

Saint Mary's University of Minnesota



Saint Mary's  
University  
*of* MINNESOTA



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Saint Mary's University of Minnesota  
Schools of Graduate and Professional Programs  
Twin Cities Campus  
Graduate Program in Nurse Anesthesiology

Student Handbook / Administrative Manual

Reviewed and approved by the University Academic Policies and Procedures Committee:  
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## INTRODUCTION

Saint Mary's University of Minnesota Graduate Program in Nurse Anesthesiology ("the Program") reserves the right to change or revise all of its policies and procedures at any time without prior notice to the student. This handbook and the policies, procedures, and rules contained herein supersede any and all prior oral or written representations or statements regarding the terms and conditions applicable to students accepted into the nurse anesthesiology program.

This program handbook is in addition to the policies and procedures set forth in the Saint Mary's University of Minnesota Schools of Graduate and Professional Programs Catalog and Student Handbook. If the Graduate Nurse Anesthesiology Program Student Handbook/Administrative Manual conflicts with the university Catalog and Student Handbook, the handbook with the more stringent policy or procedure will take precedence. In cases where differences exist about which handbook policy or procedure should control, the General Counsel will make the final determination.

The information, descriptions, policies and procedures contained in this manual are reviewed by the Saint Mary's University of Minnesota Schools of Graduate and Professional Programs Academic Policies and Procedures Committee and General Counsel.

A handwritten signature in black ink that reads "Leah M. Gordon".

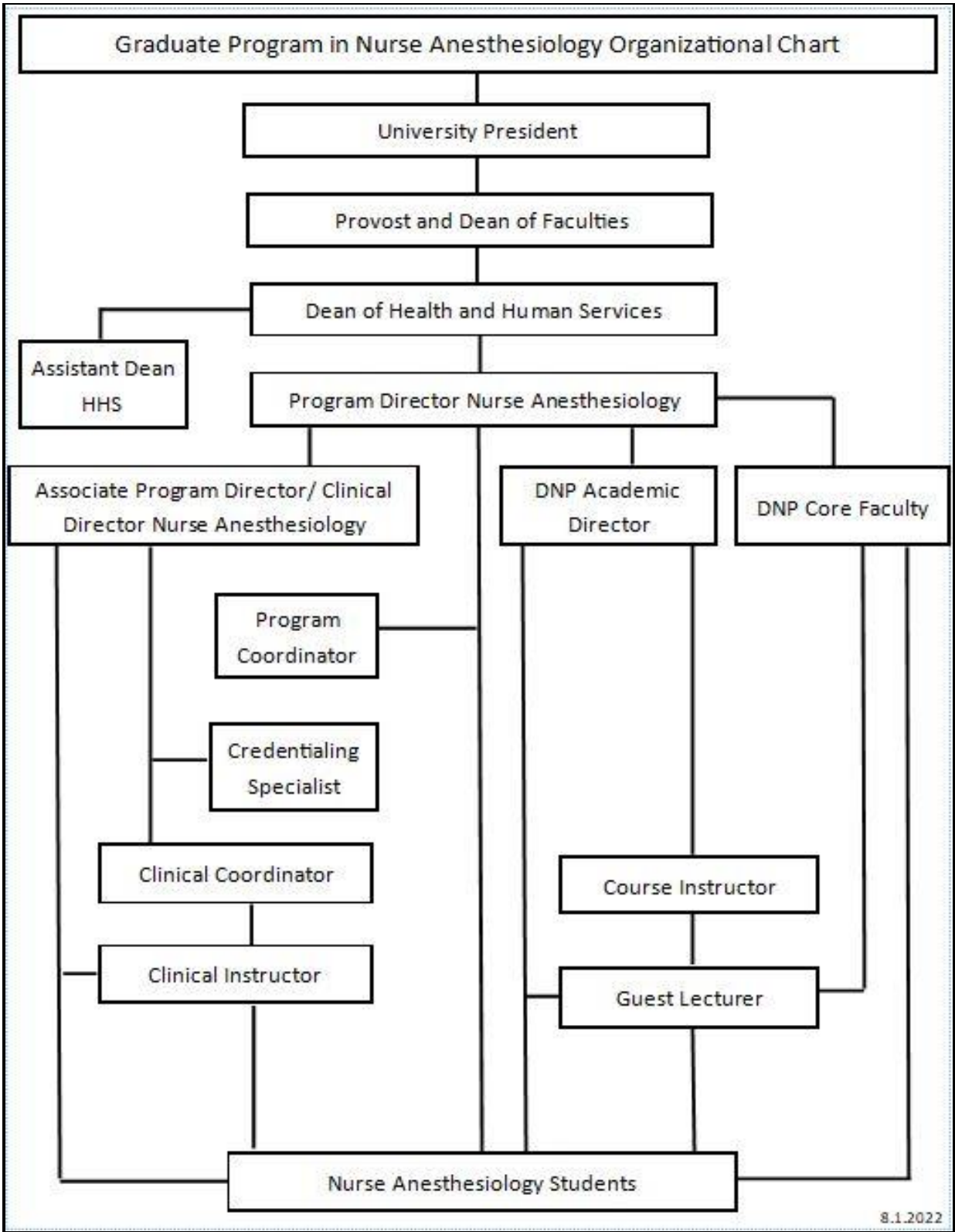
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Leah Gordon, DNP, APRN, CRNA  
Program Director  
Assistant Professor

A handwritten signature in black ink that reads "Julie C. Gauderman".

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Julie Gauderman, DNAP, APRN, CRNA  
Associate Program Director  
Clinical Director  
Assistant Professor



## **AFFILIATIONS**

Students enrolled in the Saint Mary's University of Minnesota Graduate Program in Nurse Anesthesiology affiliate with other health care facilities to enrich their clinical training and/or meet certain graduation requirements.

## **PRACTICUM SITES:**

Please see the school website for a complete listing of clinical practicum sites.

## **PROGRAM OVERVIEW**

This is a program offered by Saint Mary's University of Minnesota's Graduate School of Graduate and Professional Programs (SGPP). The qualified student is admitted to Saint Mary's University of Minnesota and is directed toward the goal of earning a Graduate degree in Nurse Anesthesiology. Saint Mary's University believes in building and developing on the baccalaureate base with emphasis on a strong scientific and technical background. Graduates will be prepared to practice in a wide variety of settings and in diverse methods of administering a safe anesthetic. The graduate is eligible to write the certification examination as offered by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA). Successful completion of the examination entitles the graduate to be known as a Certified Registered Nurse Anesthetist (CRNA).

## **PROGRAM PHILOSOPHY**

The Graduate program in Nurse Anesthesiology originated in response to the request of leaders in the health care field for graduate level education in the field of Nurse Anesthesiology. With this need in mind, Saint Mary's University of Minnesota developed this program.

With a focus on meeting the needs of adult learners, the program's goal is to provide a positive and supportive learning environment, preparing the professional nurse in the art and science of anesthesiology and meeting the societal need for safe and competent anesthesiology care.

The program provides the student with a curriculum that includes formal and informal instruction in scientific principles, clinical practice and professional growth opportunities. Core values upheld by all members of this community include academic excellence, professionalism and personal integrity, responsibility and compassion. A shared sense of responsibility exists between the faculty and the student to reach the goal of becoming a Nurse Anesthetist.

## **ACCREDITATION AND REGISTRATION**

Saint Mary's University of Minnesota is accredited by the Higher Learning Commission.

The Higher Learning Commission  
230 South LaSalle Street, Suite 7-500  
Chicago, IL 60604-1411  
[www.hlcommission.org](http://www.hlcommission.org)

Saint Mary's University of Minnesota is registered as a private institution with the Minnesota Office of Higher Education pursuant to sections 136A.61 to 136A.71. Registration is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.



The Nurse Anesthesiology Program at Saint Mary's University of Minnesota is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 S. Prospect Ave., Park Ridge, IL 60068; (847) 655-1160, (<http://coacrna.org>). The program's next review by the COA is scheduled for May/October 2029.

The Nurse Anesthesiology Program at Saint Mary's University of Minnesota is approved by the Minnesota Board of Nursing.

### **ADMISSION REQUIREMENTS**

Applicants seeking admission to this program must meet the admission requirements for Saint Mary's University of Minnesota Schools of Graduate and Professional Programs and for the Graduate Program in Nurse Anesthesiology. In addition to University admission requirements, applicants must have:

1. Completed an appropriate baccalaureate degree from a regionally accredited institution. Degrees must be completed and final transcripts must be submitted by the application deadline. Appropriate degrees include the areas of nursing, biophysical, biological or behavioral sciences.
2. Overall GPA of 2.75 on a 4.0 scale or higher.
3. A calculated Science and Math GPA of 3.0 or higher (this is explained and determined as a part of the application process).
4. Current unencumbered licensure as a Professional Registered Nurse in the State of Minnesota, or eligible for reciprocity.
5. A minimum of one year of experience as a bedside Registered Nurse in a critical care setting at the time of application. Due to the important work of the critical care nurse to this program, Employment as a bedside Critical Care Registered Nurse should be ongoing until 90 days before students start the program, unless otherwise approved by the Program Director.
  1. Critical care as defined by this program includes cardiac ICU, neuro ICU, neonatal ICU, and pediatric ICU. The cardiac catheterization lab, Interventional Radiology, PACU, long term acute care, emergency room care, and employment as an Advanced Practice Registered Nurse (APRN) do not meet the program definition of critical care. Flight nursing will be considered on a case by case basis.
6. A completed application submitted by the application deadline.

### **HEALTH STATUS INFORMATION**

A completed Health Status Form must be submitted prior to matriculation or upon request of the program. Documented immunity is required for rubella, rubeola, varicella, Hepatitis B, and mumps. Vaccinations will be required in non-immune students. Proof of receiving the Tdap vaccine (protection against diphtheria, tetanus, and pertussis) that extends to the date of the student's graduation from the program is required.

Additional annual health-related documents are required later in the program including proof of a negative 2-StepTB TST test, QuantiFERON®-TB Gold-in-Tube test (QFT-GIT), or a T-SPOT® TB (or completion of the Positive TB Test Protocol) and proof of annual vaccination against influenza.

Students that are positive for TB must follow the Nurse Anesthesiology Positive TB Student Protocol. This includes proof of a negative chest x-ray within the last year must be submitted to the Clinical Director for all students who have positive TB tests. In addition, the student must have an annual exam with their primary care provider indicating that there has been no change in their lung health. **(SEE APPENDIX I: Nurse Anesthesiology Positive TB Protocol)**

Documented proof of COVID vaccine(s) and boosters are required by most hospitals/ same-day surgery centers. Students must comply with the facility policy and, in most cases, be fully vaccinated. Students must be aware that the school cannot guarantee clinical experiences (e.g. pediatrics, cardiac, major medical anesthesiology) in the event that a student decides to not be vaccinated. This could result in a delay of program completion, or, the inability to complete the program.

These requirements meet or exceed the Standards and Guidelines set by the Council on Accreditation of Nurse Anesthesia Educational Programs.

### **APPLICATION PROCESS**

Persons applying to the nurse anesthesiology program must submit:

1. A completed on-line application. The process can be found on the Saint Mary's On-line application system. The application process must be completed by the admissions office deadline.
2. Official transcripts, issued to Saint Mary's University of Minnesota, from the school that conferred your degree in nursing, your Bachelor's degree (if granted by a different institution), and the required chemistry prerequisite. Any transcript that you believe will enhance your application (i.e., additional science/math courses) will be accepted and included with you application.
3. A transcript for a college-level chemistry course completed with a letter grade of "B" or better in the last five years. The course should have some element of inorganic, organic, and/ or biochemistry. All prerequisite courses must be taken at an accredited college/ university. Classes may be taken at an accredited two-year college. In progress coursework will be evaluated on a case-by-case basis and may affect application ranking.
4. A reflective essay which must include the following:
  - a. A brief description of the applicant's background, training, and experience; and
  - b. A statement indicating the career goals of the applicant and their reasons for seeking admission to the program; and
  - c. A description of the areas the applicant considers to be their strengths and areas in which the applicant wishes to develop greater strengths and abilities; and
  - d. Personal information the applicant wishes to share. Please do not state any personal identifying information within the essay, as the essays are blinded for the readers to ensure a fair process.
5. Reference verification as requested by the program.
6. A current résumé or curriculum vitae listing educational background and work experience that highlights critical care experiences, and relevant specialty certifications.
7. A completed Math and Science GPA form. Once completed, this document must be loaded into the electronic application system.
8. Applicants with international transcripts may require an English language proficiency exam (TOEFL, IELTS, PTE or MELAB accepted).

All application materials are to be submitted through the Saint Mary's On-line Application System. Submission of all applicable college and nursing school transcripts must be sent directly to the Minneapolis Campus:

Admissions Department  
Saint Mary's University of Minnesota  
2500 Park Avenue  
Minneapolis, MN 55404-4403

All application materials must be received by the program before the deadline for candidates to be considered. The program reviews applications once a year and accepts qualified applicants into the next available class.

### **SELECTION CRITERIA**

Since the class size is limited, candidates who meet the minimum admission requirements may not be selected. The admissions committee will select the most qualified applicants based on the following criteria:

- The completed application and supporting material.
- Previous academic performance.
- A minimum of one year of experience in a critical care setting prior to applying to the program. This experience must be ongoing until 90 days before you start the program, unless otherwise approved by the Program Director. This includes cardiac, neuro, med-surge, neonatal, and pediatric ICU. The cardiac cath lab, PACU, long term acute care, and emergency room care do not meet the program definition of critical care. Flight nursing experience will be considered on a case-by-case basis.
- Applications will be screened and candidates determined to be the most qualified will be invited for an on-campus interview.

### **TECHNICAL STANDARDS FOR ADMISSION**

#### **Introduction**

Due to the nature of the nurse anesthesiology profession, the technical standards listed below are skills and functions necessary to complete the program and to ensure the health and safety of patients, faculty, fellow students, and other healthcare providers.

In addition to academic qualifications, the Saint Mary's University of Minnesota Graduate Program in Nurse Anesthesiology considers specific technical standards essential for admission, progression, and graduation from the program. Successful completion of the nurse anesthesiology program requires an individual to be able to independently, with or without reasonable accommodation, meet the following technical standards.

Reasonable accommodations will be considered and provided on a case by case basis in accordance with applicable legal standards. Any person who expects to need a reasonable accommodation should make such a request as soon as possible, preferably before beginning the program, as some desired accommodations may not be granted. (For example, a desired accommodation may not be granted if it is not considered reasonable, if it fundamentally alters the nature of the program as determined by the nurse anesthesiology program leadership, or it would pose a direct threat to the

health or safety of others.) Students who seek disability accommodations should contact Saint Mary's University of Minnesota Access Services.

