in the clinical areas of their current clinical facility site or electronically.

At mid-semester and end-of-semester, the student and clinical coordinator complete the evaluation of student progress and schedule a meeting to discuss the evaluations. The evaluations should include specific examples of clinical performance, strengths, weaknesses, suggestions, and goals for improvement during the student's next evaluation period.

The self-evaluation and clinical coordinator evaluation of the student are discussed simultaneously at the evaluation conference. This conference meeting allows the student to self-reflect and gain another's perspective, enhancing self-awareness and growth. The student and clinical coordinator are required to sign both evaluations after reading and discussing them. The student is free to provide additional written comments after the meeting. As required by the COA, these evaluations become a permanent part of the student's record.

The original student self-evaluation and clinical coordinator student evaluation from each clinical facility are forwarded by the student to the Assistant Program Director at mid-semester and end-of-semester for review and filing in the student's permanent file.

Students will maintain either paper or electronic copies of each mid-semester and end-of-semester evaluation from all clinical experiences. The evaluations should be readily available when requested by a clinical coordinator. The information on the evaluations is confidential and should only be viewed by the clinical coordinator for assessment and planning purposes should the need for focusing on specific clinical

concerns exist. Students sign a consent form titled *Intersite Communication Release* permitting student clinical evaluative information sharing amongst clinical coordinators.

Student Clinical Case Records

As required by the National Board of Certification and Recertification for Nurse Anesthetists, the graduating student is required to have fulfilled specific clinical requirements, including, but not limited to, a minimum number of anesthetics administered. Each student is therefore required to track their daily cases using the Typhon Group NAST. Students are encouraged to input their case data on a daily basis to ensure accuracy. At a minimum, case data needs to be entered weekly. If a student does not enter their data in a timely manner, the student may be removed from clinicals until the data is entered. Case types and clinical information will be reviewed frequently by program faculty. To enhance consistency with tracking clinical experiences, students will utilize the most current version of the *COA Guidelines for Counting Clinical Experiences* document.

Students will be oriented to this tracking system at the beginning of their program and will be afforded ongoing technical support from Typhon Group. There is a small monthly cost associated with this tracking system that the student will be responsible for. More information will be provided to the students regarding Typhon Group.

Fraudulent documentation and recording of case records including but not limited to clinical time, clinical case type, procedures, etc. is in violation of standards for professional and student ethics. This may be grounds for dismissal from the program.

In-Service Conferences

Clinical case conferences, quality assurance meetings and/or continuing education programs are held regularly at most affiliate institutions. Students are required to attend if clinical obligations permit.

NDANA State Educational Meetings: Students are required to attend the Spring NDANA state educational meeting (either held in April or May) while enrolled in the nurse anesthesia program. Professional behavior and attendance at all educational sessions during this meeting is mandatory. The state association (NDANA) provides some financial assistance for students to attend the meeting.

Special permission for an excused absence from these meetings must be requested prior to the required commitment from the Program Director or designee. Students absent from any of the above meetings will be required to complete additional assigned readings and/or other written work as determined by the Program Director.

AANA Educational Meetings: Students are allowed and encouraged to attend the Spring AANA Mid-Year Assembly meeting that is held in Washington D.C. each year. Some financial assistance may be available from the NDANA and from the Nurse Anesthesia Program. Students are also allowed to attend the AANA Annual Congress held at various locations in August or September of each year. Financial support may be available through the AANA for this meeting. Students are excused from clinical and class for the scheduled meeting days plus one travel day prior to and following the meeting. Professional behavior and attendance at the educational sessions is mandatory.

Absence from Clinical

Excused Absence: Students are required to be in attendance at their assigned clinical site at all times, Monday-Friday, except following a call experience and/or during determined breaks and holidays. These determined breaks and holidays will be indicated to students on a calendar provided by the Program

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Administrators at the beginning of each semester. In addition, students will be granted **20 clinical release days** to be used during the second and third year of clinicals as follows:

- Semester 3: no clinical release days
- Semester 4: no clinical release days
- Semester 5: 5 clinical release days
- Semester 6: 3 clinical release days
- Semester 7: 5 clinical release days
- Semester 8: 5 clinical release days
- Semester 9: 2 clinical release days

These clinical release days are to be used for DNP project work, review course attendance, sick days, or personal days that the student may use at their discretion. Students may not “bank” clinical time and need to use their clinical release days when absent from clinical experiences. Students may not take off more than 7 days (inclusive of weekend) without prior approval of the Assistant Program Director or Program Director.

