The Administrative Policies/Procedures Manual is designed to reflect the Standards for Accreditation of Nurse Anesthesia Educational Programs (October, 2007) and to meet the needs of Program administrators, faculty and students. The Manual is divided into two components: (1) policies/procedures related to administration and faculty; and (2) policies/procedures related to curriculum and students.

The policies/procedures contained in the Manual are supplemental to policies/procedures of the School, College and University. The manual is available to all students, faculty and members of the community of interest and is reviewed annually. A Table of Contents provides quick reference to the material covered in the manual.

APPROVED:

Signature on file

John P. McDonough, CRNA, EdD, ARNP

August 15, 2006

Signature on file

Lillia Loriz, PhD, ARNP, BC

August 15, 2006

1 NOTE: Review and revision dates are shown on individual policy/procedure pages. Renumbering of Standards or Criteria within policy statements in accord with numbering changes within updates to the Standards for Accreditation of Nurse Anesthesia Educational Programs are not considered as revisions within individual policy statements.
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NOTE: Numbering of policies/procedures within Table of Contents and body of manual was revised to reflect a I.1 (and sequential) and II.1 (and sequential) format during its annual review on 12-15-08. The renumbering, in itself, is not considered a revision to the content of individual policies/procedures.
COMPLIANCE WITH POLICIES AND PROCEDURES ON ACCREDITATION

POLICY/PROCEDURE I.1: Program administrators and faculty act in accordance with the Council on Accreditation (COA) of Nurse Anesthesia Educational Program’s policies and procedures for Accreditation, or take correction action if necessary (See Standard I, Criterion A11).

To assure compliance with Standards for Accreditation of Nurse Anesthesia Educational Programs, NAP administrators and faculty annually review the current Standards. In addition, NAP administrators and faculty evaluate the Program using the NAP Evaluation Plan, a systematic evaluation plan based on the Standards.

Program changes and revisions are made only when consistent with guidelines of the COA of Nurse Anesthesia Educational Programs, are approved by the NAP administrators and faculty, as well as designated School, College, and University administrators and committees who oversee the Program. External consultants are utilized as appropriate to assist with the accreditation process and decision making.

Under no circumstance do the Program faculty and administrators ignore any citation from an accrediting agency. Program administrators and faculty resolve previously identified areas of partial compliance or noncompliance with standards established by professional and regional accrediting agencies, including the COA of Nurse Anesthesia Educational Programs, the Council on Collegiate Nursing Education (CCNE) and the Southern Association of Colleges and Schools (SACS). It is the policy of the Program administrators and faculty to cooperate fully with the School, College, and University in correcting any and all deficiencies in the Program identified by an accrediting agency. The anesthesiology departments at affiliate facilities (through affiliation agreements) share in this effort.

Contact information for the Council of Accreditation of Nurse Anesthesia Education Programs will be made available on the official NAP web site.

APPROVED:

Signature on file
John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 revised 3-31-14

Date 08-15-06

POLICY/PROCEDURE I.2: Program administrators and faculty act in accordance with federal and state standards that are prescribed by law.

The Program Director has the responsibility to assess Program compliance with all applicable laws and regulations related to the education and practice of students, registered nurses, and nurse anesthetists and federally mandated requirements. To ensure legal compliance, the following entities are consulted to obtain current information, clarify any areas of question, and implement changes in law/regulations:

- COA of Nurse Anesthesia Educational Programs
- Florida Board of Nursing
- UNF Office of the General Counsel
- US Department of Education

These laws/regulations include compliance with non-discrimination in the program of study by any protected class as determined by federal and state statutes (Criterion E5). In addition, it is expected that RN licensed administrators, faculty and students associated with the Program comply with all statutes and regulations by the Florida Board of Nursing, including issues dealing with substance abuse.

Program administrators and faculty take whatever action required to maintain full compliance with laws and regulations concerning Program operations.

APPROVED:
Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12 3-20-13 3-31-14

Policies and procedures found in the Manual reference the Standards for Accreditation of Nurse Anesthesia Educational Program.

Program administrators and faculty review all policies and procedures annually. Each policy is subject to revision and the date of each policy review is noted on the individual policy/procedure. Each policy and procedure has the approval and signature of the Program Director.

Program administrators distribute links to the electronically-available PDF copy of the Administrative Policies/Procedures Manual to all clinical affiliate sites. Copies of the Manual are available in the Program administrative office, and interested individuals can review the Manual upon request.

Each entering class of NAP students is advised during orientation of the NAP website with links to information and to the electronically-available Policies/Procedures Manual to ensure that each student is provided with general Program information and pertinent policies and procedures. The sections that deal specifically with graduation criteria and outcome measures expected of all graduates are reviewed in detail. A copy of all relevant information for each entering class of students is retained in the Program administrative office.

APPROVED:
Signature on file 08-15-06
John P. McDonough, CRNA, Ed.D., ARNP Date
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
SYSTEMATIC PROGRAM EVALUATION

POLICY/PROCEDURE I.4: The NAP Evaluation Plan guides the systematic assessment of Program indicators and outcomes. (See Standard II, Criterion D1-D4).

The NAP Evaluation Plan (see following) guides the overall continuous evaluation of the Standards for Accreditation of Nurse Anesthesia Educational Programs. The Plan (a) addresses all Standards and criteria statements; (b) establishes a timetable (all criteria statements are evaluated over one academic year); (c) designates a responsible party (NAP administrators or faculty); (d) distributes the workload; (e) can be incorporated into committee agendas; (f) provides for relevant documentation of outcomes; and (g) is easy to revise as necessary.

The procedure for continuous assessment utilizes a multi-disciplinary approach with shared responsibilities and consisting of administrators, faculty, students, graduates, committees, and when appropriate, the public. A variety of evaluation tools are utilized for the assessment of:

1. Faculty performance
2. Student performance
3. Clinical facilities/student experiences*
4. Didactic instruction
5. Clinical instruction*
6. Student retention rate
7. Number of students passing the National Certification Examination (NCE)
8. Student/graduate/employer satisfaction with the program of study.

Results of the evaluation process will be reported to the SON Evaluation Committee, the unit within the SON designated to review evaluation data and recommend changes as indicated, and to the SON Director.

*Non-program committees that may provide direct communication to the program for the purpose of clinical assessment/evaluation include:

1. A clinical site Department of Anesthesiology Continuous Quality Assessment Committee
2. A clinical site Department of Anesthesiology Peer Review Committee

APPROVED:
Signature on file
_____________________________________________  08-15-06
John P. McDonough, CRNA, Ed.D., ARNP     Date
Director, Nurse Anesthetist Program

Date Reviewed:  09-01-07  12-15-08  01-04-10  03-22-11  02-21-12
3-20-13  3-31-14
## Nurse Anesthetist Program
### Evaluation Plan Summary

<table>
<thead>
<tr>
<th>Component Evaluated</th>
<th>Responsible Party</th>
<th>Evaluation Methods</th>
<th>Reviewer of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>• Didactic Faculty</td>
<td>• Quizzes, tests, papers, practical exercises, presentations, California Critical Thinking Dispositions (CACTI) • Clinical evaluation tools • Self Evaluation Examination (SEE)</td>
<td>• Director (NAP) • SON graduate faculty</td>
</tr>
<tr>
<td></td>
<td>• Clinical Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Council on Certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didactic Faculty</td>
<td>• Students</td>
<td>• UNF-developed (standardized) instructor evaluation • BCH Faculty Performance Appraisal • NAP faculty evaluation tools</td>
<td>Administrative supervisor</td>
</tr>
<tr>
<td></td>
<td>• Director (NAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Director (SON)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dean, BCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Faculty</td>
<td>• Students</td>
<td>• NAP faculty evaluation tools</td>
<td>Director (NAP)</td>
</tr>
<tr>
<td>Clinical sites</td>
<td>• Students</td>
<td>• NAP clinical site evaluation tools</td>
<td>Director (NAP)</td>
</tr>
<tr>
<td></td>
<td>• Director (NAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduates</td>
<td>• Council on Certification</td>
<td>• National Certification Examination (NCE)</td>
<td>Director • SON graduate faculty</td>
</tr>
<tr>
<td></td>
<td>• Employers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>• Students</td>
<td>• NAP program evaluation tools/Survey • NAP graduate evaluation tools/Survey • COA Self-Study Site visits • Self-Study Site visits</td>
<td>Director (NAP) • Director (SON) • SON graduate faculty</td>
</tr>
<tr>
<td></td>
<td>• Employers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Council on Accreditation (COA) of Nurse Anesthetist Educational Programs</td>
<td></td>
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<td></td>
<td>• NLNAC and/or CCNE</td>
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</tbody>
</table>
University of North Florida

Brooks College of Health

School of Nursing

Nurse Anesthetist Program
Evaluation Plan
(Revised 3-03-09)
Nurse Anesthetist Program Evaluation Plan
Academic Year Cycle (reviewed annually)

### NAP DIRECTOR/ASSISTANT DIRECTOR

<table>
<thead>
<tr>
<th>MON</th>
<th>C</th>
<th>#</th>
<th>QUALITY INDICATOR</th>
<th>PERFORMANCE STANDARD</th>
<th>RP</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
</table>
| Sep | G | A4 | The NAP Director must:  
• Hold CRNA certification  
• Hold an earned graduate degree from an institution of higher education accredited by nationally recognized accrediting agency  
• Have authority over organization/administration of program | NAP Director meets educational and organizational standards. | PD | CV, Transcripts, NAP Director position description, SON/NAP organizational charts (reviewed also by SON Director) |
| Sep | G | A5 | The NAP Assistant Director must:  
• Hold CRNA certification  
• Hold an earned graduate degree from an institution of higher education accredited by nationally recognized accrediting agency  
• Be able to assume Director responsibilities | NAP Assistant Director meets educational and organizational standards. | PD | CV, Transcripts, NAP Ass’t Director position description, SON/NAP organizational charts |
| Sep | A | E11 | The program restricts clinical supervision of students in anesthetizing areas to CRNAs and/or anesthesiologists with institutional staff privileges who are immediately available in all clinical areas. Instruction by graduate registered nurse anesthetists or physician residents is never appropriate if they act as the sole agents responsible for the student | Clinical faculty credentials meet standards. | PD | CV, Faculty Biosketch, NAP Admin M |
| Oct | G | A11 | An accredited program is required to act in accordance with the Council’s policies and procedures for accreditation. | NAP documents contain P/P for operationalizing the accreditation process. | PD | COA Standards, NAP Evaluation Plan, NAP Admin M |
| Oct | G | A10 | The institution’s and/or program’s committee structure is appropriate to meet Program objectives, and includes public, student, and faculty participation. | NAP committees include stakeholder representation. | PD | Committee bylaws, minutes, NAP Admin M |
| Oct | G | A9 | A program of nurse anesthesia has current written policies and procedures that facilitate its efficient and effective operation. | NAP Administrative Policies/Procedures Manual is available in the NAP office and is accessible online. The manual contains P/P for its systematic annual review and revision, and is accessible also at clinical sites. | PD | NAP Admin M Website link |

**HEADERS**
- **MON** = Academic Month
- **C** = Component: G=Governance; PE=Prog Effectiveness; PS= Prog of Study; R=Resources; A=Accountability
- **#** = COA Criterion number
- **PERFORMANCE STANDARD**
- **RP** = Responsible Party: PD=Director/Assistant Director; F=NAP Faculty
- **DOCUMENTATION** = Documents, Tools, etc.

**OTHER ABBREVIATIONS**
- **CBA** = Collective Bargaining Agreement
- **CV** = Curriculum Vita
- **G** = Graduate
- **GC** = Graduate Catalog
- **HK** = Handbook
- **Admin M** = Administrative Manual
- **MI** = Minutes
- **P/P** = Policies/Procedures
- **S & S** = Search and Screen
- **T/P** = Tenure/Promotion

*Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.*

Continues…
<table>
<thead>
<tr>
<th>MON</th>
<th>C</th>
<th>#</th>
<th>QUALITY INDICATOR</th>
<th>PERFORMANCE STANDARD</th>
<th>RP</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct</td>
<td>R</td>
<td>B1</td>
<td>Resources are adequate to promote effective teaching and student learning and to achieve the program's stated outcomes within the context of the institutional mission.</td>
<td>NAP budget and other resources are sufficient for meeting accreditation standards and educational activities.</td>
<td>PD</td>
<td>BCH/SON/NAP budgets, campus maps, space plans, clinical case counts</td>
</tr>
<tr>
<td>Oct</td>
<td>R</td>
<td>B3</td>
<td>The CRNA program administrator provides input into the budget process to ensure adequate resources are available for the program.</td>
<td>NAP Director coordinates with SON and BCH regarding budget needs.</td>
<td>PD</td>
<td>PD Position description, minutes, memos</td>
</tr>
<tr>
<td>Oct</td>
<td>R</td>
<td>B2</td>
<td>There is a budget that provides evidence of adequate funding for nurse anesthesia education</td>
<td>UNF/BCH/SON personnel/administrative resources are adequate for NAP educational program</td>
<td>PD</td>
<td>UNF/BCH/SON and NAP organizational charts, Job descriptions</td>
</tr>
<tr>
<td>Oct</td>
<td>R</td>
<td>B4</td>
<td>The conducting institution(s) demonstrates ongoing commitment to and support of both the clinical and academic components of the nurse anesthesia program by providing adequate: (see below D4a-D4f)</td>
<td>(see below)</td>
<td>PD</td>
<td>PD will review the documentation for each performance standard listed to assess the compliance status and provide a written report to the SON Director and faculty</td>
</tr>
<tr>
<td>Oct</td>
<td>B4a</td>
<td>Financial resources to comply with accreditation standards.</td>
<td>Ability to comply with COA standards is not limited by budget deficiencies</td>
<td>PD</td>
<td>UNF/BCH/SON and NAP budgets</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>B4b</td>
<td>Physical resources including facilities, equipment, and supplies</td>
<td>Facilities, equipment and supplies are available to meet NAP needs</td>
<td>PD</td>
<td>Campus maps, Floor plans, equipment &amp; supply lists</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>B4c</td>
<td>Learning resources including clinical sites, library, technological access and support</td>
<td>NAP students have access to clinical sites with sufficient cases to meet certification requirements. Tech access and support are available both on and off campus</td>
<td>UNF S HB, SON GS P/P, GC, UNF/BCH/SON/NAP web sites, SON library policy, library holdings list, library services list, library budget, consortium agreements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>B4d</td>
<td>Numbers of qualified faculty for clinical, classroom instruction and scholarly activities.</td>
<td>All didactic and clinical course sections have qualified faculty assigned</td>
<td>Master class schedule, faculty assignment lists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>B4e</td>
<td>Support personnel</td>
<td>NAP is provided with support consistent with faculty and student numbers and needs</td>
<td>Organizational charts, staff position descriptions and assignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>B4f</td>
<td>Student services</td>
<td>NAP students receive student services consistent with all other students</td>
<td>UNF S HB, SON GS P/P, GC, UNF/BCH/SON/NAP web sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>G</td>
<td>A7</td>
<td>The conducting organization completes a legally binding written agreement that outlines the expectations and responsibilities of all parties when an academic or clinical affiliation is established or two or more entities with unshared governance enter into a joint arrangement to conduct a program.</td>
<td>All NAP affiliation agreements are written and state responsibilities and expectations.</td>
<td>PD</td>
<td>NAP Affiliation agreements.</td>
</tr>
<tr>
<td>Nov</td>
<td>G</td>
<td>A6</td>
<td>The program appoints a CRNA, master’s degree preferred, or anesthesiologist coordinator for each clinical site with defined responsibilities for students.</td>
<td>Clinical site documents identify CRNA/anesthesiologist coordinator, and are maintained in a binder in the NAP office and at each respective clinical site.</td>
<td>PD</td>
<td>NAP affiliation agreements, clinical site documents, coordinators’ CV</td>
</tr>
<tr>
<td>Feb</td>
<td>A</td>
<td>E7</td>
<td>The program maintains accurate cumulative records of educational activities.</td>
<td>NAP documents contain P/P for maintaining cumulative educational (didactic &amp; clinical) records. Maintained records are accurate.</td>
<td>PD</td>
<td>NAP ADM M, Student records</td>
</tr>
<tr>
<td>Nov</td>
<td>A</td>
<td>E8</td>
<td>The program forbids the employment of nurse anesthesia students as nurse anesthetists by title or function.</td>
<td>NAP student and clinical affiliation agreements document employment P/P.</td>
<td>PD</td>
<td>NAP student agreements</td>
</tr>
<tr>
<td>Nov</td>
<td>A</td>
<td>E9</td>
<td>The program limits students' commitment to the program to a reasonable number of hours to ensure patient safety and promote effective student learning.</td>
<td>Cumulative (class, class prep [2:1], clinical) does not exceed reported national mean values</td>
<td>PD</td>
<td>Master class schedule, clinical schedules, student time surveys</td>
</tr>
<tr>
<td>Date</td>
<td>Mon</td>
<td>C</td>
<td>#</td>
<td>QUALITY INDICATOR</td>
<td>PERFORMANCE STANDARD</td>
<td>RP</td>
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</tr>
<tr>
<td>Nov</td>
<td>A</td>
<td>E10</td>
<td></td>
<td>The program restricts clinical supervision in nonanesthetizing areas to</td>
<td>NAP clinical site documents have identified credentialled clinical experts for non-anesthetic situations.</td>
<td>PD</td>
</tr>
<tr>
<td>Nov</td>
<td>A</td>
<td>E11</td>
<td></td>
<td>The program restricts clinical supervision of students in anesthetizing areas to</td>
<td>NAP clinical site documents indicate credentialled clinical experts for anesthetic situations.</td>
<td>PD</td>
</tr>
<tr>
<td>Nov</td>
<td>A</td>
<td>E12</td>
<td></td>
<td>The program ensures that students and CRNA faculty including clinical instructors are currently licensed as registered professional nurses in one jurisdiction of the United States and CRNAs are certified/recertified by the Council on Certification/Recertification of Nurse Anesthetists</td>
<td>NAP files and files at clinical sites will contain current licenses and CRNA certification for those teaching students.</td>
<td>PD</td>
</tr>
<tr>
<td>Nov</td>
<td>A</td>
<td>E13</td>
<td></td>
<td>The clinical supervision ratio of students to instructors must be coordinated to</td>
<td>NAP clinical site documents indicate assigned ratio of students to instructor.</td>
<td>PD</td>
</tr>
<tr>
<td>Mar</td>
<td>A</td>
<td>E1</td>
<td></td>
<td>The program evidences truth and accuracy in the following areas: advertising, student recruitment, admissions, academic calendars, program length, tuition and fees, travel requirements, catalogs, grading, representation of accreditation, and faculty accomplishments</td>
<td>Documents contain P/P on advertising. Documents contain P/P on recruitment Documents contain P/P on admissions. Documents contain P/P on calendars Documents contain P/P on program length Documents contain P/P on tuition and fees. Documents contain P/P on travel Documents contain P/P on catalogs Documents contain P/P on grading Documents contain P/P on accreditation status Documents contain P/P on faculty achievement</td>
<td>PD</td>
</tr>
<tr>
<td>Mar</td>
<td>A</td>
<td>E2</td>
<td></td>
<td>The program identifies, publishes, and distributes the rights and responsibilities the following entities as they relate to the program: patients, applicants, students, faculty, conducting and affiliating institutions, and the accrediting agency</td>
<td>Documents contain rights and responsibilities related to patients, NAP applicants, students and faculty, UNF and affiliating organizations, and the COA of Nurse Anesthesia Education Programs.</td>
<td>PD</td>
</tr>
<tr>
<td>Feb</td>
<td>A</td>
<td>E3</td>
<td></td>
<td>The program routinely provides accurate information about student achievement, retention, and attrition to the public</td>
<td>Students will take the SEE at the end of years 1 and 2 and the NCE after graduation. Results will be distributed to the community of interest and public as requested.</td>
<td>PD</td>
</tr>
<tr>
<td>Feb</td>
<td>C</td>
<td>C9-1</td>
<td>C9-2</td>
<td>NAP is compliant with federal financial indicators such as • Audits • Student loan defaults/student responsibilities</td>
<td>NAP student loan P/P and default rates are documented and implemented. The program is in compliance with the Higher Education Act of 1965, as amended in 1998.</td>
<td>PD</td>
</tr>
<tr>
<td>Mar</td>
<td>A</td>
<td>E4</td>
<td></td>
<td>Complaints, grievances and appeals are resolved in a timely and equitable manner affording due process</td>
<td>Documents contain P/P on grievances and appeals.</td>
<td>PD</td>
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<tr>
<td>Apr</td>
<td>R</td>
<td>B5</td>
<td>The conducting institution provides sufficient time and resources to permit faculty to fulfill their teaching, scholarly activities, service, administrative and clinical responsibilities.</td>
<td>Documents contain P/P that relate to faculty employment, teaching/administrative responsibilities, and continuing education.</td>
<td>PD</td>
<td>CBA, AA P/P, UNF/SON F P/P, BCH Differentiated Faculty Assignment P/P, I &amp; R Report, CV</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D1c</td>
<td>The institution and/or program utilizes systematic evaluation processes to assess achievement in the following areas: Faculty contributions to teaching, practice, service, and scholarly activities.</td>
<td>Evidence is reviewed documenting that the SON Director has conducted faculty evaluations</td>
<td>PD</td>
<td>Faculty Annual Performance Guidelines, CV, Personnel file, memos</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D3</td>
<td>The program relies upon periodic evaluations from its communities of interest to determine program effectiveness:</td>
<td>(See below)</td>
<td>PD</td>
<td>(See below)</td>
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<tr>
<td>Apr</td>
<td>P</td>
<td>D3a</td>
<td>Student evaluations of the program, courses, classroom instruction, clinical instruction, and clinical sites.</td>
<td>NAP student evaluations are conducted regarding the program courses, classroom instruction, clinical instruction and clinical sites are reviewed by the PD. Results of that review are reported to the SON Evaluation Committee, Director and faculty</td>
<td>PD</td>
<td>Evaluations performed by students, memos, minutes</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D3b</td>
<td>Faculty evaluations of the program</td>
<td>NAP faculty evaluations of the program are conducted and reviewed by the PD. Results of that review are reported to the SON Evaluation Committee, Director and faculty</td>
<td>PD</td>
<td>Faculty program evaluations, memos, minutes</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D3c</td>
<td>Employer evaluation of recent graduates</td>
<td>Employer evaluations of the program are reviewed by the PD. Results of that review are reported to the SON Evaluation Committee, Director and faculty</td>
<td>PD</td>
<td>Employer evaluations, memos, minutes</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D3d</td>
<td>Alumni evaluations of the program</td>
<td>Alumni evaluations of the program are reviewed by the PD. Results of that review are reported to the SON Evaluation Committee, Director and faculty</td>
<td>PD</td>
<td>Alumni evaluations, memos, minutes</td>
</tr>
<tr>
<td>Apr</td>
<td>P</td>
<td>D3e</td>
<td>Evaluations of the program by external agencies.</td>
<td>PD reviews the university accreditation documentation by SACS, SON accreditation through NLNAC or CCNE, and program accreditation through COA. Annual and other reports are submitted as required</td>
<td>PD</td>
<td>Letters, memos, minutes,</td>
</tr>
<tr>
<td>Apr</td>
<td>C15</td>
<td>The amount of advanced standing or transfer credits awarded by the degree granting institution is clearly stated and publicized.</td>
<td>Written documentation exists that policies regarding advanced standing are fully available</td>
<td>F</td>
<td>NAP P&amp;P, UNF graduate catalog</td>
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# Nurse Anesthetist Program Evaluation Plan
## Academic Year Cycle (reviewed annually)