## **Specific Standards**

### **1. Visual, Auditory, and tactile**

- Ability to make accurate visual, auditory, and tactile observations to gather and then interpret data in the context of pre-anesthetic assessment, anesthetic administration, and post-anesthetic care
- Ability to document observations and maintain accurate records

Examples:

- Visual: Correctly draw up medications in a syringe or detect changes in patient condition such as skin color changes
- Auditory: Able to detect sounds using stethoscope or detect audible mechanical alarms noting change in patient's physiological status
- Tactile; Able to detect temperature changes or anatomical abnormalities such as edema, swelling, and nodules

### **2. Communication**

- Ability to communicate both verbally and nonverbally with accuracy, clarity, efficiency, and effectiveness with patients, family members, and other members of the healthcare team
- Effective communication through the English language, both written and spoken
- Ability to maintain accurate patient records, present information in a professional/ logical manner, and provide patient instruction to effectively care for patients and families

Examples:

- Able to give and follow verbal directions and participate in surgical care team discussions regarding patient care
- Able to elicit and record detailed information about health history, current health state, or response to treatment
- Able to convey information to patients and others as needed to teach, direct, and counsel under varied circumstances

### **3. Motor**

- Ability to perform gross and fine motor movements with sufficient coordination to provide safe care and treatment to patients in all health care environments
- Possess the physical endurance, strength, stamina, and mobility to meet demands associated with extended periods of standing, moving, and physical exertion required for satisfactory and safe performance in the lab, clinical, and classroom settings
- Ability to respond promptly to urgent/ emergent situations which may occur during clinical experiences and must not hinder the ability of other health care team members to provide prompt treatment and care to others

Examples:

- Able to complete physical examination utilizing palpation, percussion, and auscultation
- Mobility sufficient to carry out patient care including patient positioning, airway management, intubations, CPR, central and arterial line placement, regional anesthesiology blocks, and epidural and spinal placement
- Physical endurance and stamina to complete 8-, 10-, 12-, and 24-hour clinical days
- Strength and gross motor skills to safely participate in lifting, turning, and ambulating of patients including pushing carts, beds, and other medical equipment as needed

#### **4. Social, Emotional, Behavioral, and Self-Regulation skills**

- Demonstrate composure in noisy, malodorous, or visually complex, emotionally charged, and intense situations and be able to maintain a safe and therapeutic environment
- Demonstrate self-care routines
- Demonstrate self-regulation in the context of receiving feedback regarding areas for improvement
- Demonstrate flexibility and adaptability within dynamic clinical, professional, and academic contexts

Examples:

- Able to satisfy all requirements set forth by Saint Mary's University of Minnesota/ health care agency's affiliation agreements as well as any additional requirements of any clinical setting.
- Uphold professional nursing standards related to the student's scope of practice.
- Able to meet Saint Mary's University of Minnesota Graduate Program in Nurse Anesthesiology attendance requirements
- Follow all Personal Protective Equipment and facility attire rules and requirements

#### **5. Intellectual, Conceptual, and Cognitive**

- Demonstrate the ability to measure, calculate, reason, prioritize, analyze, integrate, and synthesize information
- Act with integrity and judgement (show ability to manage impulsivity)
- The student must have the ability to sustain attention and memory to maintain patient safety

Examples:

- Able to measure, calculate, reason, prioritize, analyze, integrate, synthesize information and act with integrity and judgement.
- Able to read and comprehend extensive written materials
- Able to evaluate and apply information and engage in critical thinking the classroom, lab and clinical setting within the time requirements unique to each situation
- Able to demonstrate careful delivery of service for patients at all times

### **TRANSFER INTO THE PROGRAM**

Transfer into the Nurse Anesthesiology Program is handled on an individual basis and credit for previous anesthesiology education is not guaranteed.

## **STUDENTS WITH INTERNATIONAL TRANSCRIPTS**

Applying students must have a Registered Nurses license granted by one of the 50 United States. Applicants must also have at least one year of nursing experience in a United States critical care unit. Nursing experience abroad will be assessed on a case by case basis. Other information about non-US transcripts can be found in the Saint Mary's Catalog under "Application Criteria for Students with International Transcripts."

## **TUITION AND FEES**

Please see the school website for current tuition and fees.

STIPEND: None

HOUSING: Not provided

UNIFORMS: Scrub clothes are provided

MEALS: Not provided

## **MASTERS TRANSITION POLICY**

In the event that a student needs to take a leave of absence beyond the expected date of graduation, the student will need to reapply to the Doctor of Nursing Practice program.

## **ACADEMIC AND CLINICAL GRADING POLICIES**

### **Academic:**

Students should review University grade values and points found in the SGPP Saint Mary's University of Minnesota Catalog and Student Handbook/Academic Policies for graduate academic grading policies.

A student who receives a grade of "NC" in any course will be required to retake the course and receive a passing grade prior to graduation from the Nurse Anesthesiology Program. Students are reminded that the manner of grading for each course, including the means by which final grades are determined, is documented in each course syllabus.

Students must have a Nurse Anesthesiology GPA of 3.0 or higher to register for Clinical Practicum. Those that do not meet this requirement must work with program leadership to develop an academic performance improvement plan. Students may be dismissed from the program if a GPA of 3.0 is not attainable by the end of the subsequent semester.

Saint Mary's offers a clinical completion course for those who need additional time to meet clinical requirements after the cohort program completion date has passed. Any student in need of additional time to complete clinical hour requirements must register for a separate clinical completion course and pay any associated fees.

### **Clinical Practicum:**

Students receive a "Pass" or "No Credit" grade for clinical practicum. Credits earned are counted toward the total number of credits required for graduation, but are not used in determining a student's grade point average, as per University policy. Criteria for grading are described in the course syllabi for clinical practicum.

## **GRADUATION CRITERIA**

Students enrolled in the program must meet the graduation criteria of Saint Mary's University of Minnesota Nurse Anesthesiology Program.

- Maintain a GPA of 3.0 on a 4.0 scale. (Student may be on an academic performance improvement plan at the discretion of program leadership).
- Maintain the minimum level of practice for the designated period in the program in accordance with the clinical objectives.
- Receive a passing score, as determined annually, on the Self Evaluation Examinations (SEE) administered by the NBCRNA.
- Fulfill all requirements outlined in the University and Program Outcome Objectives.
- Complete an application for graduation and submit the graduation fee (additional requirements of the University).

## **GRADUATE PROGRAM IN NURSE ANESTHESIOLOGY OUTCOMES AND INDICATORS**

### **Master's Degree Program Outcomes and Indicators**

#### **Program Outcomes**

1. Demonstrate the ability to provide safe and competent care throughout the perianesthetic continuum.
2. Demonstrate critical thinking skills.
3. Communicate effectively.
4. Demonstrate professional behavior.
5. Continue to learn throughout their careers.

#### **Program Outcome Indicators**

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

1. Be vigilant in the delivery of patient care and refrain from any activity that could interfere with vigilance.
2. Protect patients from iatrogenic complications.
3. Participate in the positioning of patients to prevent injury.
4. Conduct a comprehensive and appropriate equipment check.
5. Utilize standard precautions and appropriate infection control measures.

##### **Individualized perianesthetic management is demonstrated by the ability of the graduate to:**

1. Provide care throughout the perianesthetic continuum.
2. Use a variety of current anesthesiology techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
3. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
4. Provide anesthesiology services to all patients, including trauma and emergency cases.
5. Administer and manage a variety of regional anesthetics.
6. Function as a resource person for airway and ventilatory management of patients.
7. Possess current American Heart Association BLS and advanced cardiac life support (ACLS) recognition.
8. Possess current American Heart Association pediatric advanced life support (PALS) recognition.
9. Perform a comprehensive history and physical assessment

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

1. Effectively communicate with individuals influencing patient care.
2. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.
3. Communicate effectively through case records, written reports, written correspondences, and professional papers.
4. Interact competently with diverse populations

##### **Critical thinking is demonstrated by the graduate's ability to:**

1. Apply knowledge to practice in decision-making and problem solving.



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

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

1. Demonstrate ethical behavior when interacting with patients, affiliated health care associations, and members of the medical community.
2. Participate in activities that improve anesthesia care.
3. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
4. Interact on a professional level with integrity.
5. Teach others.
6. Participate in continuing education activities to acquire new knowledge and improve his or her practice.
7. Demonstrate knowledge of wellness and chemical dependency in the anesthesiology profession through completion of content in wellness and chemical dependency.

**Clinical Practicum Student Performance Objectives:**

1. Provides a safe patient care environment at all times. This includes conducting a comprehensive equipment check, preparing needed equipment and supplies, assuring and monitoring appropriate positioning for all patients throughout the case, protecting patients from iatrogenic complications, and applying all required infection control measures and other standard safety precautions.
2. Demonstrates vigilance while delivering patient care and refrains from any activity that could interfere with vigilance.
3. Performs a comprehensive history and physical assessment, creates a relevant care plan, and discusses it with the anesthesiology care team.
4. Demonstrates dexterity while performing procedures including (but not limited to) obtaining arterial and vascular access, positioning of patients, managing the airway and using airway equipment, and administering regional anesthesia and analgesia.
5. Safely administers anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures, including trauma and emergency cases, using a variety of techniques.
6. Monitors patients efficiently and accurately and makes sound decisions based on the available data.
7. Recognizes and appropriately responds to changes in the patient's condition in a timely way.

8. Provides nurse anesthesia care based on sound principles and research evidence for all phases of the anesthetic process including induction, maintenance, emergence, transport, and postoperative assessment and care.
9. Communicates effectively with all members of the patient care team including the patient and their family members.
10. Acts with regard to cultural differences.
11. Functions within appropriate standards, policies, and legal requirements.
12. Accepts responsibility and accountability for his/her practice and acts with integrity in all matters.
13. Demonstrates professional behavior at all times.

## **DOCTORATE PROGRAM OUTCOMES AND INDICATORS**

(Indicators labeled D refer to the Council on Accreditation of Nurse Anesthesia Educational Programs Standards; CT refers to the SGPP core learning indicators)

### **DNP LEADERSHIP CORE**

Outcome 1. Demonstrate advanced knowledge, skills, and judgment around human communication that facilitate an ability to work collaboratively with others.

D.25- Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.

D.26- Utilize interpersonal and communication skills that result in the effective intraprofessional exchange of information and collaboration with other healthcare professionals.

CT.7- Develop a subject, including relevance, logic, grasp of subject, and depth of discussion.

CT.8 - Communicate with clarity and coherence.

Outcome 2. Employ leadership skills to influence healthcare policy, implement changes in care systems, and advance the profession.

D.31 - Integrate critical and reflective thinking in their leadership approach.

D.32 - Provide leadership that facilitates intraprofessional and interprofessional collaboration.

D.36 - Function within legal and regulatory requirements.

D.40 - Inform the public of the role and practice of the CRNA.

CT.5 - Apply diverse frames of reference to decisions and actions.

Outcome 3. Utilize critical thinking to integrate quality assurance, resource allocation, and financial management policies into advanced nursing practice.

D.38 - Provide anesthesia services to patients in a cost-effective manner.

D.41 - Evaluate how public policy making strategies impact the financing and delivery of healthcare.

D.42 - Advocate for health policy change to improve patient care.

D.43 - Advocate for health policy change to advance the specialty of nurse anesthesia.

D.51 - Analyze business practices encountered in nurse anesthesia delivery settings.

CT.1 - Frame vital questions clearly.

CT.6 - Resolve issues based on evidence weighed against relevant criteria.

Outcome 4. Integrate professional ethical values guided by nursing scientific underpinnings and exercise ethically responsible judgement in all aspects of professional nursing practice.

D.33 - Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.

D.34 - Interact on a professional level with integrity.

D.35 - Apply ethically sound decision-making processes.

D.27 - Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of intraprofessional care.

D.24 - Pass the national certification examination (NCE) administered by NBCRNA.

D.30 - Teach others.

D.37 - Accept responsibility and accountability for his or her practice.

D.39 - Demonstrate knowledge of wellness and chemical dependency in the anesthesiology profession through completion of content in wellness and chemical dependency

CT.3 - Demonstrate respectful engagement with others' ideas, behaviors, and beliefs.

CT.4 - Assess the congruence between personal norms and ethical principles.

#### **DNP SCHOLARLY PROJECT CORE**

Outcome 5. Demonstrate analytical methods for evidence-based practice within the framework of local and national social determinants of health.

D.44 - Analyze strategies to improve patient outcomes and quality of care.

D.45 - Analyze health outcomes in a variety of populations.

D.46 - Analyze health outcomes in a variety of clinical settings.

D.47 - Analyze health outcomes in a variety of systems.

D. 48- Disseminate scholarly work.

CT.2 - Evaluate relevant information and its sources.

Outcome 6. Analyze critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology

D.49 - Use information systems/technology to support and improve patient care.

D.50 - Use information systems/technology to support and improve healthcare systems.

#### **DNP SCIENTIFIC AND CLINICAL SCHOLARSHIP CORE**

Outcome 7. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.

D.1 - Be vigilant in the delivery of patient care.

D.2 - Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care.

D.3 - Conduct a comprehensive equipment check.

D.4 - Protect patients from iatrogenic complications.

D.5 - Provide individualized care throughout the perianesthesia continuum.

D.6 - Deliver culturally competent perianesthesia care.

- D.7 - Provide anesthesiology services to all patients across the lifespan.
- D.8 - Perform a comprehensive history and physical assessment.
- D.9 - Administer general anesthesia to patients with a variety of physical conditions.
- D.10 - Administer general anesthesia for a variety of surgical and medically related procedures.
- D.11 - Administer and manage a variety of regional anesthetics.
- D.12 - Maintain current certification in ACLS and PALS.
- D.13 - Apply knowledge to practice in decision-making and problem solving.
- D.14 - Provide nurse anesthesiology services based on evidence-based principles.
- D.15 - Perform a preanesthetic assessment before providing anesthesiology services.
- D.16 - Assume responsibility and accountability for diagnosis.
- D.17 - Formulate an anesthesia plan of care before providing anesthesiology services.
- D.18 - Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
- D.19 - Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
- D.20 - Calculate, initiate, and manage fluid and blood component therapy.
- D.21 - Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesiology services.
- D.22 - Recognize and appropriately manage complications that occur during the provision of anesthesiology services.
- D.23 - Use science-based theories and concepts to analyze new practice approaches.
- D.28 - Maintain comprehensive, timely, accurate, and legible healthcare records.
- D.29 - Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.

### **CLINICAL EVALUATION PROCESS**

Clinical competency is the essential outcome of the Nurse Anesthesiology Program. Graduates must meet the performance levels for the program's outcome objectives that are based on the entry requirements for safe practice by the Nurse Anesthetist. These skills are sequenced in the curriculum from simple to complex and include practice in a laboratory/classroom setting prior to performance in the clinical environment.