Students are required to complete a Clinical Release request form prior to a planned absence from clinicals and must obtain approval for their planned absence from their clinical coordinator. In the event of an illness, the form may be completed after the student returns to the clinical site. All signed clinical request forms must be turned in to the Assistant Program Director or Program Director by the clinical coordinator. Any further absences, above and beyond the original 20 days, may not be approved by the clinical coordinator and must be approved by Assistant Program Director or Program Director. Failure to follow this process may result in an unexcused absence. If the student requires additional days off above and beyond the original 20 days, the student will be required to make-up those clinical hours at the discretion of the Program Director or Assistant Program Director. This may result in a program extension if this occurs in the final semester of the program.

Unexcused Absence: One unexcused or unapproved absence will result in a formal warning and will be counted as one of the student’s clinical release days. If the student’s clinical release days have already been used, a program extension may be necessary. Two unexcused absences will result in failure of the course and subject the student to dismissal from the program. This may result in a program extension.

Maternity/Paternity Leave: Students must use clinical release days for maternity/paternity leave. Once clinical release days become depleted, the student must petition for a leave of absence.

Leave of Absence: In the case of an illness that depletes the student's clinical release days, or for other reasons, a personal leave of absence may be granted at the discretion of the Program Director. A leave of absence is designed to cover a short and unexpected illness or emergency. Due to the cumulative nature of the curriculum, in the case of longer illnesses or elective procedures it may be necessary for the student to resign and reapply to the program. Criteria for returning to the program after a leave of absence will be determined by the Program Director and the student's treating physician. However, the leave of absence shall extend no longer than a single calendar year. A student will normally be readmitted to the Program at the end of his/her leave of absence if the faculty believes the purpose of the leave of absence has been achieved. The student may be required to do preparatory work before reentry after a prolonged leave or demonstrate current knowledge through examination or through other means upon re-entry. A leave of absence will require additional class and clinical days to meet graduation requirements. Therefore, the

student does not graduate on time or participate in the Program graduation ceremony. The student must deplete their clinical release days prior to beginning a leave of absence. All missed time will be made up at the end of the program. [Please refer to CNPD Department of Nursing Policy 606.](#)

Clinical Site Injuries/Exposures

Any industrial accident or accident on hospital grounds must be reported immediately to the proper CRNA or physician supervisor, as well as program administration, including completion of a Variance Report in accordance with CNPD Policy. If required, the student should seek immediate medical attention from the hospital in which the event occurred. Students must report any exposure to tuberculosis, meningitis, hepatitis, or other infectious/communicable diseases to the Assistant Program Director and clinical affiliate, as follow-up may be required.

It is mandatory that students report all needle stick injuries to both clinical affiliate and program administration immediately and follow through with appropriate medical treatment. Written documentation will be required following any injuries or exposures during clinical experiences. Any documentation required by the clinical affiliate or university must be completed promptly. All required paperwork will be placed in the students program file.

VI. NON-CLINICAL STUDENT CONCERNS & PROCEDURES

Financial Aid Options

(See also [UND Academic Catalog](#) and [College of Nursing and Professional Disciplines Master's Programs in Nursing Student Handbook](#)) Currently the federal government is supporting the education of nurse anesthetists through the Nurse Anesthesia Traineeship Grant. Funds from this federal grant are available for use by anesthesia students only. Students are directed to the Program Director for the Nurse Anesthesia Program for eligibility and application information. Information relating to the availability of other federal aid programs, as well as sources of funding which are available from the university, is available in the Financial Aid Office. [One Stop Financial Aid Office](#)

Tuition and Fees

(See also [UND Academic Catalog](#)) Current university tuition and fees information (including current program fees) can be found at. Tuition and fee rates may change at any point during the program. [One Stop Tuition and Fees](#)

