



SCHOOL OF ANESTHESIA HANDBOOK

DNP-Anesthesia

2018-2019

Harris College of Nursing and Health Sciences

TCU

Our Mission

**To educate individuals to think and act
as ethical leaders and responsible citizens
in the global community**

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**HARRIS COLLEGE OF NURSING AND HEALTH SCIENCES
School of Nurse Anesthesia**

Greetings,

We are pleased to welcome you to the TCU School of Anesthesia. Your education here leads to the degree Doctor of Nursing Practice-Anesthesia (DNP-A) and eligibility to sit for the certification examination administered by the Council on Certification of Nurse Anesthetists. When these tasks are accomplished, you will become a Certified Registered Nurse Anesthetist (CRNA). Admission to this School demonstrates your success as a registered nurse. Your academic and professional achievements provide a strong foundation for study. Before your graduation, we expect you to demonstrate proficiency in the field of anesthesia, not only in the classroom and laboratory, but also in the clinical practice arena.

Learning and competence are primarily your own responsibility. The role of the faculty and staff is to guide, direct, evaluate, and support your learning, i.e., to teach. As an equal and responsible member of the educational process, you must study, practice, reflect, and most of all, seek assistance when needed. You will discover the faculty and staff themselves continue to learn throughout their careers, and encourage you to embrace the concept of lifelong learning with enthusiasm.

On behalf of the administration and faculty, we wish you every professional success in this demanding and exciting field. We are glad that you have chosen our school, proud to accept you as a student, and we look forward to recognizing you as an alumnus. If we can be of assistance to you, please do not hesitate to contact us.

Respectfully,

Kay K. Sanders, DNP, CRNA

Kay K. Sanders, CRNA, DNP
Director, School of Anesthesia
Clinical Professor

The information in this handbook is intended to augment and amplify information found in such sources as the Graduate Bulletin, the web site, and course syllabi. Students, faculty, and staff are responsible for monitoring these sources of information. The Information is subject to change without notice.

MISSION OF THE TCU SCHOOL OF ANESTHESIA

The Doctor of Nursing Practice-Anesthesia post baccalaureate degree prepares professional registered nurses for nurse anesthesia practice by providing the terminal academic education along with advanced, specialized knowledge and skills to meet the health needs of diverse populations. The purpose of the DNP-Anesthesia Program is to prepare nurse anesthetists to assume clinical leadership positions in a variety of health care, business, government, and educational settings.

SCHOOL GOALS

1. Support Texas Christian University's mission, vision, and core values.
2. Prepare graduates to become competent Certified Registered Nurse Anesthetists, ready to serve society as leaders and partners in health care.
3. Promote core values and behaviors that encourage personal growth, respect for diversity, acknowledge human worth and dignity, and support professional nurse anesthesia practice.
4. Foster an appreciation for the necessity of critical thinking, life-long learning, and professional involvement.
5. Contribute to the nurse anesthesia profession and to society by engaging in expert evidence-based clinical practice and by demonstrating commitment to ethical leadership and responsible citizenship.

EDUCATIONAL PHILOSOPHY

The faculty believes that graduate education should prepare an individual to exhibit qualities of mind and character that are necessary to live a fulfilling life. Such education facilitates thoughtful judgment, analytical problem solving, ethical leadership, and responsible citizenship. Learning is expected to be interactive, continuous, collegial, and reciprocal in nature as faculty and students learn from one another. This educational approach is casual and purposeful, and involves necessary affective, cognitive, and psychomotor changes.

Learning the professional practice of nurse anesthesia is enhanced by a safe, supportive environment, high expectations, freedom to question and explore, and a diverse, challenging practice experience. The graduate must be able to integrate sound scientific knowledge with technical and clinical skills in order to competently manage complex anesthetic care of patients. The result of professional practice of nurse anesthesia should be the betterment of the practitioner, the profession, and society.

ACCREDITATION

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA), a specialized accrediting body recognized by the Council on Higher Education Accreditation (CHEA) and the United States Department of Education (USDE), accredits the Doctor of Nursing Practice-Anesthesia in Nurse Anesthesia. The DNP-A is also accredited by the Commission on Collegiate Nursing Education (CCNE).

The Commission on Colleges of Southern Association of Colleges and Schools (SACS) accredits Texas Christian University. TCU awards the bachelor, master, and doctoral degrees.

The Standards for Accreditation of Nurse Anesthesia Educational Programs endorsed by the COA and the Essentials for Doctoral Education for the Advanced Practice Nurse (AACN, 2006) are merely guidelines for TCU to follow. They are not a contract between any members of the TCU School of Nurse Anesthesia and should not be construed to give rise to any liability of TCU to any student enrolled in the School of Nurse Anesthesia. The school, the parent institution, or the clinical affiliates will not distort or misrepresent the school's accreditation status.

The name of the school, recognized by the COA, is TCU School of Anesthesia (SOA). In recognition of the position that clinical sites hold in the school, Primary Clinical Sites may refer to their affiliation with the school or the University as TCU, School of Nurse Anesthesia/ *Site Name*, i.e. TCU / School of Nurse Anesthesia/Harris Methodist Fort Worth. No other name will be recognized or advertised by the school or its affiliates. The Director must approve any materials published by the affiliating institutions that refer to the school.

NON-DISCRIMINATION

TCU does not discriminate on the basis of personal status, individual characteristics, or group affiliation, including but not limited to classes protected under federal and state law.

Disabled students will be individually assessed for their ability to meet the requirements of the curriculum and of practice. Students with questions about disabilities should contact the Director. In accordance with the 1973 Americans with Disabilities Act, the faculty has defined the scope of practice within physical, intellectual, social, and

emotional parameters.¹ To enter, remain, and progress in the school, all students must have the following essential functions (examples are not inclusive):

1. Students must have sufficient physical mobility to travel independently to and within hospitals, clinics, and other health-related agencies. They must have the gross and fine motor capability to independently provide safe care to patients. This requires the ability to sustain work requiring delivering services at the bedside, standing/walking for 8-12 hours, traveling independently, reaching, bending, lifting up to 50 pounds, and quick movements.
2. Students must have sufficient tactile and manual dexterity to (a) accurately manipulate equipment, (b) complete a physical assessment (palpation, percussion, auscultation), (c) prepare and administer medications, (d) legibly print dates and times on medication vials, (e) perform cardiopulmonary resuscitation, including advanced life support techniques, (f) use a computer keyboard, (g) legibly and accurately document nursing care, and (h) perceive attributes of objects such as dimension, shape, temperature or texture.
3. Students must have sufficient visual acuity to (a) observe subtle changes in patients' conditions via inspection, (b) accurately read medical records and orders, (c) accurately read a computer monitor screen and (d) legibly and accurately document nursing care.
4. Students must have the auditory acuity with and without background noise that enables them to assess the physical status of a patient, e.g., breath sounds, heart sounds.
5. Students must possess sufficient sensory function to recognize alarm and telephone signals.
6. Students must have sufficient receptive, written, and oral communication skills to accurately receive, read, interpret and comprehend the English language in written and verbal forms in order to (a) communicate effectively and professionally with patients, faculty, staff, and peers from a variety of social, emotional, cultural and intellectual backgrounds; (b) teach patients and families; (c) accurately document, interpret, and comprehend nursing interventions and actions and client responses; and (d) communicate data about patients in a timely manner.
7. Students must have sufficient emotional stability and cognitive skills to (a) process information in a reasonable amount of time; (b) accurately render clinical judgments; (c) identify cause and effect relationships in clinical situations; (d) establish and maintain appropriate relationships with patients, faculty, staff, and peers; and (e) possess adequate environmental awareness in multiple, complex settings that may be stressful, loud, and potentially harmful e.g., exposure to communicable diseases, personal injury, death of patients, and violence in the workplace.
8. Students must be able to maintain constant patient vigilance for extended periods of time (2-4 hours or greater).

STUDENT RECORDS

Student records are confidential. Only those instructors who are directly responsible for the student's progress will have access to student files. All student records including transcripts and evaluations are stored in a locked file cabinet in a room that is locked when not occupied. Primary clinical sites are to maintain files on current students only. All files are to be forwarded to the school upon the student's completion of the school. Written permission must be obtained from the graduate/ student before any potentially identifying information in the file can be shared with others.

RRNA

The title "RRNA" (Resident Registered Nurse Anesthetist) refers to a student enrolled in the TCU School of Nurse Anesthesia. The title, "SRNA," (Student Registered Nurse Anesthetist) is used at some clinical training sites.

AANA Code of Ethics for the Certified Registered Nurse Anesthetist

Preamble

Certified Registered Nurse Anesthetists (CRNAs) practice nursing by providing anesthesia and anesthesia-related services. They accept the responsibility conferred upon them by the state, the profession, and society. The American Association of Nurse Anesthetists (AANA) has adopted this Code of Ethics to guide its members in fulfilling their obligations as professionals. Each member of the AANA has a personal responsibility to uphold and adhere to these ethical standards.

1. Responsibility to Patients

CRNAs preserve human dignity, respect the moral and legal rights of health consumers, and support the safety and well-being of the patients under their care.

1.1 The CRNA renders quality anesthesia care regardless of the patient's race, religion, age, sex, nationality, disability, social, or economic status.

1.2 The CRNA protects the patient from harm and is an advocate for the patient's welfare.

1.3 The CRNA verifies that a valid anesthesia informed consent has been obtained from the patient or legal guardian as required by federal or state laws or institutional policy prior to rendering a service.

¹ TCU's HSN statement of Student Abilities, 2001

1.4 The CRNA avoids conflicts between his or her personal integrity and the patient's rights. In situations where the CRNA's personal convictions prohibit participation in a particular procedure, the CRNA refuses to participate or withdraws from the case provided that such refusal or withdrawal does not harm the patient or constitute a breach of duty.

1.5 The CRNA takes appropriate action to protect patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, or unethical practice.

1.6 The CRNA maintains confidentiality of patient information except in those rare events where accepted nursing practice demands otherwise.

1.7 The CRNA does not knowingly engage in deception in any form.

1.8 The CRNA does not exploit nor abuse his or her relationship of trust and confidence with the patient or the patient's dependence on the CRNA.

2. Competence The scope of practice engaged in by the CRNA is within the individual competence of the CRNA. Each CRNA has the responsibility to maintain competency in practice.

2.1 The CRNA engages in lifelong, professional educational activities.

2.2 The CRNA participates in continuous quality improvement activities.

2.3 The practicing CRNA maintains his or her state license as a registered nurse, meets state advanced practice statutory or regulatory requirements, if any, and maintains recertification as a CRNA.

3. Responsibilities as a Professional CRNAs are responsible and accountable for the services they render and the actions they take.

3.1 The CRNA, as an independently licensed professional, is responsible and accountable for judgments made and actions taken in his or her professional practice. Neither physician orders nor institutional policies relieve the CRNA of responsibility for his or her judgments made or actions taken.