A summary evaluation is conducted by the on-site Clinical Coordinator with the student at the completion of each rotation. This evaluation provides a student with a summative assessment on all applicable clinical performance objectives. The assessment is based upon daily evaluations by the supervising CRNAs, written care plans, and Clinical Coordinator observations. The summary written evaluation is submitted to the Clinical Director and reviewed by the student before being submitted to the student's clinical portfolio. The Program Director and/or Clinical Director may be in attendance at any student conference as determined by the Program Director, Clinical Coordinator, Clinical Director and/or student. Students may access the Clinical Director or the Program Director at any time with concerns about their clinical curriculum or clinical progress.

## **GRADUATE PROGRAM IN NURSE ANESTHESIOLOGY POLICIES AND PROCEDURES**

### **POLICIES and PROCEDURES**

These policies are in addition to the policies set forth by Saint Mary's University of Minnesota. In cases where there are conflicting policies between the program and the university, the program policy takes precedent. Saint Mary's University policies and procedures can be found online in the Schools of Graduate and Professional Programs Catalog and Student Handbook.

Policies are divided into "Academic" and "Clinical" for convenience. Please note that certain policies may apply to both the academic and clinical curricula. Failure to follow these policies or procedures may result in dismissal from this program.

### **ACADEMIC POLICIES and PROCEDURES**

#### **CLASS ATTENDANCE POLICY**

This policy includes all academic and clinical courses and all conferences.

Students are expected to attend all scheduled classes and conferences as assigned in the syllabus for each course. If the student is unable to attend a class session due to illness or a family emergency, please notify the Instructor and the Associate Program Director. Regardless of why a class is missed, the student is responsible for the material covered. Additional work may be assigned by the instructor. Within each course, students who miss more than two class sessions, or are late more than twice or leave early more than twice, must demonstrate they have made up the missed coursework. Missing more than 2 classes per course may be grounds for requiring course retake prior to progressing in the program. (Please note, there are classes that are scheduled as two sessions, one AM and one PM, per day. Please inquire with the Program Director if you need additional information). Make-up exams are given at the instructor's discretion. Additional work may be assigned in lieu of the exam. The student is responsible for making arrangements with the course instructor. NOTE: This policy supersedes the University policy.

#### **CLASS GUEST POLICY**

In Class sessions are intended for registered Saint Mary's Nurse Anesthesiology Students only. Any additional guests must be approved 24 hours prior to the class session by the Program Director or Associate Program Director. Children are not allowed in classes at any time.

#### **CLASSROOM PERSONAL TECHNOLOGY POLICY**

It is generally understood that cell phones are an important communication tool. American culture dictates that you must be readily available at all times via call or text, thus they are not outright prohibited in the classroom. (Please see CLINICAL CELL PHONE POLICY). Neither cell phones nor tablets should not be allowed to distract any student (users or neighbors) from educational opportunities or tasks. They should not be used for surfing the internet or gaming during classroom lectures or activities. They are never to be used to record confidential information such as exam content or passwords that are not to be shared outside of the classroom. Should a student get an urgent electronic communication during class the expectation is that they will excuse themselves from the classroom to attend to the situation to minimize classroom disruption.

## **COPYRIGHT LAW**

(Please note, this policy applies to both the academic and clinical program.)

## **COURSE EXAMS**

Exams, quizzes and tests are summary evaluations designed to assess the student's comprehension of the subject matter. Exams are not designed to be study guides. Actual performance on an exam should guide the student to discover their level of content knowledge and guide their study of the subject matter in preparation for clinical practice and future exams. Item analysis and exam review are conducted as per individual course syllabi.

To support learning, students are provided with course syllabi, learning objectives, assigned and supplementary reading, and notes/handouts posted to Canvas, office hours with faculty, and additional online and printed materials.

### **Off-Campus Exams**

Several courses offer exams that are administered via electronic learning management systems. Students scheduled to take these exams off campus must be sure that they have a high speed or broadband internet access, a suitable environment, a webcam, and the required software. If students are unable to attain the correct technology, they need to contact the IT Helpdesk prior to the exam date, for assistance in resolving this issue. Unless otherwise specified by the syllabus, these are considered exams and must be taken in accordance with the published Academic Dishonesty Policy. This policy can be found in the Saint Mary's University of Minnesota Catalog and Student Handbook.

### **DRUG AND ALCOHOL POLICY: On and Off Campus**

(Please note, this policy applies to both the academic and clinical program.)

Students admitted to the Nurse Anesthesiology Program are subject to all alcohol and drug use policies set forth by our affiliate hospitals in addition to the Saint Mary's University of Minnesota policy. Students should review these policies prior to their attendance at an affiliate hospital. The University Drug and Alcohol policy is available online.

### **DRUG TESTING POLICY**

This policy applies to all students in Nurse Anesthesiology.

Any unlawful possession, use, manufacture, distribution, diversion, or improper use of any illegal or controlled substances by any student in the Nurse Anesthesiology Program is prohibited. In addition, no student may consume or be under the influence of, or be in the possession of alcohol at any time the student is in the classroom and/or performing clinical duties. Students must also comply with all local, state, or federal laws and regulations controlling the possession, manufacture, use, or distribution of controlled or illegal substances and alcohol.

There are circumstances in which students may need to take over-the-counter or prescribed medications that have the potential to impair their performance or personal behavior. This includes all medications impacting mental health and wellness, including anti-seizure medications. As such, all students are responsible for being aware of the effect these medications may have on

performance and must notify the Program Director within 72 hours prior to clinical attendance or drug testing about the use of any medication that could impair performance or has the potential to influence a drug screen. Moreover, if a student begins the program and is aware of these potential impacts to their future clinical performance, they must disclose this information within the first semester of academics.

Failure or refusal to comply with the substance abuse policy may be grounds for disciplinary action, including dismissal from the program. Any attempt to delay, hinder, or tamper with any testing or to alter the results of testing will be considered a refusal to comply with this policy.

### **Procedures**

The program requires students to submit to drug and/or alcohol testing under any or all of the following circumstances:

- The start of a clinical rotation
- Random testing as required by the clinical sites
- For cause

A growing number of clinical sites now require students to have drug testing prior to placement in clinical rotations. Therefore, all students involved in clinical practice settings must undergo drug testing prior to working at clinical sites. This will give the school and student flexibility as clinical assignments are made.

Clinical sites may require random testing of their staff, including students engaged in clinical rotations there. Students must cooperate with random drug testing required by their clinical sites.

A student may be required to undergo drug or alcohol testing for cause when the Program Director, in consultation with the Clinical Director or a clinical site faculty member, determines there is a reasonable suspicion that the student is impaired due to illegal or controlled substances or alcohol use or the use or misuse of prescribed or over-the-counter medications. Said suspicion may be based upon one or more of the following: unusual or aberrant behavior or patterns of abnormal or erratic behavior; physical symptoms of impairment; arrest or conviction for a drug or alcohol related offense; evidence of drug tampering, drug diversion, or misappropriation; direct observation of drug use; discrepant drug counts; alterations in student clinical and/or didactic performance that may not be attributed to other causes; a work-related injury or illness that may have been related to use of an illegal or controlled substance or alcohol; observation of poor judgment or careless acts which caused or had the potential to cause patient injury, jeopardize the safety of self or others, or result in damage to equipment.

Drug and alcohol testing required by the School of Health and Human Services will be conducted utilizing the following measures:

- A. The student must be tested at a facility approved by the School.
- B. The student must fully comply with the testing facility's methods and procedures for collecting samples

- C. The test shall screen for the use of the controlled substances or any other controlled substances that are suspected of being abused or used by the student.
- D. Urine, serum, hair, and saliva analysis or a combination of these may be tested.
- E. The student will disclose any prescribed or over-the-counter medications, as well as any dietary habits that could modify testing results.
- F. If the accuracy of a positive test is disputed by the student, the student may request a retesting of samples by the facility; however, the cost of the additional testing would be borne by the student. Testing done outside the appropriate window of time will not be considered valid.
- G. Substance abuse is verified if either: (i) the positive test result is not disputed, or (ii) if the student-requested retest is positive.
- H. If the test is inconclusive, the screening will be treated as positive until definitive analysis by alternate testing is accomplished. During this time the student will not be permitted to have any contact with patients and families but may be allowed to attend classes, pending the approval of the Program Director.
- I. The testing facility will make a final report of the test results (positive, negative, or inconclusive) to the Program Director.
- J. A student who is required to and submits to drug and alcohol screening will be expected to authorize the release of the results to the School and other relevant University offices.

A positive drug screen for any of the following substances will result in immediate removal from coursework and clinical experiences, along with consultation with the Program Director, Associate Program Director and Dean of Health and Human Services, with possible dismissal from the program and the university: amphetamines or similarly acting sympathomimetics, cannabis, cocaine, hallucinogens, inhalants, phencyclidine (PCP) or similarly acting arylcyclohexylamines.

### **Confidentiality**

All testing information, interviews, reports, statements and test results specifically related to the individual are confidential. Test results will be sent to the Associate Director. Records will be maintained electronically on secure servers as well as within a locked cabinet. While the results of testing are confidential within the University community, the information regarding substance abuse and rehabilitation must be shared with the Minnesota and Wisconsin Boards of Nursing or the Board of Nursing in the state where the student has licensure.

### **DRUG AND ALCOHOL ABUSE PREVENTION**

#### Philosophy

The Graduate Program in Nurse Anesthesiology is committed to the education of professional nurses who are able to function without the impairment of chemical dependency, and in so doing, protect the public for which they serve. This policy recognizes both the continuing public threat of chemical dependency and the unique attributes of a career in Nurse Anesthesiology which make it high risk for this behavior.



**Leave of Absence from School to Obtain Substance Abuse Disorder Treatment:**

In accordance with the AANA Health and Wellness recommendation, intensive inpatient treatment and subsequent follow-up care increases possibility of recovery for healthcare professionals with substance use disorder. In the event that a student feels they need to enter treatment, they are to notify the Program Director and or Associate Director to assist them with the process of withdrawing from all academic activity and bedside clinical care. Any and all financial impacts of this process are the responsibility of the student.

Upon completion of a rehabilitation program, a safe return to academics and clinical in anesthesiology at Saint Mary's University of Minnesota can be facilitated on an individual basis. Not all Student Registered Nurse Anesthetists (SRNAs) will be able to return to practice. Reentry challenges an anesthesiology professional may encounter include stigmatization, shame, working with choice substances, and unresolved pain, which all contribute to the threat of relapse.

Readiness for reentry is a collaborative decision of the monitoring program, a certified drug and alcohol counselor, and program administration including the school Dean, Program Director, and Associate Director. A minimum of one year in recovery before returning to the clinical anesthesiology arena is recommended.

**Criteria Prior to Considering Re-entering Saint Mary's Nurse Anesthesiology Program Include:**

- Evaluation by a licensed provider with experience treating substance abuse and dependency
- Successful completion of a rehabilitation program.
- Self-reporting to the Minnesota Health Professionals Services Program (HPSP) which provides a voluntary long-term way for Minnesota healthcare providers to fulfill confidential monitoring obligations related to illness or a medical condition that can make them unsafe to practice <https://mn.gov/boards/hpsp/>.
- Acceptance of the chronic nature of substance use disorder.
- Evidence of a supportive spouse, significant other, or supportive individuals.
- Willingness to take Naltrexone, if appropriate, under the direction and supervision of a medical professional.
- Having no untreated psychological comorbidities.
- Participation in a monitoring program with random drug testing.
- Understanding that recovery is improved when random drug testing occurs because of the consequences of a positive test.
- Having supportive colleagues, especially administrators and supervisors, at worksite familiar with history and needs.
- Grounding in a recovery community, such as Anesthetists in Recovery.
- Participating in a 12-step program.
- Signing a re-entry contract put forth by the Program Director. Students will be required to release their HPSP results and have them sent to the Program Director.

**Getting Peer Assistance Help for Yourself or Others:**

If you feel there is a life threatening/ potential immediate risk for harm to yourself or others, call 911 or go to the nearest emergency room or treatment center.

**AANA Peer Assistance Helpline for drugs/ alcohol concerns**

24/7 confidential live support and resources for CRNAs/SRNAs

800-654-5167

**AFSP Suicide Hotline**

American Foundation for Suicide Prevention Hotline

800-273-TALK

**RAINN National Sexual Assault Hotline**

Support, resources, and referrals by trained support specialists

800-656-4673

**GOOD NAME POLICY**

(Please note, this policy applies to both the academic and clinical program.)

The Graduate Program in Nurse Anesthesiology follows the University Good Name Policy as explained in the current SGPP Catalog and Handbook which is available online.

**SOCIAL MEDIA POLICY**

(Please note, this policy applies to both the academic and clinical program.)

**BACKGROUND:**

Saint Mary's University of Minnesota Graduate Program in Nurse Anesthesiology welcomes communications directed to the Program from Student Registered Nurse Anesthetists (SRNAs) regarding the Program's academic and clinical programs, as well as concerns and suggestions that students may have regarding the Program, its faculty, clinical sites, and providers with which students interact while rotating through clinical sites. Nevertheless, the School expects and requires that students will communicate concerns, criticism, and suggestions to the School in a manner that complies with this Policy, the University Good Name Policy, and other standards applicable to students, including those set forth in the Graduate Program in Nurse Anesthesiology Student Handbook.

The Program's ability to fulfill its mission of educating students also turns upon the Program's relationship with clinical sites and health care providers who practice at clinical sites. To the extent that any student has a concern or objection regarding any aspect of an assignment to, experience at, or treatment by, any clinical site or provider, the Program expects and requires that students will immediately convey their concern or objection to the Program's Director or Associate Directors. Students must not electronically "post" comments, criticism, or information regarding clinical sites, providers, patients, or otherwise, as such postings could damage or destroy critical relationships that the Program has with clinical sites or providers, or could result in disclosures regarding patients in violation of patients' privacy and other legally protected rights. In order to protect the interests of the

Program, our valued clinical sites, providers, patients, and our students, the Program has adopted this Social Media Policy.

**POLICY:**

Social media can be a way to share life experiences and opinions with others. However, use of social media presents risks and carries with it certain responsibilities. Nurse Anesthesiology Students must make responsible decisions about use of social media.

- Social media shall include all current and future means of communicating or posting information or content of any sort on the internet or by other electronic communication methods. Examples include a student's or someone else's web log/blog, journal, website, or chat room, and group interchanges such as Facebook, Instagram, Myspace, Twitter, TikTok, Snapchat, or LinkedIn, as well as anonymous social media sites.
- Students are solely responsible for what they post online.
- Postings that directly or indirectly refer to classmates, faculty, clinical sites and providers who practice at the clinical sites or others related to the Program's training that include discriminatory or critical remarks, harassment, threats, or violations of professional codes of conduct, and any other unprofessional postings, are subject to disciplinary action by the School. Such actions may result in discipline up to and including dismissal from the School.
- Material from clinical sites, including but not limited to information about patients, must never be posted or distributed. Posting material from clinical sites may be a HIPAA violation. The Program and/or clinical sites or providers will report HIPAA violations to the proper federal authorities for investigation and/or prosecution.
- In addition, in order to promote the Program's professionalism and in order to protect students enrolled in the Program, students shall not post photos, comments, or other forms of a web-based material of faculty, students, or providers at clinical sites to their web-based communication sites such as, but not limited to, Facebook, Instagram, Myspace, Twitter, TikTok, Snapchat, or LinkedIn without such person's advance, express permission. Also, students shall not supply or forward photos, critical or disparaging comments or other web-based materials to anyone for posting on any web-based communication sites, without the consent of the person photographed, or who is the subject of comments or other web-based materials.
- Any student found to have posted, supplied or forwarded materials for postings used on web-based communication sites without permission may be subjected to discipline up to and including dismissal from the School.

