



STUDENT HANDBOOK SUPPLEMENT
Doctor of Nurse Anesthesia Practice (DNAP) Program

Professional University Dr. Carlos J. Borrero Rios is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).
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Approved:

President, Board of Directors
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This handbook has been prepared for the Doctor Nurse Anesthesia Program (DNAP) as a supplement to policies contained in the Professional University Dr. Carlos J. Borrero Ríos (PUDCJBR) *Academic Catalog* and *Student Handbook*. This handbook contains the DNAP's policies and procedures for the DNAP program regarding student activities in the anesthesia program, didactic coursework, and clinical components. Students and faculty are required to familiarize themselves with the contents of this handbook and to contact the Program Director of Nurse Anesthesia with any questions or concerns.

Students are not employees. The information contained in this handbook cannot be considered as an agreement or contract between the individual students and PUDCJBR or the DNAP Program. The Program reserves the right to revise statements, policies, curriculum, fees, and calendars/schedules as necessary. Students will be notified of changes in policies via email or other communication.

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DNAP PROGRAM – GENERAL INFORMATION

Overview

The Doctor of Nurse Anesthesia Practice (DNAP) Program resides in Professional University Dr. Carlos J. Borrero Ríos (PUDCJBR) in San Juan, Puerto Rico. The DNAP consists of 131 credit hours, leading to the Doctor of Nurse Anesthesia Practice (DNAP) degree. The curriculum integrates health sciences with nursing sciences to prepare students as advanced practitioners in nursing anesthesia who can integrate research findings into their practice.

Students are prepared to assume leadership roles in anesthesia and provide anesthesia care to patients across the life span, in a variety of settings including medically underserved areas. Graduates are eligible for certification as Certified Registered Nurse Anesthetists (CRNAs) and state licensure as Advanced Practice Registered Nurses (APRNs), where required.

Accreditation

Mission, Vision and Objectives

Mission Statement

To educate and train professionals by providing an evidence-based education of excellence that guides them to perform their responsibilities in a safe, ethical manner and with humane sensitivity. The Professional University Dr. Carlos J. Borrero Ríos (PUDCJBR) wants to aid in the strengthening of a workforce capable of responding and adapting to the rapid social changes and the specific needs of diverse populations with up-to-date knowledge and skills.

We want to offer high quality academic programs that will help shape professionals with the skills required by the present and future job markets.

We want to serve as a teaching center of excellence for professionals to help keep them updated throughout their developing careers.

Vision Statement

To become a center of excellence for higher education recognized for the preparation of professionals renowned for the quality of their practice and knowledge.

To develop diverse and ample academic offerings to facilitate the development of professionals qualified to perform evidence-based, up-to-date and ethical services.

Objectives

1. To prepare professionals with evidence-based knowledge, skills and attitudes required to provide full scope of practice services in accordance with their professional standards.
2. To provide extended learning opportunities that promote the development of skills required for safe professional practice.
3. To develop professionals capable of meeting the needs of an increasingly diverse population, able to adapt to rapid social and technological changes.
4. To develop professionals with the right ethics and values that are needed in their chosen line of work.
5. To provide a framework for humanistic service and to assume responsibility for self-development and self-discipline.
6. To provide a cadre of competent faculty and students that put into practice the critical thinking tools taught and learned in our classrooms and labs.
7. To continue working with national, regional, and professional accreditation organizations to improve our institutions reputation and standing within the professional community.
8. To prepare our graduates to be the leaders of tomorrow.

Doctor of Nurse Anesthesia Practice (DNAP) Program

Purpose Statement:

The DNAP degree is a professional practice degree in nursing anesthesia. It provides the foundational sciences, anesthesia specific courses, and clinical practicums geared to prepare the graduate to pass the National Certification Examination (NCE). Additionally, the related scholarship focuses on utilization of research findings for evidence-based clinical practice, education, and/or administration/business management related to nurse anesthesia, and the DNAP curriculum is designed accordingly. In addition to the requisite foundational courses, completion of a Scholarly Project is required. The Scholarly Project is the culminating scholarly work that demonstrates the ability to translate research findings into practice.

PUDCJBR faculty mentor each DNAP student to complete a Scholarly Project that focuses on utilization of research findings to augment evidence-based nurse anesthesia clinical practice, nurse anesthesia education, and/or administration/business management related to nurse anesthesia.

DNAP Goals/Learning Outcomes:

Graduates of the DNAP program are to have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication, and the competencies needed to fulfill their professional responsibilities.

Patient Safety – The graduate must demonstrate the ability to:

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

Perianesthesia Management – The graduate must demonstrate the ability to:

- 5) Provide individualized care throughout the perianesthesia continuum.
- 6) Deliver culturally competent perianesthetic care. (*See definition: Culturally Competent*)
- 7) Provide anesthesia services to all patients across the lifespan. (*See definitions: “Anesthesia services” and “Across the lifespan”*)

- 8) Perform a comprehensive history and physical assessment. (*See definition: Comprehensive History and Physical Assessment*)
- 9) Administer general anesthesia to patients with a variety of physical conditions.
- 10) Administer general anesthesia for a variety of surgical and medically related procedures.
- 11) Administer and manage a variety of regional anesthetics.
- 12) Maintain current certification in ACLS and PALS.

Critical Thinking – The graduate must demonstrate the ability to:

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

Communication – The graduate must demonstrate the ability to:

- 25) Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
- 26) Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
- 27) Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
- 28) Maintain comprehensive, timely, accurate, and legible healthcare records.

- 29) Transfer the responsibility for care of the patient to other qualified providers in manner that assures continuity of care and patient safety.
- 30) Teach others.

Leadership – The graduate must demonstrate the ability to:

- 31) Integrate critical and reflective thinking in his or her leadership approach.
- 32) Provide leadership that facilitates intraprofessional and interprofessional collaboration.

Professional Role – The graduate must demonstrate the ability to:

- 33) Adhere to the *Code of Ethics for the Certified Registered Nurse Anesthetist*.
- 34) Interact on a professional level with integrity.
- 35) Apply ethically sound decision-making processes.
- 36) Function within legal and regulatory requirements.
- 37) Accept responsibility and accountability for his or her practice.
- 38) Provide anesthesia services to patients in a cost-effective manner.
- 39) Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder. (*See definition: Wellness and substance use disorder*)
- 40) Inform the public of the role and practice of the CRNA.
- 41) Evaluate how public policy making strategies impact the financing and delivery of healthcare.
- 42) Advocate for health policy change to improve patient care.
- 43) Advocate for health policy change to advance the specialty of nurse anesthesia.
- 44) Analyze strategies to improve patient outcomes and quality of care.
- 45) Analyze health outcomes in a variety of populations.
- 46) Analyze health outcomes in a variety of clinical settings.
- 47) Analyze health outcomes in a variety of systems.
- 48) Disseminate research evidence.
- 49) Use information systems/technology to support and improve patient care.
- 50) Use information systems/technology to support and improve healthcare systems.
- 51) Analyze business practices encountered in nurse anesthesia delivery settings.
- 52) Demonstrate characteristics of a Christian professional (*See definition: Christian Characteristics*).

Definitions:*Across the Lifespan:*

Across the lifespan refers to a patient population focusing on families and individuals. The continuum of care ranges from the prenatal period to end of life with health statuses ranging from healthy through all levels of acuity including immediate, severe, or life-threatening illnesses or injury.

Advanced Practice Registered Nurse (APRN)

APRN refers to advanced practice nurses in the roles of Certified Registered Nurse Anesthetists, certified nurse- midwives, certified nurse practitioners, and clinical nurse specialists. It is recognized that states vary in the titles they use for the different advanced practice nursing roles. Programs may enroll advanced practice nurses regardless of title authorized by state.

Anesthesia Services:

Anesthesia and anesthesia-related care represent those services that anesthesia professionals provide upon request, assignment, and referral by the patient's healthcare provider authorized by law, most often to facilitate diagnostic, therapeutic, and surgical procedures. In other instances, the referral or request for consultation or assistance may be for management of pain associated with obstetrical labor and delivery, management of acute and chronic mechanical ventilation, or management of acute and chronic pain through the performance of selected diagnostic and therapeutic blocks or other forms of pain management.

Comprehensive History and Physical Assessment:

Comprehensive history and physical assessment include the history, physical, and psychological assessment of signs and symptoms, pathophysiologic changes, and psychosocial variations of a patient. The assessment includes an evaluation of the body and its functions using inspection, palpation, percussion, auscultation, and advanced assessment techniques, including diagnostic testing, as appropriate. A complete physical assessment should incorporate cultural and developmental variations and needs of a patient. The results of a comprehensive history and physical assessment are used to establish a differential diagnosis

based on assessment data and develop an effective and appropriate plan of care for a patient. Specific assessment related to anesthesia should be stressed in the practical experience of nursing anesthesia students.

Culturally Competent:

Cultural competency is demonstrated by effectively utilizing various approaches in assessing, planning, implementing, and administering anesthesia care for patients based on culturally relevant information.

Wellness and substance use disorder:

Wellness is defined as a positive state of the mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life. Substance use disorder (SUD), also known as chemical dependency and addiction, is a chronic and progressive disease which threatens physical and mental well-being and is individually characterized by a multiplicity of behaviors from misuse through dependency/addiction to alcohol and/or drugs (legal and illegal). The wellness/SUD curriculum must be an evidence-based program of study that could include but is not limited to the following five key conceptual components:

1. Importance of wellness to healthcare professionals: Describe the integration of healthy lifestyles, adaptive coping mechanisms for career stressors, and an awareness of chemical dependency risk factors and pathophysiology.
2. Healthy lifestyles: Describe attitudes, behaviors, and strategies (i.e., healthy nutrition, exercise, sleep patterns, and critical incident stress management) that create a positive work-life balance for personal wellness.
3. Coping mechanisms: Describe adaptive or maladaptive behaviors employed by individuals to reduce the intensity of experienced stress. Discuss positive stress reduction techniques, such as meditation, deep breathing, and exercise.
4. Identification and intervention of SUD: Describe needed awareness of the symptoms of SUD, appropriate strategies for successful intervention, evaluation, treatment, and aftercare.
5. Reentry into the workplace after treatment for SUD: Broadly describes components of successfully returning to anesthesia practice. These components include the frameworks for returning to administrative, academic, or clinical anesthesia practice; strategies to reduce the

likelihood of relapse; and elements of lifestyle adaptation that lead to a healthy balance of professional work and physical, emotional, and spiritual health.

NOTE:

The DNAP Goals/Learning Outcomes and some definitions are adapted from the Standards for Accreditation of Nurse Anesthesia Educational Programs – Practice Doctorate (2015, Revised 10/2018), D-Graduate Standards 1-51 (pp. 17-20) & Glossary (pp. 33-40), by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), which is available at: <https://home.coa.us.com/accreditation/Documents/Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Programs%20%20Practice%20Doctorate,%20rev%20Oct%202018.pdf>.

DNAP PROGRAM – ADMISSION PROCESS

DNAP Application – Admission Requirements, prior to Admission Interview

The program enrolls only students who, by academic and experiential achievement, are of a quality appropriate for the profession and who have the ability to benefit from their education. *(The ability to benefit refers to the integrity of a college/Institution or education program to enroll only those individuals with the capacity to succeed and gain value from the education.)*

Prior to an admission interview, applicants to the Doctor Nurse Anesthesia Program (DNAP) must:

1. **Submit** an application through the Professional University Dr. Carlos J. Borrero Ríos website, <https://upcjbr.university/>, which is only applicable for the annual application cycle in which it is submitted. The online application cycle opens June 1.
2. **Submit** a non-refundable \$100 supplemental application fee, which is only applicable for the annual application cycle in which it is submitted. The supplemental application fee may be paid through the website.
3. **Submit** a current, unencumbered license to practice as a professional registered nurse (RN) and/or an advanced practice registered nurse (APRN) issued through one of the states of the United States or its territories or protectorates. *If that RN and/or APRN license is not issued through Puerto Rico, the applicant must be eligible for Puerto Rico licensure at the time of application.*
4. **Submit** evidence of at least one of the following degrees from a regionally or national accredited institution:
 - Bachelor of Science degree (or higher) in Nursing (BSN, MSN, DNP, etc.)
5. **Submit** evidence of completion of all pre-requisite courses. All pre-requisite courses must be at least three credits and completed with a grade of B or better.
 - Elementary Statistics (or equivalent; at least 3 credits), with a grade of B or better.
 - Chemistry – a Chemistry course (at least 3 credits), with a grade of B or better.
6. **Submit** current official transcripts from all undergraduate and/or graduate institutions attended, in accordance with the guidelines in the current PUDCJBR *Academic Catalog*. Admission GPAs will be calculated based on credits and grades from regionally or national accredited

institutions only. Failure to disclose all colleges or universities previously attended could result in denial or dismissal. Transcripts from institutions outside the United States will be required to submit a foreign credential evaluation or that coursework.

7. Present a minimum cumulative grade point average, inclusive of both undergraduate and graduate coursework, of 3.00 on a 4.00 scale.

Complete a minimum of one year of recent (*within the last 10 years*) critical care nursing experience, prior to program enrollment. The time during orientation to the critical care area cannot be considered toward the one year minimum. *Two or more years of recent intensive critical care nursing experience is preferred. It is also preferred that at least a portion of this experience is with the adult patient population.* Critical care experience is defined by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) as follows:

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

8. Submit current Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certification through the American Heart Association.
9. Meet the mental and physical requirements for the DNAP program, as follows:
 - Have sufficient visual acuity to observe and assess a patient, discriminate color and depth, read and accurately complete reports, and visualize diagnostic/monitoring equipment in dim light.
 - Have sufficient hearing to monitor and assess patient health needs, to monitor various equipment and background sounds, and to communicate by telephone.
 - Be able to speak Spanish in a clear and concise manner.

- Have Spanish communication abilities sufficient to interact professionally with others in verbal and written form, and have reading skills appropriate to understand patient charts, reports, and orders.
 - Be able to lift patients to accomplish bed/Director/stretchers transfer.
 - Be able to stand and walk without difficulty and be able to push a gurney or wheel Director.
 - Be able to stand and/or sit for an extended period of time.
 - Be able to perform fine and gross motor skills with both hands.
 - Possess critical thinking skills sufficiently to think clearly and act appropriately in stressful situations.
 - Possess interpersonal skills sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
 - Sufficient mobility to move from room to room and maneuver in small spaces.
 - Have tactile ability sufficient to perform palpation functions of physical examination and/or those related to therapeutic intervention.
10. Submit a current professional resume. *(Resumes are only effective for the annual application cycle in which they are submitted. Re-applicants must submit updated current resumes.)*
11. Submit at least three letters of recommendation through yrosario@upcjbriuniversity. One recommendation must be from a licensed CRNA or RNA that the applicant has shadowed; one recommendation should be from the immediate supervisor, and one recommendation should be from a current RN/APRN co-worker. Recommendations from friends or family members are not accepted. *(Recommendation forms are only effective for the annual application cycle in which they are submitted. Re-applicants must submit new, current reference letters.)*

It is assumed that the applicant is computer literate and familiar with the use of computers at home, on the job, or in school. After submission of all application documentation, the CRNA faculty will review all completed application files to determine which applicants to invite to interview. Interviews are by invitation only. Any applicants who are invited to enroll in the DNAP program must successfully complete the interview process.

Admission Interview

Prior to a determination regarding acceptance, there will be a brief (10-15 minute) personal interview with the DNAP Admission Committee (1-5 members present). The personal

interview helps to provide a realistic evaluation of eligibility for admission into the program, as it may assess oral communication skills, professional behaviors and attitudes, ability to interact in a group, knowledge of the profession, ability to solve problems, and motivation to pursue a career in nursing anesthesia. The Admission Committee membership may consist of CRNA faculty, clinical anesthesia providers (Anesthesiologist and CRNA), PUDCJBR didactic faculty, an SRNA representative, and a public member.

The primary requirement for admission into the DNAP program is the applicant's ability to benefit, as appraised by the DNAP Admission Committee, to successfully complete the 36-month curriculum. Applicants should have strong academic records as evidenced by their cumulative grade point average, their demonstrated consistency of academic performance, and strong clinical experience.

The committee is interested in determining the candidates' base knowledge of physiology, invasive monitors, care of ventilated patients, and their knowledge of the drugs they commonly administer in ICU. A firm and clear commitment to the nursing anesthesia profession and to fulfilling the missions of PUDCJBR and the DNAP are additional criteria which are assessed through the interview process and the personal essay.

Qualities such as maturity and effective interpersonal relationships, as determined from the letters of recommendation and the interview, are also important admission criteria. Each member of the DNAP Admission Committee is given the responsibility to score conscientiously after each applicant's interview. Scores are collected immediately following the interview. Justification by the DNAP Admission Committee for acceptance or rejection of a candidate is not required nor noted in the applicant's file. All applicants should dress in professional attire for the interview with the DNAP Admission Committee. All applicants who are offered letters of acceptance must successfully complete the interview process. (Interviews are by invitation only.)

Non-refundable Deposit (applicable to ALL accepted applicants)

After an admission interview and upon notification of acceptance to the DNAP, each applicant accepted to the DNAP Program must pay a non-refundable deposit of \$200.00 to reserve his or her place in the program. The applicant's written acceptance notification will contain a deposit amount and deadline indicating when the deposit must be received by the PUDCJBR. Once the applicant enrolls in the program, this deposit will be applied toward the

student's account. Applicants who have paid the deposit, but decide not to enroll in the DNAP, will forfeit the deposit. If that applicant is admitted to the DNAP at a later date, he or she will be required to pay the full deposit amount again.

After applicants have interviewed, been accepted, and reserved their positions in the DNAP Program, and prior to enrollment, all accepted applicants must:

1. Continue to meet the mental and physical requirements as listed in the Initial DNAP Application – Admission Requirements.
2. Submit evidence of at least one of the following degrees from a regionally accredited institution:
 - Bachelor of Science degree (or higher) in Nursing (BSN, MSN, DNP, etc.)
 - Submit current official transcripts from all undergraduate and/or graduate institutions attended, in accordance with the guidelines in the current PUDCJBR *Academic Catalog*, if final official transcript had not been previously available, due to the rationale noted here in italics
3. Submit a current, unencumbered **Puerto Rico license** to practice as a professional registered nurse (RN) and/or an advanced practice registered nurse (APRN). (This requirement specifically for an RN and/or APRN license through the state of Puerto Rico may be deferred until notification of acceptance to the DNAP, but it must be fulfilled before enrollment to the DNAP Program.)
4. Pass satisfactory criminal background checks, as required by PUDCJBR and the DNAP Program.