3.2 The CRNA practices in accordance with the professional practice standards established by the profession.

3.3 The CRNA participates in activities that contribute to the ongoing development of the profession and its body of knowledge.

3.4 The CRNA is responsible and accountable for his or her conduct in maintaining the dignity and integrity of the profession.

3.5 The CRNA collaborates and cooperates with other healthcare providers involved in a patient's care.

3.6 The CRNA respects the expertise and responsibility of all healthcare providers involved in providing services to patients.

3.7 The CRNA is responsible and accountable for his or her actions, including self-awareness and assessment of fitness for duty.

4. Responsibility to Society CRNAs collaborate with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

4.1 The CRNA works in collaboration with the healthcare community of interest to promote highly competent, safe, quality patient care.

5. Endorsement of Products and Services CRNAs endorse products and services only when personally satisfied with the product's or service's safety, effectiveness, and quality. CRNAs do not state that the AANA has endorsed any product or service unless the Board of Directors of the AANA has done so.

5.1 Any endorsement is truthful and based on factual evidence of efficacy.

5.2 The CRNA does not exploit his or her professional title and credentials for products or services which are unrelated to his or her professional practice or expertise.

6. Research CRNAs protect the integrity of the research process and the reporting and publication of findings.

6.1 The CRNA evaluates research findings and incorporates them into practice as appropriate.

6.2 The CRNA conducts research projects according to accepted ethical research and reporting standards established by law, institutional procedures, and the health professions.

6.3 The CRNA protects the rights and well-being of people and animals that serve as subjects in research.

6.4 The CRNA participates in research activities to improve practice, education, and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

7. Business Practices CRNAs, regardless of practice arrangements or practice settings, maintain ethical business practices in dealing with patients, colleagues, institutions, and corporations.

7.1 The contractual obligations of the CRNA are consistent with the professional standards of practice and the laws and regulations pertaining to nurse anesthesia practice.

7.2 The CRNA will not participate in deceptive or fraudulent business practices.

Adopted by the AANA Board of Directors in 1986.

Revised by the AANA Board of Directors in 1992, 1997, 2001, and 2005.

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RIGHTS AND RESPONSIBILITIES

The student has the right to:

- Expect high quality, appropriate education
- Be represented in the educational process
- Be regarded as a professional member of the health care community
- Receive fair, objective, confidential evaluations
- Exercise due process of appeal

In addition, the RRNA has the responsibility to:

- Demonstrate a professional manner at all times
- Adhere to regulations and policies as set forth in the policy manuals and handbooks of TCU and affiliating clinical settings

PROFESSIONAL OBJECTIVES

The RRNA demonstrates behaviors consistent with the following characteristics of professional practitioners:

1. Maintains competence in practice, committed to lifelong learning, especially in knowledge skills, and attitudes in the CRNA role.
2. Assesses own practice according to standards of the field and includes assessment by others.
3. Responsibly participates in peer review of others.
4. Positively represents profession in communication and interpersonal interactions with peers and society.
6. Actively pursues goals of profession in public arenas such as the media and legislative system.
7. Exercises diligence in the ethical and legal parameters of professional practice.
8. Recognizes that professional practice extends beyond vocational values in such areas as time commitments, continuing education, and willingness to commit personal resources.
9. Participates in the education and training of students in profession.
10. Embraces the professional values of altruism, autonomy, integrity, and social justice, and vigilance in the local and global community.

Professionalism includes, but is not necessarily limited to the following: courtesy, honesty, punctuality, enthusiasm, appropriate language/ communication skills, positive attitude, personal cleanliness/grooming, analytical/evaluation skills, willingness to follow directions, willingness to learn/work hard, proper wearing of OR attire, vigilance/awareness, and organization/neatness of anesthesia work area.

Failure to complete requests, in a timely, professional manner, from individual faculty, administration, and staff of the School of Nurse Anesthesia or Texas Christian University could result in dismissal from the nurse anesthesia program.

Professional Meeting Participation

Participation in at least one professional meeting sponsored by either a state or national association (i.e., Texas Association of Nurse Anesthetists or the American Association of Nurse Anesthetists) is part of the requirements in NRAN 81353 Healthcare Policy and Politics. To fulfill this requirement the student must attend the business meeting if one is held plus educational sessions to total a minimum of 15 hours.

Proof of attendance is required in the form of a Continuing Education certificate. Obtaining a CE certificate with the required minimum 15 hours is frequently difficult when participation is in student sessions and business meeting attendance.

To address the proof of participation, the following will be required in addition to the CE certificate:

1. Business Meeting Attendance – Concise summary of pertinent issues addressed during the business meeting. This summary should be a short paragraph (50-100 words) noting relevant issues to the nurse anesthesia profession and/or practice.
2. Educational Session Attendance – A summary (50-100 words) of each educational session attended, including student sessions, noting specific information that can be useful in your practice. (Copying of abstracts is prohibited.)
3. Student Luncheon – Student luncheons must be attended if one is held. A summary of the topics presented at the luncheon, including information found interesting, should be briefly addressed in a paragraph (50-100 words).

The above summaries should be brief and to the point, yet professionally written. All summaries must be electronically submitted in a Word Document to: Dru Riddle (d.riddle@tcu.edu). Without appropriate documentation and proof of attendance, meeting reimbursement, if applicable, and excused education time from clinical may be denied. Summary example is in Appendix A.

Student scholarships for attendance at meetings may be available on state associations' WEB sites. Check the WEB site for your state association for information.

If you are chosen for the College Bowl and/or presenting your research poster at the AANA Annual Congress, you will be reimbursed for your meeting registration fee, hotel, airfare, taxi to and from the airport in the meeting city, and meals up to a maximum of \$2,000. If you attend the AANA Annual Congress to fulfill your meeting requirement, you will be reimbursed up to \$500. For reimbursement original receipts and a properly completed TCU Reimbursement Form must be turned into the SOA office. To access the form go to www.tcu.edu/, click on TCU A_Z, then click on Financial Forms, then Reimbursement Forms. Follow the directions closely. If reimbursement for meeting expenses is requested for more than one meeting, prior permission must be granted by the Director. Fulfilling the requirement includes attendance at the business meeting plus educational sessions to total a minimum of 15 hours. Proof of attendance is required in the form of a Continuing Education certificate. Obtaining a CE certificate with the required minimum 15 hours is frequently difficult when participation is in student sessions and business meeting attendance.

SEXUAL HARASSMENT POLICY

The University administration, faculty, staff, and students are responsible for assuring that the University maintains an environment for work and study free from sexual harassment. Sexual harassment is unlawful and impedes the realization of the University's mission of distinction in education, scholar-ship, and service. Sexual harassment violates the dignity of individuals and will not be tolerated. The University community seeks to eliminate sexual harassment through education and by encouraging faculty, staff, and students to report concerns or complaints. Prompt corrective measures will be taken to stop sexual harassment if it occurs.

This policy applies to faculty, staff, and students enrolled at or employed by Texas Christian University. The policy applies to the total educational environment of Texas Christian University including academic, research, extracurricular, training or other program activity.

No member of the Texas Christian University community may sexually harass another. Any faculty member, staff member or student found in violation of this policy will be subject to disciplinary action. Retaliation for filing a complaint against sexual harassment is prohibited.

University administrators will make every reasonable effort to conduct all proceedings in a manner which will protect the confidentiality of all parties.

Sexual harassment is any unwelcome sexual advance, request for sexual favor, reference to gender or sexual orientation, or other physical or verbal conduct of a sexual nature even under the guise of humor when:

- Submission to or rejection of such conduct is used either explicitly or implicitly as a basis for any decision affecting terms or conditions of an individual's employment, participation in any program or activity, status in an academic course; or
- An individual's submission to or rejection of such conduct is used as a basis for academic or employment decisions affecting that individual; or
- Such conduct has the effect or the purpose of unreasonably interfering with an individual's academic or work performance or of creating an intimidating, hostile, or offensive employment or educational environment.

A consensual sexual relationship between a supervisor and employee is a violation of the TCU Sexual Harassment Policy. It is a breach of professional ethics for a faculty or staff member to initiate or to acquiesce to a sexual relationship with a student or person under direct or indirect supervision of that faculty or staff member. Texas Christian University thus prohibits, for example, a sexual relationship between a faculty member and a student enrolled in a course taught by that faculty member. (For example, the School of Anesthesia prohibits a sexual relationship

between a student and a CRNA or anesthesiologist or a surgeon practicing at the student's clinical site.) The above applies even when both parties appear to have consented to the relationship.

Any complaint of alleged sexual harassment should be immediately referred to the University Sexual Harassment Officer, Kathy Cavins-Tull, Vice Chancellor for Student Affairs, Sadler Hall 4017, 817-257-7820. Copies of the complete policy and current educational information are available in the Campus Life office.

*Downloaded from http://www.tcu.edu/flash_images/Faculty_Staff_Handbook.pdf
For complete information, refer to Policy 1.005 Discrimination and Harassment.*

STUDENT GRIEVANCE PROCEDURE

The University has both informal and formal procedures which a student may follow when presenting grievances. A grievance is defined as any dispute or difference concerning the interpretation or enforcement of any provision of University regulations, policies or procedures or state or federal laws applicable on the campus. Administrators, faculty and students are encouraged in all instances to resolve grievances informally, and as promptly as possible. However, formal procedures may be followed when needed. Individuals who have questions about how to gain access to the system may contact Campus Life - Dean's Office (817-257-7926; 2006 Sadler Hall) or TCU Police (817-257-7777).
Excerpt from TCU Official Student Handbook

STUDENT PRIVACY

The Family Educational Rights and Privacy Act of 1974, as amended, is a federal law that states (a) that a written institutional policy must be established and (b) that a statement of adopted procedures covering the privacy rights of students be made available. The law provides that the institution will maintain the confidentiality of student education records. Texas Christian University accords all the rights under the law to students who are declared independent.

Institutional Policy and Statement of Procedures:

No one outside the institution shall have access to nor will the institution disclose any information from students' education records without the written consent of students with the following exception permitted under the act:

- personnel within the institution*
- officials of other institutions in which students seek to enroll
- persons or organizations providing student financial aid
- accrediting agencies carrying out their accreditation function
- persons in compliance with a judicial order
- persons in an emergency in order to protect the health or safety of students or other persons

*Within the Texas Christian University community, only those members, individually or collectively, acting in the students' educational interest are allowed access to student education records. These members include all Texas Christian University personnel including University Policy, faculty, advisors, administrative staff, clerical staff and student employees within the limitations of their need to know.

DISSEMINATION OF INFORMATION TO CLINICAL SITES

To facilitate provision for patient care email addresses, physical addresses, phone numbers and other personal contact information will be shared with clinical sites. Additionally, nurse anesthesia student information which could impact patient care including, but not limited to, academic performance and personal information, will be shared with clinical faculty on a need to know basis.