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<tr>
<td>Oct</td>
<td>G</td>
<td>A1</td>
<td>The mission and/or philosophy of the conducting institution’s governing body promotes educational excellence and supports the nurse anesthesia program within a graduate framework.</td>
<td>NAP mission is appropriate, relevant and provides evidence of Program maintenance.</td>
<td>F</td>
<td>UNF/SON/NAP mission/goals statements, NAP curriculum plan</td>
</tr>
<tr>
<td>Oct</td>
<td>P</td>
<td>C13</td>
<td>The program enrolls only baccalaureate prepared students who meet admission criteria. Admission requirements include: a. Registration as a professional nurse in the United States, its territories or Protectorates. b. At least one year of experience as a RN in an acute care setting</td>
<td>NAP student data on entry (application, interview, references) reflects established admission criteria.</td>
<td>F</td>
<td>NAP entering student admission data</td>
</tr>
<tr>
<td>Nov</td>
<td>P</td>
<td>C14</td>
<td>The basic nurse anesthesia academic curriculum and prerequisite courses focus on coursework in anesthesia practice: Pharmacology of anesthetic agents and adjuvant drugs including concepts in chemistry and biochemistry (105 hours) Anatomy, physiology, and pathophysiology (135 hours) Professional aspects of nurse anesthesia practice (45 hours) Basic and advanced principles of anesthesia practice including physics, Equipment, technology and pain management (105 hours) Research (30 hours) Clinical correlation conferences (45 hours).</td>
<td>NAP curriculum plan focuses on the specialty of nurse anesthesia through the specified content.</td>
<td>F</td>
<td>NAP curriculum plan NAP course syllabi</td>
</tr>
<tr>
<td>Nov</td>
<td>P</td>
<td>C17</td>
<td>The nurse anesthesia clinical curriculum prepares the student for the full scope of current practice in a variety of work settings and requires a minimum of 550 clinical cases including a variety of procedures, techniques, and specialty practice</td>
<td>NAP curriculum plan provides clinical experiences that meet the COA criteria for achieving entry level competencies.</td>
<td>F</td>
<td>COA outcome criteria NAP curriculum plan NAP course syllabi Clinical affiliation agreements Student records</td>
</tr>
<tr>
<td>Mar</td>
<td>P</td>
<td>D2</td>
<td>The program has a written plan for continuous self-assessment that promotes program effectiveness, purposeful change and needed improvement.</td>
<td>NAP evaluation plan is documented and implemented.</td>
<td>F</td>
<td>COA outcome criteria, NAP Evaluation Plan NAP faculty/course/program evaluation tools, Alumni surveys Minutes</td>
</tr>
<tr>
<td>Mar</td>
<td>A</td>
<td>E5</td>
<td>The program defines and uses policies and procedures that are fair and equitable and do not discriminate on the basis of race, color, religion, age, gender, national origin, marital status, disability, sexual orientation, or any factor protected by law.</td>
<td>UNF/BCH/SON/NAP P&amp;P prohibits unlawful discrimination.</td>
<td>F</td>
<td>UNF/BCH/SON/NAP P&amp;P prohibits unlawful discrimination</td>
</tr>
<tr>
<td>Mar</td>
<td>G</td>
<td>A2</td>
<td>The organizational relationships of the institution, academic unit, and program are clear, support the objectives of the program, and facilitate needed change.</td>
<td>Written documentation will provide evidence of faculty agreement that achievement of this indicator has occurred</td>
<td>UNF/BCH/SON/NAP P&amp;P, organizational charts, minutes</td>
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<tr>
<td>Mar</td>
<td>G</td>
<td>A3</td>
<td>The governance structures in which the program functions facilitate appropriate involvement and communication among and between faculty, students, administrators, the public, and its communities of interest.</td>
<td>Written documentation will provide evidence of faculty agreement that achievement of this indicator has occurred</td>
<td>UNF/BCH/SON/NAP P&amp;P, organizational charts, minutes</td>
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<tr>
<td>Apr</td>
<td>P</td>
<td>D1</td>
<td>The institution and/or program utilizes systematic evaluation processes to assess achievement in the following areas:</td>
<td>(See below)</td>
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<td>Apr</td>
<td>D1a</td>
<td>The quality of the didactic, clinical and research curriculum.</td>
<td>Faculty review indicators of quality and documents results of that review.</td>
<td>F</td>
<td>Program outcome criteria, NAP Evaluation Plan, NAP/SON faculty/course/program evaluation tools, SEE scores, NCE scores, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D1b</td>
<td>A teaching and learning environment that promotes student learning.</td>
<td>Faculty reviews indicators of student learning and documents results of that review</td>
<td>F</td>
<td>Program outcome criteria, NAP Evaluation Plan, NAP/SON faculty/course/program evaluation tools, SEE scores, NCE scores, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D1d</td>
<td>The competence of graduates entering anesthesia practice.</td>
<td>Faculty reviews indicators of graduate competence and document results of that review</td>
<td>F</td>
<td>, NCE scores, graduate evaluations, employer evaluations, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D1e</td>
<td>Alumni involvement in professional activities</td>
<td>Faculty reviews indicators of alumni achievement (job promotion, scholarly work, professional association involvement) and documents results of that review</td>
<td>F</td>
<td>Graduate evaluations, employer evaluations, letters, memos, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D1f</td>
<td>Institutional/program resources</td>
<td>Faculty reviews resources (financial, clinical personnel) and documents results of that review</td>
<td>F</td>
<td>NAP budget, faculty lines, student clinical case counts, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>P/E D3</td>
<td>The program relies upon periodic evaluations from its communities of interest to determine program effectiveness:</td>
<td>(See below)</td>
<td>F</td>
<td>(See below)</td>
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</tr>
<tr>
<td>Apr</td>
<td>D3a</td>
<td>Student evaluations of the program, courses, classroom instruction, clinical instruction, and clinical sites.</td>
<td>NAP faculty reviews evaluations of the program, courses, classroom instruction, clinical instruction, and clinical sites and reports the results of that review to the SON Evaluation Committee, Director and faculty</td>
<td>F</td>
<td>Student evaluations, graduate evaluations, employer evaluations, letters, memos, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D3c</td>
<td>Employer evaluations of recent graduates.</td>
<td>NAP faculty reviews employer evaluations of recent graduates and reports the results of that review to the SON Evaluation Committee, Director and faculty</td>
<td>F</td>
<td>Employer evaluations of recent graduates, memos, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D3d</td>
<td>Alumni evaluations of the program</td>
<td>NAP faculty reviews alumni evaluations of the program and reports the results of that review to the SON Evaluation Committee, Director and faculty</td>
<td>F</td>
<td>Alumni evaluations, memos, minutes</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>P/E D4</td>
<td>The program utilizes evaluation data from all sources to monitor and improve program quality and effectiveness and student achievement:</td>
<td>(See Below)</td>
<td>(See Below)</td>
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<tr>
<td>Apr</td>
<td>D4a</td>
<td>Student evaluations, formative and summative, are conducted by the faculty to counsel students and document student achievement in the classroom and clinical areas</td>
<td>Written documentation exists regarding formative and summative evaluations. Students are counseled at least once each semester regarding the results of these evaluations</td>
<td>F</td>
<td>Memos, minutes, formative evaluations, summative evaluations</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>D4b</td>
<td>Student achievement is documented through self-evaluation.</td>
<td>Written documentation exists regarding student self-evaluations</td>
<td>F</td>
<td>Student evaluation booklets, students files</td>
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<tr>
<td>Apr</td>
<td>D4c</td>
<td></td>
<td>Outcome measures, including graduation rates, grade point averages, Council on Certification of Nurse Anesthetists' (CCNA) Certification Examination pass rates and mean scores, and employment rates and employer satisfaction are used to assess the quality of the program and level of student achievement.</td>
<td>Written documentation exists regarding faculty review of graduation rates, grade point averages, Council on Certification of Nurse Anesthetists’ (CCNA) Certification Examination pass rates and mean scores, and employment rates and employer satisfaction. Faculty use these results to evaluate program quality and student achievement.</td>
<td>F</td>
<td>Minutes, memos, student files, evaluation and survey results</td>
</tr>
<tr>
<td>Apr</td>
<td>D4d</td>
<td></td>
<td>The program's evaluation plan is used to continuously assess compliance with accreditation requirements and to initiate corrective action should areas of noncompliance occur or recur.</td>
<td>Written documentation exists that the faculty regularly reviews the NAP Evaluation Plan criteria and that the program meets these criteria. The results of these reviews are forwarded to the SON Evaluation Committee, Director and other SON faculty.</td>
<td>F</td>
<td>Minutes, memos</td>
</tr>
<tr>
<td>Apr</td>
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<td>C1</td>
<td>The program’s curriculum is driven by this mission and resources of the institution, builds upon prior nursing education and professional experiences, and is designed so that students benefit from the program.</td>
<td>Written documentation exists that the curriculum evaluates it in light of institutional mission and resources and that students benefit from the program.</td>
<td>F</td>
<td>SON, College and UNF mission statements. NAP budgets, SEE scores, certifications rates</td>
</tr>
<tr>
<td>Apr</td>
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<td>C2</td>
<td>The faculty designs a curriculum that awards a master’s or higher-level degree to graduate students who successfully complete graduation requirements.</td>
<td>Written documentation exists that students are awarded a graduate degree upon completion of NAP.</td>
<td>F</td>
<td>Student transcripts, NAP curriculum, Course outlines. NAP P&amp;P, minutes, memos</td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td>C3</td>
<td>The program sets forth the curriculum in a logical manner with sequential presentation of classroom and clinical experiences.</td>
<td>Written documentation exists that didactic and clinical learning experiences are sequenced from simple to complex level as students progress through the NAP.</td>
<td>F</td>
<td>NAP curriculum, course outlines, syllabi, minutes</td>
</tr>
<tr>
<td>Apr</td>
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<td>C4</td>
<td>The nurse anesthesia program must be a minimum of 24 months in length or its part-time equivalent.</td>
<td>Written documentation exists that NAP is 7 semesters in length.</td>
<td>F</td>
<td>NAP curriculum, course outlines, syllabi, minutes</td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td>C5</td>
<td>The educational environment fosters student learning and promotes professional socialization.</td>
<td>Written documentation exists that students achieve educational objectives and professional socialization is supported.</td>
<td>F</td>
<td>Students transcripts and clinical case counts, student and faculty evaluations, SEE results, certification rates, documentation of student professional involvement, minutes, memos</td>
</tr>
<tr>
<td>Apr</td>
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<td>C6</td>
<td>The educational environment provides opportunities for faculty development.</td>
<td>Written documentation exists that faculty development is supported.</td>
<td>F</td>
<td>UNF Policies, faculty CE records, faculty CVs</td>
</tr>
<tr>
<td>Apr</td>
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<td>C7</td>
<td>The program designs a curriculum that enables graduates to attain certification in the specialty.</td>
<td>Written documentation exists that the NAP curriculum meets or exceeds all COA requirements and that graduates are eligible to take the NCE and pass the NCE are rates consistent with national norms.</td>
<td>F</td>
<td>NAP curriculum, NCE results</td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td>C9</td>
<td>The content of the curriculum is appropriate to the degree or certificate earned.</td>
<td>Written documentation exists that the NAP curriculum meets or exceeds all COA requirements.</td>
<td>F</td>
<td>NAP curriculum, course outlines, syllabi, minutes, letters</td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td>C10</td>
<td>The curriculum meets commonly accepted national standards for similar degrees.</td>
<td>Written documentation exists that the NAP curriculum meets or exceeds generally accepted requirements for the award of the MSN degree.</td>
<td>F</td>
<td>NAP curriculum, course outlines, syllabi, minutes, letters</td>
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<tr>
<td>Apr</td>
<td>C11</td>
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<td>Distance education programs and courses satisfy accreditation standards and achieve the same outcomes as traditional educational offerings.</td>
<td>Written documentation exists that any distance education activities are approved by both COA and SACS and that results of such offering are compared to traditional methods of instruction.</td>
<td>F</td>
<td>Memos, minutes, letters.</td>
</tr>
<tr>
<td>Apr</td>
<td>C12</td>
<td></td>
<td>The educational environment promotes academic quality as evidenced through a variety of indicators</td>
<td>Written documentation exists that multiple indicators are used to access academic quality.</td>
<td>F</td>
<td>Evaluations (student, faculty, employers, alumni), SEE results, NCE results.</td>
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<tr>
<td>Apr</td>
<td>C16</td>
<td></td>
<td>The clinical curriculum provides students with opportunities for experiences in the perioperative process that are unrestricted, and promote their development as competent safe nurse anesthetists</td>
<td>Written documentation exists that supports the existence unrestricted clinical experiences for NAP students.</td>
<td>F</td>
<td>Clinical affiliation agreements, students clinical assignments and case records.</td>
</tr>
<tr>
<td>Apr</td>
<td>C18</td>
<td></td>
<td>The program provides opportunities for students to obtain clinical experiences outside the regular clinical schedule by a call experience or other mechanism</td>
<td>Written documentation exists that NAP students obtain clinical experiences outside the regular clinical schedule.</td>
<td>F</td>
<td>Clinical affiliation agreements, students clinical assignments and case records.</td>
</tr>
<tr>
<td>Apr</td>
<td>C19</td>
<td></td>
<td>The program demonstrates that it has achieved its stated outcomes.</td>
<td>Written documentation exists that NAP students achieves the outcomes as stated.</td>
<td>F</td>
<td>NAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, evaluations (student, faculty, alumni, employer).</td>
</tr>
<tr>
<td>Apr</td>
<td>C20</td>
<td></td>
<td>The program demonstrates that graduates have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication, and the professional role.</td>
<td>(See below)</td>
<td>F</td>
<td>(See below).</td>
</tr>
<tr>
<td>Apr</td>
<td>C20a</td>
<td></td>
<td>Patient safety is demonstrated by the ability of the graduate to:</td>
<td>Written documentation exists that NAP students demonstrate the required abilities.</td>
<td>F</td>
<td>NAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, student academic work samples, student files, evaluations (student, faculty, alumni, employer).</td>
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<td>1. Be vigilant in the delivery of patient care.</td>
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<td>2. Protect patients from iatrogenic complications.</td>
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<td>3. Participate in the positioning of patients to prevent injury.</td>
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<td>4. Conduct a comprehensive and appropriate equipment check.</td>
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<td>5. Utilize standard precautions and appropriate infection control measures.</td>
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<tr>
<td>Apr</td>
<td>C20b</td>
<td></td>
<td>Individualized perianesthetic management is demonstrated by the ability of the graduate to:</td>
<td>Written documentation exists that NAP students demonstrate the required abilities.</td>
<td>F</td>
<td>NAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, student academic work samples, student files, evaluations (student, faculty, alumni, employer).</td>
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<td>1. Provide care throughout the perianesthetic continuum.</td>
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<td>2. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.</td>
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<td>3. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.</td>
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<td>4. Provide anesthesia services to all patients, including trauma and emergency cases.</td>
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<td>5. Administer and manage a variety of regional anesthetics.</td>
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<td>6. Function as a resource person for airway and ventilatory management of patients.</td>
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<td>7. Possess current advanced cardiac life support (ACLS) recognition.</td>
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<td>8. Possess current pediatric advanced life support (PALS) recognition.</td>
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<tr>
<td>Apr</td>
<td>C20</td>
<td>c</td>
<td>Critical thinking is demonstrated by the graduate’s ability to:</td>
<td>Written documentation exists that NAP students demonstrate the required abilities</td>
<td>F</td>
<td>NAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, student academic work samples, student files, evaluations (student, faculty, alumni, employer)</td>
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<td>1. Apply theory to practice in decision-making and problem solving.</td>
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<td>2. Provide nurse anesthesia care based on sound principles and research evidence.</td>
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<td>3. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they</td>
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<td></td>
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<td>are assigned to administer anesthesia.</td>
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<td>4. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.</td>
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<td>5. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.</td>
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<td>6. Calculate, initiate, and manage fluid and blood component therapy.</td>
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<td>7. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.</td>
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<td>8. Pass the Council on Certification of Nurse Anesthetists’ (CCNA) certification examination in accordance with CCNA policies and procedures.</td>
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<td>Apr</td>
<td>C20</td>
<td>d</td>
<td>Communication skills are demonstrated by the graduate’s ability to:</td>
<td>Written documentation exists that NAP students demonstrate the required abilities</td>
<td>F</td>
<td>NAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, student academic work samples, student files, evaluations (student, faculty, alumni, employer)</td>
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<td>1. Effectively communicate with all individuals influencing patient care.</td>
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<td>2. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care</td>
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<td>e</td>
<td>Professional role is demonstrated by the graduate’s ability to:</td>
<td>Written documentation exists that NAP students demonstrate the required abilities</td>
<td>F</td>
<td>NAP curriculum, course outlines, syllabi, student clinical evaluations, minutes, letters, SEE results, NCE results, student academic work samples, student files, evaluations (student, faculty, alumni, employer)</td>
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<td>1. Participate in activities that improve anesthesia care.</td>
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<td>2. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.</td>
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<td>3. Interact on a professional level with integrity.</td>
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<td>4. Teach others.</td>
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<td>5. Participate in continuing education activities to acquire new knowledge and improve his or her practice.</td>
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POLICY/PROCEDURE I.5: Clinical affiliate sites are pre-approved by the COA of Nurse Anesthesia Educational Programs and the Program, and written affiliation agreements are secured and monitored (See Standard I, Criterion A7).