A student may encounter potential problems with clinical education placement and/or licensure as an Advanced Practice Registered Nurse (APRN) if he or she has a criminal record. For specific information, contact the Puerto Rico Board of Nursing, and the Board of Nursing in the state in which the student intends to practice. If a student has a criminal record, it is the responsibility of the student to inquire with the Puerto Rico Board of Nursing, or the Board of Nursing in the state in which the student intends to practice, as to whether a criminal record may limit a graduate's ability to obtain licensure as an APRN in that state.

5. Provide evidence of satisfactory health and immunization requirements.

PUDCJBR and many clinical sites require students to be currently immunized prior to entry into the clinical area. In accordance with the PUDCJBR policy on “Health and Immunizations”, students are required to present verification of vaccinations or immunity titers as follows:

 - Hepatitis B (3 vaccines) Proof of immunity to Hepatitis B or documentation that the Hepatitis

B vaccine immunization series has begun is also required prior to registration.

- Influenza (annually)
- Measles-Mumps-Rubella (MMR)
- Varicella (adequate titer, 2 vaccines, laboratory proof, letter from diagnosing physician, or medical record history of having chicken pox)
- Tetanus/Diphtheria/Pertussis (Tdap) immunization (within 10 years)
- Tuberculosis (TB) screening test (within 60 days of enrollment & at least annually)

If test is positive, refer to the guidelines provided in the “Communicable Disease Policy” in the *PUDCJBR Student Handbook*.

These are not performed by PUDCJBR and must be performed by a private provider.

Furthermore, if PUDCJBR or clinical affiliate sites mandate additional or more frequent health tests or immunizations, students are also required to comply with these.

6. Each applicant who is accepted into the program must demonstrate proof of health insurance, via the PUDCJBR Verification of Insurance Form, prior to entry into the program and must maintain health insurance throughout enrollment. Health insurance is required of all students in the DNAP program.

The DNAP reserves the right to rescind an acceptance offer if the above is not completed prior to the start of program classes.

NOTE: Due to the competitive nature of the admission process, applicants should understand that submitting a complete file or meeting the minimum admission requirements does not guarantee an invitation to interview for admission into the program. Applicants will be screened by the CRNA faculty, and the most qualified individuals will be invited for an interview. Also, meeting the minimum admission criteria and receiving an invitation to interview do not guarantee admission into the program.

Transfer of Graduate Credit Policy

No transfer credit from other institutions will be accepted toward the Doctor of Nurse Anesthesia (DNAP) program of study. Additionally, no auditing of graduate coursework is permitted.

Program Transfer Policy

No transfer credit from other institutions will be accepted toward the DNAP program of study. Individuals who have previously been enrolled in another regionally accredited and COA-accredited nurse anesthesia educational program may be considered for initial application to the PUDCJBR DNAP but will not be considered for transfer admission. Applicants desiring admission to the PUDCJBR DNAP must meet admission requirements published in the current PUDCJBR *Academic Catalog*, to include the pre-admission interview during the routine annual applicant interview cycle.

Individuals who were previously enrolled in the PUDCJBR DNAP program and were dismissed for academic failure are not eligible to reapply for consideration to join an ongoing DNAP cohort. The MSA program and the DNAP program are different programs at different academic levels, and courses taken as part of the MSA program are not transferrable to the DNAP program. These individuals may apply for initial admission to PUDCJBR's DNAP program for consideration for acceptance to enroll in the DNAP program, as with other applicants to the DNAP program.

Non-Discriminatory Policy

The Nurse Anesthesia Program treats all individuals, including applicants, without regard to race, color, national origin, gender, marital status, sexual orientation, religion, age, or disability, or any factor protected by law.

Although an applicant should not be required to provide information regarding any protected characteristics, he or she can provide such information on a voluntary basis. An applicant may be asked if he or she can perform the essential tasks or functions of a nurse anesthetist.

The DNAP Non-Discriminatory Policy is adapted from the Standards for Accreditation of Nurse Anesthesia Educational Programs – Practice Doctorate (2015, Revised 10/2018),

Glossary (p. 37), by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), which is available at <https://home.coa.us.com/accreditation/Documents/Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Programs%20%20Practice%20Doctorate,%20rev%20Oct%202018.pdf>.

DNAP PROGRAM CURRICULUM & COURSE DESCRIPTIONS
PROGRAM PROGRESSION & COMPLETION REQUIREMENTS

Academic/Curricular Calendar

Curriculum Design (DNAP)

1. The curriculum is designed to award a Doctor of Nursing Practice or Doctor of Nurse Anesthesia Practice to graduate students who successfully complete graduation requirements.

Throughout the syllabi, most courses have a DNAP title (unless they are Research [RSCH] or Biology [BIOL] titles). This refers to the learning objectives within the courses, if they meet any of the required COA Graduate Standards [page 17- 20] you will see them, as an example, listed as DSLO: D1 [Doctoral Student Learning Outcomes (DSLO)].

2.The curriculum is designed to focus on the full scope of nurse anesthesia practice including:

2.1 Course(s): Advanced Physiology/Pathophysiology, Advanced Pharmacology, Basic and Advanced Principles in Nurse Anesthesia, and Advanced Health Assessment (See Glossary “Advanced Health Assessment”)

The Curriculum attempted to go from basic to advanced studies in each of these areas.

For instance, those courses were revised, the BIOL 700 and BIOL 702 to assure that while anatomy is included, physiology is the main focus, and have had BIOL 700 cover Respiratory, Circulatory and Autonomic Nervous system, (with some Central Nervous content as necessary.) Basic (DNAP 70) and Advanced Principles follow a similar trajectory: (DNAP 730 covering OB, Neonates, Pediatrics and Geriatrics.

DNAP 740 covers Cardiac, thoracic, peripheral vascular, neurologic, trauma, and patients with other co-existing diseases.

DNAP 750 covering Renal, Hepatobiliary, Gastrointestinal, Musculoskeletal and Endocrine Systems.

DNAP 760 covering Acute Postoperative Pain & Chronic Pain Management, and Use of Diagnostic Tools [Ultrasound and Radiography])

Standard E 2.2 is about CONTENT in the courses and several of the courses state specific hours necessary:

Advanced Physiology/Pathophysiology (COA requires 120 contact hours) (**This curriculum has 180 hours**) This is largely because of renaming and restructuring BIOL 700 and BIOL 702 to include more physiology. It still allows anatomy to be covered, in an area where no specific hours are required.

Advanced Pharmacology (COA requires 90 contact hours) (**This curriculum has 105 contact hours**)

Basic and Advanced Principles in Nurse Anesthesia (COA requires 120 hours) (**This curriculum has 420 contact hours** –which is typical of the schools where I have been involved)

Research (COA requires 75 contact hours) (**This curriculum has 116 contact hours**) will note that in it, the curriculum expects scholarly work to be completed, which meets the requirement stated in #8 on page 22 of the COA Standards.

Advanced Health Assessment (COA requires 45 contact hours) (**This curriculum has 45 contact hours**) note that as we have simulation and have a one academic credit hour lab that adds another 45 contact hours bringing that to 90 contact hours this curriculum would have. (The reason for this is that for each one academic hour credit given for a lab, it is equal to three actual hours in the lab and 3 x 15 week semester gives you another 45 hours).

Human anatomy (in the curriculum mapping chart I included both BIOL 700 and BIOL 702, as the names of the courses include “functional anatomy” and some of the learning objectives mention anatomy

Chemistry, Biochemistry, physics, genetics (have included genetics in several of the Advanced Principles courses, and recent textbooks indicate that studies of genomics may be implicated in selected diseases.)

Acute and chronic pain management (This is covered in the DNAP Principles 760 course)
Radiology, ultrasound, anesthesia equipment, (these are covered in courses like DNAP 760, and other as indicated in the curriculum map.)

Professional Role Courses: (Have placed Professional Role courses I – VII throughout the curriculum, and these, among other things, include all of those non-anesthesia specific topics such as: Healthcare Finance, Healthcare Policy and Law; Education (not required but many schools are including this, as it may round out graduates curriculum such that it may allow them to someday become anesthesia faculty); Ethics, Leadership, and Multicultural Healthcare)

Wellness and substance use disorder, informatics, ethical and multicultural healthcare,

leadership and management, health policy, health care finance (many of these are in the Professional Role sequence of courses, as mentioned previously)

Integration/Clinical Correlation (There are four of these one hour courses, and since the last one is after some of the non-anesthesia courses have been completed, or are in progress, I have worded the last one that the students will discuss how, or if, they correlate with what they are practicing in clinical.

2.3 Clinical experiences:

The Curriculum has scheduled 7 clinical practicum courses, and these have included 3,015 **hours of assigned clinical time.**

- The curriculum meets commonly accepted national standards for similar degrees have completed COA Curriculum Map.
- The curriculum has designed is 9 semesters (three years). **At present, it contains a total of 131 semester hours. It also has 3,015 hours of assigned clinical time.**
- The curriculum is composed of sequential and integrated courses designed to facilitate achievement of the program's terminal objectives. **This Curriculum using the 51 COA Graduate Standards listed on pages 17-20 as program terminal objectives.**
- All courses have clearly stated objectives/outcomes.
- The curriculum requires the student to complete scholarly work that demonstrates knowledge and scholarship skills within an area of academic focus.
- The curriculum provides students with experiences in the perioperative process that are UNRESTRICTED and promote their development as competent nurse anesthetists. In the last couple of clinical courses, I indicated in the description of the courses that students will be able to have a 2:1 clinical faculty to student ratio.
- The program provides opportunities for students to obtain clinical experiences outside the regular clinical schedule by a call experience, or other mechanism.
- Simulated clinical experiences are incorporated in the curriculum. Note that this does not have to be high fidelity simulation, but can include models etc. **listed a couple courses, such as Advanced DNAP 730: Advanced Physical Examination.**

Program Progression

The DNAP Program is a continuous course of study, 36-month “block” program. Students may progress toward the DNAP degree when they have:

- Completed all scheduled DNAP program courses, thus far, with a grade of 3.00 (“B”) or better on a 4.00 grade point scale.

Program Completion/Graduation Requirements

Students will be recommended for graduation and eligibility for the National Certification Examination (through the National Board on Certification and Recertification of CRNAs (NBCRNA or Puerto Rico Board)) when they:

1. Meet all the requirements of PUDCJBR and the DNAP for the Doctor of Nurse Anesthesia Practice (DNAP) degree, including completion of any extended time due to schedule changes in conjunction with a Performance Improvement Contract or penalties incurred in the program, as assigned by the DNAP.
2. Meet all the requirements of the accrediting/approval bodies to be eligible for licensure and certification.
3. Complete all DNAP program courses with a grade of 3.0 (“B”) or better.
4. Administer all required numbers for each category of cases and clinical experiences.
5. Complete the requirements of the DNAP Scholarly Project.
6. Possess current BLS, ACLS, and PALS certification.
7. Possess current, unencumbered Puerto Rico RN licensure.

Complete all required coursework within 72 months from first date of entrance into the DNAP program. **See the Academic Catalog for the Curricular Sequence and Course Descriptions.**

GENERAL ACADEMIC & DIDACTIC INFORMATION

Academic Integrity

Nurse anesthesia students are to adhere to the PUDCJBR policy on academic integrity that is contained in the PUDCJBR *Academic Catalog*. Students are expected to exhibit high levels of integrity in all activities. PUDCJBR reserves the right to deny admission to or remove students from the Institution and/or any academic program if they have a record of misconduct or demonstrate behavior that would jeopardize their professional performance. Students are responsible for being familiar with this policy and abiding by it.

Academic Integrity and Professionalism

In support of the PUDCJBR policy on academic integrity, nurse anesthesia students are expected to demonstrate honesty, integrity, and professionalism in all aspects of their education. Academic integrity will be demonstrated by (this list is not all-inclusive):

1. Treating patients and their family members encountered in the clinical area as one would want his/her own family members treated.
2. Treating faculty, fellow students, and fellow health care providers with dignity and respect.
3. Appreciating patients' generosity in allowing students to learn while servicing their healthcare needs.
4. Maintaining self-discipline.
5. Promoting self-discipline in fellow learners and co-workers.
6. Fully preparing for classroom and clinical activities.
7. Completing clinical and didactic assignments in a timely manner.
8. Attending all required academic functions.
9. Maintaining appropriate dress, including ID badge where appropriate.
10. Refraining from DNAP's appropriate verbal communications or physical contact.
11. Submitting original work and crediting other's work appropriately.
12. Following clinical area instructions and guidelines, as appropriate to patient safety.
13. Using medications for their intended purposes and communicating as indicated with clinical faculty before medications are given, as appropriate to student clinical functioning and level of independence.
14. Refraining from copying, reproducing, transmitting, or sharing of any portion of assignments,

papers, quizzes, tests, or examinations.

15. Maintaining accuracy and honesty in the completion of daily time logs (including clocking in and out appropriately), clinical logs, and submission of student clinical evaluations.
16. Representing one's abilities and credentials honestly and appropriately.

Violations of ethical conduct should be reported to the Nurse Anesthesia Department. Ethical violations are viewed very seriously and may result in probation, suspension, or dismissal from the program by the Nurse Anesthesia Department in consultation with the DNAP faculty. Dismissal from the Institution is determined as stated in the section on Discipline in the *PUDCJBR Academic Catalog*.

Cheating and Plagiarism

Faculty reserves the right to request an electronic copy of all written course work or students' course assignments completed by students for earning course credit or completed as an agent of or on behalf of the PUDCJBR DNAP that is subject to evaluation for copyright violation or plagiarism through the appropriate means as determined by the program. Faculty reserves the right to evaluate all course assignments for copyright or plagiarism violations.

A student who is determined to have plagiarized, fabricated documentation, submitted unoriginal work, or cheated on any assignment or examination is considered in violation of ethical standards deemed essential to the integrity of the DNAP and PUDCJBR. Such violations of ethical conduct are grounds for disciplinary action, which can include dismissal from the DNAP and/or PUDCJBR. Students who are later discovered to have been academically dishonest during the program, even though they have already graduated, may have course grades changed to a failing score with appropriate notification given to the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA).

Academic Honesty & Quiz/Test/Examination Policy

Throughout the program, students are expected to be honest and ethical in their didactic (as well as clinical) work. As such, students are expected to avoid even the appearance of cheating or academic dishonesty. Cheating, academic dishonesty, or other unethical behaviors may be reported to the Puerto Rico State Board of Nursing.

If a student's quiz, test, examination, lab report, written paper, or other written assignment gives evidence of not being completely his/her own work, he/she may be given a grade of "F" for the assignment and/or for the course. Unless given permission from the instructor, students who communicate with anyone during a quiz, examination, or test may be immediately dismissed from the room and given a grade of "F". Such communications include attempts to read from another's paper or computer screen and any use of a mobile device for reference or communication. If a student is found to have brought materials into an examination room without the instructor's permission, it may be assumed that he/she intended to use such materials dishonestly, and he/she may be penalized accordingly.

During computer quizzes, tests, or examinations, extraneous materials (such as paper, class notes, mobile phones, smart watches, etc.) are not allowed in the testing area. Students bringing prohibited items will be found in violation of the PUDCJBR Student Honor Code and DNAP testing policies. If complicated calculations are required during the quiz, test, or examination, the course coordinator/test proctor may decide to allow limited, prescribed writing materials in the testing area.

Class Attendance

Students are required to attend all units of instruction, to include didactic coursework, laboratory assignments, computer applications, clinical instruction, clinical conferences, program recommended professional meetings, and clinical site conferences. Students who are absent from units of instruction without authorization are subject to disciplinary action. Students taking scheduled personal time off must obtain written authorization from the course instructor and DNAP department Director in advance, and students are responsible for missing didactic material. (Students must remember that submission of a request for a day off via the Medatrax clinical scheduling system does NOT equate to an advance written request – or approval – for a didactic class absence.) Students taking unplanned personal time (such as for illness) must contact the course instructor and DNAP department Director via email to explain why they needed to miss class and to discuss what they need to do to address any missed didactic material.

Late Coursework Policy

At their discretion, faculty may not accept coursework submitted after the designated deadline or may award partial credit for coursework submitted after the designated deadline, in accordance with the applicable course syllabus.

Quizzes – Unannounced & Announced

At their discretion, faculty may administer unannounced quizzes. Scoring and weighting of quizzes is at the discretion of the faculty member or course coordinator. However, weighing one unannounced quiz administration will not exceed 5% of the total course grade. Weighting of other course assignments will be adjusted in an equitable fashion to accommodate the presence of an unannounced quiz(zes). Students who are absent from class when a quiz

(unannounced or announced) is administered may not make-up the quiz at another time.

Challenges to Test/Examination Questions

Challenges should be presented via e-mail to the course coordinator and specify a rationale as to why the student's chosen answer should also be considered a "correct" answer. Appropriate textbook reference(s) and documentation should be provided with the rationale. Challenges concerning appropriateness or relevancy of the question are not within the purview of the student and will not be considered. Challenges will only be received for one (1) business day after test/examination administration. Challenges received after the end of the subsequent business day will not be considered. Challenges should be directed to the course coordinator. The course coordinator will make the final decision concerning the challenge and notify the student and/or class, as appropriate. Final course examinations are not subject to student review after completion; thus, final examination questions are not subject to challenge.

Test/Examination Review Policy

It is not the practice of the DNAP to conduct formal, in-class test/examination reviews. In core DNAP courses, students may be given an opportunity at the end of the testing period to review their graded tests online for a limited time. Final course examinations are not subject to student review after completion.

Students needing to enhance test-taking skills may schedule an office appointment with the appropriate course coordinator and the Center for Academic Achievement.

Missed Test/Examination Policy

The testing/examination process is essential for the growth and evaluation of the student nurse anesthetist, as well as for the development and evaluation of the DNAP. Missed tests/examinations are serious infractions and may impact on the student's GPA, success, and course completion. Nurse anesthesia students who miss tests/examinations in DNAP-labeled courses (i.e. DNAP#####) are subject to abide by the following policy:

1. The DNAP must be notified at least 24 hours in advance if the student is unable to sit for a test/examination.
2. Test/examination make-up is allowed for the death of an immediate family member, with documentation. The DNAP recognizes the potential for other unforeseen

emergencies and hardship that may impact on the ability of a student to test on a particular day. At the discretion of the course coordinator, a student may be allowed to make-up a missed test/examination in DNAP-labeled courses, with the following conditions:

- a. The student must notify the course coordinator at least 24 hours in advance, if possible.
- b. The student must submit a complete description of the circumstances involved in writing.
- c. The test/examination must be made up within two (2) business days of the originally scheduled date.
- d. The student is prohibited from any communication with classmates about the test/examination topics.
- e. The student may be assigned additional coursework, non-course related work, and/or counseling.