Educational Resources

The university offers a wide range of support for both undergraduate and graduate students. Within the College of Nursing and Professional Disciplines (CNPD), the Office of Student Services is available to students for assistance with registration, progression, and student programs. In addition to computer labs located at various sites across campus, state-of-the-art computers are housed in the CNPD. Student Health and Counseling Services, the UND School of Medicine and Health Sciences (SMHS) Library and the Chester Fritz Library are accessible to students. The SMHS Library also has branches in Minot, Fargo, and Bismarck, which are all cities in which the program has primary clinical sites. Contact information for these branches can be found at: [Clinical Campus Libraries](#)

The Clinical Resource and Simulation Center (CRSC) houses a wide variety of models, audio-visual resource materials, and reserve texts, which are available for student use. All anesthesia-related

equipment, models, resource texts, and audio-visual learning resources are indexed and cataloged, with a copy of the information provided to anesthesia students. The CRSC Manager and staff are readily available to assist faculty and students.

Student Employment Policy for Work Outside the Program

Students are highly discouraged from working while enrolled in the Program. Under no circumstances are SRNAs permitted to work as nurse anesthetists, by title or function, during enrollment in the Nurse Anesthesia Program as this is expressly forbidden by the North Dakota Nurse Practice Act.

Violation of this policy will subject the SRNA to discipline, which may include dismissal from the Nurse Anesthesia Program and reporting of the incident to the North Dakota Board of Nursing.

Associate Membership in the AANA

Students are required to become associate members in the American Association of Nurse Anesthetists (AANA) and to maintain membership throughout their educational program. Associate membership in the AANA entitles a student to receive the AANA Journal, AANA NewsBulletin, and to attend national meetings at discounted costs. Application for membership in the AANA is processed during the Fall semester of the first year. The fee for this membership is paid by the student.

Professional Activities

Student attendance at meetings of the North Dakota Association of Nurse Anesthetists (NDANA) is viewed as an essential component of professionalism and is required of all students unless previous arrangements have been made with Program Administration. Students are encouraged to attend national meetings of the American Association of Nurse Anesthetists (AANA). Funds may be made available from a variety of sources to defray expenses. Students are also encouraged to consider membership in the North Dakota Nurses Association (NDNA) and specialty nursing organizations.

Professional Liability Insurance

The University of North Dakota College of Nursing and Professional Disciplines provides liability insurance for all students, on or off campus, each semester they are attending the College of Nursing and Professional Disciplines and involved in the clinical setting. Each student is covered up to \$1,000,000 for any one incident, and up to \$3,000,000 as a total of all claims within one calendar year period. Students are not covered by this liability insurance during personal volunteer work, working for pay or during self-employment. Students may, at their discretion, purchase individual liability insurance coverage.

Registered Nurse Licensure

Prior to acceptance into the program students are required to provide the College of Nursing and Professional Disciplines with evidence of a current and unencumbered licensure as a registered nurse in any state. Verification of this licensure is the responsibility of the CNPD Office of the Student Services and may include the use of a third-party vendor. After entry into the program, students are required to provide evidence of on-going current licensure. Students enrolled in an approved, nationally accredited educational program within the state of North Dakota are exempt from the requirement for North Dakota licensure, but must maintain a current RN licensure from any state. Students are responsible for obtaining Minnesota licensure when appropriate and for maintaining current licensure within their state and will not be allowed to attend clinical experiences without the appropriate current RN license. Expiration dates for RN licensure are tracked through the Office of Student Services and may include the use of a third-party vendor. Students are required to enter their expiration date into the Typhon Group NAST tracking system.

Verifications and Immunizations

All students admitted to the Nursing program, which includes Nurse Anesthesia, are required to provide documentation of current immunizations, verifications, and health insurance to the CNPD Department of Nursing approved vendor prior to beginning the program. Annual or periodic updates or re-certifications are required of all admitted students and must be completed prior to starting classes each semester and may not expire during the semester. If verifications and immunizations are not completed by the beginning of classes (including clinical experiences), the student will not be allowed to attend classes until they are complete.

