Franciscan Missionaries of Our Lady University  
School of Nursing  
Doctor of Nursing Practice-Nurse Anesthesia Degree Program Handbook

This handbook serves as a guide to inform students of the Doctor of Nursing Practice-Nurse Anesthesia (DNP-NA) degree program policies, procedures, and expectations of DNP-NA students at Franciscan Missionaries of Our Lady University. Failure to read this handbook, the University Student Handbook, and the University Catalog does not excuse the student from any of the policies described in these publications. In the event that policies and procedures in this DNP-NA Degree Program Handbook are different from those posted in University publications, this handbook supersedes those in other publications.

Information contained herein, and any other information conveyed to the student, is subject to change at any time by authority of Franciscan Missionaries of Our Lady University. The policies in this handbook are subject to revision at any time during the effective period of this handbook as determined by the School of Nursing. When such changes are made, students will be properly informed of those changes via electronic communication modes (e.g., University Web site, e-mail, and Moodle).

Further information can be obtained from personnel in the following offices:

Doctor of Nurse Anesthesia Program  
Franciscan Missionaries of Our Lady University  
Graduate Clinical Education Building  
5220 Essen Lane, Office 117  
Baton Rouge, Louisiana 70808  
225-214-6971

School of Nursing  
Franciscan Missionaries of Our Lady University  
School of Nursing Building  
7500 Hennessy Boulevard  
Baton Rouge, LA 70808  
225-768-1750

Office of Student Affairs  
Franciscan Missionaries of Our Lady University  
5421 Didesse Drive, Suite A  
Baton Rouge, LA 70808  
225-490-1620

The University assures free and equal access for all qualified persons without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, pregnancy status, or military status in the admission to, participation in, or employment of its programs and activities. The University will provide reasonable accommodations for students with learning, emotional, or physical disabilities. Students wishing to self-identify are required to contact the Office of Student Affairs.
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FRANCISCAN MISSIONARIES OF OUR LADY UNIVERSITY

History: When the Franciscan Missionaries of Our Lady ventured to Louisiana from France early in the twentieth century, they had no idea just how profound an impact they would have on the people of Louisiana. Today, Our Lady of the Lake Regional Medical Center employs over 4,000 people and serves 125,000 patients each year. The foundation of this, which has blossomed into the largest hospital system in the state, had its beginnings with the work of the missionaries who came here in 1913.

The delivery of health care has changed dramatically since 1913, when the first Sister, Mother deBethany, arrived to attend to the needs of the afflicted. Realizing the need to educate employees in the innovations of health care, the Sisters founded a nursing training program in 1923, and Franciscan Missionaries of Our Lady University is the result of those early (as well as more current) efforts of the Sisters who make up the Franciscan Missionaries of Our Lady.

Franciscan Missionaries of Our Lady University, then, is founded on the work of those Franciscan Missionaries who empowered the University to prepare health care practitioners who can share in the Sisters' life dedication to providing health care to this community. Seeking to be faithful to the ideals of this heritage, Franciscan Missionaries of Our Lady University is committed in all of its policies and practices to the pursuit of truth, a respect for differing points of view, and to the ethical and human values inherent in the philosophy of the Franciscan Missionaries of Our Lady. Compassion, Understanding, Respect, and Dignity are Christian virtues we hope to share with you so that you may share them with others. "Grant that we may not so much seek to be understood as to understand” St. Francis said, (My Favorite Quotations, Peale, 1990.) This is at the very heart of this institution, and it has been since the beginning when the first Sisters showed a willingness to sacrifice for the sake of others.

Your education here, though steeped in the specifics of your professed health care discipline, will also exemplify the spiritual obligations we have as human beings, both to one another and to God. We pray and hope that when you leave, you take with you not only the health education required for employment but also the deep understanding of the spiritual foundation from which you are given the gift of healing. It is also true that it will be much later in your life when you will become fully aware of just how much an effect you have had on your patients, both in ministering to the body and the spirit. The reward for treating others with respect and tenderness is often not apparent at first and is usually manifested in ways that surprise us. For as Jesus stated, "Whatever you did for one of the least of these brothers of mine, you did for me.” (Mathew 25:40) In healing others, we heal ourselves as well, or, at the very least draw closer to God who has compelled us to undertake this edifying task.

A solid educational foundation in health care can serve as a powerful tool in working with those with whom you come in contact. As life presents us with the many opportunities and challenges, that it invariably does, this foundation is of the utmost importance; for it provides us with the learning and security that will assist us in moving ourselves forward, enabling us to offer the best possible care.

The history of Franciscan Missionaries of Our Lady University has taught us what it means to be willing to meet new challenges. When Franciscan Missionaries of Our Lady University began its
journey as a diploma school of nursing, few could have predicted the phenomenal growth and expansion that has occurred, particularly in the last few years. Whereas once enrollment was less than 100, today the University enrolls over 1,300 students. We have gladly accepted the responsibilities that have come with expansion to find out our full identity at a time when health care is in as great a demand as ever. It has been a journey of enormous importance and we are grateful for having been able to be of help to so many.

Your educational journey and our institutional journey continue together. Discoveries await which will reveal more about our faith and our values and roles in a larger society. Your journey is not undertaken alone, but in concert with the students, faculty, administration, and staff of our University. "Come to me confidently whenever you want," St. Francis once remarked, "and feel free to speak to me with the utmost familiarity." We sincerely hope you will risk the kind of journey afforded you through enrollment in Franciscan Missionaries of Our Lady University, one that will yield up many discoveries about yourself and those with whom you come in contact. How often we refuse to go through the door that is opened for us. We hope that you will find it in your heart to cross this threshold, as the first Franciscan missionaries did. We offer a solid foundation in learning, a tradition of success in helping others and a legacy of service to God's people.

**Mission:** The mission of the Franciscan Missionaries of Our Lady University is to educate and form Franciscan servant leaders of all faiths. We honor and preserve the legacy of our founders by preparing highly skilled professionals, integrated thinkers, and faith-filled citizens. Inspired by the Franciscan Missionaries of Our Lady to be a living witness to Jesus Christ and the Gospel message, the University is in communion with the teachings of the Catholic Church.

**SCHOOL OF NURSING**

**History:** The School of Nursing originated as a diploma program at Our Lady of the Lake Hospital in 1923. In 1990, Franciscan Missionaries of Our Lady University, formerly Our Lady of the Lake College was established based on the recommendation of the nursing faculty. The diploma program was transitioned to an Associate of Science in Nursing program. The first class was admitted in 1990. In 2003, Franciscan Missionaries of Our Lady University began offering the accelerated Associate of Science in Nursing program. As a result of changes in health care, the nursing faculty proposed transitioning the associate degree program into a Bachelor of Science in Nursing program. The BSN program admitted its first class in fall 2012. In 2005, the University began offering graduate-level nursing programs with three degree tracks at the Master's level to include: Nurse Anesthesia, Educator, and Administrator degree programs. In 2015, the Master of Science in Nursing-Nurse Anesthesia degree program transitioned to a Doctor of Nursing Program degree program. In 2017, the Master of Science in Nursing, Family Nurse Practitioner program track was added to the School of Nursing graduate degree offerings.

**Mission:** In keeping with the spirit of the Franciscan Missionaries of Our Lady University, the School of Nursing prepares exceptional, innovative, reflective nursing professionals to assume leadership roles addressing the needs of individuals, families and diverse communities in the dynamic healthcare system. Graduates demonstrate service, scholarship, collaboration and lifelong learning while advancing the profession of nursing.
**Accreditation:** Franciscan Missionaries of Our Lady University and the Doctor of Nursing Practice Nurse Anesthesia Program are accredited as follows:

Franciscan Missionaries of Our Lady University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate, baccalaureate, masters, and doctorate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Franciscan Missionaries of Our Lady University.

Franciscan Missionaries of Our Lady University Nurse Anesthesia program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 S. Prospect Ave., Park Ridge, IL 60068-4001 and can be reached at 847-655-1160, via fax at 847-692-7137 or by email: accreditation@coa.us.com. The program received 10 years of continued accreditation in October of 2018 and is scheduled for its next consideration of continued accreditation in Fall 2028.

The Franciscan Missionaries of Our Lady University Doctor of Nursing Practice- Nurse Anesthesia program is fully approved by the Louisiana State Board of Nursing (17373 Perkins Road, Baton Rouge, Louisiana 70810, (225) 755-7500, [http://www.lsbn.state.la.us](http://www.lsbn.state.la.us)).

**Doctor of Nursing Practice Program in Nurse Anesthesia**

**History:** The Master of Science in Nursing, Nurse Anesthesia (MSNA) Program enrolled its first cohort of students in August 2005. The MSNA degree program was designed as a 28-month continuous program of study with a curriculum requiring the completion of 80 credit hours and 2800 clinical hours.

In January 2015 the MSNA degree program transitioned to a Doctor of Nursing Practice in Nurse Anesthesia (DNP-NA) program. The DNP-NA program requires the completion of 100 credit hours, including a final DNP project, anesthesia lab experience with high fidelity simulation and task trainers, and 2500 clinical hours over 36 months of continuous full-time study at Franciscan Missionaries of Our Lady University with no provision for part-time study. The first two semesters of the program are delivered via distance education to allow the registered nurse the ability to continue to practice in the critical care setting. After the first two semesters, the program requires continuous didactic and clinical instruction to provide the requisite number of anesthesia cases, classroom hours, and clinical hours for each student. The program is composed of sequential and integrated courses designed to facilitate the achievement of its terminal objectives and outcomes.

**Mission:** The mission of Franciscan Missionaries of Our Lady University’s Nurse Anesthesia Program is to provide diverse learners with the knowledge and skills necessary to deliver safe, equitable and evidence-based patient-centered care at the highest level of advanced nursing practice. The program develops leaders and scholars who transform systems of care by improving quality of care and patient outcomes in a variety of healthcare settings. The Program achieves this mission through the creation of an environment that promotes professional socialization, embraces diverse cultures and learning styles, recognizes achievement and promotes excellence while exemplifying the mission and traditions of the Franciscan Missionaries of Our Lady.
Program Administration and Faculty: The administration, faculty, and staff of the DNP-NA degree program are listed below along with their office telephone numbers and email addresses.

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Interim Director
Mandy Broussard, DNP, CRNA, APRN
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225-490-1627

Assistant Director
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Graduate Nursing Academic Support Coordinator
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225-214-6989 (fax)
EDUCATIONAL PHILOSOPHY

The philosophy of Franciscan Missionaries of Our Lady University’s Nurse Anesthesia Program is a continuation of the University’s mission and philosophy. The University and the program believe in the individuality of students, taking into account their diverse cultures and learning styles and the contribution that such diversity brings. The program honors the uniqueness of individual learning styles to accomplish higher education.

Nurse anesthesia education requires a broad knowledge base in science combined with intense clinical training to provide patients with safe care during the perioperative process. Critical thinking, clinical judgment, clinical problem-solving skills, and communication skills are crucial for the nurse anesthetist. In addition, the student anesthetist is encouraged to interact and learn from all types of anesthesia providers to foster professional socialization during their educational process.

PROGRAM PURPOSE

The purpose of the DNP-NA program is to prepare the baccalaureate registered nurse for the highest level of advanced nursing practice with a specialization in nurse anesthesia to provide safe and equitable patient-centered care. The graduates of the program are prepared to meet state, regional, and national needs as doctorally prepared advanced practice nurses in leadership positions in health-related organizations to improve systems of care, patient outcomes, and quality of care.

PROGRAM GRADUATE LEARNING OUTCOMES

Upon completion of the DNP-NA Degree Program, the graduate will be able to:

1. Integrate nursing science, advanced levels of systems thinking, and accountability in designing, delivering, and evaluating evidence-based practice to improve healthcare quality;
2. Demonstrate leadership by applying principles of organizational and systems theory, to envision, design, evaluate and manage health organizational systems;
3. Translate research and generate evidence to guide improvements in practice and outcomes of care;
4. Incorporate healthcare information systems and patient care technologies to improve and transform programs of care and care systems;
5. Influence healthcare systems through the design, implementation and evaluation of healthcare policies;
6. Collaborate interprofessionally in the development and implementation of practice models, peer review, practice guidelines, healthcare policy, standards of care and scholarly projects;
7. Generate, implement and evaluate health promotion/disease prevention interventions and strategies to address gaps in care of individuals and populations; and
8. Apply critical thinking and requisite knowledge to provide safe, ethical, evidence-based anesthesia care services to culturally-diverse individuals across the lifespan.