Pre-Approval of Clinical Sites
The Program Director obtains written approval from the COA of Nurse Anesthesia Educational Programs, with supporting documentation, before students are assigned at the clinical site (primary and/or non-primary) for their applied practice. Signed affiliation agreements are required before students are assigned to the site, other than for observation.

The affiliation agreements outline the expectations and responsibilities of all parties. All affiliation agreements are subject to the review by the legal counsel of each party signing such agreements. Affiliation agreements are kept in a secure file and reviewed as indicated on the agreement.

Evaluation of Clinical Sites
The Program Director/Designee makes at least one visit to each clinical site annually. During the visit, the Program Director/Designee meets with the following individuals or groups to gather feedback and discuss any area(s) of concern:

- Clinical coordinator of the affiliate site
- CRNA and anesthesiologist faculty, either as a group or individually
- University-based NAP faculty

The Program Director/Designee observes students in the actual clinical practice of anesthesia to assess compliance with the Standards established by the COA of Nurse Anesthesia Educational Programs.

The feedback and observations are used for improvement, if necessary, of the clinical practice environment and/or instruction. A written evaluation of the site, including any concerns and plan(s) for improvement, is dated and placed in the Program administrative files. If necessary, follow-up visits are made to assess the resolution of concerns.

Each clinical site will be advised of the result of faculty and student evaluations of the site.
APPROVED:

Signature on file

_____________________________  08-15-06
John P. McDonough, CRNA, Ed.D., ARNP     Date
Director, Nurse Anesthetist Program

Date Reviewed:  09-01-07   12-15-08   01-04-10   03-22-11   02-21-12
3-20-13   3-31-14
PROGRAM DIRECTOR and ASSISTANT PROGRAM DIRECTOR
QUALIFICATIONS AND RESPONSIBILITIES

POLICY/PROCEDURE I.6: The Program Director is qualified by credentials and experience to administer a graduate program with a clinical specialty in nurse anesthesia (See Standard I, Criterion A4).

Program Director

Authority
The Program Director is responsible with managing the day-to-day operation of the NAP within the framework of the School, College, and University. In addition, the Program Director is responsible to the SON Associate Director for Graduate Studies to insure that all requirements are met for maintaining the continued accreditation of the program.

Reporting Responsibilities
The Program Director reports to the SON Associate Director for Graduate Studies.

Qualifications
1. Earned doctorate degree from a regionally accredited university.
2. Master’s degree in anesthesiology nursing (or equivalent) from a regionally accredited university.
3. Graduate from a program of anesthesiology nursing accredited by the American Association of Nurse Anesthetists (AANA) or the COA of Nurse Anesthesia Educational Programs.
4. Hold current Certification as a CRNA from the Council on Certification or Re-Certification of Nurse Anesthetists.
5. Current unrestricted Florida license as a registered nurse.
6. Minimum of five (5) years of experience as an active practicing nurse anesthetist.
7. Minimum of five (5) years of experience as a didactic and/or clinical instructor in an accredited nurse anesthesiology program.

Administrative Duties and Responsibilities
1. Accountable for the administrative and clinical implementation and operation of the NAP.
2. Responsible for maintaining all aspects of the program within the standards established by the COA of Nurse Anesthesia Educational Programs.
3. Provides periodic review of the program regarding its compliance with the requirements of the Southern Association of Colleges and Schools (SACS).
4. Acts as the liaison for the NAP with the community of interest.
5. Assists in the activities of the clinical coordinators and clinical faculty.
6. Supervises the activities of didactic faculty to include periodic review of students’ evaluations, course syllabi, and examinations.
7. Assists in the supervision of the research activities of nurse anesthetist graduate students.
8. Implements the evaluation plan for continuous self-assessment of the Program consistent with the Standards of the COA of Nurse Anesthesia Educational Programs, to include the evaluation of the tools as established by the Program, on at least an annual basis.
9. Develops and implements policies and procedures that govern student recruitment, selection, evaluation, probation and/or dismissal.
10. Oversees the instruction of students in classroom setting, assuring the correlation of didactic learning to clinical practice anesthesiology nursing.
11. Prepares the necessary reports and studies to maintain accreditation of the NAP.
12. Acts as a resource and role model to clinical/didactic faculty members in all matters relating to classroom and clinical instruction.
13. Participates as a Program administrator within the guidelines set forth in the UNF, COH, SON, and Program policies/procedures manuals.
14. Supervises and works with the clinical coordinators and clinical faculty relating to the clinical instruction of the graduate students in the program to assure compliance of the program with all clinical requirements set by the COA/Council on Certification. This may include conducting and/or coordinating clinical instructor's workshops.
15. Evaluates the recommendation(s) from the clinical coordinators for additional clinical site affiliations for students in the Program.
16. Insures completion of record-keeping and data collection required by the COA/Council on Certification.
17. Conducts visits to each of the clinical sites as required by the COA.
18. Maintains clinical competency skills to provide anesthesia.
19. Negotiates affiliation agreements with new clinical sites that have promise of educational excellence for graduate students in the program and the ability to provide all anesthesia cases as required by the COA.
20. Communicates regularly with the SON Director, and COH Dean on issues related to the Program.
21. Provides input to the SON Associate Director for Graduate Studies regarding the budgeting process so that there are an adequate number of state funded faculty lines and administrative positions available to the NAP for successful operation and achievement of NAP outcomes.
22. Acts as the primary signature authority for the creation, allocation and disbursement of the NAP supplemental fee budget.

Personnel Management
1. Recruits adjunct and clinical faculty for the NAP.
2. Coordinates faculty assignments and team teaching.
3. Orients faculty to the NAP, to include teaching methods and clinical practice requirements.

Note: The above statements are not to be construed as an exhaustive list of all responsibilities and duties of personnel so assigned. The SON Associate Director for Graduate Studies reserves the right to make changes at any time in the duties and responsibilities of the Program Director.
Assistant Program Director

Authority
The Assistant Program Director (APD) is responsible for assisting with managing the day-to-day operation of the NAP within the framework of the School, College, and University.

Reporting Responsibilities
The APD reports to the NAP Program Director.

Qualifications
1. Earned graduate degree from a regionally accredited university.
2. Master’s degree in anesthesiology nursing (or equivalent) from a regionally accredited university.
3. Graduate from a program of anesthesiology nursing accredited by the American Association of Nurse Anesthetists (AANA) or the COA of Nurse Anesthesia Educational Programs.
4. Hold current Certification as a CRNA from the Council on Certification or Re-Certification of Nurse Anesthetists.
5. Current unrestricted Florida license as a registered nurse.
6. Minimum of three (3) years of experience as an active practicing nurse anesthetist.
7. Minimum of one (1) year of experience as a didactic instructor in an accredited nurse anesthesiology program.

Administrative Duties and Responsibilities
1. Accountable for assisting with the administrative and clinical implementation and operation of the NAP.
2. Responsible for assisting with maintaining all aspects of the program within the standards established by the COA of Nurse Anesthesia Educational Programs.
3. Acts as the liaison for the NAP with the community of interest.
4. Assists in the activities of the clinical coordinators and clinical faculty.
5. Assisting with periodic review of students’ evaluations, course syllabi, and examinations.
6. Assists in the supervision of the research activities of nurse anesthetist graduate students.
7. Assisting with implementation the evaluation plan for continuous self-assessment of the Program consistent with the Standards of the COA of Nurse Anesthesia Educational Programs, to include the evaluation of the tools as established by the Program, on at least an annual basis.
8. Assisting with developments and implementation of policies and procedures that govern student recruitment, selection, evaluation, probation and/or dismissal.
9. Assists with preparing the necessary reports and studies to maintain accreditation of the NAP.
10. Assists with supervising and works with the clinical coordinators and clinical faculty relating to the clinical instruction of the graduate students in the program to assure compliance of the program with all clinical requirements set by the COA/Council on Certification. This may include conducting and/or coordinating clinical instructor's workshops.
11. Assists with completion of record-keeping and data collection required by the COA/Council on Certification.
12. Conducts visits to each of the clinical sites as required by the COA.
13. Maintains clinical competency skills to provide anesthesia.
14. Communicates regularly with the NAP Director on issues related to the Program.
15. Provides input to the NAP Program Director regarding the budgeting process so that there are an adequate number of state funded faculty lines and administrative positions available to the NAP for successful operation and achievement of NAP outcomes.

Note: The above statements are not to be construed as an exhaustive list of all responsibilities and duties of personnel so assigned. The NAP Program Director reserves the right to make changes at any time in the duties and responsibilities of the NAP APD.

APPROVED:

Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 revised 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14

08-15-06
Date
PROGRAM FACULTY QUALIFICATIONS

POLICY/PROCEDURE I.7: NAP faculty members are qualified by credentials and experience to teach in a graduate program with a clinical specialty for nurse anesthesia or other appropriate area of advanced specialization (See Standard V, Criterion E12).

NAP Faculty
In addition to the University, College, and School requirements for employment as faculty, the following requirements apply to University-based faculty who function as CRNAs:

Qualifications
1. Hold a current, unrestricted license as a registered nurse in the State of Florida.
2. Hold current status as an ARNP as a Certified Registered Nurse Anesthetist (CRNA) in the State of Florida.
3. Is a graduate of an accredited school of nurse anesthesia as accredited by the AANA or the COA of Nurse Anesthesia Educational Programs.

In addition:
5. Faculty who hold certification as CRNAs are expected to follow all policies and procedures established by the University, College, School, and Program. In addition, these faculty members are required to follow the rules, regulations, policies and procedures of the Nurse Practice Act of the State of Florida. Failure to follow, or violation of, the policies and procedures listed above may result in disciplinary action and/or dismissal.
6. Non-CRNA faculty (including those teaching basic sciences and nursing core courses) are content experts in these areas with appropriate credentials for their appointment as faculty.

APPROVED:

Signature on file
_____________________________________________   08-15-06
John P. McDonough, CRNA, Ed.D., ARNP     Date
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
RECORD OF FACULTY CREDENTIALS & DEVELOPMENT ACTIVITIES

POLICY/PROCEDURE I.8: Documentation of NAP faculty and clinical coordinator credentials is current and stored in a secure location in SON and Program administrative offices (See Standard IV, Criterion B5).

CRNA faculty must provide:
- Current RN licensure in one jurisdiction of the United States.
- CRNA certified/re-certified by the Council on Certification /Re-certification of Nurse Anesthetists.

Clinical and didactic NAP faculty must provide:
- An updated curriculum vitae any time there is a significant change, or annually.
- Documentation of continuing education or faculty development activities.

Clinical Coordinators must provide:
- Current licensure in one jurisdiction of the United States.
- If appropriate, CRNA certified/re-certified by the Council on Certification / Re-certification of Nurse Anesthetists.

The Program Director and staff ensure that copies of the above are filed in the SON and Program administrative offices. Copies of the nursing licenses and CRNA certificates of the clinical faculty are also filed in the medical staff administrative office of each clinical facility.

APPROVED:

Signature on file 08-15-06
John P. McDonough, CRNA, Ed.D., ARNP Date
Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12 3-20-13 3-31-14
POLICY/PROCEDURE I.9: Written evaluations of the NAP didactic and clinical faculty/instructors are completed by students, and the feedback is used to strengthen teaching effectiveness (See Standard II, Criterion D3a).

In accordance with University policies/procedures, students complete a University-developed instructor evaluation for each credit course that is offered by the Program. In addition to responding to the University-developed statements, students can add comments. The University-developed evaluation data are aggregated and the results are sent to the Program Director and the faculty member. Results are used as part of the continuous self-evaluation of the Program and the identification of areas needing improvement for the course and/or instructor.

Students also complete a Program-developed clinical instructor evaluation for each practicum (or more often if desired by the student). Student evaluations of the clinical instructors are forwarded to the Program Director. The Program Director reviews the evaluation(s) and, when necessary, conducts a private conference with the Clinical Coordinator of the clinical site and/or an individual instructor. Again, results are used as part of the continuous self-evaluation of the Program and the identification of areas needing improvement for the course and/or instructor.

At program completion, each student completes an exit evaluation of the Program. This evaluation provides the student with an opportunity to do a summative evaluation of the program of study (didactic and clinical) and provide suggestions for improvement(s) in the Program.

APPROVED:

Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Date

08-15-06

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12

3-20-13 3-31-14
POLICY/PROCEDURE I.10: Written self-evaluations are completed by faculty members on a regular basis, and the results are used for validation of faculty member’s strengths and strategies for improvement (See Standard II, Criterion D2).

At the completion of the academic year (in March), each University-based faculty members provide a written self-evaluation to the Program and SON Directors. The self-evaluation is based on the College (BCH) Faculty Annual Performance Guidelines, and is used for identifying strengths and providing strategies for improvement in the areas of teaching, research/scholarly activities, and service. The Guidelines were developed and approved by College faculty and administrators. A faculty member can schedule a conference with the Program Director and/or the SON Director to discuss the self-evaluation as part of the faculty self-improvement process.

Faculty self-evaluations are securely stored in the faculty member’s personnel file in a limited access area.

APPROVED:

Signature on file 08-15-06
John P. McDonough, CRNA, Ed.D., ARNP Date
Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
POLICY/PROCEDURE I.11: Written evaluations of faculty members are completed periodically by his/her supervisor, and the feedback is used for validation of faculty member’s strengths and strategies for improvement (See Standard II, Criterion D1c).

Before the beginning of each semester, faculty members are provided with their semester assignment. Faculty assignments are based on their credentials and expertise as well as the guidelines found in College (BCH) Differentiated Faculty Assignment Guidelines. The Guidelines were developed and approved by College faculty and administrators.

At the completion of the academic year (in April), an administrator evaluation of each faculty member is performed with consideration of the faculty member’s rank and position, type of line (tenure/tenure-earning/clinical), and assigned duties. Faculty members are evaluated in the areas of teaching, research/scholarly activities, and service using the guidelines found in the College Faculty Annual Performance Appraisal Guidelines. The Guidelines were developed and approved by College faculty and administrators. The administrator also uses other evaluative tools, such as the faculty member’s self-evaluation, peer evaluations, student evaluations, teaching observations, and other pertinent feedback. The feedback is used for a validation of the faculty member’s strengths and strategies for improvement.