NBCRNA

The status of each nurse anesthesia student in the TCU School of Anesthesia is reported to the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA). The student's dismissal and the reasons for dismissal are also reported to the NBCRNA.

JUDICIAL DECLARATIONS

A nurse anesthesia student who is arrested or charged with a criminal offense, on or off duty, must promptly inform the SOA (School of Anesthesia) Director/Associate Director of the arrest and the nature of the charges. Failure to notify the SOA of an arrest or charge is grounds for disciplinary action up to and including dismissal from the SOA, regardless of whether the arrest or charges lead to conviction.

The nurse anesthesia student charged with a drug offense or DUI/DWI will be immediately suspended from clinical pending resolution of the charges. The nurse anesthesia student will be referred to the Texas Board of Nursing and/or the Texas Peer Assistance Program for Nurses (TPAPN) or to the appropriate state board of nursing and/or state peer-assistance program for evaluation, treatment, and monitoring. The SOA will determine whether or not the student will be reinstated into the SOA during or upon conclusion of the legal proceedings.

Nurse anesthesia students arrested for other criminal offenses may be immediately suspended from the SOA until the charges are resolved.

Violations of the Nurse Practice Act will be reported to the appropriate State Board of Nursing.

SOCIAL MEDIA

The SOA acknowledges that social networking sites are a popular means of communication. Students who choose to use these websites must be aware that posting certain information is illegal. Violations of administrative policies and regulations may expose the student to criminal and civil liability. Offenders may be subject to probation, suspension, and possible dismissal from the SOA. The following actions are prohibited by the SOA and considered a violation of the Ethics Code of the SOA.

1. You may not disclose the personal health information of other individuals. Removal of an individual's name does not alone constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from a medical outreach trip) may still allow the reader to recognize the identity of a specific individual.
2. You may not report private (protected) academic information of another student.
3. You may not present yourself as an official representative or spokesperson for the SOA or TCU.
4. You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent any prohibitions listed in the Student Handbook.

Other violations of the SOA policy pertaining to the use of social media would include but are not limited to:

1. Knowingly distributing false evidence, statements, or charges against another student or faculty/staff member.
2. Using electronic channels of communication to disseminate inappropriate or uncivil comments regarding peers, faculty or staff.
3. Verbal, written or electronic insults to, or verbal attacks on, TCU, SOA, clinical facilities, faculty, staff, or students.
4. Threats or acts of physical violence against TCU, SOA, clinical facilities, faculty, staff, or students.
5. Harassment, in any form, of TCU, SOA, clinical facilities, faculty, staff, or students.
6. Violating the confidentiality of a faculty committee by an elected student representative serving on that committee.

The SOA offers the following social media (Facebook™, Twitter™, blogs, etc.) use guidelines for students: Avoid any activity on social media sites that could portray you, TCU, the SOA, the faculty, the staff, or the nurse anesthesia profession negatively. Some of the strongly discouraged actions include, but are not limited to:

1. Display of vulgarity through written comments, photos, and/or affiliations;
2. Display of language or photos that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation;
3. Display of photos or language that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity;
4. Posting of potentially inflammatory or unflattering material on another individual's website; and
5. Display of any language that degrades patients.

The actions mentioned above may be interpreted as a violation of SOA Policy; therefore punishable according to that policy. This policy is not constructed to violate any constitutionally protected activity including speech, protest, or assembly.

SCHOOL OF ANESTHESIA CURRICULUM

Course Numbering System

Courses numbered 60000 or above are graduate level courses. Courses numbered 80000 are doctoral level courses. The first two numbers, 60, are standard in all courses. The third number indicates which semester in the sequenced school the course is placed, e.g., a 3 indicates the course is in the third semester. The summer sessions are numbered separately; there are nine semesters in the school. In Phase One courses, the fourth number has no significance. In Phase Two courses, the fourth number indicates whether the course is a residency (an 8) or a concepts course (a 7). The last number indicates the number of credit hours.

The Board of Nurse Examiners for the State of Texas accepts these academic courses as Continuing Education for Type I credit (If audited, contact the Director for instructions).

See the Graduate Catalog for a description of the curriculum.

POLICY ON GRADING SCALE

The faculty of the School of Anesthesia School use the following scale to determine course grades.

A = 92-100

B = 83-91

C = 74-82

F = < 74

PROCEDURES FOR GRADE APPEAL

See [TCU Official Student Handbook](#).

REVIEW OF EXAMINATIONS

SOA Faculty support the concept that a post-test review of concepts/items missed on an examination promotes student learning. Each course instructor will provide information to the class that describes the test review procedure for their course.

CURRICULUM DESIGN Doctor of Nursing Practice-Anesthesia: 87 Hours

Year I Curriculum			
Spring or Summer Semester	Credit Hours 6	Total Hours	Weekly Hours
NRAN 60113 Research and Theory in Nurse Anesthesia ^	3	45	Online
NRAN 81123 Biostatistics for the Advanced Health Practitioner ^	3	45	Online
Summer or Spring Semester	Credit Hours 6	Total Hours	Weekly Hours
NRAN 81153 Emerging Sciences, Complexity and Innovation in Health Care ^	3	45	Online
NRAN 81233 Decision Science and Informatics ^	3	45	Online
Fall Semester	Credit Hours 16	Total Hours	Weekly Hours
NRAN 81243 Translational Research ^	3	45	Online
NRAN 60123 Physical Science in Nurse Anesthesia	3	45 plus 6-12 hours HPS Lab per semester	3
NRAN 60134 Advanced Pharmacology	4	60	4
NRAN 60146 Advanced Anatomy, Physiology and Pathophysiology I	6	90	6

Year II Curriculum			
Spring Semester	Credit Hours 15	Total Hours	Weekly Hours
NRAN 81443 Advanced Health Assessment: Anesthesia Focus	3	45 plus 6-12 hours HPS Lab per semester	3
NRAN 60213 Advanced Anatomy, Physiology and Pathophysiology III	3	45	3
NRAN 60224 Pharmacology of Anesthetic Agents	4	60	4
NRAN 60235 Advanced Anatomy, Physiology and Pathophysiology II	5	75	5
First Summer Session	Credit Hours 6	Total Hours	Weekly Hours
NRAN 60316 Principles of Anesthesia Practice I	6	90 plus 6-12 hours HPS Lab per semester	18 plus labs TBA
Second Summer Session	Credit Hours 6	Total Hours	Weekly Hours
NRAN 60416 Principles of Anesthesia Practice II	6	90 plus 6-12 hours HPS Lab per semester	18 plus labs TBA
Year III Curriculum			
Fall Semester	Credit Hours 8	Total Hours	Weekly Hours
NRAN 60572 Advanced Pathophysiology and Clinical Management I	2	30	2
NRAN 60583 Clinical Residency I	3	900+	65+
NRAN 88080 Advanced Clinical Project*	3	45	3
Spring Semester	Credit Hours 8	Total Hours	Weekly Hours
NRAN 60672 Advanced Pathophysiology and Clinical Management II	2	30	2
NRAN 60683 Clinical Residency II	3	900+	65+

NRAN 88080 Advanced Clinical Project*	3	45	3
Summer Session	Credit Hours 8	Total Hours	Weekly Hours
NRAN 81353 Healthcare Policy and Politics	3	45	3
NRAN 60782 Clinical Residency III	2	300+	65+
NRAN 88083 Advanced Clinical Project*	3	45	3
Fall Semester	Credit Hours 8	Total Hours	Weekly Hours
NRAN 60972 Clinical Concepts	2	30	2
NRAN 60983 Clinical Residency IV	3	300+	65+
NRAN 88080 Advanced Clinical Project*	3	45	3

*Each Advanced Clinical Project course is for three (3) credit hours. ^ Indicates course is online.

MEDICAL REQUIREMENTS/IMMUNIZATIONS AND STUDENT HEALTH/HEALTH CARE INSURANCE/STATEMENT ON DRUG AND ALCOHOL ABUSE

Please consult the *Graduate Bulletin* for policies related to medical requirements, immunizations and student health, health care insurance, criminal background checks, and statement on drug and alcohol abuse. Be advised that the SOA will not pay any deductibles or co-pays. First year students anticipating an August start date for their clinical residency must have all immunizations, certifications, appropriate RN license and health insurance current and on file in the SOA office by June 1. Credentialing packets will then be mailed to clinical sites. All clinical students must maintain the currency of immunizations, certifications, RN license and health insurance both with the SOA office and their clinical site. **Health insurance through TCU does not automatically renew for graduate students annually. It is the student's responsibility to renew TCU health insurance each year in August.** Failure to comply with these requirements will result in suspension.

SICK LEAVE

Class attendance is mandatory. Absences are excused if students are traveling or performing another activity on behalf of the University. Other absences such as those due to illness or other emergencies should be reported to the faculty member and the School office as soon as possible. Absences for funerals for close family members must be verified with obituaries. At the discretion of the Director and/or Associate Director, any student taking an unauthorized sick day may be required to provide a physician's excuse and will not have access to Mediasite until unexcused absence is resolved. **An unexcused absence in either the laboratory or classroom will result in a two (2) point reduction in the final course score for each occurrence.** The student is responsible for all class assignments missed because of absences. Significant numbers or patterns of absences will be subject to review by the Director. As graduate student learners, class attendance is expected. Missed regular examinations may be made up at the discretion of the faculty. These examinations may be in different form from the scheduled examination, and may be given at the end of the semester.

Each RRNA is allowed to miss 16 days during Phase II; this includes scheduled vacation and sick days. No vacation or sick days may be taken during rotations away from the primary clinical site. If an emergency occurs during an away rotation, the student must notify the clinical coordinator at the rotation site, the clinical coordinator at the primary site, and the departmental office at TCU. Failure to comply may result in dismissal from the school. Significant numbers or patterns of absences may be subject to review by the Director. The RRNA may be held past graduation for make-up of absences exceeding 16. A maximum of two review courses for the certification examination will be considered as excused absences from clinical responsibilities. If the student is on an enrichment rotation,

review courses are not considered excused absences. The student will be requested to provide proof of attendance. Travel to review courses will be granted at the discretion of the Clinical Rotation Coordinator.

No more than five vacation days can be used in succession. No vacation can be taken during the last four weeks of clinical.

FACULTY INITIATED STUDENT WITHDRAWAL FROM A COURSE

Upon recommendation of the faculty, and with the approval of the Dean, students may be dismissed from individual courses with a grade of "F" for lack of academic performance or for failure to meet acceptable ethical or professional standards. Students may apply for reinstatement but this is not automatic and each case is individually considered.

STUDENT WITHDRAWAL FROM A COURSE

A student may withdraw from a course prior to the last day to withdraw (posted in the calendar annually, usually six weeks after the semester begins); a grade of "W" is assigned to the transcript. **A grade of "F" will be assigned if the withdrawal is after the last day to withdraw.** Signatures of the instructor and advisor are required on the withdrawal form. Students should discuss withdrawal with the Director or Associate Director so that they are aware of the implications to their progress in the school.

