Duke University School of Nursing
Doctor of Nursing Practice
Nurse Anesthesia Program
Student Handbook
2021 - 2022
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Title 1.0  INTRODUCTION

Welcome to the Duke University Nurse Anesthesia Program (DUNAP). This supplemental student handbook provides specific policies associated with the DUNAP which are unique to our program and may not apply to other Duke University School of Nursing (DUSON) specialty programs. The Duke Nurse Anesthesia Program reserves the right to institute policy changes, with or without prior notification, when administration, faculty, affiliated institutions or students’ needs deem it necessary. Policies outlined in this handbook supersede the Doctor of Nursing Practice (DNP) Student Handbook. In the absence of a policy specific to the DUNAP, please refer to the DUSON DNP Student Handbook for guidance.

The link to Duke University School of Nursing’s Doctor of Nursing Practice in Nursing Student Handbook: https://nursing.duke.edu/academic-programs/dnp-program-nursing/dnp-handbook-and-bulletin

Please address all inquiries to:
V. Chris Simmons, DNP, CRNA, CHSE-A, FAANA, FAAN
Associate Clinical Professor
NLN Simulation Leader
Director, Duke University Nurse Anesthesia Program
Duke University School of Nursing
307 Trent Dr., DUMC 3322
Durham, NC 27710
chris.muckler@duke.edu
Office: 919-684-9307
Fax: 919-681-8899

1.1 Non-Discrimination Policy

Diversity, equity, inclusion, and a sense of belonging fuels excellence and innovation and are critical in our pursuit of racial and social justice. We are all responsible for maintaining a positive and inclusive environment. Every student, faculty, and staff member—whatever their race, ethnicity, nationality, cultural heritage, age; gender, sex, sexual orientation; religious or political beliefs; socioeconomic status, veteran status, or ability—has the right to inclusion, respect, agency, and voice within the DUSON and Duke community. By embracing diversity and inclusion in all that we do and strive for, we strengthen our community, pedagogy, research, practice and the future design, development, and delivery of health care that eliminates disparities both locally and globally.

The faculty work diligently to create and sustain a learning environment that promotes equity for all and is free of microaggressions, harassment, racism, and discrimination. If at any time a student does not feel supported, or has experienced or observed unfair treatment, they are encouraged to speak out for justice and support within the moment or after the moment has passed. Individual support and resources for reporting academic environment concerns can be found on the DUSON’s Office of Diversity, Equity and Inclusion’s website.

Duke University does not discriminate based on race, color, religion, national and ethnic origin, handicap, sexual orientation or preference, sex, or age in the administration of educational policies, admission policies, financial aid, employment, or any other University program or activity. It admits qualified students to all the rights, privileges, programs, and activities generally accorded or made
available to students. Additional information is contained in the Student Right to Know and Campus Security Act (http://www.duke.edu/web/equity/).

1.2 Communication between Duke University and Students

Electronic mail (e-mail) is the official medium by which Duke University communicates policies, procedures, and items related to coursework or degree requirements to students enrolled at the university. All students matriculated at the School of Nursing are assigned a Duke University email account upon acceptance of an offer of admission and must use Duke email as the primary mode of electronic communication. It is the student’s responsibility to retrieve messages daily and to respond promptly to requests made by school and program faculty and administration. Faculty are responsible for sending electronic communications only once. Forwarding of emails to a non-Duke email account is prohibited and may result in students not receiving important program communications. Failure to retrieve, acknowledge and respond to faculty communication is a violation of this Duke Nurse Anesthesia Program Policy.

Faculty Communication Expectations

Email Replies and Texts

1. Faculty will attempt to answer urgent emails within 24 hours (or 1 business day) and nonurgent emails within 48 hours (or 2 business days) unless otherwise indicated by ‘Out of Office’ automatic replies. If students receive an ‘Out of Office’ reply and have an emergency, they should contact the Program Coordinator or other NAP faculty as directed in the automatic reply.

2. Emails sent after 12p.m. Friday may not be answered until the following business day.

3. Some email replies may require greater than 24 hours to research, consult with other faculty, and respond appropriately. All efforts will be made to acknowledge the initial email within 24 hours and a time frame for which the student may expect a complete response may be included in the acknowledgment. At times, this is dependent upon the response time of the third party (those consulted such as faculty, CSCs, clinical preceptors, etc.).

4. Answers to emails that are best addressed to the entire class will be carbon copied (cc’d) to the entire class or all classes.

5. Sakai messages and forums will not be utilized for communications unless individual faculty indicate such in their course syllabus.

6. Announcements may be sent via Sakai. This may occur when students will benefit long-term from announcement postings or when electronic mail is unavailable, undeliverable or server issues are encountered.

7. Office hours are available for discussions that are best held in person such as those of a personal nature or those that require explanation or detail. In-person meetings must be prior arranged.

8. Do not text faculty unless faculty initiate a text with you. Typically, this will only occur in urgent or emergent situations or when other means of communication have been unsuccessful.

1.2.1 Communication between Students and Program Faculty

At the end of Semester I, DUNAP program faculty will select a Student Representative from the first year cohort who will serve as a liaison between the cohort and DUNAP faculty. This role encompasses additional responsibilities and therefore, selection takes into account all candidates’ academic progress in attempt to thoughtfully assign a student who has demonstrated academic success. A student who has struggled to maintain didactic status in the program during Semester I should not be selected as the student representative for the cohort. Faculty will recommend students for the role of class representative and all will be carefully considered. The individual selected will be contacted and asked their willingness to serve in this role.
The individual who agrees to serve in this role will serve as the spokesperson to communicate with the Program Director and other DUNAP faculty, as appropriate when the cohort has issues, concerns, suggestions, or ideas.

For the sake of transparency and when sending emails on behalf of the cohort, the student representative will use the carbon copy function, and copy the entire class to ensure they are aware of messages communicated to faculty. This provides the opportunity for anyone who disagrees with the message sent to provide correction or clarification. It is the student representatives’ responsibility to clarify the cohort’s intended message prior to sending. However, copying the entire cohort is intended to serve as a safeguard in situations that may have innocently been misunderstood. The class representative is not responsible for all planning, coordinating, compilation of class notes, etc. throughout the program. They will, however, serve to represent their cohort throughout the program unless academic or clinical progression declines. Program administration will determine if the representative must be relieved of duties and a new cohort representative selected. Cohorts are encouraged to work together as a team throughout the program to optimize success for all!

1.3 History and Accreditation

Duke University traces its origin to 1838 in rural Randolph County, North Carolina. Originally called Trinity College, the university began in 1859 as a means of providing free education for Methodist preachers in return for financial support by the church. In 1892 after a spirited competition among piedmont cities, Trinity relocated to Durham, largely because of the generosity of Washington Duke. In December 1924, James B. Duke, son of Washington Duke, formalized the family's historic pattern of philanthropy with the establishment of The Duke Endowment, a forty million dollar trust fund. The annual income of the endowment was distributed in the Carolinas among hospitals, orphanages, the Methodist Church, three colleges, and a university built around Trinity College that was to become Duke University.

In support of James Duke's original vision, the School of Nursing has maintained a commitment to achieving excellence. Since the first nursing students were admitted to the three-year diploma program in 1931, the school remains on the forefront of nursing education, practice and research. Historically, the school has been a healthcare leader by being one of the first to award baccalaureate degrees in 1938, establishing the Bachelor of Science in nursing degree in 1953 and, in 1958, beginning one of the first nursing graduate programs.

Today, while offering the accelerated Bachelor of Science in Nursing degree (ABSN), the Master of Science in Nursing degree (MSN), the Doctor of Nursing Practice (DNP) and the PhD program, the School of Nursing remains a national leader in nursing education. Through innovative teaching strategies, the incorporation of advanced technology, and collegial faculty-to-student relationships, the school remains dedicated to improving access to care, providing high quality cost-effective care, and preparing healthcare leaders for today and tomorrow.

The original DUNAP first opened in 1931 with Watt’s Hospital School of Nursing and remained one of the major centers of nurse anesthesia education in the United States until the program closed in 1982. Then DUSON re-established the DUNAP in 2001 as a graduate nursing specialty that awarded a master’s degree. Since 2017, nurse anesthesia students complete their graduate studies earning the DNP degree.

The DUSON is accredited by the Commission of Collegiate Nursing Education (CCNE). Additionally, the Accelerated Bachelor of Science in nursing degree program is approved by the North Carolina Board of Nursing and the DUNAP is accredited by the Council on Accreditation (COA) of Nurse Anesthesia.
1.4 Goals of the Duke University School of Nursing

The goals of Duke University School of Nursing reflect our overall mission of education, research, and practice to enhance the health and quality of life for all people, and are to:

- develop academic programs that respond to societal needs for nursing expertise.
- provide high quality education as a foundation for lifelong learning and professional careers in nursing and the broader health care enterprise.
- develop leaders in research, education, practice, and administration.
- lead interdisciplinary research that results in innovative approaches to improving health and illness outcomes.
- provide healthcare to patients and, in concert with community partners, develop and test innovative models of care.

1.5 DUNAP Philosophy

The philosophy of the Duke University Nurse Anesthesia Program is congruent with the mission and philosophy of the DUSON:

Nurse anesthesia practice utilizes skills in critical thinking, decision-making, and independent judgment to facilitate the delivery of quality anesthesia care. The Doctor of Nursing Practice (DNP) nurse anesthesia education is based on an appreciation of individual differences, which requires flexibility in the facilitation of learning. The faculty prepare DNP nurse anesthetists to assume positions as nurse anesthesia clinicians, educators, administrators, leaders, and researchers. The complexity of societal and technological change requires nurse anesthesia students to continually advance their knowledge regarding ethical, political, clinical, and economic issues.

1.6 DUNAP Mission Statement

The mission of the DUNAP is congruent with the mission of the School of Nursing and Duke University: Our mission is to create a center of excellence for the advancement of nurse anesthesia practice by promoting academic excellence, clinical scholarship and lifelong learning while supporting skilled, ethical service to both local and international communities. By translating nursing research into evidence-based nurse anesthesia practice, students and faculty seek to enhance the quality of life for people of all cultures, economic levels and geographic locations.

1.7 DUNAP Statement of Purpose

Our purpose is to educate registered nurses to become outstanding nurse anesthetists by fostering an educational environment where scholarly thinking, dialogue, creativity and ideas flourish. The DUNAP is committed to excellence and we aim for quality rather than quantity of both teachers and learners.

1.8 DUNAP Core Values

The faculty of the Nurse Anesthesia Program believe patient advocacy, professional competence, and integrity are core values essential to the profession of nurse anesthesia. Patient advocacy denotes respect for the rights, values, autonomy, and dignity we promote for each individual patient. Fundamental values guiding patient care in the practice of nurse anesthesia include respect, integrity, compassion, excellence and vigilance. Each Student Registered Nurse Anesthetist (SRNA) enters the profession with the inherent responsibility to pursue competency in the practice of nurse anesthesia.

The DUNAP provides students the opportunity to transition from undergraduate to graduate education in an environment where the student is expected to actively pursue the goals of the program and the
profession. Our tailored program emphasizes excellence in both academics and clinical experiences. The curriculum integrates simulation, research, chemistry and physics, physiology, pharmacology, pathophysiology, and professional aspects together with principles of anesthetic practice to prepare students for the national certification examination while providing a solid foundation for their career and professional practice. We expect students to pursue, in depth, their intellectual curiosity. Students must make inferences, develop concepts, draw upon past experiences while integrating them with the present, and think through processes. We expect students to accept responsibility for actively supplementing their knowledge through independent study. Each SRNA enters the profession with a personal responsibility to uphold and adhere to the ethical standards adopted by the American Association of Nurse Anesthetists (AANA).

1.9 Ethical Guidelines of the Duke University Nurse Anesthesia Program
Ethical conduct is demonstrated by honoring commitments, keeping confidences, maintaining high principles and exhibiting professional behavior. The Duke University Honor Code is the foundation for academic integrity and ethical conduct. Students are responsible for reviewing DUSON policies and guidelines regarding academic integrity contained in the Duke University School of Nursing’s Doctor of Nursing Practice Student Handbook. Students are also expected to review additional information about the Duke Community Standard and the Academic Integrity Council found at:

1.10 Professionalism
The SRNA represents the nurse anesthesia specialty and profession, Duke University, and all clinical affiliates. Maintaining a professional appearance and demeanor facilitates the acceptance of both the profession and the individual by patients and other healthcare professionals. Students are expected to assume responsibility for observing the following guidelines on professional behavior and demeanor. Students must conduct themselves in a professional and respectable manner during class time, clinical time and during professional meetings and seminars. Clinical training opportunities represent a privilege extended to the academic program. Students are reminded of their responsibility to dress and act in compliance with the guidelines of the institution and the DUNAP wherever the rotation is conducted. While attending classes or laboratory sessions at Duke University, students may express their personal choice in professional dress assuming choices are tasteful, neat, and professional. This includes class attendance, visits to study in the library, didactic examinations administered in the hospital facility, major group meetings, etc. Sweatpants and scrubs are not considered appropriate in these settings. The exception is wearing scrubs to classes when required. Jeans without holes, rips or tears may be worn to class. Students are asked NOT to wear perfume, scented lotions, etc. to class or clinical as this type of fragrance can be overwhelming and creates a stimulus for those with a reactive airway.

While participating in any program activity outside of the Duke University campus, students should present a professional appearance. Lab coats and program identification/name tags must be worn above the waist while on the hospital grounds and at all clinical training sites. Hospital or university issued identification badges must also be worn at all times while at those sites. All SRNAs must clearly and continuously identify themselves in the role of student/trainee during clinical experiences. No other credentials will be displayed on the student I.D. badge. Professional attire should be observed when students are at hospital or institutional sites. Students will assume the dress codes of the clinical site and DUNAP. It is the student's responsibility to determine the specific guidelines in each new situation. Patient rounds, case preparation, reading, meeting attendance and other types of inquiry often must be completed on the student's own time.

1.11 Doctor of Nursing Practice (DNP) Overview
The DUSON is proud to be the first school in North Carolina to offer a DNP degree. The inaugural post-
The DNP Program is designed for nurses in advanced specialty practice who have earned a master’s degree in nursing and for nurses with a Bachelor of Science in nursing who want to pursue the DNP while completing an advanced practice specialty certification.

The DNP curriculum is based on the American Association of Colleges of Nursing (AACN) guidelines and focuses on translation of evidence to practice, transformation of health care, health care leadership, and advanced specialty practice. The common thread throughout the curriculum is data-driven, evidence-based work that leads to quality care and patient safety. The Duke DNP is a practice doctorate, which provides students with the skills and tools necessary to assess the evidence gained through nursing research, evaluate the impact of that research on their practice, and, as necessary, make changes to enhance quality of care. As nursing leaders in interdisciplinary healthcare teams, graduates of the DNP Program work to improve systems of care, patient outcomes, quality, and safety.

The nurse anesthesia DNP program is a full-time course of study and requires completion of a minimum of 83 credits delivered over nine semesters. Typically, DNP courses are delivered online with an on-campus component that meets during the semester. However, some courses required for students entering post-BSN, or certain advanced practice majors, are not available in an online or distance-based format and must be completed on campus. These must be completed on campus. Nurse anesthesia courses are primarily campus-based, in-person.

A DNP clinically-based project and a nurse anesthesia practice residency are the integrating courses that bring together the practice and scholarship elements of the DNP degree. The nurse anesthesia practice residency allows the student to integrate and use the knowledge and skills to provide both direct or indirect anesthesia patient care. The DNP degree provides students the knowledge for evidence-based nursing care, systems that promote safety and quality, and interpretation of outcome measurements for patients, populations, and communities. The DNP degree prepares graduates for an advanced role (i.e., nurse anesthetist, nurse practitioner, clinical nurse specialist, health care leadership, informatics). In addition, the DNP Program includes theory and empirical findings from nursing and other disciplines (including the translation of research into practice, use of information systems, system change, leadership and policy).


Preamble
The American Association of Nurse Anesthetists (AANA) Code of Ethics offers guidance to the Certified Registered Nurse Anesthetist (CRNA) to make ethical decisions in all practice roles. The practice of nurse anesthesia may include clinical practice, nurse anesthesia-related administrative, educational or research activities, or a combination of two or more of such areas of practice. The Code of Ethics consists of principles of conduct and professional integrity that guide decision making and behavior of the CRNA. The CRNA’s ethical responsibility is primarily to the patient, as well as to the profession, other healthcare providers, self, and society. The CRNA acknowledges, understands, and is sensitive to the vulnerability of the patient undergoing anesthesia, pain management, and related care and preserves the patient’s trust, confidence, and dignity.

The CRNA has the personal responsibility to understand, uphold, and adhere to these ethical standards of conduct. Deviation from the Code of Ethics occurs rarely in practice and any deviation must be supported by ethical decision making, compelling reasons, and best judgment specific to the situation.
The AANA recognizes the American Nurses Association (ANA) Code of Ethics as the foundation for ethical values, duties, and responsibilities in nursing practice.

1. Responsibility to Patient
The CRNA respects the patient’s moral and legal rights, and supports the patient’s safety, physical and psychological comfort, and well-being. The CRNA collaborates with the patient and the healthcare team to provide compassionate, holistic, patient-centered anesthesia, pain management, and related care. The CRNA:
1.1 Respects human rights and the values, customs, culture, and beliefs of patients and their families.
1.2 Supports the patient’s right to self-determination.
   1.2.1 Presents accurate, complete and understandable information to the patient to facilitate informed healthcare decisions.
   1.2.2 Encourages patients, including minors, to participate in healthcare decision making that is appropriate for their developmental capacity.
   1.2.3 Supports a patient’s decision making without undue influence or coercion.
1.3 Acts in the patient’s best interest and advocates for the patient’s welfare.
   1.3.1 Discloses and manages or resolves perceived or real conflicts of interest (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict between the CRNA’s interests and the patient’s interests.)
   1.3.2 If the CRNA has a moral, religious or ethical conflict related to the patient’s healthcare decisions or plan for care, the CRNA may, without judgement or bias, transfer care to an appropriately credentialed anesthesia provider willing to perform the procedure.
1.4 Prior to providing anesthesia, pain management, and related care:
   1.4.1 Introduces self, using name, a term representing the CRNA credential, and role.
   1.4.2 Verifies that students have introduced themselves or been introduced to the patient, and the patient has consented to student participation in anesthesia, pain management, and related care.
   1.4.3 Discusses the plan of care and obtains informed consent* or verifies that the patient has given informed consent in accordance with law, accreditation standards, and institutional policy.
   1.4.4 Discusses the plan of care and obtains informed consent* from a legal decision maker (e.g., healthcare proxy, surrogate) when the legal decision maker is responsible for the patient’s healthcare decisions or verifies that the legal decision maker has given informed consent.
   1.4.5 Protects patient privacy, including confidentiality of patient information, except when necessary to protect the patient or other persons, or when required by law.
1.5 Protects patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, deceptive, abusive, disrespectful, or unethical practice.
1.6 Participates in honest and transparent disclosure of an adverse or unanticipated event to the patient and others with the patient’s consent.

*Students may not secure written informed patient consent for anesthesia or other procedures.

2. Responsibility as a Professional
As an independently licensed professional, the CRNA is responsible and accountable for judgments made and actions taken in his or her professional practice. Requests or orders by physicians, other healthcare professionals, or institutions do not relieve the CRNA of responsibility for judgments made or actions taken. The CRNA:
Competence and Responsibility in Professional Practice
2.1 Engages in a scope of practice within individual competence and maintains role-specific competence.
2.2 Maintains national certification as a CRNA and a state license as a registered nurse and meets state advanced practice statutory or regulatory requirements.
2.3 Engages in continuing education and lifelong professional development related to areas of nurse anesthesia practice, including clinical practice, education, research, and administration.3

2.4 Evaluates and integrates personal practice outcome data, scientific research, expert opinion, new technology, patient preferences, and relevant metrics to improve processes and outcomes.

2.5 Is physically and mentally fit for duty.

2.6 Clearly presents his or her education, training, skills, and CRNA credential.

2.7 Is honest in all professional interactions to avoid any form of deception.

2.8 Treats all others, including patients, families, staff, students, and colleagues, in a culturally sensitive manner and without prejudice, bias, or harassment.

2.9 Maintains professional boundaries in all communications and actions.

Leadership

2.10 Creates an ethical culture and safe work environment.
   2.10.1 Supports policies and behaviors that reflect this Code of Ethics.
   2.10.2 Communicates expectations for ethical behavior and actions in the workplace.
   2.10.3 Helps individuals raise and resolve ethical concerns in an effective and timely manner.

Clinical Practice and the Interdisciplinary Team

2.11 Respects and engages healthcare providers to foster a collaborative and cooperative patient care environment through a culture of safety and open communication to contribute to the ethical and safe environment of care.
   2.11.1 Facilitates review and evaluation of peers and other members of the healthcare team.
   2.12 Manages medications to prevent diversion of drugs and substances.

Role Modelling and Education of Others

2.13 Provides positive role modeling by upholding and promoting quality patient care outcomes, the professional standards of practice, and this Code of Ethics.

2.14 Fosters a safe and trusting environment for successful learning for students, colleagues, and members of the healthcare team.

2.15 Educates the student registered nurse anesthetist regarding the ethical responsibilities of the profession.

The Profession

2.16 Is responsible and accountable to contribute to the dignity and integrity of the profession.

2.17 Participates in activities that contribute to the advancement of the profession and its body of knowledge.

2.18 Reports critical incidents, adverse events, medical errors, and near misses in accordance with law, accreditation standards, and institutional policy to promote a culture of safety, maintain the integrity of the profession, and advance the profession and its body of knowledge.

3. Responsibility in Research

The CRNA protects the integrity of the research process and the reporting and publication of findings: The CRNA adheres to the ethical principles of respect for persons, beneficence, and justice relevant to research involving human participants.4 The CRNA:

3.1 Protects the rights and wellbeing of the people that serve as participants and animals that serve as subjects in research.

3.2 Respects the autonomy and dignity of all human research participants.

3.3 Promotes selecting human participants in such a way that all populations have equal access to the potential benefits and risks of the research.

3.4 Seeks to minimize the risks and maximize the benefits to research participants.

3.5 Conducts research projects according to accepted ethical research and reporting standards established by law, institutional policy, and the Institutional Review Board (IRB).

3.6 Obtains informed consent or verifies that the human research participant or legal decision maker, as appropriate, has provided informed consent as required by law, institutional policy, and the IRB.
3.7 Protects the human research participant’s privacy to the greatest extent possible and in accordance with law, institutional policy, and standards of the IRB.
3.7.1 Maintains confidentiality in the collection, analysis, storage and reuse of data and in accordance with law, institutional policy, and standards of the IRB.
3.8 Discloses perceived or real conflicts of interest to organizations where the research will be conducted, organizations that fund the research, and any publication where the research is submitted. Manages or resolves perceived or real conflicts of interest.
3.9 Reports research findings in an objective and accurate manner.
3.10 Provides appropriate attribution for contributions by other individuals.
3.11 Supports, promotes, or participates in research activities to improve practice, education, and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

4. Responsibility in Business Practices
The CRNA, regardless of practice arrangement or practice setting, maintains ethical business practices in dealing with patients, colleagues, institutions, corporations, and others. The CRNA:
4.1 Establishes and performs contractual obligations consistent with this Code of Ethics, the professional standards
4.2 Is honest in all business practices.

5. Responsibility when Endorsing Products and Services
The CRNA may endorse products and services only when personally satisfied with the product’s or service’s safety, effectiveness, and quality. The CRNA may not say that the AANA has endorsed any product or service unless the Board of Directors of the AANA has done so. The CRNA must not endorse any product or service when presenting content for an AANA-approved continuing education activity as this is a prohibited conflict of interest. The CRNA:
5.1 Makes truthful endorsements based on personal experience and factual evidence of efficacy.
5.2 Discloses and manages or resolves perceived or real conflicts of interest associated with the endorsed product or service (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict).
5.2.1 Only uses the CRNA credential when endorsing products or services that are related to CRNA professional practice or expertise.

6. Responsibility to Society
The CRNA collaborates with members of the health professions and others to improve the public health, including access to healthcare and anesthesia, pain management, and related care. The CRNA:
6.1 Works in collaboration with the healthcare community to promote highly competent, ethical, safe, quality patient care.
6.2 Supports activities to reduce the environmental impact of disposable items and waste anesthetic gases.

References

Adopted by the AANA Board of Directors in 1986.
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Title 3.0 CURRICULUM

3.1 Course of Study
Students enrolled in the Duke University Nurse Anesthesia Program must complete the minimum prescribed 83 course credits during the 36-month program.

Prior to the beginning of each semester, students must register in accordance with Duke University procedures. Registration must be completed in order to attend classes and to receive financial assistance from Duke University.

Successful completion of the nurse anesthesia program requires a substantial time commitment averaging 60 hours per week (includes class time, clinical, and study time) during the 36-month program.

Due to the nature of the nurse anesthesia program curriculum, the didactic and clinical coursework as seen in the table below and outlined in the matriculation plan are only offered once during an academic year and are prerequisites to the courses that follow. All students must have successfully completed all courses from the previous semester for ongoing enrollment in the nurse anesthesia program (see table below).

<table>
<thead>
<tr>
<th>Semester/Year</th>
<th>Course Prerequisites</th>
</tr>
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<tbody>
<tr>
<td>Spring / 1</td>
<td>N925, N926, N927</td>
</tr>
<tr>
<td>Summer / 1</td>
<td>N928, N929, N932, N933, N942</td>
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<tr>
<td>Spring / 3</td>
<td>N947</td>
</tr>
<tr>
<td>Summer / 3</td>
<td>N948</td>
</tr>
</tbody>
</table>

3.2 Course List

- N580 Nurse as Scholar I: Science Development, Study Design and Statistics (3)
• N703 Principles of Business and Finance in Healthcare (3)
• N925 Advanced Physiology (4)
• N926 Pharmacology for Nurse Anesthetists (3)
• N927 Chemistry and Physics Related to Anesthesia (3)
• N928 Basic Principles of Anesthesia (3)
• N929 Anesthesia Pharmacology (3)
• N930 Professional Aspects of Nurse Anesthesia Practice (3)
• N931 Advanced Principles of Anesthesia I (4)
• N932 Advanced Pathophysiology for Nurse Anesthesia I (3)
• N933 Advanced Health Assessment for Nurse Anesthesia (3)
• N934 Advanced Principles of Anesthesia II (3)
• N935 Advanced Pathophysiology II for Nurse Anesthetists (3)
• N936 Anesthesia Specialty Techniques and Procedures (3)
• N942 Clinical Anesthesia Practicum (semester 2): 2 days simulation lab/week (1)
• N943 Clinical Anesthesia Practicum (semester 3): 2 days clinical/week (1)
• N944 Clinical Anesthesia Practicum (semester 4): 2 days clinical/week (1)
• N945 Clinical Anesthesia Practicum (semester 5): 3 days clinical/week (2)
• N946 Clinical Anesthesia Practicum (semester 6): 4 days clinical/week (2)
• N947 Clinical Anesthesia Practicum (semester 7): 4 days clinical/week (2)
• N948 Clinical Anesthesia Practicum (semester 8): 4 days clinical/week (2)
• N949 Clinical Anesthesia Practicum (semester 9): 4 days clinical/week (2)
• N959 Appraising and Synthesizing for Evidence-Based Practice (4)
• N960 Evidence Based Practice I: Locating, Appraising & Evidence (3)
• N961 Evidence Based Practice II: Implementing & Evaluating (3)
• N962 Transforming the Nation’s Health (3)
• N963 Data Driven Health Care Improvements (3)
• N964 Effective Leadership (3)
• N965 Health Systems Transformation (2)
• N966 Quantitative Analysis for Evaluating Health Care Practices (3)
• N970 Scholarly Writing (1)
• N971 Health Care Quality Improvement Methods (3)
• N975 DNP Scholarly Project (1) or (2) a semester for a total of 4 or 5 credits depending on your current cohort MAT plan

3.3 DUNAP Matriculation Plans

3.31 Class of 2022 DUNAP Matriculation Plan  83 Credits

**Year 1, Fall Semester 1**

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**Year 1, Spring Semester 2**

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### 3.32 Class of 2023 DUNAP Matriculation Plan

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### Year 3, Summer: Semester 9
N975 DNP Scholarly Project 1
N949 Clinical Anesthesia Practicum: 4 days clinical/week 2

### 3.33 Class of 2024 DUNAP Matriculation Plan 83 Credits

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**Year 3, Spring Semester 8**
N703 Applied Finance and Budget Plan (No OCI) 3
N975 DNP Scholarly Project 1
N948 Clinical Anesthesia Practicum: 4 days clinical/week 2

**Year 3, Summer: Semester 9**
N975 DNP Scholarly Project 1
N949 Clinical Anesthesia Practicum: 4 days clinical/week 2

3.4 Required Non-Credit Activities:
There are certain required activities that are not part of a formal “for credit” course. This means that the student is required to participate and meet a certain benchmark; however, no academic course credit will be given. Students are also not charged tuition for the activities mentioned. Below is a list of these activities yet it is not all-inclusive and is subject to change with reasonable prior notice:

- Clinical and journal club conferences, 1 hour/week, 9 semesters
- Senior Review: 3 hours/week, Semesters 7, 8 and 9
- SEE examinations, Semesters 5 and 8
- Comprehensive Oral Exams; timed at the discretion of course faculty
- Simulation: Semesters 1-9
- Clinical site orientation and presentations at morning/staff meetings
- Nurse anesthesia week activities (January; optional)
- Student led-seminar activities (January or February; mandatory for graduating class)
- Meetings designated by faculty as “mandatory”
- Completion of end of course and end of semester evaluations
- Completion of clinical preceptor and clinical site evaluations
- Completion of end of semester summaries with advisors: Semesters 1-9

**Title 4.0 PROGRAM OUTCOMES AND NURSE ANESTHESIA SPECIALTY STANDARDS**

4.1 Nurse anesthesia specialty outcomes
Upon completion of the program, the graduate is able to:
- Verbally express comprehensive knowledge and understanding of anatomy, physiology, pathophysiology, pharmacology, chemistry, and physics, in the delivery of anesthesia.
- Perform an accurate pre-anesthetic interview that includes a health history and appropriate physical assessment.
- Evaluate data retrieved from the health history, physical examination, laboratory, radiological and other pertinent diagnostic data.
- Develop an effective anesthesia care plan in accordance with the patient data and overall medical and nursing treatment plan.
- Protect the patient from iatrogenic complications.
- Communicate pertinent patient findings and data to other care team members.
- Administer general anesthesia to all ages and categories of patients having a variety of surgical and diagnostic procedures.
● Use various and multiple anesthetic agents, techniques and adjunctive medications in providing patient care.
● Administer and manage a variety of regional anesthesia and neuraxial techniques.
● Interpret and analyze data from the patient, anesthesia gas machine/ventilator, and other monitors.
● Initiate and manage fluid, blood component, and electrolyte therapy.
● Position and supervise positioning of the anesthetized patient to provide safe and sound body physiology.
● Discuss the basic principles and conduct a comprehensive equipment check of the anesthesia gas machine and associated monitors.
● Use the principles of universal precautions and personal protective equipment in anesthesia care.
● Demonstrate knowledge of principles of pain management as a component of anesthesia care.
● Maintain patient safety.
● Demonstrate a working knowledge of the role of information management in health care.
● Discuss sound principles of anesthesia risk management to include preventive and procedural strategies.
● Serve as an anesthesia educational resource for patients and the served community.
● Demonstrate integrity and ethical behavior in professional and personal interactions.
● Conduct business as a legitimate, licensed provider accountable and responsible for his/her practice.
● Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
● Provide anesthesia services to patients, including trauma and emergency cases.
● Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
● Function as a resource person for airway and ventilator management of patients.
● Participate in quality management activities.
● Consult and collaborate effectively with members of the health care team.
● Critically evaluate research and associated anesthesia-related outcomes.
● Demonstrate the ability to create and deliver clear, organized, and professional public presentations.