The evaluation process is governed by the Collective Bargaining Agreement (CBA) and policies and procedures of the School, College, and University. The faculty member has the right to review, comment on, and sign his/her annual evaluation. The written evaluation is then placed in his/her personnel file. If the faculty member disagrees with his/her written observation, procedures have been established through the CBA to resolve the disagreement.

APPROVED:

Signature on file

______________________________  08-15-06
John P. McDonough, CRNA, Ed.D., ARNP  Date
Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
POLICY/PROCEDURE I.12: The NAP Admissions Committee is maintained to select applicant for recommendation for admission to the Program. (See Standard I, Criterion A10).

The NAP utilizes the structure of the existing standing committees of the School, the College and the University to carry out Program functions. The only additional Program committee is the NAP Admissions Committee.

**Purpose**

The purpose of the NAP Admissions Committee is to ensure that the criteria for admissions are in accordance the requirements of the COA of Nurse Anesthesia Educational Programs, the School, and the University.

**Membership**

Committee members are recommended by the Program Director for appointment by the SON Director. Membership includes NAP faculty, SON graduate faculty who teach Program students, and NAP students (a first year and a second year student), and other members of the community of interest.

**Responsibilities**

1. Conducts a review of the file of each candidate and makes recommendations for those applicants to be interviewed for the Program.
2. Establishes a procedure for the selection of students for the Program.
3. Conducts group and/or personal interviews with all qualified applicants that are selected for the interview process.
4. For each applicant interviewed, evaluates the credentials and results of interview, and selects the slate of candidates to be recommended to the Program Director. The Program Director, based upon the recommendation of the NAP Admissions Committee, recommends applicants to be admitted to the Program to the SON Director.
5. Recommends additional standards for the admission of students and evaluates the effectiveness of those standards.
6. Periodically reviews its process for the selection of candidates to be admitted and recommend changes as indicated. This review is to include retention and completion rate, as well as pass rate on the National Certification Examination (NCE).
7. Keeps and files minutes of all meetings in the NAP administrative office.
APPROVED:

Signature on file

____________________________________________   08-15-06
John P. McDonough, CRNA, Ed.D., ARNP     Date
Director, Nurse Anesthesiologist Program

Date Reviewed:  09-01-07  12-15-08  01-04-10  03-22-11  02-21-12
3-20-13  3-31-14
STUDENT RECORDS

POLICY/PROCEDURE I.13: Accurate cumulative records of student educational activities are maintained (See Standard V, Criterion E7).

The Program maintains accurate cumulative records for all currently enrolled students. In addition, affiliation agreements require that each clinical site maintain student files in secure areas.

Student records at the University are selectively maintained within the Program administrative office, the BCH Advising Office, and/or the UNF Office of the Registrar. Each student has a current and accurate cumulative record on file in the Program's administrative office (in a fireproof, locked file cabinet), which includes, but is not limited to, the following (except for those documents maintained electronically and/or held by the BCH Advising Office that are at all times accessible to the NAP Program Director):

1. Applications for the UNF Graduate Studies and the Program.
2. Transcript(s) for the undergraduate degree, and, if applicable, transcript(s) from graduate school(s).
3. Copy of current license as a registered nurse in Florida.
4. Copy of current ACLS card.
5. Documentation of meeting all admissions criteria.
6. Verification of status of the student, i.e. candidate for degree, probation, and/or any disciplinary action(s) taken against the student.
7. Advisement records signed by the faculty advisor and student.
8. Summative evaluations.
9. Verification of Associate membership in the AANA.

Upon graduation, cumulative records are maintained in the Program's administrative office for a minimum of five (5) years. After the five-year period, the records may be stored off premises in a secure area. Each graduate has a complete record in the UNF Office of the Registrar. A copy of the student's Council on Certification of Nurse Anesthetists transcript is retained as part of the student's completed file following completion of the program.
RECRUITMENT

POLICY/PROCEDURE I.14: Recruitment is conducted by School and Program faculty and staff who are knowledgeable about the Program (See Standard V, Criterion E1).

Recruitment is conducted by the SON Director, SON faculty, NAP faculty, and the Program Director.

Recruitment Materials
The Program Director reviews published recruitment materials (printed and electronic) for currency, accuracy, consistency, and cleasness.

Electronic Program information is available to the public through the following websites:

UNF website: http://www.unf.edu
SON website: https://www.unf.edu/graduateschool/academics/programs/CRNA.aspx
NAP website: http://www.unf.edu/brooks/nurse-anesthesia/

Printed Program information, including the NAP Administrative Policies/Procedures Manual, is available in the NAP administrative office, at each clinical site, on the NAP website, or mailed on request.

If appropriate to the publication, recruitment materials include the following disclaimer:
Note: The programs, policies, requirements, and regulations listed are continually subject to review in order to serve the needs of the University’s and School's various publics and to respond to the mandates of the Florida Board of Education and the Florida Legislature. Changes may be made without advance notice.

APPROVED:

Signature on file
_____________________________________________   08-15-06
John P. McDonough, CRNA, Ed.D., ARNP     Date
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 revised 3-03-09 01-04-10 03-22-11
02-21-12 3-20-13 3-31-14
ADVERTISING

POLICY/PROCEDURE I.15: Advertising materials related to the Program are reviewed and approved prior to public use (See Standard V, Criterion E1).

The Program Director reviews advertising materials (printed and electronic) for currency, accuracy, consistency, and clearness. Advertising in any form must have the approval of the Program Director and the SON Director.

If appropriate to the publication, advertising materials include the following disclaimer:

*Note: The programs, policies, requirements, and regulations listed are continually subject to review in order to serve the needs of the University's and School's various publics and to respond to the mandates of the Florida Board of Education and the Florida Legislature. Changes may be made without advance notice.*

APPROVED:

Signature on file

_____________________________________________  08-15-06
John P. McDonough, CRNA, Ed.D., ARNP     Date
Director, Nurse Anesthetist Program

Date Reviewed:  09-01-07  12-15-08  01-04-10  03-22-11  02-21-12
3-20-13      3-31-14
CATALOGS

POLICY/PROCEDURE L16: Catalog information related to the Program is reviewed and approved prior to submission (See Standard V, Criterion E1).

All materials about the Program that are submitted to the UNF Graduate Catalog must be reviewed prior to submission for currency, accuracy, consistency, and cleanness. All submissions to the Catalog must have the approval of the Program Director and the SON Director.

Catalog copy requires a long lead time for publication; therefore, the following disclaimer is included with the catalog information:

Note: The programs, policies, requirements, and regulations listed are continually subject to review in order to serve the needs of the University's and School's various publics and to respond to the mandates of the Florida Board of Education and the Florida Legislature. Changes may be made without advance notice.

APPROVED:

Signature on file

_____________________________________________   08-15-06
John P. McDonough, CRNA, Ed.D., ARNP     Date
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07  12-15-08  01-04-10  03-22-11  02-21-12
3-20-13  3-31-14
PUBLICATIONS

POLICY/PROCEDURE I.17: Publications are reviewed, and if appropriate, approved prior to submission (See Standard V, Criterion E1).

All published material about the Program, including but not limited to academic submissions to journals, must be reviewed prior submission for accuracy, consistency, and clearness. Publications concerning the Program that are distributed to the public must have the approval of the Program Director and the SON Director.

If appropriate to the publication, NAP published materials must specify:

1. Affiliate sites
2. Information about academic quality and student achievement
3. Accurate accreditation status

If appropriate, a disclaimer is included with published information:

Note: The programs, policies, requirements, and regulations listed are continually subject to review in order to serve the needs of the University's and School's various publics and to respond to the mandates of the Florida Board of Education and the Florida Legislature. Changes may be made without advance notice.

APPROVED:

Signature on file

__________________________________________________________________________  08-15-06
John P. McDonough, CRNA, Ed.D., ARNP   Date
Director, Nurse Anesthetist Program

Date Reviewed:  09-01-07  12-15-08  01-04-10  03-22-11  02-21-12
  3-20-13  3-31-14
TUITION AND FEES

POLICY/PROCEDURE I.18: Current tuition and fee information is available to students prior to registration (See Standard V, Criterion E1).

Tuition and fees are determined by the State of Florida legislators, the Florida Department of Education, and the UNF Board of Trustees and administrators. Additional fees specific to the Program are determined by NAP and SON administrators and faculty.

All tuition and fee information is available in electronic and/or printed format prior to students registering for courses. All publications that list tuition and fees have a disclaimer that states tuition/fees are subject to change. If the tuition and fees change prior to student registration, a full explanation is provided to any individual who inquires about the Program and/or discrepancy.

APPROVED:

Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
STUDENTS TRANSFERRING FROM OTHER PROGRAMS

POLICY/PROCEDURE I.19: Program administrators and faculty consider transfer requests from students in other nurse anesthesia programs on a case-by-case-basis. (See Standard III, Criterion C15).

Program administrators and faculty may consider a student request for transfer in the Program if the following conditions are met:

1. The Program has available space for an advanced placement student.
2. Only a grade of A or B is eligible for transfer.
3. A letter of recommendation from the Program Director of the previous Program must be requested. The UNF NAP Program Director may communicate with the Program Director of the program from which the student wishes to transfer to clarify issues as indicated.
4. Per UNF Graduate School Policy, no more than six (6) semester hours of credit may be transferred. However, in accordance with University policy, required courses may be subject to waiver, based upon appropriate documentation, on a case by case basis.

APPROVED:

Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
UNIVERSITY OF NORTH FLORIDA
BROOKS COLLEGE OF HEALTH
SCHOOL OF NURSING
NURSE ANESTHETIST PROGRAM

ADMISSION REQUIREMENTS

POLICY/PROCEDURE II.1: Admissions requirements are defined, published, and utilized for selecting applicants for interviewing (See Standard III, Criterion C13).

Admission requirements for the NAP are published in the printed and electronic information provided to applicants for the Program. The Program admissions requirements are consistent with the COA of Nurse Anesthesia Educational Programs, the School, and the University.

Since the NAP is a limited access program, the applicant who meets minimum requirements for admission is not guaranteed admission to the Program. The NAP Admissions Committee makes the admission decisions on applicants who are recommended to the SON Director.

The MSN applicant must:

1. Meet the admission requirements for graduate education at UNF.

2. Be a graduate of an accredited (NLNAC or CCNE) nursing program, have an appropriate baccalaureate degree and hold current and unrestricted licensure as a registered nurse in the United States. Out-of-state applicants must be eligible for endorsement by the Florida Board of Nursing and must hold an unrestricted Florida nursing license prior to the start of the Program. Current unrestricted licensure in Florida must be maintained throughout enrollment in the Program and a copy provided to the Program staff upon renewal. Throughout the curriculum the student must maintain a current, clear and active, undisciplined license as a Florida registered nurse, not under investigation by any state or federal government agency. Any exceptions to a licensure issue will be reviewed and granted by the Program Director on a case-by-case basis.

3. Possess a baccalaureate or graduate degree from a regionally accredited college or university with a record of satisfactory academic work in nursing or an appropriate science (i.e., allied health, health science, biology, chemistry).

4. Have a minimum of one year, preferably two years, of fulltime professional clinical experience in an acute care setting as a registered nurse. The acute care setting is not limited to a specific work area. However, applicants must possess independent experience in acute patient care skills and monitoring typically associated with nursing practice in a medical and/or surgical intensive care unit. Applicants must, prior to starting the program, submit documentation of current certification for Basic Life Support/Cardiopulmonary Resuscitation (CPR) provider skills and Advanced Cardiac Life Support (ACLS). Students will be required to maintain BLS and ACLS while enrolled, and obtain PALS certification prior to graduation.
5. Have a minimum cumulative grade point average (GPA) of 3.0 on a 4.0 scale for the last two years of undergraduate academic work. Applicants with a master's degree will have their graduate GPA included in the calculation of total GPA used for admission consideration.

6. Submit credible and current (no less than 5 years old) scores from the Graduate Record Examination (GRE) for verbal and quantitative sections. Credible scores are generally considered to be a combined score of 1000 or better on the verbal and quantitative sections. After July 1, 2011: 153 verbal, 144 quantitative portions, plus a 3.5 out of 6.0 or better on the essay portion. Exceptions to this GRE score may be granted by the appropriate University official for cause. GRE scores are evaluated in the context of the overall applicant package submitted by the applicant.

7. Submit two professional references, one reference which should be from a current nursing supervisor and the second from a health care professional (preferably a CRNA) both of who are knowledgeable of the applicants’ academic potential and clinical aptitude.

8. Affirm and attest to sound physical health, emotional stability, and personal integrity that will enable them to successfully complete the Program and to comply with criteria for nursing licensure and adherence to American Association of Nurse Anesthetists' (AANA) professional codes of conduct and practice. Applicants must affirm and attest that they are free of addiction to substances of abuse, are not restricted in their practice of nursing or under investigation by any Board of Nursing, and are willing to adhere to Drug Free Workplace policies and procedures of affiliate clinical sites, to include submission to randomized drug testing and/or testing for cause and/or upon Program demand.

9. Applicants whose native language is not English and/or international students who are not residents of Florida must submit a minimum score of 600 on the Test of English as a Foreign Language (TOEFL).

10. Applicants are highly encouraged to arrange an interview with an anesthesia practitioner in a surgical setting, in order to both observe and discuss the practice of modern anesthesia care. Applicants are encouraged to submit documentation of this interview/observation with their applicant file.

11. Applicants satisfying the above requirements will be considered candidates for admission and will be required to attend a personal interview.

12. At the time of interview, candidates must be prepared to affirm that they have sufficient financial resources and/or planning sufficient to complete the program of study without reliance on outside employment. Applicants are advised to contact the Office of Financial Aid to investigate funding options at the time they are considering submission of their application package.

13. Applicants who seek admission and transfer from another accredited program of nurse anesthesia education must request a written letter of recommendation from the Program Director of the former school.
Additional Admission and Retention Standards

The following skills and abilities that applicants and students must demonstrate include, but may not be limited to, those shown below. A graduate of the program must be able to fulfill the job description and duties of a Certified Registered Nurse Anesthetist. A candidate for the program must have abilities and skills in five categories including observation, communication, motor, intellectual, and behavioral/social. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis, but a candidate must be able to perform in an independent manner. The following skills are required, with or without accommodation.

**Observation:** Candidates must have sufficient sensory capacity to observe in the lecture hall, the laboratory, the outpatient setting, and the patient's bedside. Sensory skills adequate to perform a physical examination are required. Functional vision, hearing and tactile sensation must be adequate to observe a patient's condition and to elicit information from computerized monitors, and through procedures regularly required in a physical examination, such as inspection, auscultation and palpation.

**Communication:** Candidates must be able to communicate effectively in both academic and health care settings. Candidates must show evidence of effective written and verbal communication skills, and the ability to work in teams.

**Motor:** The ability to participate in basic diagnostic and therapeutic maneuvers and procedures (e.g. palpation, auscultation, drawing blood or starting intravenous lines) is required. Candidates must have sufficient motor function to execute movements reasonably required to provide care to patients, including the ability to help move or lift them. Candidates must be able to negotiate patient care environments and must be able to move between settings, such as clinic, classroom building, and hospital. Physical stamina sufficient to complete the rigorous course of didactic and clinical study is required. Long periods of sitting, standing, or moving are required in classroom, laboratory, and clinical experiences.

**Intellectual:** Candidates must be able to measure, calculate, reason, analyze and synthesize, both in quiet environments and in areas where distractions, noise, and other stressors are present. Problem solving, one of the critical skills demanded of CRNAs, requires all of these intellectual abilities. In addition, candidates should be able to comprehend graphics displays of physiologic data, distinguish artifact on monitor displays, and understand three-dimensional relationships and the spatial relationships of structures. Candidates must be able to read and understand medical and nursing literature. In order to complete the degree, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely and often critical fashion in problem-solving and patient care.

**Behavioral and social attributes:** Candidates must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, and the prompt completion of all academic and patient care responsibilities. The development of mature, sensitive and effective relationships with patients and other members of the health care team are essential. The ability to effectively function in the face of uncertainties inherent in clinical practice, flexibility, compassion, integrity, motivation, interpersonal skills, and concern for others are all required. Candidates must be willing and able to follow program and practice guidelines. They must practice ethically and within legal and regulatory authority.
APPROVED:

Signature on file

______________________________   08-15-06
John P. McDonough, CRNA, Ed.D., ARNP     Date
Director, Nurse Anesthetist Program

Date Reviewed:  09-01-07   12-15-08   01-04-10   03-22-11   02-21-12
3-20-13   3-31-14
EMPLOYMENT

POLICY/PROCEDURE II.2: Employment during the program of study is strongly discouraged. *(See Standard V, Criterion E8).*

Students enrolled in the Program must be able to devote full time to the program of study. Students are informed through published materials and at the interview that the total committed time to the Program is substantial. Home responsibilities must be minimal. Part-time work as a registered nurse is STRONGLY discouraged.

The student time commitment weekly is calculated as the total of clinical hours, classroom hours, and classroom preparation hours (2 hours per hour of class). This total time commitment, calculated using this formula, should average not more than 63 hours weekly. In addition to the committed time in the clinical area, students are expected to attend a significant number of didactic hours of instruction each week along with study time. Additional time is required for preoperative and postoperative patient visits. Commitment of student time will be reasonable, consistent with patient safety, effective learning and national norms.

UNDER NO CIRCUMSTANCES CAN A STUDENT BE EMPLOYED AS A NURSE ANESTHETIST BY TITLE OR FUNCTION UNTIL SUCCESSFUL GRADUATION FROM THE PROGRAM.

APPROVED:

Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 revised 3-03-09 01-04-10 03-22-11
02-21-12 3-20-13 3-31-14
UNIVERSITY OF NORTH FLORIDA
BROOKS COLLEGE OF HEALTH
SCHOOL OF NURSING
NURSE ANESTHETIST PROGRAM

COMPUTER REQUIREMENTS

POLICY/PROCEDURE II.3: Entering NAP students must be computer literate (word processing, spreadsheet, data base, etc.) and possess a notebook computer with Program-defined specifications (See Standard V, Criterion E2).