In addition, students must hold (and maintain) active American Heart Association certifications in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support throughout the duration of their program. This is a requirement of the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA). While enrolled in the program, students will be given time off to attend classes in order to maintain these certifications. The AHA does offer online versions of these courses. Please see their website for further information at [American Heart Association-eLearning](#).

Current immunization and verification requirements can be found through the CNPD Office of Student Services [Verifications: Office of Student Services](#)

Clinical agencies may have requirements which include verifications other than those required by the College of Nursing & Professional Disciplines. Many clinical agencies ask that these verifications be completed in advance of the students' clinical placement and may result in additional costs to students. To avoid any delays in beginning clinical experiences, students should inquire what needs to be completed and then complete these verifications at least 6-8 weeks in advance of their clinical experience.

Program Calendar

A program calendar will be provided to students and clinical coordinators each semester to allow for professional and personal scheduling. The UND academic calendar is followed during the first year of the program. However, during the second and third years of the program, the calendar will vary from the UND academic calendar.

During the second and third year in the program, students are allowed a predetermined number of clinical release days to be used at their discretion as described under [Excused Absences](#). Students are encouraged to use these days to complete their independent project/case reports (or thesis if applicable) in a timely manner.

Tracking Student Committed Time

The Typhon Group NAST student tracking system will be used to monitor case information and student committed time while enrolled in the Nurse Anesthesia Program. Using these data, adjustments may be made to student workload to ensure that patient safety is never compromised and that student learning is optimized.

Information contained in this handbook undergoes periodic review and revision. Program faculty and students will be informed in a timely fashion of any amendments or changes.

VII. APPENDICIES

Department of Nursing Policy 603

Policy Number:	603
Policy Name:	Graduate Student Clinical Failure, Probation and Reassessment Policy
Reviewed by:	Nursing Graduate Council
Last Review Date:	06/20/2021

- 1) A student may be placed on clinical probation by the Graduate Track Director for deficiencies in meeting clinical course objectives, as well as for violations of the University Code of Student Life and/or Nursing policies and procedures,
- 2) The student may be placed on probation at any point in the clinical course.
- 3) The decision to place a student on probation may include input from the graduate faculty, clinical instructor(s), and preceptors. The evaluation of the student's clinical performance is based on the professional judgment of the graduate faculty, clinical instructor(s), and/or preceptor.
- 4) The student will be evaluated during and at the completion of the probationary period. The Graduate Track Director may remove the student from probation, extend the probation period or recommend dismissal of the student from the program at any time.
- 5) The student performance plan contract may be terminated at any point by the Graduate Track Director before the probationary period is completed due to student clinical behaviors that threaten patient safety and well-being or violate professional standards. The procedure to dismiss the student from the program will then be initiated.
- 6) The student that does not successfully complete the student performance plan contract will receive a grade of "U" for the clinical course.
- 7) Decisions made by the Graduate Track Director will be based on student performance during probation, past performance in the academic program, results of probationary meetings, and all student data relative to their graduate clinical performance.
- 8) A student may be placed on clinical probation only once during the program. If a student is determined to require a second clinical probation, the student will be dismissed from the program.

Approved by Nursing Graduate Council 04/29/16; R 02/14/2020;**08/20/2021**

Approved by Nursing Faculty 04/29/16

Department of Nursing Procedure 603a

Procedure Number:	603a
Procedure Name:	Graduate Student Clinical Failure, Probation and Reassessment Procedure
Reviewed by:	Graduate Council
Last Review Date:	08/20/2021

1. The student will be notified verbally of the probation and the reason(s) for the probation.
2. Within five working days of verbal notification of probation the student will be sent the *Notification of Clinical Probation Form*.
3. A meeting will be held within seven working days with the student, Graduate Track Director and faculty upon notification of clinical probation. The student is expected to participate in the meeting and will be given an opportunity to present oral and written materials.
4. If a decision is made to place the student on probation a student performance plan contract will be developed to include a probationary period, required activities, schedules for activities, and criteria for removal from probation and deadline for completion.
5. The student will be evaluated during and at the completion of the probationary period using the *Clinical Probation Reassessment Form*.
6. All documentation will be placed in the student's academic folder in the Office of Student Services at the College of Nursing and Professional Disciplines.
7. These are academic proceedings and legal representation is not allowed during these proceedings.