4.2 DNP Program Outcomes
The goal of the DNP Program is to prepare nurses for advanced practice roles and as clinical scholars skilled in the translation of research and other evidence into clinical practice, measurement of patient outcomes, and transformation of health care systems to ensure quality and safety. DNP graduates will be leaders in policy advocacy and setting national agendas.

The program outcomes of the DNP program reflect integration and application of the knowledge and skills obtained in the program. Thus, at the completion of the program the DNP graduate will be able to:

- Demonstrate safe, effective, and efficient practice in a defined area of advanced nursing practice.
- Integrate nursing science, knowledge from ethics, biophysical, psychosocial, analytical and organizational and informational sciences as the bases for advanced nursing practice and new approaches to care delivery.
- Use analytic methods to critically appraise the literature and develop best practices.
- Implement and evaluate best practices to meet current and future needs of patients, populations and communities.
- Develop effective strategies to ensure safety and quality health care for patients and populations.
- Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient centered care.
- Analyze the cost-effectiveness of practice initiatives considering risks and improvements in
Select and evaluate information systems and patient care technology, considering related ethical, regulatory and legal issues, to improve patient care and healthcare systems.

Use major factors and policy triggers that influence health policy-making in order to influence policy; educate others about health disparities, cultural sensitivity and access to quality care, and advocate for social justice, equity, and ethical policies in all health care arenas.

Employ consultative, collaborative and leadership skills on intra-professional and inter-professional teams to foster effective communication, enhance patient outcomes, and create change in complex health care delivery systems.


The American Association of Nurse Anesthetists (AANA) Standards for Nurse Anesthesia Practice provide a foundation for Certified Registered Nurse Anesthetists (CRNAs) in all practice settings. These standards are intended to support the delivery of patient-centered, consistent, high-quality, and safe anesthesia care and assist the public in understanding the CRNA’s role in anesthesia care. These standards may be exceeded at any time at the discretion of the CRNA and/or healthcare organization.

These standards apply where anesthesia services are provided including, but not limited to, the operating room, nonoperating room anesthetizing areas, ambulatory surgical centers, and office-based practices. The standards are applicable to anesthesia services provided for procedures, including, but not limited to surgical, obstetrical anesthesia, diagnostic, therapeutic, and pain management.

In addition to general anesthesia for surgery and procedures, CRNAs provide anesthesia and analgesia care that does not require the extent of monitoring as delineated in standard 9 (e.g., obstetrical analgesia, chronic pain management, regional anesthesia). The AANA also provides guidance for these practice areas: Analgesia and Anesthesia for the Obstetric Patient, Guidelines, Chronic Pain Management Guidelines, and Regional Anesthesia and Analgesia Techniques - An Element of Multimodal Pain Management, Practice Considerations.

Although the standards are intended to promote high-quality patient care, they cannot ensure specific outcomes. There may be patient-specific circumstances (e.g., informed consent for emergency cases that may be difficult to obtain, mass casualty incident) that require modification of a standard. The CRNA must document modifications to these standards in the patient’s healthcare record, along with the reason for the modification. When integrating new technologies or skills into practice, the CRNA will obtain any necessary education and evidence competency.

Standard 1: Patient’s Rights
Respect the patient’s autonomy, dignity, and privacy, and support the patient’s needs and safety.

• Supporting AANA document: Code of Ethics for the Certified Registered Nurse Anesthetist.

Standard 2: Preanesthesia Patient Assessment and Evaluation
Perform and document or verify documentation of a preanesthesia evaluation of the patient’s general health, allergies, medication history, preexisting conditions, anesthesia history, and any relevant diagnostic tests. Perform and document or verify documentation of an anesthesia-focused physical assessment to form the anesthesia plan of care.

• Supporting AANA document: Documenting Anesthesia Care, Practice and Policy Considerations.

Standard 3: Plan for Anesthesia Care
After the patient has had the opportunity to consider anesthesia care options and address his or
her concerns, formulate a patient-specific plan for anesthesia care. When indicated, the anesthesia care plan can be formulated with members of the healthcare team and the patient’s legal representative (e.g., healthcare proxy, surrogate).

- Supporting AANA documents: Documenting Anesthesia Care, Practice and Policy Considerations and Informed Consent for Anesthesia Care, Policy and Practice Considerations.

**Standard 4: Informed Consent for Anesthesia Care and Related Services**

Obtain and document or verify documentation that the patient or legal representative (e.g., healthcare proxy, surrogate) has given informed consent for planned anesthesia care or related services in accordance with law, accreditation standards, and institutional policy.


*Students may not secure written informed patient consent for anesthesia or other procedures.*

**Standard 5: Documentation**

Communicate anesthesia care data and activities through legible, timely, accurate, and complete documentation in the patient’s healthcare record.

- Supporting AANA document: Documenting Anesthesia Care, Practice and Policy Considerations.

**Standard 6: Equipment**

Adhere to manufacturer’s operating instructions and other safety precautions to complete daily anesthesia equipment checks. Verify function of anesthesia equipment prior to each anesthetic. Operate equipment to minimize the risk of fire, explosion, electrical shock, and equipment malfunction.

- Supporting AANA document: Documenting Anesthesia Care, Practice and Policy Considerations.

**Standard 7: Anesthesia Plan Implementation and Management**

Implement and, if needed, modify the anesthesia plan of care by continuously assessing the patient’s response to the anesthetic and surgical or procedural intervention. The CRNA provides anesthesia care until the responsibility has been accepted by another anesthesia professional.

- Supporting AANA document: Documenting Anesthesia Care, Practice and Policy Considerations.

**Standard 8: Patient Positioning**

Collaborate with the surgical or procedure team to position, assess, and monitor proper body alignment. Use protective measures to maintain perfusion and protect pressure points and nerve plexus.

**Standard 9: Monitoring, Alarms**

Monitor, evaluate, and document the patient’s physiologic condition as appropriate for the procedure and anesthetic technique. When a physiological monitoring device is used, variable pitch and threshold alarms are turned on and audible. Document blood pressure, heart rate, and respiration at least every five minutes for all anesthetics.

a. Oxygenation
Continuously monitor oxygenation by clinical observation and pulse oximetry. The surgical or procedure team communicates and collaborates to mitigate the risk of fire.

b. Ventilation
Continuously monitor ventilation by clinical observation and confirmation of continuous expired carbon dioxide during moderate sedation, deep sedation or general anesthesia. Verify intubation of the trachea or placement of other artificial airway device by auscultation, chest excursion, and confirmation of expired carbon dioxide. Use ventilatory monitors as indicated.

c. Cardiovascular
Monitor and evaluate circulation to maintain patient’s hemodynamic status. Continuously monitor heart rate and cardiovascular status. Use invasive monitoring as appropriate.

d. Thermoregulation
When clinically significant changes in body temperature are intended, anticipated, or suspected, monitor body temperature. Use active measures to facilitate normothermia. When malignant hyperthermia (MH) triggering agents are used, monitor temperature and recognize signs and symptoms to immediately initiate appropriate treatment and management of MH.

• Supporting AANA document: Malignant Hyperthermia Crisis Preparedness and Treatment, Position Statement.

e. Neuromuscular
When neuromuscular blocking agents are administered, monitor neuromuscular response to assess depth of blockade and degree of recovery.

Standard 10: Infection Control and Prevention
Verify and adhere to infection control policies and procedures as established within the practice setting to minimize the risk of infection to patients, the CRNA, and other healthcare providers. • Supporting AANA documents: Infection Prevention and Control Guidelines for Anesthesia Care and Safe Injection Guidelines for Needle and Syringe Use.

Standard 11: Transfer of Care
Evaluate the patient’s status and determine when it is appropriate to transfer the responsibility of care to another qualified healthcare provider. Communicate the patient’s condition and essential information for continuity of care. • Supporting AANA document: Patient-Centered PeriAnesthesia Communication, Practice Considerations.

Standard 12: Quality Improvement Process
Participate in the ongoing review and evaluation of anesthesia care to assess quality and appropriateness to improve outcomes.

Standard 13: Wellness
Is physically and mentally able to perform duties of the role.
• Supporting AANA documents: Professional Attributes of the Nurse Anesthetist, Practice Considerations, Patient Safety: Fatigue, Sleep, and Work Schedule Effects, Practice and Policy Considerations, Promoting a Culture of Safety and Healthy Work Environment, Practice Considerations, and Addressing Substance Use Disorder for Anesthesia Professionals, Position Statement and Policy Considerations.

Standard 14: A Culture of Safety
Foster a collaborative and cooperative patient care environment through interdisciplinary
engagement, open communication, a culture of safety, and supportive leadership.

• Supporting AANA documents: Code of Ethics for the Certified Registered Nurse Anesthetist, Patient-Driven Interdisciplinary Practice, Position Statement, Professional Attributes of the Nurse Anesthetist, Practice Considerations, and Patient-Centered Perianesthesia Communication, Practice Considerations.

In 1974, the Standards for Nurse Anesthesia Practice were adopted. In 1983, the “Standards for Nurse Anesthesia Practice” and the “Scope of Practice” statement were included together in the American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist. That document subsequently has had the following name changes: Guidelines for Nurse Anesthesia Practice (1989); Guidelines and Standards for Nurse Anesthesia Practice (1992); and Scope and Standards for Nurse Anesthesia Practice (1996). The Scope and Standards for Nurse Anesthesia Practice was most recently revised in January 2013. In February 2013, the AANA Board of Directors approved separating the Scope and Standards for Nurse Anesthesia Practice into two documents: The Scope of Nurse Anesthesia Practice and the Standards for Nurse Anesthesia Practice. Revised by the AANA Board of Directors in February 2019.

Title 5.0 TUITION AND NON-TUITION PROGRAM EXPENSES

5.1 Tuition & Fees
Please refer to the “Tuition and Fees” section of the DUSON Bulletin for current information located at https://nursing.duke.edu/academic-programs/dnp-program-nursing/dnp-tuition-fees

5.2 Non-Tuition Expenses and Fees
In addition to the standard School of Nursing Tuition and Fees, Nurse Anesthesia students will be responsible for the following fees:

a. Self-Evaluation Examination Fee:
All nurse anesthesia students must take the Council on Certification of Nurse Anesthetists Self-Evaluation Examination, during both the second and third years of the program. The student fee is currently $250.00 per examination but is subject to change by the National Board of Certification and Recertification of Nurse Anesthetists.

b. Student Membership in the AANA:
Payable to the AANA with the current fee of $200.00 but is subject to change by the American Association of Nurse Anesthetists. This is a one-time fee and covers the cost of student membership for the duration of the program.

c. National Certification Examination
All students must take the National Certification Examination in order to practice as a nurse anesthetist. The exam is administered by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA). The current fee is $995.00 but is subject to change by the NBCRNA and must be paid by the student.

d. *Required textbooks and supplies: (Approximate costs)
   ● Textbooks: $2,500.00 (Most textbooks are available online free of charge from the Duke Medical Library)
   ● Stethoscope: $100.00
   ● Earpiece: $65.00
   ● Lab Coat: $50.00
   ● SEE exam x 2 @$250= $500.00
- Computer Software/Apps: $200
- Copying Costs $200
- Review Course (Apex) $450
- Gas for travel to clinical sites. Mileage typically ranges from 4000 to 6000 miles
- ACLS/PALS/BLS renewal = $400.00 (2 x 200.00)
- Pre-rotation drug testing (10 panel) = $65 per test
- Background check for military facilities = $45 per occurrence
- Housing costs for out of town clinical rotations not approved by the Program Director
- Lodging and registration at educational conferences (i.e., NCANA, Mid-Year Assembly, and AANA meetings, etc.)

*Costs are based on 2020-2021 data and are subject to change

**Title: 6.0 PROGRAM POLICIES**

**6.1 Employment as a Registered Nurse**

Historically, given the rigorous nature of the program, students find it difficult to subsidize their educational expenses through part-time employment. While we strongly discourage part-time employment, students may choose to do so only if they maintain satisfactory academic progress. If students engage in part-time employment, it may not conflict with academic or clinical assignments. Scheduling of nurse anesthesia program activities will take precedence over scheduling needs for employment. Students are expected to responsibly manage their time and resources and should not exceed 64 hours per week of total committed time (AANA Advisory Opinion; Patient Safety; Fatigue, Stress & Work Schedule Effects; updated 2015).

Prior to working as a registered nurse while enrolled in the nurse anesthesia program, students are required to report in writing all employment dates and hours to DUNAP Program Administration, the Program Director (PD) and Assistant Program Director (APD). Hours worked must also be added to the student’s monthly clinical log. If a student does not provide advanced notice of an extra workday (work as an RN for which the student is paid), the student should report to the PD and CEC immediately after the time is worked (i.e., student called last minute for PRN shift over holiday break). The goal is to avoid harm to both patients and students which may result from student fatigue. Employment hours are included in the recommended commitment time of 64 hours a week. Students who exceed these hours will not be allowed to attend clinical and must later reconcile the clinical time on a date approved by the CEC. If clinical time has not been reconciled by the end of the clinical semester, the student will receive a grade of Incomplete for the clinical course. This grade can be changed by faculty with the registrar’s office once the student has reconciled all clinical time and fulfilled all clinical course requirements.

**6.2 Employment as an Anesthesia Provider**

Students are strictly prohibited from working in any capacity, by title or function, which involves the administration of anesthesia. This includes performing any duties of a nurse anesthetist while employed as a registered nurse (intubation, regional anesthesia, administration of anesthetic agents, etc.). Violation will result in disciplinary action up to and including dismissal from the nurse anesthesia program and notification of the incident to the State Board of Nursing.
6.3 DUNAP Calendar

The DUNAP does not follow the Duke University or DUSON academic calendar. The requirements for case numbers and clinical opportunities established by the Council on Accreditation of Nurse Anesthesia Programs necessitates continued clinical education between semesters. Students will be scheduled in the clinical area between semesters, on university breaks, and during final exam weeks. Students should expect to be in clinical unless they are on an assigned day off (does not require deduction from allotted days off) or approved day off (requires deduction from allotted days off) as designated by the Nurse Anesthesia Program. Due to the nature of changing clinical rotations and available clinical site rotations, set clinical schedules cannot be guaranteed. The program makes every effort to notify students of their clinical schedule as early as possible; however, needed changes cannot be avoided. To guarantee time away from DUNAP, students must request a “day-off.” The program does not take responsibility for changes to your personal schedule which result from necessary calendar revisions. The observed Duke holidays are: MLK, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve, Christmas Day, New Year’s Day. If the student is assigned to a clinical site that observes additional holidays, the student may take a day off from their time off bank or reconcile the time within the same semester at a clinical site with comparable case acuity. The student must have prior approval from the Clinical Site Coordinator (CSC) and CEC for the plan to reconcile clinical time. Reconciled time must be an entire shift rather than the addition of two or four hours to a previously scheduled eight-hour shift (i.e., change a 7am-3pm shift to 7am-7pm shift to reconcile fours on two occasions to make up an eight-hour clinical day is not acceptable).

The University recognizes that the various religious traditions observed by our diverse student body include more holidays than can easily be included on a list. Moreover, we recognize that in some faiths’ observances vary by tradition and country and in accordance with the lunar calendar. However, as a guide to faculty and students in the planning of their courses and assignments, members of the campus ministry have identified the dates of major religious holidays that occur when classes are being held during the academic year.

2021-2022 DNP Handbook policy 4.2.5 Religious Observance and Holidays

Students that wish to observe a holiday outside of those recognized by the University may do so. Pre-planning is the student’s responsibility. The student must notify faculty so that arrangements can be made to reconcile missed work. Individual course faculty are responsible for identifying reconciliation plans for their course. Options for reconciling missed clinical time include:

1. Take a day-off (request one month in advance).
2. Reconcile the day by working an equivalent shift (i.e., work an 8-hr shift for an 8-hr shift) that was not originally scheduled. This must be prior approved by the CEC and the CSC.

6.4 Time Away From DUNAP

DUNAP students receive the following days off each year while enrolled (not charged to “time off” bank):

- One week of holiday time the week of December 25th (5 business days, traditionally, Monday through Friday)
- New Year’s Day, Martin Luther King Day, Memorial Day, July 4th, Thanksgiving and the Friday after Thanksgiving
- Holiday time and assigned days off are not deducted from the student’s allotted time off bank
Year One: Beyond allotted holiday time and time off, students are not permitted to take additional time off from scheduled program activities including (class, clinical, workshops, etc.) during the first academic calendar year of the DUNAP (August program start date through DUNAP August graduation date, Semester 4). During the first academic year, students will be given designated times off per the DUNAP calendar. Additional time off requests during the first year of the program will be reviewed and considered for the following two circumstances. Time off for emergencies will be granted and will be deducted from the time off bank for the second year of the program. Time off for accommodation assessment will be granted without charge to the time off bank if an appointment cannot be secured during non-scheduled and committed DUNAP class times.

Years Two and Three Days Off: Students are allotted 10 days off the second academic year (Semester 4, DUNAP August graduation date through Semester 7, DUNAP August graduation date) and 10 days off the third academic year (Semester 7, DUNAP August graduation date through the second Saturday of July, Semester 9). These days are to be used for any time away from clinical training. Per program policy, time off will not be approved for class, simulation, and workshop times. If class time is missed, one day will be deducted from the allotted number of days off for each class day missed (i.e., missed Journal Club=deduction of one day).

Requesting Days Off

Requests for days off must be submitted in Typhon at least one month prior to the requested time off and approved by the CEC. Once approval status is assigned, the student will receive a Typhon-generated email notification. Requests lacking the appropriate information will be denied. Instructions for requesting time off are posted on Sakai. Approved days off must be used and may not be returned. Time off requests are subject to program administration approval.

Requests for days off will not be approved during the following times:

• Final exam week
• Semesters 1-3 including the first clinical rotation (Semester III)
• While assigned at the following clinical sites: Camp Lejeune, Womack, Scotland Memorial Hospital
• Specialty rotations (Cardiac, Pediatric, OB, Regional/Block, Evening, Night, and Weekend rotations)
• If the faculty and/or Program Director determine that time away from DUSON would be detrimental to the student’s education
• During a probation period
• If the student is not in good standing with the program
• After the second Saturday of July during semester 9, year 3 of the DUNAP.
• Days off will not be deducted from students’ time off bank for class related events on a regularly scheduled class day such as Mid-Year Assembly, a faculty-sponsored trip or the SEE exam. Students are required to take Days Off for additional travel before and after time off events that may involve educational conferences (travel to a conference on Thursday, conference on Friday and the following Monday, return travel Tuesday = 4-day deduction unless travel/meeting days are on DUNAP scheduled days off such as Fall Break).

6.5 Time Off Exceeding the Allotted Number of Days Off

If the student exhausts their allotted days off, two options are available:

1. The student may request a leave of absence (Typically granted only during year one of the program).
2. The student may continue in the didactic portion of the program and reconcile clinical days at a time designated by the CEC and Program Administration. This is not an option for students missing more than 16 clinical days. Approval of either option is at the discretion of Program Administration. Eligibility for either option requires that the student be in good standing with the program (Not on probation, all course grades are 83% or above, and the student’s clinical progress aligns with the corresponding semester’s clinical objectives).

Clinical absences may not be reconciled on regularly scheduled clinical days without prior approval by DUNAP clinical faculty or program administration (i.e., extension of an 8-hr shift to a 10-hr or 12-hr shift is not permitted). Program administration may consider exceptions in cases of extenuating circumstances.

Personal illness or family emergencies necessitating extended absences will be counted as time off or students will request a leave of absence (Refer to Leave of Absence Policy).

6.6 DNP Flex Time

The DUNAP matriculation plan requires that 400 hours of project time are dedicated to the work of the project (i.e., project planning, implementation, data collection, evaluation, manuscript preparation, etc.).

- **Six weeks total** (8-hour days, 5 days/week, Monday-Friday; JC attendance is still expected during scheduled DNP weeks) are scheduled by program faculty at regular intervals during the periods between semesters and between clinical rotations for students to work on their projects.
- There are three additional weeks (15 days, 120 hours) of project time available for use at the discretion of the student and DUNAP faculty (DNP Project Chair and DUNAP clinical faculty). This time must be used for work related to the DNP scholarly project and approved by DUNAP faculty.
- This time is considered “DNP Flex Time” and may be requested according to project progression. DNP Flex Time may be taken as individual day(s) (8 hours/day) or a week at a time. DNP Flex time requested for a 12-hour shift requires 1.5 DNP flex days.
- DNP Flex Time is requested in Typhon a minimum of 2 weeks in advance of the date requested. The student is responsible for notifying the Clinical Site Coordinator (CSC) of the schedule change via email and carbon copying the DUNAP clinical faculty and DNP Project Chair. Once approved, DNP flex time must be used and may not be returned.
- **All students must be readily available for meetings with their DNP Project Chair/advisors/Program Administration throughout the entire scheduled DNP Project Weeks (8am-5pm, Monday through Friday).** Students assigned to Camp Lejeune, Womack or other specialty clinical rotations during scheduled DNP weeks will have continuous rotations with DNP weeks either prior to or following the rotation. Students will confer with the CEC on an individual basis for instructions and details. If the specialty rotation is the student’s second of its kind (i.e., second cardiac rotation and all minimum cardiac case numbers have been met, etc.), flex time requests may be considered.

**Additional instructions:**
1. Typhon requests: When requesting DNP Flex Time in Typhon, enter the request as “Other” and enter a comment to explain the purpose of the request (i.e., planning meeting at project implementation site, data collection, manuscript preparation, etc.).
2. Monthly Logs: Approved DNP Flex Time should be entered as “Other” in the Occurrence column with the comment “Approved DNP Flex Time.”
3. Students are expected to attend Journal Club during scheduled DNP weeks.
4. Typhon calendars will reflect “DNP Scheduled Project Time” rather than “Class” for JC Mondays during DNP Scheduled weeks.

6.7 Global Health Experiences
Students may request to participate in global health educational endeavors at the discretion of DUNAP program administration. All interested students are first vetted by program administration to ensure they are in good standing with the program then eligible student names are referred to the mission team for further selection according to the mission team’s criteria.

Deductions from the allotted time off may be required to participate in any portion of global health experiences, students may not participate in more than one experience during the program unless approved by program administration. Students are financially responsible for participation in global health activities (i.e., travel costs, etc.). Compliance with all DUSON and Duke University procedures and rules regarding international travel and social media policies is required by all participants (https://nursing.duke.edu/news/duke-healths-social-media-policy).

6.8 Classroom Attendance
Attendance is mandatory for all in-class and online lectures, exams, and course activities. Students are expected to arrive to class on time whether class is held in-person or virtually. Students are also expected to stay for the duration of class. If students encounter extenuating circumstances that will result in an absence or tardy, they are expected to contact course faculty prior to class. Due to the large volume of classroom material, it is very difficult for students to make up missed classes. If a student is unable to attend classes on a given day, the Course Coordinator and the DUNAP Program Coordinator must be notified prior to class. A phone call and an email should also be sent to the course faculty (the faculty teaching the class on the day in question). Refer to the individual course syllabus for specific attendance policies.

Journal Club is a required class; attendance is not optional. Absences from Journal Club without prior approval from the Journal Club faculty coordinator will result in the deduction of 1 day from the allotted number of days off.

6.9 Clinical Attendance
Due to the nature of the nurse anesthesia program curriculum, all didactic and clinical anesthesia coursework (all non-DNP courses) as outlined in the matriculation plan are only offered once during an academic year and are prerequisites to the courses that follow. All students must have successfully completed all courses from the previous semester for ongoing enrollment in the nurse anesthesia program. Students will report for clinical Thursdays and Fridays during Semesters 3 and 4, Wednesday-Friday during Semester 5, Tuesday-Friday during Semesters 6-9, and Monday-Friday during the weeks in between semesters unless notified otherwise (see policy for instructions related to OB rotations between semesters-all OB rotations are 12-hour shifts, Tuesday through Friday). If there are any questions or scheduling conflicts with the calendars distributed by the Program Coordinator (PC), notify the PD, CEC, and PC immediately for clarification. Absent last-minute events (i.e., the student has a wreck on the way to clinical, etc.), if a student calls out for a clinical day, they must notify the following individuals at least one hour before the scheduled arrival time to the clinical site:
1) Assigned Clinical Preceptor (or Charge CRNA or CSC according to clinical site protocol) by phone call and by email at least one hour before the scheduled arrival time
2) Call 919-684-9346 and leave a message for the DUNAP PC
3) Call the CEC’s office number and follow up with an email notification
If a student **will be late** for a scheduled clinical shift, they must immediately notify the same listed individuals noted above by phone and by email upon realization that they will be late (overslept, flat tire, etc.).

### 6.10 Clinical Preceptors Contact Information

Contact numbers for all clinical preceptors are posted on Sakai Clinical Commons/resources/clinical site information section. CSCs are responsible for providing current email and phone lists for all preceptors at their site. If a preceptor’s information is not posted on Sakai, students will report this to the CSC, PC, and CEC in attempts to secure the needed information. It is the student’s responsibility to secure and forward to the PC the email address from any preceptor who reports not having a Typhon account. The PC will create a Typhon account for the preceptor.

### 6.11 Clinical Schedule Changes

**Students must obtain prior approval from the CEC for all clinical schedule changes.** Program administration reserve the right to change a student’s clinical schedule without prior notice. Students may not rearrange their clinical schedules. Students will contact the CEC via email and phone if educational opportunities present that may warrant an immediate schedule change (i.e., permission to work 12 hours instead of 8 for a needed case such as a craniotomy that presents emergently; permission to stay for a patient with an unknown history of malignant hyperthermia that has now developed MH intraoperatively). **If unable to obtain permission from the CEC for the schedule change the student is not guaranteed that the hours will count toward their required hours.** Students may not make schedule changes in order to take an additional day off (i.e., work a 12-hour shift rather than a scheduled 8-hour shift in order to take another day off, usually a Friday). Reasonable requests appropriate for the level of the learner will be considered.

It is the student's responsibility to notify the CSC at each clinical site impacted by approved schedule changes. The student will copy the CEC when communicating their absences and tardy occurrences with the CSC. In the event there is a clinical schedule change, it is the student’s responsibility to update his/her Typhon calendar and request/cancel AHEC Housing if it is needed/no longer needed. If the student does not cancel AHEC housing and charges are incurred, the student is liable for the charges.