PROGRAM OUTCOME MEASURES

1. Graduates of Doctor of Nursing Practice in Nurse Anesthesia program will be adequately prepared for the NBCRNA NCE as evidenced by:
a. Cohort Pass Rate
   i. Pass rate equal to or greater than the national average for first time test takers.
   ii. Eventual pass rate of 100% for all test takers on all attempts.

b. Cohort Mean NCE Total Score
   i. Cohort Mean Total Score equal to or greater than the national average for first time test takers.

c. Cohort Mean NCE Sub Scores
   i. Mean sub scores equal to or greater than the national average for first time test takers in all domains.

2. The Doctor of Nursing Practice in Nurse Anesthesia program will admit, retain and graduate students who have the ability to benefit from a nurse anesthesia education as evidenced by:
   a. Admission Standards
      i. 100% of students admitted to the program will demonstrate the ability to benefit from a nurse anesthesia education.

b. Graduation Rate
   i. The program will retain 90% of admitted students per cohort with a target graduation rate of 90%.
   ii. Program attrition will not exceed 10% per cohort.

3. The Doctor of Nursing Practice in Nurse Anesthesia program will graduate students who are prepared to enter into nurse anesthesia practice as a DNP prepared APRN as evidenced by:
   a. Employment Rate
      i. Of those graduates seeking employment, 100% will be employed as a CRNA within 1 year of graduation.

b. Alumni Evaluation
   i. At 1 year post-graduation, 100% of responding alumni will report preparedness to enter anesthesia practice upon graduation of the nurse anesthesia educational program.
   ii. At 1 year post-graduation, 100% of responding alumni will evaluate the quality of the nurse anesthesia program as favorable in relation to their preparedness to enter into nurse anesthesia practice upon graduation of the nurse anesthesia educational program.
   iii. At 1 year post-graduation, 100% of responding alumni will report the acquisition of refined communication and research skills necessary to make contributions to appropriate knowledge bases.
   iv. At 1 year post-graduation, 100% of responding alumni will report active participation in at least one professional organization.

c. Employer Evaluation
   i. At 1 year of employment, 100% of responding employers will report that graduates are able to administer safe, compassionate care through a variety of anesthetic techniques.

DNP-NA Degree Requirements

In order to meet DNP-NA degree requirements, students must:
   1. Satisfactory completion of all courses;
   2. Satisfactory complete a DNP Project; and
3. Satisfactory complete all requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).

Each student is responsible to monitor their progress to ensure that degree requirements are met. If a student finds they are not obtaining a sufficient amount of clinical cases or a variety of cases to fulfill the requirements, the student is responsible to notify the Director of Clinical Education and/or the Program Director immediately. Early notification is imperative so appropriate changes in clinical assignments can be made.

DEFERRAL OF GRADUATION
In very unusual circumstances, a student may be granted a deferral of graduation. Every requirement for graduation must be met before graduation. If a deferral is needed, it must be approved by the DNP-NA Program Director and the Dean of the School of Nursing. This deferral may be granted in the following circumstances:

- Failure to meet graduation criteria
- Student on probation
- Extended medical leave
- Extended military leave (mandatory call to active duty)
- Other extreme circumstance

In the case a student is granted deferral of graduation, the student will have one academic semester after the original graduation date to fulfill all graduation requirements.

WITHDRAWAL FROM COURSES
Students wishing to withdraw from course(s) must submit the required University Course Withdrawal form, which can be obtained in the Nurse Anesthesia Program office.

A student leaving the University without following these procedures will receive a grade of “F” for the courses. If the proper procedure is followed, the student will receive a “W” in all courses.

A student who withdraws from course(s) will be considered out of progression and will be dismissed from the Program.

READMISSION TO THE PROGRAM
A student who has withdrawn from the program (withdrawn from all courses) during the first or second semester and is in good standing with the University may reapply to the nurse anesthesia program. Students who wish to reenter the program must meet with the admissions committee. Readmission is contingent on committee recommendations, availability of positions in the program, and previous academic experience. Prior attendance does not guarantee readmission into the program.

REQUIREMENTS FOR ADMISSION
To be considered for admission, applicants must meet the following criteria:

1. Baccalaureate degree in nursing from an accredited ACEN or CCNE accredited school of
nursing college or university;
2. Cumulative undergraduate grade point average of 3.0 on a 4.0 scale;
3. Minimum Graduate Record Examination (GRE) score of 290 or higher when combining verbal and quantitative scores within the last five (5) years. Analytic writing score of 3.0 or higher;
4. Minimum of 1-year full-time (2 years preferred) recent experience as a registered nurse in an adult intensive care unit;
5. Current, unencumbered license to practice as a registered nurse (RN) in any state with eligibility for licensure in Louisiana;
6. Current American Heart Association Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) certifications;
7. Completion of application requirements by July 1st as stated in the graduate application instructions;
8. Submission of three (3) professional letters of recommendation (one (1) from current immediate supervisor; one (1) from peer);
9. Non-native speakers of English must demonstrate sufficient English language proficiency per the University English Proficiency and TOEFL Requirement;
10. Ability to meet and comply with the DNP-NA Core Performance Standards; and
11. CCRN certification required for reapplication.

Candidates who satisfactorily meet these criteria may be invited for an evaluated interview.

Upon acceptance into the program, students must meet the following criteria prior to enrollment:
   1. Current unencumbered Louisiana registered nurse license; and
   2. American Heart Association Pediatric Advanced Life Support (PALS) certification

**PROGRAM CORE PERFORMANCE STANDARDS**

The practice of professional nursing requires specific skills, characteristics, and qualities. The Core Performance Standards of the Doctor of Nursing Program-Nurse Anesthesia Degree Program identifies the behavioral criteria, which allow the graduate level student to safely perform in a variety of roles in the advanced practice setting, and successfully progress in the Nurse Anesthesia Program.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Standard</th>
<th>Examples of Necessary Activities (Not All Inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>The intellectual ability to assimilate information and demonstrate sound clinical judgment and problem-solving skills in the classroom setting, as well as in the provision of comprehensive patient care.</td>
<td>Recognizes relationships between concepts and phenomena in the clinical and classroom setting; develops, implements, and prioritizes plan of care in a variety of settings.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Possesses the interpersonal skills to implement caring behaviors with respect to the values, customs, and culture of diverse populations.</td>
<td>Establishes therapeutic relationships with patients, and collaborates appropriately with the health care team.</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Explanation</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Communication</td>
<td>Demonstrates the ability to interact with others in standard English in both verbal and written form.</td>
<td>Explains treatments, procedures, provides health teaching, and documents and interprets nursing actions and patient responses. Communicates significant findings with faculty and other members of the health care team in a concise, professional and timely manner.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical ability to provide for patient safety, to move around the physical plant, to maneuver in small places, and the physical health stamina to carry out nursing care.</td>
<td>Coordinated mobility to move around in patient’s rooms, work spaces, and treatment areas; and administer CPR procedures. Lift, move, position, and transport patients without causing harm, undue pain or discomfort to self or patient. Transports mobile equipment in a cautious and timely manner.</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities to provide safe and effective nursing care. Performs technical skills requiring fine motor skills and manual dexterity.</td>
<td>Calibrate, use, and manipulate instruments and equipment in a safe and effective manner. Administer medications safely via a variety of routes; Position patients in a safe and appropriate manner.</td>
</tr>
<tr>
<td>Sensory</td>
<td>Use of the senses of vision, hearing, touch, and smell to observe, assess, and evaluate effectively.</td>
<td>Hear monitor alarms, emergency signals, or cries for help. Smell noxious fumes and distinguish specific smells. Observe patient’s physical and emotional responses. Assesses changes in color, texture, or temperature. Perform motor skills for physical examination, including percussion, palpation, and auscultation.</td>
</tr>
<tr>
<td>Professional Behavior</td>
<td>Exhibits emotional and mental stability, motivation, and flexibility to function in a variety of situations. Fosters a positive image of the nursing profession. Demonstrates characteristics of self-direction and accountability.</td>
<td>Ability to demonstrate caring and empathetic behaviors in the classroom and clinical setting. Manages time and prioritizes effectively. Ability to respond to constructive criticism and direction from faculty, clinical staff, and peers during learning experiences, seeks out assistance as appropriate. Works collaboratively with a variety of health professionals.</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Ability to organize, synthesize, and apply concepts and theories in the classroom and clinical setting. Maintains current knowledge related to advanced nursing practice.</td>
<td>Ability to participate in classroom discussions, seminars, and clinical conferences with faculty, peers, health professionals, and family members. Ability to transfer information learned in the classroom to the clinical setting. Completes all assignments in a professional and timely manner. Ability to successfully complete oral and/or written examinations.</td>
</tr>
</tbody>
</table>
### Ethical/Legal

| Practices within legal, ethical, and regulatory frameworks of the profession. Uphold honesty and personal integrity with all campus/clinical activities. Functions as a patient advocate when planning and implementing nursing care. | Adheres to the standards of professional nursing practice. Acts as a patient advocate at all times. Reports unethical or dangerous behavior that could affect patients or the campus community in general. Plagiarism, cheating on exams, withholding required information, or falsifying documents are examples of unethical behavior. |

### Technology Utilization

| Ability to utilize basic computer skills for the purpose of scientific inquiry, as well as for documentation of findings and relevant data. | Ability to conduct web-based searches, access and successfully complete web-based assignments, participate in discussion boards, and accurately document nursing notes and assessment findings by computer mode. |

### STUDENTS WITH DISABILITIES

Refer to the Franciscan Missionaries of Our Lady University Student Handbook for information regarding Students with Disabilities and Disability Services. Nurse Anesthesia applicants must be able to meet core performance standards for admission and progression. In the event that a nurse anesthesia student is physically or mentally unable to administer safe patient care in all aspects of anesthesia administration, the program reserves the right to dismiss the student from the program.

### STUDENT CODE OF CONDUCT

Refer to Student Code of Conduct in the Franciscan Missionaries of Our Lady University Student Handbook.

### JURISDICTION

Refer to the Franciscan Missionaries of Our Lady University’s Student Handbook for additional information related to conduct procedures, sanctions, and appeals.

### LICENSURE AND CERTIFICATIONS

All DNP-NA students must maintain a current, unencumbered license as a registered nurse issued by the Louisiana State Board of Nursing at all times while attending Franciscan Missionaries of Our Lady University. All DNP-NA students must all maintain American Heart Association Advanced Cardiovascular Life Support (ACLS), Basic Life Support (BLS) and Pediatric Advanced Life Support (PALS) certifications while enrolled in the program. It is each student's responsibility to submit, electronically, a copy of their original nursing license and their certifications. The copies must be submitted into the student tracking system (Typhon) and must be maintained up-to-date at all times throughout the program. A copy will be placed in the student’s file. If the student has not provided evidence of current licensure to the Academic Support Coordinator, clinical privileges will be immediately suspended. All clinical time missed as a result of such a suspension shall be counted against personal leave time or made up, at the Director of Clinical Education’s discretion.
**Clinical Privileges**

All nurse anesthesia students must continually meet the standards of care promulgated by the Louisiana State Nursing Practice Act and the rules and regulations of the Louisiana State Board of Nursing (LSBN). The Program Administration will investigate and take appropriate action regarding any information suggesting that a student is failing to meet these or any other regulatory requirements. Per regulatory law, the School of Nursing Dean will report to the LSBN (and/or other appropriate authorities) any conduct that violates statutory or regulatory laws of the state of Louisiana or the United States.

If the Program Administration determines that a student’s conduct has presented concerns regarding patient safety, substandard care, or unprofessional conduct, the student’s clinical privileges will be immediately suspended. The matter will then be forwarded to the School of Nursing Dean for further consideration and action. Following the suspension of clinical privileges by the Program, the student is prohibited from any patient care activities pending the outcome of the deliberations of the School of Nursing Dean.