Approved by Graduate Council 04/29/16; **R 08/20/2021**

Approved by Nursing Faculty **04/29/16**

Department of Nursing Policy 606

Policy Number	606
Policy Name:	Graduate Student Progression Policy
Reviewed by:	Graduate Council
Last Review Date:	09/10/2021

1. Only students admitted in the UND graduate nursing major may enroll in a course with a NURS prefix or with written permission from the course instructor. This does not include non-degree students, who according to university policy can take up to nine semester credits in the following courses only (should there be space available after all admitted students have enrolled): NURS510, NURS511, NURS525, NURS565 and NURS577. Non-degree students will receive a permission number from the Office of Students Services in order to enroll in the aforementioned courses.
2. Students, including non-degree seeking students, must achieve a minimum grade of B (3.00) in all nursing courses and maintain a current and cumulative grade point average of 3.00 or better. See procedure 606a for additional information.
 - a. A student who receives a grade of “C”, “D”, “F” or “U” in a graduate nursing course may repeat that course only once, on a space-available basis
 - b. A student who withdraws from a graduate nursing course may repeat that course only once (with prior approval from their track/program director), on a space-available basis.
 - c. The student in scenario a or b above must meet with their track/program director to determine if there is space in the class and cohort. If space is not available in the ensuing academic term, the track/program director may:
 - i. place the student on a leave of absence up to one year; or
 - ii. recommend to the dean that the student be dismissed.
3. Students admitted provisionally who have a course failure with a grade of C or less during the first 12 graduate credits may be dismissed from the Department of Nursing graduate programs.
4. Students who wish to withdraw from a course should see the current University Academic Catalog policy on withdrawal procedures and deadlines for instituting withdrawal procedures. Students who do not formally file withdrawal forms receive “F” grades.
5. Students who wish to take an “incomplete” grade in a nursing course should see the current University Catalog policy on incomplete grade. **NOTE:** a student who has an “I” in a prerequisite nursing course is not permitted to take further courses in the specified course sequence. An incomplete must be requested by the student to be considered.
6. Students who withdraw from the program; for any reason, should contact their academic advisor and formally withdraw from each course in which they are registered through the Registrar’s Office. The student must submit a letter of notification of their withdrawal to the track/program director of their program. Students must also withdraw from the University. Please see University Graduate Academic Information>Academic Policies and Procedures>Withdrawal from the University at <http://und-public.courseleaf.com/> on withdrawal procedures for further information.
7. Students must successfully complete all prerequisites before moving into the subsequent courses.
8. Students must follow either the full time or part time curriculum plan for the track in which they are admitted or obtain permission from the track/program director. See procedure 606a for additional information.
9. Students are admitted based on their location at the time of application. Students who relocate during their program of study may not be able to continue. Students must contact the Clinical Placement Manager for more information. This excludes the PhD in Nursing program.

Department of Nursing Procedure 606a

Procedure Number:	606a
Procedure Name:	Graduate Student Dismissal
Reviewed by:	Graduate Council
Last Review Date:	09/10/2021

As noted in policy 606, graduate students must earn a minimum of a “B” or better in graduate courses.