LEAVE OF ABSENCE

A request for leave of absence is subject to approval by the Director. The Director may set the conditions that the student must meet in order to remain enrolled in School. Leaves of absence during Phase II are more easily accommodated. Every effort is made to assist students.

GRADES OF INCOMPLETE

The grade "I" (incomplete) may be awarded at the discretion of the faculty member when the student's work is satisfactory, but for reasons beyond his/her control, has not been completed prior to the close of the semester. It is not given in lieu of an "F". It will be the responsibility of the RRNA to complete the prescribed requirements by the designated date shown on the university calendar. Students should discuss with the Director/Associate Director the implications of the "I" grade, particularly if it prohibits their progression to the next semester or course.

SOA READMISSION POLICY

Students who do not complete the initial curriculum within 18 months and wish to be re-admitted must re-apply to the SOA and meet or exceed all current admission criteria. Previous academic performance in the SOA will be a consideration in the decision to re-admit. Re-application does not guarantee re-admission. Re-admitted students must register for all courses. Grades from the repeating semesters will **NOT** replace earlier grades. Only one re-admission is allowed. Textbooks will not be reissued unless there are new editions. If progression is delayed for any reasons during year 2, re-enrollment will not occur for a minimum of one year.

HOLIDAYS

All university holiday and semester break periods to include:

- Academic: Labor Day, Fall Break, Thanksgiving, Christmas/New Year, Martin Luther King Day, Good Friday, Memorial Day, and Independence Day
- Clinical: Labor Day, Thanksgiving, Christmas/New Year, Memorial Day, and Independence Day. *These may not be given on actual holiday.*

TUITION AND FEES *

The tuition and fees for a full-time graduate student in the School of Anesthesia are posted on the website each year. Tuition and fees are packaged for the entire program, and are NOT subject to increase. Charges are incrementally paid throughout the student's enrollment.

The following approximate amounts are in addition to TCU's tuition/fees:

University health insurance	\$824/semester
Textbooks..... \$2,000 plus (Re-imbursement for required textbooks donated by SOA faculty at no charge to the student if purchased economically. Shipping will not be reimbursed.)	
Vehicle registration	\$75
Pre-cordial monitoring stethoscope chest piece.....	\$25

Custom molded earpiece.....	\$65
Associate membership fee in the American Association of Nurse Anesthetists	\$100
Initial certification fee**	\$725
Lab coat.....	\$75
Peripheral Nerve Stimulator.....	Variable

*Includes professional liability insurance.

****ALL COSTS ARE SUBJECT TO CHANGE WITHOUT WRITTEN NOTICE.**

A student withdrawing from TCU within a limited time frame is eligible for tuition refund. Deadlines are printed in the University calendar every semester, and can be found in the Graduate Bulletin at www.bulletin.tcu.edu

The student is responsible for all books, supplies, and equipment as required by instructors. Operating room clothing is provided during clinical instruction.

HOUSING

Housing at the university and at primary clinical site is the student’s responsibility. Housing at a required rotation enrichment site is reimbursable to the student at a rate not to exceed \$1,000 per month. An original receipt from an established business entity is required for reimbursement. Cash payments are never reimbursable. No reimbursement will be given for housing provided by a family member, fellow student or friend. Housing for elective rotations is the students’ responsibility and will not be reimbursed.

TRANSPORTATION

Transportation to and from the hospital/university is the student's responsibility.

LIABILITY INSURANCE

The University purchases professional liability for each RRNA during Phase II. Students should be aware that liability coverage is a significant professional problem throughout the nation. Students are encouraged to participate in professional and legislative activities aimed at seeking resolution. If the University is unable to obtain professional liability insurance for a particular student for any reason, the student cannot progress in the curriculum. The student, as a condition of liability coverage, must inform the Director immediately if he/she is a defendant in a lawsuit or if their nursing license is under review by a state or federal agency.

RRNAs are required to report any critical incident (broken teeth, nerve injury, death, etc.) to their Clinical Coordinator and to the Director/Associate Director of the School of Anesthesia within 24 hours of the incident. Failure to report may mean the loss of professional liability coverage. Depending on the circumstances the RRNA may be required to share the expense of repairing teeth with TCU SOA.

As a condition of the professional liability insurance that covers TCU nurse anesthesia clinical students the following are mandatory in all practice activities wherever conducted: continuously monitor during all anesthetics, the patient’s oxygenation, ventilation, circulation and temperature; the clinical student will be present in the operating room throughout the conduct of all general anesthetics, regional anesthetics and monitored anesthesia care cases; and with respect to proper functioning of alarms, the clinical student will test all alarms prior to each use, and will not disable any alarm prior to or during use of the subject equipment.

MINIMUM CASE REQUIREMENTS

The School of Anesthesia exceeds the general requirements defined by the Council on Accreditation and stated in the Standards and Guidelines for Accreditation of Nurse Anesthesia Educational Programs/Schools. Each RRNA is required to complete a minimum of 900 cases, 1000 hours of supervised anesthesia hours, and 2,000 clinical hours. The RRNA’s level of preparation is a factor which determines case assignments. See Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate, <http://home.coa.us.com/accreditation/Pages/Accreditation-Policies-Procedures-and-Standards.aspx> for a list of required cases.

CASE RECORDS

1. Each RRNA is responsible for completing an official case record form for each case on Typhon Record Tracking System in a timely (within 3 days) and accurate manner.
2. Guidelines for Counting Clinical Cases may be found at <http://home.coa.us.com/accreditation/Pages/Accreditation-Policies-Procedures-and-Standards.aspx>
3. The Clinical Coordinator will review the resident’s case records at least monthly.

4. The RRNA is responsible for accurately maintaining each record and for saving documentation in a manner protective of patient privacy for the verification of cases.
5. To ensure consistency in the counting of clinical experiences the following statement from the COA will be enforced:

Nurse anesthesia students must have the opportunity to develop as competent, safe, nurse anesthetists capable of engaging in full scope of practice as defined in the AANA's "Scope and Standards for Nurse Anesthesia Practice" by the time of their program completion. To ensure nurse anesthesia students develop the knowledge, skills and abilities for entry into practice, students must participate in all phases of their clinical cases including preoperative, intraoperative and postoperative anesthesia care. While it may not be possible for students to participate in all phases of care on every case, students must at a minimum personally provide anesthesia care for the majority of any case for which they claim personal participation. In addition, personal participation must include the management of the patient during the beginning or induction of the anesthetic experience and/or the ending or emergence of the anesthetic experience. Students cannot take credit for an anesthetic case if they provide care on a limited basis (e.g., only lunch and/or break relief), are not personally involved with the implementation and management of the anesthetic plan of care, or only observe another anesthesia provider manage a patient or their anesthetic care.

PROFESSIONAL DRESS CODE

Students are expected to dress professionally in the clinical areas. Hair must be well groomed, pulled back and up off the collar. Men's beards are acceptable when neatly trimmed. No facial piercings or dangling earrings. Tongue and/or nose jewelry must be removed during clinical. A minimum of jewelry should be worn. Fingernails should be clean and trimmed no longer than the fingertip. No nail jewelry or artificial nails are to be worn in the clinical arena. Shoes must be closed toes and low heels to minimize the risk of injury. Clogs are acceptable, sandals are not. Shoes must be clean. Clean sneakers are acceptable when wearing scrubs. Tattoos must be covered at all times. Depending upon the clinical site, lab coats may be required when outside of the operating theater. Wear minimal cologne or perfume in any clinical setting. Protective glasses or face shields should be worn when doing patient care activities. Any additional dress codes in place at the hospital/facility must be followed.

CLINICAL SUPERVISION

At no time will the ratio of RRNAs to clinical instructor exceed 2:1. The clinical supervision of students is based on the knowledge and skills of the student, the physical status of the patient, the complexity of the anesthetic technique and the surgical procedure, and the teaching experience of the clinical instructor. Clinical instructors must remain in the operating room with the RRNA at all times until the completion of Residency I. Clinical instructors are CRNAs and anesthesiologists. If clinical students are assigned to a case with a graduate registered nurse anesthetist or an anesthesiologist resident, they must be supervised by an anesthesiologist who is ultimately responsible for the case. Clinical supervision in non-anesthetizing areas is limited to credentialed experts who are authorized to assume responsibility for the student.

CASE ASSIGNMENTS

1. The Clinical Coordinator is responsible for assigning the RRNA to cases. This responsibility may be delegated.
2. The anesthesiologist/CRNA is in charge of all anesthesia care for his/her patient. The anesthesiologist/CRNA may delegate educational assignments to the RRNA.
3. RRNA case assignments are usually produced the afternoon of the day prior to scheduled surgery.
4. Emergency or unscheduled surgery may be posted/assigned at any time.
5. Assignments are always subject to late cancellation or change.
6. Assignments are based upon the RRNA's education and experience level.

ANESTHESIA CARE PLANS

Each RRNA will complete either a verbal or written anesthesia care plan for each patient. The RRNA must submit a minimum of 50 written care plans to the Clinical Coordinator. Fifteen care plans are to be completed in Practicum I; 15 are to be completed in Practicum II; 10 are to be completed in Practicum III; and, 10 are to be completed in Practicum Residency IV, for a total of 50. Forms are provided.

PRE-OPERATIVE VISIT

Introduction

A student must assess the patient pre-operatively before he/she can be actively involved with the management of the anesthetic. The pre-operative visit is made prior to developing an anesthetic care plan. Upon completion, the student must consult with an anesthesiologist and/or CRNA before implementing the plan. *As required by the COA, without exception, the student nurse anesthetist must conduct a pre-anesthesia assessment on each patient that the student anesthetizes.*

Objectives

The student will be able to:

1. Establish rapport with the patient.
2. Evaluate the patient using health assessment skills to develop an individualized anesthetic plan.
3. Assess prescribed drugs in order to correlate their interactions to each other and the anesthetic agents.
4. Assess the disease entity involved and potential complications.
5. Evaluate the patient with regard to the proposed surgical procedure and possible complications.
6. Review clinical, laboratory and radiographic data.
7. Assess all physical disorders and possible implications for positioning or intubation.
8. Review past surgical/anesthetic history.
9. Conduct pre-operative teaching pertinent to each patient.
10. Discuss with the MD/CRNA instructor possible complications on induction or emergence such as full stomach, aspiration, arrhythmias, hypotension, laryngospasm and bronchospasm.

Procedure/Documentation

Before a patient is transferred to the operating room, the student must complete a pre-operative visit. The student must also develop an Anesthetic Care Plan (verbal or written). An anesthetic plan should safely prepare the patient pre-operatively, assure comfort for the patient intra-operatively, and insure a complete recovery post-operatively.