**All schedule changes and arrangements for reconciling clinical time must be pre-approved with the CEC and the CSC in writing.**

### 6.12 Clinical Requirements

Students who have tested TB positive in the past must remain compliant with Duke Health System and DUSON requirements. Duke SON requirements will dictate DUNAP student requirements and supersede Duke Health System requirements. Students should contact Student Health prior to the due date to arrange for annual testing or completion of the attestation form and will follow instructions provided by Student Health. The attestation form reflects that the student has experienced no change in symptoms and has had no known exposure to TB since last testing or attestation. Proof of a negative chest radiograph and a signed annual attestation form may be required. The date of signing this form will appear in the “TB” column in Typhon.
Students who are exposed to a TB positive patient (confirmed with a positive Quantiferon TB Gold test) must contact Student Health (SH) (919-681-9355) immediately and make an appointment according to their recommendations. Date of last TB test should be available when calling SH.

When students receive new immunization updates, they must retrieve them on the student health web page to furnish a copy to the Program Coordinator. To retrieve immunization records:
- Go to the Duke Student Health website at https://studentaffairs.duke.edu/studenthealth
- Log into the Student Health Gateway using NetID and birthdate
- On the left had side menu bar there will be a link to view and print immunization records

According to the Director of Student Health, students with shingles skin lesions may return to clinical if:
a) they are otherwise healthy and b) the rash is not on an exposed area of the body and c) if a dry sterile dressing covers the rash which is then covered by the student's clothing and d) the student does not care for high risk patients (elderly, immunocompromised, pediatrics, etc.)

Students who undergo surgery, extensive medical treatment, childbirth, hospitalization or experience other medical issues during the program are required to provide a copy of medical clearance from their doctor or surgeon prior to returning to clinical rotations.

***Students who are U.S. citizens but not born in the United States must provide an original or notarized copy of their naturalization papers in order to attend clinical at military facilities. Students who are not U.S. citizens must disclose this during orientation week of the DUNAP, week one, year one.

6.13 Withdrawal from the Program
Students who wish to withdraw from the program (that is, have no intention of returning or finishing the program), should confer with their academic advisor. The process for withdrawal is delineated in the DUSON Doctor of Nursing Practice Student Handbook.

6.14 Leave of Absence
Students who find it necessary to interrupt their didactic or clinical program of study due to medical necessity or other emergency reasons must notify their faculty advisor to initiate the process delineated in the DUSON Doctor of Nursing Practice Student Handbook.

6.15 Program Re-Entry
- First Year
Students who are granted a leave of absence (LOA) during the first 12-months of the program, may only re-enter the program at the same entry point the following academic year. Due to the nature of the curriculum, anesthesia specialty courses are only offered once during an academic year and are prerequisites to the courses that follow. Students who extend a LOA to the maximum of one year allowed, may be required to re-enter the program at Semester I. A LOA can only be granted to students who are in good academic standing. Students who do not return or fail to notify the school of their intent not to return after a one-year approved LOA are automatically withdrawn from the program.

During certain circumstances, a clinical leave of absence of one semester may be granted. Students who take a clinical LOA will be issued a grade of Incomplete for the clinical course. Students who re-enter the program must comply with an individualized reentry plan developed by DUNAP faculty. Once clinical hours are reconciled, the student's grade of Incomplete may be replaced with a grade of Credit.

- Second year and Third year
Due to the nature of the curriculum, any LOA requested after the initial 12 months of the program (Semesters IV-IX) may be granted for only one semester in length. If the student requires more than one
semester’s LOA, they must comply with an individualized reentry plan developed by DUNAP program faculty. Students who extend a LOA to the maximum of one year allowed, may be required to re-enter the program at Semester I, regardless of when the LOA was taken. A LOA will be granted only to students who are in good academic standing. Students who do not return or notify the school of their intent to return after a one-year approved LOA are automatically withdrawn from the program.

6.16 Bereavement Time
Bereavement time will be granted for immediate family only (spouse or spousal equivalent, children, parents, siblings, and grandparents). Students may use allotted days off as bereavement leave for individuals who are not immediate family. Program administration must be notified within twelve hours of death. Bereavement leave will consist of a maximum of five consecutive days to begin immediately upon program notification unless otherwise approved by Program Administration. Should additional time be required, students may request to use time from their allotted time off or request a leave of absence. All course requirements must be completed by the end of the semester or the student will receive a grade of Incomplete.

6.17 Military Absence
Students who are members of the United States Armed Forces and are called to active duty or required to meet reserve training obligations will be granted leave for those purposes. Students must notify program administration of their military status and anticipated obligations upon enrollment in the program. Students must adhere to an individualized reentry plan developed by program administration. Students must include time spent in military service on their monthly clinical log.

6.18 Severe Weather
When conditions warrant, the Emergency Coordinator at Duke University will issue a statement on Severe Weather/Hazardous Conditions. Updates on severe weather, cancellations, and closure are available online at http://emergency.duke.edu/ or by calling 684-INFO (4636). As a part of the DUKE Alert System, all emergency announcements can be found on the front page of the DUSON website and on our digital signage system. All students are automatically registered into the DUKE Alert emergency text system, however if any faculty or staff have not yet registered to receive these emergency messages, please visit http://emergency.duke.edu/notified/text_msg/ to ensure you receive updates as they occur.

Duke University School of Nursing follows the Duke University severe weather policy. When the University makes the decision to close and cancel classes, Duke University School of Nursing and the DUNAP will follow that decision and will be closed. Students assigned to local clinical sites will not report to clinical when Duke University classes are cancelled. Students assigned to out-of-town clinical sites may continue with clinical schedules as weather permits, if non-inclement weather conditions exist at the clinical site.

When the University remains open with classes in session and weather conditions remain questionable, individual DUSON faculty and/or clinical instructors (in consultation with their course coordinator) may choose to cancel their class or clinical group, with student and personal safety as the guiding principle. Individual faculty or clinical instructors then have the responsibility to communicate directly with their students regarding the cancellation of class(es)/clinic(s). This cancellation protocol will also be used by DUSON administrators for DUSON-sponsored public events, such as information sessions and recruitment activities.

In general, staff at DUSON are considered "delayed service" employees. “Delayed service” staff should not report to work or remain at work when a severe weather closure has been declared. In cases when the University remains open with classes in session, but weather conditions remain questionable, the same guiding principle that prioritizes personal safety for students and faculty applies to staff as well. Staff
members who judge it prudent not to travel during inclement weather have the responsibility to inform their supervisor. They will generally be expected to use vacation or discretionary days to account for any weather-related absences when the University is considered open, unless an agreement to work from home is approved by their supervisor.

When questionable conditions exist, it is possible that on-campus support services will be limited (i.e., IT support for classroom audio visual and lecture recording, food service) due to staff absences.

Severe weather information for the university can be accessed at either http://hr.duke.edu/weather or http://www.duke.edu. Students may also monitor Duke Today at: http://duke.edu/today. It is imperative that students check their Duke email regularly during times of severe weather.

Important telephone numbers for additional weather information:

(1) Duke University and Medical Center # 919-684 INFO (4636)
(2) Duke Regional Hospital # 919-470-7669

Inclement weather and clinical attendance: Consistent with the role of the CRNA, DUNAP students are considered essential personnel and should respond accordingly during inclement weather. However, it is up to the student's individual discretion to determine whether it is safe to attend clinical at their assigned clinical location. Missed clinical time must be reconciled prior to receiving a grade of Credit for N943, N944, N945, N946, N947, N48 or N949.

During official Duke University closures, students at out-of-town clinical sites do not follow school closures and are expected to be in clinical unless inclement/severe weather conditions extend to the clinical site location at which they are assigned. For example, a student assigned to Camp Lejeune which does not have severe weather conditions is expected to go to clinical despite official Duke University closures.

Students engaging in a clinical learning experience outside of the Duke University Health System should confer with the CSC, assigned Clinical Preceptor (CP), AHEC housing communications (severe weather policy www.ncahec.net), and clinical site leadership, to determine contingency plans for severe weather and methods of update notification. The student will notify the CSC, CP, and CEC immediately if clinical will be missed. It is the student’s responsibility to reschedule clinical time that is missed due to inclement weather. The CSC and CEC must approve the plan for reconciled clinical time. Students may also use allotted days off to reconcile clinical time missed due to severe weather. Missed clinical time due to inclement weather must be reconciled within the semester during which it was missed.

If there is no formal Duke University issued school closing, students assigned to out-of-town clinical sites will make a personal decision as to whether to remain at clinical. If the student is staying in AHEC housing and AHEC housing has officially closed, students must either leave or secure their own housing. Students should do what they feel is safest. Keep the CSC, assigned preceptor, and CEC informed of your decision. Reconciliation of missed clinical time can be addressed when there is no longer severe weather. Student safety is paramount.

Title 7.0 ACADEMIC POLICIES

7.1 Student’s Academic Concerns

As outlined in the DUSON Doctor of Nursing Practice Student Handbook, each academic program has developed its own student handbook. Information relevant to all programs is included in all handbooks, supplemented by program specific information. All academic policies delineated within the DUSON Doctor of Nursing Practice Student Handbook apply to the Nurse Anesthesia specialty with the following exceptions:
7.2 Academic Warning and Administrative Withdrawal

Nurse Anesthesia students who have a final course grade <83% during the program will be administratively withdrawn from the program (i.e., N925, N926, N927, N928, N929, N932, N933, N942, N931, N936, N935, N943, N934, N944, N945, N946, N947, N948, N949, N930). The grade of B-minus (80-82.9) or lower in any of the following courses (N925, N926, N927, N928, N929, N932, N933, N942, N931, N936, N935, N943, N934, N944, N945, N946, N947, N948, N949, N930) will result in administrative withdrawal from the Nurse Anesthesia Program at the end of the semester in which the grade is received. Course grades will NOT be rounded up. For example, a grade of 82.9 will be considered a B minus (B-) which is the grade reported to the registrar. Any nurse anesthesia student whose course grade falls below 3.0 at any time will receive a letter of academic warning and is encouraged to meet with their academic advisor and faculty on record for the course. Students who receive a Non-Credit in any semester of N942, N943, N944, N945, N946, N947, N48 or N949 Clinical Anesthesia Practicum will be administratively withdrawn from the Nurse Anesthesia Program.

Students are required to “pass” all non-credit program requirements (i.e., receive Credit). Failure to “pass” any required non-credit program activity, will result in administrative withdrawal.

Information related to DNP-specific course grades (N580, N964, N959, etc.), from the 2021-2022 DNP Student Handbook (4.3.2.2.2 Administrative Withdrawal for Academic Performance: https://nursing.duke.edu/sites/default/files/2021-2022%20DNP%20Student%20Handbook.pdf) is pasted below:

Students are encouraged to reflect critically on their academic performance each semester and to maintain a satisfactory grade point average (GPA). A student whose cumulative GPA falls between 2.7 and 3.0 at any time will receive a letter of academic warning and will be encouraged to meet with her or his academic advisor. Students whose cumulative GPA falls below 2.7, or who have a “C” in a 900-level nursing course, will be placed on academic probation and must meet with their academic advisor to develop a personal plan for improvement. Students who have completed at least three (3) courses and have a cumulative GPA less than 2.5, two “C” grades or an “F” or “NC” in any 900-level course will be withdrawn from the School of Nursing.

7.3 Involuntary Administrative Withdrawal

As outlined in the DUSON Doctor of Nursing Practice in Nursing Student Handbook:

“School of Nursing students who exhibit harmful, potentially harmful, or disruptive behavior toward any member of the Duke community due to apparent medical or psychological distress and who do not request voluntary withdrawal, may be subject to involuntary withdrawal (permanent or temporary) from the School of Nursing if their behavior renders them unable to effectively function in the university community. Such behavior includes, but is not limited to, that which:

- Poses a significant threat of danger and/or harm to self and/or other members of the university community; and/or
- Interferes with the lawful activities or basic rights of other students, university employees, or visitors;
- Poses a threat or suspicion of threat to patient safety. It is the student’s responsibility to notify the Program Director in writing immediately, if arrested
- Results in an arrest by any law enforcement agency in any state
- Results in conviction of a misdemeanor or felony crime. It is the student’s responsibility to notify the Program Director immediately in writing if convicted of a misdemeanor or felony.

The School of Nursing will also address all reports of impaired or possibly impaired performance of student practitioners in order to assure the safety of patients, coworkers, and other students. Health difficulties impairing performance can result from physical and/or mental/behavioral problems, including but not limited to issues such as illegal drug use, misuse of legal drugs, or alcohol abuse.
Investigations, assessments and evaluations shall be confidential under the Family Educational Rights and Privacy Act (also known as FERPA or the Buckley Amendment) except as limited by regulation, ethical obligation, and/or threat to patient safety.

Additional behaviors warranting potential involuntary administrative withdrawal include, but are not limited to, unethical behaviors or professional/personal misconduct such as violating the Duke Community Standards, the School of Nursing’s Honor Code, professional standards of care, Code of Ethics for Nurses, and the regulations governing nursing practice through the individual state/district Nurse Practice Acts.

7.4 Behaviors Resulting in Program Dismissal
Behaviors that result in nurse anesthesia student dismissal from the program include, but are not limited to the following behaviors:

a. Unsafe practice as defined by DUNAP administration  
b. Clinical error or poor clinical judgment affecting patient safety  
c. Inability to take direction and receive instructions from faculty, supervisors, clinical preceptors, peers, and hospital staff  
d. Insubordination defined as a refusal to recognize or submit to the reasonable, lawful authority of program or clinical faculty.  
e. Habitual tardiness or absenteeism. This includes failure to follow the DUNAP policy for reporting classroom and clinical schedule changes as well as classroom and clinical absences.  
f. Habitual late submissions or resubmissions for course requirements which includes clinical courses (i.e., monthly logs, care plans, etc.)  
g. Consistent lack of preparation for clinical practicum determined by clinical and program evaluation  
h. Falsification of records  
i. Failure to submit timely and complete case records or clinical evaluations  
j. Employment as a nurse anesthetist by title or function while enrolled in the educational program and administering anesthesia outside the confines of the anesthesia program  
k. Medication diversion  
l. Failed criminal background check at any point during program matriculation  
m. Evidence of drug and alcohol abuse. Students suspected of drug or alcohol abuse will be subjected to “due cause” drug screening. (See Substance Abuse Policy).  

n. Failure to meet the “fitness for duty” designation (as determined by a qualified professional). Students may be required to undergo a “fitness for duty” assessment in order to re-enter or remain in the program and maintain contact with patients. It is the student’s responsibility to absorb all costs incurred for any assessment seeking to determine the student’s physical, mental and emotional health.  
o. Violence or the threat of violence (including written, electronic, verbal, and physical) against a patient, peer, faculty or other member of the Duke community.  
p. Any behaviors detracting from the honor and integrity of Duke University, Duke School of Nursing and the Duke Nurse Anesthesia Program and the profession of nurse anesthesia. This includes behavior occurring off campus.  

q. Violation of the privacy or civil rights of any Duke Student, faculty, clinical preceptor or community member. This includes postings published on any and all social networking sites and internet websites.  
r. Violation of DUSON social media policy or the policy of any clinical affiliate site. This includes inappropriate email communication and all social media postings where a patient’s HIPAA rights have been compromised. Students will be removed from clinical immediately upon reporting of such incident and may be administratively withdrawn from the program.
and reported to the NC Board of Nursing. Students also risk being fined by the clinical site and banishment from all future rotations to the site and its affiliates.

s. Reporting for duty while under the influence of any substance that impairs the student's ability to perform his/her clinical tasks.
   i. The policies on substance abuse written by the clinical affiliate sites and Duke University apply to nurse anesthesia students in the educational program. Further, the program will test students for cause, will test on enrollment (with successfully passing a drug screening as a condition of enrollment for all incoming students), and will demand accountability in administering controlled substances equivalent to that demanded of staff CRNAs.
   ii. Failure of the initial drug test and health screening, or refusal to cooperate with any aspect of the program substance abuse policy, or any hospital policy on substance abuse or narcotic accountability, will result in disciplinary action up to and including immediate dismissal, refusal of enrollment, and incident reporting to the North Carolina State Board of Nursing (See 2021-2022 DNP Handbook, Alcohol / Drug Policy).

7.5 Academic Misconduct

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 high standards 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. Students agree by their acceptance of admission to that program that, they will not participate in any form of cheating including, but not limited to:

- Current or future copying, communicating, photographing, recording, or sharing course assignments, test content, simulation content or oral board content from, or with, another student or any persons outside the DUNAP
- Using "cheat sheets" or hidden materials with possible test information during an examination
- Using test breaks or bathroom breaks to research test answers or share information with others
- Stealing, gaining access to, reproducing, distributing, or using unauthorized information, material, or assistance related to examinations.
- Participation in any activity, which gives a student an unfair advantage over others.
- Saving “screen-shots” of an exam or other restricted material to any computer, personal or institutional.
- Accessing class notes, lecture material, audio recordings or transcriptions, websites, textbooks, journal articles, etc. during any examination, quiz, oral examination or other assessment when not specifically permitted by course faculty

7.6 Social Media Policy

The Duke University School of Nursing (DUSON) recognizes and supports the professional use of social media by students. In using social media, students have an obligation to conduct themselves in accordance with all clinical institutional social media policies, Duke University Community Standards and the DUSON Personal Integrity Policy and Guidelines.

While new technologies create new opportunities for communication and collaboration, they also create vulnerabilities for individuals and institutions, especially those involved in the healthcare environment. The purpose of this policy is to promote the safety and privacy of students, patients and their families, and visitors through the protection of sensitive and confidential information. DUSON recognizes and
supports professional use of social media and recognizes that the workforce participates in social media for personal use. This policy covers the use of social media and internet activities that associate the DUSON community with all institutions who support DUSON through clinical placements. Since social media often spans traditional boundaries between professional and personal relationships, additional vigilance is required to ensure that one is protecting personal, professional, and university reputations.

All students within the DUSON community are expected to observe professional standards for communication in all interactions and exercise wisdom and caution in using social media. Once posted online, the content leaves the contributing individual’s control forever and may be traced back to the individual in perpetuity. Bear in mind that people have been denied employment because of information posted on social networking sites.

The following guidelines apply to the DUSON student community who identify themselves as part of DUSON on professional and personal social media sites:

- Protect confidential and sensitive information. Do not post confidential information about the university, faculty, staff, students, clinical facilities, patients or others with whom one has contact in the role as affiliated with DUSON.
- Students and faculty/clinical instructors in clinical settings should familiarize themselves with the social media policies of those agencies.
- Students will not initiate or accept friend requests (or the like) from patients or patient families except in unusual circumstances except when there is as established relationship prior to the date of treatment.
- Students will not participate in online conversations with patients, patients’ families, and others regarding patient information.
- Activities that occur during clinical experiences will not be shared through social media. Sharing information includes, but is not limited, to posting pictures of patients, families, patient records, healthcare workers, interiors of clinical sites, faculty, fellow students, etc.
- Adhere to copyright laws and intellectual property rights of others and of the university.
- DUSON or Duke logos or graphics/images are not to be used on personal social media sites or to promote/endorse a product, cause, political party or candidate.
- Personal phone conversations, texting, or use of social media is not allowed at any time while in patient/client areas or in the classroom.
- Recording or videotaping of professors, students, staff, or educational activities for personal or social media use is prohibited unless the individual(s) being recorded grant written permission for such taping.

**Consequences:**
DUSON will investigate and adjudicate potential violations of this policy. Consequences for failure to abide by any component of this policy may result in disciplinary action, including but not limited to formal reprimand, suspension, course and/or clinical failure, or dismissal from the program based on the type and seriousness of the violation.
DUSON may have mandatory reporting obligations to licensing and credentialing bodies. Breaches of the social media policy may be submitted to the North Carolina Board of Nursing, which may affect licensure or eligibility for licensure.
Students should also be aware of the social media policies of non-Duke facilities and adhere to these. Breach of these policies may result in additional penalties from the facility.

**7.7 Graduation Criteria**
Eligibility for graduation is contingent upon the students meeting all didactic and clinical requirements including completion and submission of all required elements of their capstone project.
Program requirements that must be completed before graduation:

1. Program property returned (including locker, keys, narcotic keys, parking pass and I.D. badge), library material returned (books, journals, tapes, etc.)
2. All financial obligations met
3. Forwarding address left with the program
4. All nurse anesthesia and DNP program terminal objectives met
5. Intent to graduate completed in ACES
6. Current BLS, ACLS and PALS certification, and current RN license
7. Completion of Program Exit Evaluation
8. Submission of final Typhon® case record totals, which show completion of Council on Accreditation of Nurse Anesthesia Programs requirements
9. Final semester course evaluations completed
10. Copy of SEE exam results on file in the Program office
11. Successful completion of each Senior Review Examination (addressed by Senior Review coordinating faculty)

7.8 SEE Exam

Students are required to complete the AANA Council on Accreditation Self Evaluation Examination (SEE) twice during the program (between March 1 and April 30 of year two/Semester V; between March 1 and April 30 of year three/Semester VIII). Students are responsible for the $250.00 exam fee for each examination and will receive specific NBCRNA processing instructions from program administration. On the first SEE attempt, students who score at or above the 50th percentile according to national average are not required to take the SEE a second time during the program. DUNAP faculty reserve the right to develop a remediation plan and an individualized exam for students who take the SEE twice and fail to make the 50th percentile by the second SEE. Students are not charged for a day off to take the SEE. Students who elect to take the SEE exam on a Saturday will not be given a day off from clinical in return. Students will forward the CEC email confirmation of the SEE exam testing date upon scheduling and enter the test date as “Other” in the Typhon request noting “SEE exam” in the comments section. Students will forward a copy of exam results to the program director and to their advisor upon receipt.

7.9 Classroom Behavior Expectations

- **Electronic Devices**: The use of electronic devices including cell phones, computers and other personal electronic devices is prohibited during class periods including Journal Club. The one exception is the use of a laptop computer when taking electronic examinations or taking lecture notes when permitted by the faculty on record for the course. Use of a computer or other electronic devices during class time must be approved by the course faculty and use must be relevant to the class content being presented. Cell phones must be silenced during class periods, including Journal Club. Students who leave class to attend to electronic messages may not be permitted to return. A notation may be placed on the End of Semester Professional Practice Summary documenting the student’s violation of this policy.

- **Professionalism**: Students are always expected to abide by the DUSON Honor Code and maintain professional behavior. Any student demonstrating verbal or nonverbal unprofessional behavior, will be asked to leave class and, at the discretion of the course coordinator, complete a make-up assignment in lieu of missed class time. Repeated unprofessional behavior may result in probation or administrative program withdrawal.
7.10 The Student Disability Access Office (SDAO)

The SDAO has a process in place for students who wish to be considered for reasonable accommodations which are listed below.

Undergraduate, graduate and professional students who wish to be considered for reasonable accommodations must inform the Student Disability Access Office by submitting:

- A completed and signed Request to be Considered for Reasonable Accommodations/Exchange of Information Release form; Request Forms (pdf) and Qualtrics survey Complete and current documentation, and if applicable historical records and other materials; Documentation Guidelines (pdf)
- Request forms, documentation and records should be submitted to the Director’s attention at: Duke University, Student Disability Access Office, Box 90142, Durham, NC 27708.
- If you have any questions regarding student issues contact the Student Disability Access Office at sdao@duke.edu

Additional information can be found at http://www.access.duke.edu/students/index.php

7.11 TOEFL or IELTS Policy

The DUNAP requires that any applicant whose first language is not English submit scores from either the Test of English as a Foreign Language (TOEFL) or the academic modules of the International English Language Testing System (IELTS). Your score must not be more than two years old from February 1 of the application year. For example, if your application is submitted on February 2021 for entry in August 2021, your score report must be dated February 1, 2019 or later. An official copy must be sent to the Duke Nurse Anesthesia Program directly from the testing agency. Personal copies are not acceptable, nor are "attested" or notarized copies.

The TOEFL is administered through Educational Testing Service (ETS). Please note that ETS only reports TOEFL scores for up to two years after the test date. If you are required to submit a TOEFL score and ETS refuses to report your score, you should retake the TOEFL prior to submitting your application.

More information about the TOEFL is available on the ETS website. The TOEFL institution code number for Duke University is 5156. ETS will also require you to select a departmental code, although Duke does not require it (it does not matter which departmental code you choose; Duke Graduate School will receive the scores as long as you choose institution code 5156).

The IELTS is administered by Cambridge ESOL, British Council, and IDP: IELTS Australia. More information about the test is available at www.ielts.org. Official IELTS scores should be mailed to: Office of Admissions, Duke University Graduate School, 2127 Campus Drive, Box 90065, Durham, NC 27708. (This is both a physical location and a mailing address. If your mail service does not deliver to a PO Box, you may remove "Box 90065" from the address.)

7.12 Oral Communication Requirements

Competency in nurse anesthesia practice requires oral, auditory, and written communication proficiency. Oral communication is essential to providing safe anesthesia care to all patients and proficiency cannot be assumed based on the TOEFL score. Students who demonstrate inconsistent and ineffective oral communication skills, regardless of the student's TOEFL score, will be removed from direct patient care. Students may be given a leave of absence to improve oral communication skills. Any interventions undertaken to improve a student’s oral communication proficiency will be at the student’s rather than the program’s expense. Students who fail to demonstrate proficient oral communication after completion of the LOA, will be withdrawn from the nurse anesthesia program. Students who successfully demonstrate oral communication proficiency during the LOA may be required to undergo a clinical remediation prior
to re-entering the program to refresh knowledge, skills and abilities learned or held prior to the LOA. If remediation is required, faculty will develop a personalized plan to assist the student. The length of this remediation period is dependent on many factors, including length of time away from clinical (See LOA policy in the Duke Nurse Anesthesia Program Handbook).

Title 8.0 CLINICAL POLICIES

8.1 Guidelines for Clinical Conduct
As the program offers new clinical challenges, the SRNA, as a developing professional, bears the responsibility of representing the profession to patients, the public, and other members of the health care team. The following guidelines should be observed in representing the profession:

- 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, both in your interactions with them, and in your patient related discussions with other professionals. Demonstrate your concern not only for the medical problem but for the total patient.
- Conscientiously respect the rights of your colleagues. Characterize all 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.

8.2 Title and Identification
Role and title confusion are common problems encountered in dealing with patients, i.e., some patients identify all those wearing white coats as medical physicians. Students must 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 SRNA.
- 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 SRNA.
- Students may be subject to sanctions within the Program for failure to observe any of these ethical guidelines.
- Students will wear their Duke-issued identification badges while on the premises of any clinical affiliate.

8.3 Clinical Attire
Students are expected to present a professional appearance that reflects the standards of the DUSON. Clinical attire will promote identification of Duke nurse anesthesia students in a manner that instills confidence and trust in patients, families, physicians, nurse colleagues, and other health care team members.

- Student identification badges are always worn and should be positioned above the waist with name and photo clearly visible. If the student is employed at the clinical agency, only the student identification badge should be worn while engaged in a clinical learning experience.
- Students in accordance with the clinical site's standards will present a clean, professional appearance and will adhere to safety, infection control and standards of the assigned work area.
● The program reserves the right to require the covering of any tattoo and the removal of body piercing jewelry and/or making ear gauges less conspicuous.
● Students may not wear denim or jeans to clinical.
● Standards of cleanliness and personal hygiene must be maintained. Body odor often conveys a lack of cleanliness. Any reports of such will be addressed.
● Bare midriffs, halter tops or spaghetti strap garments are not permitted
● No hats
● False nails, acrylic overlays or gels are not permitted
● Avoid strong lotions, perfumes or any scents that may elicit reactive airways, headaches or nausea to patients and/or colleagues (this also applies to didactic attendance)
● No visible undergarments
● Students may be excluded from class or clinical if their appearance is offensive, presents a distraction or is not in keeping with this policy
● Attire with profanity or offensive language is not allowed

8.4 Licensure and Certifications
Students are required to maintain continuous and uninterrupted licensures and certifications from the time of program matriculation through graduation. Each SRNA must be a licensed Registered Nurse in North Carolina and Virginia if their home state licensure is not within the State Compact System (See NC BON website for details. International students are responsible for obtaining an unencumbered RN license prior to program matriculation. Current certifications in BLS, ACLS and PALS as well as proof of current TB testing, COVID vaccination (or approved waiver), and flu vaccination is required at all times.

Students who do not possess and provide the PC with copies of current and proper licensure or certifications will not be allowed to participate in clinical education. Missed clinical time due to improperly maintained licensure, certification or other compliance documentation must be reconciled on a date prior approved by DUNAP clinical faculty.

Students will disclose to program administration within 24 hours of the incident any legal actions that may affect their ability to attend clinical (i.e., arrest, DUI, and report to the BON, etc.). Nonreporting will be considered a violation of the Code of Ethics. For charges involving drugs, alcohol or violence, a Certified Substance Abuse Assessment may be required prior to the students’ return to clinical.

8.5 Student Responsibility in Obtaining Clinical Evaluations
It is the student’s responsibility to provide a current clinical case record to the CSC on the first day of each clinical rotation. It is the responsibility of the Clinical Preceptor to complete the daily evaluation form in Typhon and to discuss the day's cases with the student. It is the student’s responsibility to follow up with daily Clinical Preceptors in attempts to obtain completed clinical evaluations via the Typhon EASI system. The student should send a maximum of two email reminders to the clinical preceptor with the CSC and DUNAP faculty carbon copied. Paper evaluations are unacceptable.