**Student Health Requirements**

Students will receive a health packet during the third semester of the program detailing all health and safety requirements that must be met before the first clinical course. Failure to maintain compliance with the health and safety requirements each semester will result in the student’s inability to attend the clinical portion of their program and may result in dismissal from the program. Students should contact the Office of Health and Safety if they have any questions regarding these requirements or view the policy for Clinical Student Health Requirements. In the event of pregnancy, the Director of Clinical Education should be notified immediately and clearance from an obstetrician must be submitted to the Office of Health and Safety to continue the clinical portion of the program. Students must comply with all policies, procedures, and guidelines required by the Office of Health and Safety and the individual clinical site. Refer to the Campus Health section of the Franciscan Missionaries of Our Lady University Student Handbook.

**Judicial Declarations**

Upon acceptance to Franciscan Missionaries of Our Lady University Nurse Anesthesia Program, arrests, charges, convictions, no contest or guilty pleas related to a criminal offense must be reported to the Program Administration. Failure to notify the program of an arrest or charge, current or prior, is grounds for disciplinary action up to and including dismissal from the program, regardless of whether or not the arrest or charges lead to a conviction. Nurse anesthesia students arrested for other criminal offenses may be immediately suspended from the program until the charges are resolved.

Students are required to complete one or more background checks while enrolled in the program. The Campus Health and Safety Department will attest to clear background checks for students prior to clinical placement. If a student’s background check is not clear, the Campus Health and Safety Department may require the program to share the report with clinical agencies. The University and/or program cannot guarantee clinical placement. Additionally, the University cannot guarantee APRN licensure upon graduation.
The DNP-NA program acknowledges that social networking sites are a popular means of communication. Additionally, mobile phone use is increasing in healthcare to facilitate communication between providers and improve access to evidence-based practice and clinical information. Students who choose to utilize mobile technology must be aware that posting certain information and engaging in certain actions is illegal and/or distracting to patient care. Violations of administrative policies and regulations may expose the student to criminal and civil liability. Offenders may be subject to probation, suspension, and possible dismissal from the program. The nurse anesthesia program prohibits the following actions:

1. Students may not disclose the personal health information of other individuals. Removal of an individual's name does not alone constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from a medical outreach trip) may still allow the reader to recognize the identity of a specific individual.

2. Students may not report private (protected) academic information of another student.

3. Students may not represent themselves as an official representative or spokesperson for the DNP-NA program or Franciscan Missionaries of Our Lady University.

4. Students may not represent themselves as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent any prohibitions listed in the School of Nursing Graduate Student Handbook.

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

1. Knowingly distributing false evidence, statements, or charges regarding oneself, another student, and/or faculty/staff member.

2. Using electronic channels of communication to disseminate inappropriate or uncivil comments regarding peers, faculty, or staff.

3. Verbal, written, or electronic insults to, or verbal attacks on, Franciscan Missionaries of Our Lady University, the nurse anesthesia program, clinical facilities, clinical preceptors, faculty, staff, or students.

4. Threats or acts of physical violence against Franciscan Missionaries of Our Lady University, the nurse anesthesia program, clinical facilities, clinical preceptors, faculty, staff, or students.

5. Harassment, in any form, of Franciscan Missionaries of Our Lady University, the nurse anesthesia program, clinical facilities, faculty, staff, or students.

6. Violating the confidentiality of a faculty committee by an elected student representative serving on that committee.

7. Inappropriately accessing mobile technology or social media while delivering anesthesia care. Inappropriate mobile technology use is defined as the use of any mobile device [smartphone, tablet, personal digital assistant (PDA)] for any use other than accessing information directly related to that patient’s care. Examples include reading, texting, playing games, using headphones, or accessing non-clinical content. Mobile technology should only be utilized in communication with and with the permission of the supervising anesthesia provider for the sole purpose of accessing information related to patient care.

Students violating the Franciscan Missionaries of Our Lady University Nurse Anesthesia Program’s social media use policy may face disciplinary action including but not limited to dismissal from the nurse anesthesia program. It is important to note that all students engaging in the conversation or responding to any postings will be held accountable.

Violations will be forwarded to the Dean of the School of Nursing and Provost/Vice President for Academic Affairs for further review and may lead to dismissal from the University. Additionally, all occurrences regarding the violation of this policy will be forwarded to the Louisiana State Board of Nursing by the Dean of the School of Nursing.

Refer to Franciscan Missionaries of Our Lady University’s Student Handbook regarding Social Media Usage.

**STUDENT PROFESSIONAL LIABILITY INSURANCE**
Students are required to carry professional liability insurance at all times during their enrollment. Professional Liability Insurance is purchased by the program and must be obtained and maintained by the student through the American Association of Nurse Anesthetists (AANA) Insurance Services.

**AANA MEMBERSHIP**
Students are required to maintain membership in the American Association of Nurse Anesthetists throughout the program. The cost of membership shall be the responsibility of the individual student.

**EMPLOYMENT**
The time commitment for nurse anesthesia education is significant and therefore, employment is discouraged during DNP-NA Program enrollment after the first two semesters.

Employment in the anesthesia field by nurse anesthesia students is prohibited by law, Program, and University policy. At no time should a student nurse anesthetist be employed as a CRNA. Under no circumstances shall a student anesthetist seek employment as a Nurse Anesthetist by title or function until successful graduation from the DNP-NA Program.

**VISITORS**
Visitors are not allowed to attend or observe any class, academic activity, or social function unless specifically invited by the Program. All invitations require the approval of the Program Director.
STUDENT LEADERSHIP

Elected Positions

1. President – Each class elects its own president. The president is responsible for providing leadership to the class, serving as a liaison to other organizations without specific representatives, communicating class requests or concerns to the DNP-NA director, etc.

2. LANA Representative – Each class elects a student to serve as a Louisiana Association of Nurse Anesthetists (LANA) student board member. The LANA representative is expected to attend monthly LANA Board of Directors (BOD) meetings, annual LANA fall meetings, and other events as requested by the LANA BOD.

3. Social Vice President – Each class elects a social vice president. The social vice president organizes class social events/functions and communicates with program faculty regarding social events.

Student Leadership Advisory Meetings

Cohort student leadership is encouraged to meet on a regular basis and at a minimum of once a semester to discuss program-related matters. Meetings should be coordinated by student leadership and are not the responsibility of the faculty.

Appointed Committees

1. Nurse Anesthesia Program Curriculum Committee – The DNP-NA Program Curriculum Committee Chairperson appoints two representatives from each class to the Nurse Anesthesia Program Curriculum Committee. The representatives attend the committee meetings to offer their perspective on the activities of the committee.

2. Nurse Anesthesia Program Community Advisory Board – The DNP-NA Community Advisory Board Chairperson appoints two representatives from each class to the Nurse Anesthesia Program Community Advisory Board. The representatives attend the committee meetings to offer their perspective on the activities of the board.

CURRICULUM PLAN

Doctor of Nursing Practice in Nurse Anesthesia (DNP-NA) Program Curriculum Plan 2020-2021

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Mode</th>
<th>Course</th>
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<tr>
<td>NURS 6315</td>
<td>Online</td>
<td>Advanced Practice Nursing Research and Evidence-Based Practice</td>
<td>3</td>
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<td>Applied Biostatistics and Epidemiology for Advanced Practice Nursing</td>
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<tr>
<td>NURS 6345</td>
<td>Online</td>
<td>Professional Aspects of Advanced Practice Nursing</td>
<td>3</td>
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<tr>
<td>NURS 7360</td>
<td>Online</td>
<td>Leading and Managing Healthcare Systems</td>
<td>3</td>
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<tr>
<td>NURS 7340</td>
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<td>Decision Science and Informatics</td>
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<tr>
<td>NURS 6340</td>
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### Summer

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<td>ANES 7435</td>
<td>Traditional</td>
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### Year 2

#### Spring

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<td>Advanced Pharmacology II for Nurse Anesthesia</td>
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<td>ANES 7340</td>
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<td>NURS 6350</td>
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<td>Principles of Anesthesia Practice IV</td>
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<td>NURS 7370</td>
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**Year 3**

**Spring**

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<td>ANES 7800</td>
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**Summer**

**Total:** 18

**Total:** 10

**Total:** 12

**Total:** 11
Didactic courses = 1 credit hour = 15 contact hours  
Clinical courses = 1 credit hour = 120 contact hours  
Lab course = 1 credit hour = 45 contact hours

**COURSE DESCRIPTIONS**

**NURS 6315 Advanced Practice Nursing Research and Evidence-Based Practice** (Online-3 credit hours). This course reviews the traditions of inquiry, including research designs and methods and an introduction to using research to guide evidence-based practice for advanced practice and health care. It includes application of theory and research to improve practice and patient outcomes. It incorporates legal and ethical foundations relevant to the protection of research participants.

**NURS 6320 Applied Biostatistics and Epidemiology for Advanced Practice Nursing** (Online-3 credit hours). This course focuses on the examination and application of statistical methods, research designs and epidemiologic principles used in healthcare research. It provides a comprehensive overview of frequently used descriptive and inferential biostatistical methods. Major topics include contingency table analysis, simple and multiple linear regression, analysis of variance, and logistic regression. The course includes application of theories of measurement, statistical inference and identification of evidence-based guidelines for disease prevention, health promotion and improved patient outcomes.

**NURS 6345 Professional Aspects of Advanced Practice Nursing** (Online-3 credit hours). This course reviews past and current issues pertaining to advanced practice nursing. Topics for discussion will be the history of advanced practice nursing; the professional role of the advanced practice registered nurse; practice issues related to advanced practice nursing; regulation of clinical practice, legal aspects and implications for advanced practice providers; the healthcare

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<th>Credit Hours</th>
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**Fall**

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<td>Clinical Practicum V</td>
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<td>ANES 7380</td>
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environment; and practice challenges for the advanced practice provider including ethical issues, wellness and chemical dependency.

**NURS 7340 Decision Science and Informatics** (Online-3 credit hours). This course introduces students to concepts related to health information system management and provides an overview of the role of information systems in healthcare organizations. Coursework emphasizes the integration of evidence-based research into clinical decision-making and the influence of information systems on health outcomes. Students will explore technical, organizational, and cost-benefit issues related to healthcare information systems, including clinical decision-support, integrated networking, and distributed computing technologies, and telemedicine applications. The course will provide the student with advanced understanding of the ethical and legal issues associated with the use of technologies within acute settings, private industry, and web-delivered services.

**NURS 7360 Leading and Managing Health Care Systems** (Online-3 credit hours). This course provides an in-depth analysis and synthesis of the health care delivery system emphasizing improvement of health care delivery and access. It examines the complex organizational dynamics and structures that predicated the interaction among major components of the healthcare system. Individual strategies for effective leading and managing organizational change, building strong organizational culture, developing effective teams, resolving conflicts, implementing effective motivational systems and nurturing a learning organization are examined.

**ANES 7425 Advanced Anatomy, Physiology and Pathophysiology I** (Classroom-4 credit hours). This course provides an in-depth knowledge of the microscopic and macroscopic structure of the human body with emphases on the nervous, musculoskeletal, cardiac, and renal systems. The relationship between structure, function, dysfunction and integration of these body systems and anesthetic management across the lifespan will be assessed and evaluated.

**NURS 6410 Pharmacology for Advanced Practice Nursing** (Classroom-4 credit hours). This course provides a systematic approach to the study of pharmacology and its relevance to perioperative anesthetic care. In-depth presentation of the processes of pharmacodynamics, pharmacokinetics, and chemistry of drug therapy provide a basis for comprehensive understanding of drug actions, adverse reactions, interactions and anesthetic considerations.

**ANES 7310 Physical Science in Nurse Anesthesia** (Classroom-3 credit hours). This course focuses on chemistry and physics relative to nurse anesthesia practice. It includes an emphasis on organic and biochemistry principles, medical mathematics and physics with application of these principles to nurse anesthesia practice. Gas laws, chemical structure of anesthetics, vaporizers, and principles related to monitoring modalities in anesthesia will be included.

**ANES 7435 Principles of Anesthesia Practice I** (Classroom-4 credit hours). This course provides an introduction to the basic principles of anesthesia practice and the perioperative setting. Focus of the course includes patient assessment, physiological monitoring, anesthetic techniques, interventions, and associated equipment with an emphasis on evidence-based safe anesthesia practice.
various surgical procedures throughout the perioperative period. This course covers advanced assessment techniques for the health practitioner to introduce diagnostic reasoning. The course will review basic anatomy and address evidence-based, holistic assessment of individuals across the lifespan taking into account the context of family and community. The course will include strategies for incorporating the social determinants of health into evidence-based assessment and health promotion.