This policy applies to course tests/examinations in DNAP-labeled courses. No make-up is allowed for other DNAP-labeled course assignments or quizzes.

Lab Use Policy

Students may choose to come to the DNAP Skills Lab for additional skills practice, in addition to specifically assigned times. The DNAP Skills Lab may be used during regular PUDCJBR business hours and may be available during evenings (Mon-Wednesday) or Thursday if specific advance arrangements are made in writing with the DNAP. Prior to using the DNAP Skills Lab outside of times that are specifically assigned for courses, **ALL** students to be present in the lab must come to the DNAP office and sign-in.

Students will be given a key to unlock the lab, or arrangements will be made to unlock the lab for them. Please be aware that **everyone** must sign in, not just the student getting the key. All students must sign-in before going into the lab, and all students must sign-out before leaving. Students are expected to leave the lab in the same condition in which it was found. If items or tables are moved, they must be moved back to their former position upon leaving the lab. The last student in the lab is responsible for ensuring that the door is locked behind them.

Computer Requirements

At their own cost, students are required to purchase a laptop computer with web cam, that supports internet access, e-mail capabilities, Microsoft Office (Word, PowerPoint, Excel), and Adobe Acrobat, and comply with the required PUDCJBR specifications. Course syllabi, schedules, clinical assignments, and other important course materials will be housed in the Populi and/or sent electronically. The laptop must contain required software and Wi-Fi compatibility so that students may obtain access to the internet (and hence, email communications from the DNAP, Canvas learning platform, Exam Soft/ Exemplify testing platform, and Medatrax records) while away from the main campus. Additionally, students will be issued a software bundle that includes Medatrax. (The content of the software bundle is subject to change.)

Checking PUDCJBR email and electronic communications, **at least daily**, is the student's responsibility. Students should immediately report problems with their laptops, student email accounts, Populi, ExamSoft/Exemplify testing platform, or Medatrax record-keeping system to the DNAP.

Students must bring their laptops to all didactic classes, as instructional units such as quizzes, tests, and class activities that require computer access. It is the student's responsibility to know how to operate and to maintain his/her computer in functioning order. Tests, quizzes, or assignment schedules and scores will not be adjusted due to computers not brought to the class site or maintained in working condition.

Social Network Policy

To promote professionalism of students enrolled in the DNAP at PUDCJBR, no student shall post photos, comments, or other forms of web-based material of or about faculty, staff, students, clinical personnel, or patients to web-based communication sites such as, but not limited to: Facebook, etc., without the individual's written permission. In addition, no student shall supply or forward photos, comments, or other web-based materials to anyone for posting on any web-based communication site, without that person's written consent. Any student found to have posted, supplied, or forwarded materials for any posting used on any web-based communication site without permission of said person(s) may be dismissed from the DNAP.

In addition, students are to refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g. texting, reading, e-mailing, etc.). Please note that future employers may view potential candidates' websites. Students are advised to review their personal site(s) for any unprofessional images or language, which could lead to cancellation of a employment interview.

Substance Use

The DNAP adheres to the PUDCJBR policy on substance abuse that is contained in the PUDCJBR *Academic Catalog*. PUDCJBR is a substance-free educational institution. No smoking, drinking, or substance use is allowed on campus. Students enrolled at PUDCJBR give their consent for random drug testing. Students are responsible for reading the complete PUDCJBR Alcohol/Tobacco/Drug Policy in the PUDCJBR *Student Handbook*. All students under the influence of any substances will be reported to Institution Administration, the Vice President for Student Services, and will result in disciplinary action. Any illegal substances, drug paraphernalia, alcoholic beverages, or cigarettes will be confiscated and disposed.

It is the policy of the DNAP to confront and defeat any problems that students might have with substance (alcohol or mood-altering drug) abuse before or during clinical assignments. Alcohol or substance abuse by students while assigned to clinical areas, or reporting for assignment under the influence, constitutes a direct threat to the safety of all students, employees, patients, and visitors. It is the objective of the DNAP to contribute to a safe and efficient clinical environment by adopting a comprehensive alcohol and substance abuse policy that consists of three interrelated programs: (1) An Alcohol and Substance Abuse Testing Program; (2) Mandatory Disciplinary Action; (3) Referrals for Counseling.

AANA Associate Membership

Students are required to join the American Association of Nurse Anesthetists (AANA) as associate members. These dues are \$200 (subject to change), and the cost is the responsibility of the student. Benefits of membership include the following:

1. Subscription to the *AANA Journal*
2. Subscription to the *AANA NewsBulletin*
3. Membership in the Puerto Rico Association of Nurse Anesthetists (PRANA)
4. Reduced enrollment fees at national and state meetings
5. Privilege to attend business meetings of AANA and PRANA (non-voting status)
6. Opportunities to network with other student anesthetists, CRNAs and health service industry personnel

SEE (Self-Evaluation Examination) Requirement Policy

Purpose

The Self-Evaluation Examination (SEE) is used to monitor student progress, identify areas for improvement, and ensure readiness for progression in the DNAP program and eventual national certification.

Examination Requirement

All DNAP students are required to take the SEE examination a minimum of three (3) times during enrollment in the program. *As stated by the NBCRNA, students have a maximum of four (4) SEE attempts.*

Timing of the Examination

The DNAP program is three (3) academic years in length. Students must take the SEE during the **Fall term of each designated academic year**. The required SEE administrations are as follows:

- First SEE: As requirement of DNAP 805
- Second SEE: As requirement of DNAP 830
- Third SEE: As requirement of DNAP 860

Failure to take the SEE during the required Fall term will be considered noncompliance with course requirements.

Minimum Performance Standard

Students must achieve the following minimum scores per SEE attempt:

First SEE: minimum of 380.

Second SEE: minimum of 400.

For the Third SEE (the last required attempt): students must achieve a score of at least five (5) points above the National Average announced during the year they take the SEE.

The National Average is announced annually by the National Board of Certification & Recertification for Nurse Anesthesia (NBCRNA). The applicable National Average will be the one published for the year in which the student takes the examination.

Consequences of Not Meeting the Standard

Students who do not achieve the required minimum score during their required last attempt may be required to:

- Complete a faculty-directed remediation plan and
- Retake the SEE examination, as determined by the program.

Failure to meet SEE requirements during their fourth (last) attempt, the student will fail the course.

Student Responsibility

Students are responsible for:

- Registering for the SEE on time
- Taking the examination during the required term
- Preparing adequately to meet or exceed the minimum score standard

The cost of taking (and re-taking, if necessary) the SEE is the responsibility of the student and must be paid directly to the NBCRNA at the time of scheduling. The current fee is \$250 (as of 1/1/2019; subject to change).

The SEE should be scheduled for a weekday when no didactic classes are held. Requests for time off to take the SEE must be submitted via Medatrax at least three weeks prior to the scheduled date. All requests are subject to review and approval by the Program Administration and are not final until the student receives written approval.

National Certification Examination

Graduates are expected to take the National Certification Examination (NCE) from the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) within 60 days after completing the program. Passing the NCE and receiving official certification from the NBCRNA are requirements to use the CRNA credential. Extensive study is required before and after graduation for successful completion of the NCE. The cost for taking the NCE is the responsibility of the student and will be due payable to the NBCRNA (via online payment) during the last Semester of the DNAP program. The fee is \$995 (subject to change). All test items on the NCE is proprietary information. Each candidate agrees to a Statement of Confidentiality prior to starting the NCE. The NBCRNA takes threats to the security of the NCE very seriously and may prosecute candidates who violate the confidentiality of the NCE. Individuals can permanently lose eligibility for certification or have their certification revoked for such violations.

DNAP Student Mentor/Mentee Policy & Procedure

Purpose: To delineate proper conduct for the DNAP student mentor/mentee process

Scope: This policy is for all DNAP cohorts and students participating as mentors or mentees.

Policy Statement: As part of the curriculum, each new nurse anesthesia student has the opportunity to participate as a mentee and subsequently as a mentor in the PUDCJBR Nurse Anesthesia Program (DNAP). The following will outline fundamental principles and guidelines each student is expected to follow. This component of the program is student-initiated and is a privilege, and that students should strive to do their best to help one another in a professional and courteous manner.

A. Mentor Procedure

Each student entering the second year of the DNAP (the mentors) will be assigned a student from the incoming class (the mentees) who has voluntarily chosen to participate in this process by providing his/her information directly to the second-year cohort's class officers. Each second-year student will be given contact information regarding his/her mentee; thus, each second-year student is expected to use his/her PUDCJBR-issued email address to make initial contact with the assigned mentee. If the second-year student chooses, s/he can offer additional contact information at his/her own discretion. There is no blueprint for what the second-year student should write; however, reflection on the feelings and thoughts experienced just prior to the start of the first Semester may help guide the response. The goal is for the second-year student to be available and help make the transition for the mentee smoother by offering help and guidance in difficult situations the mentee may encounter during this program.

All DNAP students are expected to check their PUDCJBR-issued email daily. Therefore, it is reasonable to expect a response from the mentor within 72 hours. If the second-year student does not check his/her email more often than once daily, the mentor should provide an additional/alternate form of contact, so that lines of communication remain open between the second-year student and the mentee.

The second-year student is not to give the mentee any information in any manner that is not in accordance with the student conduct policy, especially related to integrity and academic honesty. The purpose of the mentor/mentee process is to help guide the transition from being a full-time licensed RN to a nurse anesthesia student in a very rigorous and demanding program. If the second-year student has questions regarding his/her role, the scope, and how to comply

with the responsibility of being a mentor, please contact either class officers or program faculty to help give some direction.

B. Mentee Procedure

Each student (mentee) in the incoming DNAP cohort will be assigned a mentor from the current second- year class. The mentee and the mentor will then decide on a personalized form of contact to maintain for the duration of the program, whether via email, text message, phone call, or in-person communication. Please do not expect the second-year student mentor to be in agreement with all of those methods, as their schedules are often very demanding, and time is not always in their favor. However, the mentee should expect to have at least one form of communication available so that the mentee can openly ask questions and receive feedback from his/her assigned mentor regarding the program and what to expect. The mentee is also expected to be in accordance with PUDCJBR DNAP student conduct policy at all times and therefore should never ask any questions that may even be perceived to be in violation of the integrity/academic honesty policy. Please allow up to 72 hours for the second-year student mentor to reply. If no reply is received within 72 hours, the mentee should attempt to contact the mentor once more. If again the mentee does not receive any reply from the mentor, the mentee may contact one of the class officers listed.

The purpose of the mentor/mentee process is to provide an opportunity to offer guidance during the difficult transition the mentee is making from registered nurse to full-time nurse anesthesia student. This program can be very demanding and rigorous; however, it can also be very rewarding. Good luck with beginning this journey and remembering why each individual decided to embark on this journey.

DNAP Final Scholarly Project – Overview

DNAP Final Scholarly Project

The Scholarly Project course sequence RSCH 700, RSCH 710, RSCH 720, RSCH 730, RSCH 740, RSCH 750. The Scholarly Project course sequence, purpose, objectives, and design flow from PUDCJBR's DNAP program purpose statement. To operationalize the DNAP purpose statement in relation to the Scholarly Project, each student will select a salient, specific problem related to one of the following:

- clinical nurse anesthesia practice
- education of colleagues, students, patients/families, or the public about some specific aspect of anesthesia
- business administration/management of anesthesia practice

Related to the problem, each student will perform a research literature review; critically analyze, integrate, and evaluate related research; and synthesize the body of knowledge. Based on the synthesis of the body of knowledge, specific recommendations will be made for applications to evidence-based nurse anesthesia clinical practice, education, or business administration/management. Additional research needed to expand understanding of the problem will be proposed. Findings and recommendations will be disseminated in a formal, scholarly paper and in an oral or poster presentation to faculty, peers, and invited guests. Additional dissemination of findings may include presentations at local, state, regional, or national nurse anesthesia conferences, and/or submission of a manuscript to an appropriate professional journal.

Furthermore, the professional portfolio must include documentation of the final Scholarly Project undertaken while enrolled in the DNAP. The Scholarly Project should result in a significant contribution to the anesthesia profession or another related community of interest. The Scholarly Project is an effort of an individual or small group of no more than two individuals, where the student(s) works with a small Scholarly Project Team. The Scholarly Project Team will oversee the student project, with at least one doctorally prepared CRNA, as well as at least one other academic faculty, CRNA, physician, or other professional with a minimum of a master's degree, which will be determined based on the project's area of focus. Prior approval of the Scholarly Project by the DNAP department is required. Students may

begin implementation of their projects only after formal approval by the DNAP.

Grading Policies: Academic/Didactic Academic/Didactic Grades

The Nurse Anesthesia Program adheres to the grading system published in the PUDCJBR *Academic Catalog*. This system uses quality points ranging from 4.00 points for an A to 0 points for an F. Letter grades that can be awarded are as follows:

A = 89.5-100%

B = 79.5-89.4%

C = 69.5-79.4%

D = 59.5-69.4%

F = 59.4% or below.

A student whose didactic performance is below a “B” at any time during a didactic course is expected to request a meeting (in writing, via email) with the instructor responsible for the course and the DNAP faculty advisor. The written request by the student will become a part of the student’s advising record. All courses in the DNAP program must be completed with a grade of "B" or better.

At no time is a student to confront a didactic/academic instructor or faculty member, such as about a grade. If a student has a question about an academic matter, s/he may politely request clarification; however, s/he should never approach faculty in a manner that may be perceived as confrontational.

Confront:

- i. To face in hostility of defiance; oppose
- ii. To present or face with something, especially in order to accuse or criticize
- iii. To present for contradiction; to face boldly
- iv. To stand or come in front of; stand or meet facing; to be in one’s way

A student who engages in confrontational behavior in the academic/didactic setting, such as confronting a faculty member about his/her grade, will be issued a Professionalism Contract, once such an incident has been reported to the DNAP in writing by a faculty member who witnessed the student’s confrontation.

Furthermore, such a student will meet with the DNAP full-time faculty and may be referred to meet with the PUDCJBR Discipline Committee. The DNAP full-time faculty will review the incident and may decide to dismiss the student from the DNAP, depending upon the circumstances of the confrontation. A student who engages in confrontational behavior in any

setting, to include didactic/academic or clinical, for a second time will be dismissed from the DNAP.

Performance Improvement Contracts (PIC)

A written Performance Improvement Contract may be issued to a student whose performance or behavior in either the didactic/academic or professionalism aspect of the program is below what is expected or demonstrates substantial weakness. A PIC will consist of an action plan with specific goals, objectives, and requirements to promote and demonstrate improvement in the area(s) of weakness. There may be rare severe instances where the student's behavior or performance is of such an egregious critical nature that the DNAP faculty may determine that initial remediation or further remediation is highly unlikely to be successful. Thus, it is possible that a student may be dismissed from the DNAP in the absence of any PIC.

Academic Performance Improvement Contract (A-PIC)

- A student who earns a grade of “C” or below for one test/examination in a course, and whose overall grade in that course is below 82.0% including that test/examination grade, will receive an A-PIC from the DNAP faculty advisor. The duration of that A-PIC will be through the completion of all courses in the current Semester.

Professionalism Contract (PC)

- The duration of a PC issued for the following reasons will be through the completion of the current Semester, or for at least two months, at the determination of the DNAP faculty advisor:
 - A student who is found to be more than one week behind in uploading written Care Plans or accurate information to the clinical case log or the clinical time log to Medatrax will receive a PC from the DNAP faculty advisor.
 - A student who is found to be non-compliant with the designated process for documenting his/her time (i.e. clocking in and/or out) for any clinical site may be issued a PC from the DNAP faculty advisor.
 - A student who is found to be non-compliant with the DNAP Dress Policy may be issued a PC from the DNAP faculty advisor.
- A student who is found to exhibit conduct deemed unprofessional by the DNAP faculty in any setting within the DNAP Program, other than the situations currently listed in this section, will

be issued a PC by the DNAP. The duration of the PC may vary but will be for at least two months, to be no shorter than through the completion of all courses in the current Semester.

- A student who engages in confrontational behavior in any setting will be issued a PC by the DNAP faculty advisor. The duration of the PC may vary but will be no shorter than through the completion of all courses in the subsequent Semester (so likely at least four months).

If a student has been issued a total of two (2) A-PICs or a total of two (2) PCs, and then the student has any other instance of substandard academic or professionalism performance that may lead to the implementation of an additional A-PIC or PC, the student will be dismissed from the DNAP.

Academic/Didactic Failure

Academic/didactic failure occurs when a student:

- a) does not achieve the requisite minimum grade of “B” in any course work.

If the student does not achieve a B, the student must retake the course.

Students experiencing academic/didactic failure are required to withdraw from all coursework in the DNAP program and complete out-processing paperwork and are dismissed from the DNAP program. If individuals desire to return to the DNAP program, they must re-apply during the normal application cycle for the next available class. Should a vacancy occur in the DNAP program which is compatible with matriculation of the academically failed/dismissed student, the DNAP program may extend an invitation for re-application to the DNAP program. Individuals/applicants must submit required admission paperwork and fees. An invitation for application does not signify acceptance into the DNAP program.

Academically/didactically failed/dismissed individuals desiring to be considered for reapplication should submit a letter of intent to the nurse anesthesia Program Admission Manager. If an individual is accepted into the DNAP program again, at the time of readmission, the DNAP faculty will design an individualized course of study for the readmitted student, which will include repeating some coursework that was successfully completed previously and directed study course(s).

Individuals who were previously enrolled in the PUDCJBR DNAP program and were dismissed for academic failure are not eligible to reapply for consideration to join an ongoing DNAP cohort. The MSNA program and the DNAP program are different programs at different academic levels, and courses taken as part of the MSNA program are not transferable to the

DNAP program. These individuals may apply for initial admission to PUDCJBR's DNAP program for consideration for acceptance to enroll in the DNAP program, as with other applicants to the DNAP program.

Absences

The following policies supplement those on absences published in the PUDCJBR *Academic Catalog* and are specific to nursing anesthesia students.