To the extent that any student has any concern regarding the foregoing Policy, or to the extent that any student has any concern regarding any experience which they have had at any clinical site, or with a provider or Program faculty, such concerns or objections should be immediately communicated by email to the Program Director or Associate Directors.

## **INTELLECTUAL PROPERTY RIGHTS**

(Please note, this policy applies to both the academic and clinical program.)

The Graduate Program in Nurse Anesthesiology follows the University Intellectual Property Rights policy as explained in the current SGPP Catalog and Handbook which is available online.

## **LEAVE OF ABSENCE: GENERAL**

(Please note, this policy applies to both the academic and clinical program.)

All requests for leave of absence will be handled on an individual basis. Students must be in good academic standing to be considered for a leave. Students will not be granted a leave of absence for reasons related to their clinical or academic performance. Students anticipating missing up to or greater than 20 days of clinical and/or didactic days must request a leave of absence prior to the missed days or will need to repeat the course and/or semester.

## **Military: Annual Duty, Drill Service or Training Leave**

Saint Mary's University of Minnesota supports students who are members of the United States armed forces, National Guard, and reserve units. Students who are members of the National Guard or military reserves are encouraged to defer their annual duty, drill service, or training leave obligations or register for courses that fall outside of the scheduled duty. If this is not possible, a letter from the commanding officer stating that deferment is not possible must be submitted to the program director and instructor in advance of the needed annual duty, drill service or training leave. All course assignments due during the annual duty, drill service or training leave must be completed within the course dates. If additional time is needed, students must request an incomplete grade from the instructor before the course ends. See I/grade policy.

## **NURSING LICENSES**

All students in the Nurse Anesthesiology Program are required to submit evidence of current and unrestricted / unencumbered licensure as a Registered Nurse in the state of Minnesota. Students are also required to submit evidence of current and unrestricted / unencumbered licensure as a Registered Nurse in the state of Wisconsin unless \*Interstate Compact Licensing Rules apply and the Wisconsin nursing license requirements are met by the Compact license. Copies of both current licenses must be submitted to Typhon initially and each time the license is renewed. **Copies of licenses MUST include both the issue and expiration dates.** Copies of the Wisconsin Registered Nurses license must be submitted to the Program Coordinator when directed by the program. Wisconsin state licenses must be renewed in February of even years regardless of when the applicant initially applies (2022, 2024, 2026, etc.) Both licenses must remain current and unencumbered throughout the Program. Students without unrestricted / unencumbered licensure will not be permitted to participate in clinical or classroom activities. Any clinical time missed due to an expired license must be made up as designated by the Program Director and Associate Program Directors.

\* Please see the appendices of this handbook to review the "Interstate RN License Residency Statement"

## **REQUIRED IMMUNIZATIONS**

A completed Health Status Form must be submitted prior to matriculation, or when requested by program leadership. Documented immunity is required for rubella, rubeola, varicella, Hepatitis B, and

mumps. Vaccination will be required in non-immune students. Proof of receiving the Tdap vaccine (protection against diphtheria, tetanus, and pertussis) that extends to the date of the student's graduation from the program is also required. Presently each booster is effective for 10 years, and must be updated if immunity expires during the program.

**After starting the program:** Additional annual health-related documents are required later in the program including proof of a negative 2-Step TB TST test, QuantiFERON®-TB Gold-in-Tube test (QFT-GIT), or a T-SPOT® TB (or completion of the Positive TB Test Protocol). Students that are positive for TB must follow the Nurse Anesthesiology Positive TB Student Protocol. This includes proof of a negative chest x-ray within the last year must be submitted to the Clinical Director for all students who have positive TB tests. In addition, the student must have an annual exam with their primary care provider indicating that there has been no change in their lung health.

Documented proof of annual vaccination against influenza.

Documented proof of COVID Vaccine(s) and boosters.

These requirements meet or exceed the Standards and Guidelines set by the Council on Accreditation of Nurse Anesthesia Educational Programs.

(See also: **CREDENTIALING OF STUDENTS AT CLINICAL SITES**)

### **PREPARATION OF STUDENT WORK**

(Please note, this policy applies to both the academic and clinical program.)

Advanced Research writing is taken by every student in the first year of the Program. The content of this course exposes the student to the standards of professional writing and communication. Students must be aware that all subsequent student work, including correspondences to program personnel, is to be prepared professionally with regard to grammar, spelling, punctuation, sentence structure, legibility and citation (where applicable). Students are expected to address program and school leadership, clinical instructors, physicians, and guest instructors by professional title in all written communication unless instructed differently by the individual. Student course work may be subject to a lower score if their work is not prepared in a professional manner.

### **THE ROLE OF NURSE ANESTHESIOLOGY STUDENTS**

(Please note, this policy applies to both the academic and clinical program.)

Students are never permitted to represent themselves as Nurse Anesthetists by either title or function while they are enrolled in the nurse anesthesiology program. Students may not be compensated for their role as a student Nurse Anesthetist. Patients have a right to know that part of their anesthesiology care team includes a professional nurse enrolled in an accredited Nurse Anesthesiology Program. Students must always identify themselves as such.

Students are responsible for discussing their capabilities with their instructors. If a student feels that they are placed in any situation that may result in harm to a patient, it is their responsibility to notify their supervising CRNA or anesthesiologist immediately.

Students are never to act independently as anesthesiology providers. No anesthesiology care can be rendered by a student without the consent of their supervising CRNA or anesthesiologist.

### **STUDENTS and CLINICAL PARTNER INTERACTIONS**

Saint Mary's GNA values our relationships with our healthcare clinical partners. Students are required to represent the program in a professional manner at all times in the role of Student Registered Nurse Anesthetist (SRNA). Students are expected to work with the Program Director and/ or the Associate Program Director when they consider making contact or specific contact content with potential or existing clinical sites. This means there are some actions that students may not engage in. This includes but is not limited to:

1. Students are not to obtain new clinical sites for the program.
2. Students are not to contact facility leaders or representatives about policies or procedures.
3. Students are not to contact facility leaders or representatives about clinical contracts that exist between Saint Mary's University of Minnesota and the healthcare system.

If a student is approached about issues or ideas that are outside of their purview as a SRNA, they are expected to direct the individual to the Program Director or the Associate Director.

### **STATEMENT OF STUDENT RIGHTS AND RESPONSIBILITIES**

(Please note, this policy applies to both the academic and clinical program.)

It is the stated policy of the program to afford the student the experience necessary to meet the graduation requirements outlined by the Council on Certification to determine eligibility to write the National Certification Examination.

Students have the right to expect:

- That they will not be exploited relative to time commitment for pay or profit.
- That enrollment in the program of study is equivalent to the signing of a contract between the student and the program.
- That the rights and responsibilities of each party of the contract are fully understood and must be adhered to.

Graduates have the right to expect:

- That an official transcript of the student's record will be forwarded to the Council on Certification of Nurse Anesthetists in sufficient time for eligibility determination to be made for the first Certification Examination following graduation.

### **STUDENT RECORDS POLICY**

Students enrolled in the Nurse Anesthesiology Program are responsible for completing and updating required clinical and class records. Students must utilize the forms provided by the Program. All records shall be legible and accurate. All appropriate information must be included.

### **STUDENT TIME COMMITMENT**

The student time commitment may not exceed 64 hours per week. This limitation is meant to support patient safety and promote effective student learning. This time includes the sum of the hours spent in class and all clinical hours averaged over 4 weeks. Students must have a 10 hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.

### **STUDENT ATTENDANCE TRACKING AND CLINICAL SCHEDULING SYSTEM**

The program uses the online scheduling platform *when to work* ([www.whentowork.com](http://www.whentowork.com)) to track clinical assignments. All program and clinical leadership have access to this scheduling platform, and it is important that it is kept as up to date as possible in real time. Students are required to use the website and correlating app as directed by the Associate Director.

### **STUDENT WITHDRAWAL/RESIGNATION**

(Please note, this policy applies to both the academic and clinical program.)

A student's request to voluntarily withdraw or resign from the Program must be presented in writing to the Program Director prior to the effective date of the resignation. The Program Director will notify the appropriate agencies which may include, among others, the Councils on Accreditation and Certification, American Association of Nurse Anesthetists, the Veterans Administration (in case of the student receiving Veterans Education monies) and/or other student loan or financial assistance agencies. Withdrawal from individual courses must be done in accordance with the Withdrawal Policy in the Course Schedule. Tuition refunds are according to University policy.

### **UNCOMPLETED COURSEWORK - I/GRADE**

(Please note, this policy applies to both the academic and clinical program.)

The Graduate Program in Nurse Anesthesiology follows the University Uncompleted Coursework Policy as explained in the current SGPP Catalog and Handbook which is available online.

### **PERSONAL/SICK DAYS**

Students are granted ten personal/sick days off during the program, hereafter referred to as Personal Days. The maximum amount of personal days that a student may have in their personal day bank is 10 days. Each day is one 8 hour shift of clinical time. Students will not be penalized an additional two hours if they miss one 10 hour day. However, if the student should choose to take more than that, for example, one full week off of school and clinical time (40 hours) then the student will use five 8-hour personal days. Students are allowed to use their 10 personal days prior to their program completion date if all other COA and Saint Mary's clinical hours and experience requirements are met.

All personal days used in excess of ten days must be made-up before or after the cohort program completion date. The entire course(s) or semester must be repeated when the student takes personal days consisting of more than 20 clinical and/or didactic days are missed in a semester for any reason. A Leave of Absence would supersede this stipulation. Please see the Leave of Absence Policy for more information.

All personal day off requests (that are not going to be made up during the same rotation) must be made in *When to Work*. Although clinical coordinators do have access to *When to Work*, it is the student's responsibility to notify the Clinical Coordinator per the clinical site policy.

### **VACATION / HOLIDAY TIME**

(Please note, this policy applies to both the academic and clinical program.)

All students are granted 11 school holidays off annually: New Year's Day, Good Friday, Easter Monday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, and New Year's Eve. Martin Luther King Day is a federal holiday and is not recognized by the program as a student holiday as surgical centers and hospitals are open for business and clinical experiences. Please refer to the SGPP Academic Calendar for all other school breaks following each semester; these breaks do not count against personal days. All other time off will come from the allotted personal days, unless designated by the Program.

Students are allowed to complete clinical time on school holidays to replenish their personal day bank, or, to make up clinical time that they unexpectedly missed earlier in the week. (Please see above for a list of the 11 school holidays). All holiday clinical time must be approved by the clinical coordinator via their in-house scheduling process, as well as the Associate Program Director via a *when to work* request. If the student is at clinical and working on the holiday to bank hours, the maximum hours they can work in one 24 hour period is 16 hours to bank 2 days (8 hours each). For example, a student can work Christmas Eve from 7:00 am – 23:30 pm and bank 2 personal days for that 16 hour period.

Holiday shifts are awarded by the clinical site first, and can be denied by them should they decline to have students at their facility on the holiday. If there is more than one student at the clinical site then it is up to the site to determine how many students may participate in holiday clinical time. It is expected that it will be awarded on a first-come, first-serve basis, however, the clinical site reserves the right to assign those shifts as they deem appropriate. At no time may a student on clinical probation work a holiday shift to bank personal hours. They may work an 8-hour, 10-hour, or 16-hour holiday shift if they need to make up hours for that week, with prior approval of the Associate Director.

### **INCLEMENT WEATHER**

Students of the Nurse Anesthesiology Program must complete over 2000 hours of bedside clinical care. We recognize that Midwest weather is unpredictable, however, the program does not declare clinical 'snow days' for students, as hospitals and surgical facilities meet the needs of patients first. It is expected that students will plan ahead where possible, and make every reasonable attempt to get to their assigned clinical site regardless of the weather. In the event that they cannot get to the clinical site, the student is to take a personal day, or, make-up the clinical time that week.

Should the University itself close and classes are cancelled, students are still expected to go to their clinical site for their assigned shifts. Any classes that are cancelled due to weather or other unforeseen circumstances will be made up at the earliest convenience of the instructor. Students are expected to attend the make-up class unless other arrangements are made in advance.



## **CLINICAL POLICIES AND PROCEDURES**

### **CLINICAL ATTENDANCE POLICIES AND PROCEDURES**

All students are to follow an assigned clinical schedule as outlined by the clinical practicum syllabi.

Generally a clinical day extends from 0600 until 1530, however this will vary based upon the facility, specialty experiences, etc. Students are expected to arrive in the clinical area in sufficient time to prepare all necessary drugs and equipment for the assigned clinical experiences. Initially, this may require arriving an hour or more prior to the start of the surgical schedule. On average, students can anticipate being relieved from their operating room responsibilities at approximately 1500 or 1530. Students may request or be asked to finish cases which will end in a reasonable period of time. It is inappropriate for a SRNA to ask clinical instructors or clinical coordinators to leave the clinical area early. Students may be dismissed early at the discretion of their clinical instructor/coordinator. Program leadership is in constant communication with the clinical coordinators and will be made aware as necessary of any early release requests a student makes.

Students are expected to remain in the operating room area until they have been relieved of their duties by the clinical coordinator or preceptor. Refusing to complete clinical assignments or leaving the operating room area without permission is grounds for clinical probation and/or a performance improvement plan.

Students who miss a clinical day may work with the clinical coordinator to make up the time Monday through Saturday and non-Holidays, or, request it be taken from their allotted ten personal days. Students may not use class time to make up clinical time missed.

### **SPECIAL EXPERIENCES**

Students are assigned to special experiences during their clinical rotations. Examples of special experiences include respiratory therapy shadowing, obstetrics, cardiac surgery, and pediatrics. These experiences are necessary for students to complete all Council on Accreditation requirements, and commonly must be shared with other anesthesiology schools or provider programs. Specialty experience attendance must be considered a priority by the student. The student should expect that their assigned clinical hours will be modified to ensure the student has the best experience possible. This may include requiring that the student arrive at clinical before 6:00 am, or, complete a scheduled 16 hour shift. The student is expected to complete the hours required for that week, and, they should not be leaving the clinical site early unless dismissed by the clinical coordinator or CRNA preceptor. The Respiratory Therapist or other non-CRNA role should not dismiss you from the clinical site for the day unless given permission to do so by the clinical coordinator.