The Program is designed to utilize the latest technology in teaching and learning for more efficient use of faculty and students’ time. Students are required to be computer literate (word processing) upon entering the Program and have in their possession a notebook computer that is compatible with the Program-defined specifications. The computer must be capable of sending and receiving e-mail, and conducting Internet searches. Students are expected to access course syllabi, outlines, and handouts on the NAP website. A high speed internet service provider with point-to-point protocol is recommended.

APPROVED:

Signature on file

______________________________________________  08-15-06
John P. McDonough, CRNA, Ed.D., ARNP    Date
Director, Nurse Anesthetist Program

Dates Reviewed:  09-01-07    12-15-08    01-04-10    03-22-11    02-21-12
3-20-13    3-31-14
PROFESSIONAL LIABILITY INSURANCE

POLICY/PROCEDURE II.4: Students must be covered by specified and current professional liability insurance throughout their program of study.

The program will secure insurance at the appropriate level for all NAP students and provide documentation of such coverage to external entities as needed.

APPROVED:

Signature on file 08-15-06
John P. McDonough, CRNA, Ed.D., ARNP Date
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 01-04-10 Revised 03-22-11
3-20-13 3-31-14
POLICY/PROCEDURE II.5: Students are strongly encouraged to carry their own major medical health insurance.

Students are strongly encouraged to carry health insurance for the entire time they are students in the Program. Several clinical sites require students to carry individual health insurance; in these instances students assigned to these particular sites must comply with the health insurance requirement. Students are encouraged to compare policies and coverage before entering the Program. The University student health clinic provides free non-urgent care for all registered students and also offers cost-effective major medical health insurance coverage to registered students.

Students who are injured at an clinical affiliate site are examined/treated per the policies/procedures for that facility. Students must report any injuries to the Clinical Coordinator and the Program Director within one business day. If treated at the facility, the hospital/clinic bills the student's insurance carrier, or charge the student, for all care given. THE UNIVERSITY, SCHOOL, AND/OR PROGRAM ARE NOT FINANCIALLY RESPONSIBLE FOR HEALTH CARE CHARGES INCURRED BY STUDENTS.

APPROVED:

Signature on file 08-15-06
John P. McDonough, CRNA, Ed.D., ARNP Date
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 revised 3-31-14
POLICY/PROCEDURE II.6: Students are required to hold Associate membership in AANA during the Program’s plan of study.

Students are required to become an Associate member of the AANA upon entering the program. The Program pays the required application fee for an associate membership. Associate membership in the AANA provides:

1. Subscription to AANA publications.
2. An identification card designating associate membership.
3. The privilege of attending AANA/FANA meetings as a non-voting participant.

APPROVED:

Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
POLICY/PROCEDURE II.7: The MSN Nurse Anesthetist curriculum plan is developed by qualified faculty, constructed within graduate education, and approved by appropriate committees and organizations (See Standard III, Criterion C1-5, 7, 9, 10, 14, 16, 17, 20).

The MSN NAP curriculum plan was developed by the University-based NAP and SON administrators and faculty and received approval from the following:

1. NAP Faculty
2. SON Nursing Faculty
3. College of Heath
4. UNF Graduate Council

The curriculum meets the requirements of the COA of Nurse Anesthesia Educational Programs. The plan of study consists of seven (7) continuous semesters of full time study at the graduate level. The curriculum is constructed in a progressive semester framework. This is a “lock step” curriculum plan. All Nurse Anesthetist courses in any given semester serve as prerequisites for the courses that follow in sequence during the next semester.

In addition to the Graduate Core courses and the Clinical Specialty courses required for all graduate students in advanced practice tracks, NAP students complete an additional 21 courses in the specialty of anesthesiology nursing. The program’s didactic courses use the ratio of one credit to 15 clock hours.
# MASTER OF SCIENCE IN NURSING (NURSE ANESTHETIST) CURRICULUM PLAN

<table>
<thead>
<tr>
<th>Semester I</th>
<th>Course</th>
<th>Credits</th>
<th>Clinical Clock Hours/Week</th>
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</thead>
<tbody>
<tr>
<td>NGR 5172</td>
<td>Pharmacotherapeutics</td>
<td>3</td>
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<tr>
<td>NGR 5141</td>
<td>Advanced Pathophysiology</td>
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<td>0</td>
</tr>
<tr>
<td>NGR 6421</td>
<td>Principles of Anesthesiology Nursing I</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(Broad-field orientation to practice)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGR 6400</td>
<td>Chemistry and Physics of Anesthesiology Nursing I</td>
<td>2</td>
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<tr>
<td>NGR 5003C</td>
<td>Health Assessment and Diagnostics</td>
<td>3</td>
<td>0</td>
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<tr>
<td>NGR 6460</td>
<td>Pharmacology of Anesthesiology Nursing I</td>
<td>1</td>
<td>0</td>
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<tr>
<td>NGR 6492</td>
<td>Professional Aspects of Anesthesiology Nursing</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NGR 6431L</td>
<td>Anesthesiology Nursing Practicum I</td>
<td>1</td>
<td>8</td>
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<tr>
<td></td>
<td>(Including Clinical Correlation Conferences)</td>
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**Subtotal**: 16 8

<table>
<thead>
<tr>
<th>Semester II</th>
<th>Course</th>
<th>Credits</th>
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<tbody>
<tr>
<td>NGR 6404</td>
<td>Advanced Bioscience for Anesthesiology Nursing I</td>
<td>3</td>
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<tr>
<td>NGR 6422</td>
<td>Principles Anesthesiology Nursing II</td>
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<tr>
<td></td>
<td>(Pediatrics/Geriatrics/Obstetrics)</td>
<td></td>
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<tr>
<td>NGR 6461</td>
<td>Pharmacology of Anesthesiology Nursing II</td>
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<tr>
<td>NGR 6401</td>
<td>Chemistry and Physics of Anesthesiology Nursing II</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NGR 5110</td>
<td>Theoretical Framework for Practice</td>
<td>3</td>
<td></td>
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<tr>
<td>NGR 6493</td>
<td>Technology in Anesthesiology Nursing</td>
<td>1</td>
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<tr>
<td>NGR 6432L</td>
<td>Anesthesiology Nursing Practicum II</td>
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<td>16</td>
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<td>240/sem</td>
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**Subtotal**: 16 16
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<thead>
<tr>
<th>Semester III</th>
<th>Course</th>
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<tbody>
<tr>
<td>NGR 5810</td>
<td>Nursing Research Methods</td>
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<tr>
<td>NGR 6423</td>
<td>Principles of Anesthesiology Nursing III (Cardiothoracic)</td>
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<td>NGR 6490</td>
<td>Regional Anesthesia</td>
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<tr>
<td>NGR 6433L</td>
<td>Anesthesiology Nursing Practicum III (Including Clinical Correlation Conferences)</td>
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<td>NGR 6405</td>
<td>Advanced Bioscience for Anesthesiology Nursing II</td>
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<tr>
<td>NGR 6970</td>
<td>Nursing Project</td>
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<td>NGR 6434L</td>
<td>Anesthesiology Nursing Practicum IV (Including Clinical Correlation Conferences)</td>
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<td>NGR 6494</td>
<td>Advanced Modalities in Pain Management</td>
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<td>NGR 6424</td>
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<tr>
<td>NGR 6970</td>
<td>Nursing Project</td>
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<tr>
<td>NGR 6435L</td>
<td>Anesthesiology Nursing Practicum V (Including Clinical Correlation Conferences)</td>
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<td>40 600/sem</td>
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<tr>
<td>NGR 6970</td>
<td>Nursing Project</td>
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<tr>
<td>NGR 6894</td>
<td>Global Healthcare and Culture</td>
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<td>NGR 6436L</td>
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<td>Semester VII</td>
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</tr>
<tr>
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<tr>
<td>NGR 6491</td>
<td>Advanced Anesthesiology Nursing Seminar</td>
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<td>NGR 6437L</td>
<td>Anesthesiology Nursing Practicum VII (Including Clinical Correlation Conferences)</td>
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</table>

**GRAND TOTALS FOR PROGRAM** 95 credits 3,240 hours

**Course Descriptions**

**NGR 5172 Pharmacotherapeutics (3)**
Review commonly prescribed drugs including pharmacokinetics, actions, uses, side effects, contraindications, dosage and routes. Special emphasis will be given to developmental considerations, preparing written prescriptions, safety, cost effectiveness, legal requirements and patient education. Students will be prepared to write protocols for prescriptive privileges following Nurse Practice Act guidelines.

**NGR 5141 Advanced Pathophysiology (3)**
An advanced study of the normal physiologic and pathologic mechanisms of disease over the life span. Clinical application of pathophysiologic disorders will be emphasized.

**NGR 6421 Principles of Anesthesiology Nursing I (2)**
This course is a broad field orientation to practice. Study of the areas of pre, intra, and post anesthesia planning, monitoring, and record keeping are included. [Note: An introduction to induction and emergence from anesthesia is also included.]

**NGR 6400 Chemistry and Physics of Anesthesiology Nursing I (2)**
Detailed study of the chemical and physical principles, which apply to physiology, pharmacology and anesthesia equipment. Emphasis is placed on biochemistry and physics of gases and vapors.

**NGR 6493 Technology in Anesthesiology Nursing (1)**
Use and care of anesthesia equipment (mechanical and electronic) are discussed. Computers and their uses in anesthesiology are also included.

**NGR 5003C Health Assessment and Diagnostics (3)**
Focuses on development of proficiency in assessment and interview skills in obtaining health history and physical examination. Identification of abnormal findings for treatment/referral is emphasized. Use of basic laboratory and diagnostic data to diagnose common uncomplicated health problems and acute illness or injury is included.
NGR 6460  Pharmacology of Anesthesiology I (1)
This course covers pharmacology of drugs affecting the autonomic system as well as anesthetic agents. Administration and doses of the adjunctive drugs are included. [Note: A review of the anatomy and physiology of the autonomic nervous system will be included.]

NGR 6431L  Anesthesiology Nursing Practicum I (1)
This experience is an introduction to the clinical art and science of anesthesiology nursing. It introduces the clinical component of the anesthesia management techniques. This includes supervised clinical practice.

NGR 6404  Advanced Bioscience for Anesthesiology Nursing I (3)
This is a course in human anatomy, physiology, and pathophysiology to include the effects of anesthesia on the cell, the circulatory system, and the respiratory system. [Note: This course will progress to the advanced study of the respiratory and circulatory systems, with application to anesthesia included.]

NGR 6422  Principles of Anesthesiology Nursing II (3) (Pediatrics/Geriatrics/Obstetrics)
The course will emphasize the anesthetic management of the pediatric, geriatric and obstetrical patient. The course will review the specific anesthetic needs for each specialty.

NGR 6401  Chemistry and Physics of Anesthesiology Nursing II (1)
This course is a continuation of the focus on the biochemical and physical principles required for understanding the mechanisms, actions, equipment and theories as they apply to anesthesia practice.

NGR 6461  Pharmacology of Anesthesiology II (2)
This course will cover the uptake, distribution, and biotransformation of anesthetics, including the advanced study of therapy in anesthesia of specialty areas and treatment of complications.

NGR 6490  Regional Anesthesia (2)
This course covers theoretical and clinical aspects of the administration & management of regional anesthesia. Anatomy, physiology and pharmacology will be studied/applied to the administration of anesthetic blocks.

NGR 6432L  Anesthesiology Nursing Practicum II (3) (Includes Clinical Correlation Conferences)
This course is the second in an increasingly more complex seven-course series that includes clinical anesthesiology administration under the direct supervision of a CRNA and/or an anesthesiologist instructor. [Note: The clinical component includes the fundamentals of patient interaction.]

NGR 5110  Theoretical Framework for Practice (3)
Critique, evaluate, and utilize a wide range of theories from nursing and other sciences. Emphasis is on the synthesis of theories to develop a conceptual framework for the delivery of advanced nursing care.

NGR 6492  Professional Aspects of Anesthesiology Nursing (1)
This course explores: AANA organizational structure, including affiliated councils, codes of ethical conduct, and current issues in anesthesiology nursing. [Note: In addition to exploring the American Association of Nurse Anesthetists (AANA), Councils on Accreditation, Certification and Practice, professional issues for the practice model of Anesthesiology in Nursing will be included.]

**NGR 6423  Principles of Anesthesiology Nursing III (2) (Cardiothoracic)**
This course covers principles of cardiothoracic anesthesia, preoperative assessment, pre, intra, and postoperative management, extracorporeal circulation, cardiac assist devices, and pharmacological intervention.

**NGR 5810  Nursing Research Methods (3)**
Identification and formulation of nursing practice problems into a research design. Emphasis on application of scientific knowledge to advanced nursing practice. Preparation of a research proposal (thesis option), or completion of a research utilization exercise (non-thesis option).

**NGR 6433L  Anesthesiology Nursing Practicum III  (6) (Includes Clinical Correlation Conferences)**
This course is the third in an increasingly more complex seven-course series that includes clinical anesthesia administration under the direct supervision of a CRNA and/or an anesthesiologist instructor. [Note: Case presentations will include the clinical component of anesthesia of progressively advanced cases, with instruction to include between university semesters.]

**NGR 6405  Advanced Bioscience for Anesthesiology Nursing II (3)**
This is a course in human anatomy, physiology, and pathophysiology to include the effects of endocrine, neurological, orthopedic, excretory, and digestive systems on anesthesia management. [Note: These studies will progress to the pathophysiology of these systems with emphasis on the application of anesthesia.]

**NGR 6970  Nursing Project (4)**
Under the direction of faculty, the student will carry out a detailed study of a topic in the field of advanced nursing practice. The student will develop, implement, and/or participate in a designated project. May be repeated for credit. This is a pass/fail course.

**NGR 6494  Advanced Modalities in Pain Management (3)**
This course correlates aspects of human anatomy, physiology, pathophysiology and pharmacology as they are related to the diagnosis and treatment of acute and chronic pain. Pain assessment and discussion of multimodal pain management strategies are included.

**NGR 6434L  Anesthesiology Nursing Practicum IV (8) (Includes Clinical Correlation Conferences)**
This course is the fourth in an increasingly more complex seven-course series that includes clinical anesthesia administration under the direct supervision of a CRNA and/or an anesthesiologist instructor. [Note: This course will also include seminar presentations. Clinical experience will include anesthetic management of advanced specialties, including insertion of monitoring lines as appropriate, and progression will begin with on-call experience.]

**NGR 6424  Principles of Anesthesiology Nursing IV (2) (Trauma/Emergency)**
The course covers principles of emergency and trauma management, as well as anesthesia specialty procedures related to orthopedics and neurosurgery. [Note: A review of the assessment process, clinical management, and placement of appropriate monitoring lines will be included.]

NGR 6435L Anesthesiology Nursing Practicum V (8) (Includes Clinical Correlation Conferences)
This course is the fifth in an increasingly more complex seven-course series that includes clinical anesthesia administration under the direct supervision of a CRNA and/or an anesthesiologist instructor. [Note: Students will incorporate information learned in Practica I-IV in order to anticipate anesthesia needs for patients in all clinical settings, including post-operative and chronic pain management.]

NGR 6894 Global Healthcare and Culture (3)
In this course concepts associated with cultural diversity related to matters of health and illness and will be considered. Examples of variations both within and outside of the western viewpoint will be examined. This will be accomplished through conducting cultural assessments and demonstrating how the results of these assessments can be applied, in an evidence-based manner, to advanced practice.

NGR 6436L Anesthesiology Nursing Practicum VI (8)
This course is the sixth in an increasingly more complex seven-course series that includes clinical anesthesia administration under the direct supervision of a CRNA and/or an anesthesiologist instructor. [Note: This advanced practice course will include completion of clinical competencies in all specialty areas. This includes professional conduct of the advanced practitioner to include knowledge of the advance practice role.]

NGR 6491 Advanced Anesthesiology Nursing Seminar (3)
This is an advanced clinical review as presented by the graduate students regarding specific case presentations. The course will serve as a review for the National Certification Examination.

NGR 6437L Anesthesiology Nursing Practicum VII (8) (Includes Clinical Correlation Conferences)
This is the final course in an increasingly more complex seven-course series that includes clinical anesthesia administration under the direct supervision of a CRNA and/or an anesthesiologist instructor. [Note: In this course, the graduate functions as the primary nurse anesthetist and the instructor as a consultant. Experience will be provided with management within the department of anesthesiology.]
APPROVED:

Signature on file

_____________________________  03-10-08
John P. McDonough, CRNA, Ed.D., ARNP  Date
Director, Nurse Anesthetist Program

Date Reviewed:  09-01-07  12-15-08  revised 3-03-09  01-04-10  revised 03-22-11
02-21-12  3-20-13  3-31-14
PROGRAM LENGTH

POLICY/PROCEDURE II.8: Changes in the current Program length are approved by the governing entities, and published before implementation (See Standard III, Criterion C4).

The length of the NAP plan of study is seven (7) consecutive semesters or 28 months. Any changes in the length of the Program must have the approval of the COA of Nurse Anesthesia Educational Programs and following entities:

1. NAP Faculty
2. SON Faculty
3. Brooks College of Health
4. University Graduate Council

If changes in the length of the Program are submitted and approved, prospective students will be notified of the change prior to the admission of students who will be required to comply with the new requirements.

APPROVED:
Signature on file

_____________________________________________ 08-15-06
John P. McDonough, CRNA, Ed.D., ARNP          Date
Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
POLICY/PROCEDURE II.9: Curriculum content meet or exceed clock hour requirements of the COA of Nurse Anesthesia Educational Programs (See Standard III, Criterion C14).