1. The recommendation to dismiss a student can be made by the graduate chair and/or the track/program director. The final decision to dismiss a student can only be made by the dean. Dismissal may result in any of the following situations following admission to the graduate nursing program:
 - a. Receipt of a “C”, “D” “F” or “U” in any two graduate courses.
 - b. Upon recommendation of the track/program director in the event a student receives a grade of “C”, “D”, “F”, or “U” in a graduate course, or withdraws from a graduate course without prior approval from track/program director, and space is not available to repeat the course in the ensuing academic term (see Repeating Courses).
 - c. Failure to achieve a minimum of a “B” when repeating a graduate course.
 - d. Withdrawing from any graduate course without prior approval from their track/program director.
 - e. Two graduate course withdrawals following admission.
 - f. Withdrawing from one graduate course and/or receiving a “C”, “D”, “F”, or “U” in the same course or another graduate course.
 - g. Withdrawal from all graduate courses during a semester without an approved leave of absence.
 - h. Failure to meet progression standards of 3.00 overall GPA.
 - i. In the case of provisionally admitted students, receipt of a “C”, “D” “F” or “U” during the first 12 graduate credits.
 - j. Failure to return from a Leave of Absence at the approved date or to follow the LOA policy (615).
 - k. Failure to follow the progression plan and not have an approved Leave of Absence in place.
 - l. Revocation or suspension of a required license or unexcused ineligibility to participate in practicum.
 - m. Failure to disclose to the graduate chair or track/program director any adverse action taken by a granting or disciplinary body on a required license.
 - n. Failure to disclose to the graduate chair or track/program director a complaint to, or an investigation undertaken by, a granting or disciplinary body that, if found to be meritorious, would be more likely than not to result in a suspension or revocation of a required license. Provided, such disclosures shall be made in confidence and alone shall not in any event constitute separate grounds for dismissal.
 - o. Engaging in behavior that is unprofessional or manifestly unsafe to the mental, emotional, or physical welfare of clients, staff, or others.
 - p. Failure to be compliant with the Verification Policy.
 - q. Refusal or failure of a drug screen.

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- r. Failure to participate in orientation and PhD intensives. A waiver may be issued for medical reasons if approved by the track/program director in advance for any verifiable medical reasons.
 - s. Relocation to a different state after admission without prior approval from the graduate nursing chair (excludes PhD in Nursing program).
2. A recommendation to dismiss a student for a course related issue may be made by the graduate chair only after a reasonable attempt to resolve the issue has been made.
 3. A decision by the dean to dismiss a student from the Nursing Program is final.

Approved by Graduate Council: R 05/15/2020; R 09/11/2020; **R 09/10/2021**

Reviewed by Nursing Faculty: 5/3/19

Approved and Converted to Procedure by Graduate Council: 4/12/19

Reviewed by Legal Counsel 4/25/16; Approved by Graduate Council 4/29/16

Department of Nursing Student Conduct Standards Policy 257

Policy Number:	257
Policy Name:	Nursing Student Conduct Standards Policy
Reviewed by:	Nursing Faculty
Last Review Date:	01/18/19

Introduction:

The College of Nursing and Professional Disciplines (CNPD) Department of Nursing seeks to promote and ensure academic honesty and integrity among students. The goal of this policy is to promote an environment which maintains the ethical and professional standards as established by the American Nurses Association Code of Ethics at <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/> and the UND Code of Student Life at <http://und.edu/student-affairs/code-of-student-life/>.

Conduct Standards:

In order to facilitate a strong learning environment for all students and promote professionalism, high standards of academic and professional performance are required of all students. Students are expected to represent the University of North Dakota, College of Nursing and Professional Disciplines, and the nursing profession in a positive manner in the classroom, clinical settings and community. Students participating in clinical experiences are required to abide by the policies of the partnering institutions. The following professional attributes are expected of all students: respect, honesty, integrity, accountability, responsibility, confidentiality and professional conduct.

- I. Learning Environment Behavior Expectations:*** In all nursing courses at the University of North Dakota, students are representatives of the College of Nursing and Professional Disciplines. Students and faculty have the right to be respected and treated with dignity. The “classroom” includes all learning environments, such as classrooms, clinical and community settings, and online environments.
 - A.*** To create a positive learning environment, the following must occur:
 - i.* Active engagement in learning
 - ii.* Completion of preparation for class
 - iii.* Sharing perceptions during group discussions
 - iv.* Respectfully listening to and honoring the contributions of others
 - v.* Using appropriate professional verbal and non-verbal communication skills to include honesty, integrity, and respect in their interactions with peers, colleagues, agency personnel, faculty and clients
 - vi.* Maintaining confidentiality during simulation is expected.
 - B.*** Expectations for professional behavior in the classroom, laboratory, and clinical sites include the following:
 - i.* Arrive for class on time. Class attendance and promptness are required. Practicing professional behaviors includes the expectation that you inform the course faculty that you cannot attend class, prior to the start of class, just as you would notify your

supervisor if you were going to miss work. Stay for the entire class period, unless prior approval to leave early has been approved by course faculty.