### **SPECIAL EXPERIENCES CLINICAL EVALUATION**

Students receive a summative clinical evaluation after three key specialty experiences which includes obstetrics, cardiac surgery, and pediatrics. Students must pass all three specialty clinical experiences individually. In the event that a student fails one or more clinical specialty experiences (pediatrics, cardiac, or obstetrics), the student will, at the minimum, be required to repeat the entire rotation. Moreover, the student will either enter into a performance improvement plan, be placed on clinical

probation or be dismissed from the Program. Failing two specialty rotations is automatic grounds for dismissal from the program.

### **SICK-TIME**

If the student is unable to attend clinical due to illness or a family emergency, students must notify both the Associate Director via email and the appropriate clinical site representative. If an absence due to illness affects the student's ability to complete the nurse anesthesia program, the leave of absence policy may apply or the student may be dismissed from the program. Regardless of why a clinical day is missed, the student is encouraged to make up the missed day. (See also: **LEAVE OF ABSENCE and HOUSING AT CLINICAL SITES**).

A student returning to school after an illness should report directly to their clinical site. Students with any of the following conditions must be screened through their physician prior to returning to clinical practice. A written note on clinic or MD letterhead is submitted to the Program Director or the Associate Program Director prior to reporting to the clinical site. This includes (but may not be limited to):

- All clinical-related injuries / illnesses
- All orthopedic or back problems
- Major surgical procedures
- Health related absences greater than 2 weeks
- Infectious diseases including: Hepatitis, lice, tuberculosis, scabies, hand lesions, diarrhea over 3 days, conjunctivitis, non-allergic skin rashes, shingles or exposure to a communicable disease
- Any mental health or chemical dependency issues

Students with upper respiratory infections may work if they wear a mask when in close physical contact with other people and wash hands well after handling secretions. Students in direct contact with organ transplant, oncology or any immunosuppressed patients should be reassigned until symptoms subside.

Any COVID related illness must result in following all current school and healthcare facility policies and procedures related to returning to clinical placement.

Students enrolled in Clinical Practicum I who need to make up a missed shift due to illness must apply in *when to work* by initiating an electronic day off request. Once received, the Associate Program Director will coordinate with the student and Clinical Coordinator to schedule a make-up day and the new day will be updated in *when to work*. Students are expected to fulfill their revised schedule.

Students enrolled in subsequent clinical practicum courses may arrange to make up time with their Clinical Coordinator. To approve changes, students must email the Associate Program Director with their proposed schedule change after the Clinical Coordinator approves it. The Associate Program Director will update *when to work* once the request is received. Students are expected to fulfill their revised schedule, it is the responsibility of the student to watch and maintain their individual

schedule in *when to work*. Clinical Coordinators have access to the schedule in *when to work* but are not tasked with tracking each student's schedule, or personal days used/remaining. Please be sure to follow the site-specific policy on any schedule changes prior to requesting a modification.

### **PARENTAL LEAVE**

The Graduate Program in Nurse Anesthesiology recognizes that the program is a lengthy time commitment. As the program is cohort based and is either 28 months (Master's) or 36 months (DNP) in duration, all didactic and clinical time must be made up before a student can complete the program. The Leave of Absence policy would apply, should a student need to be away from their academic commitment for an extended period of time (See also: **LEAVE OF ABSENCE**).

### **CLINICAL PERSONAL TECHNOLOGY POLICY**

It is generally understood that cell phones are an important communication tool. American culture dictates that you must be readily available at all times via call or text, however, clinical time is the exception to this rule. It is the student's responsibility to ensure that family, daycare providers, etc. are provided with the anesthesiology workroom phone number to contact you in the event of an emergency. At no time are students allowed to be using their cell phone, tablet, or wearable technology while providing anesthesia to a patient, regardless of facility policy or the personal cell phone use of your preceptors. Please use the operating room provided computer to research information about the anesthetic, or to complete calculations.

### **CLINICAL PROBATION / DISMISSAL**

A student who has performance or interpersonal problems may be given the option to enter into a performance improvement plan, placed on clinical-probation or dismissed from the Program. Depending upon the facts and circumstances of each case, the Program reserves the right, through appropriate channels, to determine which step(s) will be applied. The facts and circumstances of a student's situation will be shared with other faculty members and administrators in order to determine a course of action. Due process is always afforded to the student. Due process procedures are described in the current SGPP Handbook.

### **STUDENT DISMISSAL FROM A CLINICAL SITE**

If a student is asked to leave a clinical site for the day or the duration of the rotation by a physician, clinical site coordinator(s), operating room leaders, or other authority figures, an investigation will be conducted, led by the Associate Program Director. If it is determined that the student was removed from clinical because the student's clinical performance was dangerous to themselves or others, the student will either enter into a performance improvement plan, be placed on clinical probation, or be dismissed from the program.

### **CLINICAL ROTATION SITES**

Each clinical site is unique and presents necessary clinical experiences for nurse anesthesiology students. Students are expected to rotate through a major medical center, community hospital, rural hospital, specialty hospital, and an ambulatory surgery center as assigned. The length of affiliation experience ranges from four to eight weeks depending on the affiliation site. Specific educational

objectives to be accomplished during these affiliations are posted on the Typhon system. Students are expected to review these along with applicable course materials prior to their clinical experience.

Orientation to clinical sites is provided by the receiving institution. Basic elements of this orientation can be found in Appendix II. (See also: **APPENDIX II**)

Students must be aware that they may be assigned to a clinical site that is more than 65 miles away from the University campus. Basic housing will be provided at these sites. (See also: **HOUSING AT CLINICAL SITES**)

As future credentialed providers, students are subject to extensive personal and legal background checks. The Minnesota and Wisconsin Boards of Nursing will investigate any legal infraction, misdemeanor, or felony if one is found in the SRNA background check. The state of Wisconsin is particularly strict with student learners, and legal concerns could result in a delay or refusal of nursing license in Wisconsin depending upon the findings of the investigation. It is important that students are as transparent with the Associate Director in regards to any legal concerns, so that the best clinical experiences can be planned for those that might not be able to be licensed in Wisconsin. Eventually the program will need to learn about student legal concerns before students can complete the program, so please be as forthcoming as possible with program leadership so we can support you throughout the licensing and credentialing process.

## **CLINICAL SCHEDULES**

### **Schedule Change Requests**

Clinical rotation schedules are designed to provide each student with the best possible opportunities to apply classroom content to patient care and qualify to take the National Certification Examination. Clinical practicum is an important but limited resource. Each clinical practicum site has an affiliation contract with the Program that defines the terms under which a student may attend. Besides this contract, there are many other administrative factors, including university and hospital policies that affect how the schedule is planned, written, and effectuated. Schedule changes can be initiated by an affiliate at any time. Students need to realize that any schedule change will take time to process. Changes must be done in accordance with the affiliation contract(s), and the resources of the Program. Students must maintain a minimum of 32 or 40 hours per week as assigned by the syllabus. It is not acceptable to be absent from practicum for an entire week. Other policies/procedures include:

- The process for determining the clinical assignments is reviewed and defined annually. Students are notified as early as possible. A schedule that includes opportunities for students to meet all of the experiences required for certification as a CRNA is prepared and presented to the students for review.
- The final schedule will be posted in *when to work*. This schedule may change so students are encouraged to monitor *when to work* regularly—Students will be notified if their schedule is changed.
- Students will not be scheduled to attend practicum at any clinical site during the Christmas to New Year semester break.

- With the exception of personal days (Maximum ten per program period), all time off is designated by the program including holidays and semester breaks.
- Changes to the clinical rotation schedule are inevitable and done for many different reasons. Students are expected to comply with any changes. If the schedule is changed, as much notice as possible will be given to the student.
- A student who is placed on clinical probation or receives a grade of “IP “or “I/NC” in any clinical practicum course will be assigned to day (0700-1530) shifts only until their status changes (removed from clinical probation) or a grade of “P” is conferred.
- The first two weeks of any clinical rotation are extremely important. Students need a time to orient to the facility, policies, personnel, and equipment. No schedule change will be permitted during the first two weeks of any new clinical rotation unless the rotation is the second rotation for the student and the student has already been oriented to the facility, policies, personnel, and equipment.
- No schedule changes are permitted during the first clinical rotation. No changes are allowed during the first term of the second clinical rotation (see Request to Participate in Call Time or Off-Shift Hours).
- Requests for schedule changes are made via *when to work*. Any request must be received two weeks in advance of the first day/shift changed, with the exception of sick days. (See also: Clinical Attendance Policies and Procedures, Educational Leave for Students, Housing at Clinical Sites, and Vacation / Holiday Time).

### **Request to Change the Final Clinical Rotation Site**

It may be possible to accommodate a student’s request to be scheduled at a site where the student plans to work after graduation. The stipulations for this change include:

- The site must be one of our clinical affiliate sites.
- The student is not scheduled for a rural/CRNA-only practice, pediatrics, cardiovascular, or respiratory therapy clinical rotation.
- The request can cover no more than the final two weeks of the clinical rotation schedule, unless approved by the Associate Program Director.
- Any housing costs are the responsibility of the student.
- A request must be made in an email to the Associate Program Director and accompanied by proof that all of the student’s clinical case requirements have been met. If all case requirements have not been met, a plan on how the student will meet these requirements must be submitted.
- A written request by the site’s anesthesiology director (the student’s future employer) must accompany the student’s request and state that any student already scheduled will not be displaced.
- Documents must be completed and submitted to the Associate Program Director at least 8 weeks in advance of the first day of the semester within which the anticipated schedule change will occur.

### **Request to Participate in Call Time or Off-Shift Hours**

Any schedule changes requested by students participating in clinical practicum must be approved by the site's Clinical Coordinator. Approved changes are signed by the Clinical Coordinator, per the policy of the clinical site. (SEE: Student "Call" Experience)

Other guidelines include:

- Schedule changes are made in order to enhance the student's education and optimize the opportunity to meet case and experience requirements.
- Any request to work off-shifts (between the hours of 1600 to 0600), weekends, or call will not be considered until after a successful clinical performance evaluation has been received and reviewed by the Associate Director. An overall average performance score of passing must be achieved and maintained. If the score falls below this level, students will be assigned to day (0600-1530) shifts only.
- Students are expected to fulfill their revised schedule. If a student signs up to work a shift longer than eight hours, the student may not leave early under any circumstances. Failure to comply with this could result in loss of a personal day.

### **Final Semester Schedules for Graduating Senior Students**

The final semester clinical practicum course is scheduled as a 32 hour per week practicum. Eight hours may be used by the student to fulfill the obligations of their other courses, to study for the certification examination, or for personal reasons. There may be additional class obligations as well.

For the final semester clinical practicum schedule, students are required to work with their Clinical Coordinators to determine the specific days and hours of the week for their clinical schedule. Students must maintain a minimum of 32 hours per week. It is not acceptable to be absent from practicum for an entire week. Students are reminded that access to clinical sites is a cherished resource. You are there to learn as much as you can before you graduate.

PROCEDURE: Students must communicate with and arrange their schedules with their site coordinators. They must also notify the Program of their schedules (See **CLINICAL SCHEDULES/ Schedule Change Requests**).

### **CREDENTIALING OF STUDENTS AT CLINICAL SITES**

Students are responsible for providing information to the Program and to their clinical practicum sites. This information (listed below) must be submitted by the student on-demand. By enrolling in clinical practicum courses the student agrees to have information about them sent to the receiving clinical site. This information includes, but may not be limited to, photo of the student, WI and/or State Nursing License from a state participating in the Interstate Nursing License Compact Agreement, MN State Nursing License, WI and MN Criminal Background Study, copies of American Heart Association ACLS, BLS and PALS certification cards, health status and proof of immunization status documents, fitness for duty statement, drug screen results, and proof of liability insurance coverage. Certificates documenting proof of training for Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance, infection control, fire safety, electrical safety, and laser safety training may also be sent to the receiving practicum sites. The results of a witnessed urine 7-panel drug screen that includes: amphetamines, cannabinoids, cocaine, phencyclidine, opiates,

barbiturates, benzodiazepines, plus alcohol with adulterants, are also required. Testing is provided by the University.

## **CLINICAL CREDENTIALING DOCUMENTS**

**Students are required to submit the following documents before starting the program:**

- A completed Health Status Packet provided to students by the program.
- An unencumbered MN Registered Nurses license with expiration date listed on the document.
- Copies of American Heart Association ACLS, BLS and PALS certification cards

**Two months prior to the first clinical rotation, the clinical practicum credentialing documentation will be completed and the following documentation will be required:**

- A copy of an unencumbered WI and/or State Nursing License from a state participating in the Interstate Nursing License Compact Agreement,
- Proof of cleared WI and MN Criminal Background Studies,
- Proof of receiving an annual flu vaccine,
- Proof of COVID Vaccine(s),
- Proof of a negative 2-Step TB TST test, QuantiFERON®-TB Gold-in-Tube test (QFT-GIT), or a T-SPOT® TB or completion of the Positive TB Test Protocol,
- Proof of current Tdap vaccine and subsequent Td vaccines if appropriate,
- Proof of University assigned HIPAA training,
- Proof of liability insurance coverage.

Each time a student is scheduled to rotate to a new clinical site, they must send an approved letter of introduction, a resume or CV, and a copy of their Typhon Student Passport to the Clinical Coordinator(s).

Credentialing is a process of organizing and verifying a clinician's professional records. Healthcare systems have a legal responsibility to verify every provider's identity, education, work experience, malpractice history, professional sanctions and license verifications to protect patients from unqualified providers. All students that are allowed to administer anesthesia must go through this process at each clinical site. Sometimes a student visits a clinical site more than once and they must re-credential for privileges to train at the facility each time. As a result, most clinical practicum sites require specific credentialing documentation, orientation, or other on-boarding processes be completed by the student prior to arrival at the site(s). All students must complete these processes and submit all required credentialing documentation to the site. Proof of clinical process completion is to be placed in the student's Google Drive file folder. **This process is time intensive, and students must complete these processes at least six weeks prior to the first day of every clinical rotation.**

All students complete the credentialing process and associated computer training for Allina Health System before they start clinical practicum and as needed for their assigned placements. The Associate Director/ Clinical Director will announce the start and due dates for completing the initial Allina Process.

Clinical time is vitally important and a limited resource. If institutional orientation or credentialing is not completed or if credentialing documentation is not renewed on time, students will not be allowed to participate in clinical practicum. Any time missed is considered “unexcused” and must be made up. This time will be scheduled at a site assigned by the Clinical Director and will be scheduled during designated program vacation time or after the student’s anticipated program completion date.

### **Document Management**

All students are required to monitor and upload renewed documents to the Typhon student management system. Students are responsible to make sure that copies of these documents are available to the clinical site personnel immediately upon request. Renewed documents must be submitted at least two weeks before they expire. **(Please see: Appendix IV, Document Management).**

### **Labeling Documents**

All documents must be in Adobe PDF format and labeled in accordance to the guidelines posted as Appendix IV, Document Management.