POST-ANESTHETIC VISIT

Introduction

The student must complete post-operative evaluations on each patient he/she is actively involved with in anesthetic management. This visit is an evaluation in the immediate recovery phase and again in the post-recovery phase within twenty-four hours. It allows the student to evaluate his/her anesthetic technique and management. A post-operative visit promotes a positive relationship between the student and the patient, providing an opportunity for the patient to express concerns and seek information. It also enables the student to emphasize the guidelines introduced during the pre-operative visit for a smooth recovery. *As required by the COA, a student nurse anesthetist must conduct a post-anesthesia assessment on each patient that the student anesthetizes, except ambulatory care patients and early discharges.*

Objectives

The student will be able to:

1. Evaluate residual effects of premedication, anesthetics, neuromuscular blockers, un-replaced blood loss, position and change of position, cardiac arrhythmias, metabolic acidosis and electrolyte imbalance.
2. Assess pain, restlessness or excitement in the immediate post-operative period.
3. Assess side effects such as nausea and/or vomiting.
4. Assess possible hypoxemia due to airway obstruction, laryngospasm, secretions or inadequate gas exchange.
5. Assess shivering and determine appropriate treatment.
6. Assess vital signs.
7. Evaluate complaints of muscle stiffness, ulnar nerve damage, jaw tenderness, or sore throat.
8. Determine appropriate management of the patient in the recovery phase.

Documentation

The student should document the visit and assessment on the patient's anesthetic record. If any complications are noted, these should be brought immediately to the attention of the Anesthesiologist/CRNA.

OUTCOME BASED NURSE ANESTHESIA EDUCATION

The responsibility of the School of Anesthesia is to provide for each resident those learning opportunities that stimulate critical thinking, communication, integrity, tolerance, professional development, independent judgment, and clinical skills.

We accept the concept that learning produces a change in behavior and is a continuous process of relating new knowledge and skills to previous and concurrent experiences. It is the gradual internalization of knowledge and the correlation of principles to clinical experience. For the practice discipline, learning has occurred when one can consistently perform what one knows.

We strive to prepare the professional nurse anesthetist to think critically and creatively, to exercise discriminative judgment in the application of principles, and to establish good interpersonal relationships for continued personal and professional growth.

Overall school and professional outcomes include:

1. Implement a philosophy of nursing based on the intrinsic worth of each human being (resident, patient and faculty).
2. Provide opportunities for clinical learning that is integrative and experiential, active and interactive, developmental and transferable.
3. Promote clinical abilities, which foster communication, analytic capability, problem solving and valuing in decision making. This is a reflective, transferable process that involves the ongoing integration and application of specialized knowledge, attitudes, and skills.
4. Develop knowledge and skills in each resident that are necessary for promoting ethical leadership, acting as a change agent, and interdisciplinary collaboration for the improvement of health care.

Graduate Outcomes

The graduate must demonstrate the ability to:

Patient Safety:

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

Perianesthesia:

5. Provide individualized care throughout the perianesthesia continuum.
6. Deliver culturally competent perianesthesia care
7. Provide anesthesia services to all patients across the lifespan
8. Perform a comprehensive history and physical assessment
9. Administer general anesthesia to patients with a variety of physical conditions.
10. Administer general anesthesia for a variety of surgical and medically related procedures.
11. Administer and manage a variety of regional anesthetics.
12. Maintain current certification in ACLS and PALS.

Critical Thinking

13. Apply knowledge to practice in decision-making and problem solving.
14. Provide nurse anesthesia services based on evidence based principles.
15. Perform a preanesthetic assessment prior to providing anesthesia services.
16. Assume responsibility and accountability for diagnosis.
17. Formulate an anesthesia plan of care prior to providing anesthesia services.
18. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
20. Calculate, initiate, and manage fluid and blood component therapy.
21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
23. Use science-based theories and concepts to analyze new practice approaches.
24. Pass the national certification examination (NCE) administered by NBCRNA.

Communication:

25. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
28. Maintain comprehensive, timely, accurate, and legible healthcare records.
29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
30. Teach others.

Leadership:

31. Integrate critical and reflective thinking in his or her leadership approach.
32. Provide leadership that facilitates intra-professional and inter-professional collaboration.

Professional Role:

33. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
34. Interact on a professional level with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for his or her practice.

38. *Provide anesthesia services to patients in a cost-effective manner.*
39. *Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency*
40. *Inform the public of the role and practice of the CRNA.*
41. *Evaluate how public policy making strategies impact the financing and delivery of health care.*
42. *Advocate for health policy change to improve patient care.*
43. *Advocate for health policy change to advance the specialty of nurse anesthesia.*
44. *Analyze strategies to improve patient outcomes and quality of care.*
45. *Analyze health outcomes in a variety of populations.*
46. *Analyze health outcomes in a variety of clinical settings.*
47. *Analyze health outcomes in a variety of systems.*
48. *Disseminate research evidence.*
49. *Use information systems/technology to support and improve patient care.*
50. *Use information systems/technology to support and improve healthcare systems.*
51. *Analyze business practices encountered in nurse anesthesia delivery settings.*

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Access, Use, and Protection of Health Information obtained during the course of Clinical Education

1. All students must sign a *TCU School of Anesthesia Confidentiality Statement* prior to accessing patient files in any agency used for clinical education.
2. All student documents related to patient assignments (journals, care plans, papers, assignment sheets, etc) must be protected to assure privacy of the patient(s) information by de-identifying the health information.
3. Students should maintain the de-identification of health information when communicating with faculty, one another, or any other entity through any means including electronic means.
4. Any documents submitted to faculty should contain no protected health information (PHI) or the information should be de-identified. For example: course papers, care plans, interview information, etc.
5. If protected health information is re-identified for any reason, it is deemed to be protected health information and is subject to the applicable privacy protections. The student is responsible for maintaining the security of the re-identified information.
6. Student identification should be available when representing self as a TCU student nurse anesthetist.
7. There should be no disclosure of PHI of patients by SOA students. A student should consult the course faculty if a student has a question about PHI related to disclosures required by law, disclosures for public health activities, disclosures about victims of abuse, neglect or domestic violence; law enforcement purposes, disclosures about decedents, disclosures for cadaver organ, eye, tissue donation, disclosures to avert a serious threat to health or safety, disclosures for specialized government functions, disclosures for workers' compensation.
8. If documents containing PHI are in use by students (for example, in the hospital unit, computer lab, etc.) the document(s) must be shielded so others may not see the information. If the person using the documents leaves the room, the documents must not be left on top of the desk for others to see. Locking the documents in a secure file is recommended.
9. If faxing, copying or printing documents containing PHI it is the user's responsibility to assure protection of the PHI.
10. Documents containing PHI should only be shredded by the person authorized to have the PHI.

HIPAA Regulations and SNA Research and/or Professional Projects

1. Any student research or professional projects should maintain the protection of health information collected during the duration of the project by including no identifying patient information on project instruments. If a code is used to re-identify the participant information, the codebook must be maintained in a locked, secured file. If an informed consent document is signed, the documents should be maintained in a locked, secured file apart from any patient/subject information. Informed consent documents should be submitted to the SNA Administrative Office at the end of the project. The documents will be stored according to TCU Safeguards in Human Research guidelines.
2. In the event protected health information collected during a research project was disclosed, the student and the student's Clinical Coordinator should report the disclosure to the SNA Privacy Official. The Privacy Official will determine if a disclosure of PHI was made for 50 or more individuals involved in a research project. If so, an accounting of the disclosure should include the following: a) name of research activity b) a description of the project in plain language including the purpose for the research and selection of criteria for the records c) a description of the type of PHI disclosed d) the date or period of time of the disclosure e) name, address and phone number of the sponsor of the research f) the name of the researcher to whom the PHI was disclosed g) a statement that the PHI of the individual may or may not have been disclosed during the research activity.

If there were fewer than 50 individuals involved in the research, the Privacy Official must provide an accounting for every disclosure of PHI for each individual whose PHI was disclosed.

In addition, if an individual involved in a research study of 50 or more individuals requests an accounting for the disclosure of PHI pertaining to the individual, the Privacy Official must make a reasonable attempt to satisfy this request.

HIPAA Privacy Official

1. The Director of the TCU School of Anesthesia is the Privacy Official, but may delegate his or her duties to others if so desired. The appointment is continuous and will transfer when and if a new Director is named.
2. The duties of the Privacy official include: a) Maintaining program compliance with HIPAA regulations b) developing SOA policies and procedures related to HIPAA regulations c) maintaining documentation of complaints and sanctions d) overseeing HIPAA training program.
3. The chain of command under the Director, TCU School of Anesthesia, as the Privacy Official is student to Clinical Coordinator, and Clinical Coordinator to Director. At times it may be appropriate for the student and Clinical Coordinator to meet simultaneously with the Director.

Required Training Regarding HIPAA Regulations and Policies for All SOA Students

1. All SOA students enrolled in practicum courses will complete a training program regarding HIPAA regulations and policies prior to starting Phase II. Each will be asked to sign a form indicating understanding of the SOA policies and procedures related to HIPAA and the *TCU School of Anesthesia Confidentiality Statement*.
2. If a breach in confidentiality occurs, the student will complete a retraining program as soon as possible following the incident.
3. All students will complete retraining within 1 month following a significant change in privacy practices.

Sanctions for Violating SOA Policies and Procedures related to HIPAA

1. A complaint regarding a breach in patient privacy may be brought to the Privacy Official with the assurance that no retaliatory measures will be taken against the person bringing the complaint.
2. The Privacy Official will document the complaints received and their disposition and maintain the document in a locked, secured file.
3. Students who violate the protection of health information are subject to sanctions, which may include, but are not limited to: unit or course grade reduction; failure of course and/or clinical practicum; suspension from program.

PHASE II TERMINAL OBJECTIVES

1. Maintain patient safety.
2. Protect patients from iatrogenic complications.
3. Position or supervise the positioning of patients to prevent injury.
4. Perform a pre-anesthetic assessment and formulate an anesthetic care plan for assigned patients.
5. Use a variety of current anesthetic techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
6. Conduct a comprehensive and appropriate equipment check.
7. Identify and take appropriate action when confronted with malfunctions in anesthetic equipment.
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
9. Provide anesthesia services to patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Interpret and use data obtained from invasive and non-invasive monitoring modalities.
12. Calculate, initiate, and manage fluid and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Use universal precautions and appropriate infection control measures.
15. Function as a resource person for airway and ventilatory management of patients.
16. Serve as a leader or member of a cardiopulmonary resuscitation team and hold advanced cardiac life support (ACLS) certification.
17. Hold pediatric advanced life support (PALS) certification.
18. Participate in quality management activities.
19. Function within appropriate legal requirements as a licensed professional nurse, accepting responsibility and accountability for his/her own practice.
20. Demonstrate personal and professional integrity and the ability to interact on a professional level.