Holidays. PUDCJBR recognizes the following seven (7) holidays: New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day. Students may be assigned clinical time during multiple holidays, and holidays may vary according to clinical site. Students who complete a clinical assignment on any of these actual holidays will earn one additional (compensatory) Personal Time Day in their bank for each actual holiday. (If a holiday falls during a period of pre-assigned vacation time, the student will not earn an additional day for the holiday.)

PERSONAL TIME (PT) (Includes Other/Unplanned Circumstances & Interview Time): 7 days Students receive 7 days of Personal Time for use during the DNAP for Other or Unplanned Circumstances (includes but not limited to urgent personal or family appointments, personal illness, family member illness, bereavement, travel related delays/issues, etc.) and Interview time, to be dispersed throughout the DNAP program. Students are responsible for monitoring the amount of PT remaining in their PT bank throughout the DNAP. If a student exceeds the allotted amount of PT, s/he will be required to make up the clinical time before being allowed to complete the DNAP, which may extend the student's graduation date. While make-up clinical time may be scheduled in consultation with the student, final approval and scheduling is made at the DNAP's discretion.

Missing Class Days Policy. Students are expected to attend class and clinical sessions when scheduled and are responsible for any didactic material presented during absences. Class days are not to be used to make personal appointments. Students are responsible for contacting each of their didactic course instructors in advance of any scheduled class absence, to make appropriate arrangements for class material. Missing a class day will count as a PT day and will be deducted from the student's PT bank. (Submission of a request for a day off via the Medatrax clinical scheduling system does NOT equate to an advance written request – or approval – for a didactic class absence.) Class assignments missed due to any type of absence must be resolved prior to the end of the course. Failure to do so will result in assignment of an “Incomplete” grade for the course until the absence(s)/material(s) is/are made-up.

Other/Unplanned Circumstances Time

Students who have other or unplanned circumstances occur that result in the need to be absent from an **academic/ didactic class** must complete the following two (2) steps:

1. Notify the DNAP and the specific course instructor via email (using course instructor's PUDCJBR email address and cborrero@eeapr.org) (ONE email sent to BOTH) **prior to class.**
2. Enter a request for an "Other/Unplanned Circumstances" day in the online Medatrax Scheduling System **prior to class.** (*applicable only after access and orientation to the Medatrax System*) Students who have other/unplanned circumstances that result in the need to

be absent from a **clinical day** must complete the following three (3) steps:

Call the Charge Anesthesiologist for the assigned clinical site that day, between 6am-6:30am (earlier, about 5:30am if assigned to ECT). The Charge Anesthesiologist will need the following information: your name, assigned rotation site, specific OR room number assignment (if pre- assigned), and if you are working "independently" or in ECT. **(Please note that the student should NOT simply call the main OR desk at the specific campus location.)**

The student should include the time of the phone call and the name of the Charge Anesthesiologist with whom the student spoke in the email they send to the DNAP.

1. Notify the DNAP via email cborrero@eeapr.org (ONE email to BOTH) **after step 1 and prior to clinical assignments, including the time of the phone call and the name of the Charge Anesthesiologist with whom the student spoke regarding this absence.**
2. Enter a request for an Other/Unplanned Circumstances Day in the online Medatrax Scheduling System **after step 1 and prior to clinical assignments, including the time of the phone call and the name of the Charge Anesthesiologist with whom the student spoke regarding this absence.**

Not following all steps in the process may result in the loss of TWO PT days for each day absent. A doctor's note documenting time needed due to illness for missing more than two

consecutive days or for any time during final examination week, is required. Any student calling out on a test/examination day

must notify the course coordinator and the Program Administrator via email. The time, type, and place of a make-up test are strictly at the course coordinator's discretion, in accordance with the DNAP's "Missed Test/Examination Policy". All Other/Unplanned Circumstances days are counted as Personal Time.

Missing Clinical Days Policy. Each student is responsible for attending clinical assignments as scheduled. Clinical days are not to be used to make personal appointments. Missing clinical will count as Personal Time and will be deducted from the student's PT bank. **Calling out due to unplanned circumstances on a weekend (Friday PM/ Saturday/ Sunday), for a 12-hour shift, during final exam week prior to completion of all final exams, or on a day immediately before or after a pre-approved PT or a DNAP excused absence or a holiday will result in one ADDITIONAL PT day being charged for each day.**

Interview Time

Each student will be allowed to use up to four of the 7 days of Personal Time to attend new job interviews. The student must request these days via the Medatrax Scheduling System as soon as the interview is scheduled. **The student will be allowed to request these four (4) days in August through April of the student's third year in the DNAP program.** The students should not use class days to attend interviews. The Interview days will be deducted from the student's PT bank.

Self-Evaluation Examination (SEE) Time 2 days

The SEE should be taken on a non-class weekday during the first half of Fall term of each academic year. A day off from clinical will be approved for students to take the initial SEE without deduction from the student's PT bank. Requests for time off to take the SEE should be submitted at least three weeks in advance via the Medatrax scheduling system, in accordance with the more specific guidelines note in the SEE section of this *DNAP Student Handbook Supplement* and in the current course syllabus. (*Refer to SEE section for further details.*)

Professional Anesthesia Conference Time

Students are strongly encouraged to attend professional anesthesia meetings, such as FANA and AANA sponsored conferences. Requests to attend meetings require advance submission and approval through Medatrax. When scheduled appropriately in advance, students will not be charged Personal Time for attendance at the actual sessions of these professional meetings. Once the request is approved, the student is expected to attend the professional conference. If the student didn't attend the conference meetings, the time missed from clinical and/or class will be charged as Personal Time. The student must submit written proof of attendance to the DNAP office, in the form of the CE certificate received from the conference.

For meetings at a distance, students should also submit a copy of the travel receipt for the trip to the DNAP office, to verify travel dates.

Additional Attendance Issues

Absenteeism. Personal business, such as doctor appointments, court appearances, or payment of traffic fines must be handled during a student's own time. **Unexcused absenteeism is grounds for disciplinary action, probation, or dismissal from the DNAP and/or PUDCJBR.**

Tardiness. Tardiness includes reporting late for clinical duties, didactic responsibilities, and/or abuse of lunch periods or breaks. If a student knows s/he will be late, s/he should make every effort to notify the program and the appropriate clinical site. Students failing to report to clinical within an hour of the scheduled start time will be considered absent. Unexcused tardiness is grounds for disciplinary action (probation, suspension, or dismissal from the DNAP and/or PUDCJBR).

Additional Categories of Absences

Jury Duty

Students who receive notification of Jury Duty are to email the DNAP office cborrero@eeapr.org immediately and include a copy of the notification. The DNAP will provide the student with a letter explaining the hardship during the DNAP program and requesting a delay in Jury Duty, which the student should submit in response as soon as possible.

Pregnancy

Operating rooms present a potentially hazardous environment to a fetus. Thus, students who become pregnant should consult with the Program Administrator as soon as possible so that clinical assignments may be adjusted as necessary. The DNAP will work with students who anticipate taking maternity leave to adjust clinical and didactic assignments and the length of the program as necessary. **Family Leave.** Extended leave from the nurse anesthesia program will be granted to students in accordance with *The Family and Medical Leave Act of 1993*.

Military Duty

Students who are U.S. National Guard or U.S. Armed Services Reserve Force members will be granted military leave as outlined for Active Military Duty in the PUDCJBR *Academic Catalog*.

Leave of Absence (LOA)

An LOA may be granted at the discretion of the DNAP Director and the Provost. Students requesting a LOA must obtain all necessary approvals from the DNAP and file the required forms with the Registrar's office before a leave can be finalized. Students receiving a LOA will be required to reapply to DNAP during the next application period and are not guaranteed re-entry. Their applications will be considered with the pool of applicants for that cycle. Re-admission is also subject to the availability of appropriate learning experiences for the total number of nurse anesthesia students.

Suspension or probation

Suspension or probation may be imposed for a variety of reasons, to include, but not be limited to: those listed in the PUDCJBR *Academic Catalog*; violation of program policies; academic, professionalism, or clinical performance issues; or disciplinary issues. Clinical suspension from clinical participation will be determined by the DNAP, as addressed in the Clinical Performance sections of this document. Specific suspension times for other than clinical issues will be imposed on an individual basis, as determined by the procedure for Discipline in the PUDCJBR *Academic Catalog*. A recommendation for suspension (other than for clinical issues) will go from the Director of the DNAP to the Provost, who will send it to the PUDCJBR Discipline Committee if indicated. (Refer to "Discipline" and "Academic Appeal" in the PUDCJBR *Academic Catalog*.) During this process, the student may not participate in clinical assignments.

Dismissal. The DNAP may dismiss students from the program for academic/didactic failure, clinical failure, significant breach of professionalism, or failure to meet the required outcome criteria. The DNAP faculty reserves the right to immediately recommend suspension, dismissal, and/or failure from the program of any student for conduct that is unprofessional, illegal, unethical, or immoral. If indicated, an additional recommendation for dismissal from the Institution will go from the Director of the DNAP to the Provost, who will send it to the PUDCJBR Discipline Committee, which will determine whether the student should also be dismissed from PUDCJBR. (Refer to "Discipline" and "Academic Appeal" in the PUDCJBR

Academic Catalog.) During this process, the student.

DNAP Dress Policy

Professional Image

The personal appearance and demeanor of DNAP students reflect the standards of both PUDCJBR and the DNAP degree program. They also demonstrate the student's interest and professionalism. Student registered nurse anesthetists (SRNAs) are expected to maintain a professional image when representing the Institution, Program, and the profession, in the classroom, clinical settings, and in the community. Business casual attire, which is professional, neat, and conservative, as well as good personal hygiene, are expected. A student will be required to immediately change clothing, behaviors, or appearance if a patient or faculty member is offended by the student's appearance or if it poses a hazard to a patient during treatment. A student who is found to be non-compliant with the DNAP Dress Policy may be issued a PC from the

DNAP faculty advisor. Information below describes the appropriate dress in relation to the setting, though more specific guidelines may be provided in each course syllabus:

PUDCJBR Name/ID Badge

The PUDCJBR name/ID badge MUST be worn at the chest/shoulder level at all times while on the PUDCJBR campus or property, or while attending any clinical assignment.

General Appearance for Business Casual Attire:

This General Appearance for Business Casual Attire is acceptable when guests are not expected in the classroom on campus.

1. Nails should be approximately fingertip length and clean; polish, if worn, should appear natural. No acrylic is allowed in clinical settings.
2. PUDCJBR campuses prohibit beards except for medical reasons.
3. Make-up should appear natural and conservative.
4. Good personal hygiene, including an effective mouthwash and deodorant to prevent any offensive body odor, is required.
5. Undergarments should not be visible at any time, to include when lifting, bending, or raising arms.
6. Midriff area should not be visible at any time, to include when lifting, bending, or raising arms.

7. Smoking and chewing tobacco are not permitted.
8. Tattoos or body art should not be visible.

Items that are NOT allowed at any time include:

1. Caps, hats, or hoods
2. Shirts or blouses tied at the midriff, clothing improperly fastened, or anything with a bare midriff (no skin showing on midriff even when bending or when arms are raised)
3. Halters, backless dresses or tops, spaghetti straps, tube tops, tight tank tops, or muscle shirts, unless covered at all times by an appropriate outer garment (to include no visible cleavage)
4. Apparel, emblems, insignias, badges, or symbols that promote the use of alcohol, drugs, illegal activities, violence, or gang involvement
5. Exposed undergarments or cleavage (e.g. bra straps, underwear)
6. Shorts, sweatpants, or cutoff pant legs
7. Short skirts or dresses (Skirts or dresses must extend to or below the knee, when standing.)
8. See-through clothing
9. Casual flip-flops

Professional Attire:

In addition to the General Appearance for Business Casual Attire, Professional Attire expectations are outlined below for events requiring professional appearance or as indicated by faculty, which include but are not limited to:

- Job fairs/interviews
- Graduation events/ceremonies
- Guest Lecturer presentations
- Convocation service or other designated events

- Off-campus events/lectures For males:

Suit or slacks and a long-sleeve button-up shirt Jacket and a tie are recommended

Dress shoes and dress socks Jewelry is to be simple and tasteful

For females:

Suit or slacks and a blouse

Dress or skirt that comes to or below the knee A jacket is acceptable

No visible cleavage or undergarments

Shoes should have a back; hose may be advised Jewelry is to be simple and tasteful

Simulation/Lab Attire/Hygiene:

The attire and hygiene while in the Simulation/Learning Lab is to reflect professionalism and safety. Students are to wear blue scrubs for lab sessions and may choose to wear an appropriate T-shirt with **no writing** on it under the scrubs to prevent cleavage from showing. This may be either sleeveless, $\frac{3}{4}$ sleeve or long sleeve shirt, but should look professional. This will require planning on the student's part, just as getting ready for clinical experiences does. Closed toe shoes must be worn (i.e. no flip-flops, sandals, etc.). Hair should be secured so it does not fall in one's face during patient care. Body art/tattoos must be covered with appropriate size Band-Aids if not covered by clothing. Course faculty reserve the right to dismiss students for DNAP appropriate attire or hygiene. Students will have to make up the time and be responsible for achieving the objectives for the missed class day. **No gum chewing** is permitted during simulation lab practice or testing since it interferes with communication and is unprofessional.

Clinical Dress Code (Professional University DRCJBR's Dress Code)

Students of PUDCJBR have clinical assignments at PUDCJBR and have occasion to be at PUDCJBR frequently, so PUDCJBR expects students to abide by the PUDCJBR Dress Code, whether in PUDCJBR clinical sites or non- PUDCJBR clinical sites. The PUDCJBR dress code is as follows:

Clothing should be appropriate to the job being performed and consistent with the business needs of the area. Clothing should be clean, non-revealing, properly fitting, and in good repair. DNAP-appropriate clothing includes jeans, t-shirts, tank tops, shorts unless specified as an approved uniform, leggings, capri or cropped pants, sweatsuits (shirts or pants), hoodies, and sleeveless garments.

Uniforms & Scrubs can be worn in approved areas. Hospital scrubs should not be worn outside hospital. Color and styles may be defined by department or campus leadership. Department logo is optional but should be on the upper right side. Scrubs may be covered by scrub jacket or lab coat in department approved color. An undershirt may be worn in neutral or matching color approved by department.

Shoes must be clean and in good repair. Athletic shoes allowed only if specified by department policy. Appropriate shoes include: Open toe, sandals and flip flops.

Women: peep toe or sling back shoes permitted. Heel height limited to 4 inches. Hosiery optional. Men: Socks that coordinate with clothing are required.

Identification Badges must be worn during all work time and are for the safety and security of patients and employees. Badges should be worn on upper portion of body with PUDCJBR issued alligator or pulley clips only. Lanyards are permitted. ID badge should not be worn if not on PUDCJBR business or dressed according to PUDCJBR image standards

Grooming Standards:

- **Hair** should be neat, clean, and of natural hair color and worn in style appropriate to the professional healthcare environment.
- **Jewelry** if worn in the workplace should be minimal. Earrings limited to 1 small set in lower earlobe, no longer or wider than 1/2 inch. Hoops up to a quarter size diameter are allowed. No other visible body piercings are acceptable. Earplugs and spacers are prohibited. One ring per hand not to exceed 1 inch or 1st knuckle. One necklace, wrist bracelet, and watch are acceptable. Ankle bracelets are prohibited. Earrings are prohibited on male employees [*and male DNAP students*].
- **Fingernails** must be kept clean, short, and healthy. Length cannot exceed ¼ inch. Fluorescent colors and adhesive decorations are prohibited. Color, when worn, should be of a natural or neutral color. Artificial nails, acrylic, gel, or tips may not be worn by healthcare workers with direct patient contact.
- **Cosmetics** make-up should be natural looking and not excessive. No make-up on men unless covering tattoos. Removable dental art is/are prohibited.
- **Tattoos** must be covered at all times during working hours.
- **Perfume/Cologne/Tobacco/Alcohol/Other Offensive Odors:** Due to contact with patients, customers, and other staff, the use of an antiperspirant and/or deodorant is required. The excessive smell of perfume, cologne, scented powders, tobacco, alcohol, bad breath, or other offensive body odors is unacceptable in the work place.

Safety Equipment: Personal protective equipment, such as gloves, goggles, mask, or gowns must be worn at appropriate work times, according to department guidelines and applicable

laws. Additional equipment may include hearing protection, hard hats, and respirators.

Personal Belongings in the Operating Rooms

(1) Nurse anesthesia students should not bring their belongings into the OR suite.

(2) Physicians whose belongings don't match the description in the following document are advised to use their lockers or anesthesia office at their respective hospitals.

(3) CRNAs whose belongings don't match the description in the following document are to use the locked cabinets in the anesthesia lounge at PUDCJBRO. Other campus leaders will address their options on an individual basis where applicable.

(4) Of particular concern is the OSHA issue of infection control:

- DO NOT place non-rolling bags on the floor.
- DO NOT place belongings adjacent to the trash.
- DO NOT place belongings next to or over the "sharps and medication" disposal units.
- DO NOT place belongings within 5 feet of the patient.
- All personal belongings must be "cleaned" between cases.

GUIDELINES FOR PERSONAL BELONGINGS IN PATIENT CARE AREAS (PUDCJBR Dept. of Anesthesiology) SITUATION:

Personal bags/briefcases and personal belongings in the operative suite BACKGROUND:

1. National Patient Safety Goals (NPSG) GOAL 7: Reduce the risk of healthcare associated infections
2. Recommendations for Infection Control for the Practice of Anesthesiology (Third Edition)
Developed by the ASA Committee on Occupational Health Task Force on Infection Control
ASSESSMENT:

1. American Society of Anesthesiologists Position Statement, House of Delegates 2014:
"It is advisable that fanny packs, backpacks, briefcases, and other personal items that are taken into the semi- restricted or restricted areas be made from a material that can be cleaned and that these items are stored (or placed) appropriately in the operating room to minimize the transmission of hazards, microorganisms or contaminants."
2. Environmental surfaces in U.S. operating rooms (e.g., tables, floors, walls, lights) are rarely implicated as the source of pathogens in SSIs but cleaning soiled or contaminated surfaces with an EPA-approved hospital disinfectant is important after each operation.
3. Low-Level Disinfection is required for non-critical devices. Non-critical devices include, but

are not limited to blood pressure cuffs, pulse oximeters, stethoscopes, cables, surfaces of the anesthesia machine and cart, and personal belongings.