ANES 7455 Advanced Anatomy, Physiology, and Pathophysiology II (Classroom-4 credit hours). This course provides students with an in-depth knowledge of the microscopic and macroscopic structure of the human body with emphases on the endocrine, pulmonary and gastroenterology systems. The relationship between structure, function, dysfunction and integration of these body systems and anesthetic management across the lifespan will be assessed and evaluated.

ANES 7445 Advanced Pharmacology for Nurse Anesthesia (Classroom-4 credit hours). The course provides a systematic approach to the in-depth understanding of pharmacological principles and monitoring modalities underlying the use of anesthetic agents and adjuvants as well as the management of anesthetic complications. Implications of current drug therapy used in the treatment of various disease processes with attention to chemical properties, preparation, dosage, administration, and side effects will be emphasized.

ANES 7465 Principles of Anesthesia Practice II (Classroom-4 credit hours). This course builds upon knowledge acquired in Principles of Anesthesia Practice I while focusing on anesthetic delivery across the lifespan. Emphasis is placed on the effects of age-related changes in anatomy and physiology with implications for anesthetic management of pediatric, obstetric and geriatric populations and other physiologic disease states.

ANES 7340 Anesthesia Skills and Simulation Lab (Lab-3 credit hours). This course provides the opportunity for students to practice anesthetic techniques in the skills lab utilizing high fidelity simulation and task trainers. Each student is evaluated for readiness for clinical practice in the operating room. The hands-on practice correlates with the concepts covered in Principles of Anesthesia I and II with an emphasis on communication, safety and standards of care for anesthesia practice.

NURS 7320 Health Care Policy and Policy Advancement (Online-3 credit hours). This core course examines major dimensions of health policy and analyzes key contemporary issues in healthcare policy as it relates to the nursing profession. Policy topics will include the design and structure of the U.S. healthcare system, its policy making process and initiative, the roles of government, the private sector, consumers and advocacy groups in a setting policy agenda.

ANES 7375 Principles of Anesthesia Practice III (Classroom-3 credit hours). This course provides an in-depth study of selected advanced anesthesia concepts. Emphasis is placed on the anesthetic implications and management of patients with diverse pathologic complexities. Comprehensive education is provided to students regarding a variety of anesthesia techniques for various surgical procedures throughout the perioperative period.
ANES 7710 Clinical Practicum I (Practicum-4 credit hours). This practicum introduces the student to clinical practice with individualized preceptor-guided instruction in the management of patients receiving anesthesia with an emphasis on safety and monitoring modalities. Experiences include introduction to the role of the nurse anesthetist, development of basic nurse anesthesia skills, preparation of patients and equipment, pre- and post-operative evaluation, planning and implementing individualized anesthesia care plans, and airway management techniques. The clinical practicum requires the integration of knowledge learned in the nursing core, anesthesia specialty and science courses. DNP-NA students are also required to participate in journal club and clinical correlation conferences to promote role responsibility.

NURS 6350 Theoretical and Philosophical Foundations of Nursing Science (Online-3 credit hours). This course examines the philosophical, historical and theoretical underpinnings of the discipline of nursing through analysis of nursing theories and concepts, integration of knowledge from biological and social sciences, translation of knowledge into the practice and application of professional nursing standards as a basis for the highest level of nursing practice.

ANES 7450 Principles of Anesthesia Practice IV (Classroom-4 credit hours). This course provides an in-depth study of selected advanced anesthesia concepts. Emphasis is placed on the anesthesia implications and management of patients with diverse pathologic complexities. Comprehensive education is provided to students regarding a variety of anesthesia techniques for various surgical procedures throughout the perioperative period.

ANES 7720 Clinical Practicum II (Practicum-5 credit hours). This practicum provides clinical experiences across the lifespan with increasing integration and application of knowledge and skills. Particular attention is given to anesthetic management of the pediatric, obstetric and geriatric patient. DNP-NA students are also required to participate in journal club and clinical correlation conferences to promote role responsibility.

NURS 7370 Translational Research (Hybrid-3 credit hours). This course builds on principles of Nursing Research and Evidence-Based Practice and applies principles of research utilization to refine the DNP-NA student’s ability to integrate research and knowledge into practice. Specific skills of research utilization will be appraising evidence, translating evidence into practice, and predicting potential evaluation methods for evidence-based practice. Students will learn to conceptualize clinical practice problems, transform these problems to answerable clinical research questions, search for the best clinical evidence, and assess clinical evidence using basic epidemiological, bio-statistical and scientific principles. Additionally the student will learn to integrate the research results using critical appraisal and research synthesis to increase their understanding of models used to guide implementation of evidence-based improvements to begin formulation of the DNP Project.

ANES 7390 Principles of Anesthesia Practice V (Classroom-3 credit hours). This course provides an in-depth study of selected advanced anesthesia concepts. Emphasis is placed on the anesthesia implications and management of patients with diverse pathologic complexities. Comprehensive education is provided to students regarding a variety of anesthesia techniques for various surgical procedures throughout the perioperative period.
ANES 7730 Clinical Practicum III (Practicum-5 credit hours). This practicum continues and advances clinical skills and progression of decision-making skills for anesthesia practice. The hands on practice correlates with the concepts covered in Principles of Anesthesia II & III, which focus on the neurosurgical patient and procedures, regional anesthesia, and pain management. DNP-NA students are also required to participate in journal club and clinical correlation conferences to promote role responsibility.

ANES 7800 DNP Project (Independent-1-3 credit hours). The DNP scholarly project demonstrates mastery of the DNP curricular content. The scholarly project demonstrates the student’s ability to identify a practice or system related problem through clinical immersion, synthesize and critically appraise the evidence related to addressing that practice problem, negotiate within the system to implement sustainable evidence-based change within an organization, implement that change, and systematically measure the results of the practice or system related change initiative. The DNP scholarly project documents outcomes of the student’s educational experiences, and summarizes the student’s growth in knowledge and expertise.

ANES 7740 Clinical Practicum IV (Practicum-5 credit hours). This practicum continues and advances clinical skills and provides more complex clinical experiences in a variety of areas. Concepts taught in Principles of Anesthesia IV to include anesthetic management of the cardiovascular, pulmonary and trauma patient will be emphasized. Students are also required to participate in journal club and clinical correlation conferences to promote role responsibility.

ANES 7750 Clinical Practicum V (Practicum-5 credit hours). This practicum provides the opportunity for advancing clinical practice in specialty areas with an emphasis on synthesis of information acquired throughout the program. While supervision continues, evolution of independent thinking and autonomy is required. DNP-NA students are also required to participate in journal club, clinical correlation conferences and mentorship of junior students to promote professional role responsibility.

ANES 7380 Anesthesia Seminar (Traditional-3 credit hours). This course provides a comprehensive review in preparation for the certification exam and includes physical science, physiology and pathophysiology, pharmacology and principles of anesthesia. Formal DNP Project presentations by the students will contribute to the synthesis of information acquired throughout the nurse anesthesia program and encourages inter-professional collaboration and dissemination to improve patient and population health care outcomes.

PROGRAM DESIGN
The program occurs in two phases and is integrated in nature. The first 18 months of the program primarily focuses on didactic education while the second 18 months of the program focuses on both didactic and clinical education. The DNP-NA Program consists of 100 semester credit hours, with 18 semester credit hours offered via distance education. Due to the rigorous nature of nurse anesthesia education and the requirements for degree attainment, DNP-NA students do not follow the academic calendar and may not follow the emergency closure plan based on clinical obligations.
The DNP-NA Program faculty members make every attempt to arrive in a timely manner and hold class as scheduled. Program faculty members reserve the right to reschedule class/clinical days to meet learning objectives. Occasionally, changes in class times and days may be necessary. Students will be notified by the instructor and are responsible for adhering to class schedule changes.

**COPYRIGHT**

All course materials, including online content, are property of Franciscan Missionaries of Our Lady University and may not be shared, distributed, or published outside the University. Students are authorized to view, copy, and print documents as needed for the successful completion of coursework. Contents may not be copied for personal, commercial, or non-commercial use.

Course participants retain the copyright of all course assignments and posts; however, these materials may be used for educational purposes within the given course or future courses. In group projects, only the portion of the work completed by that individual is copyrighted by that individual.

Students must observe all applicable restrictions when obtaining copyrighted material from libraries and other sources. The copyright law of the United States (Title 17, United States Code) limits the use of photocopying and reproductions of copyrighted material. Copies may not be used for any other purpose than private study, scholarship, or research. Materials may not be shared, posted, or otherwise distributed without permission from the copyright holder.

**TEXTBOOKS**

DNP-NA students are required to purchase textbooks for each course as listed in the course syllabus, to include required, recommended, and supplemental textbooks. Purchase is at the student’s cost.

**TRAVEL, HOUSING, & MEALS**

Travel, housing, and meals are the sole responsibility of the student.

**COMMUNICATION**

Communication to nurse anesthesia students is via:

- *Franciscan Missionaries of Our Lady University* email
- The *Franciscan Missionaries of Our Lady University* website
- Telephone
- Text messaging
- Written notification
- In class or conference notification

Students are required to inform the Academic Support Coordinator of any changes in email address, home or cell numbers, and address. Students are responsible to check their email daily (except for those on authorized absence) for any memos or changes in policy or schedule. Additionally, students are required to respond to program emails within 48 hours unless
otherwise indicated. All communication from the DNP-NA Program administration has the same importance as the Program policies and will be instituted as such.

**STUDENT ADVISING**
Program faculty members engage in ongoing formal and informal advising activities, providing students with continual feedback. Each student is assigned a faculty advisor. Formal advising occurs each year during the spring and fall semesters with the student’s appointed advisor. Students are required to complete a summative evaluation found in Typhon and meet with their faculty advisor at the end of each spring and fall semester. The faculty and student will review daily evaluations (written and verbal), Typhon records, case log numbers, DNP portfolio, student self-evaluation, didactic strengths and weaknesses, and DNP Project progression (when applicable). The faculty advisor will complete the DNP-NA End of Semester Advising form, which will be saved as part of the student’s record. At the end of each fall semester, the student and advisor will complete the Annual Portfolio Review Form, which will also be saved as part of the student’s record. Additionally, formal clinical advising will also occur following the completion of the first clinical practicum ANES 7710 (Year 2 Semester 2). For this advising meeting, a summative self-evaluation is not completed and faculty will complete an abbreviated End of Semester Advising Form. Informal advising occurs via daily scheduled and unscheduled interactions with Program faculty members.

**GRADING**
The grading scale for the Franciscan Missionaries of Our Lady University DNP-NA Program is as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
<th>Quality Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90-100</td>
<td>4</td>
</tr>
<tr>
<td>B</td>
<td>80-89</td>
<td>3</td>
</tr>
<tr>
<td>C</td>
<td>70-79</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>60-69</td>
<td>1</td>
</tr>
<tr>
<td>F</td>
<td>&lt;59</td>
<td>0</td>
</tr>
<tr>
<td>UF=Fail</td>
<td>&lt;80</td>
<td>0</td>
</tr>
<tr>
<td>P =Pass</td>
<td>&lt;80-100</td>
<td>0</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td>0</td>
</tr>
</tbody>
</table>

All graded course work is calculated to the second decimal place (hundredths column). Only the final course grade is rounded to the nearest whole number with only the first decimal place (tenths column) rounded. For example, a final course grade of 79.5 is rounded to 80 whereas a final course grade of 79.49 is not rounded to 80.

**PROGRESSION POLICY**
In order to maintain progression status and be in good academic standing, the student must:
- Maintain a current, unencumbered license to practice as a registered nurse (RN) in Louisiana;
- Achieve a minimum final grade of "P" in all clinical courses in the DNP-NA curriculum;
• Achieve a minimum final grade of “B” or higher in all didactic courses in the DNP-NA curriculum. A student who earns a “C” in a didactic course will be allowed to progress in the program, provided the student’s GPA is a 3.0 or higher;
• Maintain continuous enrollment in the DNP-NA curriculum sequence;
• Meet the University and School of Nursing health and safety requirements; and
• Meet the Core Performance Standards and expectations for behavior outlined in the University Student Handbook and DNP-NA Program Handbook.