CLINICAL HOURS

Clinical students (RRNAs) are scheduled an average of five shifts per week. Shifts are typically longer than eight hours. RRNAs are on a rotating schedule and should expect to work an average of 60-64 hours per week. There should be a call experience. This happens when scheduled 3-11, 11-7, or 7pm-7am or on week-ends and holidays. Most of these experiences will occur in Practicum IV. If call is taken from home, this will be viewed as committed time and the RRNA will be given the next day off even when not called back into the hospital. This COA policy recognizes that learners have numerous responsibilities and that studying and research require time away from clinical commitments.

EMPLOYMENT AS A NURSE ANESTHETIST

The program forbids the employment of nurse anesthesia students as nurse anesthetists by title or function.

MEDICAL MISSION TRIPS

TCU and the School of Anesthesia do not sponsor or provide reimbursement for medical mission trips when nurse anesthesia residents participate in these events. The resident must clearly understand TCU assumes no professional (malpractice) liability for participation or responsibility for personal safety. The experiences gained while on the trip are not considered cases to be counted in official TCU recordkeeping (Typhon) because none of the sights outside of the United States have been approved by the Council on Accreditation (COA). Vacation time must be taken for the trip and may be made up at the resident's primary clinical site at the discretion of the Clinical Coordinator.

ROTATIONS

During (Phase II), each RRNA will meet specific objectives in the following areas:

- Recovery Unit
- Holding Unit
- Anesthesia School Management
- Surgical Satellite Pharmacy Unit
- Other locations as appropriate and available

Attendance

The resident will attend and participate in all clinical concepts classes. Valid reasons for missing a class are limited to: a pre-arranged vacation day, or permission from the Course Coordinator, the Director, or the Associate Director of the School of Anesthesia, based on specific educational opportunities. The resident will be held responsible for all information and announcements presented in the missed class. All unexcused absences will result in the resident being charged a vacation day.

PHASE II – CLINICAL CONCEPTS DESCRIPTION

The Phase II Clinical Concepts courses are an integrated series of lectures designed to provide the clinical resident an in-depth education in the anesthetic implications and management of various surgical procedures on patients with diverse pathological conditions. Professional practice issues are reviewed in the final semesters. Students assigned to Primary clinical sites outside of the Fort Worth area will take the classes in a long distance format, e.g., video teleconferencing.

The topics covered include, but are not limited to, anesthesia for:

- | | |
|----------------------------------|--------------------|
| Cardiovascular surgery | Neurosurgery |
| Complicated obstetrics | Orthopedic surgery |
| General surgery (various topics) | Thoracic surgery |
| Gynecologic surgery | |

They will also attend interactive seminars and discuss current topics, which influence nurse anesthesia practice.

General Objectives

Following the completion of the covered lecture topic(s), the resident will demonstrate mastery of the specific and general objectives by examination or other predetermined evaluation criterion (specific objectives for each block of instruction will be provided at the start of that block of instruction).

General objectives for the anesthetic implications and management of various surgical procedures on patients with diverse pathological conditions are noted below. The resident will demonstrate understanding of:

1. The pathological condition(s) necessitating the surgery.
2. The anatomy and physiology that will be affected by the surgical procedure.
3. The position for the planned surgical procedure.
4. The anesthetic implications for the given procedure to include: choice of agent(s), technique(s), fluid management, appropriate monitors and equipment, ventilatory support, and any other concerns specific to the given procedure.
5. The post-anesthetic management of the patient related to the specific procedure.

EXPECTATIONS DURING PHASE II

The RRNA has been invited into the agency, and has some obligation to demonstrate recognition of that position. One proven demonstration is to show *enthusiasm for learning*.

Always remember that the best monitor for the patient is the RRNA; vigilance is a necessity.

Failure to adequately monitor the patient for safety is a critical error and constitutes justification for failure. Depending upon the school level, the RRNA is allowed a number of failed days. Once that number has been reached, the Clinical Evaluation Committee (CEC) will be convened for an evaluation of performance. If the committee believes that the

performance warrants intervention, the RRNA may be placed on probation until an improvement in performance or failure to improve in performance is realized. Options available to the CEC at that time include removal from probation, extension of probation, or dismissal from the school.

RRNAs are expected to use a pre-cordial/esophageal stethoscope from the time of induction until the patient is turned over to another qualified caregiver. The use of a pre-cordial stethoscope is part of the Standard of Care of the American Association of Nurse Anesthetists. The pre-cordial will allow the RRNA to pick up a decrease in respirations or heart rate with his/her stethoscope before the electronic monitors detect that problem.

RRNAs are expected to be in pre-clinical conference at the scheduled time.

RRNAs are also expected to be in class even when they are on call. If an RRNA is absent from class, it will be counted as an absent/vacation day.

RRNAs will be encouraged to be in clinical residency whenever possible. If it is necessary for the RRNA to miss a clinical day, due to bad weather, he/she will either use a vacation day or will be given an opportunity for a make-up day.

RRNAs may be required to travel to other clinical sites for fulfillment of case requirements. Travel time will be given at the discretion of the Clinical Rotation Coordinator.

RRNAs are expected to accept all assignments from clinical faculty in a professional manner. Failure to do so may result in a day of suspension (counted as a vacation day). Should an objectionable assignment be made, the RRNA is advised to accept the assignment and follow-up later with the clinical coordinator and/or director of the School.

All nurse anesthesia students must continually meet the standards of care promulgated by the Texas Nurse Practice Act and the rules and regulations of the Texas State Board of Nursing (BON) and/or the BON of the state in which the nurse anesthesia student is participating in clinical residency. In accordance with regulatory law, the Director will report to the BON (and/or other appropriate authorities) any conduct that may violate the laws of the State of Texas or other State of the United States. The Director will investigate and take appropriate action regarding any information suggesting that a nurse anesthesia student is failing to meet these or any other regulatory requirements.

Although nurse anesthesia students will normally be notified that they are not meeting expectations for a grade of satisfactory (S), it should be understood that egregious deviations from the standards of care or other actions jeopardizing patient safety or unprofessional conduct may result in a grade of unsatisfactory (U). An unsatisfactory grade (U) may be result from a single incident.

USE OF CELL PHONES

Personal cell phones must be turned off, or in silence mode, while in the operating room. All calls and text messaging must be done on breaks or at meal time. Cell phone use must always take place away from patient care areas, i.e. preoperative holding, operating room, PACU, etc.

To protect privacy and confidentiality of patients, guests, family members, and staff, the use of a cell phone for photographs, digital images, videos and other types of voice or digital recording, is strictly prohibited in the clinical facilities. Any violation of the policy, or the requirements for protected health information (PHI), is grounds for immediate termination from the SOA.

CHEMICAL DEPENDENCY AND WELLNESS

Prior to graduation all students are required to complete the AANA Learn Wellness Modules.

1. Health and Wellness: The Role and Responsibility of the Anesthesia Professional
2. Stress: Understanding Causes and Consequences
3. Stressors Encountered in the Healthcare System and How to Cope More Effectively
4. Risk & Exposure: The Signs, Symptoms, Pathophysiology and Co-morbidities of Substance Abuse
5. Management of Chemical Dependency & Addiction (Intervention, Treatment/Rehabilitation, Recovery, Re-entry: Return to Practice, and Avoiding Relapse)

GRADUATION, TESTING, AND COMPLETION OF RESIDENCY

The date of graduation and commencement is set several years in advance by TCU and is published in the Graduate Bulletin. Students are encouraged to participate in graduation, and reasonable travel time will be granted at every clinical site so that students can attend.

The last clinical day is the first Friday in December. Senior students must remain at their clinical site until graduation. Graduates are strongly encouraged to avoid changing residence or beginning new employment until after sitting for the certification examination. The certification examination may be scheduled at selected testing centers. Clinical Coordinators may plan appropriate study activities between the end of clinical responsibilities and graduation. Failure to comply may defer graduation and the final transcript that is required by the Council on Certification before examination results are sent to the candidate.

SELF-EVALUATION EXAMINATION (SEE)

The Council on Certification for Nurse Anesthetists (CCNA) offers a Self Evaluation Examination (SEE) to nurse anesthesia students to help them better prepare for the National Certifying Examination (NCE). The SEE is a computer-administered test that has 240 questions, and is administered in a maximum four- hour test period at selected testing centers. More complete information on the test and the application process is available online (www.nbcrna.com). The SEE is required.

CLINICAL EVALUATIONS

1. Evaluation is not negative; rather, it is an essential assessment of progress toward achievement of an objective. The RRNA will actively seek evaluation from the clinical instructors at all times.
2. Case evaluation forms are available in the anesthesia office or from the School. These forms are used by the clinical instructor and shared with the RRNA. The completed forms are returned to the Clinical Coordinator.
3. Periodic evaluation forms, stored in the anesthesia department, are available to all clinical instructors. Each clinical instructor is asked to regularly complete these forms and return them to the Clinical Coordinator.
4. Each RRNA is required to make an appointment with the Director and/or Clinical Coordinator at least quarterly for purposes of evaluation and counseling. Appointments may be made more frequently as necessary.

EVALUATION PROCESS

The nurse anesthesia resident's clinical performance is to be evaluated daily. Either the supervising CRNA or anesthesiologist performs this evaluation. Residents may not be evaluated or supervised by non-certified nurse anesthetists, anesthesia assistants (AAs) or by other residents (physician or nurse). It is the responsibility of the RRNA to provide the evaluation form to the instructor daily.

The forms used for evaluation are divided into four practicums and replicate the clinical objectives found in the corresponding residency; i.e., the evaluation form for Practicum/Residency I contains the clinical objectives for Practicum/Residency I.

Each form is different and identifies:

1. The practicum level and dates
2. The formative period for new clinical skills

The evaluation form is to be completed by the instructor and the RRNA at the end of the case/day and discussed with the resident. It is the RRNA's responsibility to obtain the evaluation from the instructor. Both the resident and instructor are required to sign the form. The signature of the resident does not mean agreement. It means the resident has read the evaluation and completed the self-evaluation. Instructor comments must be provided on all evaluations that are partial satisfactory or unsatisfactory. Resident self-evaluations comments are required. Failure to obtain daily clinical evaluations may result in unexcused absences for those days without evaluations. Unexcused absences, sick days and vacation days totaling more than 16 days for the clinical residency may result in the extension of clinical residency past the program completion date. At the discretion of the CEC committee, excessive days without daily clinical evaluations may result in extension of clinical past the program completion date. The evaluation forms are to be retained by the clinical coordinator in a locked cabinet.

A formative period, a time for the resident to learn new skills, is included in the first three practicums. Practicum/Residency IV does not include a formative period. Half of Practicum/Residency I is formative and must be considered a learning period. The formative periods, for the first, second and third practicums are listed on the back of the evaluation form. New clinical skills that are introduced in each practicum are highlighted with **bold and underlined print** in the clinical objectives. An appropriate time period (listed on the evaluation form) must be allowed for these new skills to be learned before being evaluated on a summative basis and are not to be included in the overall evaluation of the objective/evaluation criterion. Following the completion of the formative period the new skills are to be included in the summative evaluation process. All other previously learned skills are to be evaluated on a summative basis from the start of each residency.