RECOMMENDATION:

1. Personal belongings should only be brought to the operating suite to support work related activities.
2. Personal bags should not exceed the typical size of a large briefcase or portfolio case and be made from material that can be cleaned.
3. Care must be used to avoid contamination of personal belongings.
4. Care must be used to avoid cross-contamination when doffing personal protective equipment (PPE) and contamination personal belongings when involved in CONTACT PRECAUTIONS cases. Appropriately isolate and clean all personal equipment and belongings prior to its use in other patient care areas.
5. Frequently touched surfaces should be considered contaminated and cleaned after each case.

1. Rationale:

Low-level disinfectants kill vegetative bacteria, some fungi and viruses, but not mycobacteria or spores. Manufacturers' instructions should be followed regarding concentration and contact time.

2. Techniques:

Low-level disinfection (liquid contact)

-EPA-registered hospital disinfectants with no claim of tuberculocidal activity. Includes chlorine- based products, phenolics, quaternary ammonium compounds, and 70% to 90% alcohol.

REFERENCE:

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29 CFR Part 1910.1030. U.S. Department of Labor, OSHA. Occupational exposure to bloodborne pathogens: final rule. *Federal Register*. 1991;56:64004-64182. Laufman H. The operating room. In: Bennett JV, Brachman PS, eds. *Hospital Infections*. 2nd ed. Boston, MA: Little, Brown & Co; 1986:315-323.

Stakeholders' Rights

◆ Accrediting Agencies' Rights

Each accrediting agency with which the PUDCJBR Nurse Anesthesia Program (DNAP) has interaction shall expect that the PUDCJBR DNAP will be open and honest in its presentation of the program. It is expected that the administration will operate the DNAP with the highest level of integrity, performance, and quality, so the accrediting agency and the public which the DNAP serves shall have confidence in its operations.

◆ Affiliating Institutions' Rights

The PUDCJBR DNAP maintains several clinical affiliations. Each affiliate site should expect that the PUDCJBR DNAP will solicit and maintain licensure information and a pertinent health history on each student, such as current TB skin tests and relevant immunizations. Affiliates shall expect that PUDCJBR DNAP will instruct its students to maintain the privacy of health information of its patients. They shall expect that the PUDCJBR DNAP will provide students with basic safety instruction and an orientation related to anesthesia practice, as well as information regarding the outcomes expectations of students at each level.

◆ Faculty and Staff Members' Rights

PUDCJBR DNAP academic and clinical faculty and staff have the right to be treated with respect by each student, and the student will be held accountable for doing so.

◆ Patients' Rights

Patients have a right to be cared for with the utmost respect and dignity by nursing anesthesia students as they are specializing in anesthesia. They should expect that the quality of care will reflect the scope and standards for nurse anesthesia practice, and that students will abide by HIPAA regulations.

◆ Applicants' Rights

Applicants have a right to expect that the PUDCJBR DNAP will follow the most current edition of the PUDCJBR *Academic Catalog* related to admission requirements and processes, with the understanding that there will be updates and revisions at least annually.

◆ **Students' Rights (including Complaints/Grievances and Appeals)**

Students have a right to expect that the PUDCJBR DNAP will treat them with respect and will abide by the standards set forth in the current editions of the PUDCJBR *Academic Catalog* and *DNAP Student Handbook Supplement*.

Complaints/grievances or appeals related to **academic/didactic** affairs and non-clinical issues, such as grades or others matters concerning a didactic course, are addressed in the PUDCJBR *Academic Catalog*, and students are entitled to the grievance policies outlined there. However, for **clinical** issues, DNAP students have the right to a complaint/grievance process, as follows: The PUDCJBR DNAP maintains a grievance and due process protocol. All complaints or grievances related to clinical issues must be submitted in writing to the PUDCJBR DNAP Department Director.

Complaints/Grievances (related to Clinical issues):

The PUDCJBR DNAP encourages and welcomes feedback on the clinical aspects of its operation. It recognizes the rights of students to express dissatisfaction or make complaints about clinical issues. Grievances are complaints brought by students regarding the PUDCJBR DNAP's provision of clinical education affecting their role as students. **Complaints/Grievances must be based on a claimed violation of a PUDCJBR DNAP rule, policy, or established practice.** This policy does not limit PUDCJBR DNAP's right to change rules, policies, or practices. As a first step, the PUDCJBR DNAP offers students an informal process to lodge a concern or suggestion. This process allows students to provide the PUDCJBR DNAP with information or suggestions relating to clinical processes or clinical educational services provided.

Students must refer to the institutional Student Grievance/Complaint Policy, which is available through <https://upcjbr.university/wp-content/uploads/2024/01/Grievance-Policy-nov2023-2.pdf>

DNAP PROGRAM – CLINICAL INFORMATION

Clinical Requirements & Expenses PUDCJBR Confidentiality Agreement

Students are required to abide by a confidentiality agreement pertaining to health information, during and after enrollment at PUDCJBR. A form outlining specific obligations must be signed by the student and given to the DNAP office (see Appendix).

Immunizations

PUDCJBR and many clinical sites require students to be currently immunized prior to entry into the clinical area. In accordance with the PUDCJBR policy on “Health and Immunizations”, students are required to present verification of required tests as follows: immunization status against varicella, mumps, rubella, measles, chicken pox, and VDRL. Updated tetanus/diphtheria immunization (within 10 years), as well as a TB skin test (within 60 days) are also requirements. Proof of immunity to Hepatitis B or documentation that the Hepatitis B vaccine immunization series has begun is also required prior to registration. These must be performed by the student’s private healthcare provider. An annual TB test (or chest X-ray and/or QuantiFERON lab test), is required of all students within 60 days prior to their anniversary date of entry.

When clinical affiliate sites mandate additional health tests or immunizations, including flu vaccines or more frequent TB testing, students are also required to comply with these. The DNAP schedules annual TB testing and mask-fit testing for students in the DNAP program, and the cost is included in the Professional Program Fee.

Liability Insurance

Professional liability insurance is required of all nurse anesthesia students. (Liability policies for registered nurses will not cover the practice of anesthesia)

Process for Submitting Student Liability Insurance Claims – with PUDCJBR/PUDCJBRS policy This process **requires all clinical incidents and claims that occur in an PUDCJBRS/PUDCJBR facility to be submitted by the individual student online through the PUDCJBR Risk Master system.** Detailed instructions for this process are included as an Appendix in this *Handbook*.

Students must refer to these instructions if a clinical incident or claim occurs. Immediately after

a student completes the online process to submit an incident or claim, the student will be provided with an Event number for the incident. The student must save the Event number and email the Event number to the DNAP Department Director, to verify to the DNAP that the student has submitted the report. If a clinical event occurs during a student's assigned rotation in a non- PUDCJBRS/PUDCJBR facility, the student must contact the Program Administrator immediately to discuss the issue and obtain further instruction.

NOTE: If a student sustains a **personal needlestick** during participation in an assigned DNAP clinical rotation, the student should report to that site's Employee Health department for initial testing. The student must submit a PUDCJBR RiskMaster report (as above) and submit an PUDCJBR Incident Report Form to the DNAP office. Any recommended follow-up testing or treatment is the student's responsibility, using his/her personal health insurance.

Students may also choose to hold individual liability policies; however, this is optional and is not currently required. If students choose, individual professional liability policies are available for nurse anesthesia students through AANA Insurance Services. The cost is approximately \$300/year and subject to change. The cost of this individual liability insurance is the responsibility of the student. The liability insurance covers students throughout the United States when functioning as students at assigned clinical sites. These policies do **not** cover the policy holder for non-DNAP planned or directed work related activities.

Licensure and Certifications

BLS, ACLS, and PALS certifications through the PUDCJBR are required for practice at the clinical sites. These three current certifications are also required for application for the post-graduation National Certification Examination (NCE) given by the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA). Students are required to complete BLS, ACLS, and PALS certifications twice during the DNAP program (during the 1st and 3rd years). These mandatory sessions are pre-scheduled by the DNAP through the PUDCJBR, **and the costs are included as part of the Professional Program fees (no additional cost is required to students).** If a student does not successfully obtain any one or combination of these certifications during the pre-scheduled sessions, the student must successfully repeat the course(s) through the PUDCJBR; the additional cost is the

responsibility of the student, and any missed clinical days are deducted from the student's Personal Time bank. Students must present evidence of this BLS/ACLS/PALS recognition by the deadline determined by the DNAP prior to entry into the clinical area, and they must maintain this current BLS/ACLS/PALS recognition throughout the program. Students unable to obtain or maintain current BLS/ACLS/PALS recognition will not be allowed to continue in the program. Students who allow any of these certifications to lapse during the clinical portion of the program will be suspended from clinical assignments, with missed clinical days deducted from the Personal Time bank.

Students are required to have an unencumbered Puerto Rico RN license and for any state where they may participate in clinical learning experiences. The current licensure(s) must be presented to the DNAP office by the deadline determined by the DNAP before entering the clinical areas. Students unable to maintain a current, unencumbered Puerto Rico RN license (and for other states where they may participate in clinical learning experiences) will not be allowed to continue in the program. Students who allow their RN license to lapse during the clinical portion of the DNAP will be suspended from clinical assignments, with the missed clinical days deducted from their Personal Time bank. The cost for maintaining RN licensure is the responsibility of the student.

Prior to graduation, students are required to register to take the National Certification Examination (NCE) at the completion of their program of study and are thus expected to take the NCE. The cost for taking this examination (\$995 as of 1/1/2021; subject to change) is the responsibility of the student.

Professional Program Fee

Students must pay a professional program fee that covers technology, laboratories, BLS/ACLS/PALS certifications (once in 1st year & once in 3rd year), and other PUDCJBR services. The amount of the professional fee for DNAP students during the 2018-2019 academic year is \$600 per Semester. This fee is paid to PUDCJBR, is subject to change, and is the responsibility of the student.

Mobile Phone

Students are required to possess and maintain a functioning mobile phone, which can send and receive text messages, throughout the clinical portion of the program. Furthermore, all

students' mobile phone numbers will be shared with all other nurse anesthesia students, USAP-Puerto Rico (formerly JLR Medical Group) and its clinical anesthesia providers, and clinical anesthesia providers in all affiliation sites where students may rotate for clinical experiences.

Additional Required Clinical Equipment

At their own expense, students will need to obtain a binaural stethoscope before entering the clinical area. (Since all nurse anesthesia students have been ICU RNs, it is likely that they may own this item prior to enrollment.) Students will also be required to be fitted for an earpiece for use with a precordial stethoscope prior to beginning specialty rotations. The cost for the earpiece is included in the professional program fee.

Monitoring of Radiation Exposure Policy

Throughout the DNAP, students are expected to participate in clinical practicum experiences in areas with potential and/or actual radiation exposure. These areas include but are not limited to: Surgical services (Inpatient & Outpatient), Cath Labs, EPS Labs, Endoscopy, Kidney Stone Center, Radiation Oncology, Pain Medicine, Nuclear Medicine, PET, Interventional Radiology, and Diagnostic Radiology. The purpose of this policy is to establish guidelines for the monitoring of radiation exposure performed, keeping within the as low as reasonably achievable (ALARA) Program limits as established by the State of Puerto Rico Administrative Code F.A.C. Bureau of Radiation Control 64E-5.304(1) and the PUDCJBR Radioactive Material (RAML) Broad Scope License. The method of monitoring will be radiation monitoring badge dosimetry and/or Thermo Luminescent Dosimeter (TLD). Badges are assigned by the DNAP series badge coordinator, preferably prior to the start of the DNAP811 Clinical Practicum I course. All students are provided with information on the radiologic aspects of radiologic exposure, including potential effects of radiologic exposure during pregnancy.

Wearing and Exchange of Radiation Monitoring Badges

1. Badges must be worn at all times the student is in a potential and/or actual radiation area.
2. When a lead protective apron is NOT worn, the badge should be worn at one of the following locations: Waist, chest, or neck area.
3. When a lead protective apron IS worn, the badge must be worn outside the apron at the collar

level.

4. When not in use, radiation badges are to be stored in non-radiation areas, away from heat and moisture.
5. Exchange of monitoring badges will be quarterly and must be returned to the DNAP series badge coordinator within one week of the end of the wear period. Students will be notified via email or personal communication by the DNAP series badge coordinator.
6. **It is the student's responsibility** to ensure s/he exchanges the existing radiation monitoring badge for a new one within one week of the end of the wear period. Failure to do so may result in clinical suspension (with time deducted from the student's Personal Time bank), at the discretion of DNAP faculty.
7. **In the event of a lost badge, the DNAP series badge coordinator must be notified immediately so that a new badge can be provided.** If a badge is found at a later date, the student must report the location it was found to the DNAP badge coordinator.

Protection against Ionizing Radiation during Clinical Education

The following rules have been established for students' protection against ionizing radiation during clinical education. Exposure to radiation always involves a risk of biologic changes that cannot be ignored. The benefits of diagnosis of disease certainly outweigh the risk. These rules are established for the students' benefit and must be strictly adhered to. While working with radiation, follow basic radiation protection guidelines:

- a. Reducing time of exposure
- b. Increasing distance from source of radiation exposure
- c. Increasing shielding between self and source of radiation exposure
- d. Remain in lead lined control booth or wear appropriate lead clothing when outside the control booth during X-ray exposures. Limit personnel in radiographic room during X-ray exposure to those required for medical purpose or training.
- e. Specifically, students must not hold or support a patient during exposure, nor will they hold or support a cassette during exposure. If an emergency arises, protective apron and gloves must be worn.
- f. During activation of the X-ray tube, students must not be in direct visual line with the tube.
- g. During an exposure or procedure, do not place yourself in direct line with the central ray, even though you are wearing a lead apron, and even though a lead shield is interposed between the

tube and yourself. The tube must in all cases be pointing away from your body.

- h. Under no circumstances will students permit themselves or fellow students (or any other human being) to serve as “patients” for test exposures or experimentation.
- i. During fluoroscopic procedures and bedside radiography, students will remain in the room with the patient. The following will prevail:
 - A lead apron will be worn at all times, or the student will remain behind a lead protective screen and not in visible line with either tube or patient.
 - Students must stand as far from the patient and tube as possible, consistent with the conduct of the examination.

Female Students of Child Bearing Age (17 – 55 years old) Working in a Radiation Environment

If a student becomes pregnant during the nurse anesthesia program, it is her responsibility to notify the DNAP series badge coordinator regarding her status as soon as possible. The DNAP series badge coordinator will provide pregnant students working in a radiation environment with information on the radiologic aspects of radiation exposure during pregnancy. They will discuss the student's clinical practice, emphasizing that alterations are not always necessary. The student may rotate from a potentially higher radiation area to a lesser radiation area, with the understanding that an alteration in the student's clinical rotation schedule may also affect her expected graduation date.

The student must read, understand and sign the Voluntary Declaration of Pregnancy form, attesting to the fact that she has been provided with information on radiation control and that she understands the level of risk associated with her clinical practice. An additional radiation monitor will be provided to the pregnant student, to be worn at waist level under the lead apron to monitor fetal dose (not to exceed 0.5 rem during gestation and no more than 0.05 rem received by the embryo or fetus in any one month). This additional radiation monitor will be exchanged on a monthly basis.

Radiation Dose Limit

All students enrolled in the DNAP must comply with keeping their radiation exposure as low as reasonably achievable (ALARA) according to the Nuclear Regulatory Commission (NRC). Students are required to wear their monitoring device as instructed by program faculty. Loss or mishandling must be reported to faculty as soon as possible. The students will receive individual monthly/quarterly badge dosimeter reports from the DNAP via email. Radiation doses must NOT exceed National Council on Radiation Protection and Measurements (NCRP) requirements. Should a monitor report indicate an exposure of 125 mRem per quarter or 500 mRem per year or higher for a student, the following steps will be taken:

1. Notification of student of excessive dose
2. A conference between the students, program director and/or clinical coordinator will be held.
3. Through consultation with the certified medical physicist, an action plan will be determined to reduce future excessive exposure.

Current Clinical Sites and Clinical Liaisons/Coordinators (as of 12/2019, subject to change)

There is a clinical liaison/coordinator appointed for each clinical site. The following table lists each active clinical site and its respective clinical site liaison/coordinator. Of didactic and clinical instructors to teaching, practice, service, and scholarly activities.

CRNA Liaison/Coordinator	Clinical Site
Carlos J. Borrero CRNA	<i>Auxilio Mutuo Hospital</i>
Jessica Rivera	ASEM
	<i>San Jorge Hospital</i>
	<i>Doctor Center</i>
	San Lucas
	Damas

In resolving minor issues at the clinical site, such as room assignment adjustments, students should first consult with the respective site's designated anesthesiologist in charge that day. In resolving problems specific to the clinical site, students should first consult with the respective site's designated anesthesiologist in charge that day and also notify the site's clinical liaison/coordinator. If this problem remains unresolved, students should then contact the DNAP Program Administrator or Assistant Program Administrator.

If a student experiences a situation that s/he believes should be brought to the attention of the DNAP, the student should discuss such an issue with the DNAP CRNA faculty advisor, or with any of the DNAP CRNA faculty or program administrators. If there is an issue that the student has reported to the DNAP faculty, but beliefs have not been addressed appropriately by the faculty, the student should bring the issue to the attention of the program administration (Program Administrator or Assistant Program Administrator).

Clinical Supervision of Students

A clinical instructor (preceptors and liaison/coordinators) is defined as the CRNA or anesthesiologist who is responsible for teaching nursing anesthesia students during the perioperative period and for evaluating their clinical progress. When students are administering anesthesia, such instructors must be CRNAs or anesthesiologists with staff privileges. Clinical supervision of nurse anesthesia students must not exceed either (a) 2 graduate nurse anesthesia students to 1 CRNA or (b) 2 graduate nurse anesthesia students to 1 anesthesiologist, if no CRNA is involved. Students will be supervised in a 1:1 ratio during the first part of their clinical experience (typically the first two clinical Semester). More advanced students may be supervised on a 1:2 preceptor/student ratio by preceptors who are immediately available in all clinical areas. It is expected that the supervision ratio will not exceed two students to one preceptor. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., life-threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g., additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety). Supervisory ratios are decided by the clinical preceptors and program faculty considering the level of the student, complexity of the case, anesthetic plan, surgical procedure, and experience of the preceptor, and will represent a conservative approach when considering increasing the supervision ratios.