If a Clinical Preceptor does not have the Typhon evaluation link, it is the student’s responsibility to obtain the preceptor's full name, email address, and primary site of employment then provide this information to the PC so that a Typhon account can be established for the preceptor or an evaluation link can be sent to the preceptor. Students must receive a minimum average of 70% of their daily clinical evaluations for each calendar month in order to be eligible for N943, N944, N945, N946, N947, N48 or N949 Credit each respective semester. If preceptors are not completing clinical evaluations, the student should inform the CSC and the CEC. When students work with more than one preceptor during a given shift, the evaluation is ideally completed by the preceptor with whom most of the shift was spent.
However, it is acceptable to ask all preceptors the student worked with during the day to complete an evaluation in attempts to increase the probability of receiving an evaluation.

8.6 Clinical Education Required Records and Documentation

Each student is responsible for accurate and timely completion of the clinical case record required by the Council on Accreditation of Nurse Education Programs. The clinical case record must be completed prior to the 3rd day of each month. The student is responsible for submitting a copy of their current case totals (Typhon tally sheet) to the CSC the first day of each clinical rotation.

Students will use the Typhon Nurse Anesthesia Student Tracking System to maintain their clinical case record. Each student maintains a monthly case log in Typhon, which presents daily and cumulative case information. Case logs should be updated daily including all case details (i.e., mechanical ventilation, PIV placements, etc.) in accordance with the COA Guide to Counting Clinical Cases which is posted on Sakai/DNP Clinical Commons. Outstanding updates are indicated by a flashing diamond on Typhon and should be completed within 48 hours of the surgical case. These records are the student’s official record of clinical case experiences and will be submitted to the National Board of Certification and Recertification (NBCRNA) as evidence of program completion. Students must document carefully and thoroughly to receive credit for the type of case and the specific anesthetic technique and interventions performed. Each month, students will submit case logs to Typhon for review by the faculty on record for the clinical course. Falsification/fabrication of clinical experiences is a violation of Duke University’s Honor Code and is grounds for dismissal from program.

Verbal and written care plans are submitted monthly on Sakai according to semester requirements. The student’s clinical/monthly log of the previous month’s rotation is submitted monthly to Typhon.

Summary:
- Monthly logs are due on the 1st of each month and are considered late after midnight on the 1st of each month.
- Monthly logs are labeled: last name.month.year.
- Journal Club is marked “Class” in the occurrence column.
- Resubmissions/revised logs following grades of NonCredit are due within 5 days of the request.
- All late submissions or late resubmissions (received >5 days after the due date) of monthly logs (ML) or care plans (CP) result in a 5-point deduction in the final clinical course grade. As with all DUNAP courses, students are required to make a final grade of 83% in order to receive Credit for the course.
- The third late submission or resubmission of any combination of documents (ML or CP) results in probation. Ongoing late submissions or resubmissions are grounds for dismissal from the program.
- Students will note LATE submissions and resubmissions on sheet two of the monthly log and upload a revised monthly log for that month that reflects the late submission/resubmission. All noted late submissions/resubmissions carry forward on all logs thereafter.

Accuracy of records is essential and the sole responsibility of the student. Students will correct case records with math or transcription errors. These records remain the property of the anesthesia program and are archived in Typhon for 3 years. It is the student’s responsibility to review the cumulative case totals to ensure that they are progressing towards meeting the COA and the NBCRNA required case totals. It is the student’s responsibility to seek assignments that will result in fulfillment of all required case totals. Incomplete case documentation will result in case(s) not being counted toward a student’s case totals. Students must continue to document case totals even after securing the required numbers. Evidence of a student’s failure to honestly and accurately document case numbers is a violation of the
Duke University Honor Code and may result in repeating a clinical rotation or administrative withdrawal from the DUNAP.

8.7 Typhon and Clinical Log Documentation
In addition to case logs, students are required to keep a daily log of the clinical preceptors with whom they work. This document is known as the monthly/clinical log. Students will use the most current template posted on Sakai. Monthly logs will record where and with whom the student worked. All monthly logs are submitted in Typhon on the 1st of each month. Monthly clinical logs not posted to Typhon by midnight on the first day of each month are documented as LATE on sheet two as noted above (section 8.6) and this late submission results in a 5-point deduction from the final clinical course grade. As with all DUNAP courses, students are required to make a final grade of 83% in order to received Credit for the course. Students with extenuating circumstances that will result in delayed posting of the monthly log should obtain prior permission from the faculty on record for the clinical course and CEC to delay submission. Students will receive a course grade of Incomplete when monthly logs or care plans remain incomplete at the conclusion of the semester. Once all course requirements are completed, the grade of Incomplete will be replaced with a grade of Credit if the final grade is ≥83%.

Resubmissions/revised logs following grades of NonCredit are due within 5 days of the request.

Example of Monthly Log Sheet 1

Monthly Clinical logs should be formatted according to established guidelines (see instructional handout posted on Sakai). The SRNA running total of approved time off and documentation of late submissions/resubmissions is represented on sheet 2 of the monthly log which is submitted to Typhon/external documents monthly. All time should be documented on the monthly log in chronological order. Time off data entered on page 2 of the monthly log are carried forward on all subsequent monthly logs throughout the program.

Example of Monthly Log Sheet 2
Time Logs: **Students can** enter data points in Typhon for a maximum of 15-days after the occurrence or case. If students do not enter the data within that timeframe, the time or case data cannot be entered into the system. The intention is to accurately capture data points.

### 8.8 Care Plans

Students will submit a minimum of two formal and acceptable care plans in Sakai each month (written, verbal or both). The faculty on record for the course will determine the required format for care plans. All submitted care plans must be for different case types (i.e., do not submit more than one cholecystectomy care plan). Care plans and the Monthly Clinical Log are due by the 1st of each month and considered “late” when received after midnight on the 1st day of each month. Care plans submitted after this time will be considered “Late” and result in the deduction of 5 points from the final clinical course grade. As with all DUNAP courses, students are required to make a final grade of 83% to receive Credit for the course.

Care plans facilitate students’ application of theoretical concepts learned in the classroom to individualized nurse anesthesia care in the clinical setting. Students are expected to research and prepare for all assigned cases prior to the start of each clinical day. A formal care plan template is posted on Sakai and will be used **for the most complex case of the day**. This formal written care plan should not exceed eight pages in length including references and must be **submitted for preceptor review at the beginning of the clinical day**. An abbreviated care plan template is posted on Sakai and should be prepared for **each additional case assigned to the students’ room**. Clinical preceptors are encouraged to make written comments on the care plans as well as a notation on the daily evaluation form in reference to the quality and completion of the daily care plans. Care plans must be signed by the clinical preceptor each day. It is the student’s responsibility to maintain records of the signed care plans such that they may be available upon request.
Written care plans are required to help the student apply didactic knowledge and to facilitate development of clinical thinking skills. Submitted care plans are written from an actual clinical case with the degree of case or patient complexity representing the student’s educational level in the program. The patient’s name and medical record number or any other form of protected health information should be omitted from the care plan. Care plans will be graded as credit or noncredit. If a non-credit grade is issued, the student is required to submit a revised care plan within 5 days of receiving the notice to re-submit. If the student is unable to produce an acceptable revised care plan by day 15 of the month, a 5% deduction in the overall course grade will be assigned. As with all DUNAP courses, students are required to earn a final grade of 83% in order to receive Credit for the course. Failure to submit the requisite number of acceptable care plans will result in a clinical grade of NonCredit. All clinical practicums are graded Credit/NonCredit.

Students will receive ongoing feedback regarding care plan development. The decision regarding the required number of care plans for each student and method of submission is student specific and can change at the discretion of the faculty on record for the clinical course or Program Director. Students will continue to complete an abbreviated care plan for each patient during all clinical rotations throughout the program.

The submission of two formal care plans in Sakai per 4-week clinical rotation is the minimum requirement. Care plans must be provided for each scheduled case to which the student is assigned. The purpose of writing care plans is to develop critical thinking skills which blend theory and practice, help students learn clinical anesthesia, individualize care for each patient's needs, and to document preparation for cases. Clinical instructors are justified in requesting a written care plan from students at any time in their education, particularly if the case is one the student has never done before. The written care plan reflects the student’s level of preparedness. Students should be able to engage in collegial conversation regarding the content of each care plan. If students are unfamiliar with the contents of their care plan or it is evident that they merely copied and pasted without reading, reviewing, and verifying its contents, faculty on record for the clinical course may require handwritten care plans indefinitely. Students are expected to provide the daily preceptor with their care plans prior to the first case of the day. Students are expected to prepare and provide the daily preceptor with care plans for every scheduled case of every clinical day throughout their entire time in the program.

8.9 Verbal Care Plans

Students may be required to submit one verbal care plan per month during Semesters III and IV. Verbal care plans should be no longer than six minutes in length and should model the type of report given when discussing the proposed plan of care with the assigned clinical preceptor the morning of surgery (see guidelines posted on Sakai). The intent of this experience is to further develop verbal skills as communication and collaborative work is essential in healthcare. The verbal care plan should be unique and not a verbal rendition of the written care plan.

8.10 Specialty Rotation Care Plan Requirements

A minimum of two care plans are required for each specialty rotation each month. Individualized care plans are created for each clinical day that students are enrolled in the program. Care plans are submitted by uploading to the appropriate folder in Sakai (course tab/assignments/Specialty care plan assignment/month). A minimum of two formal (long-format) care plans are required per specialty rotation (OB, cardiac, pediatric). One care plan is required for the regional rotation, if applicable. Care plans should reference actual patients and cases in which the student participates. The first care plan is due by midnight the 2nd Saturday of the rotation and the second care plan is due by midnight the 4th Saturday of the specialty rotation. Exception: during the 8-week Duke Pediatric Rotation, CPs are
due by midnight the 2nd and 6th Saturdays (2nd Saturday at Duke Eye and 2nd Saturday at Duke Hospital). Submission of specialty care plans to Sakai is not required for repeat specialty rotations unless specified by the CEC or faculty on record for the clinical course or program administration (i.e., second cardiac rotation, second pediatric rotation, etc.). Specialty care plans should not exceed eight pages in length, nine pages for cardiac care plans, not including references and should include required content as outlined in “Specialty Care Plan Guide for SRNAs” posted on Sakai. Students who are not securing needed specialty cases prior to the CP due dates must communicate with CEC and faculty on record for the clinical course for late submissions to be excused.

A. OB Specialty Rotation

During the obstetric rotation, students may not be able to interview patients prior to cases or in sufficient time to prepare a written care plan. This is the nature of obstetrical care and the unpredictability of labor and delivery. A minimum of two formal care plans will be submitted to Sakai during the OB rotation. These care plans should include the following:

- Elective cesarean section with Regional Block (epidural or spinal) that includes a Plan B for urgent/emergent cesarean section with general anesthesia (include the protocol for failed intubation) (1 care plan)
- Vaginal delivery with regional block, including all potential complications, including APGAR scores and neonatal resuscitation. (1 care plan)

All OB care plans should include considerations for maternal hemorrhage such as hemabate, methergine, pitocin, cytotec, placenta previa, placental abruption, and placenta accreta. Refer to “Specialty Care Plan Guide for SRNAs” posted on Sakai. (both care plans)

B. Cardiac Specialty Rotation

During the cardiac rotation(s) students will submit a minimum of two formal care plans:

1. Coronary Artery ByPass Graft (1 care plan)
2. Cardiac valve replacement (1 care plan)

If there is no opportunity for a cardiac valve case during the student’s rotation, the student is expected to communicate case accrual status with the CEC who may approve the substitution of a major vascular case that was completed during the rotation. Refer to “Specialty Care Plan Guide for SRNAs” posted on Sakai. Cardiac care plans should not exceed nine pages in length, including references.

C. Pediatric Specialty Rotation

Students should submit a minimum of two pediatric formal care plans which reflect the most complex cases performed during the rotation. Pediatric cases may be encountered while on a pediatric rotation (UNC, Duke, Duke Eye) or while on general rotations. At a minimum, these care plans should include pediatric versus adult airway comparison, weight-based medication calculations, emergency medications (both IV and IM) and ETT depth/size/calculations. Pediatric specialty care plans are completed semesters 6-9. Refer to “Specialty Care Plan Guide for SRNAs” posted on Sakai. It is the student’s responsibility to submit two pediatric care plans during semesters 6-9, regardless of clinical assignments.

D. Weekend Rotation

Students assigned to the weekend rotation (Duke, Duke Regional) will work 7a-7p Saturdays/Sundays and 3-11p on Mondays. Vacation is not allowed during this rotation. Care plans are not required.
8.11 Additional Specialty Care Plans

Care plans should be labeled appropriately when uploaded to Sakai (i.e., name.case.year). A minimum of one care plan for each of the following cases is recommended and may be submitted during any clinical rotation:

- Neurosurgery
- Vascular
- ENT
- Peripheral nerve blocks
- Thoracic (preferably one that includes the use of a double-lumen tube)
- Robotic
- Ophthalmic
- Orthopedic
- Transplant and/or Trauma
- Off-site anesthesia/Non-operating room anesthesia (NORA) (ECT, MRI, EP lab, ESWL, etc.)

8.12 Clinical Schedules

Students will report for clinical Thursdays and Fridays during Semesters 3 and 4, Wednesday-Friday during Semester 5, Tuesday-Friday during Semesters 6-9, and Monday-Friday during weeks between semesters unless notified otherwise (exception: OB rotations between semesters=Tuesday through Friday 12-hour shifts). If there are questions or scheduling conflicts with the calendars distributed by the PC, notify the PD, CEC, and PC immediately.

As students receive clinical schedules from the CEC, they will enter their clinical schedules in Typhon and request the appropriate AHEC housing. Both Typhon schedule entries and AHEC housing requests should be entered within 10 days of schedule receipt (exception: students on night rotations must first secure approval for their proposed schedule from the DUNAP CEC and the CSC). Students are responsible for keeping their Typhon schedules current. Each occurrence of incorrect Typhon schedules/duplicate entries will result in the deduction of five points from the final clinical course grade. Note the correct arrival/departure dates for AHEC Housing requests (not necessarily the headers printed on the clinical schedule). Students may plan to arrive the afternoon of the day prior to the rotation start. The departure date is typically the last Friday of the rotation, Saturday if working night shift. If AHEC Housing is unavailable as a result of the student not entering the request within 10 days of schedule receipt, the student will be responsible for financing their own housing for the rotation. If the student is notified by AHEC Housing that he/she is “on hold” for AHEC housing, this must be reported to the DUNAP CEC and PC immediately. The student will call the AHEC housing office one month prior to the rotation start date to inquire of housing status, continue to follow up with AHEC, and keep DUNAP program administration informed.

Students are held accountable for all instructions and details on the clinical schedule and in the AHEC folder posted on Sakai. Review the clinical site’s folder for additional details (whether there’s an apartment or if AHEC housing is required). AHEC Housing is provided by the program. In the event students are dissatisfied with the housing option provided, they may provide/finance their own housing arrangements and will notify the CEC of their alternate housing arrangements.

Consecutive clinical days and weekends (Saturday/Sunday) should be entered into the Typhon schedule as consecutive dates (i.e., clinical Tuesday through Friday, April 19-22 should be entered as such rather than an entry for each individual date). All isolated or single date events should be separate Typhon entries (i.e., Class day Monday, April 18; Difficult Airway Workshop May 17, etc.).
The CEC will open the Typhon schedule on the 1st-5th of each month for students to enter any schedule changes that may occur (sick day, etc.). **Students may not enter time off or DNP flex days in Typhon during open periods but rather, these days are requested** in Typhon after the schedule is closed to students after the 5th of each month and before the 1st of the following month. Students will receive electronic notification from the Typhon system following status designation of the request (approved/not approved). Typhon requests that do not comply with formatting specifications will not be approved (see Sakai).

Total clinical hours per week according to semester are as follows: Semester 3=16 hours, Semester 4=16 hours, Semester 5=24 hours; Semesters 6-9=32 hours (i.e., On 4-week rotations, Duke EP Lab, UNC and DRH night rotations require students to work ten 12-hour shifts and one 8-hour shift for a total of 128 hours for a 4-week rotation). Students on night shift may not work 7pm-3am for safety reasons. Students are not allowed to work a 16-hour shift according to COA recommendations.

During weeks between semesters when there are no didactic classes, all students will work 40 hours per week (typically 8-hour shifts Monday through Friday). **Students on OB rotations (Womack, Camp Lejeune, SRMC, and Nash) during weeks between semesters will work four 12-hour shifts, Tuesday through Friday.** All schedule changes must be approved by the CEC.

Students on night rotations should create and propose their clinical schedules to the DUNAP CEC then to the CSC (ten 12-hour shifts and one 8-hour shift for a total of 128 hours for a 4-week rotation during the semester; 7pm-3am shift is not allowed). Following approval from the DUNAP CEC, students may propose their clinical schedule to the CSC. **Night schedules should not be entered in Typhon until approved by the DUNAP CEC and CSC.** Once approved, schedule changes are not allowed unless approved by the DUNAP CEC and CSC. Students on night or evening shift must work a minimum of one clinical shift per week. Students may not arrange their schedules such that they are off an entire week and work all the rotation’s required clinical hours in the remaining weeks of the rotation.

If there are two students on a night rotation, they must work together to create a fair schedule that meets the requirements outlined above. Sunday and Monday night shifts are discouraged due to class requirements. If one of the students assigned to Duke/DRH/UNC nights is a 3rd year student who does not have class/JC on Monday, that individual may be approved for working Monday night. Examples of calculating clinical hours during a night shift rotation:

- 4-week rotation at 32 hours/week=128 hours should be scheduled (Ten 12-hr shifts, 7p-7a and one 8-hr shift either 11a-7pm or 11p-7a but not 7p-3am)
- 5-week rotation, 128 hours + 32 hours (week 5 hours) = 160 hours should be scheduled

Deductions from the number of clinical hours to be scheduled must be approved by the CEC and included in the proposed clinical schedule sent to the CEC and CSC. Schedules will be credited with 8 hours for: Duke-observed holidays (Independence Day, etc.) and required on-campus DNP days/classes. Students are not credited for Fall Break or Mondays that are typical class days.

Second or third-year students that assist in the simulation or cadaver lab are credited with 8 hours clinical time for each day they assist in simulation or cadaver lab (entire class or workshop). This credit is factored into the clinical hours for the rotation during which the simulation or cadaver lab involvement occurred. Rotations are typically 128 hours (four weeks at 32 hours per week). For example, a student that works four simulation lab days will deduct 32 hours from the total required hours for that rotation. **Credits will not be applied to first-time specialty rotations (OB, cardiac, weekends, pediatrics, etc.).** Students that assist in simulation lab will receive additional assignment(s) to supplement simulation hours that are not equivalent to originally scheduled clinical time.
UNC night rotation: The majority of UNC night shifts are worked 7pm-7am. Students may not work weekend nights (Saturday/Sunday) or holidays. If an 8-hour shift is required, it will be worked as 7am-3pm during Tuesday-Friday (Semesters 6-9 students require 128 hours of clinical for a 4-week rotation; 128 hours=12 hour shifts x 10=120, leaving an additional 8-hour shift requirement). Overlap of 2 students on nights or evenings is not allowed (schedule may need to be as follows: one student works 7am-3pm shift and one student works 7pm-7am). Monday night shifts will be considered only when two students are scheduled during a given rotation and must have prior approval from the DUNAP CEC before seeking approval from the CSC.

8.13 Clinical Time
Regardless of OR start time, students are expected to arrive in ample time to prepare the operating room and equipment. If the case has a delayed start (for example, first case starts at 0900 instead of 0730) the student must arrive to the clinical area at the usual time. Schedules change quickly. Students and CRNAs are expected to be present to respond to these changes. It is imperative that SRNAs are ready to start assigned cases by 45 minutes prior to the actual OR start time (for example: room set up and the student is ready in the preoperative area by 0645 for a 0730 case). This allows for ample discussion time with the anesthesia care team and for viewing the student prepared care plan. Clinical assignments are distributed the evening before surgery and all inpatients should be seen and evaluated preoperatively. Outpatient or same-day admission patient records should be evaluated the evening before surgery. The location of outpatient records varies from site to site therefore, it is the student’s responsibility to determine where these records are located. The plan of care developed and written for outpatients is then modified based on the day of surgery assessment.

Students who have cases that start later than the designated OR start time should assist other students or CRNAs with patient preparation. When students are not engaged in anesthetic administration, they are expected to be engaged in other activities that contribute to their educational experience and the anesthesia department. Students should check with the CSC (or individual serving in that capacity in the absence of the CSC) regarding reassignment whenever cases are canceled, long breaks are scheduled in the room, or if the room finishes early. Students must also check with their assigned preceptor of the day prior to leaving the operating room area for any reason. Students must comply with all department practices regarding time spent out of the department (i.e., 15-minute breaks, 30-minute lunches). It is expected that unassigned clinical time will be used for educational endeavors. Clinical preceptors will evaluate how well students utilize the learning environment. Any negotiations with the CSC to adjust clinical time must be pre-approved by the CEC.

The clinical day typically ends at 3:00 pm; however, this is not absolute. If there are no cases in progress and, upon approval by the Clinical Site Preceptor or CSC for the day, the student may be dismissed from clinical at 3 p.m. Early dismissal prior to 3 pm must be reflected on the clinical log. Students may not be dismissed at 3 p.m. if:
- Engaged in a case that will be completed by 5:00 PM
- Engaged in a case that does not warrant the student's relief
- Engaged in a case that the student has never experienced
- Continuity of care and educational enrichment, it may be necessary for students to stay past normal clinical hours. When this occurs, students may be unable to attend clinical the next day due to fatigue. Before their next day clinical schedule can be changed, the CEC must be consulted and approve the requested clinical schedule change. It is the student’s responsibility to obtain permission from the CEC for the requested schedule change.

Clinical Time Commitments
● Semester 2: Simulation Lab/Scheduled clinical orientation or clinical observation only
● Semester 3: 16 hours weekly
● Semester 4: 16 hours weekly
● Semester 5: 24 hours weekly
● Semester 6: 32 hours weekly
● Semester 7: 32 hours weekly
● Semester 8: 32 hours weekly
● Semester 9: 32 hours weekly

*Clinical hours are weekly and are subject to change
*Time back is not awarded. If CSCs or preceptors award students with time back or time off, this must have prior approval from the CEC.

Good Friday
Students will contact the CSC at the beginning of the rotation that includes Good Friday to determine the caseload for that day. Sites that observe Good Friday typically have emergency cases only which may not be appropriate for some students/new learners (Nash, NHRMC, VAA, VAD, etc.). Students may request a day off from the allotted time off to reconcile Good Friday or coordinate with the CEC and CSC to reconcile the time.

Guidelines for National Nurse Anesthetist Week (NNAW) Time Away from Clinical:
During NNAW, DUNAP students provide various services to the community. Although the primary responsibilities are academic and clinical, DUNAP faculty value these experiences. Students are encouraged to remember the true spirit of volunteerism which is to give of yourself without expecting anything in return. Each year, student organizers of NNAW event activities will meet with the PD 4 months prior to SLS (September) to review scheduling policies and guidelines.

Each student volunteer, including the organizers, are expected to review the tentative schedule when released, compare with the guidelines, and contact the PD if there are any conflicts. Final NNAW activities should be entered as a request in Typhon and any duplicate entries removed (originally entered a clinical day, remove the clinical day). Accuracy is important for clinical sites to know student status, whether they will be on campus or in clinical. Volunteers are expected to fully participate during the entire time period documented on the schedule. When possible, faculty will join SRNAs at volunteer locations.

● Second year students may volunteer on Tuesdays and Wednesdays during NNAW (miss one clinical day as Tuesdays are typically Independent Study days).
● Third year students may miss a maximum of two clinical days during NNAW. This includes SLS practice on Friday, if applicable, and NNAW volunteer activities.
● Students at specialty rotations must communicate individually with the CEC to determine specialty case numbers and whether the student can miss the clinical time.
● Students may not be allowed to participate if they are not in good standing with the program or faculty determine it is in their best interest to be in clinical (i.e., graduating third year student with low case numbers, probationary status, specialty rotations, etc.). All NNAW student volunteers must be approved by the PD and CEC.

Student Led Seminar (SLS)
The designated organizers of the event and students who are presenters at SLS may be excused from clinical to participate in the SLS practice session held the day before SLS.
8.14 Student Clinical Evaluation

Evaluation tools are formulated to reflect the increased complexity of cases as the student progresses through the program. The clinical preceptor completes an evaluation after each clinical day (formative evaluation) and the grade is calculated and conferred by the CEC and/or faculty on record for the clinical course from the semester total evaluations (summative, per rotation, evaluation). Students are expected to follow up with clinical preceptors to ensure that all clinical evaluations are submitted in a timely fashion (i.e., verbal reminder then a maximum of two email reminders, cc’ing the CEC, faculty on record for the clinical course, and CSC). **Follow up with clinical preceptors should occur for any evaluation percentage return rate <100% in attempts to receive maximum feedback.** Preceptor feedback is intended to help students improve their clinical performance.

*All clinical evaluations for an individual rotation must be submitted by the second Monday after the rotation has ended.* Students working with multiple preceptors during one clinical shift should ask each of those preceptors to complete an evaluation for that date (evenings, nights, change ORs during the shift, etc.). If one preceptor completes an evaluation for the date in question, the student indicates “Y” and the preceptor’s name on the monthly log (yes, an evaluation was received).

In order to allow the process to work efficiently, timely submission of materials is essential. Students may be suspended from clinical for failure to submit case totals or clinical evaluations in a timely fashion. The amount of time suspended will be deducted from the student's time off bank.

Students are expected to check Typhon daily for evaluations posted. After reviewing the evaluations, if the student receives “did not meet expectations” on a clinical evaluation or “needs improvement” or “unacceptable” on a Professional Practice Evaluation, the student will: 1) enter a comment in the Typhon evaluation; and 2) email the CEC, faculty on record for the course, and advisor within 24 hours. Student comments entered in Typhon evaluations are not visible to clinical preceptors, only to DUNAP program faculty.

8.15 Professional Practice Evaluation

Professional practice is expected at all times both inside and outside of the perioperative arena. Duke SRNAs represent not only themselves, but also Duke University and the nurse anesthesia profession. Professional behavior is always expected of all DUNAP students. All CSCs will complete an end of rotation Professional Practice Evaluation (PPE) in Typhon for each SRNA. These evaluations will be a summative evaluation of SRNA professional behaviors while on rotation at each clinical site. Input from physicians, clinical CRNAs and any other relevant parties will be considered in this summary evaluation. Results of these evaluations will be included in the end of semester clinical summary. In addition, DUNAP faculty may refer to these evaluations when preparing and providing professional references to potential employers.

8.16 Clinical Logs

All clinical time, preceptor name, and status of evaluation completion must be documented on the monthly preceptor log. Students will daily work toward program terminal objectives. The scheduled shift should be recorded on the monthly log. Students requesting early dismissal from the clinical area must submit requests to the DUNAP CEC and CSC at least 3 days prior to the date in question. Last minute clinical site schedule changes will be considered only in the event of an emergency. All schedule changes and actual time worked must be accurately documented on the clinical logs. Clinical logs are due on the 1st of each month. Students who fail to complete clinical logs in a timely manner are considered in violation of DUNAP Policy.
8.17 Clinical Conferences
Each student is required to attend and actively participate in clinical conferences as required by each clinical site. Lack of attendance will be documented in the PPE completed by the CSC. Clinical conference hours are logged for the duration of the program.

8.18 Clinical Dress Code
Each student is expected to comply with the dress code and Department of Anesthesia policies of each affiliating institution. The student is informed of the policies at the time of orientation provided by each affiliating hospital. This includes Infection Control, Hazardous Chemical policies and attendance at department meetings. Students may not wear denim or jeans to clinical. Lab coats should be clean and professional. If leaving the perioperative area while in scrubs (i.e., performing a postoperative visit, going to the cafeteria, etc.) a lab coat should always be worn. Students are not to wear scrubs to and from the hospital; they must change into clean scrubs upon arrival to the locker room at the beginning of each shift.

8.19 Electronics in the OR
Students may not use cell phones or other electronic devices not relevant to patient care during any phase of the anesthetic process. If a SRNA needs to have a cell phone immediately available this should be for emergencies only and must be approved by the Clinical Preceptor. The phone must remain in vibrate mode and out of view. If the phone vibrates and the call is emergent, the SRNA must enlist the assistance of their supervising CRNA or MD for patient care to allow the student to exit the operating room and answer the call. Social networking while in the OR is never acceptable and such behavior is a violation of the DUSON Integrity Policy. Students may have their cell phones in the OR in order to offer the Typhon website to preceptors and promote the completion of daily clinical evaluations. If tempted to frequently monitor the phone, leave it in the locker.

8.20 Clinical Supervision
SRNAs will be supervised at a preceptor:student ratio of 1:1 or 1:2, except where patient safety considerations allow this ratio to be modified.