As time progresses in clinical training, certain skills are identified as **CRITICAL PERFORMANCE OBJECTIVES** and are marked with an asterisk (*). If critical performance objectives are not met, a “U” (*unsatisfactory*) response should be given.

All **UNSATISFACTORY** evaluations must be brought immediately to the attention of the clinical coordinator. On the **1st** unsatisfactory evaluation a Clinical Evaluation Committee (CEC) is convened. The CEC must meet within two working days following the unsatisfactory evaluation to discuss the evaluation, the specific circumstances leading to the unsatisfactory rating, identify problem areas, give guidance and make recommendations for clinical training. Documentation of this meeting and the outcomes must be completed and kept in a locked cabinet.

Partial satisfactory evaluations must be brought to the attention of the clinical coordinator. On the 2nd partial satisfactory evaluation during a practicum, a CEC is convened. The CEC must meet to discuss the evaluations, the specific circumstances leading to the partial satisfactory ratings, identify problem areas, give guidance, make recommendations, and establish goals for clinical training. Documentation of this meeting, goals set, and outcomes must be completed and kept in a locked cabinet.

The Clinical Evaluation Committee (CEC) is convened immediately when a resident is sent back to his/her Primary site for unsatisfactory performance before the completion of a rotation assignment. The CEC and Clinical Director will evaluate the circumstances presented by both the RRNA and the Clinical Coordinator at the rotation site. Probation may be the recommended action. If sent back from a rotation for a second time, probation is mandatory.

Forms

Instructions:

1. Circle either S (satisfactory) if the resident met the objective/evaluation criterion, PS (partially satisfactory if the resident partially met the objective/evaluation criterion), or U (unsatisfactory) if the resident did not meet the criterion, e.g., did the resident have suction readily available? S, PS, or U.
2. Have the resident complete the self-evaluation, read and sign the evaluation form.
3. Return completed form to the Clinical Coordinator.

Practicum/Residency I:

- 1 Time: August through November 30
2. Formative time for new skills: The first half of this residency is formative (until September 30). The second half is summative (after October 1).

Practicum/Residency II:

- 1 Time: December 1 through April 30
2. First half is formative time for new skills: December 1 through February 28

Practicum/Residency III:

- 1 Time: May 1 through July 31
2. Formative time for new skills: May 1 through June 15

Practicum/Residency IV:

- 1 Time: August 1 through the first Friday in December
2. Formative time for new skills: A formative period is not included in this residency

Specialty Rotations for pediatrics, obstetrics, neurosurgery, and cardiac are provided at either the primary training site or an enrichment rotation site. A formative and summative period is included for each rotation. The first week of the rotation is the formative period for each specialty rotation. The resident is responsible for performance appropriate for their level of training.

PROBATION

A RRNA may be placed on probation during Phase II if his/her performance is judged by the clinical faculty to be unsatisfactory. Unsatisfactory clinical performance is defined in the Evaluation Process section. Probationary status is granted by the Director upon recommendation of the Clinical Evaluation Committee (CEC), which will determine specific objectives for the student to meet in order to remove himself/herself from the probation. The length of the probationary period is also recommended by the CEC. An RRNA is subject to disciplinary action, up to and including dismissal, at any time his/her conduct is documented as unbecoming a professional in the judgment of the faculty and Director.

RRNAs shall adhere to affiliation hospital rules, regulations, policies, and procedures during their period of clinical instruction. The School may terminate a RRNA where flagrant or repeated violations of rules, regulations, policies, or procedures occur. The hospital reserves the right to take immediate action where necessary to protect its patients.

Misconduct, Grievance, and Appeal

Students are held to the standards of honor and integrity described in the *TCU Graduate Bulletin*. This policy defines misconduct, outlines procedures for dealing with misconduct, and identifies sanctions. Students are expected to demonstrate the professional standards of registered nurses. A graduate student may present a grievance or grade appeal. The student should follow the informal or formal procedures defined by the University. Informal procedures are encouraged in order to resolve grievances as promptly as possible. Formal procedures may be followed when resolution is not achieved informally. Procedures related to grievance can be found in the *TCU Student Handbook*.

Types of probation include:

1. Administrative: Infraction of professionalism objectives or failure to comply with requirements outlined in Handbook. This may be remedied by a correction of infractions. Failure to comply may result in Clinical Evaluation Committee (CEC) hearing.
2. Clinical probation: The CEC will review any critical incidents for possible CEC hearing. Clinical faculty for possible CEC hearing as indicated by Case/daily evaluation forms will review unsatisfactory progress.

Procedure:

The RRNA will be allowed to address the committee. The committee will discuss the issues, examine the evidence, and vote. A quorum is required. A simple majority rules. The committee will establish behavioral objectives for the RRNA to meet within a specified time frame. During probation, formal and informal academic counseling will occur at regular intervals with appropriate documentation.

Removal from probation:

At the end of the specified probationary period, the CEC will review the RRNA's records and evaluations. The RRNA will be allowed to address the committee. The committee will vote with a quorum present. A simple majority rules. If the committee determines that the RRNA has met the probation requirements, the RRNA will be notified and removed from probationary status.

Dismissal:

The CEC may recommend dismissal from the School for the RRNA who fails to meet probationary objectives or who has any critical incidents during probation or who fails to rectify administrative deficiency. If the Director and faculty dismiss the RRNA, notification and justification will be made in writing. Appeal procedures are defined in the *TCU Student Handbook*.

Suspension:

Following a critical incident, at the discretion of the Director/Associate Director or Clinical Coordinator, an RRNA may be suspended immediately from clinical residency, pending a meeting of CEC. A critical incident is any behavior or behaviors that could jeopardize patient safety.

DISMISSAL

An RRNA may be dismissed from the School for failure to:

- satisfactorily complete Phase I within the allotted time frame as outlined in the curriculum
- meet minimum grade requirements
- meet any Phase II probation objectives

An RRNA is subject to dismissal at any time his/her conduct is documented as consistently unbecoming a professional.

RRNAs shall adhere to affiliation hospital rules, regulations, policies, and procedures during their period of clinical instruction. The School may dismiss a RRNA where flagrant or repeated violations of rules, regulations, policies, or procedures occur. The hospital reserves the right to take immediate action where necessary to maintain operation of its facilities free from interruption.

When a RRNA is dismissed from a primary clinical site, placement at another primary clinical site is not guaranteed and may not be possible.

APPEAL

If an appeal to the academic dean is denied, the TCU appeal mechanism is the Academic Appeals Committee. The committee is made up of representatives from the University Community, and includes faculty, staff, and students from many departments. This committee serves as a student appeal committee. Procedures for filing an appeal are outlined in the *TCU Student Handbook*. The committee has the authority to hear appeals from clinical probation and determinations by the Clinical Evaluation Committee if the Dean denies the appeal.

AFFILIATIONS

The Council on Accreditation of Nurse Anesthesia Educational Programs defines a primary clinical site as an institution where students receive 50% or more of their total clinical experience. These sites, both local and distant, will be included as they are identified.

CLINICAL COORDINATORS

A clinical coordinator facilitates clinical education in the hospital setting. Each coordinator is responsible for all aspects of clinical and clinical didactic education for the nurse anesthesia residents at that site. Coordinators are carefully screened and recruited. Their job responsibilities are outlined in the Position Description. Coordinators, and other faculty, have the support of TCU's Center for Teaching Excellence (see website) to facilitate their development as teachers.

FACULTY APPOINTMENT

1. Each anesthesiologist/CRNA serving on the staff or employed by an affiliating hospital is considered an adjunct clinical instructor.
2. CRNA clinical faculty must be licensed as a professional nurse in one jurisdiction of the United States and must also be certified/re-certified by the Council on Certification/Re-Certification of Nurse Anesthetists. Physician clinical instructors must be licensed in one jurisdiction of the United States to practice medicine.

ADMINISTRATIVE POLICIES AND PROCEDURES

Development and Review Cycle

The Director, School of Nurse Anesthesia, develops administrative policies and procedures, in consultation with other faculty and administrative staff, students, University faculty and staff, and other communities of interest. Depending on the purpose and effect of the policies and procedures, approval may be at the School, College, or University level.

The Director annually reviews policies and procedures. This review may be undertaken as part of the regular evaluation cycle or may be instituted as required by the Dean, in response to changing accreditation requirements, due to compelling cause, or by members of the community of interest for sufficient cause.

Distance Option

All students must be in residence during the fall semester of Phase I. Students may arrange to complete the second spring and second summer semesters of Phase I by distance programming at clinical sites that offer this option. Distance option classes are presented via live video-broadcast. At least two students per site must elect this option in order to make programming feasible; once initiated for a group of students, distance programming will continue as long as needed by that group. A fee per credit hour is assessed to cover broadcasting costs (no students at distant sites are assessed broadcast fees during Phase II).

Supervision of Examinations at Distant Sites

The Director or Associate Director will arrange for appropriate personnel to supervise tests for students at distant sites. Appropriate personnel include, but are not limited to, Clinical Coordinators, nurse educators at primary clinical sites or local universities, and the staff at university testing centers. Students may not serve as proctors.

Examination materials are mailed to proctors. The packet should include everything needed for the test, e.g., the test, and answer sheet, scratch paper. Any instructions for the proctor should also be included, such as whether a calculator can be used. A self-addressed, postage paid return envelope is also included. The proctor submits an invoice to the School no later than one week after the end of the semester.

Notification of Board of Nurse Examiners in States Other than Texas

Prior to implementation of a primary or non-primary clinical site in a new state, the Director or Associate Director will contact the Board of Nurse Examiners of the state in order to insure compliance with state law that governs nurse anesthesia education. The Board will be informed of the site development and any necessary procedures will be followed, e.g., submission of registered nurse licenses of students.

Recruitment/Admissions

Recruitment of candidates for school admission will occur without regard to any person's status, and target those individuals believed to meet the admission criteria. Recruitment will be conducted according to the standards established by the COA. Accreditation status and all pertinent information about the school is accurately and publicly disclosed in all school materials, including those used for recruitment, admissions, and marketing.

COMMITTEES

PRIMARY CLINICAL SITE COMMITTEES

Clinical Evaluation Committee (CEC)

Purpose:

The CEC reviews a student's progression in practicums when indicated. The Committee decides whether a probationary period or dismissal from the site is necessary. The CEC also hears Administrative Probation appeals.

Meetings and Voting:

As needed. The Director or Clinical Coordinator notifies the chairperson and the student when a meeting is necessary; the meeting must be called within two (2) weeks of notification. The student will be notified at least 24 hours in advance of the meeting. A meeting requires a quorum. A quorum is one-half of committee membership.

Actions of the committee require a simple majority.

Chairperson:

The Director or Clinical Coordinator will appoint a temporary chairperson. At the initial meeting, the committee elects a chairperson.