Students in non-anesthetizing areas or situations, such as airway management and resuscitation, are required to have clinical supervision from CRNAs and/or Anesthesiologists and/or credentialed experts who are authorized to assume responsibility for the student. Students are not permitted to attempt clinical interventions without supervision by a CRNA and/or Anesthesiologist and/or credentialed experts who is/are authorized to assume responsibility for the student, except for nursing skills acquired prior to entering the program, i.e. starting I.V. lines, signing out medications, etc. **Students are not to be supervised by graduate nurse anesthetists, residents, or anesthesiology assistants.**

Student Rotation Assignments

Student rotations involve a variety of clinical settings. Rotations currently require travel throughout the Professional University DRCJBR System primarily in the Puerto Rico area, but these clinical sites may be expanded.

Novice students are assigned clinical rotations by the Director of the DNAP or designee. Advanced students may be given the opportunity to participate in the selection of some of their clinical rotation sites, and preference will be given to upper-level students to meet clinical requirements before graduation.

Students' clinical assignments include providing care throughout the continuum of a variety of cases to patients across the lifespan, using a variety of agents and techniques. They will acquire knowledge, skills, and competencies in patient safety, perianesthetic management, critical thinking, and communication to fulfill their professional responsibilities. Student assignments also include emergency shifts, call rotations ("evening/night" shifts), specialty rotations, scholarly/research opportunities, and possibly professional meeting attendance (prior approval required). **Course clinical hours represent minimum hourly requirements.** Students may be assigned additional clinical time at the discretion of the Director of the DNAP for remediation or to obtain needed clinical case numbers or skills. Students assigned to specialty rotations may be assigned to 10 or 12-hour shifts, as dictated by student learning needs and department resources.

Due to the nature of the DNAP clinical aspect, students may spend more time in some affiliates or rotations than others. It is the intent that the overall hours shall not be excessive.

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) expects students' time commitment to be reasonable, and states that student time commitment consists of a reasonable number of hours that does not exceed 64 hours per week. COA defines Reasonable Time Commitment as follows:

A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours* averaged over four weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e. assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.

**Clinical hours include the time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical times would include in-house calls, preanesthesia assessment, postanesthetic assessment, OR*

preparation, and time spent in clinical rounds.

Students rotating to sites distant from the main campus may access needed support services and program faculty by telephone or email. Access to the library and its databases may be obtained via the internet at the PUDCJBR homepage. Tests will usually be administered at the main campus or by special arrangement with a clinical liaison/coordinator. Housing, licensing, and travel costs are the student's responsibility.

Clinical Assignment Process

- A. Students' monthly clinical site assignments are scheduled and distributed to students by the DNAP.
- B. The daily operating room (OR) clinical case schedules are usually initiated by the clinical anesthesia group, by their selection of specific ORs where students should be assigned (at sites where applicable), and then forwarded to the DNAP.
- C. The DNAP completes the daily student clinical assignment schedules, by designating specific students to the ORs that were selected by the clinical anesthesia group (where applicable), and then the DNAP distributes the next day's schedule via email to the students. The DNAP makes every effort to send this email to students by 3pm. (Schedules for the next day with USAP/JLR are also typically posted by them on their website about 5pm.)
- D. Each student is expected to check his/her email by 3:00pm daily, BEFORE leaving the clinical site, to retrieve the assignments for the following day.**
- E. It is the student's responsibility to notify the DNAP **immediately (during PUDCJBR business hours)** if the assignment has not reached his/her email, or if the student has any question about the schedule. This allows the DNAP office staff to have time to research the issue and rectify it if possible, prior to closure of the DNAP office (closes at 6:30pm, Monday-Thursday & 5pm, Friday).
- F. If it is after PUDCJBR business hours when a student notices a clinical schedule discrepancy, such as a student omitted from the clinical schedule on a regular clinical day or multiple students assigned in the same OR, the student should report to the main OR of the campus where the student is assigned according to the Medatrax schedule and communicate with the anesthesiologist in charge for that campus, for them to determine an assignment for the student. After such a change has been made, **the student must email the DNAP program**

administrators Carlos J. Borrero in the same email) about these events. Students are not to communicate with DNAP staff or with the DNAP faculty after PUDCJBR business hours regarding clinical scheduling matters.

- G. Retrieving and meeting clinical schedules is an important part of progressing through the DNAP.
- H. Not retrieving assignments on a timely basis and participating in clinical schedules as assigned will result in the student's loss of Personal Days, or possibly disciplinary action.
- I. **Students are not to call or text message clinical preceptors to request clinical assignment information, unless the preceptor has specifically instructed students to contact them.**

Clinical Attendance Guidelines

The goal of the DNAP is to develop beginning level competent clinical practitioners. To attain that goal, extensive clinical experience in anesthesia administration is required. As a result, clinical rotations are arranged to maximize student experience. The number of clinical days per week varies depending on the course or specialty. Due to the nature of the clinical aspect of the DNAP, students may spend more time in some affiliates or on some rotations than others. It is the intent that the overall hours shall not be excessive. **Students are required to log their clinical time.**

A typical clinical day extends from 0400 until 500. 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. Students can typically anticipate being relieved from their operating room (OR) responsibilities at approximately 3:00 or 3:30, at the discretion of the clinical preceptor. Students assigned to specialty rotations may be assigned 10 or 12- hour shifts as dictated by student learning needs and resources of the department. Students may request to or be asked to finish interesting or unusual cases or cases which will end in a reasonable period. **It is DNAP appropriate for a nurse anesthesia student to ask clinical preceptors/liaisons to leave the clinical area early.** Students may be dismissed early from the clinical area at the discretion of the clinical preceptor and the charge anesthesiologist. However, clinical preceptors **do not need** student input in deciding when students are released from clinical. Students are expected to remain in the OR area until they have been relieved of their duties by the clinical preceptor and the charge anesthesiologist. There will likely be times when students may be dismissed from clinical prior to 1500-1600, at the discretion of the clinical preceptors and charge anesthesiologists; however, there will also likely be times when students are not dismissed from clinical until after 400, at the discretion of the clinical preceptors and charge anesthesiologists.

Students assigned to cases are not to change, or ask to change the assignment, or switch assignments with other students, without expressing reassignment by the clinical preceptors and charge anesthesiologist. Refusing to complete clinical assignments, switching cases without appropriate authorization, or leaving the OR area without permission is grounds for loss of up to two (2) Personal Time days per incident, suspension, and/or dismissal from the DNAP. After being relieved in the OR and before leaving the clinical site, students must obtain

their next day's assignments and make pre- and post-operative rounds, as indicated or requested.

In cases of emergency, nurse anesthesia students may call the Director of the DNAP, present the extenuating circumstance, and request early release from clinical. Unexcused absence from the clinical area is grounds for academic discipline, to include suspension, probation, and/or dismissal from the DNAP and/or PUDCJBR.

Daily Student Clinical Responsibilities

1. Nurse anesthesia students are guests of the clinical affiliate. Students must conform to the policies and procedures of the affiliating clinical institution and anesthesia department.
2. Students must clock in and out of the clinical sites each day they attend assigned clinical experiences, using their Professional University DRCJBR (PUDCJBR) SRNA badge provided before beginning clinical rotations. *This is expected at all Central Puerto Rico PUDCJBR sites (not at Deland, Fish, Memorial Medical Center/Daytona, or Waterman, as of 12/2018).*
3. **Students are to obtain clinical assignments the day before the scheduled clinical experience, to include specific cases whenever possible (preferably at least the first case of the next day).** Assignments will typically be available in the afternoon, depending upon the clinical site.
4. **Students must always introduce themselves to patients in a manner that clearly defines their title and role in the patient's perioperative care.** The following script should be utilized by all students in all clinical settings.

Good morning, Mr./Ms. _____ . My name is _____, and I'm a graduate-level student registered nurse anesthetist.

(POSSIBLE ADDITIONAL EXPLANATION, as indicated if patient asks for clarification about your role: I've been a critical care registered nurse for ___years and am now pursuing graduate level, advanced practice education in nurse anesthesia.)

Today I'm working with _____, who is a certified registered nurse anesthetist (if applicable) and Dr. _____, who is our/my (as applicable) supervising anesthesiologist. We work as a team, and we all will be working together providing the anesthesia care to you during your procedure.

5. **Students must ensure that a preoperative visit and evaluation is performed on at least the first assigned patient for the day. If the first patient is an in-patient and the student's schedule and OR schedule are available in advance, the student should complete this preoperative visit**

and evaluation prior to leaving for the day. The assessment is to include an anesthesia related history and physical examination, review of pertinent laboratories and other studies (x-ray, ECG, MRI, stress tests, etc.). Previous anesthetic records from the old chart should be reviewed if they are available or can be obtained. Every effort should be made to obtain these records. The preanesthetic assessment is documented according to the procedures of each clinical site.

6. If the patient is an in-patient when the student is completing the preoperative visit and evaluation, students are to review the preoperative evaluation with a preceptor (anesthesiologist, if possible) at the site. The preceptor may suggest additional areas for assessment or pre-operative evaluation.
7. Students are to review the complete preoperative assessment for outpatients, if available.
8. Students are to develop one printed/written anesthesia care plan for each assigned clinical day (*unless directed otherwise in writing by the DNAP administration*) during the first two Semester of clinical assignments. Students should select the most challenging (or newest experience) case or patient for the care plan requirement. In the last five Semester, students will complete written care plans for specific pre-assigned specialty cases during the appropriate specialty rotations.
9. When possible in advance and during regular business hours, students should contact their assigned anesthesiologist or CRNA preceptor at the clinical site, to discuss the proposed anesthetic management plan for the next day. (A list of preceptor phone numbers is available from each institution, if a preceptor prefers that the student call him/her.)
10. On the day of clinical, students should review each of their patients' records.
11. The student, in conjunction with the clinical preceptor, should develop a plan of care prior to induction. **In the event of a conflict between the student's plan and that of the preceptor, the anesthesiologist or CRNA will make the final decision for the anesthesia plan of care.**
12. Students are to arrive at the clinical site in sufficient time to prepare for the assigned clinical experiences. This may necessitate arriving an hour, or more, early.
13. Students found to be unprepared for clinical activities may be dismissed from the operating room setting. Make-up clinical time will be at the discretion of the Director of the DNAP. Dismissal from the clinical area twice may result in clinical suspension or dismissal from the DNAP.

14. Students are to prepare the anesthesia workstation and all airway equipment, drugs, and ancillary equipment necessary for the conduct of the procedure and anesthetic. This includes all IVs, regional anesthesia trays, fluid warmers, and invasive monitoring lines.
15. A student should manage the anesthetic from pre-induction through maintenance and emergence, in collaboration with the CRNA and anesthesiologist. The clinical preceptor will decide on the student's level of involvement in the case based upon the student's level of experience, the patient's condition, and the difficulty of the procedure. Students should strive for increased independence in decision making and patient management as they gain knowledge and skills.
16. The student must position and/or supervise the positioning of patients to ensure optimal physiologic function and to prevent injury.
17. At the end of the anesthetic/procedure, the student is to transport the patient safely to appropriate postoperative area and report pertinent pre- and intra-operative data to the recovery personnel.
18. **Prior to the termination of each clinical day, it is the student's responsibility to request a written formative clinical evaluation from the clinical preceptor.**
19. All aspects of anesthesia care given (pre-, intra-, and post-operatively) must be documented by the student according to the policies and procedures of the clinical site. This includes completing all required documentation of controlled substances and billing.
20. Students should visit their patients postoperatively and document the postoperative visit according to institutional policies. **Postoperative visits must be documented in the student's Medatrax time log (if estimate 15 minutes per visit, then enter as 0.25 since the measurement units for time logs are in hours).** Students should strive to visit ambulatory surgery patients in the PACU recovery area later in the day but prior to discharge. Students should strive to visit inpatients, especially during specialty rotations such as CV/CT and Neuro, after discharge from the PACU.
21. Students are to maintain and restock all anesthesia equipment and supplies, where applicable, in accordance with department policies. Students must submit their tablets to the clinical preceptor for a formative evaluation each clinical day. Students are to obtain written formative clinical evaluations from clinical preceptors for a minimum of 50% of the days they have clinical case assignments. This minimum average is expected monthly. While the minimal evaluation rate is 50%, it is ideal that students obtain written formative clinical evaluations

every day (100% of days) and prefer that students should obtain at least at a 60% evaluation rate. **It is the student's responsibility to request the evaluation from the clinical preceptor. The student is responsible for notifying the DNAP office if a preceptor does not have access to the Medatrax system to enter written formative clinical evaluations.**

22. While students must request evaluations from preceptors as outlined, preceptors have a right to request the tablet to complete an evaluation, even if it has not been requested by the student; therefore, the tablet **must** accompany the student to each clinical assignment.
23. When a student experiences a clinical day that s/he believes may result in a negative clinical evaluation, or when a student receives a negative clinical evaluation, the student should contact his/her DNAP CRNA Faculty Advisor via email, as soon as possible that day, to request an appointment to discuss the matter further. **Students must report all near-misses, complications, and critical incidents immediately to the supervising anesthesiologist or CRNA –AND– send an email notification that an event occurred (WITHOUT any patient-specific details) to the student's designated DNAP CRNA Advisor (and copied to the DNAP Director), requesting a meeting with the Advisor.**
24. Each student must complete the daily clinical experience record on the Medatrax system, which also includes time log information such as clinical, simulation, and class time, as applicable. **This information should be thorough and updated at least weekly; thus, case information should be entered within seven calendar days from the date of the procedure.** Students falling behind in this responsibility may be relieved from clinical to bring their case records up to date. Students who repeatedly fall behind in this responsibility will be issued a Professionalism Contract by the DNAP faculty advisor. Missed day(s) from clinical will be deducted from the students' bank of Personal Time days.
25. Students are expected to participate in department quality assessment programs and conferences.
26. Students are expected to participate in clinical conferences with program faculty, as scheduled.

Anesthesia Care Plans

Students are expected to read about and prepare for ALL assigned cases. This requires that a plan of anesthesia care is developed for each assigned patient (see Appendix).

- **During the first two Semester of clinical assignments**, one written anesthesia care plan must be completed for each clinical day assigned in the OR, unless directed otherwise in writing by

DNAP administration. The case chosen for a care plan should be either the most complex case or the newest experience for that day. Written care plans must be uploaded to Medatrax within one week of the case/procedure.

- **In the last five Semester**, students will complete written care plans for specific pre-assigned specialty cases during the appropriate specialty rotations, and the specified written care plans must be uploaded to Medatrax by the end of the designated specialty rotation month.

The appropriate care plan(s) is/are to be printed and taken to clinical by the student, to be available for review on the next clinical day by the preceptor (CRNA or Anesthesiologist). Clinical preceptors may make comments, as indicated, on the care plans as they review them with the student. Unacceptable care plans may be returned to the student for correction and resubmission. **To preserve patient confidentiality, the student should never record patient-identifying material on the student care plan.**

If the student is found to be delinquent with written care plan submissions, a Professionalism Contract will be issued by the DNAP faculty advisor. Only acceptable care plans will be included in calculation of the clinical portion of the term grade. The care plan grade is a percentage reflecting the number of acceptable care plans submitted divided by the number of clinical days. During the first two clinical Semester, student missing five (5) or more care plans for the Semester may receive a grade of “Incomplete” for the Semester. During the last five Semester, a student missing 50% or more of the required care plans for the designated specialty rotation(s) may receive a grade of “Incomplete” for the Semester.

Clinical Grades

Nurse Anesthesia Clinical Practicum courses require students to achieve a minimum grade of **80%** in clinical coursework in order to pass. A student whose clinical performance is below expected levels is responsible for initiating frequent scheduled appointments with his/her DNAP faculty advisor. The advisor will work with the student to formulate goals and objectives for improvement.

Grades for the clinical portion of the course are awarded based on overall clinical performance, which includes professionalism components and written care plan assignments. Meeting clinical schedules is an important part of progression through the DNAP.

Students are each issued a portable electronic tablet device, which is to be presented to clinical

preceptors to provide formative evaluation of the student's clinical work for that day. It is the responsibility of the student to request the evaluation from the preceptor daily, for each day when the student has participated in providing anesthesia. (Clinical days when the student has not participated in the provision of anesthesia, such as being assigned only to preoperative assessments and/or IVs, are exempt from this requirement.) Preceptors have a right to request the tablet to complete an evaluation on any clinical day; therefore, the fully charged tablet must accompany the student every day to each clinical assignment.

Students who do not comply with the required formative clinical evaluations will not earn a passing grade for the applicable clinical practicum course. Such students will be issued a Performance Improvement Contract (without a clinical suspension period – for the first month this occurs) for a span of two complete months, to address increasing the quantity of clinical evaluation feedback. Students may also be subject to a grade of “Incomplete” (I) or “Fail” (F), which could result in an extension beyond the anticipated graduation date and/or failure from the DNAP.

Further progression in the program will be contingent upon submission of missing clinical evaluations or making up clinical assignments represented by missed evaluations, which will be described in the Clinical Performance Improvement Contract discussed with, presented to, and signed by the student. Missing clinical time must be made up according to the discretion of the Program Administrator. Students encountering problems with obtaining clinical evaluations from their preceptors should report this immediately to their academic advisor.

Clinical Performance Evaluations

- A. Students are expected to have verbal feedback from the clinical preceptor on their performance each clinical day.
- B. Students are to obtain written formative clinical evaluations from clinical preceptors for a minimum of 50% of the days they have clinical case assignments. This minimum average is expected monthly. While the minimal evaluation rate is 50%, it is preferred that students obtain written formative clinical evaluations at least at a 60% evaluation rate. It is the student's responsibility to request the evaluation from the clinical preceptor.
- C. Using the tablet (or alternative device, at the preceptor's preference), the clinical preceptor enters the formative written evaluation in Medatrx.
- D. Students must review their completed formative clinical evaluations online in real-time at least weekly. A Professionalism Contract may be issued if the student is not in compliance with reviewing his/her own formative clinical evaluations. Also, a summary of these evaluations is reviewed personally with the students in their individual advising sessions with DNAP faculty, which occur at least once and usually twice per Semester (typically near mid- Semester and end- Semester), or more often if feedback to the DNAP dictates. These formative clinical evaluations are part of the on-going assessment of student performance.
- E. Students may submit their own written responses and comments to formative clinical evaluations during the advising session, if they so desire, and these will be added to their advising file.
- F. Verbal and written formative clinical evaluations are a "sDNAPshot" in time.
- G. Individual issues students may have with an evaluation or the evaluation process should be submitted by the student in writing, as soon as possible once the evaluation has been entered, to the student's respective DNAP faculty advisor.
- H. **When a student experiences a clinical day that s/he believes may result in a weak/negative clinical evaluation, or when a student receives a weak/negative clinical evaluation, the student should contact his/her DNAP faculty advisor in writing (email), as soon as possible to discuss the matter further.**
- I. If a student's clinical performance is considered an urgent critical issue, the clinical preceptor notifies the DNAP via one of the following methods:
 - a) notifies the site clinical liaison, who informs the anesthesia group's Clinical Education Liaison

- (where indicated, such as USAP-Puerto Rico), who then notifies the DNAP, or
- b) notifies the anesthesia group's Clinical Education Liaison (where indicated, such as USAP-Puerto Rico) directly, who forwards the concern to the DNAP, or
 - c) notifies the site clinical liaison, who then notifies the DNAP, or
 - d) notifies the DNAP Assistant Program Administrator or the Program Administrator.