The required curriculum content areas and courses that provide the content are listed below:

<table>
<thead>
<tr>
<th>Requirements are satisfied by the following Courses:</th>
<th>Credits</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional aspects of nurse anesthesia (45 hours required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGR 6492  Professional Aspects of Anesthesiology Nursing</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>NGR 5110  Theories in Nursing</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>NGR 6894  Global Healthcare and Culture</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>105</strong></td>
</tr>
<tr>
<td>Anatomy, physiology, and pathophysiology (135 hours required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGR 5141  Pathophysiologic Basis of Advanced Nursing Practice</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>NGR 6404  Advanced Bioscience for Anesthesiology Nursing I</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>NGR 6405  Advanced Bioscience for Anesthesiology Nursing II</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td><strong>135</strong></td>
</tr>
<tr>
<td>Pharmacology (incl. concepts of chem/biochem)(105 hours required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGR 5172  Pharmacotherapeutics</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>NGR 6460  Pharmacology of Anesthesiology Nursing I</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>NGR 6461  Pharmacology of Anesthesiology Nursing II</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>NGR 6400  Chemistry and Physics for Anesthesiology Nursing I</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>NGR 6401  Chemistry and Physics for Anesthesiology Nursing II</td>
<td>1</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td><strong>135</strong></td>
</tr>
<tr>
<td>Clinical correlation conferences (45 hours required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each of the seven (7) semesters includes one hour weekly</td>
<td><strong>Total</strong></td>
<td>N/A</td>
</tr>
<tr>
<td>Basic and advanced principles of anesthesia (including equipment, technology and pain management (105 hours required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGR 6493  Technology in Anesthesiology Nursing</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>NGR 6421  Principles of Anesthesiology Nursing I</td>
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<td>30</td>
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<tr>
<td>NGR 6422  Principles of Anesthesiology Nursing II</td>
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<td>45</td>
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<tr>
<td>NGR 6423  Principles of Anesthesiology Nursing III</td>
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<td>30</td>
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<tr>
<td>NGR 6424  Principles of Anesthesiology Nursing IV</td>
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<td>30</td>
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<tr>
<td>NGR 6490  Regional Anesthesia</td>
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<td>30</td>
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<tr>
<td>NGR 6491  Advanced Anesthesiology Nursing Seminar</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>NGR 6494  Advanced Modalities in Pain Management</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
<td><strong>270</strong></td>
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<tr>
<td>Research (30 hours required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGR 5810  Nursing Research Methods</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>NGR 6970  Nursing Project (4)</td>
<td>4</td>
<td>60</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>105</strong></td>
</tr>
</tbody>
</table>
**APPROVED:**  
Signature on file  
____________________________________________  03-10-08  
John P. McDonough, CRNA, Ed.D., ARNP  
Director, Nurse Anesthetist Program  
Date  

<table>
<thead>
<tr>
<th>Dates Reviewed</th>
<th>09-01-07</th>
<th>12-15-08</th>
<th>01-04-10</th>
<th>revised 03-22-11</th>
<th>02-21-12</th>
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<tr>
<td>3-31-14</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
PROGRAM EDUCATION OBJECTIVES/OUTCOME CRITERIA

POLICY/PROCEDURE II.10: Program administrators and faculty determine, approve, and maintain clearly specified educational objectives and outcome criteria consistent with the degree awarded (See Standard III, Criterion C9 & C20).

The following educational objectives and outcomes criteria have been approved by Program administrators and faculty:

The NAP student must:
1. Meet each of the requirements for the awarding of the MSN degree as determined by the Program and University.

2. Meet educational objectives that include psychomotor skills and cognitive (interpretive and problem solving) skills. These skills are exemplified by the following abilities:

   a. Patient safety is demonstrated by the ability of the graduate to:
      1. Be vigilant in the delivery of patient care.
      2. Protect patients from iatrogenic complications.
      3. Participate in the positioning of patients to prevent injury.
      4. Conduct a comprehensive and appropriate equipment check.
      5. Utilize standard precautions and appropriate infection control measures.

   b. Individualized perianesthetic management is demonstrated by the ability of the graduate to:
      1. Provide care throughout the perianesthetic continuum.
      2. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
      3. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
      4. Provide anesthesia services to all patients, including trauma and emergency cases.
      5. Administer and manage a variety of regional anesthetics.
      6. Function as a resource person for airway and ventilatory management of patients.
      7. Possess current advanced cardiac life support (ACLS) recognition.
      8. Possess current pediatric advanced life support (PALS) recognition.
      9. Deliver culturally competent perianesthetic care throughout the anesthesia experience.

   c. Critical thinking is demonstrated by the graduate’s ability to:
1. Apply theory to practice in decision-making and problem solving.
2. Provide nurse anesthesia care based on sound principles and research evidence.
3. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
4. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
5. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
6. Calculate, initiate, and manage fluid and blood component therapy.
7. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
8. Pass the Council on Certification of Nurse Anesthetists’ (CCNA) certification examination in accordance with CCNA policies and procedures.

d. Communication skills are demonstrated by the graduate’s ability to:
   1. Effectively communicate with all individuals influencing patient care.
   2. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.

e. Professional role is demonstrated by the graduate’s ability to:
   1. Participate in activities that improve anesthesia care.
   2. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
   3. Interact on a professional level with integrity.
   4. Teach others.
   5. Participate in continuing education activities to acquire new knowledge and improve his or her practice.

APPROVED:
Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12 3-20-13 3-31-14
ACADEMIC CALENDAR

POLICY/PROCEDURE II.11: The Program’s academic calendar ensures that course objectives are met (See Standard V, Criterion E1).

Consistent with University policy, didactic courses in the Program curriculum plan utilize a ratio of fifteen (15) contact hours to one (1) semester credit. NAP faculty and administrators reserve the right to offer courses in shorter periods of time. For example, a one-credit didactic course may be offered for two clock hours per week, thereby offering the same content, but shortening the length of the course during the semester.

Program administrators and faculty have determined that clinical practicum courses must have a ratio of five (5) contact hours to one (1) semester credit in order to meet course objectives. Anesthesia practicum hours may begin prior to the official beginning of the semester. Once Semester III begins, the University academic calendar no longer applies to practicum courses.

Program administrators and faculty reserve the right to offer any courses during day and/or evening hours.

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Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14

08-15-06 Date
POLICY/PROCEDURE II.12: Program administrators, faculty and students have input into the collection of library holdings related to the specialty of nurse anesthesia (See Standard IV, Criterion B4).

NAP students have access to library facilities on campus where they can obtain information relating to the specialty of nurse anesthesia and other health related disciplines. UNF libraries are fully online, and library services and databases can be accessed from remote computers. In addition, the UNF libraries provide a portal to the Internet and other library databases.

The University libraries annual budget provides monies for each academic unit to make new purchases. Holdings are added to the library by request of the Program administrators and faculty through the SON Library Representative. Student requests are also considered.

Access to library holdings at each clinical site is guaranteed by inclusion in the affiliation agreements between the Program and the affiliate. Program administrators and faculty assist in providing a collection of reference textbooks at each clinical site. The addition of these books, computer software, etc., are based on requests from clinical faculty, students, and the clinical coordinator at each site.

APPROVED:
Signature on file
_____________________________________________  08-15-06
John P. McDonough, CRNA, Ed.D., ARNP    Date
Director, Nurse Anesthetist Program

Dates Reviewed:  09-01-07  12-15-08  01-04-10  03-22-11  02-21-12
3-20-13  3-31-14
CLINICAL SITE ROTATIONS

POLICY/PROCEDURE II.13: Clinical site rotations are made by NAP faculty members, and are based on student learning needs, opportunities for clinical experiences, and location.

NAP faculty members assign students to specific clinical sites. The major determining factor governing assignments is the learning needs for the students.

Based on the current clinical sites under affiliation agreement with the Program at any one time, the assignment of students must remain flexible. In the event the Program administrators obtain affiliation agreements with sites that have additional patient care experiences (i.e., open heart and/or pediatrics), the Director has the option of utilizing student rotations to provide those experiences.

The clinical affiliate rotations provide enrichment to the total program of study through association with medical teaching centers. All students are required to participate in clinical affiliate rotations as assigned.

Students are not permitted to change rotations if the change results in a student receiving more or less rotations than other students. The Program Director, with the approval of the Clinical Coordinator, makes the final decision on the rotation of students to the clinical sites.

There are no assessed fees to students for specific affiliations. In general, students are required to provide their own housing, transportation, and meals unless otherwise directed by the clinical site.

Parking facilities are provided to graduate students in designated areas of hospital/clinic parking lots. Students are advised to use caution in selecting parking facilities and locations for personal safety reasons and the safety of their vehicle. Students must park at their own risk. The Program is not responsible to damage or theft of any student's vehicle.

Meals are not provided to students in this program. Students are often given a reduced rate for food in the hospital/clinic cafeteria. Unless otherwise instructed, students are permitted to bring their lunch and utilize the area restaurants.
SET-UP ORIENTATION TO ANESTHESIA MACHINE

POLICY/PROCEDURE II.14: Students are provided with an orientation to the routine set-up of the anesthesia machine.

NAP faculty members provide an orientation to the routine set-up of the anesthesia machine during the first semester in the Advanced Nursing Concepts Laboratory or clinical site. The primary objective of the orientation is patient safety. The orientation provides uniformity and convenience in setting up the anesthesia machine for a routine anesthetic at the various clinical sites. Drugs and equipment are in the same location in each room should an emergency arise in which an anesthesiologist and/or CRNA clinical instructor is called for direction. Each student also receives orientations by faculty members and company representatives on the various elements and functions of anesthesia machines during the first semester.

It is the responsibility of the Clinical Coordinator at each clinical site during the orientation of students to thoroughly familiarize each student with the operation and safety check of each of the various types of anesthesia machines and equipment used in the anesthesiology department.

APPROVED:
Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Date Reviewed 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
STUDENT CLINICAL ASSIGNMENT REQUIREMENTS

POLICY/PROCEDURE II.15: Student assignments are consistent with COA requirements and supervised by the clinical coordinator on site (See Standard III, Criterion C16).

The Clinical Coordinator makes the assignments of students to cases in the clinical area(s) based on the following:

- The student’s knowledge and ability;
- The physical status of the patient;
- The complexity of the anesthetic and/or surgical procedure; and
- The experience of the instructor.

At no time can the ratio exceed two (2) students to one (1) instructor. All students must provide documentation of active and current unrestricted licensure as a Registered Nurse in the State of Florida to be eligible for clinical instruction at any clinical location.

Once a student is assigned to a patient, the student completes an anesthetic care plan (written if the patient is an inpatient), which is reviewed by the clinical instructor prior to the induction of anesthesia to that patient.

In the event a clinical instructor is assigned two students and the condition of either patient is such that a 1:1 assignment should be made, the clinical instructor is to notify the individual making assignments (prior to the induction of anesthetic to either patient), of the situation and ask for a review and possible re-assignment from a 2:1 to a 1:1 ratio. The Clinical Coordinator makes the ultimate decision as to who is responsible for the two cases.

For patient safety reasons as well as optimal student learning, at no time is a student scheduled in a clinical area when, based upon the schedule, the student has not been provided adequate rest for safe practice. Neither are students to be scheduled for class after they have been in the clinical area during the preceding night.

The Program Director is ultimately responsible for the assignment of all students in the Program.

APPROVED:
Signature on file
08-15-06
John P. McDonough, CRNA, Ed.D., ARNP
Date
Director, Nurse Anesthetist Program
09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
POLICY/PROCEDURE II.16: Clinical supervision of students is restricted to CRNAs and/or anesthesiologists with staff privileges who are immediately available in all anesthetic clinical areas (See Standard V. Criterion E11).

The program restricts clinical supervision in non-anesthetizing locations to credentialed experts who are authorized to assume responsibility for the student. However, students are required to discuss the clinical situation with the Clinical Coordinator PRIOR to undertaking such a non-anesthetic activity. Instruction by graduate registered nurse anesthetists or physician anesthesiology residents is NEVER appropriate when they act as the sole responsible agent for the student. *** Supervision/clinical assignment with Anesthesiologist Assistants is prohibited.

In usual situations, NAP students must have explicit permission from the instructor before administering any drug to a patient. Students must have explicit permission from the clinical instructor before performing an intubation or extubation on any patient.

Students in the program may not follow the instructions of the surgeon regarding anesthetic management of the patient unless such action has been explicitly approved by the anesthesia clinical instructor assigned to that student.

APPROVED:
Signature on file 08-15-06
John P. McDonough, CRNA, Ed.D., ARNP Date
Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 revised 3-31-14
STUDENT DOCUMENTATION

POLICY/PROCEDURE II.17: Student documentation must be timely and complete.

Students are required to produce documentation as required by the policies and procedures of the Program, School, University, affiliate facilities, and anesthesiology departments.

Specifically, the following documents must be timely, and complete:

Clinical Related Documentation:
1. Pre-operative assessment - for each anesthetic (paper and electronic)
2. The anesthesia record - for each anesthetic (paper and electronic)
3. Post-operative note - for each anesthetic (paper and electronic)
4. All anesthesia charge forms - for each anesthetic (paper and electronic, if applicable)
5. All pharmacy and special charge forms - for each anesthetic (paper and electronic)
6. When indicated, incident reports (paper and electronic)
7. Clinical Experience Record - The clinical experience, conference, and time records (Typhon) must be completed weekly and in compliance with Practicum syllabi requirements.
8. Continuous Quality Improvement (CQI) forms, if required by the affiliate’s anesthesiology department. Any incidents requiring document, should also be written in the form of a report and submitted to UNF within 48 hours for review.
9. Credentialing for clinical rotations, Certified Background documentation, and other documents related to clinical rotations must be completed per practicum syllabi and the SON Graduate Handbook.
10. Registration forms at the University each semester
11. If receiving financial aid, forms that must be completed as outlined by regulation.

Students who submit incomplete and/or late documentation of the above forms may be placed on a period of probation in the program for a minimum of thirty (30) days.

APPROVED:
Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

08-15-06
STUDENT EVALUATION TOOLS/INDICATORS

POLICY/PROCEDURE II.18: Evaluation of students’ clinical and cognitive skills is accomplished using a variety of evaluation tools and indicators (See Standard II, Criterion D1).

These evaluation tools and indicators include the following:

- Faculty evaluations of student’s efforts in the clinical area of anesthesia.
- Student’s self-evaluations.
- Summary evaluation of each student’s performance monthly and at the end of the semester.
- A review of any student’s evaluation when a critical incident occurs involving a patient.
- Student achievement in the didactic portion of the Program.
- Non-confidential information from academic and clinical advisors.
- Completion of practice requirements.
- Students’ performance on the comprehensive (SEE) examination(s).
- When indicated, student performance in the Skills Laboratory.
- Student completion of the criteria for graduation from the Program.

Student evaluations are the responsibility of the NAP faculty, NAP faculty advisor, Clinical Coordinator and the Program Director. In the event there are any areas of concern, input is obtained from didactic and clinical faculty members/instructors. Each student in the Program is provided a review of evaluation results at a confirmed (documented) conference and when indicated, suggestions are given for improvement.

APPROVED:
Signature on file 08-15-06
John P. McDonough, CRNA, Ed.D., ARNP Date
Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 revised 3-31-14
POLICY PROCEDURE II.19: Written evaluations of the student’s classroom and clinical performances are completed by faculty, and the feedback is used for validation of the student’s strengths and strategies for improvement (See Standard II, Criterion D1).

All didactic and clinical faculty members complete formative and summative evaluations for each student’s classroom and clinical performance. Faculty members who teach a didactic course provide a letter grade for each student at the end of the course, based on the grading methodology written in the course syllabus. At the end of the Program’s plan of study, the final summative evaluation includes completion of multiple is a the letter grade achieved by students on the final comprehensive examinations via various methods of examination, special topics written study guides, and intensive preparation in groups for the National Certification Examination (NCE). At the conclusion of NGR6098 Advanced Anesthesiology Nursing Seminar, the student grade reflects the final summative evaluation a comprehensive examination that tests knowledge related to Program outcome criteria.

University-based faculty review students’ completed clinical evaluation forms, provide a formative written evaluations, and by making entries upload the report to the student’s Bb clinical evaluation file exchange. Clinical evaluations will be completed on a daily basis and are based on the student’s performance during the course of the entire anesthesia care provided to a patient. Students are instructed that the semester specific evaluation form contains the objectives for that semester’s performance. Clinical evaluations include, but are not limited to the following:

- Pre-anesthetic assessment of the patient.
- Preparation of the anesthetizing location to include appropriate drugs and equipment.
- Anesthesia care plan.
- Clinical faculty evaluation of student’s performance in the administration of anesthesia.
- Post-operative anesthesia care of the patient, to include the post-operative anesthesia care note(s) on the anesthesia record.

APPROVED:

Signature on file

_____________________________________________  08-15-06
John P. McDonough, CRNA, Ed.D., ARNP    Date
Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 revised 03-03-09 01-04-10 03-22-11
02-21-12 3-20-13 revised 3-31-14
GRADING

POLICY/PROCEDURE II.20: Grading methodology is described in course syllabi and applied consistently (See Standard I, Criterion D4a).

Each faculty member provides the methodology for obtaining a grade that conforms to School of Nursing and Program standards. A high level of scholarship must be maintained to continue in the Program. The student's academic progress is measured quantitatively in terms of grade point average.

The program follows the grading scale adopted for all nursing graduate programs and is as follows:

A  92-100
A-  90-91
B+  88-89
B   82-87
B-  80-81
C+  78-79
C   75-77  75 is minimal passing grade
D   60-74
F   < 60

In order to continue in the program, the NAP student must:
1. Achieve grade of "C" or better in all courses;
2. Attain no more than two (2) grades equivalent to a “C” for the duration of the program; and
3. Maintain a cumulative GPA of 3.0 or better.

Additionally, in order to achieve a passing grade in a course in which tests are a portion of the course grade, the minimum test average must be 75. If and only if, the minimum test average of 75 is achieved, will the other course grades will be counted toward the final course grade. Regardless of the other grades achieved in the course, a student achieving less than a 75 test average will have failed to successfully complete the course, and will be given a grade of D (if between 60 and 74) or F (if < 60). If the learner fails to achieve the minimum average of 75% on written examinations, other course assignment grades will not be added together and the course grade will be that grade achieved on the written examinations.

Because of the “lock-step” nature of the NAP curriculum, any grade less than “C” in any NAP course is grounds for non-progression and therefore dismissal from the NAP. Dismissal from the NAP does not necessarily result in dismissal from the SON.
Students have the right to appeal grading/course requirement decisions and program progression/dismissal decisions. Students who wish to appeal must first follow the Academic Grievance & Appeals procedure outlined in the appropriate SON and University documents.

If unresolved at the SON level, the student has the option of taking the appeal to the College level.

If justified by academic performance in other courses and with the concurrence of NAP faculty and administrators as well as the SON Director, a student may be offered an opportunity to remediate the course work.

**Incomplete Grades**

An incomplete grade (I) is a temporary symbol given at the *discretion of the instructor* for work not completed, because of a serious interruption not caused by the student’s own negligence. NAP students must contact the faculty member(s) and the Program Director as soon as possible to request an incomplete grade. If granted, the student may be required sign an agreement that establishes a deadline and/or other conditions for clearing the incomplete grade(s). The student must not register again for the course to make up the incomplete.