### **CRIMINAL BACKGROUND STUDIES**

Anesthesiology students work with vulnerable persons as defined by the Minnesota Vulnerable Adults Act of 1995 and Wisconsin 1997, Act 27 and 1999 Act 9. In order to be in compliance with this legislation, criminal background studies must be submitted by all students once per year and as required by both Minnesota and Wisconsin statutes. Failure to be cleared by either Minnesota or Wisconsin may result in dismissal from the nurse anesthesiology program.

### **EDUCATIONAL LEAVE FOR STUDENTS**

Rationale: Participation in anesthesiology related educational meetings and events adds value to the educational process of the SRNA. This value must be balanced with the student’s commitment to their educational program. Educational leave is granted no more than twice to students beyond their first year of study. One or more days may be granted as needed to meet the SEE examination requirement. All non-AANA/MANA educational meetings or conferences will be evaluated for content and must be approved by the Program Director or Associate Director to qualify for educational leave.

#### **Policy:**

Students may make a request via *when to work* for educational leave to attend an in person or virtual anesthesiology-related educational meeting or event. The request must be submitted at least three weeks prior to the first day of the leave. Students are awarded two travel days for in-person out of state educational events (1 day going to the conference and 1 day coming back). Those days are not counted as ‘personal days’ against the student’s personal day bank. Students are required to submit documentation proving in person or virtual conference attendance upon request.

#### **AANA Annual Congress, Mid-Year Assembly, or other AANA leadership conference:**

Students will get 2 personal days back in their bank for attending these conferences in person and in full. Students will get 1 personal day back in their bank for attending this conference in full virtually.



**MANA Fall Education meeting Attendance:**

Students will get 1 personal day back in their bank for attending this conference in full either in person or virtually.

If the meeting is not sponsored by the AANA or MANA, please submit the following in a separate email with the *when to work* request:

- Meeting/activity title
- Link to the meeting website
- Brief explanation why you would like to attend the meeting or conference

If the educational leave is granted, such time will not be counted as vacation, but will be considered as part of the student's program time commitment. Students will be expected to attend the meeting or conference in full unless otherwise communicated with the program. Failure to demonstrate conference participation may result in educational days being revoked and personal days charged against the student's personal day bank. All costs associated with the meeting shall be borne by the student.

**Medical Mission Trips:**

The Council on Accreditation (COA) of Nurse Anesthesia Programs values international clinical experiences that are intended to be primarily learning-oriented with educational considerations taking precedence over any service delivery or revenue generation; however, international clinical experiences (i.e. cases, hours, procedures, and anesthesia time) cannot be counted towards COA case requirements as recorded on the NBCRNA Academic and Clinical Experiences Form. "International clinical experiences" are defined by the COA as the ability of the graduate student to obtain experience and knowledge of cultural, educational, service and leadership skills in a healthcare setting outside of the United States Territory. Best practices should be followed during these experiences, with a focus on: student safety and emotional well-being; patient safety, and ethical patient care. The clinical supervision ratio of students to supervisors should be coordinated to ensure patient safety by taking into consideration: the student's knowledge and ability; the physical status of the patient; the complexity of the anesthetic and/ or surgical procedure; the resources of the clinical environment; and the experience of the supervisor.

Students must apply for an educational leave if they are going to miss didactic or clinical experiences to go on a medical mission trip. (Please see **EDUCATIONAL LEAVE FOR STUDENTS**). If educational leave is granted for a medical mission trip, time spent delivering care cannot be counted towards graduation requirements per the Council on Accreditation, and will therefore need to be made up upon return prior to program completion, or, days will be taken from the student's personal day bank.

Saint Mary's University of Minnesota is not responsible for students traveling abroad as part of a medical mission program. Please review the AANA Document: Mission Trip Frequently Asked Questions for CRNAs at [www.aana.com](http://www.aana.com) for more information about international travel safety and well-being.

## **HAZARDOUS MATERIALS / INFECTIOUS DISEASES**

Students should be aware that working in hospitals and with patients exposes them to hazardous materials and infectious diseases. Enrollment in this Program signifies recognition and acceptance of these risks. The Program will provide training relating to infectious diseases and exposure controls, or they will work with clinical partners to conduct the training. Coursework will include material related to operating room and anesthesiology equipment safety and management of hazardous materials. Students will practice according to the policies and procedures taught by the Program at all times. Students must also follow all facility Personal Protective Equipment (PPE) policies and procedures at all times. Failure to do so may result in disciplinary action against the student.

## **HEALTH INSURANCE**

Health insurance is not provided by the Program. Health Insurance is available through MNSure, the healthcare marketplace for the State of Minnesota.

Please note that ALL students planning to attend any CentraCare institution are required to submit proof of health insurance coverage

## **HOSPITAL DOCUMENTS AND PROPERTY**

All hospital-generated documents and materials are confidential and are property of the hospital. No document or property may be removed or photocopied by a student from any hospital campus.

## **HOUSING AT CLINICAL SITES**

Students must be aware that they may be assigned to a clinical site that is more than 65 miles away from the University campus. Basic housing will be provided at these sites. Housing will be provided based upon clinical assignment. In some instances, the housing is considered healthcare system property. Only the student may use off-campus housing; no pets or other individuals, including family members or others known to the student, are permitted on these premises. Smoking or the use of alcohol is prohibited. The property must be kept clean. No furnishings are to be taken from the property or added to the property. The doors are to be kept locked when the student is away from the premises. Any damages to the property will be the responsibility of the student. Any problems with the housing are to be reported to the property manager and the Associate Director within 24 hours.

If the program is providing the student's housing at a clinical site that includes a reservation policy, the student will receive reservation confirmation and cancellation information. If the student does not wish to use provided housing, the Clinical Director, Program Coordinator, and the Clinical Coordinator must be notified at least six weeks in advance of the first scheduled night. It is the responsibility of the student to follow any reservation cancellation policy of the hotel/motel if they are not using the housing site for any reason during their clinical rotation. The student must notify the Program Coordinator if they change their reservation with the hotel/motel. Failure to do so may result in the student paying any reservation cancellation days and/or fees.

On the occasion that students want to stay on site over the weekend or during nights that they are not on-call or in clinical the next day, Saint Mary's is not financially responsible for providing housing to students on non-clinical days.

### **IDENTIFICATION BADGES**

All students are required to wear a badge identifying their name and department while on duty at a clinical site. Each student is issued a photo identification badge that can be worn at the clinical site until a facility badge is issued if that is preferred. Failure to adhere to this policy may result in student dismissal from the clinical site for the day. Should this happen, the student is expected to make up that clinical day and may not take it as a 'personal day' from their personal day bank.

### **INJURY OR ILLNESS AT A CLINICAL AFFILIATE SITE**

Students are prohibited from accessing the employee health services of any affiliate hospitals. If an illness or injury is incurred by a student while attending a clinical rotation site, immediate care may be rendered by the affiliate hospital at the expense of the student. Please note that any illness or injury incurred while on duty at a clinical site is not covered by the hospital affiliate site, the nurse anesthesia program, or Saint Mary's University of Minnesota. If a student receives healthcare services at any hospital affiliate site (clinic, emergency care or other hospital service), the student must arrange for payment.

### **MENTAL HEALTH AND COUNSELING RESOURCES**

Student Registered Nurse Anesthetists (SRNAs), like other healthcare professionals, can experience occupational hazards of stress, burnout, compassion fatigue, and post-traumatic stress disorder (PTSD). Self-care is important, along with learning healthy coping mechanisms in both your personal and professional life. In the event that a student is in need of mental health services while on campus or away on a rural rotation, the following process will be implemented to ensure the student has access to resources:

1. The student is expected to return to the program first if away on rural rotation;
2. The student should notify the Clinical Director if they are in need of mental health care or counseling services;
3. If the student is in need of psychiatric counseling urgently, the student will be excused from clinical;
4. The program will refer the student to a professional. The Clinical Director will advise the student to also contact their primary care provider so that a plan of care can be created and managed by a care provider;
5. The program maintains a list of state-wide mental health resources that are shared within the SGPP community. Should a student out of state in Wisconsin need resources, the Program would assist the student in finding those resources;
6. If the student does not feel they need professional care, but they are looking for guidance from the program, then the Clinical Director would serve as an immediate resource to the student. In the event that the Clinical Director cannot serve in this capacity, the Program Director will serve in that capacity; and
7. The Academic Associate Director and other clinical or adjunct faculty will be asked to assist (with permission of the student) should additional resources be needed for the student.

### **LEAVE OF ABSENCE: Clinical**

All requests for leave of absence will be handled on an individual basis. Students must be in good academic standing to be considered for a leave. Students will not be granted a leave of absence for reasons related to their clinical or academic performance. All time taken must be made up day for day missed.

If a need for a medical leave of absence from clinical practicum is anticipated, **clinical hours** may be made up in advance of the leave, if it is safe for the student to do so. This request must be submitted in writing to the clinical director and accompanied by an authorization by the student's attending physician covering the time period that the student wishes to work extra hours. This request is subject to approval by the Clinical Director, the affiliate site coordinator and the Program Director. All time taken off must be made up one day for each day missed.

Students must be aware that the ability to alter their academic or clinical schedule, select their clinical site, or schedule extended or "call" shifts to make up time away may not be an option. The student's return to the clinical area is subject to the availability of a clinical practicum site and requirements for student credentialing at the clinical site. Immediate return to clinical practicum may not be possible, the student's ability to complete the program by the predetermined completion date is not guaranteed.

**Military duty:** Annual duty, drill service and training leave time must be made up hour for hour in the clinical area. The student's semester break time may be used to make up the missed hours at the end of the semester in which the annual duty, drill service or training leave occurred. If the annual duty, drill service or training leave exceeds the time allotted for semester break and/or goes beyond the semester, a grade of "IP" will be granted and the student may arrange to make up the time in consultation with the Clinical Director.

### **PARKING**

Students parking at clinical sites must follow the parking policies of that institution. All students are reminded that we exist in an urban environment and that personal safety should be a concern for all of us, no matter where we park. Please be aware of your surroundings at all times, use a security escort where appropriate and report all suspicious activity to the Security Department.

### **POST-OPERATIVE ROUNDS**

Students will visit all of their patients post-operatively. Visits are to be documented via Typhon. In the event that the patient reports an unanticipated event or post-anesthetic complication, the student is to notify the appropriate anesthesiology provider at the facility. The student must also follow the policy for Unanticipated Patient Events/Outcomes. The charge CRNA must be notified prior to the student leaving the OR to make rounds. This policy is in compliance with the Standards and Guidelines for Nurse Anesthesia Educational Programs published by the Council on Accreditation of Nurse Anesthesia Educational Programs.

## **PRIVACY RIGHTS OF HOSPITAL AFFILIATES AND PATIENTS**

This program operates in accordance with the Health Insurance Portability and Accountability Act (HIPAA). The identity of our patients must be protected. Under no circumstances should the identity of any patient be disclosed to anyone other than those rendering care to them. Students may not duplicate any part of a patient's medical record. Patient names and/or identifying characteristics must be omitted from all student work. Students may not enter any HIPAA or other protected information on any mobile communication device. Students may not remove surgical schedules or any document that contains the names of patients or staff. Any identifying staff data must be withheld from any report, care plan, or case study. Identification of a patient or hospital staff member by either direct or indirect means may result in the student's dismissal. The only exception to this is when reporting a possible liability claim to the insurance company. (See also: **POLICY CONCERNING UNANTICIPATED PATIENT EVENTS / OUTCOMES**)

## **PROFESSIONAL LIABILITY COVERAGE**

Unless otherwise instructed, students enrolled in the program must apply for their own liability coverage. Applications for coverage by AANA Insurance Services are available from the program or online. Information will be given to students that pertain to the type of insurance coverage that will be needed, required minimum policy coverage limits, and required effective dates of the policy. The amount of the premium must be paid by the student. Proof of coverage documentation must be uploaded to Typhon. If a student is denied coverage by the AANA Insurance Services, it is the student's responsibility to obtain coverage through a different carrier. Students are not allowed access to clinical sites until proof of insurance is provided to the program.

## **STUDENT "CALL" EXPERIENCE**

Student Nurse Anesthetists are given the opportunity to participate in a broad range of clinical experiences. These clinical experiences include participating in clinical practicum activities outside of the regularly scheduled hours of normal operation (0700-1700). "Call time" is defined by the COA as being physically present and involved with patient care or other anesthesiology department activities between the hours of 1700 and 0600 Monday through Friday or on Saturday, Sunday, or legal holidays. Provided the student is in the building, it is considered 'call time', even if they are not in the operating room delivering care. In the event that the student leaves the hospital or surgery center footprint, it is not considered 'call time' even if the student is technically on call to assist in an urgent or emergent case. The physical location of the student is what makes this distinction, according to the COA. The total number of hours per a seven-day period must not exceed 60 hours. Students are encouraged to review the availability of clinical experiences at each clinical site and work with the Clinical Coordinator to schedule call hours when they are available. (See also CLINICAL SCHEDULES).

### **Student Objectives for "Call" Experience**

- Adapts to changing situations in the operating room.
- Understands the lines of communication utilized on the off shifts.
- Responds to emergencies utilizing appropriate interpersonal skills.
- Utilizes anesthetic techniques appropriate to the type of cases encountered.
- Utilizes "down" time to pursue appropriate types of activities.
- Participates in cardio-pulmonary resuscitation or other emergencies.

- Develops a sense of responsibility in equipment cleaning and maintenance, restocking and set-up of rooms.
- Demonstrates knowledge of hospital and departmental policies and procedures regarding to fire or disaster drills.
- Continues to develop anesthesia care plans and participate in preoperative and post-operative evaluation of assigned patients.

### **SUPERVISION OF NURSE ANESTHESIOLOGY STUDENTS**

Students must be supervised at all times while participating in patient care. The supervision ratio of instructor to student must not exceed two students to one instructor at any time. Students will not observe or participate in any procedure where anesthesia services are not requested unless accompanied by a CRNA or an anesthesiologist for the duration of said procedure.

### **TRANSPORTATION COSTS**

Transportation between the school and affiliating sites is the responsibility of the student. Students must be aware that they may be asked to attend one or more clinical rotations at sites that may be more than 40 miles from the campus.

### **UNANTICIPATED PATIENT EVENTS / OUTCOMES**

If a student becomes aware of an unexpected patient event, accident, mishap or poor outcome they must provide certain information to the Program as well as the sponsoring hospital. If the event is a medication error, please see the *Medication Safety Policy*, which supersedes this policy. The Clinical Coordinator should also be notified and a hospital QA report should be filed with the Department of Anesthesia if deemed necessary by the Clinical Coordinator.