Once the DNAP Program Administrators are aware of the issue, they discuss the matter with the student's faculty advisor, who speaks with the student about the issue. If the DNAP administration and faculty determine that an action needs to be taken, this will be documented via a written notification to the student or a Clinical Performance Improvement Contract.

- J. Expectations for student performance are summarized and listed by Semester on the formative student clinical evaluation form (see Appendix).
- K. A student may inform a preceptor regarding the Semester in which the student is currently enrolled. However, **at no time should a student influence a preceptor about what scores/comments a preceptor should enter about the student's performance**
- L. **At no time is a student to confront a clinical preceptor, such as about an evaluation. If a student has a question about an evaluation, s/he should personally discuss it with his/her DNAP faculty advisor at the DNAP office, BEFORE discussing it with a clinical preceptor.**
 - a. Confront (*from www.dictionary.com*):
 - i. To face in hostility of defiance; oppose
 - ii. To present or face with something, especially in order to accuse or criticize
 - iii. To present for contradiction; to face boldly
 - iv. To stand or come in front of; stand or meet facing; to be in one's way
- M. **A student who engages in confrontational behavior in the clinical setting, such as confronting a clinical preceptor about his or her evaluations, will be issued a Professionalism Contract and will be suspended from clinical for one month**, once such an incident has been reported to the DNAP in writing by the individual whom the student confronted. The missed clinical time will be subtracted from the student's Personal Time balance, which may result in an extension in the program. Such a student will also meet with the DNAP full-time faculty and a Program Administrator and will be referred to meet with the PUDCJBR Citizenship Committee. The DNAP full-time faculty will review the incident with DNAP Program Administrators, who may decide to dismiss the student from the DNAP,

depending upon the circumstances of the confrontation.

N. A student who engages in confrontational behavior in any setting, to include didactic/academic or clinical, for a second time will be dismissed from the DNAP.

Clinical Remediation Procedure

This procedure is instituted when the DNAP is made aware that an SRNA is having difficulty or has a weakness in a specific clinical area or multiple clinical aspects. The following will list the steps that may be taken to assist the SRNA in improving his/her proficiency and ensure return to the clinical area with an improved set of clinical skills:

- The SRNA's difficulty or weakness in a specific clinical area or multiple clinical aspects must be documented and reported in writing to the DNAP.
- The SRNA will meet with his/her program advisor to discuss and identify area(s) of weakness.
- The SRNA may be issued a Clinical Performance Improvement Contract (C-PIC), which may include but not be limited to some of the following components:
 - The student may be removed from clinical assignments for a specified period.
 - If suspended from clinical for more than a two-week clinical assignment period (6-8 clinical days), effort may be made to re-introduce the student to a consistent clinical area with more consistent preceptor mentorship, as appropriate.
- The student may be referred to the Center for Academic Achievement, as appropriate.
- The student may be assigned to perform a review of literature and current peer review practice regarding a specific identified area for improvement, and to submit a manuscript of at least 1250 words to summarize the information found in the literature, as appropriate.
- An intensive written care plan may be assigned to the student based on individualized patient assignments and targeted clinical weakness, as appropriate. While creating the care plan, the student will work closely and in collaboration with Nurse Anesthesia Department Faculty.
- The student may have assigned Simulated Learning Experiences based on specific identified clinical weaknesses and/or on targeted care plan scenarios.
- The student must demonstrate consistent monthly improvement in his/her clinical performance, as reflected in formative clinical evaluations.
- Once remediation is completed successfully and the student has demonstrated consistent clinical improvement in targeted areas of weakness, the C-PIC will be fulfilled.
- If remediation is not completed successfully or the student does not demonstrate consistent

clinical improvement, s/he may be issued a second C-PIC or may be dismissed from the DNAP for inadequate clinical performance.

Performance Improvement Contract: Clinical

A written Clinical Performance Improvement Contract will be issued to a student whose behavior or performance in the clinical aspect of the program is below what is expected or demonstrates substantial weakness. A Performance Improvement Contract will consist of an action plan with specific goals, objectives, and requirements to promote and demonstrate improvement in the area(s) of weakness.

Clinical Performance Improvement Contract (C-PIC)

A student whose clinical performance is below expected for the level in the program or who demonstrates substantial weakness as reflected in negative feedback or clinical evaluations from clinical preceptors will receive a C-PIC, if it is determined by the DNAP faculty in their professional judgment that remediation is likely to be successful, which is most of the time. There may be rare severe instances where the student's behavior or performance is of such an egregious critical nature that the DNAP faculty may determine that initial remediation or further remediation is highly unlikely to be successful. Thus, it is possible that a student may be dismissed from the DNAP in the absence of any Performance Improvement Contract or prior to two C-PICs.

- Students not complying with the minimum required monthly number of formative clinical evaluations may not earn a grade of "Pass" (P) for the applicable clinical practicum course, as they have not obtained a sufficient quantity of evaluations to document consistent appropriate practice to pass the rotation. Thus, they will be issued a C-PIC (without a clinical suspension period – for the first month this occurs) for a span of two (2) complete months to address increasing the quantity of clinical evaluation feedback. These students may also be subject to a grade of "Incomplete" (I) or "No Pass" (NP), which could result in an extension in the DNAP beyond the anticipated graduation date and/or failure from the DNAP. The first C-PIC issued for this purpose of an inadequate quantity of clinical evaluations will not include a clinical suspension period and will not be counted as one of the maximum total numbers of C-PICs, as discussed below. Any subsequent C-PIC for this purpose may include a clinical suspension period and will be counted as one of the maximum total numbers of C-PICs, as discussed

below.

- An initial C-PIC will begin with at least one (1) week of suspension from clinical assignments, during which the student will remediate for identified area(s) of weakness via literature review and/or skills lab practice. The student will then resume clinical assignments, and the C-PIC will span three (3) months and may include receiving an “Incomplete” grade for the current clinical practicum course, until successful completion of the C-PIC.
- If the requirements of the initial C-PIC are not fulfilled during the specified time, or if multiple instances of negative feedback are received, or if a significant instance of clinical weakness occurs during the first C-PIC, an additional C-PIC may be issued. Furthermore, the student may be suspended or dismissed from the DNAP, depending on the nature of the issue.
- An additional/second (and final) C-PIC will begin with at least two (2) weeks of suspension from clinical assignments, during which the student will remediate for identified area(s) of weakness via literature review and/or skills lab practice. The student will then resume clinical assignments, and the C-PIC will span at least four (4) months and will include receiving an “Incomplete” grade for the current clinical practicum course, until successful completion of the C-PIC.
- If the requirements of the second C-PIC are not fulfilled during the specified time, or if multiple instances of negative feedback are received, or if a significant instance of clinical weakness occurs during the second C-PIC, the student will be dismissed from the DNAP.
- A student who has been issued a total of two (2) Clinical Performance Improvement Contracts and then has any other instance of substandard clinical performance (i.e. below expected for the level in the program) or with substantial weakness identified by clinical preceptors, will be dismissed from the DNAP for inadequate clinical performance.

All days missed from clinical assignments due to clinical suspension(s) will be deducted from the student’s bank of Personal Time days, which may result in an extension in the duration of the program and delayed program completion.

Clinical Failure

- A. Situations leading to clinical failure are most often evidenced by negative feedback or clinical evaluations from clinical preceptors.
- B. Multiple incidences of negative feedback, a significant negative evaluation from a single preceptor, negative evaluations from multiple preceptors, or negative evaluations from multiple

sites, may lead to the student being issued a Clinical Performance Improvement Contract (C-PIC) and placed on clinical probation, being suspended, or being dismissed from the DNAP.

- C. The primary review of a student's clinical evaluations is by the student's DNAP faculty advisor. If there are repeated negative evaluations, the full-time DNAP faculty will further review the situation and render a decision about the student's continued status in the DNAP.
- D. Students failing the clinical aspect of the DNAP may not be afforded the opportunity to re-enroll in the DNAP.

Attendance at Department Meetings

Students are expected to attend the conferences and meetings of the clinical facility to which they are assigned. If the institution holds an early morning conference, students should allow sufficient time to prepare for the day's cases prior to the conference.

Call

Call experiences include all "off" shifts, including 3p-11p, 11p-7a, and weekends. When a student is "on call" there must be a qualified CRNA or anesthesiologist immediately available to the student. If a student relieves on a case that is in progress, the student may take credit only for that portion of the case or procedure in which s/he is actively involved. When a student works late, s/he is not required to participate in the administration of anesthesia the following day unless s/he has had a ten-hour rest period between shifts. When there is potential conflict between the call experience and scheduled surgery the next day, the student must initiate a discussion with the supervising anesthesia provider, who will determine which experience is more beneficial to the student. Any such adjustments to the student's schedule must be reported to the DNAP Program Administrator and Assistant Program Administrator by the student via email. Specific aspects of specialty rotations, including call experiences, are addressed with Clinical Orientation and/or Specialty Clinical Orientation materials.

Student Time Studies

During the program, students are required to regularly log their clinical time and activities in the Medatrax system. Students may also be required to complete time studies documenting the amount of time they spend on didactic and clinical activities. This information will be used to monitor program demands on student time. Student time studies are completed on the Medatrax system.

Work Outside of Program

Students must be prepared to devote full-time energies to their nursing anesthesia studies. Personal responsibilities must be managed to minimize distractions and stress so that the student may concentrate on the demanding responsibilities in the DNAP. Part-time work as an RN is extremely difficult to maintain while attempting to meet the demands of the program. Thus, students are strongly discouraged from seeking outside employment. If a student chooses

to work, s/he may work only if:

- The student's academic and clinical performance is satisfactory.
- The student is not employed during the 10 hours prior to any class or clinical assignment.

At no time may a student work as a nurse anesthetist or represent him/herself as a nurse anesthetist.

(Violation of this segment of the policy will lead to dismissal from the DNAP.)

Clinical Experience Record

Students are required to complete and submit daily clinical experience records via the Medatrax system. **This information should be updated at least weekly; thus, case information must be entered within seven calendar days from the date of the procedure.** Students found to be delinquent in this responsibility will be issued a Professionalism Contract and may be relieved from clinical to bring their case records up to date. Missed time from clinical will be deducted from the students' bank of Personal Time days.

Cumulative reports of the daily clinical experience records will be generated throughout the course of study. Individual students, as well as the faculty advisors, should review cumulative reports for errors and completeness. Students should report errors in the clinical experience cumulative report immediately to their advisor. The cumulative report comprises the record of student clinical experiences required for graduation and eligibility to take the National Certification Examination. Student case counts are reviewed during the summative student advising sessions. Students' DNAP faculty advisors should forward recommendations for needed cases to the DNAP Clinical Scheduling Coordinator (currently the Program Administrator), so that clinical rotation assignments may be adjusted considering needed case experiences.

- **At the end of each day,** the student will record the total number of cases, procedures, etc. that were performed, as well as clinical time, anesthesia time, simulation time, and class time (as applicable) on the Clinical Experience Record in Medatrax.
- Students should periodically make their own personal copy of the summative clinical experience log to assist in determining needed case experiences and to place in the student portfolio. **Students are responsible for following their case needs and seeking these experiences at the clinical site.**

- Students should also check the accuracy of the clinical experience and time logs periodically. **The Council on Accreditation of Nurse Anesthesia Educational Programs published a document titled, “Guidelines for Counting Clinical Experiences” in 10/2015 and updated 7/2017, available at <http://home.coa.us.com/accreditation/Documents/Guidelines%20Counting%20Clinical%20Experiences%20July%202017.pdf>. Students must refer to this document as the primary source of advice and guidance for any questions regarding how to count clinical experiences.**

Helpful Definitions

These definitions are from the Glossary in the *Standards for Accreditation of Nurse Anesthesia Educational Programs – Practice Doctorate* (2015, Revised 10/2018) by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), which is available at <https://home.coa.us.com/accreditation/Documents/Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Programs%20-%20Practice%20Doctorate,%20rev%20Oct%202018.pdf>.

- **Alternative Airway Management Techniques**
 - Include fiberoptic intubation, light wand, retrograde tracheal intubation, combitube, transtracheal jet ventilation, gum elastic bougie/tracheal tube changer, esophageal obturator airway, LMA-guided intubation, & cricothyrotomy
- **Alternative tracheal intubation techniques**
 - Alternative tracheal intubation techniques include, but are not limited to, fiberoptic intubation, light wand, retrograde tracheal intubation, transtracheal jet ventilation, gum elastic bougie/tracheal tube changer, laryngeal mask airway (LMA) guided intubation, cricothyroidotomy, **video assisted laryngoscopy**, etc. **The placement of supraglottic airway devices is not included in this definition because that clinical experience is counted separately.** If the student inserts an LMA and then performs an LMA-guided endotracheal intubation, the student would count both experiences in the appropriate categories.
- **Ambulatory/Outpatient**
 - Patients who are discharged from the facility within 23 hours or less following admission & surgery

- **Anesthesia Care Plan**

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

- **Anesthesiologist**

- A Doctor of Medicine (MD) or doctor of osteopathy (DO) who has successfully completed an approved anesthesiology residency program & has been granted active hospital staff membership & full hospital staff privileges in anesthesia

- **Call Experience**

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

- **Clinical Experience**

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

- **Clinical Faculty**

- The CRNA or anesthesiologist is responsible for teaching nurse anesthesia students during the perioperative period & for evaluating their clinical progress. When students are administering anesthesia, such instructors must be CRNAs or anesthesiologists with staff privileges in anesthesia.

- **Clinical Hours**

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

- **Counting Clinical Experiences**

- **Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., CVC placement,**

regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the management of the anesthetic or only observe another anesthesia provider manages a patient's anesthetic care. Two learners should not be assigned to the same case, except when the case provides learning opportunities for two students & two anesthesia providers are necessary due to the acuity of the case. The program will need to justify any deviation from this requirement.

- Immediately available
- A CRNA or physician anesthesiologist must be present in the anesthetizing location where a graduate student is performing/administering an anesthetic and available to be summoned by the graduate student.
- Mask Management
- **A general anesthetic that is administered by mask, exclusive of induction**
- Pain management encounters
- Pain management encounters are individual one-on-one patient interactions **for the express purpose of intervening in an acute pain episode or a chronic pain condition. Pain management encounters must include a patient assessment before initiating a therapeutic action.** Pain management encounters include but are not limited to the following:
 1. **Initiation of epidural or intrathecal analgesia.**
 2. Facilitation or initiation of patient-controlled analgesia.
 3. **Initiation of regional analgesia techniques for postoperative pain or other nonsurgical pain conditions** including but not limited to plexus blocks, local anesthetic infiltration of incisions, intercostal blocks, etc.
 4. **Adjustment of drugs delivered rates of infusion, concentration or dose parameters for an existing patient-controlled analgesia or patient controlled epidural analgesia.**
 5. Pharmacologic management of an acute pain condition in postanesthesia care unit.
 6. Trigger point injections.
 7. Electrical nerve stimulation.
- **The administration of IV analgesics as an adjunct to a general or regional anesthesia technique does not constitute a pain management encounter for purposes of meeting minimal COA required clinical experiences. The administration of regional anesthesia as the primary anesthetic technique for a surgical procedure does not constitute an acute**

pain management encounter.

- **Postanesthetic Assessment**

- Review of all available patient data & validation of anesthesia outcomes

- **Preanesthetic Assessment**

- Review of all available patient data prior to initiating anesthesia

- **Sitting Position**

- Any position in which the torso is elevated from the supine position 45-90 degrees & the torso is higher than the legs.

Clinical Integration/Correlation Conference Guidelines

Students must complete all Journal Club and Clinical Integration/Correlation Conferences course requirements. Students may participate in a variety of learning experiences to meet this requirement, such as case conference offerings, anesthesiology departmental morbidity and mortality conferences, lecture series at clinical sites, or professional clinical conferences. Other learning activities may be considered appropriate for case conference or clinical integration/correlation conference credit and will be considered on an individual basis. Students must request and receive approval for individual case conference or clinical integration/correlation conference learning activities from the Director of the DNAP **prior** to the start of the activity.

Journal Club. Journal Clubs will require students to review current literature in anesthesia and related fields, review current areas of research in anesthesia, and practice presentation and scientific critical thinking skills.

Case Presentations. Case presentations require that students prepare and present a case discussion before a peer group, review clinical management problems and possible solutions, and educate colleagues and faculty. Case presentations must be coordinated with critical incident management and quality assurance activities in the anesthesia department where the student is assigned.

DNAP PROGRAM – STUDENT EVALUATIONS

EVALUATIONS COMPLETED ABOUT STUDENTS

Clinical Evaluations of Students

Clinical evaluations include verbal daily student clinical evaluations and written formative clinical evaluations of student performance, as well as student evaluations of clinical instructors and clinical site evaluations. Evaluations are used to help individuals improve performance by identifying areas of strengths and weaknesses. Formative student clinical evaluations are also used to calculate part of the practicum course grade.

The formative student evaluation form should be completed by the clinical preceptor, using the tablet issued to the student or other technology as preferred by the preceptor, and entered in Medatrax. DNAP faculty advisors perform a summative review of formative evaluations and provide students with feedback, as indicated, at the advising conferences conducted each Semester, typically at the midterm and final points of the term. Students who do not obtain the minimum amount (percentage) of formative clinical evaluations in anyone-month period may receive a grade of “Incomplete” (I) for the practicum course that Semester.