Appropriate preceptors include CRNAs and physician anesthesiologists. Physicians in residency training cannot instruct students if they are the sole preceptor responsible for the student. SRNAs may not be supervised by anesthesiologist assistants (AA).

The preceptor will be present in the operating room continuously when the SRNA is:
- Anesthetizing children (less than 12 years of age)
- Providing care for the most demanding cases
  - This includes intracranial, major vascular, cardiovascular, cardiac valve replacement, major intrathoracic cases, unstable patients or those with a complicated intraoperative course, and ASA Physical Status 5 patients
-Performing regional anesthesia procedures
- A Semester III student (first year student)

The SRNA may be left alone in the operating room while providing an anesthetic at the discretion of the CRNA or physician anesthesiologist in accordance with contractual agreements between the clinical affiliate and DUNAP. While the SRNA is alone, the CRNA or Anesthesiologist must be immediately available (within the OR suites, and able to respond immediately if called to the room).
8.20.1 First and Second Year SRNA
- In Semesters 1 and 2 any days spent in the clinical area are observational only.
- In Semesters 3 and 4, second year SRNAs will be supervised 1:1 (assigned to an OR with a CRNA and/or physician anesthesiologist who has no other assignment).
- In Semesters 5 and 6, preceptors may leave the operating room for brief periods (breaks, lunches) when assigned with a second-year student, provided the patient's medical history and the operative course are uncomplicated.

8.20.2 Third Year SRNA
- SRNAs may be supervised 1:1 or 1:2 by a CRNA or physician anesthesiologist.
- The preceptor may leave the room for periods dependent on the patient's medical condition, the operative course, and their assessment of the third-year student’s demonstrated knowledge and ability.

8.21 Supervision outside anesthetizing areas
- Students may participate in educational activities involving non-anesthetizing duties of a nurse anesthetist. These activities may include, but are not limited to, resuscitative services, postoperative rounds, assisting in obtaining intravenous access and respiratory and pain services rotations.
- Students responding to code or respiratory distress calls are required to do so under the direct supervision of a licensed anesthesia provider who is physically present.
- During certain non-anesthesia related activities, students may be supervised by nurse anesthetists, physician anesthesiologists, other physicians, or registered nurses. These individuals are supervising students perform duties for which they are entitled by license, hospital credentialing, or job description to perform.

The decision to allow students the opportunity to practice alone during an anesthetic will be based on the following criteria:
- Complexity of the surgical procedure
- Medical stability of the individual patient
- Student level of experience (number and types of cases completed)*
- Student's demonstration of individual clinical skills*
- Completion of didactic courses appropriate to the surgical case*

* This information is available through the student's case records, through the Clinical Site Preceptor (CSP) or assigned coordinator at each site, or by calling the CEC and/or faculty on record for the clinical course.

8.22 Clinical Sites and Affiliations
Student clinical placement decisions are based on the faculty’s selection of clinical sites specific to the learning objectives of the course, site availability and the individual learning needs of the student. While attempts are made to accommodate students' preferences, students must be prepared to travel distances and have flexible schedules. Clinical experiences are integral to the course of study for all students in the DUNAP program. The role of CSC is that of a professional role model who facilitates the student’s learning related to his or her clinical objectives.

8.23 Clinical Rotations
Clinical assignments are based upon individual student needs. Student clinical schedules are subject to change at any time. Because there are many variables affecting clinical scheduling, students should not expect to have identical clinical schedules or experiences. DUNAP is committed to providing students
with comparable clinical experiences over the course of the entire program that fully meet and surpass the clinical case requirements designated by the AANA Council on Accreditation.

8.24 Critical Incident Communication

Critical incidents occurring at an affiliate site must be reported in writing by the student to program administration (i.e., the Program Director), the Clinical Education Coordinator, and the advisor within 24 hours, preferably immediately following the occurrence. Critical incidents include, but are not limited to any patient complications, morbidity or mortality (i.e., dental damage resulting from instrumentation of the airway or extubation; code situations; intraoperative death; corneal abrasions; etc.). Any incidents involving students’ physical or mental health or safety must be reported to the PD and CEC within 24 hours (i.e., syncope, illness in the OR, falls, accidents, etc.)

8.25 Affiliate Clinical Site Preceptors

Upon initial arrival, students should provide the CSC with a hard copy of their case totals which reflect the types of cases they need according to COA requirements. Students are also encouraged to provide continuous communication to the CEC including the types of cases desired.

Clinical Site Coordinator duties include:
- Conducting monthly communication, (or more frequently if desired) with Program Administration.
- Notifying Program Administration of below average or unsatisfactory clinical performance, or if there are questions about student performance, timekeeping, or professionalism.
- Serving on DUNAP program education committees
- Completed DUNAP evaluations are used to as a basis for program improvements and student enrichment opportunities.
- Functioning as a mediator for problems and disputes that may arise between students and clinical faculty. Problems at an affiliate site should be addressed initially with the involved clinical preceptor. Next, the CSC or Chief Nurse Anesthetist should be contacted. DUNAP program administration should be informed immediately when significant discussions are held with DUNAP students. The content of all meetings occurring between affiliate site representatives and Duke SRNAs must be documented and delivered to the DUNAP Program Director within 24 hours of the meeting time.

A list of current Clinical Site Preceptors, contact information, and email addresses is available in the password-protected Sakai Clinical Commons site and/or Typhon system.

The Nurse Anesthesia program utilizes COA-approved clinical affiliations designed to provide depth and breadth of clinical experiences.

8.26 Clinical Sites

- **Camp Lejeune Naval Hospital, Jacksonville, NC:** OB, orthopedic, general, ENT, gynecology, pain management; Regional techniques include SAB, labor epidurals, thoracic epidurals, CSE, Bier blocks; advanced airway management including fiberoptic intubation; advanced monitoring techniques including placement of arterial and central venous catheters; placement of peripheral nerve blocks using a variety of approaches, including superficial cervical plexus, interscalene, supraclavicular, infraclavicular, axillary, lumbar plexus, sciatic, femoral, saphenous, popliteal, wrist and ankle blocks

**Students rotating to military sites are required to present an original US birth certificate (not a copy, not a passport). Students must be a US citizen to complete clinical rotations at military sites (SRNAs in the US on Visas or those who are Nationalized Aliens are not considered US citizens). If
born in Canada or another country and the student has since become a naturalized citizen, the student will provide a copy of their naturalization certificate or a US Passport.

- Carolina East Health Care, New Bern, NC: adult, general surgery, intrathoracic, cardiovascular, advanced monitoring, neurosurgical; regional: SAB
- Central Carolina Hospital, Sanford, NC: adult, general surgery, GI, OB
- Chippenham Hospital, Richmond, VA: cardiac, ortho, general surgery, GI, gyn, peds
- Danville Regional Medical Center, Danville VA: intrathoracic, cardiovascular, advanced monitoring including placement of arterial and central venous catheters; advanced airway management including fiberoptic intubation; general surgery, OB; regional: SAB, epidural, rural hospital experience
- Davis Ambulatory Surgical Center, Durham, NC: pediatric, adult GYN, orthopedic, plastics, ENT
- Duke EP, Durham, NC: adult cardiac catheterization lab, advanced airway techniques, placement and monitoring of advanced monitoring modalities (i.e., arterial lines, central venous catheters).
- Duke Eye, Durham, NC: neonates, pediatric, ophthalmic, plastics
- Duke University Hospital, Durham, NC: pediatric, adult, vascular, trauma, advanced monitoring including placement of arterial and central venous catheters, neurosurgical, general surgery, transplant; regional: SAB, epidural blocks, occasional peripheral blocks; ECT and NORA; advanced airway techniques including fiberoptic intubations, Fast-Trach LMAs, awake fiberoptic intubations, Trach-light, bougie, glidescope, McGrath, C-Mac (Weekend rotation: Saturday/Sunday 7a-7p and Monday 3-11p)
- Duke Regional Hospital, Durham, NC: OB, pediatric, adult, neurosurgical, vascular, thoracic, advanced monitoring including placement of arterial, central venous, and Swan-Ganz catheters, orofacial, orthopedic, outpatient, spine, bariatric; regional techniques: SAB, epidural blocks, Bier blocks
- Duke Raleigh Hospital, Raleigh, NC: OB, pediatric, adult, cardiovascular, thoracic, placement and monitoring of advanced monitoring modalities (i.e., arterial and central venous catheters), and bariatrics, peripheral nerve blocks including axillary, femoral, interscalene, and Bier blocks
- Johnston Willis Hospital, Richmond, VA: neuro, robotic, total joints/ortho, ortho/spine, urology, plastics, aneurysm coils, Whipple, thyroid/parathyroid, esophagectomy, general surgery, cataracts, GI (upper/lower endoscopy), gyn, peds dental, OB
- Maria Parham Hospital, Henderson, NC: ENT, general surgery, OB/GYN, ophthalmology, orthopedics, plastics, gastroenterology/urology, thoracic; regional: SAB, epidural, peripheral nerve blocks, rural hospital experience
- Nash Health Care System, Rocky Mount, NC: OB, pediatrics, vascular, neurosurgical, orthopedic, ENT, general surgery; regional techniques include Bier Blocks, ASC
- New Hanover Regional Medical Center, Wilmington, NC: ENT, general surgery, pediatrics, cardiovascular, gynecology, ophthalmology, orthopedics, plastics, gastroenterology/urology, intrathoracic, advanced monitoring including placement of arterial lines, regional: SAB
- Pinehurst, First-Health, Moore Regional Hospital, Pinehurst, NC: general anesthetics, thoracic, cardiac, orthopedics, spine cases, vascular, general surgery, gynecology, urology.
- Scotland Memorial Hospital, Laurinburg, NC: OB, general anesthetics, regional techniques, rural hospital experience
- Southeastern Regional Medical Center, Lumberton, NC: general surgery, ENT, orthopedic, urology, vascular, OB; regional: SAB, peripheral nerve blocks, epidural
- UNC Hospitals, Chapel Hill, NC: pediatrics, adult, burns, vascular, trauma, advanced monitoring including arterial and central venous catheter placement, neurosurgical, general surgery, transplant, gynecology, ENT; NORA; EP lab, regional SAB; advanced airway management including fiberoptic intubation
- UNC Hillsborough, Hillsborough, NC: general surgery, gynecological, orthopedics, ENT
- Veteran’s Administration Medical Center, Asheville, NC: general surgery, cardiothoracic, ENT, orthopedic, advanced monitoring including placement of arterial and central venous catheters, urology, vascular; regional: SAB, peripheral nerve blocks including axillary, femoral, interscalene, and Bier blocks, epidural, TTE, advanced airway management including fiberoptic intubation
• Veteran’s Administration Medical Center, Durham, NC: adult, urology, plastics, cardiovascular, advanced monitoring, orthopedic, neurology, pain management; regional techniques: SAB, epidural, peripheral nerve blocks (scheduled daily shifts are **0700-1600**: the first Monday of each month, Duke SRNAs who currently or have previously rotated to the VAD are invited to participate in thoracic cases. If interested, please contact Carolee West or Vijaya Raavi on Fridays prior for case/patient details)

• Vidant Beaufort Hospital, Washington, NC: general surgery, gynecology, urology

• WakeMed Hospital, Raleigh, NC OB, pediatrics, neonates, neurosurgery, craniotomies, TAVRs, general, ENT, neonates.

• Womack Army Medical Center, Fayetteville, NC: OB, general anesthetics & regional techniques: SAB, labor epidurals, CSE, peripheral nerve blocks, general anesthesia, orthopedics, ENT, gynecology

8.27 Clinical Objectives

8.27-1 First Year Students Semester II (in simulation laboratory) & III (in clinical)

**Cognitive Domain**
- Performs complete preoperative assessment and chart review
- Formulates an anesthesia care plan for simulated patients and discusses with faculty
- Assigns appropriate ASA status to patients
- Demonstrates basic knowledge of anesthetic agents
- Identifies potential anesthetic problems and appropriate interventions
- Assembles checks and maintains the function of basic anesthetic equipment
- Describes the pharmacokinetics and provides rationale for use of all drugs administered (name, dose, mechanism of action, duration of action purpose, elimination, contraindications, etc.)
- Demonstrates beginning knowledge of surgical interventions and anesthetics

**Psychomotor Domain**
- Performs technical skills
- Demonstrates proper techniques for basic airway management: proper mask fit, mask management, oral and nasal airway placement, oral and nasal intubation, direct laryngoscopy and laryngeal mask airway (LMA) placement
- Organizes anesthetic equipment, applies basic anesthetic monitors, and interprets monitoring data correctly
- Positions simulated patients using learned principles and explains physiologic effects under anesthesia
- Performs intubation and extubation with dexterity and manages uncomplicated airways
- Performs induction as discussed with faculty
- Administers anesthetic agents according to learned principles and instructor discussion.
- Calculates fluid replacement appropriately
- Neat and accurate charting and work area.
- Accurately reports pertinent information with transfer of responsibility

**Affective Domain**
- Communicates effectively with faculty and simulated patient, family, and members of the health care team
- Protects simulated patients’ privacy and maintains confidentiality
- Receptive towards learning and accepts constructive criticism
- Uses simulation laboratory experiences as learning opportunities to enhance professional growth
- Delivers culturally competent care throughout the simulated perianesthetic course
8.27-2 Second Year Students Semester IV

**Cognitive Domain**
- Performs complete preoperative assessment and chart review prior to surgery with supervision for all elective/emergency cases.
- Formulates anesthesia care plan and discusses with clinical instructor prior to entering O.R.
- Assigns appropriate ASA status to patient.
- Demonstrates basic knowledge of anesthetic agents.
- Identifies potential anesthetic problems and appropriate interventions.
- Assembles checks and maintains the function of all basic anesthetic equipment.
- Describes the pharmacokinetics and provides rationale for use of all drugs administered.
- Demonstrates knowledge of surgical intervention and anesthetic.

**Psychomotor Domain**
- Performs atraumatic technical skills (venipuncture, insertion of OPA, NPA, esophageal stethoscope)
- Organizes anesthetic equipment, applies basic anesthetic monitors, and interprets monitoring data correctly.
- Positions patients using learned principles and explains physiologic effects under anesthesia
- Performs intubation and extubation with dexterity and manages uncomplicated airways.
- Performs induction as discussed with instructor.
- Administers anesthetic agents according to learned principles and instructor discussion.
- Administers and manages regional anesthetic according to learned principles.
- Calculates and administers fluid replacement appropriately.
- Ends anesthetic/extubates according to learned principles under the direct supervision of the instructor.
- Neat and accurate charting and work area.
- Accurate and pertinent report with transfer of responsibility.

**Affective Domain**
- Communicates effectively with patient, family, and members of the health care team.
- Protects patient privacy and maintains confidentiality consistently.
- Receptive towards learning and accepts constructive criticism.
- Utilizes learning environment and initiates experiences to enhance professional growth.
- Delivers culturally competent care throughout the perianesthetic course.

8.27-3 Second Year Student Semesters V & VI

**Cognitive Domain**
- Performs complete preoperative assessment prior to surgery with supervision for all elective/emergency cases.
- Complete chart review and rapid formulation an ACP discussed with clinical instructor prior to entering O.R.
- Determines the need for additional studies, invasive monitoring, and alternative anesthetic techniques.
- Identifies potential anesthetic problems and appropriate interventions.
- Takes responsibility for resolution of potential anesthetic problems or equipment malfunction.
- Demonstrates independent problem-solving skills and uses safe judgment in all cases.

**Psychomotor Domain**
● Performs atraumatic basic and complex technical skills (intubation, A-line insertion, mask airway management, LMA insertion)

● Performs a variety of induction techniques with competency and dexterity for complicated and uncomplicated airways.

● Calculates and titrates fluid and blood replacement for elective and emergency cases (adult, pediatric and neonatal patients).

● Demonstrates attentiveness to intraoperative events for complex and emergency cases.

● Utilizes invasive monitoring with recognition and correction of abnormalities.

● Performs smooth, timely emergence for all cases with minimal instructor assistance.

● Obtains and completes all pertinent records according to hospital policy (QA, blood slips and death reports)

● Accurate report with transfer of responsibility.

**Affective Domain**

● Continues to maintain professional conduct and begins to function as a role model and/or resource person for beginning students and other health care personnel.

● Receptive towards learning and accepts constructive criticism.

● Responds to criticism appropriately as a means for self-improvement.

● Identifies clinical experiences which will challenge self and clinical practice.

● Begin participation in state and national professional association to prepare for active involvement.

● Demonstrates self-motivation within the clinical setting.

**8.27-4 Third Year Students Semesters VII, VIII, & IX**

Senior students should display competence in the semesters II - VI sets of objectives and continue working towards the Terminal Behavior Objectives. Attainment of these final objectives demonstrates that graduates have acquired knowledge, skills and competencies in the areas of patient safety, perianesthetic management, critical thinking, communication, and the professional role.

**Patient safety** is demonstrated by the ability of the graduate to:

● Be vigilant in the delivery of patient care

● Protect patients from iatrogenic complications

● Participate in the positioning of patients to prevent injury

● Conduct a comprehensive and appropriate equipment check

● Utilize standard precautions and appropriate infection control measures

**Individualized Perianesthetic Management** is demonstrated by the ability of the graduate to:

● Provide care throughout the perianesthetic continuum

● Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia

● Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures

● Provide anesthesia services to all patients, including trauma and emergency cases

● Administer and manage a variety of regional anesthetics

● Function as a resource person for airway and ventilatory management of patients

● Maintain current basic life support (BLS) certification throughout the entire 36-month program

● Maintain current advanced cardiac life support (ACLS) certification throughout the entire 36-month program

● Maintain current pediatric advanced life support (PALS) certification throughout the entire 36-month program

● Deliver culturally competent perianesthetic care throughout the anesthesia experience
**Critical thinking** is demonstrated by the graduate's ability to:

- Apply theory to practice in decision-making and problem solving,
- Provide nurse anesthesia care based on sound principles and research evidence,
- Perform a pre-anesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia,
- Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions,
- Interpret and utilize data obtained from noninvasive and invasive monitoring modalities,
- Calculate, initiate, and manage fluid and blood component therapy,
- Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period
- Met NBCRNA eligibility requirements to take the National Certification Examination (NCE) in accordance with NBCRNA policies and procedures

**Communication Skills** are demonstrated by the graduate's ability to:

- Effectively communicate with all individuals influencing patient care
- Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care

**Professional role** is demonstrated by the graduate's ability to:

- Participate in activities that improve anesthesia care
- Function within appropriate legal requirements as a registered professional nurse accepting responsibility and accountability for his or her practice
- Interact on a professional level with integrity
- Teach others
- Participate in continuing education activities to acquire new knowledge and improve his or her practice
- Continually monitor clinical outcomes and seek to improve practice.

**8.28 Cardiac Specialty Objectives**

Students may encounter cardiothoracic cases at multiple clinical sites including: Carolina East (CE) Health System, New Hanover Regional Medical Center (NHRMC), and Southeastern Regional Medical Center. Designated primary cardiac specialty rotations are CE and NHRMC.

**Cardiac Specialty Rotation Objectives**

The goals for the cardiac clinical rotation are to provide Student Registered Nurse Anesthetists (SRNA) advanced clinical learning experiences in the anesthetic management of adult cardiovascular surgical patients with congenital and acquired heart disease. This includes hands-on anesthesia care of perioperative patients for procedures including, but not limited to coronary revascularization, coronary valve replacement or repair, and arrhythmia surgery. The clinical experience is designed to build on the didactic foundation and is supplemented by case discussions with clinical preceptors and assigned readings. SRNAs are expected to be familiar with and conversant regarding all cardiac rotation objectives.

**Prior to the cardiac rotation, students should begin building foundational knowledge related to the contents of this document, at a minimum.**

In preparation for the cardiac rotation, the SRNA will understand and verbalize:

1. The mechanics of the extracorporeal circuit (cardiopulmonary bypass/CPB)
2. The anesthetized patient’s response to cardiopulmonary bypass (how is anesthesia administered during CPB; how is depth of anesthesia monitored during CPB; etc.)
3. Treatment of basic complications that can occur during extracorporeal oxygenation and weaning off CPB.
4. Where is/are the filter(s) on the cardiopulmonary bypass machine?
5. How is the CPB machine primed?
6. What fluid is used to prime the CPB machine in adults versus children?
7. How is electrical standstill of the heart achieved?
8. What is the difference between antegrade and retrograde cardioplegia?
9. How do cannulae affect venous return and how can one alter venous return?
10. When is one venous cannula used and when are two used?
11. What might influence the choice of one site or particular cannula over another – for venous or arterial?
12. What is “back pressure”, and what is the differential diagnosis for a rapid change in this pressure?
13. What should the mean (nonpulsatile) arterial pressure be during a bypass run, and what controversies surround this question?
14. How can one check for adequate perfusion of both sides of brain? (secondary to arterial cannula misplacement, dissection, etc.)
15. How is arterial gas embolism recognized, and what are initial treatments?
16. What is the purpose of hypothermia on bypass, and how does an alteration in temperature affect the patient’s hemodynamics?
17. Where should patient temperature be measured?
18. What are the goals and mechanisms for anticoagulation and its reversal during bypass?
19. What are the indications of and complications of treatment with the following medications: heparin, protamine, aminocaproic acid (Amicar), tranexamic acid (TXA), DDAVP?
20. What are concerns with the use of aprotinin?
21. When and why should acid/base status during bypass be treated? How can the perfusionist modulate pO_2? pCO_2?
22. What are the indications and what is the process for emergently reinstituting CPB?

**Cardiac Specialty Rotation Communication Skills**
Cardiac anesthesia relies not only on the anesthesia provider(s) but also on close communication with other members of the cardiac surgical team, including the perfusionists, cardiac surgeons, cardiologists and operating room nurses. Introduce yourself to all members of the operating room staff. It is imperative to patient safety that everyone communicates effectively with all members of the team during cardiac surgery.

**Learning Objectives**
At the conclusion of the rotation, the SRNA will:
1. Perform a focused history and physical exam of the cardiopulmonary system.
2. Describe normal anatomy and physiology of the heart and be able to correctly identify cardiac structures.
3. Understand the basic physiology of the myocardium, vasculature, and vascular control mechanisms.
4. Understand the determinants of myocardial oxygen supply and demand, especially as they relate to coronary artery disease.
5. Recognize basic cardiac conduction disturbances and perioperative dysrhythmias from the scalar ECG and understand appropriate management.
6. Understand the physiology of the various valvular issues.
7. Understand the effects of anesthesia on normal and abnormal cardiac physiology:
   a. Changes in sympathetic tone
   b. Changes in cardiac loading (preload/afterload)
   c. Changes in inotropy
   d. Changes in pulmonary hemodynamics of adult and pediatric patients (CO2, N2, etc.)
8. Describe the pathophysiology of ischemic heart disease, valvular heart disease, heart failure, intracardiac defects, arrhythmias and cardiac tamponade; explain the anesthetic implications for each and discuss the rationale for induction and maintenance of anesthesia for each; explain the indications for CABG and valve surgery.
9. Identify patients with left or right ventricular failure.
10. Explain the pathophysiology of thoracic aortic disease.
11. Describe indications for, and interpretation of, non-invasive and invasive tests for assessing cardiac function and coronary anatomy, including transthoracic echocardiogram, cardiac catheterization, stress echocardiogram, and myocardial perfusion studies (exercise stress tests, nuclear stress tests, etc.).
12. Understand the variety of techniques for induction, maintenance, and the emergence from general anesthesia in patients with cardiac lesions for cardiac and noncardiac surgery.
13. Understand the hemodynamic goals for patients with thoracic or abdominal aortic aneurysms.
14. Demonstrate the correct technique for testing peripheral circulation to the hand, (i.e., Allen's test); and demonstrate skillful catheterization of the radial artery.
15. Understand the options available for managing myocardial ischemia in the operating room.
16. Describe basic pharmacology and use of the following classes of drugs in cardiac patients, including indications, contraindications, mechanism of action, duration of action, elimination, drug interactions, appropriate dosing, side effects, potential complications, and relative costs/risks/benefits:
   a. antiarrhythmics
   b. anti hypertensives
   c. antianginal drugs
   d. inotropes
   e. vasoactive pressors
   f. vasodilators
   g. antithrombotics/anticoagulants and reversal agents
   h. antifibrinolytics
   i. electrolytes (potassium, magnesium, calcium)
17. Identify potential alternatives to heparin and protamine.
18. Discuss the indication for, and potential complications of, the following:
   a. Intra-arterial catheterization
   b. central venous catheterization
   c. pulmonary artery catheterization
19. Perform skillful insertion of internal jugular catheter after demonstrating knowledge of the anatomy involved, potential complications and proper insertion techniques.
20. Understand the mechanism of pulmonary artery catheters:
   a. Correctly interpret waveforms from PA and arterial catheters
   b. Explain normal vascular pressures (e.g., RVP, PAP, PCWP, etc.) from PA catheter recordings.
   c. Have a basic understanding of the principles of cardiac output (CO) determination (Indicator dilution, thermodilution, Fick, bioimpedence, Doppler, pulse wave analysis)
   d. Correctly demonstrate CO measurement
   e. Understand indirect/direct pressure monitoring
f. Interpret and correlate PA catheter data to patient’s intraoperative cardiovascular condition (i.e., hydration, inotropic state, peripheral vascular resistance).

21. Describe the mechanism and anesthetic implications of cardiopulmonary bypass.

22. Describe the common surgical events in an uncomplicated cardiac surgery case, and their implications (i.e. sternotomy, aortic cannulation, etc.).

23. Understand issues surrounding separation from cardiopulmonary bypass:
   a. Cardiac failure and the approach to therapy
   b. Ongoing ischemia and its treatment
   c. Vasodilator or vasoconstrictor drugs and their use
   d. Pacing – when and why it’s indicated? Types of pacing?

24. Understand when total circulatory arrest is used. What are differences in management of these patients? What is regional low flow perfusion?

25. Explain similarities and differences between “on pump” vs. “off pump” cardiac surgery

26. Identify the indications for, and the anesthetic implications of, CABG surgery without the use of cardiopulmonary bypass (“OPCAB”). What are the specific anesthetic concerns? What constitutes appropriate monitoring? How can cardiac surgery be accomplished without sternotomy?

27. Explain when mechanical assist devices are indicated (i.e., LVAD, RVAD or IABP). How does the intraaortic balloon pump (IABP) work?


29. List common intraoperative problems and their treatments in an uncomplicated cardiac surgery case.

30. Understand transfusion therapy (blood component therapy), appropriate administration of blood products, and treatment for transfusion reactions. When and why is blood therapy indicated? What are the indications for crystalloid vs. colloid for volume expansion? What is the effect of CPB on platelets/clotting factors?

31. Discuss the basics of trans-esophageal echocardiography (mechanism of function, indications and contraindications, placement, basic views).

32. Be able to insert, manage and interpret data from arterial catheters, central venous catheters and pulmonary artery catheters with minimal assistance in most cases.

33. Demonstrate basic skills of line insertion utilizing ultrasound-guided techniques.

34. Be able to demonstrate techniques to prevent pre-operative and intraoperative cardiac ischemia, recognize ischemia when it occurs, and be able to respond quickly and correctly if it does occur.

35. Manage anesthetics in patients undergoing cardiac surgery for aortic and mitral regurgitation and stenosis.

36. Insert a TEE safely, know when to abandon insertion attempt, and manipulate the probe to obtain basic views.

37. Demonstrate compassion and effective communication with preoperative cardiac surgery patients.

38. Identify and respect cultural and religious beliefs (i.e., Jehovah Witness, etc.).

39. Identify the stage of the surgical procedure by observations and appropriate interaction with the surgical team, including recognition of imminent initiation of, and weaning from cardiopulmonary bypass.

40. Learn the importance of, and develop the ability to, communicate effectively and in a timely fashion to surgical team members, including nurses, perfusionists, surgeons, cardiologists, and technicians.

41. Describe the role of the anesthetist in the preoperative preparation and intraoperative management of the cardiac surgical patient.
42. Develop an understanding of the role and concerns of the many other health care providers involved in the care of the cardiac surgery patient (surgical team, perfusionists, OR nursing team, ICU care teams, blood bank personnel etc.).

43. Explain the concept of “fast-track” anesthesia, and its implications in a cost-effective practice (i.e. early extubation, early discharge etc.)

44. Explain why termination of mechanical ventilation might be delayed.

45. Explain analgesia options for the cardiac patient.

46. Explain indications for discontinuation of chest-tube drains and how they are removed.

47. Describe indications, considerations, and potential complications of blood product therapy. When and why are blood products administered?

48. Explain common temperature changes during cardiac surgery.

49. Demonstrate knowledge of activated clotting time and adjust protamine administration accordingly.

50. Utilize all appropriate monitoring devices (i.e., esophageal/precordial stethoscope, EKG, arterial pressure recording) to provide a safe patient transport to ICU, PACU, etc.

51. Relay thorough and accurate report of patient's intraoperative course (i.e., crystalloid and blood replacement, U/O, general cardiovascular status, intraoperative complications) to the nurse providing post-anesthetic care.