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**APPROVED:**

Signature on file

________________________   08-15-06
John P. McDonough, CRNA, Ed.D., ARNP     Date
Director, Nurse Anesthetist Program

Date Reviewed: 12-01-07 09-01-08 12-15-08 01-04-10 03-22-11
02-21-12 3-20-13 03-31-14

revised 3-21-11 03-31-14
STUDENT SELF-EVALUATION

POLICY/PROCEDURE II.21: Written self-evaluations are completed by students on a regular basis, and the results are used for validation of the student’s strengths and strategies for improvement (See Standard V, Criterion D4b)

The self-evaluation process is utilized for individual student improvement in the Program and may be included in determining a student’s grade for the course. This process provides documentation to students on an ongoing basis related to the objectives they have established for themselves, and an opportunity for the clinical faculty to provide specific suggestions and/or guidance.

Beginning with Anesthesiology Nursing Practicum III, students are required to complete a self-evaluation at the end of each semester. Self-evaluation forms can also be completed at any time students feel the need to conduct such a self-evaluation. They can review their self-evaluation with the Clinical Coordinator or choose any NAP faculty member for the review.

In certain circumstances, the student self-evaluation process may be used as an additional resource from which to assist students with clinical performance difficulties. Students will be notified in writing to the terms in which the self-evaluation tool will be used to guide the student’s learning.

APPROVED:
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Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 revised 02-21-12
3-20-13 3-31-14
PROGRAM-STUDENT COMMUNICATIONS

POLICY/PROCEDURE II.22: Students are responsible for receiving from and, if appropriate, sending messages to Program administrators, staff, and faculty.

Communication is provided to students via the following:
1. E-mail (UNF and Clinical site, if applicable)
2. Announcements ("BlackBoard" electronic system)
3. Memos
4. NAP Google Calendar/Documents
5. Pager
6. Direct connect devices
7. Personal Telephone (Home or Cellular)
8. Any other means of communication regarding clinical site postings of policies and procedures

Except during preapproved personal time off, all students are required to check their telephone messages (per the number the student provides), e-mail, and Bb Announcements daily.

Students are responsible to follow any memo addressed to students. Memos are to be considered to have the same importance as policies/procedures within the Program, University, and the affiliate sites, and are enforced as such.

The Program Director, Assistant Director, and faculty have an open door policy for students to request help if they have didactic, clinical, or personal concerns. Students are encouraged to seek faculty assistance as soon as they realize they need help.

Students are instructed to follow their lines of administrative authority in issues or grievances. They are to speak directly to the individual they have a disagreement with, and then work through the system if their concern is not adequately resolved.

Students must provide contact information to each clinical site prior to or minimally at the time in which the clinical rotation begins. Contact information must be posted in an area of the department with which preceptors have access. Students are responsible for checking messages daily to the phone number that has been provided as the contact information. Disciplinary action may result from failure to respond to telephone calls or messages in which specific information has been requested in conjunction with student clinical activities.
APPROVED:
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____________________________________   08-15-06
John P. McDonough, CRNA, Ed.D., ARNP    Date
Director, Nurse Anesthetist Program

Date Reviewed:   09-01-07  12-15-08  revised 03-03-09  01-04-10  03-22-11

Revised 02-21-12  3-20-13  revised 3-31-14
CLASS OFFICERS

POLICY/PROCEDURE II.23: Class officers are elected by each entering class.

Program administrators and faculty encourage an active student representation to promote coordination and cooperation among all members of the student body.

During the first semester of the program of study, each class is encouraged to elects class officers. The class officers provide a conduit for communications to and from Program administrators and faculty. Class officers also oversee fundraising, which must be consistent with the policies and procedures of the UNF Student Government Association. Student funds can be used for graduation ceremonies or other class projects if agreed upon by the class.

APPROVED:
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Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
CLASS ATTENDANCE

POLICY/PROCEDURE II.24:  Students who are absent from class must follow the policies and procedures established by Program administrators and faculty.

Students are required to attend all units of didactic instruction, including classes, conferences, in-service, and morbidity and mortality conferences, etc. Students on “reading/research” days off from clinical are required to attend all didactic units of instruction.

Personal business (non-emergent health care provider appointments, job interviews, etc) must be handled during student’s own time and are not to be scheduled during class or clinical time except in emergency situations.

Students are exempt from attendance at all didactic and clinical units of instruction during an approved vacation. However, during those absences, students are held academically accountable for all instructional materials presented in both the clinical and didactic modules. If a student misses an examination, prior arrangements must be made with the faculty member for a make-up examination.

Students who are absent from a didactic unit of instruction without valid authorization from the instructor are subject to disciplinary action.

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Date
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3-20-13 revised 3-31-14
TARDINESS

POLICY/PROCEDURE II.25: Students who are tardy must follow the policies and procedures established by Program administrators and faculty. Excessive tardiness may result in disciplinary action.

Tardiness includes reporting late for class or having extended lunch periods and coffee breaks in the clinical area. A pattern of excessive tardiness results in counseling by the Clinical Coordinator at the clinical site and/or by the Program Director. Any further tardiness may result in disciplinary action. All counseling sessions related to tardiness are documented and become part of a student’s file.

If a student has knowledge that he/she will be delayed in reporting to class or clinical, he/she should make every effort to notify appropriate faculty member. It is the policy of the Program that any student reporting to school two hours or more later than scheduled may be considered absent for the day. Such incidents are handled on a case-by-case basis.

APPROVED:
Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

08-15-06

Date

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
ILLNESS

POLICY/PROCEDURE II.26: Students who are absent due to illness must follow the guidance provided by Program administrators and faculty and the expectations of the clinical site to which they are assigned.

A student who “calls in” sick may be required to provide the Program Director, prior to returning, with a statement from an appropriate healthcare practitioner. This procedure provides for the students’ own well-being and the well-being of patients they may be assigned to care for in the clinical area.

Didactic courses
A student who “calls in” sick the day of a test must notify the faculty member and the Program Director. The student may, at the discretion of the faculty member, be given a different test.

Clinical courses
Students, who are ill and are assigned clinical duty, are to call the anesthesiology department of the clinical site as early as possible. Students are expected to make-up any clinical days missed due to illness, at times assigned by NAP faculty or the clinical coordinator.

Any student who suffers prolonged illness (20+ days) may be given special consideration. The nature of the illness and a written physical assessment status by an appropriate practitioner is required for determination in granting any such consideration.

Students who become pregnant while a student in the Program are handled on a case-by-case basis. In all cases of pregnancy, written documentation from a reproductive specialist is required for a student to remain in the Program. If a student is taking practicum courses, she is required to accept a medical leave of absence from school and is placed with the next available class cohort on a space available basis. This restriction is based on the documented hazards to fetuses exposed to anesthetic agents.

APPROVED:
Signature on file
_____________________________________________  03-11-08
John P. McDonough, CRNA, Ed.D., ARNP  Date
Director, Nurse Anesthetist Program

Dates Reviewed:  09-01-07  12-15-08  01-04-10  03-22-11  02-21-12
3-20-13  3-31-14
REQUEST FOR PERSONAL TIME OFF

POLICY/PROCEDURE II.27: Students who request personal time off must follow the policies/procedures established by Program administrators and faculty.

During the first and second terms, the students will follow the university academic calendar, observing all university holidays and breaks. Beginning at the end of Semester II, students continue to be scheduled in their practicum clinical setting. There is no observed time off during the semester-to-semester breaks.

Beginning from the start of Semester III through the completion of the Program, students can request a maximum of 100 hours of personal time. Students are informed during the orientation to the Program that if they have any special request in terms of time off, they are to send a written request to the program administration and, if taking a practicum course, the Clinical Coordinator. If the student will miss didactic course instruction during the requested time off, the faculty member coordinating that course should also be notified. Students are discouraged from requesting time off if an exam is scheduled during that time.

Guidance regarding time requests is as follows:

1. Students must obtain approval of time off requests from the program administration as well as the clinical coordinator. The student is responsible for following the guidelines/policies established at the clinical site for requests of time off during holiday periods.

2. Requests must be submitted well in advance of the current/working clinical schedule.

3. Bereavement time will not be considered as part of the student allotted personal time off.

4. Personal time off will be reduced by the number of hours in which the student has called out sick unless arrangements to make up that day have been made with the clinical coordinator. (See Policy #II.26 for clinical time missed due to illness).

APPROVED:
Signature on file
_____________________________________________  03-11-08
John P. McDonough, CRNA, Ed.D., ARNP    Date
Director, Nurse Anesthetist Program

Dates Reviewed:  09-01-07  12-15-08  01-04-10  03-22-11  02-21-12
3-20-13 revised 3-31-14
REQUEST FOR LEAVE OF ABSENCE

POLICY/PROCEDURE II.28: Students who request a leave of absence for personal, educational or military training reasons must follow the policies and procedures established by Program administrators and faculty.

Students who request a leave of absence MUST receive approval from the Program Director prior to taking the leave. Leaves (other than for educational or military reasons) must also have the approval of the SON Director. Students are responsible for class content in the event a class is missed.

Educational Leave
Educational Leave may be taken for any nurse anesthesia educational activity; however, it is strongly encouraged that students use leave to attend the AANA annual or regional meetings, FANA meetings, and Board review workshops. Educational Leave is granted at the sole discretion of the Program Director in consultation with the Clinical Coordinator when students are assigned to the clinical sites. Students who have unmet didactic requirements, do not have case counts up-to-date, or are on probation may not be granted educational leave.

Military Training Leave
In acknowledgement of the AANA position statement regarding support of the National Guard and Reserves of the U.S. Armed Forces, students may be granted a maximum of two weeks leave during their seven-semester program for this activity. It is strongly recommended that the students perform their active training after graduation. Students who are involuntarily activated will be handled on an individual basis and accommodations made where possible and consistent with sound educational practice.

If students are assigned clinical duties, it is their responsibility to coordinate the active duty time to not interfere with their clinical commitments. Students who elect to accept active duty training during their course of study are required to discuss the leave with the Program Director and Clinical Coordinator prior to requesting active duty.

To be eligible for military leave, a student must be in good standing in the Program (academic and clinical) and present official military orders to the Program Director as soon as orders are received by the student. This procedure provides the Clinical Coordinator with sufficient time to adjust schedules. Students should clearly understand that they may be required to delay graduation until all military leave time is made up.
APPROVED:
Signature on file

_________________________________________   08-15-06
John P. McDonough, CRNA, Ed.D., ARNP    Date
Director, Nurse Anesthetist Program

Dates Reviewed:  09-01-07  12-15-08  01-04-10  03-22-11  02-21-12
3-20-13    revised 3-31-14
POLICY/PROCEDURE II.29: Students must present a professional appearance in class and follow the policies and procedures of the clinical site related to dress codes.

Students are to come to class in proper attire, consistent with the professional image of a registered nurse in a graduate program. Attire usually described as “business casual” will meet this requirement. Students are to follow the dress code policy of the clinical facility to which they are assigned. See addendum below, adopted from University of Detroit- Mercy Nurse Anesthesia Student-Faculty Handbook 2011-2012.

Students are prohibited from wearing hospital issued scrubs outside the facility in which the student is assigned. Personal scrubs may be worn to and from the hospital, preferably with a lab coat. However, students may not wear personal scrubs when on campus, except during periods in which the student is engaged in simulation exercises/activities.

Students must adhere to hospital policies with regard to wearing scrubs outside the OR department. With the exception of patient transport to an ICU, lab coats are required when wearing scrubs outside the OR department. Students are responsible for knowing and observing site policies concerning OR scrubs.

Disciplinary actions may result from not following the dress code while on campus or within the hospital facilities.

General Guidelines: While participating in any program or University related activity students should present a professional appearance. Business casual attire as a minimum standard is expected whenever students are in the classroom and non-classroom settings where contact with other professionals is possible. Examples of these activities include but are not limited to;

- Classes held off-campus
- Non classroom professional or academic activities held on campus
- Conferences, CAC, affiliate luncheons, etc.
- Professional related meetings
- Visits to hospital facilities, including patient visits, use of the hospital library etc.

It should be noted that state or national meetings and other professional activities might require a higher decorum of business attire. The following items are not considered appropriate business casual attire:

- Jeans or denim skirts
- Tee shirts (business casual shirts must be collared)
- Shorts
- Crop, halter or tank tops
- Athletic shoes, flip flops or casual sandals
• Sweat pants or tops
• Jogging suits
• Ripped, torn or faded clothing
• Sleepwear
• Backless dresses or clothing more appropriate for evening
• Bib overalls, leggings, spandex or other form-fitting pants
• Mini-skirts, skorts, sun dresses, beach dresses, and spaghetti-strap dresses or shirts
• As a general rule, revealing or tight fitting clothing is not considered professional.
• Undergarments are not to be exposed at any time.

Additional guidelines
• Cleanliness and personal hygiene is required.
• Excessive cosmetics are not permitted.
• Excessive cologne or other fragrances can present a health hazard to others and therefore is not permitted. Cologne or fragrances of any kind are not permitted in clinical areas where patients may be exposed.
• Tattoos and body piercings other than earrings are to be covered at all times.
• All hair must be neat, clean and groomed.
• Facial or tongue piercings are not permitted.
• Excessive amounts of jewelry are not permitted.
• It is expected that hairstyles and hair colors are commensurate with professional appearance.

Clinical Setting: At varying times during the clinical year, students will be assigned clinical duties and responsibilities at affiliated and nonaffiliated hospitals, offices and clinics. These 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 where the rotation is conducted. Students will assume the dress codes of the clinical site and it is the student's responsibility to determine the specifics of the guidelines in each new situation. In addition to site policies;

• Program identification/name tags MUST be worn while on the hospital grounds and at all clinical training sites. The hospital or university issued identification badge must also be worn at all times while on those sites. All SRNAs must be clearly and continuously identified as students during clinical experiences. No other credentials will be displayed on the student I.D. badge.
• When leaving the OR suite for patient rounds, students are expected to wear a full-length lab coat throughout the hospital with their identification tag exposed.

UNF Classroom Setting: It is understand that classroom lectures can be long and that comfort is important. However, graduate students and advanced practice nurses may be viewed as role models to undergraduate students and have a responsibility to project a positive image of their chosen field. As a result it is expected that the student maintain a professional appearance. Casual business attire guidelines as outlined above should be considered appropriate with additional allowances for appropriate fit and casual footwear, not to include flip flops or flip-flop type sandals of any kind.
APPROVED:
Signature on file

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John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Date Reviewed:  09-01-07  12-15-08  01-04-10  03-22-11 revised 02-21-12
3-20-13  3-31-14
POLICY/PROCEDURE II.30: Successful completion of the NAP mandates that the candidate completes all University and SON requirements for the award of the MSN degree, and has met the clinical experience requirements of the Council on Certification of Nurse Anesthesia Educational Programs. This will permit the graduate to apply to take the National Certification Examination administered by the Council of Certification of Nurse Anesthetists. In addition, students must also:

1. Have successfully completed all required courses with a cumulative GPA of 3.0. They are not allowed to have more than two grades of “C”. A “D” or lower is grounds for dismissal.
2. Overall Satisfactory Clinical Evaluations showing appropriate progress.
3. Satisfactory attainment of the program’s listed outcome criteria (Policy II.10)
4. Completion of the Self Evaluation Examination each of two years (SEE).
5. Current ACLS certification
6. Current PALS certification
7. An exit conference with the Program Director or designee
8. An exit conference with the University Office of Financial Aid
9. Certification of all degree requirements by the University

Students who request a deferral of graduation must follow the policies and procedures established by the Program administrators and faculty.

Deferral of graduation may be granted under the following circumstances with prior written approval of the Program Director and SON Director:

1. Extended medical or other leave as ordered by a physician or appropriate health care provider.
2. Extended military leave (Activation).
3. Failure to meet graduation criteria as scheduled, due to circumstances beyond the student’s control.

All graduation criteria must be met for completion of the Program.
APPROVED:
Signature on file

_____________________________________________  08-15-06
John P. McDonough, CRNA, Ed.D., ARNP    Date
Director, Nurse Anesthetist Program

Date Reviewed:  09-01-07  12-15-08  Revised 3-03-09  01-04-10  03-22-11
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DISCIPLINARY ACTIONS

POLICY/PROCEDURE II.31: Student infractions related to policies and procedures of the Program, School, College, University, affiliate facility, and anesthesia department, and infractions related to federal and state statutes, rules and regulations may result in disciplinary actions.

Students should first inform their faculty advisor of any difficulties they are experiencing that may impact their success in the program. Student counseling is provided for both didactic and clinical portions of the program of study as needed.

Academic Warning, Probation, and Dismissal
Academic warning and probation are governed by the rules of the University and Program. In order to continue in the program, the NAP student must:

1. Achieve grade of "B-" or better in all courses; and
2. Maintain a cumulative GPA of 3.0 or better.

Because of the “lock-step” nature of the curriculum, any grade less than “B-" in any NAP course is grounds for non-progression and therefore dismissal from the Program.

Students have the right to appeal grading/course requirement decisions and program progression/dismissal decisions. Students who wish to appeal must follow the SON Grievance and Appeals procedure for the School, College and University. These procedures are fully described in appropriate University publications/websites.

Clinical Probation and Dismissal
A student may be placed on probation if, in the judgment of a NAP faculty member, NAP Director, and with the approval of the SON Director, a student's clinical competence is below an acceptable level.

Grounds for clinical probation include, but may not be limited to:

1. Unsatisfactory clinical performance, such as:
   a. Failure to have made pre-operative rounds as assigned.
   b. Incomplete or unsatisfactory anesthesia care plan.
   c. Inadequate preparation for an anesthetic.
   d. Commission of serious drug selection or dosage error.
   e. Mistreatment of a patient.
   f. Failure to have made postoperative rounds as assigned.
   g. Failure to follow-up an anesthetic complication until the problem was resolved.
   h. Delivery of hypoxic mixture. A hypoxic mixture of oxygen is defined as oxygen below FiO2 of less than 21%.
   i. Level of incompetence representing a threat to patient safety.
   j. Falsification of documents or records.
k. Insubordination or failure to follow direct instructions from faculty or clinical instructors.
l. The administration of any drug, except in an emergency, without the permission of a clinical faculty member.