Further progression in the program will be contingent upon submission of missing clinical evaluations or making up clinical assignments represented by missed evaluations, which will be described in an individual Clinical Performance Contract discussed with, presented to, and signed by the student.

Formative Clinical Evaluations

It is expected that students will receive a verbal evaluation regarding their clinical performance daily. Students are each issued a portable electronic tablet device, which is to be presented to clinical preceptors to provide a formative evaluation of the student’s clinical work for that day. It is *ideal* that one written formative student clinical evaluation should be completed by the clinical preceptor each clinical day, for a resulting 100% evaluation rate. **Students must obtain written formative clinical evaluations for a minimum of 50% of the days they have clinical case assignments.** This minimum average is expected monthly. Thus, the following minimum numbers of written formative clinical evaluations are expected, based on the number of clinical

days with clinical case assignments a student has in anyone-month period:

# of Clinical Days with Clinical Cases	MINIMUM # of Written Formative Clinical Evaluations
7 – 8	4
9 – 10	5
11 – 12	6
13 – 14	7
15 – 16	8

While the minimal evaluation rate is 50%, it is preferred that students obtain written formative clinical evaluations at least at a 60% evaluation rate (ideally 100% rate). Any exceptions to the minimal 50% clinical evaluation rate must be approved by the Program Administrator. **It is the students' responsibility to seek the evaluation from the preceptor daily.** However, preceptors have a right to request the tablet to complete an evaluation; therefore, the fully charged tablet **must** accompany the student to **every day to each clinical assignment.**

Students not complying with the minimum number of formative evaluations as listed here will not earn a grade of "Pass" (P) for the applicable clinical practicum course, as they have not obtained a sufficient quantity of evaluations to document consistent appropriate performance to pass the rotation. Thus, they will be issued a Performance Improvement Contract (without a clinical suspension period – for the first month this occurs) for a span of two complete months, to address increasing the quantity of clinical evaluation feedback. These students may also be subject to a grade of "Incomplete" (I) or "No Pass" (NP), which could result in an extension in the DNAP beyond the anticipated graduation date and/or failure from the DNAP. Further progression in the program will be contingent upon submission of missing clinical evaluations or making up clinical assignments represented by missed evaluations, which will be described in the Clinical.

Performance Improvement contract discussed with, presented to, and signed by the student. Missing clinical time must be made up according to the discretion of the program administrator. Students encountering problems with obtaining student clinical evaluations from their preceptors should report this immediately to their academic advisor.

The formative evaluation form describes behaviors that students are expected to meet or exceed during a Semester. These behaviors are based on the programs' terminal objectives, which specify the skills and behaviors a graduate of the program will meet. Student behaviors are rated in four categories based upon the Semester level. These levels are based upon the work of Benner (1984) who studied stages of practitioner development. The PUDCJBR MSNA Program's evaluation tool and process were created by Dr. Elizabeth Seibert and used with permission. The PUDCJBR DNAP program's evaluation tool and process were modified from the prior MSNA tool. In Summer 2018, the COA presented a Draft Common Clinical Assessment Tool (CCAT). The PUDCJBR DNAP revised the formative clinical evaluation tool to more closely align with the anticipated assessment scale for the CCAT. The PUDCJBR DNAP program's formative clinical evaluation tool began implementation on 1/2019 by the initial DNAP cohort. (See Appendix)

The PUDCJBR DNAP consists of nine Semester; however, only the last seven Semester involve student clinical assignments. Therefore, in the explanation of what to expect at each level of practitioner development, please be aware that it is referring to clinical Semester and not total Semester (i.e. 1st Semester means 1st Clinical Semester; however, it is the 3rd Semester the student has been in the program).

Perioperative Patient Safety Concerns

In addition to reporting via the formal clinical evaluation tool, clinical preceptors should report incidents to the DNAP where they believe a student's behavior, lack of knowledge, lack of skills, or any other actions may represent a perioperative patient safety concern.

Perioperative patient safety concerns may occur in a variety of areas, including but not limited to the following:

- Preventing, Detecting, and/or Mitigating Clinical Deterioration in the Perioperative Period
- Teamwork and/or Promoting Collegial Interpersonal and/or Interprofessional Interactions to Support Patient Safety
- Medication Safety
- Patient-Related Communication Issues, Handoffs, and/or Transitions of Care
- Airway Management Difficulties, Skills, and/or Equipment
- Anesthesia Professionals and Burnout

- Distractions in Procedural Areas

1. **Novice: Expected performance level for early 1st Clinical Semester (Semester 3)**

DNAP expects overall scores to be 1-2, for average of 1.5 in the first two months DNAP expects overall scores to be 1.5-2, for average of 1.75 in the next two months

[No experience in anesthesia setting; needs constant guidance; relies on “rules” & what textbook says, difficulty prioritizing; uncertain; disorganized]

- Eager to learn but easily discouraged by small failures; unrealistically high expectations of self-performance
- No experience in anesthesia setting
 - Needs basic information emphasized, e.g., preop evaluation, room set-up, charting, airway management & intubation; IV starts
- Focuses on procedures
 - Concentrates on technical proficiency (room set-up, intubation, a-line insertion)
 - Care plan is a laundry list of drugs and techniques rather than patient or procedure specific
 - Care plan omits important patient/procedural considerations
- Relies on rules & rote memory to make decisions
 - Based decisions on textbook learning without consideration of the context or special circumstance
 - Wants to know the **one** right way to do things
 - Administers calculated drug dosages without considering patient status
 - Poor or weak rationale for decisions
- Unable to identify what is important in a situation
 - Focuses on one aspect of the patient/procedure & is easily distracted
 - Unable to see big pictures
- Requires constant direction
 - Uncertainty
 - Hesitant to implement any interventions
 - Needs constant prompting & reassurance
- Disorganized
 - Room/drug/equipment setup is incomplete

- Application of monitors & administration of drugs is illogical & disordered

2. **Advanced Beginner: Expected performance level for 2nd Clinical Semester (Semester 4)**

*DNAP expects overall scores to be 2-2.5, for average of 2.25 in the next two months expects overall scores to be 2.5-3, for average of 2.75 in the next two months
[Needs help setting priorities; grasps basic flow of anesthetic; able to be left alone for short periods of time]*

- Beginning to develop some principles of practice
- Understands the stages of the anesthetic process but is inefficient in implementation & management of the process
- Comfortable with one method or plan of anesthesia; needs to be challenged to try other drugs & techniques
- Recognizes that not all patients follow the rules
- Concerned with organizing and prioritizing tasks
- Beginning to develop a plan for administration of an anesthetic & organization for a day
- Has acquired basic technical skills (charting, intubation & airway management) but skills need considerable refining
- Able to manage simple or familiar procedures with minimal assistance, e.g., prepares patient for anesthesia induction within 10 minutes. Beginning to manage more complex cases with less assistance (major ortho cases, crani, sicker patients)
- Needs help setting priorities
- Problems or deviations from normal may disrupt thought or decision processes & organizational skills
- Unable to adapt in rapidly changing situations
- Rationale for decisions is good in familiar or simple situations; still unfamiliar with more complex procedures or those in special populations (peds, OB, etc.)
- Adequate preoperative assessment skills but needs suggestions for areas to include or check
- Relies on expertise of instructors and others
- Needs reinforcement that decisions are appropriate
- May not feel responsible for whole situation
- Frequently underestimates or may not anticipate potential problems with patient or procedure

- Recognizes problems/patient responses to procedure & anesthetic, but does so slowly
- Makes interventions to correct problems, but intervention may not always be appropriate
- Can be left alone for brief periods but still requires considerable supervision

3. **Competent: Expected performance level for 3rd, 4th, & 5th Clinical Semester (5th, 6th, & 7th Semester)**

DNAP expects overall scores in Clinical Semester 3 to be 3-3.5, for average of 3.25 DNAP expects overall scores in Clinical Semester 4 to be 3.25-3.75, for average of

3.5 DNAP expects overall scores in Clinical Semester 5 to be 3.5-4, for average of 3.75

[Organized; efficient; plans for problems; takes responsibility for anesthetic; doesn't wait for preceptor prompting to make interventions; able to be left alone]

- Organized and efficient
- Good understanding of the anesthetic process & has formulated a method of implementing it
- Anticipates potential problems & is able to manage some of them
- Not overwhelmed by new situations
- Safely administers anesthesia with minimal assistance on uncomplicated, low to moderate difficulty patients & procedures
- Focus on mastery and planning
- Technical skills are good but need continued refinement, e.g., seeks to expand repertoire of airway management & regional techniques
- Consciously consider steps to take in event of a problem
- Anesthesia care plan is less standardized & more patient specific
- Take responsibility for management of anesthetics
- Does not wait for instructor prompting to make interventions
- Provides good rationale for decisions to instructors & surgeons
- Accepts responsibility for decisions & outcomes
- Reluctant to ask for help; overly responsible
- Focuses on doing all tasks without assistance
- Inefficient use of other team members
- Recognizes limitations of scientific knowledge & others' expertise
- Has made mistakes which had potential for adverse patient outcome; increases vigilance as a result

- Can be left alone for longer periods of time

4. **Proficient: Expected performance level for the 6th & 7th Clinical Semester**

DNAP expects overall scores in Clinical Semester 6 & 7 to be 3.75-4, for average of 3.875[Sees situation as a whole; requires minimal direction]

- Views situation as a whole rather than parts
 - Realizes that a successful surgical outcome involves many factors
 - Does not think about isolated parts of anesthetic but sees it as a total process
- Does not need to formally plan
 - Clinical experience allows anticipation of possible events
 - Knows what to do in a given situation without prior planning
 - Considers alternatives based upon experience
 - Knows what can be safely omitted & what must be done
- Able to practice in a variety of situations with minimal direction
 - Technical skills are good & broad enough to meet most situations
 - Has administered a sufficient number of anesthetics to feel comfortable with complex patients & procedures
- Comfortable with decisions
 - Recognizes limitations
 - May be over confident of their ability
 - Knows when/who to call for assistance
- REGARDING MORE COMMON/ROUTINE, NON-SPECIALTY CASES:
 - Intuitive grasp of situations
 - Recognizes important elements of a situation without in-depth analysis (fluid management, resuscitation, airway obstruction)
 - Knows what needs to be done & does it
 - Draws on an amalgamation of experiences & readings to make decisions & organize activities

Process/Procedure for Formative Clinical Evaluations

1. Formative clinical evaluations must be completed by the clinical preceptors on the form in the Medatrax EASI system.
2. During each clinical day, the student will receive verbal evaluation feedback from their

preceptors. Furthermore, written formative evaluations are also completed. The preceptor will rate the student's performance in various areas using the Semester level categories. Written comments which provide constructive suggestions are an integral part of the evaluation process and will help the student improve his/her performance. It is *ideal* that one written formative student clinical evaluation should be completed by the clinical preceptor each clinical day, for a resulting 100% evaluation rate. Students must obtain written formative clinical evaluations for a minimum of 50% of the days they have clinical case assignments. This minimum average is expected monthly. While the minimal evaluation rate is 50%, it is preferred that students obtain written formative clinical evaluations at least at a 60% evaluation rate (ideal rate 100%). Any exceptions to the minimal 50% clinical evaluation rate must be approved by the Program Administrator. **It is the students' responsibility to seek evaluation from the preceptor daily.** However, preceptors have a right to request the tablet to complete an evaluation; therefore, the fully charged tablet **must** accompany the student to **every clinical case day.**

Process for Summative Review of Formative Clinical Evaluations

1. DNAP CRNA faculty advisors will conduct advising conferences with each student each Semester to review the student's progress toward the minimal and expected quantity and quality of course evaluations. The student's designated DNAP CRNA faculty advisor will conduct a summative review of the formative evaluations for the most recent two-months during the individual student advising sessions each Semester. Advising sessions are typically twice per Semester.
2. Students not complying with the minimum number of formative evaluations as listed here will not earn a grade of "Pass" (P) for the applicable clinical practicum course, as they have not obtained a sufficient quantity of evaluations to document consistent appropriate performance to pass the rotation. Thus, they will be issued a Performance Improvement Contract (without a clinical suspension period – for the first month this occurs) for a span of two complete months, to address increasing the quantity of clinical evaluation feedback. These students may also be subject to a grade of "Incomplete" (I) or "No Pass" (NP), which could result in an extension in the DNAP beyond the anticipated graduation date and/or failure from the DNAP. Further progression in the program will be contingent upon submission of missing clinical evaluations or making up clinical assignments represented by missed evaluations, which will be described in the Clinical Performance Improvement contract discussed with,

presented to, and signed by the student. Missing clinical time must be made up according to the scheduling discretion of the Program Administrator. Students encountering problems with obtaining student clinical evaluations from their preceptors should report this immediately to their academic advisor.

Summative Evaluations of Students

(Student Term Evaluations) (Academic/Didactic/Clinical) (See Appendix)

Students will typically meet with their faculty advisor twice each Semester, unless otherwise indicated. Students are notified by the DNAP of their advising appointments in advance. **Student attendance at the scheduled meetings is required. If a student misses a scheduled advising appointment without at least 24 hours' notice to the DNAP, one Personal Time Day may be deducted from the student's Bank of Personal Time days. Additionally, for any missed advising meeting, it is the student's responsibility to attend a re-scheduled advising appointment within the next five business days, per the advisor's schedule. At least three business days prior to the Semester advising conferences, students should ensure that all required formative clinical evaluations, clinical case and time logs, and care plans have been submitted.** In the advising conferences, the faculty advisor and student will review the academic/didactic progress and the clinical experience and time records, noting areas lacking or of noteworthy accomplishment. Faculty advisors and students will review case and skill numbers, care plans, and clinical evaluations. The advisor documents advising sessions and evaluations on the Advisor Evaluation of Student Progress forms (see Appendix). Students requiring additional faculty advisor contact may meet more frequently with their advisors, as dictated by the situation and individual student needs. The DNAP may provide a written plan of action or a Performance Improvement Contract, if indicated. Primary responsibility for monitoring of action plan implementation and evaluation will be by the DNAP advisor, who discusses progress updates with the department Director.

These processes for clinical evaluation of students' performance represent some of the multiple processes designed for students' continuous quality improvement.

EVALUATION COMPLETED BY STUDENTS

Mandatory Course Evaluations (*summative; end of each Semester*)

Students are strongly encouraged to complete end-of-course evaluations for all courses, including didactic and lab courses in which they are enrolled, as well as monthly clinical site and preceptor evaluations.

Didactic and Lab course evaluations must be completed by the last day of the course (or as otherwise determined by the course instructor or the Institution). (*See PUDCJBR Academic Catalog for additional guidelines.*) Clinical site and preceptor evaluations are addressed separately, below.

Clinical Preceptor Evaluations (by Students) (*formative; end of clinical days*) (See Appendix)

Purpose

- Provide clinical preceptors with feedback and promote professional growth and development
- Identify potential areas for faculty development programming

Procedure

- It is ideal that students should complete evaluations of clinical preceptors after each clinical day, for a 100% preceptor evaluation rate.
- Students must complete anonymous evaluations of clinical preceptors for a minimum of 40% of the days they have clinical assignments, for at least a 40% preceptor evaluation rate. This minimum average quantity is expected monthly, and the quantity will be assessed during the advising meetings with the individual students' DNAP faculty advisors, which occur twice per Semester. It is the student's responsibility to bring his/her electronic device to the DNAP faculty advising meeting, to login to his/her Medatrax account and demonstrate to the advisor the quantity of preceptor evaluations s/he submitted within a given month. (The advisor doesn't need to see the evaluation content but must see the quantity.)
- While the minimal evaluation rate is 40%, it is preferred that students complete written preceptor evaluations at least at a 50% evaluation rate (ideal rate 100%). It is the student's responsibility to remember to complete the appropriate number of preceptor evaluations each month.
- Preceptor evaluations are available at the DNAP's Medatrax site.

- Preceptor evaluations are available for review by the respective preceptor via the online Medatrax evaluation system and are available for review by the Chief Anesthesiologist and/or Chief CRNA at the Clinical Liaison Committee meetings which occur three times each year.

Clinical Site (Facility) Evaluations (by Students) (*formative; monthly*) (See Appendix)

Purpose

- Provide students opportunities to comment on clinical instruction at each site/facility
- Provide clinical sites/facilities with feedback on their facilities and contributions
- Provide feedback to program on clinical instruction at each site/facility
- Identify potential areas for faculty development programming

Procedure

- Students must complete anonymous evaluations of clinical sites where they have been assigned for at least two weeks (6 or 8 clinical day span, depending on Semester), by the conclusion of the month. Thus, if a student was assigned at one site for the entire month, the student must submit one clinical site evaluation for that month. If a student was assigned to two sites, for two weeks each, during the month, the student is expected to submit two clinical site evaluations (one for each site/facility) for that month.
- The quantity will be assessed during the advising meetings with the individual students' DNAP faculty advisors, which occur twice per Semester. It is the student's responsibility to bring his/her electronic device to the DNAP faculty advising meeting, to login into his/her Medatrax account and report and/or demonstrate to the advisor the quantity of clinical site/facility evaluations s/he submitted within a given month. (The advisor doesn't need to see the evaluation content but must be able to see the quantity.)
- **It is the student's responsibility to remember to complete the appropriate number of clinical site evaluations each month.**
- The composite evaluations will be shared with the respective site's Clinical Liaison annually.

Student Self Evaluations (*summative; end of each year*) (See Appendix)

Self-reflection and evaluation are professional responsibilities. As such, students are expected to participate in their own evaluation process. Each student completes the DNAP year 1, year 2, and year 3 self- evaluation form at the end of each respective year. In this manner, students

may be able to track their progress toward the program objectives and self-identified learning and skill development goals as they progress through the program. Faculty review the results of the student's self-evaluation with him/her annually, and this process can facilitate the faculty's determination of needed clinical experiences to enhance student learning.

Student Exit Evaluations/Interviews (*summative; end of program*) (See Appendix)

Final program evaluations are conducted by the DNAP. Prior to the final Semester advising conference, graduating third-year students will complete the Exit Evaluation, which is an online form, in the Medatrax EASI system (see Appendix). Additionally, an individual Exit Interview meeting with DNAP faculty replaces the final advising conference and is an opportunity for the student to discuss his/her opinions of the educational program, to include his/her perceptions of its strengths and areas for improvement. Student comments from the online Exit Evaluation form are compiled in aggregate form for programmatic review. This Exit Evaluation process represents one of multiple processes designed for continuous quality improvement of the program.