8.29 Obstetrical Specialty Objectives

Students may encounter obstetric cases at several sites including, but not limited to Duke Regional Hospital, Southeastern Regional Medical Center, Maria Parham Hospital, Camp Lejeune Naval Hospital, Womack Army Hospital, Danville Regional Hospital, and Scotland Memorial Hospital.

At the completion of an obstetrics clinical rotation the nurse anesthesia student will provide safe and specialized anesthetic care for healthy and high-risk obstetrical patients. The SRNA will:

- Identify high risk obstetrical patients.
- Provide safe and specialized anesthetic care for healthy and high-risk obstetrical patients using various anesthetic techniques.
- Plan anesthetic care based on the patient's obstetric and pre-obstetric history.
- Administer sedation, as directed, utilizing sound pharmacologic and anesthetic principles.
- Prepare and assemble equipment and medications for possible emergency cases requiring a rapid sequence induction.
- Administer regional anesthesia to an obstetrical patient under the direct supervision of an anesthetist or anesthesiologist.
- Monitor the obstetrical patient who has received regional anesthesia utilizing appropriate principles of obstetric care.
- Discuss potential complications of epidural and spinal anesthetics related to the obstetrical patient.
- Demonstrate skill in positioning the patient utilizing left uterine displacement.
- Provide care for the newborn when not assigned to provide care for the mother:
  - Observe and actively participate in the care of normal newborn infants (i.e., DeLee suction, auscultate breath sounds, tactile stimulation)
  - Assess newborn infants and assign Apgar scores based on their observations.
  - Assess and actively participate in the resuscitation of depressed/high risk newborn infants.
- Appropriately administer anesthetic care to obstetrical patients during emergency situations (placenta previa, preeclampsia, abruptio placenta, amniotic fluid embolism, etc.)
- Actively participate in the postpartum pain management of the obstetric patient.
- Discuss and educate the parturient on labor pain management options.
• Meet Clinical Performance Objectives as listed on the Typhon clinical evaluation tool.

8.30 Pediatric Specialty Objectives

Students may encounter pediatric cases at several sites including Southeastern Regional Medical Center, Maria Parham Hospital, Danville Regional Hospital, Scotland Memorial Hospital, Duke North, Duke Eye Center, UNC, Carolina East, DASC, Nash, WakeMed, and New Hanover. Primary pediatric sites include DASC and senior-specific rotations at Duke Eye/Duke North (8-week rotation), and UNC (4-week rotation).

The goal of the pediatric anesthesia experience is to gain specialized knowledge and technical skills required to provide safe and independent care for a wide variety of pediatric patients. This includes children of all ages, with and without complex comorbidities.

SRNAs caring for pediatric patients should experience a mentored clinical experience in:

• Care for infants and children undergoing surgeries and/or procedures requiring both general and MAC anesthesia
• Utilize developmentally and socially appropriate techniques when caring for the pediatric patient to include the parent or caregiver.
• Articulate appropriate NPO guidelines, fluid management, EBV, and MABL
• Articulate age-appropriate vital signs
• Identify complex comorbidities and develop various anesthetic techniques appropriate for healthy and high-risk pediatric patients
• Prepare and assemble weight/age specific equipment (breathing circuit IVs, a-lines, airway, etc.) and medications (induction, maintenance, emergence, and emergency)
• Administer and monitor regional anesthesia to a pediatric patient under the direct supervision of a CRNA or attending anesthesiologist
• Demonstrate skill in positioning and airway management
• Understand pediatric pharmacology and dosing (including IV, IM, PR, oral, and intranasal)
• Perform inhalation and IV inductions
• Articulate, assess, and actively participate in emergency/resuscitation of the pediatric patient (sepsis, laryngospasm, aspiration, trauma, transfusion management, malignant hyperthermia etc.)
• Evaluate the postoperative course including pain management of the pediatric patient
• Interact appropriately with families and care givers
• Meet clinical performance objectives as listed on the Typhon clinical evaluation tool

Regional Anesthesia Specialty Objectives

Student Registered Nurse Anesthetist (SRNA) may encounter rotations that focus specifically on the performance of regional anesthesia as part of an acute pain or block service that focuses on perioperative pain management.

At the completion of a regional anesthesia rotation, the nurse anesthesia student will provide safe and specialized anesthetic care for healthy and high-risk patients receiving regional anesthesia a part of a multimodal pain management plan. The SRNA will:

• Work under the guidance of a pain service provider from the clinical site to preoperatively identify patients who would benefit from a regional anesthetic as part
of a multimodal pain management plan.

- Discuss the optimal regional anesthetic based on the patient's past medical history and proposed surgical procedure.
- Under the guidance of an anesthetist or anesthesiologist, perform a focused pre-procedure physical assessment to determine procedure appropriateness, identify possible contraindications and obtain informed consent for the proposed regional anesthesia procedure and other pain management options.
- Prepare and assemble all necessary equipment and medications for the procedure, as well as emergency medications as required, per site protocol.
- Administer pre-procedure sedation, as directed, utilizing sound pharmacologic and anesthetic principles.
- Apply the appropriate standard monitors as applicable for various regional anesthesia procedures.
- Demonstrate skill in optimizing the patient position for various regional anesthesia procedures.
- Perform regional anesthesia procedures under the direct supervision of a certified registered nurse anesthetist or anesthesiologist to include various:
  - Lower extremity peripheral nerve blocks
    - Femoral
    - Adductor canal
    - Popliteal (sciatic)
    - Ankle
  - Upper extremity peripheral nerve blocks
    - Interscalene
    - Supraclavicular
    - Infraclavicular
    - Axillary
    - Bier
  - Truncal blocks
    - Transversus abdominis plane
    - Erector spinae
    - Quadratus lumborum
    - PECs I/II
  - Neuraxial blocks
    - Spinal
    - Epidural
- Monitor patient throughout procedure to ensure patient safety, procedural efficacy and potential complications associated with various regional anesthesia procedures.
- Appropriately administer anesthetic care to obstetrical patients during emergency situations (local anesthetic toxicity (LAST) event, inadvertent/unidentified vascular injection).

**Clinical Schedules:**

- Current clinical sites include Duke Raleigh Hospital (DRAL) and Danville
Regional Medical Center (DRMC). When entering Typhon schedules put BLOCK rotation in comments. This is a specialty rotation and no time off will be granted.

- The clinical experience at DRAL will be from 0530-1430 Tu-F (for all semesters and all classes).
- The clinical experience at Danville will be determined by the Chief CRNA prior to the start of the rotation and approved by Duke University Nurse Anesthesia Program (DUNAP) administration.

**Typhon evaluations:**

- The expectation is to Meet *Clinical Performance Objectives* as listed on the Typhon clinical evaluation tool.
- **Duke Raleigh Block Rotation** - Due to not having a designated preceptor or working with the MDAs, in order to meet the requirements for the rotation and receive credit for your class at the end of the semester, a paper evaluation is posted on Sakai. Print the evaluation and take it to the site with you for your preceptor to complete. There should be one evaluation for each day to meet requirements for your 70% preceptor return rate. These are to be filled out by your daily preceptor or MD you are with, not the CSC. This is for the BLOCK ROTATION ONLY.
- Students will upload the evaluations with the monthly preceptor log at the end of the rotation in Typhon. Once the evaluations are uploaded, all original evaluations should be retained until the end of the program.

**Care plan Requirements:**

- For your regional rotation at Duke Raleigh, in lieu of the traditional care plan, you will select a day from your rotation and list the following:
  1. The cases you did (e.g. pt. demographics, pertinent, PMH, type of surgery, block, etc.)
  2. The essential information for all of the medications used during those procedures (including versed, fentanyl, etc.)
  3. The basics of each block performed that day (e.g. interscalene, adductor canal, TAP, etc.) to include indication, transducer, sonoanatomy, needle approach, local anesthetic dose, signs of an efficacious block, complications, etc.
- This assignment will be submitted via Sakai just as a care plan would be submitted. 1.Semester 3-5: submitted by midnight on the 1st of the month
  2.Semester 6-9: submitted by midnight on the 4th Saturday of the rotation

8.31-1 Semester 3
First rotation for first year students. Students have zero clinical days at the beginning of Semester III. A high level of supervision/direction required. Students consistently require guidance to perform skills and respond to clinical events. Preceptors can expect application of beginning knowledge and novice level skills.

- ASA 1-2 patients
- Performs airway assessment, beginning airway skills (proper head positioning, airway placement, successful mask ventilation)
• Task oriented; developing organizational skills; developing vigilant monitoring skills
• Good understanding of regional anesthesia, familiar with techniques
• Accepts close guidance and supervision
• Displays professional and courteous communication skills
• Completes proficient anesthesia gas machine check

8.31-2 Semester 4
Student with approximately 15 weeks clinical experience, approximately 25 clinical days. Self-direction begins to increase, the student consults with team, requires occasional guidance to perform skills, recognizes and responds to intraoperative events and applies a growing body of knowledge.
• ASA 1-3 patients
• Proper insertion and use of airway management devices, familiar with alternative approaches
• Good grasp of anesthesia knowledge
• Excellent understanding of regional anesthesia didactic concepts, beginner’s skills in performing blocks
• Proper positioning; good organizational skills
• Recognizes hemodynamic changes quickly and initiates treatment in a timely manner
• Requires and accepts guidance and supervision

8.31-3 Semester 5
Student with approximately 36 weeks of clinical experience; approximately 75 clinical days. Self-direction increases, the student consults with the team, requires occasional guidance to perform skills, consistently responds to events, and applies a growing body of knowledge.
• ASA 1-3 patients
• Need only occasional assistance with airway management
• Becoming proficient in regional anesthesia techniques
• Good organizational skills, proper positioning
• Recognizes hemodynamic changes and treats the patient in a timely manner
• Requires and accepts guidance and supervision

8.31-4 Semester 6
Student with approximately 55 weeks of clinical experience; approximately 150 clinical days. Advanced level of self-direction, seeks appropriate consultation, accurately perform skills with minimal supervision, anticipates clinical events.
• ASA 1-4 patients
• Excellent airway management
• Safe, vigilant practitioner
• Excellent organizational skills
• Minimal supervision but accepts as necessary
• Team behavior well-established

8.31-5 Semesters 7-9
Student with approximately 68 weeks of clinical experience; approximately 175, 225, and 275 clinical days at the beginning of each respective semester. The student is self-directed, seeks appropriate consultation, manages cases independently, responds appropriately to anticipated clinical events, and applies a comprehensive body of knowledge and advanced skill level.
• All ASA patients
• Excellent airway management skills
• Confident, autonomous, knows job well
• Highly vigilant
• Receptive to guidance, knows when to call for help
8.31-6 Goals for all Students during all clinical semesters

Patient Care Goals
1. Discuss the importance of the preoperative assessment.
2. Complete a comprehensive pre-anesthetic assessment and interview including the interpretation of pertinent diagnostic laboratory and radiographic findings for all patients undergoing surgical procedures under general, regional or sedation anesthesia.
3. Determine which monitors are used for patients undergoing general, regional or sedation anesthesia.
4. Properly prepare the anesthesia workstation to include drugs, airway and safety equipment.
5. Properly perform an anesthesia gas machine safety check.
6. Demonstrate the skills required to establish an airway in patients undergoing surgical procedures.
7. Develop and demonstrate the steps included in induction of general anesthesia.
8. Demonstrate the ability to use basic monitors and automated record keeping systems.
9. Discuss methods to recognize, prevent, and treat common complications associated with administration of anesthetics, sedatives, and muscle relaxants.
10. Discuss the importance of performing a post anesthesia visit including appropriate documentation.

Nursing Knowledge Goals
1. Describe the role of the nurse anesthetist as a member of the Anesthesia Care Team.
2. Define the following components of anesthetic management:
   a. Amnesia
   b. Analgesia
   d. Muscle relaxation
3. Describe the 4 stages of anesthesia in terms of the physiological changes and signs assessed by the anesthesia provider.
4. Identify patients who require the need for a rapid sequence induction.
4. List criteria for safe extubation of patients emerging from general anesthesia.
5. Demonstrate a basic understanding of anesthesia gas machine function.
6. Describe the basic standards for patient monitoring.
7. Describe and demonstrate understanding of different airway management techniques: oral/nasal airways, bag-mask airways, laryngeal mask airways and endotracheal tubes.
8. Describe and demonstrate various airway management techniques on manikins or task trainers: proper placement of oral/nasal airways, bag-mask airways, laryngeal mask airways and endotracheal tubes.
9. Describe and demonstrate the layout of an anesthesia workstation in an organized and logical fashion to minimize drug administration errors.
10. Describe and demonstrate the ability to set up a basic IV infusion, a Hotline fluid warmer, an arterial line, simple IV syringe pumps and infusion pumps.
11. Describe and demonstrate the ability to perform cardiopulmonary resuscitation.
12. Describe and demonstrate the ability to use an automatic cardiac defibrillator.

Evidence Based Practice Goals
1. Utilize literature resources to obtain current best practice information about anesthesia care and evidence-based practice, in order to maintain and/or develop best practice for the anesthesia field (daily anesthesia care plans, journal club presentations, etc.).
2. Prepare for, attend, participate in, and evaluate weekly Journal Club conferences. Utilize information to further improve patient care and brainstorm future Journal Club presentations.

**Professionalism Goals**

1. Accept constructive feedback with the understanding that the mutual goal is to improve patient care and personal performance.
2. Practice compassionate, equitable patient care maintaining the highest moral and ethical values with a professional attitude. Derogatory comments are not tolerated.
3. Describe the nurse anesthetist’s responsibilities to ensure patient safety.
4. Express and demonstrate understanding of HIPPA regulations as they pertain to management of patient care data. This includes the use of electronics in patient care areas (See clinical policies regarding electronics in class and clinical).
5. Daily demonstrate respect, empathy and compassion for the needs and emotions of others, including the patient's family members and other health care personnel (nurses, doctors, clerical staff, etc.) and all Duke University staff encountered. This includes proper phone and email etiquette.
6. Communicate and collaborate effectively in a team of health care providers.
7. Demonstrate a mature and educated approach to ethical issues commonly encountered in the field of nurse anesthesiology.
8. Demonstrate sensitivity and cultural humility to all patients’ culture, age, gender, disabilities, and other individuality.
9. Demonstrate self-awareness and have knowledge of professional limits.
10. Demonstrate accountability as a professional in your actions and decisions.
11. Abide by the objectives within the PPE each day.

**Interpersonal Relationships and Communication**

1. Create and sustain a therapeutic and ethically sound relationship with patients and their families.
2. Work effectively in a team and collaborate with other health care team members including physicians, nurses, clerical staff, etc.
3. Maintain professional interactions with other health care providers and hospital staff.
4. Identify the role of the preoperative evaluation as it applies to the development of a therapeutic patient relationship.
5. Identify common barriers to effective communication in both yourself and others and establish tools to facilitate effective communication.
6. Review and remain accountable for contents of the Nurse Anesthesia Clinical Site Coordinator Handbook found under Sakai/DUNAP Clinical Commons/Resources. This handbook provides expectations of students, preceptors, and CSCs. It also assists with role identification and provides guidance regarding communication in the clinical area.

**Systems Based Practice Goals**

1. Identify how the health care organization affects surgical and anesthetic practice.
2. Demonstrate cost effective healthcare.
3. Interact and collaborate as a member of a multi-specialty and multidisciplinary care team.
4. Demonstrate a commitment to environmental sustainability by reducing waste anesthetic gases and waste in the operating room, while promoting recycling in the facility.
5. Follow established practices, procedures, and policies of the Departments of Anesthesiology and Surgery and all integrated and affiliated hospitals.

**Check List of Goals and Objectives:** At a minimum, students are expected to practice and refine the following anesthesia procedures and concepts:
Procedures

- Anesthesia gas machine check
- Peripheral intravenous (PIV) catheter insertion
- Pre-oxygenation
- Mask ventilation
- Placement of oral and nasal airways
- Proper use of the curved and straight laryngoscope blades
- Endotracheal intubation
- Basic ventilator management
- Readiness for extubation
- Methods of documenting the anesthetic record
- Positioning techniques

Concepts

- Critical Thinking
- Preoperative Assessment
- Airway Assessment and Management
- Pre-oxygenation
- Inhaled and IV Anesthetics
- Narcotics and Muscle Relaxants
- Emergence from Anesthesia
- Postoperative Pain Control
- General anesthesia vs. regional anesthesia vs. IV sedation

8.32 Professional Liability Coverage

Learning experiences occur in a rich variety of healthcare organizations and community settings. It is the policy of Duke University to provide professional liability coverage for nursing students participating in approved activities. Duke Liability protection is only in effect when a student represents the School of Nursing in an approved learning experience, and the coverage is restricted to the parameters of the specific learning experience that has been approved. Professional liability coverage is secured by Duke Risk Management prior to official clinical placement.

8.33 HIPAA Compliance

HIPAA requires healthcare providers to follow certain rules to protect the privacy of protected health information. All Duke University students are required to be HIPAA compliant. All new students will receive and sign a HIPAA form during orientation. All data gathered about the patient and his/her illness, including all items within a patient's medical history, is privileged information.

- Students should not discuss or present a patient's records in a manner or situation which would violate the confidential nature of that record.
- Charts or contents, e.g., lab reports, etc., are not to be removed from the hospital or clinical setting. Charts, electronic health records (EHR) or their contents should not be photographed or reproduced in any manner. Doing so could subject the student to disciplinary action from DUNAP, DUSON, the clinical site, and the NC Board of Nursing.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates Federal privacy protection for individually identifiable health information. Standards are set for health care providers who transmit health care transactions electronically. In your studies, and during your clinical practice, you must be aware of these requirements, and additionally, the health care provider will often train you on any site-specific HIPAA policies and practices. Some of the pertinent requirements of HIPAA are:

- Notifying patients about their privacy rights and how their information is used.
- Adopting and implementing privacy procedures for the practice or hospital.
- Training employees so that they understand the policies.
- Designating an individual as a Privacy Officer, who is responsible for seeing that the privacy procedures are followed.
- Securing patient records containing individually identifiable health information so that they are not readily available to those that do not need them.

While participating in clinical practice, you are expected to comply with HIPAA requirements, and you must conduct yourself in the following manner during any clinical experience:
- Use safeguards to prevent the use or disclosure of Protected Health Information (PHI) other than for your direct performance of services.
- Notify your supervisor or faculty member of any use or disclosure of PHI that is contrary to your service and its purposes.
- Ensure that fellow students do the same.
- Cooperate and abide by with the training, policies and procedures of the health care provider.

8.34 Electronic Communication and Social Networking
Students are responsible for the content of all electronic communications including blog and social networking postings. Communications and posts defaming the Duke School of Nursing, DUSON faculty, CSCs or Clinical Preceptors, students and any other Duke affiliated entities are a violation of the DUSON integrity policy and may result in program dismissal.

8.35 Environmental Hazards
Selected inhalation anesthetic agents are thought to be hepatotoxic and on occasion an anesthetist may develop a sensitivity to agents which is reflected in abnormal liver function studies. In addition, past studies suggested an association between sustained exposure to an anesthetic environment and an increased incidence in abortions, birth defects, and certain types of malignancies for both male and female personnel. While no cause and effect relationship has been established, consideration should be given to these findings in choosing anesthesia as a specialty.

Most hospitals have installed anesthetic gas exhaust systems for minimizing risk to operating room personnel. All of the clinical affiliates have scavenging systems for waste gas but it has not been established whether the risks to personnel are eliminated by these exhaust systems.

Anesthesia caregivers are frequently exposed to blood products, body secretions and used syringes and needles. All students are expected to strictly adhere to universal precautions whenever involved in patient care that involves potential for contact with mucous membranes, secretions or open wounds. Gloves, protective eyewear and masks are available at each anesthetizing site and must be worn. Proper regard for and performance of aseptic technique is mandatory to protect both patients and anesthesia caregivers. All students must be vaccinated against Hepatitis B.

Anesthesia personnel are also frequently exposed to ionizing radiation during operative procedures. Lead aprons and thyroid shields are available at each anesthetizing site and must be worn during fluoroscopy or x-ray procedures. Radiology dosimeters to monitor the level of radiation exposure are also available. Responsibility for accepting risks associated with this specialty rests with the individual who chooses to work within this environment, rather than with the institutions, which take reasonable precautions to minimize potential hazards.

8.36 Health & Safety Requirements
Students in the Nurse Anesthesia Program must undergo annual training in all categories in order to maintain active enrollment. It is the student’s responsibility to remain in compliance with this
policy. Failure to do so will result in the student’s immediate removal from the clinical area. The student will be responsible for making up missed clinical time during scheduled days off. Duke on-line training sessions can be accessed at www.safety.duke.edu

- Students are required to complete safety modules at the time of pre-registration and then annually throughout their time in the nurse anesthesia program. The modules are completed through OESO at http://www.safety.duke.edu/ and include:
  - HIPAA Privacy and Safety Training for Non-Physician Clinicians
  - Compliance Orientation Online
  - Fire/Life Safety
  - Respirator Training for Airborne Safety
  - Infection Control for Non-Clinical staff
  - Ergonomics Overview
  - Laser Safety for Anesthesiology
  - Bloodborne Pathogens Training
  - Tuberculosis Training
  - Hospital Incident Command System (HICS)
  - Environment of Care
  - Chemical Safety

8.37 Exposure to Communicable Disease or On the Job Injury
Any student who experiences a potentially hazardous exposure to blood or body fluid or an on-the-job injury will follow the protocols designed by Duke University Hospital Infection Control and Epidemiology. The student should immediately inform his/her Clinical Preceptor and the CSC who will provide guidance in following the protocols. The student should notify the PD and CEC following initial screening and management of the exposure, within 24 hours of the incident. Employee Occupational Health and Wellness (EOHW) will provide treatment and counseling as listed below. When the EOHW clinic is closed, the Duke Emergency Department is available only for student clinical or laboratory related infectious disease issues and exposures if they require immediate attention or are life-threatening. Regardless of whether the exposure occurs in an off campus clinical site, on campus clinical site or a student lab, blood/body fluid exposures should be reported by calling the 24-hour hotline number: 115 inside Duke Campus or 919-684-8115 outside of Duke. Those issues and exposures that do not require immediate attention may be seen in the EOHW Clinic at the discretion of the EOHW staff. If emergency department care is required, follow-up care must be provided by EOHW. The cost of care under these protocols will be covered by the student health fee. Any student who has waived payment of the student health fee shall be responsible for the total cost of care. Any additional testing or care will be the financial responsibility of the student regardless of student health fee payment status. This standard provides detailed information on procedures to follow to avoid exposure to blood/body fluids (Hepatitis B, COVID 19, TB, HIV, and AIDS), and actions to take if exposure occurs. Link for directions to the EOHW clinic is: https://www.dukehealth.org/locations/duke-employee-occupational-health-and-wellness-clinic?utm_source=google&utm_medium=organic&utm_campaign=Directory+Management

Directions to the EOHW Clinic: Enter the Duke South clinic building, continue straight, past the blue elevators are on the right. Go to the first floor and exit right off the elevators. The EOHW Clinic is on your left. It is best to call prior to arrival; 919-684-3136

8.38 Pathogen Exposure
All students who experience a potentially hazardous exposure to blood or body fluid will follow the protocols designed by Duke Employee Occupational Health and Wellness. Regardless of clinical site, immediately call Duke’s Emergency Operator (919) 684-8115 and ask to be connected to Duke’s Occupational Health and Safety Office. The staff will direct you on the protocol you will need to follow.
Report to the emergency department or occupational health department of the facility to which you are rotating. Clearly indicate that you are a Duke University student on rotation at the facility. The cost of care under these protocols will be covered by the student health fee. Any additional testing or care will be the financial responsibility of the student.

In the event of an exposure while at a hospital other than Duke, fax the following information to (919) 681-0555:

- Student name
- Social Security Number
- Home phone number
- Contact phone number at that site
- List of tests completed, and results if available

8.39 Substance Abuse Monitoring

8.39-1 Random Drug Screening
Some clinical sites may have an employee policy of random drug screening. If the clinical site expects the students to be governed by this policy and be eligible for random screening this will be communicated to DUNAP during annual clinical site visits. If the student is asked to submit a drug screen they will contact DUNAP program administration immediately.

The program reserves the right to require random drug testing for any student for due cause. Students will be restricted from clinical until the drug screen results are reported negative or cleared by the Medical Review Officer (MRO). Students may return to clinical when testing is declared negative or cleared by the MRO. All missed clinical time must be reconciled.

The School of Nursing will address all reports of impaired or possibly impaired performance of students to assure the safety of patients, coworkers, and other students. In the presence of reasonable suspicion, students may be required to undergo drug testing or other professional evaluations (2021-2022 DNP Student Handbook, 4.3.2.2.1 Administrative Withdrawal for Reasons of Conduct). Health difficulties impairing performance can result from physical and/or mental/behavioral problems, including but not limited to issues such as illegal drug use, misuse of legal drugs, or alcohol abuse. Investigations, assessments and evaluations shall be confidential under the Family Educational Rights and Privacy Act (also known as FERPA or the Buckley Amendment) except as limited by regulation, ethical obligation, and/or threat to patient safety (Duke University School of Nursing DNP Student Handbook).

8.39-2 Duke University Alcohol/Drug Policy
Duke University’s alcohol policy encourages students to make responsible decisions about the use of alcoholic beverages and promotes safe, legal, and healthy patterns of social interaction. Duke recognizes its students to be responsible adults and believes that students should behave in a manner that is nondisruptive, does not endanger themselves or others, and is compliant with state and local laws regarding the possession, consumption, sale, and delivery of alcohol.

Duke University prohibits members of its community to manufacture, sell, deliver, possess, use, or be under the influence of a controlled substance without legal authorization. A controlled substance includes any drug, substance or immediate precursor covered under the North Carolina Controlled Substances Act, including but not limited to opiates, barbiturates, amphetamines, marijuana, and hallucinogens.
The possession of drug paraphernalia is also prohibited under North Carolina state law and university policy. Drug paraphernalia includes all equipment, products and material of any kind that are used to facilitate, or intended or designed to facilitate, violations of the North Carolina Controlled Substances Act (Duke University School of Nursing DNP Student Handbook; Alcohol / Drug Policy).

Consistent with existing state and federal laws and other applicable University and Duke Medicine or other training site policies and procedures, diversion of controlled substance, record falsification, theft of controlled substances, and drug substitution are prohibited and shall result in corrective action up to and including academic dismissal. Cases of confirmed diversion will be reported to appropriate agencies, including but not limited to state boards of nursing and the Drug Enforcement Agency (DEA).

8.40 Clinical Probation Policy

Purpose
To develop an action plan designed for students not satisfactorily meeting clinical objectives.

Probation period is defined as the period during which a individualized plan aimed at helping a student improve clinical, didactic, professional or a combination of deficiencies is developed by faculty with input from any of the following: the student, pertinent faculty, clinical preceptors, student’s clinical evaluations, CSC, etc.

Policies and Procedures
1. Student’s clinical progress will be continually monitored by the CSC or program approved clinical site designee and the CEC and/or faculty on record for the course.
2. If a student is not satisfactorily and consistently meeting the clinical objectives, the student may be placed on Clinical Probation. A “Clinical Probation Action Plan Form” outlining the reasons for probation and the necessary actions to correct the stated problem(s) will be completed.
3. Clinical Probation is defined as a 30-day period (a minimum of four weeks of clinical/16 clinical days) designed to evaluate and rectify the clinical or professional performance of any student who has not satisfactorily met the semester’s clinical objectives. The PD and CEC will determine the most appropriate clinical site at which clinical probation will occur.
4. Unless designated otherwise by the Program Director, a maximum of two probationary periods will be allowed for each student.
5. Time-off will not be allowed during the probation period, except for extenuating circumstances.
6. During the clinical probation period, the CSC will meet regularly with the student according to a predetermined schedule agreed upon by the student and the CEC. The primary purpose will be to evaluate the student’s progress over time. Preceptor Evaluations will be completed in Typhon as usual procedure. The CEC will meet with the PD to determine the status of the student’s probation.
7. If the student does not meet the specific clinical objectives despite probation, the student will be administratively withdrawn from the program.
8.41 Nurse Anesthesia Clinical Probation Summary

Nurse Anesthesia Program
Clinical Probation Action Plan Form

The student and Clinical Site Coordinator will review the student’s performance goals during the first week, midpoint, and final week of the rotation or more frequently if necessary. At the end of every probation period or designated submission time(s), they will complete this form and email it to the Duke Nurse Anesthesia Program’s Clinical Education Coordinator.

Student Signature: ____________________________________________

Preceptor Signature: __________________________________________

Site: _______________________________________________________

Clinical Dates included in evaluation: ___________________________

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1. Areas identified as needing further improvement:

2. Areas identified as showing improvement since start of the probation period:

3. Areas that have improved and are meeting semester expectations:

4. Overall impression and recommendations for the probation period:
Title 9.0 Roles, Rights and Responsibilities

9.1 Loyalty
Loyalty, as part of an ethical or moral code, is reciprocal throughout the organizational channels. Loyalty should not be misconstrued to mean absence of valid critique, complaint or discussion, nor total agreement or consensus with decisions. Loyalty does imply that students and faculty support educational policies or decisions, and work within the system to effect change in those policies or decisions with which there is disagreement or difficulty. Therefore, third-party representations to the Council on Accreditation, or any other governing body will not be made without first exhausting all avenues of due process within the Duke University Nurse Anesthesia Program.