2. Inadequate professional self-discipline, such as:
   a. Intubation or extubation without permission of a clinical instructor except in extreme emergencies.
   b. Failure to carry out assigned duties in the clinical area.
   c. Failure to complete weekly Clinical Experience Record.
   d. Violation of clinical site regulations or failure to comply with the University, College, School and Program policies and procedures.
   e. Appropriate reconciliation of narcotic records prior to daily release from site.

3. Unprofessional behavior by a Student Registered Nurse Anesthetist (SRNA) towards instructional staff and violation of acceptable standards of operating room behavioral decorum as demonstrated by:
   a. Argumentative behavior with staff or faculty in the clinical area having potential negative effect upon patient care.
   b. Failure to follow instructions of staff or faculty in the clinical area
   c. Any behavior deemed by the clinical anesthesiology department to which the student is assigned to be disruptive or inconsistent with the proper operation of that department.

The process of placing a student on clinical probation is as follows:

1. The faculty member schedules a meeting with the student and the Program Director to discuss the reason(s) for recommending a clinical probation. During the meeting, the student has the opportunity to provide evidence to refute the recommendation.

2. After hearing all sides, the Program Director will decide about placing the student on clinical probation. The decision will be reviewed by the SON Director and will be affirmed or reversed.

3. The student is informed in writing of the decision by the Program Director. If the decision is to place the student on clinical probation, the probationary period begins with the date of the written notification. The letter must contain the following:
   a. Relevant deficiencies of the student.
   b. Period of probation.
   c. Expected outcomes from the period of probation.
4. The student is informed that he/she can be dismissed at any time for cause during a period of clinical probation.

5. During the probationary period, the Program Director and/or Clinical Coordinator select faculty members who confer with the student as directed. At these conferences, efforts are made to aid the student in correcting deficiencies. Students may also be required to complete a periodic self-evaluation, terms to be outlined at the time of probationary status.

6. A copy of the minutes of the conferences is forwarded to the Program Director following each meeting.

7. At the end of the period of clinical probation, the clinical faculty counseling the student makes one of the following recommendations to the Program Director:

   a. Assignment of an unacceptable grade for the practicum course.
   b. Extension of the period of clinical probation.
   c. Removal of probation status and return to good standing in the Program.

8. The final determination of clinical probation is made by the Program Director with the approval of the SON Director.

**Dismissal**

A student may be dismissed without a probationary period for identified infractions. Dismissal of any student for deficiencies must reflect a consensus of the NAP faculty and the Clinical Coordinator (if appropriate) as recommended to the Program Director and approved by the SON Director.

Grounds for dismissal without a probationary period include:

1. Level of incompetence representing a threat to patient safety.
2. Falsification of documents or records.
3. While in practicum or class, being under the influence of alcohol, marijuana, or any controlled substances not prescribed by a physician.
4. Refusal to submit to a random drug test.
5. Insubordination or failure to follow direct orders from clinical faculty/instructor in the applied practice of anesthesia.
6. Abuse of anesthetic vapors or gases.
7. Theft of Program, University, or affiliate property.
8. The inappropriate administration of any drug without the permission of a member of the clinical staff or faculty.
10. Failure to comply with controlled substance reconciliation requirements or policies related to the handling of controlled substances.
11. Failure to report incidences of controlled substances discrepancies or serious infractions related to drug administration occurring in the course of clinical instruction.
12. Failure to appropriately respond to inquiry related to emergent or urgent matters pertaining to clinical incidence.
13. Copying, possessing copies of, or transmitting by any means, quizzes, tests or any other material used by NAP faculty to academically evaluate any NAP student.
Grievance and Appeals Procedure

1. Students have the right to appeal dismissal decisions. Students who wish to appeal must follow all procedures as outlined in appropriate University publications.

2. If all local administrative options for appeal have been exhausted, the student has a right to contact the Director of Accreditation, COA of Nurse Anesthesia Educational Programs, on all matters affecting his/her status as a student in the Program. Contacts with the Director of Accreditation of COA must be dated, contain an outline of the specific grievance, and signed by the student.

APPROVED:
Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Date Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 revised 02-21-12
3-20-13 3-31-14
PROGRAM COMPLAINTS

POLICY/PROCEDURE II.32: A record of Program complaints is maintained, including actions taken to resolve the complaint, and ultimate outcome of the complaint (See Standard II, Criterion E4)

Program complaints are those complaints that, in the opinion of the student(s), negatively affect the general learning environment of the Program. Students are encouraged to utilize the Program’s evaluation tools to provide feedback on the clinical sites, courses, and faculty.

The following procedure must be followed:

1. The student(s) must put the complaint in writing. The document must be dated, signed, and submitted to the Program Director.

2. The Program Director, upon receipt of such notification from a student, shall, within 10 days of receipt, schedule a resolution meeting with the student(s) and other named parties, if appropriate.

3. If the student is not satisfied with the results of the meeting, the student can appeal the issue to the SON Director.

The above procedure is for Program specific complaints only. NAP students who wish to appeal a grade and/or progression in the Program must follow the SON Academic Grievance and Appeals process found in the appropriate University publications.

APPROVED:

Signature on file 08-15-06
John P. McDonough, CRNA, Ed.D., ARNP Date
Director, Nurse Anesthetist Program

Dates Reviewed: 09-01-07 12-15-08 01-04-10 03-22-11 02-21-12
3-20-13 3-31-14
INTERNATIONAL PRACTICUM EXPERIENCE

POLICY/PROCEDURE II.33: Students who participate in an international practicum experience must follow the policies/procedures established by Program administrators and faculty.

DURING COURSE NUMBER: NGR6274L or NGR6275L

PREREQUISITE: Completion of the first 4 semesters of the Nurse Anesthetist Program

DESCRIPTION:
This is a 2- to 4-week elective experience in an international setting. Focus is on the local nursing framework, healthcare system, arts and culture of the host nation.

OVERVIEW OF THE EXPERIENCE:
This international study opportunity will provide UNF students and members of the health care community the opportunity to spend at least 2 weeks overseas visiting cultural sites, attending presentations related to health care delivery in the host nation, observing in health care settings and participating in a practicum experience.

Through a combination of lecture, discussion and observation, participants in this experience will have the opportunity to compare and contrast selected aspects of the health care system and the role of the healthcare professions in other nations.

Successful completion of this experience will suffice to meet some of the requirements of NGR 6894 Global Healthcare and Culture. Although participants will still have to register for Global Healthcare and Culture, participants can elect to have their academic performance related to this international experience to be used to assign a grade to Global Healthcare and Culture. All policies of the University, and the School of Nursing will apply during periods of international travel.

N.B.- Students may have the opportunity to participate in clinical activities during the international rotation, and such an opportunity may provide for a unparalleled learning experience. However, these clinical facilities located outside the US are NOT accredited by the COA. Accordingly, any such clinical experience will not, under any circumstances, be counted as part of the record of clinical experiences used to construct the transcript that will be submitted to the CCNA as part of the application for the National Certification Examination.

EXPERIENCE OBJECTIVES:
Through participation in this experience, the learner will:
1. Observe selected nursing and health science practice areas.
2. Describe the culture of the host nation.
3. Compare and contrast selected aspects of the history and organization of the health care delivery system in the host nation and the United States

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Office Phone: 904-620-1422  
Office Hours: TBA  
Instructions regarding this experience can be accessed through the blackboard site for courses NGR6274L and NGR6275L. Please consult this site regularly. http://blackboard.unf.edu

LEARNING ACTIVITIES AND EVALUATION
Examinations, papers, presentations, and class participation

GRADING
The course is graded A-F according to the School of Nursing Grading Scale. In order to achieve a passing grade (defined by the School of Nursing as A-C), test average must be at least 70%. Then, and only then, will grades on other assignments be calculated into the final course grade.

ENABLING STRATEGIES AND EVALUATION TECHNIQUES

Graduate: 3 credit hours (to be applied to the grade in PCH6412 or subsequent replacement course)
Requirements:
• Attend all orientation and classes listed on the instructions for the experience.
• Write a paper contrasting the United States and the host nation in one of the following areas:
  1. Health care services
  2. Nursing and anesthesia education
  3. Nursing practice laws
  4. Emergency services organization and delivery
• Other topics or activities may be considered with prior approval by course faculty.
  The paper is due by the end of Spring or Summer semester as appropriate.
• Complete a written evaluation at the end of the experience.
• Create and deliver a presentation covering the objectives of the experience.
Grade: Will be determined by participation (50%) and paper (50%).

CRITERIA FOR EVALUATION OF PAPER
1. Abstract (75 to 100 words) according to APA guidelines 10
2. Introduction or Background 10
   - Include why the topic was selected
3. Review of the Literature 20
   - Current references
4. Similarities between United States and the host nation health care systems 40
   - Include content from lectures/observation
5. Conclusion 10
   - Include implications for the future
6. APA format 10
   - Typed double spaced, font 12 Times Roman, Justify, without grammatical or spelling errors
   - Not to exceed 10 pages including title page, abstract page, tables, figures, and excluding reference list

COURSE OBJECTIVE ONE:
Observe selected nursing and health science practice areas.
Practicum Experience Objectives:
1.1 Observe the nurse’s/health science professional’s role in a variety of practice settings.
1.2 Identify health care delivery issues specific to the practice area.
1.3 Describe the physical surroundings, environment of the practice setting.
1.4 Participate in group discussions related to observational activities.

Learning Resources (*required)

COURSE OBJECTIVE TWO:
Develop an understanding of the culture of the host nation.

Class Objectives:
2.1 Participate in a city tour.
2.2 Choose from a selection of cultural activities which may include: visits to a variety of historical sites, museums, outdoor markets, gardens, selected shopping areas; dining in restaurants; etc.
2.3 Use the public transportation system.
2.4 Participate in group discussions re: cultural activities experienced.

COURSE OBJECTIVE THREE:
Discuss various aspects of the history and organization of the health care delivery system in the host nation compared with the United States.

Class Objectives:
3.1 Attend presentations concerning hospital/non-hospital organizational structure of health care delivery in the United States and the host nation.
3.2 Compare and contrast selected aspects of the United States and host nation’s health care delivery systems (i.e. legal parameters, early development, organizational structure, educational programs and requirements, licensure, certification, advanced practice, etc.)
3.3 Participate in group discussions related to health care delivery in the United States and the host nation.

Learning Resources: (*required)


APPROVED:
Signature on file
_____________________________________________  new 01-10-08
John P. McDonough, CRNA, Ed.D., ARNP    Date
Director, Nurse Anesthetist Program

Dates Reviewed:  12-15-08  01-04-10  03-22-11  02-21-12
3-20-13  3-31-14
CARE PLAN REQUIREMENTS

POLICY/PROCEDURE II.34: The anesthesia care plan has been developed for the learning purposes of the student. A standardized form is included in this policy and should be followed by all clinical sites and students. Any modifications to the care plan form must have the approval of the Program Director and/or NAP faculty.

With the exception of the first term, students are required to formulate a plan of care via the care plan prior to the day in which they are providing anesthesia care. The student is to discuss the plan of care with his/her preceptor the day before the case. Students are encouraged to consider the care plan a working document by which as the case unfolds the document should be updated and/or finalized reflecting the actual case events.

When case assignments have been changed on the day of practicum, the student is not required create a new care plan. The student is to make a notation of the change in the daily schedule on the last page of the plan and submit plan as required. Care Plans should be signed by the student and preceptor on the day of the case.

Students are to maintain a three (3) ring binder each term in which one section of the binder houses the completed care plans. These documents are to be kept by the student and available for review.

STANDARDIZED REQUIREMENTS FOR ANESTHESIA CARE PLAN COMPLETION AND SUBMISSION

NGR 6270L Anesthesiology Nursing Practicum I

Three (3) anesthesia care plans are to be developed throughout the term and submitted to the Course Coordinator during the week of finals. Care plan requirements include: 1) a general anesthetic case, 2) a regional case and 3) a MAC/local case. The care plan should be based on the student’s individual experience. In the instance that the student has not participated in a case given a care plan particulars, the student may develop the care plan based on anesthesia related resources.

NGR 6271L and NGR 6272L

One (1) care plan per clinical day is to be completed by the student. Selection of cases in which a care plan is to be prepared is based on the first case of the day, type of cases for the day, or most difficult anesthetic management case. When all cases are similar, the student should complete a care plan for the first case of the day. If a particular case stands out or if this is a first time anesthesia technique case, the student should prepare a care plan on this case. Otherwise, as students progress in their clinical experience, care plans should be developed based on the most complicated anesthetic management.
One (1) written care plan per clinical day is to be completed by the student. Selection of cases in which a care plan is to be prepared is based on the first case of the day, type of cases for the day, or most difficult anesthetic management case. When all cases are similar, the student should complete a care plan for the first case of the day. If a particular case stands out or if this is a first time anesthesia technique case, the student should prepare a care plan on this case. Otherwise, as students progress in their clinical experience, care plans should be developed based on the most complicated anesthetic management.

In addition to the one (1) written care plan requirement, the student is required to verbalize a plan of care for all cases of the day.

NGR 6274L and subsequent practicum(s)

No written care plans are required unless directed to do so by a preceptor, clinical coordinator or NAP faculty.

**APPROVED:**
Signature on file  
John P. McDonough, CRNA, Ed.D., ARNP  
Director, Nurse Anesthetist Program  
Dates Reviewed: 12-15-08 01-04-10 03-22-11 02-21-12 3-20-13 3-31-14  
new 03-11-08 Date
CONTINUOUS AUSCULTATION

POLICY/PROCEDURE II.35: Unless precluded by the nature of the surgical procedure, students are required to use continuous auscultation as a monitoring method beginning at induction and continuing through emergence of general anesthesia, and during other anesthetic techniques as appropriate.

The literature is replete with documentation that the leading cause of anesthetic disasters is lack of vigilance by the anesthesia provider. Recent decades have seen impressive advances in automated patient monitors. This may well have been the reason that many anesthesiology residency programs no longer teach the use of continuous auscultation. After a study of the question Schwartz (2001) concludes that: “Teaching about and routine use of a precordial or esophageal stethoscope is not common in anesthesiology residencies. A reevaluation of this lack of education appears warranted in light of the low cost and extra added patient vigilance provided by the precordial or esophageal stethoscope”.

In nurse anesthesia education there may be a different situation. Smith, et al. (2009) found that 95% of CRNA program directors responding to a survey stated that their program requires the use of an ear piece. As nurse anesthetists we are governed by, among other factors, the standards of our professional organization. The AANA has published standards of nurse anesthesia practice that include:

“Standard V: Monitor the patient’s physiological condition as appropriate for the type of anesthesia and specific patient needs”.

As auscultation provides the only method to monitor heart sounds, it is clearly required by the program and will be practiced by all NAP students.

The following procedure must be followed for adult general anesthetics:

1. Prior to the induction of general anesthesia a small sized Wenger stethoscope chest piece will be placed in the paratracheal region at the suprasternal notch and attached to the earpiece so that auscultation will be carried out during the induction process.

2. If the anesthetic is conducted using a mask or LMA this stethoscope will be used throughout the procedure and continued through emergence and transport to PACU if needed to verify effective ventilation.

3. If the patient is to be intubated, the chest piece will be left in place for use after extubation. After the endotracheal tube has been placed, and position verified, an esophageal stethoscope will be inserted and attached to the earpiece and used continuously throughout the case.
The use of continuous auscultation provides valuable information regarding patient status. Earpieces and Wenger chest pieces are provided to students by the NAP. Like any other technical skill, it requires practice to use it to its fullest potential. Students are expected to utilize continuous auscultation in virtually all cases. Failure to do so will have negative consequences on the clinical grade and potential subsequent negative consequences regarding program progression. It is now expected that the completed clinical evaluation forms will contain a notation that the ear piece was used as required.


**APPROVED:**

Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Dates Reviewed: 03-22-11 02-21-12 3-20-13 revised 3-31-14
POLICY/PROCEDURE II.36: Students are responsible for all credentialing requirements related to the University, Brooks College of Health, School of Nursing, Nurse Anesthetist Program, and affiliated clinical sites.

University:

Students must comply with the University’s medical compliance requirements. See official website for details. [http://www.unf.edu/shs/Immunization.aspx](http://www.unf.edu/shs/Immunization.aspx)

Students must read, sign, and date the University’s Participating Student’s Individual Agreement: HIPAA.

School of Nursing:

Nurse Anesthesia students must annually complete and submit via Certified Background a negative drug screen, PPD or equivalent (chest x-ray), influenza vaccination, record of immunizations, and criminal background check as a condition of admission and matriculation.

Failure to maintain the annual requirements may result in immediate removal from the clinical site, followed by disciplinary action.

Clinical Affiliates:

Credentialing requirements and documentation may differ between clinical sites, the University, and the Program. Students must comply with clinical affiliate requirements.

Students must comply with all policies and procedures as outlined by the Program clinical affiliates.

**Controlled Substances:**

Students must comply with the policies and procedures related to the use and reconciliation of controlled substances used for the purpose of providing anesthesia during the practicum experiences. Any discrepancies or losses of controlled substances must be reported and resolved prior to the student’s release for the day. In the event that an incident has occurred, the student must report the incident to the appropriate UNF faculty, as well as the site Clinical Coordinator. Students may be required to consent to an immediate drug screening test in the event of an unresolved controlled substance discrepancy.

If a controlled substance is unintentionally removed from the clinical site, the student is responsible for returning it to the site immediately upon discovery. Prior to the return, the student is to notify
the clinical site of the incident and that he/she is returning to the site with the drug. This disclosure may assist with the student’s defense in the event that the student is found with the controlled substances and subsequently questioned, held, or arrested as a result of having the controlled substance in their possession outside of the institution. Possession or loss of license as a result of illegal possession of controlled substance may result in the immediate dismissal from the Program. Any incident in which controlled substances were removed from the premises and returned later are to be reported via email to the UNF faculty and Clinical Coordinator at the site. The report should include the details of what was removed and returned, who was notified while in route back to the facility, the time in which the drug was returned. Students involved in discrepancies or incidents related to controlled substances may be counseled, verbally warned, placed on probation, or dismissed from the program.

Finally, unresolved issues, failure to respond appropriately to inquiries related to controlled substances discrepancies, or refusal to submit to a drug test following an incident may result in the immediate dismissal from the program. Illegal or unauthorized possession of controlled substances may be reported to the Board of Nursing, and possibly the criminal justice system.

**APPROVED:**

Signature on file

John P. McDonough, CRNA, Ed.D., ARNP
Director, Nurse Anesthetist Program

Dates Reviewed: 3-20-13 3-31-14