The student is to text, call, or e-mail the Clinical Director within twenty-four hours of the event. The Clinical Director will determine whether or not an incident report for the Program is required. If the student is directed to complete an incident report for the Program, the report must be completed and submitted to the Associate Program Director, via email or in-person, within five business days of the incident. The form is available on blackboard or will be provided to the student by the Clinical Director.

It is the responsibility of the student to seek guidance from their liability insurance agent to see if documentation needs to be submitted to their liability insurance carrier.

A student who fails to report an unexpected outcome to the Program Director or Clinical Director may be dismissed from the Program.

### **MEDICATION SAFETY:**

A *Medication Error* is defined by the Food and Drug Administration as “any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer (<https://www.fda.gov/drugs>).”

Students must report all medication errors and errors in controlled substances records to the Program Director and Associate Directors **within 48 hours** of their occurrence. The faculty expects that students can read labels, keep records and administer medications accurately even when stressed. Students are accountable for basic RN competency in medication administration. The intent

of this policy is not punitive, as the faculty does not want to discourage self-reporting. The faculty recognizes that errors do occur, especially when students are under stress.

Students who make medication errors or errors in controlled substances records will receive a Letter of Concern, and this will be considered in the overall evaluation of the student's clinical performance.

Self-disclosure is important. It is a teachable moment if you disclose all medication errors within 48 hours of their occurrence. However, it is a disciplinary moment (making the student liable for probation or dismissal) if:

- The student does not self-disclose within 48 hours;
- Or if the error was very negligent (i.e. not meeting the standard we expected of an RN even prior to anesthesiology education), especially if the patient was harmed;
- Or if repeated (more than one) medication errors occur.

It is critical for infection control that students adhere to single-use of syringes, IV tubing, and medication vials ("one and done"). Please refer to the AANA Position Statement 2.13 Safe Needle and Syringe Use available online at AANA.com

It is the responsibility of the student to seek guidance from their liability insurance agent to see if documentation needs to be submitted to their liability insurance carrier.

#### **USE OF HOSPITAL/ SAME DAY SURGERY PROVIDED ATTIRE**

Students are provided with facility scrub clothing for clinical practice. This clothing is to be worn in the hospital only. Surgery scrubs must be laundered per specific CDC guidelines, which is why it is against facility and school policy for any student to take scrubs out of the facility. Students who leave the hospital wearing, or in possession of, scrub clothing are subject to all penalties imposed by the hospital, including possible criminal charges. Students found in possession of scrub clothing on University premises are subject to dismissal.

#### **PROFESSIONAL DRESS/APPEARANCE POLICY**

Grooming and attire are important components of professionalism. As students in a highly competitive professional program, students are expected to demonstrate professional behavior and to project a professional image during all on-campus and off-campus program-related activities. The purpose of the Dress Code is to 1) provide students with parameters that will assist them in adopting professional practices of grooming and attire; and 2) assure that grooming and attire do not become distractions in the learning and clinical environments.

Students are expected to consider the impact of grooming and attire on their ability to establish professional and productive relationships with classmates/peers, faculty, guest speakers, staff on-campus, clinical educators, and clients/patients at clinical sites. Many clinical sites have grooming and attire policies for operating room providers. The student is responsible for knowing and following all dress code policies at each clinical site.

Students are expected to wear appropriate attire during on-campus courses, clinical experiences, professional anesthesiology meetings, and off-campus community experiences. Students will be expected to have their chest, midriff, and buttocks fully covered at all times, with no undergarments exposed. Students should be able to vigorously reach, bend, squat, and move without exposing any portion of skin on the midriff, buttocks, or chest. All clothing should fit appropriately so that the clothing does not restrict normal movement and does not require frequent manual adjustment, either to stay on the body, or to remain appropriately positioned on the body. Excessively tight, excessively loose, or sheer clothing is not acceptable. All clothing should be clean and in good repair.

Meticulous personal hygiene is expected. All hair must be covered when in the operating room per the facility policy. Students are not to use strong smelling fragrances.

Jewelry must be professional and not interfere with normal movement. Jewelry must not pose any danger of injury to self or others. Jewelry must be covered or removed in accordance with facility policy during any clinical experience.

Students are required to own a pair of clinical appropriate shoes that have never been worn outside. Athletic shoes, clogs, or other high-quality shoes that the student would have worn during their nursing career are recommended. These shoes are worn in the operating room footprint only. Due to sterility and safety concerns, 'Street shoes' and open-toe shoes are not allowed at any time in the operating room. In the event that the student does not bring appropriate operating room shoes they must wear shoe covers or leave the clinical site and return with correct footwear. Any missed hours due to missing footwear must be made-up by the student, or, the student must take a personal day.

Students are expected to follow professional dress when a guest speaker is on campus, when they are off-campus on official functions, during clinical work, and when participating in classroom presentations, and skills tests.

In addition to the parameters listed above, the student will be expected to abide by dress codes of clinical sites, which may have additional requirements.

Exceptions to the Dress Code may be made for religious, cultural, or medical reasons.



## **GENERAL POLICY ON SELF-ASSESSMENT (PROGRAM, STUDENTS, INSTRUCTORS, and COURSES)**

- I. Policy: The Graduate Program in Nurse Anesthesiology Self-Assessment Plan guides the systematic assessment of Program indicators and outcomes. Assessment of the Nurse Anesthesiology Program is multifaceted, multidimensional, and a systematically designed process that assesses program effectiveness and guides the overall continuous evaluation of the Council on Accreditation of Nurse Anesthesia Educational Programs Standards for Accreditation of Nurse Anesthesia Programs-Practice Doctorate.
  
- II. Purpose: The purposes of the *General Policy on Self-Assessment (Program, Students, Instructors, and Courses)* are to:
  - A. Delineate the process of self-assessment by which the Nurse Anesthesiology Program is able to determine its effectiveness in educating nurse anesthetists.
  - B. Inform students, instructors, and members of the community of interest, the process by which the Nurse Anesthesiology Program conducts self-assessment.
  - C. Provide a schematic presentation of the overall self-assessment program of the Nurse Anesthesiology Program.
  
- III. Procedure: The process of self-assessment is a two-stage procedure with shared responsibilities and consisting of administrators, faculty, interns, graduates, committees, and when appropriate, the public.
  - A. The first stage involves the evaluation of the Nurse Anesthesiology Program and its outcome measures, faculty and student performance, clinical facilities and student experiences, didactic and clinical instruction, and intern.
    1. A variety of assessment tools are utilized for the assessment of the indicated categories.
  - B. The second stage assesses the results of the evaluations and makes recommendations for program change as appropriate.
    1. Results of the assessment process will be reported to the Nurse Anesthesiology Program and school leadership and Committees designated to review evaluation data.
    2. Recommended changes are made and approved, as indicated.
  - C. Self-Assessment Summary (table).

<b>Component Assessed</b>	<b>Responsible Party</b>	<b>Assessment Method</b>	<b>Reviewer of Data</b>
Program (Internal & External Assessment)	<ul style="list-style-type: none"> <li>● Students</li> <li>● Employers</li> <li>● Graduates</li> <li>● COA</li> </ul>	<ul style="list-style-type: none"> <li>● GNA program exit written survey</li> <li>● In person Exit Cohort meeting</li> <li>● GNA graduate survey tools</li> <li>● GNA employer survey tools</li> <li>● COA Self-Study and Site visits</li> </ul>	<ul style="list-style-type: none"> <li>● Director (GNA)</li> <li>● Associate Directors (GNA)</li> <li>● GNA DNP Faculty</li> <li>● Dean (HHS)</li> <li>● Associate Dean (HHS)</li> <li>● Advisory Committee (GNA)</li> </ul>
Student Registered Nurse Anesthetist (SRNA)	<ul style="list-style-type: none"> <li>● Didactic Faculty</li> <li>● Clinical faculty</li> <li>● Council on Certification</li> </ul>	<ul style="list-style-type: none"> <li>● Quizzes, tests, papers, practical exercises</li> <li>● Clinical evaluation tools, simulations</li> <li>● Semester Clinical Reflection paper</li> <li>● Self-Evaluation Examination (SEE)</li> </ul>	<ul style="list-style-type: none"> <li>● Director (GNA)</li> <li>● Associate Directors (GNA)</li> <li>● DNP Faculty (GNA)</li> </ul>
Instructor- Didactic	<ul style="list-style-type: none"> <li>● Students</li> <li>● GNA Academic Associate Director</li> <li>● Director (GNA)</li> </ul>	<ul style="list-style-type: none"> <li>● SMUMN-developed standardized course evaluation</li> <li>● SMUMN faculty performance appraisal</li> <li>● GNA faculty evaluation tools</li> </ul>	<ul style="list-style-type: none"> <li>● Director (GNA)</li> <li>● Associate Directors (GNA)</li> <li>● DNP Faculty (GNA)</li> </ul>
Scholarly Project Faculty Project Chair  Scholarly Project Advisor	<ul style="list-style-type: none"> <li>● Students</li> <li>● GNA Academic Associate Director</li> <li>● Director (GNA)</li> </ul>	<ul style="list-style-type: none"> <li>● SMUMN-developed standardized course evaluation</li> <li>● SMUMN faculty performance appraisal</li> <li>● GNA faculty evaluation tools</li> </ul>	<ul style="list-style-type: none"> <li>● Director (GNA)</li> <li>● Associate Directors (GNA)</li> <li>● DNP Project Faculty (GNA)</li> </ul>
Instructor- Clinical	<ul style="list-style-type: none"> <li>● Students</li> <li>● Clinical Preceptors</li> </ul>	<ul style="list-style-type: none"> <li>● GNA faculty self-evaluations</li> <li>● GNA clinical site evaluation tools</li> </ul>	<ul style="list-style-type: none"> <li>● Director (GNA)</li> <li>● Associate Directors (GNA)</li> <li>● DNP Clinical Faculty (GNA)</li> </ul>
Courses (Didactic & Clinical)	<ul style="list-style-type: none"> <li>● Students</li> </ul>	<ul style="list-style-type: none"> <li>● SMUMN developed standardized course evaluation</li> <li>● SMUMN Curriculum Committee</li> </ul>	<ul style="list-style-type: none"> <li>● Director (GNA)</li> <li>● Associate Directors (GNA)</li> <li>● DNP Faculty (GNA)</li> <li>● SMUMN Curriculum Committee</li> </ul>

<b>Component Assessed</b>	<b>Responsible Party</b>	<b>Assessment Method</b>	<b>Reviewer of Data</b>
Clinical Sites	<ul style="list-style-type: none"> <li>● Students</li> <li>● GNA Administrators</li> </ul>	<ul style="list-style-type: none"> <li>● GNA clinical site evaluation tools</li> <li>● Site visits</li> </ul>	<ul style="list-style-type: none"> <li>● Director (GNA)</li> <li>● Associate Directors (GNA)</li> <li>● DNP Faculty (GNA)</li> </ul>
Graduates	<ul style="list-style-type: none"> <li>● Council on Certification (NBCRNA)</li> <li>● Employers</li> </ul>	<ul style="list-style-type: none"> <li>● National Certification Examination (NCE)</li> <li>● GNA program employer evaluation survey</li> </ul>	<ul style="list-style-type: none"> <li>● Director (GNA)</li> <li>● Associate Directors (GNA)</li> <li>● DNP Faculty (GNA)</li> </ul>

## **PROGRAM COMMITTEE STRUCTURE**

### **Committee Structure/Frequency of Committee meetings**

The following is a listing of standing committees of the Nurse Anesthesiology Program.

Program Advisory Committee: Annually and as needed

Faculty Committee: Each semester at midterm and as needed.

Student Advisory Committee: Once each semester and as needed

Self- Study Committee: As needed

### **Program Advisory Committee**

The Program Advisory committee shall pursue excellence in education of nurse anesthetists through the derivation, institution and evaluation of new and pre-existing program policies and objectives. This committee reviews resources available to the program and its students in attempt to ensure that each student has the opportunity to achieve the program objectives. The committee is guided by the sponsoring institution's mission statements, the Council on Accreditation of Nurse Anesthesia Educational Programs Standards and Guidelines, and input from the various spheres of practice in which the Program operates. Given the program design, this committee will evaluate the program and make recommendations for policy changes and program improvement.

### **Scope and Responsibility**

Ensure compliance with the standards set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs through:

- Review the academic, clinical, and program outcome objectives.
- Plan for adequate learning resources (library, audio-visual materials, and clinical areas for clinical practicum) necessary to achieve instructional goals.
- Assure that program content is arranged in a logical, sequential manner, consistent with sound educational principles, facilitating student learning.
- Conduct an annual review of requirements, policies, procedures, and standards set forth by the National Board for Certification and Recertification of Nurse Anesthetists (NBCRNA), the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and assure compliance with these requirements.
- Assist the Program Director in planning and evaluating the student's academic and clinical curricula to help assure compliance with program outcome objectives.
- Conduct an ongoing assessment to determine what resources and experiences will be needed in the future and plan for the acquisition of these resources.
- Conduct an annual review to ensure that the program policies and procedures listed in the Saint Mary's University of Minnesota Graduate Program in Nurse Anesthesiology Program Student Handbook and Administrative Manual are relevant and in accordance with Lasallian institutional mission and values.
- In cases where decisions made by this committee impact University policy or procedure, the decisions are recommendations to be reviewed by the Program Director and recommended to appropriate University Committee(s) and/or the Dean.

**Members of the Committee are:**

- Administrative representatives from clinical affiliates, hospitals and practice groups
- Program faculty members
- Clinical Coordinators
- Student Advisory Committee members
- Program Director-Chair
- Public Member
- Six Student Representatives (or more at the discretion of the Program Director)
- Alumni Representative
- School Dean, Graduate School of Health and Human Services, Saint Mary's University of Minnesota SGPP

**Faculty Committee**

The purpose of this committee is to provide a forum for communication and collaboration between faculty members and administration in order to ensure the delivery of a relevant and rigorous nurse anesthesia curriculum. The committee is guided by the sponsoring institution's mission statements, the Council on Accreditation Standards and Guidelines, and input from the various spheres of practice in which the Program operates.

All recommendations or decisions are to be reviewed by the Program Director. Recommended changes in the curriculum are to be presented to the Schools of Graduate and Professional Programs (SGPP) Curriculum Committee for input and approval prior to implementation. Recommended changes in the academic policy or procedure are to be presented to the SGPP Academic Policy Committee for input and approval prior to institution. Other types of changes are referred to the Dean of Health Sciences.

**Scope and Responsibilities**

- Review the academic performance of each student.
- Make recommendations regarding student remediation.
- Review the course and program assessment tools.
- Formulate recommendations regarding the curriculum based on the program, instructor, and course evaluations, clinical site evaluations, student performance evaluations, and changes in the industry.
- Review the Student Handbook, including the program mission, vision, goals, and the program outcomes and recommend changes as warranted
- Formulate recommendations pertaining to the enhancing program resources.
- Participate in Saint Mary's University of Minnesota faculty development activities
- Assist in preparing the annual program assessment and accreditation reports.