NON-PROGRESSION POLICY

A student is considered out of progression if the student fails to meet one or more of the requirements for progression as outlined above. Students may return to progression by following the re-entry procedures, provided they have not been dismissed from the nursing program.

Students will be out of progression for the following:

• Failure to obtain and maintain a current, unencumbered license to practice as a registered nurse (RN) in Louisiana;
• Failure to achieve a minimum grade of "B" in all courses in the DNP-NA curriculum;
• A student who earns a “C” in a didactic course will be allowed to progress in the program, provided the student’s GPA is a 3.0 or higher. If the student earns a second “C” in a didactic course, the student will be dismissed from the DNP-NA program.
• A student who fails a clinical course (as indicated by a final grade of "UF") will be dismissed from the DNP-NA program.
• A student who fails a didactic course (as indicated by a final grade of "D" or "F") will be dismissed from the DNP-NA program;
• Failure to maintain continuous enrollment in the DNP-NA curriculum sequence;
  o Students who are voluntarily or involuntarily withdrawn from a DNP-NA course are considered out of progression;
• Failure to meet the University and School of Nursing health and safety requirements;
  o Students will be withdrawn from courses if they fail to meet the requirements outlined for nursing students by the Office of Health and Safety;
  o Students who are withdrawn will not be automatically re-enrolled once they have met the requirements.
• Failure to meet the Core Performance Standards and/or expectations for behavior outlined in the University Student Handbook and DNP-NA Program Handbook.
  o Students must meet the Core Performance Standards for admission and continue to meet these standards throughout enrollment in the DNP-NA program.
  o The handbooks outline behavioral expectations including, but not limited to, respect for others, respect for the learning environment, and academic honesty.
  o A student will be withdrawn from courses and/or dismissed from the DNP-NA program for failure to meet behavioral expectations and Core Performance Standards described in the handbooks.
• Failure in any course that places the student in non-progression will result in the student being immediately withdrawn from their clinical placement. Should appeal proceedings occur, the student will remain out of clinical progression until a final appeal decision has been made.
TRANSFER OF CREDIT
No coursework may be transferred or substituted for credit into the DNP-NA curriculum.

LATOP REQUIREMENTS
The DNP-NA program utilizes multiple online platforms throughout the program. All student laptops must be compatible with these programs. Refer to the University Student Portal for the Minimum Technology Requirements. Additionally, the program relies heavily on the ExamSoft platform. Please refer to the ExamSoft website for minimum laptop requirements.

EXAMINATIONS
ExamSoft is a secure testing product that is used for quizzes and/or examinations via the exam taker’s laptop. The following policies must be followed:

1. The student must download and install the latest version of the ExamSoft Examplify product prior to the scheduled quiz or examination.
2. Exams or quizzes must be downloaded prior to the posted download deadline. Students who fail to download quizzes or exams by the posted deadline will not be allowed to take them.
3. Each quiz or exam is password protected. The password will be provided at the beginning of the quiz or exam.

EXAMINATION DAY TESTING PROCEDURES

1. Students must bring the following items to be allowed entry into the testing environment:
   a. Laptop:
      i. Should be fully charged and able to operate on battery for at least 3 hours of normal activity (i.e., web browsing, word processing, wireless).
      ii. May not have access to power for charging during testing.
   b. Privacy Screen:
      i. Are filters that attach over the student’s laptop display to make information visible only to the exam taker. The privacy screen must be well-fitted and appropriate to the student’s laptop device and are required for all computer-based exams.
      ii. Students will not be allowed to take a computer-based examination without an attached privacy screen.
   c. Calculators (as allowed per course instructor)
      i. Scientific and graphing calculators may be allowed at the discretion of the course instructor for testing. The sharing of calculators during the quiz or examination is not permitted.
2. Students are prohibited from bringing the following items:
   a. Cellular phones/smartphones
   b. Smartwatches
   c. Hats
   d. Food or drink
   e. Personal items (backpacks, purses, bags, notebooks, books, etc.)
   f. Writing instruments
   g. Scratch paper
h. Keys
   i. Badges

3. Paper, textbooks, notes, or any other course documents may not be used during quizzes or examinations unless specified by the course instructor.

4. An erasable whiteboard and dry-erase marker will be provided by the proctor prior to the start of the examination.
   a. Only one white erase board is allowed per student.
   b. Erasable whiteboards may not be used prior to the start of the examination.

5. Students will be given the password to the examination and start the examination at the direction of the proctor. No talking or other communication is allowed once a testing session begins.

6. Each examination session has a prearranged duration and will be noted on the chalkboard.

7. Once an examination begins, all personnel should refrain from conversing with examinees. This includes clarification or interpretation of exam questions. The examination proctor has the discretion to provide critical information to the class when necessary.

8. Entering/Leaving the Testing Environment
   a. Late Arrivals
      i. Students arriving late for an examination are permitted entrance until the first student has exited the testing environment.
      ii. Students who arrive late for an examination are not allowed additional time to complete the exam.
      iii. ExamSoft timer will not be reflective of the total time remaining. As previously stated, the start and end time will not be altered.
   b. Reentry
      i. If a student leaves the testing environment for any reason, the student will not be allowed to return to complete the examination.
   c. Examination Completion
      i. Before leaving the testing environment, students must show the completion screen, signifying examination completion. Students are to upload examinations prior to the published examination upload deadline.

9. In the event of a laptop malfunction:
   a. If a student experiences a laptop problem or malfunction before, during, or upon exiting an exam, he or she must immediately notify the proctor. If a student’s laptop fails during an examination, the student may be allowed to continue answering the exam by hand-writing it at the discretion of the proctor. No additional time will be allowed for attempting to resolve computer problems during the exam.
   b. After the examination has concluded, an attempt may also be made to retrieve exam answers from the student’s hard drive. The retrieved examination portion, together with the hand-written portion, will be submitted to the course instructor for grading. Only if exam answers cannot be retrieved within 24 hours, may the Program Director, in consultation with the instructor, determine any additional remedial options, if any. However, no consideration will be given to a student who failed to alert the proctor at the time of the difficulty.
10. Examination Absence
   a. Students must notify the course instructor if they will not be present for an examination.
   b. Make-up examinations will be given at the discretion of the course instructor.

**EXAMINATION REVIEWS**

The purpose of an examination review is to provide students with an opportunity to identify patterns of mistakes or subject content deficiencies. The examination review is not an opportunity for students to challenge the validity of exam items or debate scores. Examination reviews are an optional service and are not guaranteed nor required but administered at the prerogative of each course instructor. Students should remain collegial at all times during the examination review.

In order to maintain the integrity of exam items, the DNP-NA program secures its test item bank. Therefore, the following procedures have been instituted to assist in maintaining item security while providing a sound educational experience for students. Students who do not follow the procedure outlined below will be asked to leave the exam review and his/her actions may result in disciplinary action. The following policies apply for all examination review sessions:

1. Exam review sessions will be scheduled by the course faculty.
2. An exam review session will not be rescheduled for students who do not attend the scheduled session.
3. Students who do not attend the exam review session forfeit their right to review the exam.
4. Inquiries about examination questions will not be permitted.
5. Students are not permitted to take a break nor leave the room during an exam review session.
6. Students will be allowed to review only the exam items answered incorrectly (question, correct response, and the given response) for an amount of time as determined by the course instructor.
7. Students are not allowed at any time or under any circumstances to discuss exam items with peers.
8. Unauthorized distribution or receipt of test questions, attempts to access the exam or the exam review outside of the scheduled administration period, or any attempts to copy, photograph, or otherwise distribute or duplicate exam items is considered cheating and as such, will be subject to disciplinary action and/or dismissal from the program.
9. The following materials are prohibited during the exam review session:
   a. mechanical or electronic devices such as cellular telephones, laptops, electronic tablets, calculators, digital watches, watches with computer communication and/or memory capability, recording or filming devices, notebooks, textbooks, writing utensils, radios, hats, book bags, backpacks, briefcases, and purses.
   b. Any item that has the potential to undermine exam security will be seized, or the student will be instructed to secure the item in another location.
10. The Nurse Anesthesia Program reserves the right to discontinue all exam review sessions for students and/or the entire class who violate policies related to exam review should
large-scale attempts to undermine exam security be identified. Attempts by students to undermine the secure examination policy may result in dismissal from the program.

**GRADE APPEAL POLICY**
Please refer to the Student Grade Appeals Policy within the Franciscan Missionaries of Our Lady University Student Handbook.

**ACADEMIC GRIEVANCE POLICY**
Please refer to the Student Complaint and Grievance Procedure within the Franciscan Missionaries of Our Lady University Student Handbook.

**RECORD RETENTION POLICY**
Student records are confidential and only those faculty members who are directly responsible for the student’s progress will have access to student files. All student records including admission applications, NBCRNA transcripts, and summative evaluations are stored in a locked cabinet inside a locked room within the DNP-NA Program Office and are retained until the student passes the National Certification Examination or is dismissed from the nurse anesthesia program. For additional information on students’ rights concerning educational records please see the academic catalog. Examinations and assignments are kept for one year from the date of administration.

**DRESS CODE**
Students are required to wear Franciscan Missionaries of Our Lady University Nurse Anesthesia Program scrubs to class and the clinical setting. These will be purchased at the student’s expense during the third semester of the program. Students will change into the scrubs mandated by the individual clinical sites and are prohibited from taking scrub attire from a clinical site.

**TAPE RECORDING**
Tape recording of any kind to include: classroom lectures, conferences, interactions with course or clinical faculty, is strictly prohibited without permission. Failure to adhere to this policy may result in dismissal from the nurse anesthesia program.

**TIME COMMITMENT**
Students are expected to attend all clinical rotations, clinical conferences, program workshops, journal club meetings, Our Lady of the Lake Regional Medical Center Morbidity and Mortality conferences, and didactic lectures when applicable and as outlined in the course syllabi. All students must attend at least one LANA or AANA meeting prior to graduation.

All students are required to complete off shift and/or call rotations during the clinical portion of the program and must submit time logs as instructed.

In accordance with the Council on Accreditation for Nurse Anesthesia Educational Program standards, student time commitment should not exceed 64 hours per week. It is the student’s responsibility to log time via Typhon. Refer to the Standards for Accreditation of Nurse Anesthesia Educational Programs definition of “Reasonable time commitment.”
**TARDINESS**

It is the expectation of the DNP-NA Program that all students arrive to commitments on time. Responsibility and accountability for meeting course, clinical, and program obligations is a fundamental component of professionalism. Tardiness includes reporting late for classes, didactic commitments, journal club, clinical, and/or any other required program obligations. It also includes taking excessive time for lunch or breaks in the clinical area. The graduate nursing academic support coordinator will maintain documentation of all tardiness infractions.

If a student knows that he/she will be late, he/she should make every effort to notify the course instructor, graduate nursing academic support coordinator, and the Program Director via University email. For clinical tardiness, the student must also notify the clinical site coordinator via phone. Students failing to report within one hour of the scheduled start time will receive an unexcused absence and will be charged one vacation day. Tardiness during the administration of an exam will be handled according to the testing policy.

The tardiness disciplinary matrix is as follows:

1. First offense: Documented written warning from course instructor/program administration.
2. Second offense: Conference with the course instructor/faculty and Program Administration, and charged one vacation day.
3. Third offense: Conference with the course instructor/faculty and Program Administration, charged one additional vacation day, and a 3% reduction in the final course grade.
4. Fourth offense: All of the above disciplinary actions and the student will be placed on academic probation.
5. Any further tardiness may lead to dismissal from the Nurse Anesthesia Program.

**LEAVE POLICY**

**Scheduled Leave/Vacation:** During the DNP-NA program, a total of 15 days of vacation will be allowed. Vacation will not be granted during the first five semesters of the DNP-NA Degree Program. Vacation time should be evenly distributed during the remaining semesters.