- ii. Arrive for class prepared. Students are expected to participate in their own and others' learning by completing the assigned readings prior to class and by contributing ideas, experiences, questions, and opinions during class.
- iii. Remain alert and attentive throughout class. Please do not bring anything to the classroom that is not related to the class, including textbooks, assignments, newspapers, magazines, etc. Side conversations or other disruptive behavior is unprofessional.
- iv. Laptop/tablet use is only allowed during class when approved by the course faculty as long as it pertains to class material and is not disruptive.
- v. Cell phone usage during class is not allowed unless prior approval from the course faculty has been obtained. This includes NO phone calls, text messaging, emails, internet use, gaming, or other activities that do not pertain to the course.
- vi. Professional dress is required during clinical, simulation, lab experiences, professional meetings and/or student presentations in accordance with individual agency policies. Professional dress expectations will be addressed in individual course syllabi.
- vii. Bringing family members, guests and pets to the classroom and any college related professional activity is not allowed unless prior approval from the course faculty has been obtained.
- viii. Adhering to all course policies as stated in individual course syllabi.

C. Additional expectations for clinical experiences

- i. The primary responsibility of nursing students in clinical settings is the welfare of clients.
- ii. Clinical Removal:
 - a. A student exhibiting behaviors in the clinical setting which are deemed by the responsible faculty member to be unprofessional and/or unsafe to the mental, emotional or physical welfare of clients, staff, self or others shall be subject to immediate removal from the clinical experience until the issue has been resolved.
 - b. An agency shall have the right to request of the faculty that a student be removed from the clinical agency because of performance which is deemed unprofessional and/or unsafe to the mental, emotional or physical welfare of clients, staff, self or others. The agency may remove the student from client contact and notify the clinical faculty or department chair immediately. Removal from the clinical experience will continue until the issue has been resolved.

II. Academic Misconduct: Academic misconduct encompasses all kinds of academic dishonesty, deliberate or unintentional. Any suspected instance of misconduct will be investigated. The following list of examples is not exhaustive and occurrences of other types of suspected misconduct will be investigated.

A. Cheating and unauthorized material on examinations and other assignments

- i. All examinations and other assignments are to be completed by the student alone, without inappropriate assistance of any kind unless authorized by course faculty.
- ii. Assisting another student to cheat is an Academic Integrity Code violation. This includes providing another student with a paper or assignment, or any other form of assistance, where you know, or reasonably should know that the other student will use it to cheat.
- iii. Exams:
 - a. No assistance is to be given to or received from other persons;
 - b. No books, notes or other materials are to be consulted;
 - c. Electronic devices, to include: laptops, tablets, cellphones, calculators, or other electronic devices are not permitted;
 - d. If a calculator or other electronic device is permitted, it is to only be used for the intended purpose, as described by the course faculty.

B. Academic misconduct in online assignments

- i. Online assignments are subject to the same standards of integrity that apply to traditional classroom assignments.

C. Submitting the same assignment for different classes

- i. Submitting the same assignment for a second class violates the assumption that every assignment advances a student's learning and growth. Unless the second course faculty expressly allows it, submitting an assignment already submitted for another class is a form of cheating. This is also known as self-plagiarism.

D. Intentional dishonesty

- i. Deceiving a course faculty in order to obtain an excused absence, an extension on a due date, a makeup examination, an incomplete, etc. is considered academic dishonesty.
- ii. It is an Academic Integrity Code violation to steal, destroy, or alter another students' work, gain unauthorized access to faculty offices, email accounts, or course management services.

E. Improper collaboration and collusion

- i. **Collaboration** means working together. **Collusion** means unauthorized collaboration.
- ii. Permission from the course faculty to "work together" on an assignment, project, or paper is not permission to violate the rules of integrity. Unless the course faculty specifies otherwise, it is assumed that all work submitted for a grade will be the product of the student's own understanding, and thus expressed in the student's own words, calculations, etc. When a student's work is identical or very similar to another student's work when individual variations would be expected, it is reasonable for the course faculty to conclude that collusion has occurred.