9.2 Applicant Rights
Applicants have the right to:
● Be treated in a respectful manner
● Receive communication in a truthful and timely fashion
● Have their application considered with the same degree of consideration as all other applicants
● Receive notification when their application is incomplete, and identify needed items

Applicants are responsible to:
● Inform the program of changes in contact information (address, email, phone)
● Complete their application and send in all supporting documentation before the deadline
● Be truthful when completing the application and in all aspects of their communication
● Provide the program with all necessary information to make decisions about their qualifications for admission.

9.3 Students’ Rights and Responsibilities
Faculty expectations of students are carefully enumerated in course syllabi and clinical objectives. The faculty also expects students to be intellectually curious. Faculty 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 experiences and integrate them with the present; develop concepts, think through processes and to ask questions of oneself and others. The faculty also expect students to adapt to new stresses and experiences with tenacity. 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 such as “cramming” the night before an exam. 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.

Students have the 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 necessary
● Functioning to the full scope of practice as allowed by the preceptor and clinical site with minimal supervision in 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 the right to expect:

- They will not be exploited for pay or profit of the conducting institution relative to time commitment.
- Enrollment in a program of nurse anesthesia grants certain rights and responsibilities to both the student and the program. These rights and responsibilities of each party should be fully understood and complied with.
- A student's failure to achieve the goal within the time frame expected should be based on valid, reliable data and information from evaluations, viewed objectively and fairly and reviewed as may be required. Appeals mechanisms are available when decisions are contested. Fair and accurate evaluations of their progress in the educational program will be made and they will be kept informed of their progress.
- They will work with competent, motivated clinical faculty to attain identified goals.
- They will confer with the CSC and program faculty in a timely manner when clinical experiences are not conducive to meeting clinical objectives.

Students will be held accountable for

- The quality of preparation, completion and performance of assignments
- Complying with the policies and procedures pertaining to the program of nurse anesthesia and all affiliate sites. All responsibilities connected with the program defined at the time of enrollment in the program or made part of the educational experience during the period of enrollment are also the student's responsibility.
- Writing individualized goals and objectives each semester that are supportive of the course objectives.
- Their ethical and legal responsibilities for repayment of student loans from any source, public and private.

9.4 Students’ Rights and Responsibilities in the Classroom

- Write individualized goals regarding didactic and clinical course work at the end of each semester.
- Attend all classes at scheduled times.
- Notify the course instructor if unable to attend class.
- Maintain a respectful and professional decorum while in the classroom.
- Read all assigned course materials prior to class.
- Discuss course problems and academic difficulties with the instructor in a timely manner.
- Complete all requisite evaluations in a timely manner.
- Observe the Duke University Standards of Conduct and the School of Nursing Honor Code.
- Students have the right to the School of Nursing appeal/grievance procedure.
- Students have the right to academic and personal advisement at Duke University.

9.5 Students’ Rights and Responsibilities in the Clinical Area

- Write individualized goals and objectives each semester that are supportive of the course objectives.
- Plan activities with the clinical faculty to attain identified goals.
- Confer with the CSC and faculty when experiences are not conducive to meeting objectives.
- Complete all requisite evaluations in a timely manner.
- Arrive in the clinical area at a time established by each clinical site preceptor, allowing enough time for preoperative equipment check, case preparation and pre-anesthetic patient assessment.
- Clinical commitment time is a minimum of **eight (8) hour shifts** and no more than **12 hour shifts** per 24-hour period. Clinical sites that are approved for **twelve (12) hour shifts** are:
  1. Duke electrophysiology lab
  2. UNC night shift
3. Duke evening, weekend, and night shift
4. Duke Regional night and weekend shift
5. OB rotations (Southeastern Regional, Camp Lejeune and Womack).

- Case Selection
  - The Clinical Site Preceptor will be responsible for case selection each clinical day considering each student's individual ability, needs, knowledge, and case availability. Senior students and students on specialty rotations are expected to advocate for themselves and communicate case needs to both the CSC and the clinical site preceptors.

- Universal Precautions
  - Each facility has developed specific guidelines and policies regarding blood borne pathogens and universal precautions. All facilities provide and maintain personal protective equipment needed for the practice of universal precautions. The student will review and adhere to each facility's policies while on rotation.

- Pre- and Post-Anesthesia Visits
  - Students are required to perform a pre-anesthetic assessment on all patients they anesthetize except in emergency case presentations.
  - Post-anesthetic rounds are to be made the day of surgery and/or on the first postoperative day. These visits should be recorded on the monthly log and in Typhon.
  - Perioperative complications should be reported immediately to the clinical preceptor and/or anesthesiologist involved with the case. The PD and CEC should be notified as soon as possible via phone and email within 24 hours.
  - All patient morbidity and mortality MUST be reported to the PD and CEC immediately

9.6 Alumni Rights and Responsibilities

Graduates have access to transcripts of their academic and clinical achievements and upon request may have verified copies provided to institutions, agencies, other programs of nurse anesthesia or others as specified by the student or graduate. Please notify the Office of Admissions & Student Services within the School of Nursing.

Records retained by the program after graduation may include grades, certification exam application and results, special awards or honors, licenses and certifications (RN, ACLS), and GRE scores.

Graduates have the right to expect complete, accurate, certified transcripts of student educational experiences to be forwarded to the Council on Certification of Nurse Anesthetists upon graduation. The student is responsible for all arrangements to take the National Certification Examination (NCE) at the specified site within the Council on Certifications specified time period. Ultimately, the student is responsible to follow all guidelines and deadlines in the Candidate Handbook of the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).

9.7 Faculty Rights and Responsibilities

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

- Meet scheduled classes and appointments
- Be available at reasonable times for appointments with students
- Make appropriate preparation for classes and other meetings
- Perform grading duties in a fair and timely manner
● The course faculty will communicate with students who have earned a failing course grade prior to submitting the course grade to the Registrar.
● Describe to students in writing at the beginning of a course the content and objectives along with the methods and standards of evaluation. This description of evaluation must include description of the relative weight to be assigned to various factors;
● Base all academic evaluation upon good-faith professional judgment
● Not consider, in academic evaluations, factors such as race, color, religion, gender, age, national origin, handicap, political or cultural affiliation, lifestyle, activities or behavior outside the classroom unrelated to academic and professional achievement
● Respect confidentiality of student information contained in University academic records. Faculty may release such information in connection with intra-University business, including releasing information to clinical preceptors and affiliate faculty without student consent, or as may be required by law
● Not exploit professional relationships with students for private advantage; and refrain from soliciting the assistance of students for private purposes in a manner which infringes upon such students’ freedom of choice
● Give appropriate recognition to contributions made by students in research, publication, service or other activities
● Refrain from any activity which involves risk to the health and safety of a student, except with the student's informed consent, and, where applicable, in accordance with the University policy relating to the use of human subjects in experimentation
● Respect the dignity of each student individually and all students collectively in the classroom, laboratory, clinics, and other academic contexts.

9.8 Clinical Preceptor and Clinical Instructor Rights and Responsibilities
The responsible Clinical Site Coordinator/Clinical Preceptor:
● Is familiar with the nurse anesthesia program, the course outcomes, and the goals for the student’s clinical experience (CSCs have access to the clinical course syllabus posted on Sakai)
● Identifies SRNA learning opportunities.
● Participates in the orientation of the student(s) to the clinical setting
● Provides input for the student’s determination of goals
● Assists, guides, supervises, and instructs specific to the student’s learning needs and course outcomes in the clinical area
● Holds discussions with the student(s) as necessary to assess progress and determine learning needs
● Meets with the student and engages in an evaluative process, specific to the format and frequency of the course
● Confers with faculty regarding the student’s progress, communicating suggestions, problems, or concerns to the faculty as appropriate
● Provides complete evaluative data, using the format and frequency specific to the course, to the course faculty and students for mid-term and final evaluations (Grading is the responsibility of DUNAP faculty)
● Reviews SRNA clinical skills to assess learning needs and skills at the beginning of the learning experience, as well as periodically throughout the clinical rotation
● Provides guidance and validation in assessment, problem identification, and management plan using clinical reasoning
● Guides SRNA in synthesizing theoretical knowledge and data collection to design/evaluate a patient-centered therapeutic plan.
9.9 The Patient Bill of Rights (https://www.dukehealth.org/privacy/patient-bill-of-rights)

The DUNAP faculty and Duke University Health System view health care as a partnership between you and your caregivers. We respect your rights, values and dignity. You will receive safe, high-quality medical care regardless of your race, color, national origin, religion, gender, age, sexual orientation, gender identity or expression, genetic information, veteran status or disability. In exchange, we ask that you recognize the responsibilities that come with being a patient, both for your own well-being, and that of your fellow patients and healthcare providers. Should you or your designated guardian, advocate, or representative feel at any time that your rights as a Duke patient have been violated, please contact Duke Patient and Visitor Relations at (919) 681-2020.

Patients have the 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 anesthesia services provided by students will be under the supervision of a CRNA and/or an anesthesiologist. This decision should be consistent with the anesthetic risk of the patient, the magnitude of the anesthesia and surgery, and the educational level of the student. At all times a CRNA and/or 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 regarding the anesthetic management and any complications arising from that management.

Nothing shall prevent any patient from requesting not to be a teaching patient or prevent any member of the medical staff from designating any patient as a non-teaching patient.

9.10 Patient Rights

- You have the right to safe, high quality, medical care, without discrimination, that is compassionate and respects personal dignity, values and beliefs.
- You have the right to participate and make decisions about your care and pain management, including refusing care to the extent permitted by law. Your care provider such as a doctor or nurse will explain the medical consequences of refusing recommended treatment.
- You have the right to have your illness, treatment, pain, alternatives and outcomes be explained in a manner you can understand. You have the right to an interpreter if needed.
- You have the right to know the name(s) and role(s) of your team members. You have the right to a second opinion.
- You have the right to request that a family member, friend and/or physician be notified that you are under our care.
- You have the right to receive any visitors whom you designate, including, but not limited to, your spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. You also have the right to withdraw or deny your consent to visitation at any time. In the event you are unable to designate who can visit, the person you have designated as your “support person” can make that designation. Hospital visitation will not be limited or denied based on race, color, national origin, disability, religion, sex, sexual orientation, gender identity, or expression. However, it may become clinically, or otherwise reasonably necessary, due to a patient’s care, safety, or well-being, to impose restrictions on visitation. Reasons to limit visitation, if deemed necessary, may include, but are not limited to:
  - To prevent interference with certain treatments, particularly for substance abuse or mental health
  - Infection control
  - The care of other patients
  - Disruptive, threatening or violent behavior by a visitor
0 The need for privacy
0 Space limitations or specific time period restrictions
0 Minimum age requirements (for child visitors)

● You have the right to a complete explanation if you will be transferred to another facility or organization including alternatives to a transfer.
● You have the right to receive information about continuing your health care at the end of your visit.
● You have the right to know the policies that affect your care and treatment.
● You have the right to participate in research or decline to participate in research. You may decline at any time without compromising your access to care, treatment, and services.
● You have the right to private and confidential treatments, communications, and medical records to the extent permitted by law.
● You have the right to receive information concerning your advance directives, (living will, health care power of attorney, or mental health advance directives), and to have your advance directives respected to the extent permitted by law.
● You have the right to access your medical records in a reasonable timeframe, to the extent permitted by law.
● You have the right to know about fees and to receive counseling on the availability of resources to help you pay for your health care.
● You have the right to be free from restraints that are not medically required or being used inappropriately.
● You have the right to have your concerns and complaints addressed. Should you or your designated guardian, advocate, support person or representative feel, at any time, that your rights as a patient have been violated, or you wish to share a compliment, concern or complaint, please call the relevant number below. Sharing your concerns and complaints will not compromise your access to care, treatment, and services.
  o Duke University Hospital: 919-681-2020
  o Duke Raleigh Hospital: 919-954-3292
  o Duke Regional Hospital: 919-470-4747
  o Private Diagnostic Clinic: 919-684-6298
  o Duke Primary Care: 919-668-4024
  o Duke Home Care and Hospice: 919-620-3853
  o James E. David Ambulatory Surgical Center: 919-470-1000
  o NC Department of Health Service Regulation: 919-855-4500
    o Mental Health Branch: 919-855-3795
    o Address: 2711 Mail Service Center, Raleigh, NC 27699
  o Join Commission Office of Quality Monitoring: 800-994-6610
  o jointcommission.org

9.11 Patient Responsibilities
● You are responsible for providing us as much information as possible about your health, medical history, and insurance benefits.
● You are responsible for asking the care provider for help or clarification when you do not understand medical words or details about your care.
● You are responsible for following your plan of care. If you are unable/unwilling to follow the plan of care, you are responsible for telling your care provider. Your care team will explain the medical outcomes of not following their recommended treatment. You are responsible for the outcomes of not following your care plan.
● You are responsible for following the care facility’s rules and regulations.
● You are responsible for acting in a manner that is respectful of other patients, staff and facility property.
● You are responsible for meeting your financial obligation to the facility.

9.12 Responsibilities of the Conducting Institution

The Duke University Nurse Anesthesia Program and affiliated clinical sites are responsible to:

● Provide didactic instruction
● Coordinate and carry out application and admission procedures
● Provide classroom and laboratory space as needed for didactic courses
● Provide for academic counseling of nurse anesthesia students
● 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 scholarship
● 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

Duke University as the conducting institution has the right to expect that:

● The nurse anesthesia faculty ensures the program is 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 will 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 related to patient care, personal health care habits, and in all other matters addressed in relevant policies.
● Students will communicate with Clinical Preceptors 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.

9.13 Rights and Responsibilities of the Council on Accreditation (COA) of Nurse Anesthesia Education Programs

● The 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.
● The COA is responsible 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.
● The Duke University Nurse Anesthesia Program is responsible in assisting the COA by providing all necessary documentation to conduct a thorough evaluation and demonstrate compliance. The Program has the duty to provide accurate and truthful statements and documents to the Council.
● The educational program is required to follow all policies and procedures published by the Council

Title: 10.0 EVALUATION PROCESS AND TOOLS

10.1 Nurse Anesthesia Program Evaluation

Purpose:
An ongoing systematic evaluation of students, faculty, graduates, and graduate employers throughout the educational process assists in determining the Nurse Anesthesia Program’s quality, integrity and overall effectiveness. The overall process, while congruent with the Office of Academic Assessment and Evaluation (OAAE) facilitates assessment of the Nurse Anesthesia Program’s present status, assists in determining its future goals, and provides insight to methods for our improvement.

Faculty members receive evaluations in both the clinical and classroom domains. Clinical faculty (clinical preceptors) evaluations are anonymously completed by students each semester and shared with individual faculty on a biannual basis. Annual site visits to each affiliate clinical site are also conducted by program administration. Students also complete semester evaluations of the didactic faculty members via the Duke University School of Nursing’s online course evaluation process. Students are notified by OAAE prior to the final examination week of the designated time specified for completing the anonymous, online evaluation forms.

All student comments and ratings are summarized and compiled for use by the program in such a way that each student’s confidentiality and freedom of expression is preserved. Compiled comments and ratings are reviewed in writing by program administration, appropriate DNP faculty members, and relevant Nurse Anesthesia Program and School of Nursing committees designated in the OAAE Plan.
10.2 Instructional Evaluation:

- **Student Evaluation of Didactic Faculty**: Evaluation of each didactic instructor with teaching responsibilities at the end of each semester.
- **Student Evaluation of Didactic Course**: Evaluation of each course at the end of each semester.
• **Faculty Evaluation of Course and Self-Evaluation**: Following each didactic course, the course faculty forwards a self-evaluation and a summary of course evaluations to the DNP Committee for review.

10.3 Clinical Performance Evaluation:

• **Clinical Preceptor Evaluation of Student's Clinical Performance**: Students are encouraged to request daily formative assessment of their clinical performance from the assigned Clinical Preceptor at the end of each clinical day.

• **Professional Practice Evaluation**: Overall professional practice evaluations are completed by the CSC at the end of each clinical rotation.

• **Student Evaluation of Clinical Preceptor**: Evaluation of Clinical Preceptors occurs at the end of each clinical day.

• **Student Evaluation of Clinical Site**: Evaluation of the clinical site at the end of each rotation.

• **Faculty Evaluation of Clinical Site**: Annual evaluation of each clinical site conducted by the CEC and designated DUNAP clinical faculty.

• **Student Semester Self-Evaluation**: Student's own evaluation of their progress and goals at the end of each semester then reviewed with assigned faculty advisor.

10.4 Specialty Evaluation

• **Student Council on Certification of Nurse Anesthetists Self-Evaluation Examination (SEE)**: Nurse anesthesia students complete during Semesters V (second year) and VIII (third year) of the program.

• **National Certification Examination (NCE)**: Nurse anesthesia students’ take upon graduation from the program.

• **DUNAP Exit Evaluation**: Nurse anesthesia students evaluate the program and school’s effectiveness in preparation in the role of nurse anesthetist at program completion.

• **Program Assessment Questionnaire**: The School of Nursing sends a questionnaire to program graduates the 1-year post-graduation to determine graduate assessment of the school, its programs and services. (DUSON Data Analyst)

• **Employer Evaluation of Program Graduates**: Sent to graduates’ employers every 3 years post-graduation to determine employer satisfaction with program graduates. (DUSON Data Analyst)

• **Alumni Survey**: Sent to program graduates every 3 years post-graduation to determine alumni accomplishments, practice, and alumni satisfaction with their education. (DUSON Data Analyst)

10.5 Evaluation of Faculty:

• **Faculty Self-Evaluation**: annually as outlined in DUSON Master Evaluation Plan (DUSON Process)

• **Evaluation by Dean School of Nursing**: annually as outlined in DUSON Master Evaluation Plan (DUSON Process)

10.6 NAP Evaluation/DUSON Master Evaluation Plan:

• Student Evaluation of Didactic Faculty
• Student Evaluation of Didactic Course
• Faculty Evaluation of Course and Self-Evaluation
• Program Assessment Questionnaire
Employer Evaluation of Program Graduates
Alumni Survey
Student Evaluation of Clinical Site
Clinical Faculty Evaluation of Student’s Clinical Performance
  ○ Semester 3
  ○ Semester 4
  ○ Semester 5
  ○ Semester 6
  ○ Semester 7
  ○ Semester 8
  ○ Semester 9
  ○ End of Rotation Summary of Professional Practice Evaluation
  ○ Student Evaluation of Clinical Preceptor
  ○ Student Evaluation of Clinical Site Coordinator
  ○ Evaluation of Clinical Site
  ○ Student Semester Self Evaluation
  ○ DUNAP Exit Evaluation

10.7 Faculty and Course Evaluations

Purpose:
In congruence with the Duke University School of Nursing’s (DUSON) master evaluation plan, standardized course and evaluations are completed at the end of each semester.

Policy and Procedures:

1. Students access the appropriate confidential evaluations on-line. A link is sent to students from the OAAE. All evaluations are anonymous.

2. The DUSON Data Technician, Anni Li, summarizes student evaluations and returns them to the course coordinator after course grades are filed with the registrar. When courses are team taught, the Data Technician prepares a summary evaluation of the individual faculty members (where they are mentioned by name) and provides the document only to the course coordinator.

3. The course coordinator then prepares the summary course evaluation form (Instructor Evaluation of Course and Self-Evaluation) using student data, faculty evaluation of the course, and data from other sources as appropriate. The ‘recommendations section’ concludes the summary course evaluation document.

4. The summary course evaluation is then submitted to the DNP Program Committee for review. In conjunction with the bylaws of the School of Nursing, the Doctor of Nursing Practice Program Committee reviews all course evaluations and forwards recommendations to the Faculty Executive Committee as appropriate.

10.8 Clinical Experience Evaluation

Purpose:
In order to receive a passing grade for clinical, students must satisfactorily complete all clinically related assignments as required (i.e., Journal Club, seminars, clinical anesthesia conference, professional conferences, etc.). In addition, all written or online self-evaluations, care plans, case records, clinical,
didactic or faculty evaluations, and other designated responsibilities must be completed, or a passing grade will not be conferred for clinical courses.

Clinical Preceptors are encouraged to write evaluations on a case-by-case basis for more complicated cases or if the student's performance on a given case is either unsatisfactory or exemplary. The student will receive an electronic copy of the evaluation at the same time the evaluation is submitted by the Clinical Preceptor to the Typhon evaluation platform.

**Policy and Procedures:**

**A. Formative Student Clinical Evaluations**
1. Each student should be evaluated each clinical day by their Clinical Preceptor using the appropriate Clinical Evaluation Form located in Typhon.
2. Each Clinical Evaluation Form contains objectives specific for each clinical semester.
3. One form may be used for the entire clinical day.
4. Students should be evaluated each clinical day on his/her performance. Faculty may comment on the ability of the student to meet stated objectives in each of the evaluation categories.
5. The Clinical Preceptor will review the evaluation with the student upon completion of the clinical day.
6. The faculty cannot evaluate (and students cannot pass clinical internships) unless an adequate number of clinical evaluations are completed. A minimum return rate of 70% is required.
7. Clinical evaluations are reviewed on a regular basis throughout the semester. Students receiving marks of *did not meet expectations* or any concerning comments will be counseled by DUNAP faculty. It is the student’s responsibility to notify the clinical course faculty of a “did not meet expectations” received on a clinical evaluation within 24 hours.

**B. Summative Student Clinical Evaluations**
2. Monthly
   a. Student's clinical progress will be monitored by the nurse anesthesia program faculty via on-site visits and ongoing communication with the CSC.
   b. Nurse anesthesia program faculty will communicate with and visit clinical sites on a regular basis to determine student progress, evaluate specific clinical practice issues, and discuss general clinical faculty and clinical preceptor concerns.
3. End of Semester
   a. Each student will receive a final semester clinical grade of Credit (Cr) or NonCredit (NCr) based on composite daily semester clinical evaluation forms and feedback from clinical preceptors.
   b. Students may not progress to the next semester's clinical level unless they satisfactorily meet the current semester’s clinical behavioral objectives. Students must receive a Cr grade in each category of the evaluation form and an overall Cr grade in the clinical practicum to continue in the program.
   c. The student’s academic advisor provides a summary statement of all clinical evaluations and this summary is shared with the student during the end of semester evaluation meeting. Meetings for summative evaluation are scheduled regularly with each student at the end of the semester. A pass/fail grade will be assigned to clinical at this time. Clinical summaries will be compiled at mid-term by the designated DUNAP clinical faculty if there is evidence that the student is failing to progress satisfactorily. If clinical evaluations indicate that the student needs improvement or is not meeting the clinical objectives outlined for the term at any time, a formal meeting will then be scheduled. Subsequent meetings may be held depending on the needs of the student. The DUNAP faculty may consult with DUSON
program administrative faculty, appropriate CSCs, Clinical Preceptors or any other resource deemed necessary to discuss any weaknesses developing in a student’s clinical progress.

d. At the completion of each semester, each student must complete the written self-evaluation prior to the end of semester meeting with their academic advisor. During this meeting, the student’s self-evaluation is reviewed, and the student is encouraged to add any written comments to the evaluation summary form. The academic advisor uses the interview as an opportunity for the student to develop and communicate professional objectives. All student evaluation forms are secured in the program offices.

C. Clinical Standards

1. Nurse Anesthesia students must adhere to the School of Nursing Honor Code.
2. Nurse Anesthesia students may be dismissed from the program for unprofessional behavior including:
   a. Unsafe practice
   b. Clinical error or poor clinical judgment affecting patient safety
   c. Inability to cooperate with supervisors, clinical preceptors, peers, or hospital staff
   d. Insubordination
   e. Defamation of DUSON, DUSON faculty, Clinical Site Preceptors, students or other affiliates by means of social media or otherwise.
   f. Habitual tardiness, patterned absenteeism or greater than 5 unexcused absences
   g. Administering anesthesia outside the confines of the anesthesia program
   h. Consistent lack of preparation for clinical practicum
   i. Evidence of drug or alcohol abuse
   j. Medication diversion
   k. Falsification of records
   l. Failure to submit case records or clinical evaluations
   m. Employment as a nurse anesthetist by title or function while enrolled in the educational program
   n. Reporting for duty while under the influence of any substance which impairs the student's ability to perform his/her clinical tasks.
      1. The policies on substance abuse written by the clinical affiliate sites and Duke University apply to nurse anesthesia students in the educational program. Further, the program will test students for cause, will test on enrollment (with successfully passing a drug screening as a condition of enrollment for all incoming students), and will demand accountability in administering controlled substances equivalent to that demanded of staff CRNAs.
      2. Failure of the initial drug test and health screening, or refusal to cooperate with any aspect of the program substance abuse policy, or any hospital policy on substance abuse or narcotic accountability, will result in disciplinary action up to and including immediate dismissal, refusal of enrollment, and incident reporting to the North Carolina State Board of Nursing.
   o. Failed criminal background check

10.9 Evaluation Committee

Purpose:
The Evaluation Committee will conduct regular evaluation of student progress and evaluation of program outcome objectives. The Committee will update and adapt the evaluation process as indicated.

Policy and Procedures:

A. Membership:
1. Program Director
2. Program Assistant Director
3. Clinical Education Coordinator
4. Second Year Student
5. Third Year Student
6. Clinical Preceptors
7. School of Nursing faculty member

B. The evaluation committee will review:
   1. Student evaluations of clinical sites
   2. Student evaluations of Clinical Preceptors (summary)
   3. Student clinical and didactic grades (individual and/or summary).
      Each student will receive a final semester clinical grade of Credit (Cr) or NonCredit (NCr) based
      on composite daily semester clinical evaluation forms and feedback from Clinical Site
      Coordinators.
   4. Student evaluation of didactic site (end-semester evaluation)
   5. National Certification Examination and SEE scores
   6. Graduate evaluations
   7. Graduate employer evaluations
   8. Student exit evaluations

C. Student committee members will be excused for discussions regarding specific students’ grades
   or evaluations.

D. Based on review of the evaluations and comments, the Evaluation Committee will determine
   whether the outcome objectives of the program are adequately being met.

E. Based on evaluations, the Evaluation Committee will suggest curriculum revisions, determine
   faculty development activities and recommend changes to program policy and procedures as
   indicated.

F. The Evaluation Committee will track certification examination and SEE pass rates, course
   completion rates and job placement rates.

G. The Evaluation Committee will assess whether current resources are adequate to achieve the
   program’s purpose and outcomes.

Title 11.0 GRIEVANCES AND APPEALS

11.1 Grievances and Appeals
The DUSON process for student grievance or academic appeal is addressed within the DNP Student
Handbook. Students should refer to this handbook for guidance to initiate this process.

11.2 Complaints Against the Nurse Anesthesia Program

Persons with complaints against the Nurse Anesthesia program may contact the program director
seeking resolution. They may contact the Council on Accreditation only after exhausting all means of
dispute resolution at the program and University level.

The program director will immediately investigate complaints that relate to the safety of patients or other
individuals. The program director will investigate complaints related to program compliance with
accreditation standards, policies or procedures in a timely fashion, and respond to the complainant within 30 days. The program director may:

- Resolve the complaint
- Direct the complainant to other resources or groups which may help resolve the issue

The program director will maintain a file of all complaints along with their resolution and will report all complaints (and their disposition) relative to program compliance with accreditation policies, procedures, or standards to the COA Director of Accreditation or designee.