1. All vacation must be requested as instructed by the Director of Clinical Education. Students should not schedule vacation or travel plans prior to approval. Vacation requests received after the published deadline may not be granted.
2. Vacation must be scheduled in block time with no less than two (2) days at a time and are limited to one week (5 days) during any one-month (30 days).
3. Vacation may not always be granted during enrichment site rotations.
4. Vacation is not allowed during off-shift rotations at Our Lady of the Lake Regional Medical Center.
5. Vacation will not be granted during scheduled didactic time or the last 30 days of the program.
6. Students exploring practice opportunities (e.g., interviews) must use vacation time for their absence(s).
7. Scheduled leave in which students notify administration and/or call-in ahead of time (greater than 24 hours in advance; For example: doctor’s appointment, family emergency, etc.) will be charged one vacation day. If proof is requested and submitted the student will not be required to complete a clinical make-up day.
Unscheduled Leave: Unscheduled leave is defined as an absence with notification less than 24-hours prior to scheduled obligation. Students calling in sick on clinical days must call the clinical coordinator of the site no later than 1 hour before the scheduled start time of the shift and an email must be sent to the Director of Clinical Education and the graduate nursing academic support coordinator.

1. Unscheduled absence will be recorded as follows:
   a. Absence from a scheduled 8-hour shift: 1 vacation day and 1 clinical make-up day
   b. Any student missing clinical time due to an illness with less than 24 hours’ notice will be required to make up the missed clinical day. Clinical Make-Up days will be decided upon by the Director of Clinical Education in between semesters and may include holidays and/or weekends.

2. Any student missing clinical time due to illness may be required to provide the Office of Health and Safety documentation prior to returning to the clinical area.

3. Unscheduled leave on didactic days or for scheduled program obligations, meeting, etc. will be recorded as one vacation day per absence. The student is required to notify the course faculty and Program Administration of the intended absence and send an email to the Academic Support Coordinator no later than 1 hour prior to class.

4. Students should refer to the DNP-NA Degree Program Handbook and the University’s “Illness/Injury Policy” for absences exceeding three or more days.

5. Excessive absences may result in disciplinary action.

6. Students that exceed the allotted 15 vacation days will be required to make up the clinical days during the final semester as scheduled by the Director of Clinical Education.

7. If clinical case requirements are not obtained due to excessive absences, a student’s graduation date may be deferred to obtain graduation requirements.

8. Students sent home from clinical for any reason will be charged a vacation day and one clinical makeup day. Students must notify the Director of Clinical Education if he or she is sent home.

Leave due to Inclement Weather: In case of severe weather (snow, ice, freezing rain, hurricane, tornado, etc), the University may cancel classes. Please note that University closures do not impact clinical practicum courses due to the geographical diversity of the clinical sites. Hence, students are expected to attend clinical as originally scheduled while taking the necessary precautions for traveling. In consideration of student safety, the ultimate decision concerning personal safety during inclement weather is the responsibility of the student. If personal safety is threatened and the student does not attend clinical, the student must contact the clinical coordinator and the Director of Clinical Education. Missing clinical due to inclement weather will result in one clinical makeup day in which students will be allowed to make up that day on designated days in between semesters and may include weekends.

Additional Leave:

1. Holidays:
   a. Students may be required to observe the holiday schedule of the clinical site they are rotating to, unless directed otherwise by the Director of Clinical Education. Students must notify the clinical coordinator, Director of Clinical Education, and the Academic Support Coordinator of their holiday schedule 72 hours prior to the scheduled holiday.
2. **Educational Leave:**
   a. Time used for educational purposes is granted at the discretion of the Program Administration.
   b. A maximum of 10 educational leave days will be granted.
   c. If approved, educational leave may be used to attend the AANA, LANA conferences, and/or other educational conferences or review courses.
   d. During these conferences, the student will be required to attend specified components of the conferences as designated by the Program Administration. Failure to attend the required components will result in the student being charged one vacation day for each missed component.
   e. Students are required to upload proof of attendance into the student tracking system (Typhon).

3. **Jury Duty:**
   a. Students are responsible to notify the Program Administration upon notification of jury duty.

4. **Military Leave:**
   a. DNP-NA students who belong to the National Guard and reserves of the U.S. Armed Forces may be granted up to two weeks of military duty leave.
   b. To be granted military leave, the student must be in good standing with the program.
   c. The student is responsible for didactic course work while on leave.
   d. The student is required to coordinate their training so as not to interfere with their clinical commitment.
   e. The student is required to present official military orders to the program director at least 60 days prior to the assigned leave.

5. **Bereavement Leave:**
   a. Students are eligible for three (3) consecutive bereavement days to attend the funeral of an immediate family member. Immediate family is defined as parent or guardian, brother, sister, spouse, dependents (including stepchildren), parent-in-law (mother-in-law, father-in-law), grandchildren, grandparent, and great grandparent.
   b. Should a student wish to attend the funeral of a family member or a close friend not defined herein as "immediate family," the student must use vacation days.

6. **Leave of Absence:**
   a. A leave of absence may be granted in unusual circumstances to anesthesia students. Approval is at the discretion of the Program Administration. All course work must be completed during the leave of absence. Clinical time must be made up at the end of the program if time permits or graduation may be deferred to allow completion of the program requirements. The Program’s administration reserves the right to dismiss any nurse anesthesia student who requires an extended period of leave.

**ILLNESS/INJURY POLICY**

All students with health conditions (illnesses, infections, injury, etc.) which necessitate leaving a clinical assignment or an extended absence of 3 or more days must discuss their situations with their instructors/faculty, Director of Clinical Education, Program Administration, and the Director of Campus Health and Safety. The student may continue in the program with the written approval of his/her physician. Following the absence, the student may return to school after obtaining a physician's written consent of the student's ability to participate in all activities
inherent in the course description. The student must contact the Student Health & Safety Office regarding how to obtain a Return to Class/Clinical form. The student must provide physician documentation regarding dates of illness and any activity restrictions prescribed. The student then takes a section of this form to the Course instructor.

If a student has been absent due to flu-like symptoms (fever, cough, sore throat, and body aches), the student must be cleared by their primary healthcare provider to return to class. The student must provide medical documentation to the Office of Health & Safety for a return to class authorization.

An illness requiring an absence that prevents the completion of course work because of circumstances beyond the student's control may necessitate the process for "I" grade, withdrawal, or resignation. The student must initiate the appropriate process following established guidelines in the current catalog.

**CONTROLLED SUBSTANCES POLICY**

Franciscan Missionaries of Our Lady University DNP-NA Program’s controlled substance policy guides students in the safe and professional handling of all controlled substances while in the clinical setting. The purpose is to ensure patient care remains safe and students are protected against potential harm or allegations.

As a licensed Registered Nurse practicing in LA, students are bound by the Louisiana State Board of Nursing Nurse Practice Act regarding the handling and administration of narcotics and other controlled substances. These guidelines are designed to provide additional guidance and are not meant to replace the LSBN’s regulations. Students are responsible for reviewing the LSBN Nurse Practice Act to clarify student responsibilities regarding these substances. Failure to follow these guidelines may result in dismissal from clinical and/or the program.

1. Students should access controlled substances only for their patients after discussing the anesthesia plan with their preceptor.
2. Students should only withdraw controlled substances in the presence of the CRNA or physician anesthesiologist assigned to the case.
3. Students may not “waste” or “witness” a waste of any controlled substance for, or with, another anesthesia student or non-anesthesia provider.
4. Students should label all medications appropriately and should not administer any medication not properly labeled.
5. Students must create a “free text” or “quick note” in the electronic health record indicating how much medication is being left with the anesthesia provider prior to leaving each clinical day.
6. Students should report any suspicious activity related to controlled substances to the clinical coordinator and the Director of Clinical Education. Likewise, students are required to notify the clinical coordinator and the Director of Clinical Education if he/she is involved in a controlled substance discrepancy.
7. Students should verify that there are no controlled substance discrepancies after completion of each case and at the end of their clinical shift.
SUBSTANCE ABUSE POLICY
All students are required to perform in accordance with the professional standards and ethical codes as outlined by the AANA Code of Ethics and University Code of Conduct. Violations of these guidelines may be grounds for dismissal from the program.

Students are required to comply with random or scheduled substance testing. The DNP-NA program reserves the right to randomly test students for illicit substances. Should a student be considered high risk or concerns expressed by clinical faculty over possible illicit substance use or alcohol use, the program reserves the right to test the student in accordance with University policy. Positive test results may be grounds for immediate dismissal.

ACCIDENT & HEALTH INSURANCE
All DNP-NA students are required to carry health insurance during enrollment in the program. In addition, the University provides Accidental Injury Insurance for all students enrolled in a clinical program or science laboratory course. This insurance only covers injuries resulting from an accident occurring while participating in assigned laboratory or clinical activities. Expenses incurred from injuries resulting from such an accident that require medical care or treatment and are provided at an emergency room, hospital outpatient department, clinic, or doctor's office, will be payable at 100% of the Reasonable and Customary charges up to a maximum of $5,000 per accident. Please note that this is a secondary policy and will only pay claims after the student's primary insurance has paid. The student must submit an incident report to the Health and Safety Office within 24 hours of the accident. The Director of Campus Health & Safety will assist the student in filing a claim with the claims company for this secondary insurance.

CLINICAL INCIDENT REPORTING
Student Injury Reporting and Treatment: To ensure maximum protection for the student and Franciscan Missionaries of Our Lady University in the event of an accident resulting in injury while a student is on the University campus or any assigned Clinical agency, the following applies:

1. The student will immediately notify the clinical coordinator, the Director of Clinical Education, and the Director of Campus Health & Safety.
2. If medical attention is required, the student will report to the Emergency Department as directed by the clinical coordinator, assistant program director, program director, or Director of Campus Health & Safety. In conjunction with the Director of Campus Health & Safety, the student must submit a Quantros Report. The student must follow the clinical agency protocol as determined by the agency.
3. The student will present their primary insurance card to the health care provider.
4. The Director of Campus Health & Safety will assist the student in filing a claim with the claims company for the secondary accident insurance.

Patient Incident Reports (Quantros Report): Any injury or unusual occurrence involving any persons (e.g. patient, patient family, visitors, etc.) in the clinical area, must be reported to the clinical coordinator immediately. The student will notify the Director of Clinical Education via telephone within 12 hours of occurrence. Failure to notify the Director of Clinical Education may result in dismissal from the program. A University Incident Report form must be completed and submitted in the online course learning system within 24 hours.
hours. The Director of Clinical Education will determine if a Quantros Report is required for submission. If the incident occurs during an outside clinical rotation, the protocol of the clinical agency must also be followed.

**Blood and Body Fluid Exposure Protocol:** Students are treated for exposure to blood and body fluids during clinical rotation according to the protocol of the clinical facility. The cost of treatment is paid for by the student's primary health insurance then by the secondary accident policy provided by the University. The full exposure protocol to be followed by Our Lady of the Lake Regional Medical Center (OLOLRMC) is in the Office of Health and Safety Manual. Clinical coordinators at outside clinical rotation facilities should be contacted for individual facility protocols.

“Clean” Needle Stick & Laboratory Injury Protocol: In the event of a "clean" needle stick, or any other injury, in the Anesthesia Skills lab, first aid is to be rendered to the injured person and referral made to the OLOLRMC Emergency Care Unit or the student's personal physician. Details of the incident and the referral made must be documented on a college incident report and forwarded to the Director of the Office of Health and Safety. Needle sticks in any other setting must follow the blood and bodily fluid exposure protocol.

**TIME LOGS AND CLINICAL CASE DOCUMENTATION**

Students are required by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) to maintain an accurate record of clinical experiences. Documentation in the electronic student tracking system is an important method to quantify and qualify the student’s clinical experience, learning activities, and time commitment. The student is responsible to log their activity within 5 calendar days using Typhon Group's NAST Student Tracking System at [https://www.typhongroup.net](https://www.typhongroup.net). This system enables the program administration to monitor the clinical and learning experiences of each student. Additionally, students are required to manually log clinical experiences into the University DNP-NA Clinical Case Log Pocketbook on a daily basis. The student is responsible for accurately maintaining each record and for saving documentation in a manner protective of patient privacy for the verification of cases.

It is imperative students maintain a current case and time log record. Students who fail to maintain accurate records in a timely manner may face an unsatisfactory clinical practicum grade, disciplinary action, and/or dismissal from the program. Falsification of the student’s record is grounds for dismissal from the program. Case counts are used to ensure that each student will be eligible to graduate and sit for the National Certification Exam.