The Faculty Committee shall meet after the mid-term each semester (approximately the second week in July, October, and March). The meetings will be held on the Twin Cities campus, with a virtual attendance option.

The Faculty Committee shall consist of the following persons:

- Associate Program Director/Academic Director-Chair
- Program Director
- Academic faculty representatives
- Clinical faculty representatives
- Advisers
- Dean, School of Sciences and Health Professions

### **Student Advisory Committee**

The Graduate Nurse Anesthesiology (GNA) Student Advisory Committee (SAC) represents all GNA students. This committee is designed to address and study issues that affect the Saint Mary's GNA community. The SAC ensures that information is funneled in both directions, from students to administrators/faculty and from faculty/administrators to students. Representatives maintain the professional image of the profession, institution, program, and student body

### **Organization**

The SAC will be composed of three or more members from each cohort elected by their cohort or appointed by program leadership annually. Student representatives must be in good standing in both the academic and clinical curricula. Program leadership attend meetings as non-voting members. Academic advisors, students, University officials, academic and clinical faculty attend as needed.

### **Meetings**

Regular Business Meetings: The SAC will meet at a minimum once per semester. Issues from the student, faculty, and staff are added to an agenda that is presented to members at least a week in advance. Approval of any issue requires a 2/3 vote of the SAC members. Matters discussed and decided by vote at SAC meetings will represent the official student position in discussions with faculty and administrative officials.

Emergency Meetings: The SAC Chairperson can, at any time, call an emergency meeting to discuss problems requiring immediate attention.

### **Scope and Responsibilities**

1. The committee assures that students are represented and have the opportunity to participate effectively in policy matters that are relevant to their education and their lives as students.
2. Represent student interests and grievances to the faculty and administrative staff of the nurse anesthesiology program.
3. Ensure that relevant information is funneled in both directions, from students to administrators/faculty and from faculty/administrators to students.
4. Facilitate social interaction within and between cohorts.
5. Reach out to other programs and professional organizations to elicit and support professional relationships.
6. Ensure compliance with Council on Accreditation of Nurse Anesthesia Educational Programs standards and policies.
7. Represent the department in the case of special or departmental events.

## **Self-Study Committee**

### **Objectives:**

Given input from the previous self-study and corresponding Council on Accreditation of Nurse Anesthesia Educational Programs summary accreditation report, the University Curriculum Committee, the Clinical and Academic Evaluations Committee, the Program Advisory Committee, and university administrators the Self-Study Committee will:

- Review continuous on-going evaluation of the Nurse Anesthesiology Program.
- Recommend changes in the Nurse Anesthesiology Program in order to meet current accreditation standards.
- Monitor trends in nurse anesthesiology that may affect the accreditation status of the Nurse Anesthesiology Program.
- Assist with the completion and submission of the self-study in preparation for the on-site visit by the Council on Accreditation of Nurse Anesthesia Educational Programs.

### **Members of the Committee are:**

- Program Director-Chair
- Associate Director
- Members of the Advisory Committee
- Associate Vice President of Academic Affairs and Academic Dean
- Dean, Graduate School of Health and Human Services
- Associate Dean Curriculum and Assessment
- Other representatives from the academic and clinical faculty, university administration and the community of interest as needed.

The Self-Study Committee will meet on an as-needed basis when performing a Self-Evaluation Study for the Council on Accreditation.

## APENDIX I: Nurse Anesthesiology Positive TB Test Protocol

To promote the safety of our patients and students and demonstrate compliance with our hospital affiliation agreements, the following process is in place and must be followed by all students with a positive TB test history. Please scan and email these documents to the program coordinator and the associate director. These documents will become part of your student file and forwarded to your clinical sites as a part of your Typhon health record.

If you are positive, there are 3 steps to our process.

1. Submit electronic proof of a negative chest x-ray. You must have a negative chest x-ray completed within the last 5 years for the duration of the program. This means that you may be required to have a chest x-ray during the program to stay current.
2. Submit electronic proof of any treatment for a positive test.
3. Complete the bottom portion of this form in the presence of your primary care provider on an annual basis.

### Positive TB Protocol:

1. **Chest X-ray completion date in the past five years:** \_\_\_\_\_
  - a. **Report submitted to the program electronically on date (per student):** \_\_\_\_\_
2. **History of any treatment for a positive test on date:** \_\_\_\_\_
  - a. **submitted to the program electronically on date (per student):** \_\_\_\_\_
3. **I confirm that I do not have ANY of the following symptoms, and this is confirmed by my primary care provider (signed below):**
  - **A bad cough that lasts 3 weeks or longer**
  - Pain in the chest
  - Coughing up blood or sputum (phlegm from deep inside the lungs)
  - Weakness or fatigue
  - Weight loss
  - No appetite
  - Chills
  - Fever
  - Sweating at night

Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Student Name (printed): \_\_\_\_\_

Healthcare Provider Signature & Credentials: \_\_\_\_\_

Healthcare Provider Name (printed) and phone: \_\_\_\_\_



## **APPENDIX II: Clinical Affiliation Site Orientation Guidelines**

### **Clinical Affiliation Site Orientation Guidelines**

Students are assigned to eight-hour day shifts for the first two weeks of a new clinical practicum site. This is to facilitate an appropriate orientation to the facilities, equipment, key policies, routines, and personnel.

The following guide is presented as an outline in order to provide a basic overview of the student's orientation to each clinical site.

#### **I. General Information for All Sites Provided by the Program**

Name and address of clinical affiliation  
Clinical coordinator contact person and phone number  
Directions to the clinical site from Twin Cities Campus  
Student Performance Evaluation policies  
Length of affiliation and clinical assignments  
Credentials and Immunization status

#### **II. Site Specific Information Provided by the Receiving Institution**

Relevant policies and procedures  
Parking  
Housing  
Physical plant orientation  
Locker rooms  
Cafeteria  
Other areas as appropriate  
Identification badge requirements

#### **Department Specific Information**

Anesthesiology/Surgery and other related area (OB, Special Procedures, Outpatient) locations  
Personnel, including communication methods  
Equipment, including check out procedures  
Pertinent anesthesiology department specific policies, procedures and routines

#### **Student Specific Policies Provided by the Program and the Receiving Institution**

Attendance policies  
Sick calls  
Scheduled hours  
Call time  
Site specific supplementary learning materials  
Site specific clinical learning objectives and evaluation materials

## **APPENDIX III: Student Records Retention Policy**

### **Contents of the Student File**

#### **Records Retention Policy**

Student records are maintained within the Nurse Anesthesiology Department. Documents kept are described in the following section. The final Council on Certification of Nurse Anesthetists transcripts are kept in perpetuity by the Graduate Nurse Anesthesiology Program Director. The academic transcripts are kept in perpetuity by the University Registrar. All records entered into Typhon are kept in accordance to the student's agreement with Typhon.

#### **Contents of the Student's Record**

1. Application File
  - Application to the Nurse Anesthesiology Program
  - Student transcripts submitted with the application to the Program
  - Student's Curriculum Vitae
  - Admission Essay
  - Academic Evaluation
  - Any supporting documents submitted by the student at the time of application
  - Registered Nurses License at the time of application
  - All documents posted to Typhon are considered part of the students record
2. Academic Correspondences
  - Any letters sent to the student from University faculty, administrative personnel or support staff
  - Any correspondences received from the student including the document confirming that the student has received, read and understands the contents of the Program Student Handbook
3. Student credentialing materials (These records are kept for five years after program completion via Typhon Student Management System.)
  - Student's RN licenses,
  - Proof of cleared WI and MN Criminal Background Studies,
  - Proof of receiving an annual flu vaccine,
  - Proof of Tdap and subsequent boosters if applicable,
  - Proof of a negative 2-StepTB TST test, QuantiFERON<sup>®</sup>-TB Gold-in-Tube test (QFT-GIT), or a T-SPOT<sup>®</sup> TB or completion of the Positive TB Test Protocol,
  - Proof of Immunity to diseases or other documents as needed,
  - Proof of HIPAA training,
  - Proof of liability insurance coverage,
  - Proof of American Heart Association BLS/ACLS/PALS certification
4. Records kept indefinitely after program completion
  - Final academic transcript
  - Any records that may relate to litigation
  - Any records that may relate to grievances
  - Final case records
  - Final transcript submitted to the NBCRNA

## **APPENDIX IV: Document Management**

### **Document Management**

The purpose of Typhon and the Google Drive Folders are two-fold. The Typhon system is designed to demonstrate compliance with all credentialing requirements set forth by the State of Minnesota, State of Wisconsin, Council on Accreditation of Nurse Anesthesia Educational Programs, National Council on Certification and Recertification of Nurse Anesthetists, Saint Mary's University of Minnesota, and the hospitals that are affiliated with Saint Mary's. You have internet access to this system at all times. It will be used to provide proof of compliance to program and institutional policies. There are documents that are kept in this system that may expire. Expiring documents must be renewed and reentered into the Typhon system. If any document is posted and expired, we have no choice but to dismiss you from practicum and/or the program.

### **Document preparation and formatting**

- All submitted documents or forms must be submitted in MS Word (.doc or .docx) or Adobe .pdf
- Photographs (.jpg, .gif, etc), phone, camera, or other scans, and other document formats (i.e., Apple generated documents from software like Pages and Numbers cannot be read by our systems and are prohibited unless specifically requested by an instructor or program leadership.
- Papers submitted to Blackboard should be formatted in MS Word so they can be evaluated by your instructor(s).
- Please convert documents prepared in other formats to .pdf, .doc, .docx, .xls, .xlsx, ppt, or .pptx before submitting or sending via email.
- All documents loaded to Typhon must be in .pdf format. Documents must all be upright and easily readable by clinical sites and credentialing staff.

**Credentialing documents (definition):** included are any and/or all of the following:

- Registration certificate received after you register to attend a clinical practicum site.
- Certificate or completion documentation received after you complete a clinical practicum site specific on-line orientation
- Certificate or completion documentation received after you complete a clinical practicum computer system training (i.e., Excellian).
- Any certificate given when you complete on-line or live training (HIPAA certification, ACLS certification, or clinical practicum site infection control/safety or other training).
- Proof of licensure (RN)

## **REQUIRED DOCUMENTS THAT MUST BE UPLOADED TO TYPHON**

**(Please note, if any of these documents expire, the updated version must be uploaded to Typhon.)**

### **\* Indicates Documents that will expire**

- \*MN and WI or compact state RN licenses (Licensure verifications or certificates must include expiration date)
- Criminal history background checks for both MN and WI
- \*Proof/certificate of liability insurance
- Certifications: American Heart Association BLS, ACLS, PALS
- Completed Immunization Documentation (Combine to one (1) Document):
  - Titers: Rubella, Mumps, Varicella, Rubeola, & Hepatitis B
- \*Annual proof of flu vaccine administration
- COVID Vaccine(s) Documentation
- \*Annual proof of a negative 2-step TB, TST test, Quantiferon<sup>®</sup>-TB Gold-in-tube test, or a T-Spot<sup>®</sup> TB or completion of the positive TB test protocol (See protocol)
- \*Proof of Tdap Vaccine and subsequent Td if applicable (Due every 10 years).
- Certificate of completion for HIPAA training (CITI course completion)

## **DOCUMENTS KEPT IN THE STUDENT GOOGLE PORTFOLIO**

The Google Drive file folders are shared with the Program Leadership and Faculty as needed. Please keep your files updated, as they can be audited at any time for completion. Master folders are prepared and placed in your Google Drive Portfolio Folder. Please do not change these folders or add any additional materials. You may add a "MISC" folder if you wish. Load specific documents into the corresponding area. Do not combine documents unless asked to do so. Check with program personnel if you are not certain.

### **1. Proof of credentialing (Does not include documents posted to Typhon)**

Please create a sub folder for each clinical site that you visit within this file. Please label it with the site name and month and year you were there. The only exception is Allina, as the entire cohort completes modules at the same time. Please simply label that subfolder "Allina". Other sites should be labeled per the examples below:

- Regions.January.2020
- Abbott.June.2021

Please store any certificates of completion that you earn for each site. Some examples are:

- All Allina training and orientation certificates
- Proof of completion for each hospital orientation or training program(s)

### **2. Introduction Letters**

This folder contains all of the introduction letters you sent to your clinical site coordinators for all clinical rotations. These letters must include your current Typhon Student Passport and résumé. It is most ideal to combine them into one document if you are able to do so prior to sending them to your clinical coordinators.

Labeling Examples:

- Smith.SiteName.August 26 2015

## **Appendix V: Interstate Compact Nursing License Statement**

You may use your interstate compact license in place of a Wisconsin nursing license. Minnesota is not a compact state, so you must get a Minnesota RN license.

If you intend to use your interstate compact license, you must retain your legal residence in that state. State residency is defined as that state where you file your tax returns. If you change your legal residency to Minnesota, you must inform the state where you received your compact license. A change in residency to Minnesota will make the compact license void and you will need to cancel the compact license.

<https://www.ncsbn.org/licensure.htm>

### **Residency statement for compact license holders (Example)**

I am aware that in order for my compact RN license to be intact and legally allow me to practice in another compact state, I must maintain residency in the state where I received the license. I understand that state residency is defined as the state where I file my taxes. I understand that if I change my state of residency to Minnesota or any other state, I must inform the state where I received the compact nursing license and, if necessary, convert my license to a license for the state of current residency. I also understand that if I do not maintain a valid compact state license, I must notify the anesthesiology program, obtain a Wisconsin state nursing license, and provide proof of this licensure to the anesthesiology program.

By signing this statement I am attesting that I have a valid compact Registered Nurse license and I can legally use it to practice in the state of Wisconsin.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**Appendix VI: Acknowledgment of Receipt of Graduate Student Handbooks**

I acknowledge an understanding of how to access the current SGPP Catalog and Handbook. I also acknowledge an understanding of how to access the current School of Nurse Anesthesiology Student Handbook. I understand that these documents contain the academic rules, policies and procedures of the Nurse Anesthesiology Program at Saint Mary’s University of Minnesota. I understand that these documents may be changed by right of faculty and administration during my time at the school.

I understand any changes to the SGPP Catalog and Handbook will result in an updated SGPP Catalog and Handbook being posted on the Saint Mary’s University of Minnesota website. I also understand any changes to the School of Nurse Anesthesiology Handbook will result in an updated School of Nurse Anesthesiology Handbook being posted on the Nurse Anesthesiology Program Website. I understand it is my responsibility to read both handbooks and all of the policies completely. I understand that I will be held accountable for all stipulated academic requirements and for adhering to all policies put forth in this document, or its subsequent versions.

Student’s Name (Printed): \_\_\_\_\_

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director  
(Leah Gordon, DNP, APRN, CRNA)

\_\_\_\_\_  
Date