Title 12.0 COMMITTEE ROSTERS

12.1 Nurse Anesthesia Admissions Committee

V. Chris Simmons, DNP, CRNA, CHSE-A, FAANA, FAAN
Christian Falyar, DNAP, CRNA
Denise Tola, DNP, CRNA, CHSE
Julia Walker, PhD
Emily Funk, DNP, CRNA
Jessica Szydlowski Pitman, DNP, CRNA

12.2 Nurse Anesthesia Faculty Committee

V. Chris Simmons, DNP, CRNA, CHSE-A, FAANA, FAAN
Christian Falyar, DNAP, CRNA
Denise Tola, DNP, CRNA, CHSE
Julia Walker, PhD
Emily Funk, DNP, CRNA
Jessica Szydlowski Pitman, DNP, CRNA

12.3 Nurse Anesthesia Evaluation Committee

V. Chris Simmons, DNP, CRNA, CHSE-A, FAANA, FAAN
Christian Falyar, DNAP, CRNA
Denise Tola, DNP, CRNA, CHSE
Emily Funk, DNP, CRNA
Jessica Szydlowski Pitman, DNP, CRNA
Shanna Davis, MSN, CRNA, (UNC)
Adam Flowe, MSN, CRNA (Duke)
Julie Pearson, PhD, CRNA, (Carolina East)
Student Representative-2nd year SRNA
Student Representative-3rd year SRNA

12.4 Nurse Anesthesia Advisory Board

DUSON Dean

Associate Dean for Academic Affairs
DNP Program Director
Nurse Anesthesia Program Director
Assistant Program Director
Clinical Education Coordinator
Student Representative
Student Representative
Student Representative
DRH Anesthesiologist
DRH CRNA
Duke CRNA
UNC CRNA
CarolinaEast CRNA

DUSON Dean

Associate Dean for Academic Affairs
DNP Program Director
Nurse Anesthesia Program Director
Assistant Program Director
Clinical Education Coordinator
Student Representative
Student Representative
Student Representative
DRH Anesthesiologist
DRH CRNA
Duke CRNA
UNC CRNA
CarolinaEast CRNA

Vincent Guilamo-Ramos, PhD, MPH, LCSW, RN, ANP-BC, PMHNP-BC, AAHIVS, FAAN
Valerie Howard, EdD, MSN, RN, CNE, FAAN
Julee Waldrop, DNP, PNP, FAANP, FAAN
Virginia Chris Simmons, DNP, CRNA, CHSE-A, FAANA, FAAN
Christian Falyar, DNAP, CRNA
Jessica Pitman, DNP, CRNA
1st year SRNA
2nd year SRNA
3rd year SRNA
Eddie Sanders, MD
Ben Furnas, MSN, CRNA
Adam Flowe, MSN, CRNA
Shanna Weaver, MSN, CRNA
Julie Pearson, PhD, CRNA
Public Member
John Lucas

Members at Large
Charlene Barbour
Bob Whitehurst, MSN, CRNA

12.5 Nurse Anesthesia Organizational Table

Vincent Guilamo-Ramos, PhD, MPH, LCSW, RN, ANP-BC, PMHNP-BC, AAHIVS, FAAN
Dean of the School of Nursing

Valerie Howard, EdD, MSN, RN, CNE, FAAN
Associate Dean for Academic Affairs

Julee Waldrop, DNP, PNP, FAANP, FAAN
Assistant Dean and Director, Doctor of Nursing Practice Program

V. Chris Simmons, DNP, CRNA, CHSE-A, FAANA, FAAN
Program Director, Nurse Anesthesia Program

Christian Falyar, DNAP, CRNA
Assistant Program Director

Denise Tola, DNP, CRNA, CHSE
Didactic Instructor

Emily Funk, DNP, CRNA
Didactic Instructor

Marion Carter
Program Coordinator

Jessica Pitman, DNP, CRNA
Didactic Instructor
Clinical Education Coordinator

Clinical Site Preceptors

Nurse Anesthesia Students
Glossary

**Abbreviated care plan** - A more succinct version of the formal care plan; the short version of the formal care plan.

**Academic faculty** - Instructors who are responsible for providing didactic instruction in their individual areas of expertise.

**Academic quality** - The presence of appropriate outcomes resulting from faculty teaching, student learning, research and professional practice. Academic quality requires an effective learning environment and sufficient resources for faculty and students to obtain the objectives of the program and meet accreditation standards.

**Academic Quality** - Academic quality refers to results associated with teaching, learning, research, and service within the framework of the institutional mission. Academic quality requires an effective learning environment and sufficient resources for faculty and students to obtain the objectives of the program and meet accreditation standards.

**Accreditation** - A peer process whereby a private, nongovernmental agency grants public recognition to an institution or specialized program of study that meets or exceeds nationally established standards of acceptable educational quality.

**Acute care experience** - Work experience during which an RN has developed as an independent decision-maker capable of using and interpreting advanced monitoring techniques based on knowledge of physiological and pharmacological principles.

**Advanced Health Assessment** – A course in advanced health assessment includes assessment of all human systems, advanced assessment techniques, diagnosis, concepts, and approaches.

**Agreement** - An exchange of a formal, written understanding between two or more entities that agree to provide appropriate academic and/or clinical learning experiences for students. Requirements should be outlined in enough detail to state clearly the expectations of the agreement and to protect the rights of the parties involved.

**Alternative airway management techniques** - Alternative airway management techniques include fiberoptic intubation, light wand, retrograde tracheal intubation, combitube, trans-tracheal jet ventilation, gum elastic bougie/tracheal tube changer, esophageal obturator airway, LMA guided intubation and cricothyroidotomy.

**Ambulatory/Outpatient** - Patients who are discharged from the facility within 23 hours or less following admission and surgery.

**Anesthesia care plan** - A written or verbal description of a proposed plan for the administration of an anesthetic, based on the known and anticipated needs of an individual patient during the perioperative period.

**Anesthesiologist** - A medical doctor (MD) or doctor of osteopathy (DO) who has successfully completed an approved anesthesiology residency program and has been granted active hospital staff membership and full hospital staff privileges in anesthesia.

**Appeal** - In cases where sanctions may be imposed against a student or faculty member, the right to a fair hearing before an impartial body should be granted in accordance with published rules and procedures. Students should be allowed to appeal any decision that suspends or dismisses them from a program or that delays their graduation.

**Call** - A planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 p.m. and before 7 a.m., Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. (--) **Call experience** – Call is a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 p.m. and before 7 a.m., Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

**Certification** - The process whereby a nongovernmental agency grants recognition to an individual who has voluntarily met predetermined qualifications specified by the agency.

**Chemical Dependency and Wellness** – Chemical dependency is substance related disorders characterized by chronicity and progression that threaten wellness. Wellness is defined as a positive state of the mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life. The wellness/chemical dependency curriculum must be an evidence-based program of study which could include but is not limited to the following five key conceptual
components:

1. Importance of Wellness to Health Care Professionals: Describe the integration of healthy lifestyles, adaptive coping mechanisms for career stressors, and an awareness of chemical dependency risk factors and pathophysiology.
2. Healthy Lifestyles: Describe attitudes, behaviors, and strategies (i.e., healthy nutrition, exercise, sleep patterns, and critical incidents’ stress management) that create a positive balance between one’s personal and professional life for personal wellness.
3. Coping Mechanisms: Describe adaptive or maladaptive strategies and/or behaviors employed by individuals to reduce the intensity of experienced stress.
4. Identification and Intervention: Describe needed awareness of the symptoms of chemical dependency, appropriate strategies for successful intervention, treatment, and aftercare.
5. Re-Entry into the Workplace: Broadly describes components of successfully returning to anesthesia practice. These components include the frameworks for returning to administrative, academic or clinical anesthesia practice, strategies to reduce the likelihood of relapse, and elements of lifestyle adaptation that lead to a healthy balance of professional work and physical, emotional, and spiritual health.

Clinical evaluation - Clinical preceptors will complete a clinical evaluation for each student, each day work with that student. The evaluation is a systematic plan for ongoing evaluation of clinical performance and is based on the program’s objectives according to the Accreditation Standards from the Council on Accreditation.

Clinical experience - Supervised clinical activities in which the student gets to use the knowledge he or she has acquired in the clinical and/or academic phases of the program.

Clinical preceptor - The CRNA or anesthesiologist assigned to work with a student who is responsible for teaching nurse anesthesia students during the perioperative period and for evaluating their clinical progress. When students are administering anesthesia, such instructors must be CRNAs or anesthesiologists with staff privileges in anesthesia.

Clinical hours – Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, preanesthesia assessment, postanesthetic assessment, patient preparation, OR preparation, and time spent participating in clinical rounds. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time.

Clinical Preceptor - The clinical preceptor is the CRNA or anesthesiologist assigned to work with a student. This may be for the entire clinical day or limited to one case. The clinical preceptor provides ongoing supervision, as appropriate with the student’s level of training. The clinical preceptor is familiar with the nurse anesthesia program, Clinical Anesthesia Practicum course objectives and outcomes, and the goals for student clinical experiences.

Clinical Site Coordinator - Responsible for the orientation, coordination, and guidance of SRNA clinical experiences at the affiliated facility/site.

Clinical supervision – Clinical oversight of graduate students in the clinical area that does not exceed two graduate students to one CRNA or anesthesiologist. In the case of medical direction, where the anesthesiologist medically directs 4 concurrent procedures, the ratio of graduate students to CRNA must not exceed 2:1.

Clinical Supervision - Clinical oversight of graduate students in the clinical area must not exceed 1) two graduate students to one CRNA, or 2) two graduate students to one anesthesiologist, if no CRNA is involved. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., life threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g., additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety).

Commonly accepted national standards - Standards that are generally recognized as determining quality of similar degrees by the larger community of higher education in the United States.

Comprehensive History and Physical Assessment - Comprehensive history and physical assessment includes the history, physical, and psychological assessment of signs and symptoms, pathophysiologic changes, and psychosocial variations of a patient. The assessment includes an evaluation of the body and its functions using inspection, palpation, percussion, auscultation and advanced assessment techniques, including diagnostic testing, as appropriate. A complete physical assessment should incorporate cultural and developmental variations and needs of a patient. The results of a comprehensive history and physical assessment are used to establish a differential diagnosis based on assessment data; and develop an effective and appropriate plan of care for a patient. Specific assessment related to anesthesia should be stressed in the practical experience of
nurse anesthesia students.

**Community of interest** - A body of individuals who are directly affected by nurse anesthesia education and/or practice, including nurse anesthesia students, faculty, staff, patients, employers, institutions, the public, and higher education community.

**Competency for entrance into practice** - Verification by the program that a student has acquired knowledge and skills in patient safety, perianesthetic management, critical thinking, communication and professionalism.

**Conducting institution** - The legal entity (institution or organization) that assumes sole, primary, or shared responsibility for the conduct of a program, including budgetary support, and is responsible for ensuring that the program has complied with accreditation requirements.

**Course** - A unit of study that exists in an academic discipline, such as Anatomy and Physiology, Chemistry and Physics, Advanced Pathophysiology, etc.

**Credentialed expert** – An individual awarded a certificate, letter or other testimonial to practice a skill in an institution. The credential must attest to the bearer’s right and authority to provide services in the area of specialization for which she or he has been trained. Examples include: a pulmonologist who is an expert in airway management; an emergency room physician authorized by an anesthesia department to assume responsibility for airway management; or a neonatologist who is an expert in airway management.

**Critical Care Experience** - Critical care experience must be obtained in a critical care area within the United States, its territories or a U.S. military hospital outside of the United States. During this experience, the registered professional nurse has developed critical decision making and psychomotor skills, competency in patient assessment, and the ability to use and interpret advanced monitoring techniques. A critical care area is defined as one where, on a routine basis, the registered professional nurse manages one or more of the following: invasive hemodynamic monitors (such as pulmonary artery catheter, CVP, arterial); cardiac assist devices; mechanical ventilation; and vasoactive infusions. Examples of critical care units may include but are not limited to: Surgical Intensive Care, Cardiothoracic Intensive care, Coronary Intensive Care, Medical Intensive Care, Pediatric Intensive Care, and Neonatal Intensive Care. Those who have experiences in other areas may be considered provided they can demonstrate competence with managing unstable patients, invasive monitoring, ventilators, and critical care pharmacology.

**CRNA program administrator (CRNA Program Director)** - A CRNA with an appropriate graduate degree who by position, responsibility, and authority is actively involved in the organization and administration of the entire program of nurse anesthesia. The graduate degree must be from an institution of higher education accredited by a nationally recognized accrediting agency.

**CRNA assistant program administrator (CRNA Assistant Program Director)** - A CRNA with an appropriate graduate degree who by position, responsibility, and authority actively assists the program administrator in the organization and administration of the entire program of nurse anesthesia. The graduate degree must be from an institution of higher education accredited by a nationally recognized accrediting agency. The assistant program administrator must be qualified to assume the responsibilities of the program administrator if required.

**Culturally competent** - Utilizing variable approaches in assessing, planning, implementing and administering anesthesia care for patients based on culturally relevant information.

**Curriculum** - All experiences, clinical or didactic, that are under the direction of the program. The planned educational input, process, outcomes, and evaluations designed to enable the student to acquire the experiences specified in the program's philosophy, goals, and objectives.

**Daily care plan** - A plan of care that the student prepares for each case that is tailored to the individual needs of the patient. One of the daily care plans submitted per day should be in the long format.

**Doctoral degree requirement** - Programs must award a Doctorate of Nursing Practice (DNP) degree to each graduate.

**Due process** - A legal and ethical principle whereby nurse anesthesia faculty and students are guaranteed treatment in accordance with reasonable, clearly defined rules and have the right to fair treatment, based on published standards, procedures, and the provisions of an appeals or grievance procedure.

**Employment of nurse anesthesia graduate students** - Anesthesia care provided by a graduate student outside the planned curriculum is considered employment as a nurse anesthetist, regardless of whether the care is reimbursed. Employment is permitted in a position other than anesthesia, if the student is not represented in any manner, such as by a name tag, uniform, and/or signature, to be a nurse anesthetist.

**Evaluation** – A systematic assessment that results in data that are used to monitor and improve program quality and effectiveness.
Experimental curriculum - A curriculum that is being tested to determine whether it will produce expected outcomes that may or may not become permanent.

Faculty - A body of individuals entrusted with instruction, including the teaching staff, both clinical and academic, and any individuals involved in teaching or supervising the educational experiences/activities of students on a part-time or full-time basis.

Formative evaluations - Student assessments that help identify problems and areas that require improvement, as well as measure progress and achievement of objectives.

Formal care plan - A formal care plan is a written plan of care that encompasses the patient’s surgical procedure, medical and surgical histories, home medications, laboratory values, anesthetic plans of care, and the anesthetic implications of each. The formal care plan is a maximum of 8 pages and submitted according to the course syllabus.

Full scope of practice - Preparation of graduates who can administer anesthesia and anesthesiarelated care in four general categories: (1) preanesthetic preparation and evaluation; (2) anesthesia induction, maintenance and emergence; (3) post-anesthesia care; and (4) perianesthetic and clinical support functions (Reference: “Scope and Practice for Nurse Anesthesia Practice,” available from AANA, Park Ridge, IL).

Graduate Degrees for CRNAs - A degree awarded to a CRNA who has fulfilled the requirements for a master’s degree, practice-oriented doctoral degree, or research-oriented doctoral degree. The primary purpose of the graduate degree is to enable the CRNA to complete additional study and coursework beyond those required for graduation from a nurse anesthesia program and entry into practice as a nurse anesthetist. The curriculum for a graduate degree for CRNAs is similar to the requirements for an equivalent degree that prepares registered nurses for entry into nurse anesthesia practice. The length of study is generally shorter depending upon the amount of advanced standing or transfer credits awarded by the degree granting institution.

Grievance - Any complaint that arises from the participation of a student or faculty member in a nurse anesthesia program.

Immediately available - A CRNA or physician anesthesiologist must be present in the anesthetizing location where a graduate student is performing/administering an anesthetic and available to be summoned by the graduate student.

Indicators of success - Documentation of student achievement and attainment of a program’s established outcome criteria. Examples of ways to measure success include 1. Identifying: (a) the number of students who complete the program, (b) the number of graduates that pass the National Certification Examination for Nurse Anesthetists in accordance with the COA’s Certification Examination policy, and (c) the number of graduates who secure employment within 6 months post-graduation; 2. Conducting graduate (alumni) evaluations to assess the program’s ability to prepare nurse anesthetists who are competent and capable of functioning in a variety of anesthesia settings; 3. Conducting employer evaluations to assess the program’s ability to prepare nurse anesthetists who are competent and capable of functioning in a variety of anesthesia settings.

Innovative curriculum - A new or creative way to introduce a curriculum or program that may become permanent. Programs that are developed to prepare broad-based, competent nurse anesthetists but do not necessarily comply with Council’s requirements pertaining to specific class hours or the details of the practical experiences.

Institution - A senior college or university, hospital, corporation, or other entity with an appropriate state license or a government-sponsored agency involved in the conduct of a nurse anesthesia educational program. An educational institution that is accredited in its entirety (as a whole), including nurse anesthesia certificate programs and single-purpose institutions.

Institutional Accreditor - The institution where a degree is earned must be accredited by an agency that is recognized by the U.S. Secretary of Education as a reliable authority for the quality of training offered.

Legal requirements - Examples include (1) evidence that a program accepts its responsibilities under Title IV of the Higher Education Act, as demonstrated through its compliance with accreditation standards and by its attempts to lower default rates in federal student loan programs; (2) evidence that a nurse anesthesia program is legally authorized to operate; and (3) evidence that a professional complies with licensure and certification requirements prescribed by legislation or regulation.

Licensure - A process whereby a governmental agency grants permission to individuals to practice their occupation as a way of providing reasonable assurance that public health, safety, and welfare will be protected.

Mask management - A general anesthetic that is administered by mask, exclusive of induction.

Nationally recognized accrediting agency - An accrediting agency that is recognized by the U.S.
Secretary of Education as a reliable authority as to the quality of training offered by educational institutions and/or programs. This includes regional institutional accrediting agencies, national institutional accrediting agencies, and specialized accrediting agencies.

**NonCredit** - A grading scale of Credit to NonCredit is used for the Clinical Anesthesia Practicum (CAP). A grade of Credit is awarded if all CAP course requirements are met and the final percentage earned is ≥83%. A grade of Non-Credit is awarded if all CAP course requirements are not met or the final percentage earned is ≤83%.

**Nondiscriminatory practice** - The practice of treating all individuals, including applicants, without regard to race, color, national origin, gender, religion, age, marital status, physical or mental handicap or disability, sexual orientation, or any legally protected factor. Although an applicant should not be required to provide information regarding his or her race, color, national origin, sex, religion, age, marital status, physical or mental handicap or disability, or any other legally protected factor, he or she can provide such information on a voluntary basis.

According to federal law, an applicant may be asked if he or she can perform the essential tasks or functions of an anesthetist, if all other applicants are asked the same question. (Reference Title VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act.)

**Nurse anesthesia graduate student** - A registered professional nurse who is enrolled in an educational program that is accredited by the Council for the purpose of acquiring the qualifications necessary to become certified in the specialty of nurse anesthesia.

**Objectives** - Future-oriented purposes and goals that a nurse anesthesia educational endeavor seeks to fulfill.

**Outcomes** - Evidence that demonstrates the degree to which a program’s purposes and objectives have been achieved, including the attainment of knowledge, skills, and competencies by students. Outcomes are operational definitions of objectives and must be assessed in relation to them.

**Peri-anesthetic management** - Anesthesia care and management of patients, including preoperative, intraoperative, and postoperative care. Preoperative care includes the evaluation of patients through interview, physical assessment, and a review of records. Intraoperative care includes administration of anesthetics, decision-making, and recordkeeping. Postanesthesia care includes evaluation, monitoring of physiological functions, and appropriate intervention when a patient is emerging from anesthesia and surgery.

**Personnel** - Persons employed by a conducting institution to provide necessary services, such as teaching and secretarial support, for the operation of a nurse anesthesia program.

**Postanesthetic Assessment** - Review of all available patient data and validation of anesthesia outcomes.

**Practice-oriented doctoral degree** - The primary purpose of the practice-oriented doctoral degree is to prepare registered nurses for professional practice as nurse anesthetists who have additional knowledge in an area of academic focus. The curriculum for a practice-oriented doctoral degree is typically a minimum of 36 calendar months in length of full-time study or longer if there are periods of part-time study. The Doctor of Nurse Anesthesia Practice (DNAp) and Doctor of Nursing Practice (DNP) are examples.

**Preanesthetic Assessment** - Review of all available patient data prior to initiating anesthesia.

**Professional Aspects** – Courses and activities that are specific to the profession of nurse anesthesia including but not limited to (1) the business of anesthesia and practice management; (2) reimbursement methodologies and payment policies; (3) substance abuse; (4) professional ethics; (5) quality improvement; (6) structure and function of the AANA; and (7) professional advocacy, practice standards and regulations (non-governmental, governmental).

**Program** - An educational curriculum that is designed to provide both didactic and clinical components to prepare a competent nurse anesthetist. The word program is commonly used for all types of nurse anesthesia schools including programs and institutions. In the case of a branch campus, program refers to an educational unit within a larger institution such as a university.

**Program design** - A graphic representation of the course of study, including all the components of the program, clinical, academic, research, call, affiliations, study time, and the total committed time by quarter or semester.

**Public member** - A member of a committee who is selected to ensure that consumer concerns, public and patient, are formally represented and to curb any tendency to put program priorities before public interest. Such members should be selected at large, and they cannot be current or former members of the healthcare profession or current or former employees of the institution that is conducting the program. This also excludes anyone who might be perceived to have divided loyalties or potential conflicts of interest, such as a relative of an employee or former employee.

**Radiology** – Didactic curricular content includes the fundamentals of radiologic principles and various techniques; topographic anatomy; contrast agents; radiation safety; basic evaluation of normal and abnormal
radiographs of the chest; evaluation of proper positioning of various tubes (e.g., endotracheal tubes, chest tubes) and lines (e.g., central venous catheters); and proper techniques of safe fluoroscopic equipment use.

**Reasonable time commitment** – A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours (see Glossary: Clinical hours) averaged over four weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours. (Council on Accreditation of Nurse Anesthetists Educational Programs, Standards for Accreditation of Nurse Anesthesia Programs Practice Doctorate, revised October 11, 2019; https://www.coacrna.org/wp-content/uploads/2020/01/Standards-for-Accreditation-of-Nurse-Anesthesia-Programs-Practice-Doctorate-revised-October-2019.pdf)

**Recertification** - A process whereby the Council on Recertification of Nurse Anesthetists grants recognition to CRNAs who have met the predetermined criteria specified by the Council. It is intended to advance the quality of anesthesia care provided to patients and to ensure that nurse anesthetists maintain their skills and remain up to date on scientific and technological developments.

**Research-oriented doctoral degree** - The primary purposes of the research-oriented doctoral degree are to prepare registered nurses for professional practice as nurse anesthetists and as researchers capable of generating new knowledge and demonstrating scholarly skills. The curriculum for a research-oriented doctoral degree is typically a minimum of 5-7 years in length past the baccalaureate degree or 4-5 years in length past the master’s degree of full-time study, or longer if there are periods of part-time study. The Doctor of Philosophy (PhD) and Doctor of Nursing Science (DNSc) are examples.

**Scholarly activities** - A series of accomplishments and/or achievements that require and contribute to overall critical thinking, analysis, decision-making, and innovative skills and competencies by faculty/students. Scholarly activities contribute to the achievement of the mission/goals of the academic unit and parent institutions. Examples of scholarly activities may include but are not limited to: new or innovative teaching/learning strategies; peer reviewed presentations at local, state, national and/or international levels; publish peer review articles and/or book chapters/books; investigator in research studies; participant in fellowships, internships; adviserr/committee member on research committees; data analysis, collection, and utilization for program maintenance, modification or revision; leadership roles in professional organizations; attends research focus groups and research conferences; development of non-print media.

**Self-assessment** - A process that starts with the institutional or programmatic self-study, a comprehensive effort to measure progress based on previously accepted objectives and outcome measures. The self-study considers the interests of the communities of interest, including students, faculty, administration, and graduates.

**Shared governance** - A formal arrangement in which two or more organizations or institutions are controlled by a single administrative authority. Written affiliation agreements are not necessary between entities that participate in shared governance arrangements.

**Sitting position** - Any position in which the torso is elevated from the supine position 45 to 90 degrees and the torso is higher than the legs.

**Social media** - Social media is broadly defined and consists of any online platform used as a mechanism for communication. Social media is most often an Internet-based application that allows for the creation and exchange of user-generated content. Examples of social media include but are not limited to social networking sites (e.g., Facebook, LinkedIn, Instagram, Snapchat, Pinterest, Flickr), microblogs (e.g., Twitter, Tumblr), user-created webpages (e.g., Wiki, Wikipedia), company and personal blogs (e.g., Wordpress), forums and discussions boards (e.g., Google Groups, Yahoo! Groups, ALLnurses.com), content communities (e.g., YouTube), and audio-sharing (e.g., podcasts).

**Standard precautions** - An approach to infection control based on the concept that human blood and certain human body fluids are treated as if they are known to be infectious for HIV, HBV, or other bloodborne pathogens.

**Strategic plan** - A written guide that is used to direct the effective operation of a nurse anesthesia program and to promote academic quality.

**Student services** - Assistance offered to students, such as financial aid, health services, insurance, placement services, and counseling.

**Summative evaluations** - Summative evaluations describe a student's achievement at the completion of a period or unit of learning activity and include both expected and unexpected outcomes.

**Supervision** – (see Clinical Supervision).
Title IV Higher Education Act (HEA) program requirements - Federal requirements for programs that participate in student loan programs authorized under Title IV of the Higher Education Act, known as Federal Family Education Loan (FFEL) programs. Examples: Federal Stafford Loan; Federal PLUS; Federal Supplemental Loans for Students; and Federal Consolidation Loans.

Unshared governance - A formal arrangement in which two or more organizations or institutions are controlled by separate administrative authorities. Written affiliation agreements are necessary between entities that participate in unshared governance arrangement.

Verbal care plan - A recorded plan of care that includes the aspects of a formal care plan in accordance with verbal care plan (VCP) guidelines.
## ATTACHMENT 1 Textbooks

### Required

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Edition</th>
<th>Year</th>
<th>Location</th>
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<tr>
<td>Bankert, Marianne</td>
<td>Watchful Care: A History of America's Nurse Anesthetist</td>
<td>1989</td>
<td></td>
<td></td>
<td></td>
<td>25</td>
<td>AANA Bookstore</td>
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<tr>
<td>Chestnut DH, Polley LS, Tsen LC, Wong CA</td>
<td>Chestnut’s Obstetric Anesthesia: Principles and Practice</td>
<td>6th</td>
<td>2014</td>
<td>Duke/STACKS</td>
<td>E online</td>
<td>188.00</td>
<td>Elsevier / Mosby</td>
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<td>Flood P, Rathmell J, Shafer S</td>
<td>Pharmacology and Physiology in Anesthetic Practice</td>
<td>5th</td>
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<td>Hall JE</td>
<td>Guyton &amp; Hall Textbook of Medical Physiology</td>
<td>13th</td>
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<td>Hensley FA, Martin DE, Gravlee GP</td>
<td>A Practical Approach to Cardiac Anesthesia</td>
<td>5th</td>
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<td>Hines RL, Marschall KE</td>
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<td>Huether, McCance</td>
<td>Pathophysiology - The Biological Basis for Disease in Adults and Children</td>
<td>8th</td>
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<td>Levitzky MG</td>
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<td>Miller, R &amp; Pardo, M.</td>
<td>Basics of Anesthesia</td>
<td>7th</td>
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<td>E online</td>
<td>95.00</td>
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<td>Nagelhout JJ, Plaaas K</td>
<td>Nurse Anesthesia</td>
<td>6th</td>
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### Recommended

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<td>Allain RM, Alston TA, Dunn PF, Kwo J</td>
<td>Clinical Anesthesia Procedures of the Massachusetts General Hospital …</td>
<td>9th</td>
<td>2016</td>
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<td>Benumof JL, Saidman LJ</td>
<td>Anesthesia and Perioperative Complications</td>
<td>2nd</td>
<td>1999</td>
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<td>88.00</td>
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<td>Davis PJ, Cladis FP, Motoyama EK</td>
<td>Smith's Anesthesia for Infants and Children</td>
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<td>Dorsch JA, Dorsch SE</td>
<td>Understanding Anesthesia Equipment</td>
<td>5th</td>
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<td>149.00</td>
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<td>Fleisher, LA</td>
<td>Anesthesia and Uncommon Diseases</td>
<td>6th</td>
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<td>Hadzic A.</td>
<td>Textbook of Regional Anesthesia and Acute Pain Management</td>
<td>2nd</td>
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<td>99.00</td>
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<td>Berne &amp; Levy</td>
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<td>Manual of Pediatric Anesthesia</td>
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<td>Morgan GE, Mikhail MS , Murray MJ</td>
<td>Clinical Anesthesiology</td>
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<td>70.00</td>
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ATTACHMENT 2  Counting Clinical Experiences

Council on Accreditation of Nurse Anesthesia Educational Programs
October 15, 2015
Revised July 2017

Copyright © 2014 by the Council on Accreditation of Nurse Anesthesia Educational Programs
222 S. Prospect Avenue, Park Ridge, Illinois, 60068-4037
Duke University Nurse Anesthesia Student Accountability Agreement

This agreement acknowledges my acceptance of appointment as a Student Registered Nurse Anesthetist (SRNA) in the Duke University Nurse Anesthesia Program.

I accept accountability for all academic and clinical policies. I will:
- Fulfill the requirements of the program
- Accept the duties, responsibilities and clinical rotations assigned
- Abide by all rules, regulations, policies, and procedures of Duke and clinical affiliates
- Complete Typhon case reports within 48 hours of case completion
- Conduct myself in an ethical and moral manner
- Comply with all rules and regulations outlined in the DUSON DNP Student Handbook (superseded by the DUNAP Student Handbook)
- Abide by the DUSON drug/alcohol policies and procedures

As a SRNA, I understand that I have professional liability coverage and I am covered with respect to losses or claims where liability for alleged negligence is imposed for acts in the course and scope of the Duke University Nurse Anesthesia Program (DUNAP). Professional liability coverage is not provided for any activities outside the DUNAP.

I understand that the appointment and this contract can be terminated if my academic and or clinical performance is unsatisfactory or at any time falls below 83% (i.e., the student will be academically withdrawn from the nurse anesthesia program). I understand that grades will not be rounded up.

I have reviewed the DUNAP Student Handbook with the Duke University Nurse Anesthesia Program faculty, and I fully understand its contents as written.

________________________________________  ____________________________  ____________________________
Date                                      Student Signature                       Print Name

________________________________________  ____________________________  ____________________________
Date                                      DUNAP Director Signature            Print Name