**Time Log Definitions and Perioperative Descriptions:**

1. **Clinical Preparation Time:**
   a. Time spent preparing to administer anesthesia care. This time includes preparation of care plans for daily case assignments and time spent preparing the clinical area for anesthesia care (e.g. room set up).

2. **Preanesthesia visit time:**
   a. Time spent performing preoperative anesthetic evaluations. The time spent discussing (in person or via telephone) your preanesthetic assessment/anesthesia plan with faculty is included.

3. **Preoperative Visit**
a. The time spent on assessing the patient preoperatively, communicating the anesthetic care plan to his/her supervising anesthesia provider(s), assuring perioperative comfort to the patient, and answering any questions the patient may have regarding the anesthetic. Upon completion, the student must consult with an anesthesiologist and/or CRNA before implementing the plan.  

As required by the COA, without exception, the student nurse anesthetist must conduct a pre-anesthesia assessment on each patient that the student anesthetizes.

4. Procedure Documentation:
   a. The time spent performing any technical skill related to anesthesia delivery (i.e. invasive line placement, ultrasound evaluation, regional anesthesia administration, etc.

5. Postanesthesia visit time:
   a. Time spent performing postoperative anesthetic evaluations. The time spent discussing (in person or via telephone) your postanesthetic assessment/anesthesia plan with faculty is included. The student must complete a post-operative evaluation on every patient he/she is actively involved in anesthetic management. This visit is an evaluation in the immediate recovery phase and again in the post-recovery phase within twenty-four hours. It allows the student to evaluate his/her anesthetic technique and management.  

As required by the COA, a student nurse anesthetist must conduct a post-anesthesia assessment on each patient that the student anesthetizes, except ambulatory care patients and early discharges.

6. Class time:
   a. Time spent during scheduled lecture time. Time includes all scheduled classes, both face-to-face and remote instruction (i.e. Zoom meetings)

7. Conference Time:
   a. Time spent attending presentations, conferences, Morbidity & Mortality, or Journal Club meetings.

8. Study Time:
   a. Time spent reading and studying while at home.

9. Research Time
   a. Time spent on conducting research unrelated to the DNP project (i.e. Journal Club, Morbidity & Mortality presentations, etc.)

10. DNP Project Time:
    a. Time spent working on the DNP project.

11. Sick:
    a. Time absent from scheduled shift.

12. Vacation:
    a. Eight hours for each day of vacation you are granted.

13. Anesthesia Time
    a. Clinical hours in which the student delivers anesthesia.

    b. Defined by “Anesthesia Start” and “Anesthesia Stop” times.

14. Total Clinical Hours
    a. The total hours the student is present at the clinical site for an assigned clinical shift. The COA interprets total clinical hours as time spent in the actual administration of anesthesia (i.e. anesthesia time) and other time spent in the clinical area (i.e. in-house call, preanesthesia assessment, postanesthesia
assessment, patient preparation, OR preparation, and time spent participating in clinical rounds. Since the total clinical hours are inclusive of total hours of anesthesia time, this number must be equal to or greater than the total number of hours of anesthesia time.

b. Thirty minutes should be deducted daily for lunch.

c. Reported separately from Anesthesia Time.

Guidelines for Counting Clinical Experiences:
Students are required to adhere to the COA Guidelines for Counting Clinical Experiences, which is available in each Clinical Practicum Moodle course page. In order to count a case on the Cumulative Case Count Record the following conditions must occur:

1. The student has performed the induction or
2. The student has conducted the emergence or
3. The student has participated in the case for at least one hour.

The student 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 if he/she actually performs it, but must include the management of the patient during induction and/or the emergence of the anesthetic experience. Please note the following for cases that cannot be counted by the student:

1. Observations cannot be counted as a clinical case.
2. The student shall not count coffee breaks or lunch relief as a case.
3. Two students may not count the same case unless both students meet the above criteria.
4. Likewise, two students should not be assigned to the same case, except when the case provides learning opportunities for 2 students due to the acuity of the case.

**Anesthesia Management Plans**

Anesthesia Management Plans are an important part of providing safe patient care. The anesthesia management plan is a patient and case-specific plan for the anesthesia care of a patient that is designed to reinforce didactic and clinical knowledge. Each student is responsible to complete a management plan for each assigned case including cases that are assigned the day of surgery. The plan may be written or verbal. The management plans are to be submitted and/or discussed with the clinical preceptor before the case. Failure to do so may result in being sent home from clinical with faculty documentation as a clinical unsatisfactory. Management plan submission and grading are delineated in each practicum syllabus. Students should refer to their corresponding course syllabus for a more detailed description.

Management plans are not to be simply copied from one source. Doctoral education requires the synthesis of information from a number of sources to formulate comprehensive knowledge of anesthesia implications. Although collaboration is encouraged among students regarding anesthetic implications, each student is expected to provide original work on his/her management plan. Plagiarism, of any form, is not tolerated and may lead to program dismissal. Students should refer to the “Academic Dishonesty” policy located in the Franciscan Missionaries of Our Lady University Student Handbook.
Clinical Education Overview

The Nurse Anesthesia Program seeks to enter into partnerships with clinical sites that enhance student learning. Clinical sites are obtained to provide students with unique clinical experiences and are designated as a “Required” or “Enrichment” Clinical Site.

Required: A required site is a primary clinical site that meets one or both of the following criteria: An institution (1) where students receive 50% or more of their total clinical experience and/or (2) that is necessary to enable a program to meet the Council's standards.

Enrichment: An enrichment site is a non-primary clinical site that meets one or more of the following criteria: an institution (1) where students receive less than 50 percent of their total clinical experiences; (2) that is not necessary to enable a program to meet the Council’s standards; (3) that is unlikely to have a significant impact on a program’s ability to continue complying with accreditation standards and policy/procedural requirements; and/or (4) that is utilized solely as an enriching experience.

Student rotations are assigned by the Director of Clinical Education, in consultation with the Program administration, and centered on enhancing the student’s clinical learning experience. Clinical sites and rotations are subject to change and without advanced notification due to unforeseen circumstances and matters related to the hospital, the student, and/or the anesthesia group. All students will not rotate to all sites. Out of state sites will require that the student acquire a nursing license in that state. Licensure costs, additional background checks, as well as housing expenses, are at the student’s expense. The varying clinical sites are necessary to fulfill the clinical requirements as set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs and Franciscan Missionaries of Our Lady University program requirements. Rotations outside the city of Baton Rouge are required of each student. When a student’s rotation schedule is altered due to the student’s clinical performance, placement at another clinical site is not guaranteed and attainment of clinical case requirements may not be possible.

Clinical Shifts: The majority of the clinical shifts are day shifts. However, students are also required to attend clinical during evening shifts, night shifts, weekends, and holidays (call experience). The COA denotes call experience as any clinical experience between 5 pm to 7 am M-F, and weekends. Every attempt is made to rotate off shifts and holidays in an equitable fashion. In order for students to not exceed hours in a reasonable workweek, students asked to stay late for shifts should be compensated by earlier time off during the week upon approval of the clinical coordinator. Students must arrive at the clinical site with sufficient time to adequately prepare for their clinical cases. Student clinical hours are tracked daily in the electronic student tracking system as described above.

Clinical Hours: As mandated by the COA, student time commitment should not exceed 64 hours per week (averaged over 4 weeks) to ensure patient safety and student well-being. This time commitment includes the sum of hours spent in class and clinical. Although some students may be assigned to a 24-hour call shift, a student cannot provide direct patient care for longer than 16 continuous hours. Students are also required to have a minimum of 10 hours rest between scheduled clinical shifts.
Clinical Supervision: As mandated by the COA, students must be supervised at all times during the administration of an anesthetic. At no time should a certified registered nurse anesthetist or anesthesiologist supervise more than 2 students concurrently. A student is prohibited from supervision by a non-CRNA or non-anesthesiologist provider i.e. anesthesiology assistant, non-anesthesia physician, etc.

Clinical Coordinator: The Standards for Accreditation of Nurse Anesthesia Programs require that the Nurse Anesthesia Program appoint a CRNA coordinator for each clinical site who possesses a Master’s degree (Doctoral preparation preferred) to guide student learning. The Program maintains communication with the coordinator and provides them with information pertaining to student expectations, rotations, schedules, and program level updates.

Falsification of Records/Information: Each DNP-NA student is expected to complete all University and patient care records with accuracy and honesty. This includes but is not limited to, the anesthesia record, Typhon case count, incident reports, and clinical case evaluations. Falsification of records may result in disciplinary action up to and including dismissal.

HIPAA REGULATIONS
HIPAA (Health Insurance Portability and Accountability Act) regulations are intended to protect patient privacy. Therefore, “any information that relates to the past, present, or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual must be kept in strictest confidence” (NCSBN, White Paper: A Nurse’s Guide to the Use of Social Media, 2011, p. 1). All students must adhere to the HIPAA regulations to protect patient privacy. The student must sign the HIPAA syllabi statement during orientation to the Nurse Anesthesia Program. Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways (via written or verbal communication, i.e. through clinical documentation or social media communications, or any other means referencing information pertaining to patient care). Failure to comply with the HIPAA regulations will result in dismissal of the student from the nurse anesthesia program. The Louisiana State Board of Nursing is notified in all cases of HIPAA violations.

STUDENT BEHAVIOR IN THE CLINICAL SETTING
DNP-NA students are expected to honor the University’s Community Creed, Student Code of Conduct, and Honor Code. For more information, please see the Franciscan Missionaries of Our Lady University’s Student Handbook.

Expectations Related to Student Behavior in the Clinical Setting: Clinical competency is an essential outcome of Franciscan Missionaries of Our Lady University Nurse Anesthesia Program. Graduates must meet the performance levels for the program’s terminal objectives that are based on the entry requirements for safe practice as a nurse anesthetist. Each student is expected to meet the behavioral criteria outlined in the Core Performance Standards for Admission and Progression for the Nurse Anesthesia Program and the policies outlined in the DNP-NA Program Handbook. Behaviors inconsistent with the Core Performance Standards may result in disciplinary action including unsatisfactory clinical or didactic evaluation, clinical
remediation, clinical probation, or dismissal. Examples of behaviors that may warrant disciplinary action include, but are not limited to:

**Inability to maintain the behaviors identified in the Core Performance Standards:**
1. Failure to incorporate caring behaviors in patient care
2. Inappropriate behavior such as abusive language or disruptive behavior
3. Unprofessional and/or disrespectful behavior towards the clinical preceptors, anesthesiologists, anesthesia faculty, clinical coordinators, or other surgical team members (i.e. lacking respect, honesty, positivity, enthusiasm, punctuality, hygiene, organization, etc.)
4. Falsification of documents or medical records
5. Theft of hospital or University property
6. Violations of University and/or hospital social media policies

**Behavior inconsistent with course requirements:**
1. Failure to meet minimum criteria for clinical performance
2. Incomplete, inadequate, or falsification of anesthesia management plans
3. Falsification of clinical evaluations
4. Falsification of Typhon experiences
5. Inadequate preparation for an anesthetic
6. Failure to meet Dress Code (i.e. lack of name badge or proper OR attire)

**Behavior inconsistent with clinical policies:**
1. Failure to report to your assigned clinical area on time
2. Failure to report to your assigned clinical area in a timely manner that would allow for complete preparation for the case
3. Prolonged lunch (greater than 30 mins) or breaks (greater than 15 mins). Students must adhere to these times, unless otherwise identified by coordinator and/or preceptor.
4. Leaving clinical without notifying the anesthesia faculty or clinical coordinator
5. Failure to make pre- or post-operative rounds when possible
6. Violation of institutional or departmental policies
7. A pattern of abusing leave (i.e. calling in before long weekends and holidays)
8. Inappropriate mobile device use

**Unprofessional or uncaring behaviors:**
1. Failure to follow-up on an anesthetic complication
2. Mistreatment of a patient
3. Failure to follow instructions or carry out assigned duties in clinical area
4. Behavior inconsistent with the “Community Creed”
5. Behavior inconsistent with the AANA’s “Code of Ethics”
6. Behavior inconsistent with appropriate use of social media (i.e. posting information or digital media on social media sites related to any clinical matter)

**Behaviors which may jeopardize patient safety:**
1. Failure to perform machine check-out
2. Failure to notify supervisor of patient or equipment complication
3. Improper calculation of drug dose or fluid requirements
4. Failure to notify anesthesia faculty or course director of a clinical incident
5. Failure to obtain and report pertinent patient history or status to the preceptor.
6. Administering anesthesia without proper supervision in violation of COA supervision requirements
7. Failure to report a clinical incident or drug error
8. Medication error (selection/dosage/administration)
9. Administration of any drug without permission of a supervising clinical instructor
10. Failure to inform supervising clinical instructor of intra-operative changes or events
11. Failure to follow direct orders from clinical faculty in the clinical area
12. Failure to demonstrate clinical knowledge and skills in the clinical setting

Please note, this is not an exhaustive list of clinical infractions that can result in disciplinary action.