Members:

The Clinical Coordinator in cooperation with the Director of the Anesthesia Department and/or the Chief Nurse Anesthetist appoints members. Members are Clinical Instructors at Primary Clinical sites and at least one full-time CRNA faculty. A minimum of three clinical instructors shall serve on the CEC.

SCHOOL COMMITTEES

Admissions Committee

Purpose:

Determine policy relative to student selection; review completed applications, conduct interviews, select students and alternates; provide recommendations for improvement to enhance future competitiveness of candidates not accepted.

Meetings:

Frequency of meetings is dependent upon the number of individuals applying to the school. Committee meets during the fall semester.

Members:

School administrators and school faculty,

Faculty, Staff and Student Committee

Purpose: To ensure the effective and efficient operation of the School

Meetings:

Meets monthly during academic year. More frequently if needed.

Members: Nurse anesthesia faculty, staff and two representatives elected by each class

Method:

Analyzes one-year graduate and employer evaluations, certification examination results, senior exit interviews, course evaluations as appropriate, and other information as available. Develops plan of action to ensure continued school quality. Recommends curricular changes as needed to the Graduate Committee.

Graduate Committee

Purpose:

Recommends policy and procedures for the school, recommends and approves curriculum changes based on societal needs and evaluations, assures compliance with educational standards and guidelines of the COA and CCNE.

Reports through Faculty and Staff Committee, College Curriculum Committee, Dean, TCU Graduate and University Councils.

Members:

Director, Associate Director, two elected CRNA faculty members, one senior graduate student.

Term of office:

Graduate student appointed annually by the Director. Three year rotating terms for faculty.

Method:

Recommends curricular changes as needed.

Clinical Coordinators Committee

Purpose:

To establish policies and procedures for clinical students and for clinical sites.

Membership:

Clinical Coordinators from primary clinical sites. Clinical coordinators from -primary clinical sites are invited to attend.

Meetings:

Annually. More often as the need arises through the use of video conferencing.

Student Representatives

Purpose:

To establish and ensure communication between the student body and the SNA administration and faculty. This process shall never re-place the one to one student/faculty communication that must occur.

Membership:

Each class will elect 2 representatives during the initial semester of the program.

Class Meetings:

As called by student representatives. Student representatives report to faculty and Staff Committee at monthly meetings.

Professional Advisory Committee

Purpose:

Represent the community of interest to assure a high quality educational program that meets the accreditation requirements. Review and evaluate the School's capability to meet the student expectations, consistent with mission and goals, and society's trends and needs.

Meetings:

Meets biannually, more often if necessary.

Members:

Director, Associate Director, Coordinator of Clinical Activities, other appropriate faculty as appointed by Director, chief nurse anesthetists from hospitals that serve as clinical sites, clinical coordinators, public member, hospital member, graduate students—appointed annually by Director

Appendix A

Meeting Attendance Summary Example:

2010 TANA Fall Annual Convention
September 24-26, 2010
Galveston, TX

Friday	September 24
0730-0930	An Overview of Laws and Regulations Governing the Practice of CRNAs in Texas Carla Cox, JD <i>Short paragraph regarding pertinent information you find useful in your practice.</i>
1000-1200	Lady Justice: Perception vs Reality James Walker, DNP, CRNA <i>Short paragraph regarding pertinent information you find useful in your practice.</i>
1330-1430	Occupational Hazard: Chemical Dependency Anita Bertrand, CRNA <i>Short paragraph regarding pertinent information you find useful in your practice.</i>
1430-1530	Lung Isolation Techniques and Pulmonary Sequelae Mark Welliver, DNP, CRNA <i>Short paragraph regarding pertinent information you find useful in your practice.</i>
1600-1700	What's New in Anesthesia Pharmacology Mark Welliver, DNP, CRNA <i>Short paragraph regarding pertinent information you find useful in your practice.</i>
1700-1800	Who is Telling the Truth Regarding Volatile Anesthetic Agents Mark Welliver, DNP, CRNA <i>Short paragraph regarding pertinent information you find useful in your practice.</i>
Saturday	September 25
0730-0830	Neonatal and Pediatric Emergencies: A Review Marvin Cohen, MD <i>Short paragraph regarding pertinent information you find useful in your practice.</i>
1200-1400	TANA Fall Annual Business Meeting and Luncheon <i>Short paragraph regarding pertinent information you find useful in your practice.</i>
1400-1500	Student Session – Volunteering and Providing Anesthesia in Foreign Countries Oscar Fimbres, CRNA <i>Short paragraph regarding pertinent information you find useful in your practice.</i>
Attended:	9 educational hours
Attended:	2 business meeting hours

Hylida Nugent, DNP, CRNA

Clinical site

Appendix B

TCU School of Nurse Anesthesia Policy for Electronic Testing

Computers and Technology

1. Students must provide their own Windows or Apple device for the assessment.
2. The device must be in good working order and fully charged for the assessment period.
3. Computers and/or devices must meet system requirements for the assessment software being used.

Pearson:

http://help.ecollege.com/LS_Tech_Reg_WebHelp/en-us/#LS_Technical_Requirements.htm#Computer

ExamSoft: <http://support.assessmentsoft.com/link/portal/15157/15194/Article/162/What-are-the-minimum-system-requirements-to-run-SoftTest>

4. It is the student's responsibility to address any known computer issues before coming to an assessment, including getting a loaner or replacement computer.

The Assessment Period

1. Students are responsible for downloading and installing the software required for testing.
2. It is the student's responsibility to notify the faculty or proctor of any technological difficulties or concerns during the assessment.
3. Technological concerns raised after the assessment period cannot be considered for evaluation purposes.
4. If the student gets a loaner or replacement computer but has already downloaded the assessment to the broken computer, the student needs to notify the faculty and, if appropriate, request a second download of the assessment to be placed on the loaner computer.

Assessment Day Alternatives

1. Unforeseen technical issues will be handled at the discretion of the faculty for that course.

Procedure for Electronic Testing: Student Responsibilities

The purpose of this policy is for students to understand their responsibilities in relation to electronic testing. "Assessment" will be used to address quizzes, tests, and exams.

Students that do not have access to a computer for the semester, or for a specific time period, or have an unreliable computer, should notify course faculty at the beginning of the semester. There are a limited number of laptops that can be checked out from the Center for Instructional Services. This requires completing an order form at least one week in advance of the need; it is the student's responsibility to plan accordingly.

Downloading Computerized Assessments (if applicable)

1. Students must install the assessment software (e.g. SoftTest) by the date established by the course faculty prior to the assessment time.
2. Students must download the assessment prior to the published assessment time.
3. Students are responsible for notifying faculty if unable to download the assessment successfully.

The Assessment Period

1. Students must be seated in the testing location with their computer prior to the start of the assessment. Seating may be adjusted at the discretion of the course faculty or proctor.
2. Students may have their device charger, earplugs, and pen or pencil available to them in the test area. All other devices and personal items will be secured per faculty preference.
3. Cell phones, smart watches, and any other technology are strictly prohibited during assessments.
4. Recording devices of any kind are not allowed.
5. All devices should be silenced during the assessment period.
6. Students must be in their seats, signed into their device and ready to begin the assessment by the designated assessment time.
7. All additional browser windows must be closed prior to the assessment.
8. Management of late arrivals will be handled at the discretion of the faculty.
9. Students must maintain ready access to passwords and IDs to access computer testing software.
10. If appropriate, the assessment password will be provided to all students, verbally and/or written in an area visible to all students.
11. If a faculty chooses to provide scratch paper for the assessment, that paper will be collected and/or disposed of at the discretion of the faculty. This paper may not leave the assessment area with the student.
12. A timer will be used for all assessments. If appropriate, the timer will be allowed to end the student's assessment if they are still working beyond the allotted time.

13. Information regarding the allotted time and other instructions about the assessment will be disclosed to the student prior to beginning the assessment.
14. Any student demonstrating actions indicative of cheating during the assessment will be dealt with according to standing policies and procedures. Cheating includes, but is not limited to:
 - a. Looking at or copying another student's assessment
 - b. Communicating or receiving answers during the assessment
 - c. Using unauthorized notes, texts, or other materials during an assessment
 - d. Obtaining and/or distributing an unauthorized assessment or part of an assessment
 - e. Having additional browser windows open during an assessment
 - f. Discussing assessment content with classmates who have not yet taken the assessment
 - g. Taking screen shots of the assessment or saving testing material in any other manner.

Uploading of Assessments (if applicable)

1. Successful upload of the assessment is the students' responsibility. The faculty may offer upload deadlines/criteria via syllabus or email communications directly related to the assessments.
2. Assessments not uploaded by the published upload deadline may be subject to point reductions at the discretion of the course instructor.
3. Students should notify faculty if they experience difficulty uploading an assessment.

Assessment Review

Assessment review will be at the discretion of the faculty.

Make-up for Missed Assessments

Make-ups for missed assessments may be given at the discretion of the faculty.

For Distance Students

1. Equitable testing conditions will be arranged for distance students. These include, but are not limited to:
 - a. Arranging an acceptable test location for the exam to be administered concurrently with on-campus students at the established assessment time.
 - b. Providing appropriate proctoring for secure exams at the discretion of the faculty.
 - c. Providing distance students password information if applicable.
 - d. Any scratch paper provided should be collected and/or disposed of at the discretion of the course instructor. This paper may not leave the assessment area.
2. Assessment review will be available to distance students at the discretion of the course faculty.

Procedure for Electronic Testing: Faculty Responsibilities

The purpose of this procedure is for faculty to understand their responsibilities in relation to electronic testing. "Assessment" will be used to address quizzes, tests, and exams.

1. Assessment instructions will be displayed prior to beginning the assessment and should include:
 - a. Allotted test time and number of questions.
 - b. Pertinent instructions
 - c. A copyright and notice controlling use of assessment information. Below is a sample statement from the School of Nurse Anesthesia:
"The assessment questions on this and all assessments are the property of TCU and the School of Nurse Anesthesia, and the unauthorized retention, copying, distribution, disclosure, discussion, or receipt of any question, in whole or in part, by written, electronic, oral, or other forms of communication, including but not limited to, e-mailing, copying or printing of electronic files, and reconstructed through memorization and/or dictation is strictly prohibited. A student(s) will be subject to immediate termination from the TCU School of Nurse Anesthesia for violation of the above directive."
2. To maintain the security of assessments (if available):
 - a. Post the assessment with a secure password.
 - b. Set "Max Downloads" to "1" per student. Additional downloads can be accommodated as needed.
 - c. Assessments downloaded and not taken should be reported by the student and removed by a software administrator.

Students Approved for Testing Accommodations

1. Course faculty must make arrangements according to that student's approved accommodations. These include, but are not limited to:
 - a. A separate room or space
 - b. A proctor for secure assessments
 - c. Approved additional time will be set for that student in the electronic exam time limit
2. Approved additional time may be placed before or after the standard assessment time at the discretion of the course faculty and with consideration for the student and proctor schedules.

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