F. Plagiarism

- i. Plagiarism is the most common form of academic misconduct. Plagiarism occurs when a student misrepresents, as his/her own work, the work, written or otherwise, of any other person (including another student) or of any institution. All types of work

submitted by students are covered by this definition including written assignments, diagrams and pictures.

- ii. The following rules apply:
 - a. Submission of the same or substantially similar work of another person without proper acknowledgement of the source.
 - b. Improper documentation of quotes, words, ideas, or paraphrased passages taken from published or unpublished sources without proper acknowledgement of the source.
 - c. The close paraphrasing of another's work by simply changing a few words or altering the order of presentation without proper acknowledgement of the source.
 - d. Use of another student's work while representing it as your own.
 - e. Unauthorized submission of a paper as original work in one course when credit has been received in another course.
 - f. Attempts to receive credit for group work when a group member has not participated or contributed to the group project.

III. Professional Misconduct: Professional misconduct encompasses any actions on the part of a student which might render them unsuitable to undertake/continue a professional-oriented component of their program of study. Examples of professional misconduct include:

A. Violation of professional code of ethics.

B. Falsifying information of any kind or misrepresenting information to the college or university.

C. Theft, damaging, defacing or unauthorized use of university, college or clinical agency property.

D. Confidentiality: As part of your education, you may need to share specific patient data with the health care facility staff, course faculty, or other students. The sharing of patient data in verbal, written, and electronic formats is only appropriate when you do so as a part of your clinical training.

- i. Unauthorized accessing or sharing confidential information regarding faculty, staff, or students.
- ii. Unauthorized accessing or sharing confidential information regarding patients in clinical settings. Refer to HIPAA training.

E. Civility: Uncivil behaviors are disrespectful and devalue the person targeted. Behaviors and language that cause emotional harm and violates the dignity of an individual or group constitutes incivility. This includes, but is not limited to, peers, faculty, staff, clients and agency personnel. Examples are as follows:

- i. Demeaning language
- ii. Yelling
- iii. Gossiping
- iv. Intimidation
- v. Threatening
- vi. Bribing someone
- vii. Instigating
- viii. Inflammatory written communication
- ix. Rudeness
- x. Ostracizing
- xi. Violence or any other disrespectful behavior

F. Technology:

- i. Inappropriate use of electronic devices in the classroom and clinical setting. Audio/video recording or taking photos in a classroom, lab, simulation or clinical setting is prohibited without prior approval from course faculty.
- ii. Students may be audio/video recorded, or photographed in a classroom, lab, simulation or clinical settings for assessment and/or evaluation purposes only as part of the classroom learning.
- iii. Social Media Guidelines:
 - 1) See *White Paper: A Nurse's Guide to the Use of Social Media* at https://www.ncsbn.org/Social_Media.pdf.
 - 2) See *Guidelines for Using Electronic and Social Media: The Regulatory Perspective* at <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No3-Sept-2012/Guidelines-for-Electronic-and-Social-Media.htm>.
 - 3) Inappropriate use of social media that violates standards of academic and professional conduct of the college and university. Social media is characterized as a platform of electronic communication (web sites for social networking and blogging) through which users create online communities to share information, ideas, personal messages, and other content (videos, pictures), etc. Social media outlets include, for instance:
 - Social Networking Sites (Facebook, LinkedIn, Pinterest, Foursquare, Instagram, Flickr)
 - Content Communities (YouTube)
 - Micro-blogging sites (Twitter)
 - Blogs (company and personal blogs, Wordpress, Blogger), Forums and Discussion Boards (Google Groups, Yahoo! Groups)
 - 4) Social Media myths and misunderstandings according to the National Council of State Boards of Nursing (NCSBN, 2011) include:
 - *A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others.*
 - *A mistaken belief that content deleted from a site is no longer accessible. The moment something is posted, it lives on a server that can always be discoverable in a court of law.*
 - *A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.*

- *A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.*
- *Confusion between a patient's right to disclose personal information about himself or herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.*

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