**CLINICAL EVALUATIONS**

Evaluation is not negative; rather, it is an essential assessment of progress toward the achievement of an objective. A student’s clinical performance is to be evaluated daily by the supervising anesthesia provider (nurse anesthetist or physician anesthesiologist). Students may not be evaluated by anesthesia assistants or other physicians. It is the student’s responsibility to obtain an evaluation from the instructor. A student’s clinical performance will be evaluated using the following clinical performance rankings: exemplary, satisfactory, borderline, unsatisfactory, unsafe.

- **Exemplary** – performing at an exceptional level in the clinical domain; consistently performs at a level near excellence; student exhibits exceptional clinical skills and knowledge in nurse anesthesia and delivers anesthesia at a very high quality
- **Satisfactory** – demonstrates safe clinical performance in correspondence to the domains of the daily clinical evaluation tool; conforms to the outcomes outlined in the clinical evaluation tool and course practicums; sufficient completion of all requirements and clinical expectations for the clinical domain
- **Borderline** – barely acceptable or marginal clinical performance in any of the clinical domains listed on the clinical evaluation tool; One borderline evaluation on the daily clinical student evaluation form in any critical domain will result in student counseling; One borderline evaluation on all other domains may result in counseling. Students will undergo remediation as deemed necessary by program administrators. Additionally, borderline verbal reports from clinical coordinators and/or preceptors equates to one borderline written evaluation on the daily tool.
- **Unsatisfactory** – unacceptable clinical performance in any of the clinical domains; deficient in delivering anesthesia as evident by substandard clinical performance. One unsatisfactory evaluation on the daily clinical student evaluation form in any domain will result in a student-faculty conference and may result in remediation. One or more unsatisfactories in the critical domains will result in remediation and/or probation. Additionally, unsatisfactory verbal reports from clinical coordinators and/or preceptors equates to one unsatisfactory written evaluation on the daily tool. Examples of unsatisfactory behavior include but are
not limited to not meeting outcomes, knowledge deficit, lack of preparation, unprofessionalism, failure to appropriately apply knowledge, unsafe medication administration, inability to prioritize patient care, technical skill deficit, etc.

- The program may deem a student as unsatisfactory if clinical evaluations have unsatisfactory in one or more objectives for each domain, or if there is other validated evidence indicating a lack of preparedness for the case i.e. tardy, not having the correct equipment, not being knowledgeable about patient or surgery, unable to verbalize plan of care, medication errors, etc.

- **Unsafe** – risky or dangerous clinical performance that likely poses a threat to patient safety; clinical performance that jeopardizes patient outcomes; actions that directly violate standards of care. One unsafe evaluation on the daily clinical student evaluation tool will result in immediate clinical dismissal for that day, faculty-student conference, and an individualized probation plan (program dismissal possible, especially if the student violates the professional code of ethics, lacks integrity, engages in inappropriate verbal/nonverbal communication, falsifies documentation [i.e. falsifying charts, case logs, lying to preceptors, hiding mistakes, etc.])

The program will deem a student as unsafe if the student does any of the following: violates any university, hospital, and/or professional code of ethics, lacks accountability for subpar clinical performance, demonstrates a pattern of clinical errors, lacks integrity and honesty, arrives at the clinical setting under the influence, threatens patient safety, or communicates in an unprofessional manner. The quality of services delivered by the student may be deemed unsafe clinical practice if the student performs consistently below the levels outlined in the course syllabi and program handbook.

Critical domains referenced above will be defined on every one of the clinical practicum course syllabi (ANES 7710, 7720, 7730, 7740, and 7750).

**PROCEDURAL GUIDELINES FOR CLINICAL REMEDIATION AND PROBATION**

Student clinical progression is determined by the successful completion of each clinical practicum. Students are continuously evaluated using the clinical objectives outlined for each clinical practicum. Student progression in each clinical practicum takes into account clinical performance, clinical evaluation scores, clinical preceptor feedback (verbal and written), faculty feedback (verbal and written), clinical site feedback, and Typhon log documentation.

It is the program’s responsibility to uphold the integrity of the nurse anesthesia profession and protect patients from harm. The program reserves the right to immediately dismiss a student from clinical training to protect patient safety. In the event a student fails to comply with the Handbook Policies, the Standards of Clinical Performance (clinical event, negative clinical evaluation, etc.), or course expectations, the program will utilize the Clinical Remediation and Probation Decision Making Guidelines to determine the next course of action.
As outlined below, procedural guidelines for clinical remediation and probation may include convening a clinical evaluation committee (CEC). This committee will consist of a minimum of four persons to include the Director of Clinical Education, the program director or assistant program director, one program faculty member, and one non-anesthesia university faculty, staff, or administrator. The DCE will serve as the chair of the committee. The committee members will be appointed by the program administrator whom will not serve on the committee.

Clinical Remediation and Probation Decision Making Guidelines for Suboptimal Clinical Performance or Behavior

1. **Awareness of negative feedback**: Negative feedback is considered verbal/written negative feedback from a preceptor or clinical coordinator via evaluation, text, phone, or email. Likewise, any student receiving a borderline, unsatisfactory, or unsafe mark on the daily evaluation will be subject to one or more of the following: verbal warning, counseling, remediation, probation, or dismissal from the program. The student is required to notify the Director of Clinical Education (DCE) and the clinical coordinator of any borderline marks in the critical domains, or an unsatisfactory or unsafe mark on any domain of the daily evaluation tool within 12 hours of receipt. At the DCE and/or clinical coordinator’s discretion, a student may be immediately dismissed from clinical training for poor clinical performance, inadequate preparation, safety concerns, or any violation in student behaviors as described above.

2. **Validation of the negative evaluation**: All negative evaluations of clinical performance warrant validation to allow administrators to understand the student’s perspective and to clarify the situation. Upon notification of any negative evaluation (any borderline, unsatisfactory, or unsafe mark) or clinical training dismissal (sent home), the DCE will contact the clinical coordinator and/or clinical preceptor for further discussion involving the incident. Thereafter, the DCE will share the validated concern with program administration. Validation will be accomplished by discussing the student’s performance with the clinical preceptor, the clinical coordinator, the program faculty, clinical team members, and/or direct observation of the student in the clinical setting.

3. **Student Conferencing**: After validation of the clinical concern, the DCE and another faculty member will conference the student to assess their accountability for the incident and the student’s clinical performance. At the end of the conference, the next plan of action will be determined to include one of the following: return to clinical in good standing, remediation, probation, or dismissal. Students who receive a negative evaluation of clinical performance may be allowed to return to clinical; however, any student who receives an unsafe mark on the clinical evaluation will not be allowed to return to clinical until a CEC is convened. In the event an unsafe mark is noted, the CEC will convene within 5 business days of the evaluation.

If a student is placed on clinical remediation or probation, the student’s status will be made known to the Clinical Coordinator where the student is scheduled. Most details regarding the clinical remediation or probation are kept confidential; however, there may be situations where information is shared with clinical sites on a need-to-know basis. When made aware of the cause of remediation/probation, the Clinical Coordinator will be better able to assist the student’s progression. At any time, a student may be removed from the clinical rotation due to unsatisfactory and/or unsafe practice. Meeting documentation will be completed and saved in the student’s administration folder.
a. **Remediation-** Remediation is granted when a student’s performance is deficient in any of the clinical domains or if the student demonstrates any of the behaviors outlined above. Early intervention is necessary to improve a student’s chance of success. Program administrators respect the fact that almost all students will make a mistake at some point and that it is important to allow students to learn from their mistakes. Remediation frequently includes regularly scheduled faculty-student meetings, weekly assignments (i.e. written care plans, papers, reflections, simulation, direct clinical observation of the student by program faculty, and/or clinical coordinator). Students with a borderline and/or unsatisfactory mark on the clinical evaluation tool will be considered for remediation; however, the program administration reserves the right to proceed with probation as determined on a case-by-case basis. Remediation terms include the following:

i. Continue with clinical training at the current clinical site, unless otherwise requested by the site’s Clinical Coordinator.

ii. Development of an individualized remediation plan informed by both student and faculty

iii. A clearly defined timeframe of no more than 30 days

iv. Student-formed objectives that are measurable and realistic. Students are expected to meet all objectives of the Remediation Terms in order to return to clinical in good standing.

v. Student and faculty-signed contract outlining the objectives of the remediation along with the student’s acknowledgment of their willingness to meet the terms.

vi. Adherence to all assignments as outlined on the remediation plan including timely submission.

vii. Attain at least one clinical evaluation every day. If a clinical preceptor does not complete an evaluation, the student can ask the clinical coordinator to fill one out on their behalf.

viii. A maximum of 30 days is allowed for remediation. Failure to meet the objectives outlined in the remediation plan will result in the student being placed on probation. Likewise, if the student’s behavior does not improve as a function of feedback, remedial efforts, and/or time, the student will be placed on probation.

ix. If a student is unsuccessful in remediation, the program administrators will proceed with probation with practice restrictions in place. The CEC will be convened to determine probationary terms within 5 business days.

b. **Probation-** Probation is initiated when a student attains an unsafe mark on the daily evaluation tool, if the student fails to correct deficiencies during clinical remediation, or if the initial occurrence is significant enough to warrant immediate probation as determined by the program faculty. Probationary status is determined by the DCE in coordination with program faculty. Upon determination, a CEC will be convened within 5 business days to establish the probationary terms and the student will be notified of these terms within 2 business days of their determination. The terms will outline the objectives that the student must meet to remove himself/herself from probation at the end of the 30 day probationary period. Following completion of the probationary period, the
CEC will determine the student’s clinical standing. The student will be notified of the CEC’s decision within 2 business days after making their decision. Probation terms include the following:

i. Clinical training will be resumed at a clinical site decided by the DCE, CEC, and in coordination with the clinical site coordinators.

ii. Development of an individualized remediation plan informed by both student, faculty, and CEC

iii. A clearly defined timeframe of no less than 30 days.

iv. Student-formed objectives that are measurable and realistic. Students are expected to meet all objectives of the Probation Terms in order to return to clinical in good standing. Such probation plans may include weekly meetings, care plans, reading assignments, case studies, quizzes, faculty mentoring, increased supervision, designated preceptors, neuropsychometric assessments (ex: fit for duty evaluation), or any other assignment to facilitate improvement in clinical performance.

v. Adherence to all assignments as outlined on the probation plan including timely submission.

vi. Student and faculty-signed contract outlining the objectives of the probation along with the student’s acknowledgment of their willingness to meet the terms. The student is informed of the personalized performance plan and understands adherence to this plan is required to return to good standing.

vii. Attain at least one clinical evaluation every day. If a clinical preceptor does not complete an evaluation, the student can ask the clinical coordinator to fill one out on their behalf.

viii. Failure to meet the objectives during the probation will result in either a second 30-day probation term or program dismissal. Likewise, if the student’s behavior does not improve as a function of feedback, remedial efforts, and/or time, the student may be dismissed from the program as determined by the CEC and program administration.

ix. Limited clinical responsibilities as outlined in the probation terms which may include prohibition to:

1. Rotate to off-site enrichment sites
2. Participate in off-shift rotations
3. Engage in 2:1 supervision
4. Assign self to preferred cases/preceptors

x. Return to good standing is dependent on meeting objectives and evaluations demonstrating improved performance (devoid of any unsatisfactory or unsafe evaluations)

xi. If unsuccessful in probation, program administrators may move towards program dismissal upon approval by the CEC. Dismissal will follow for any student with two consecutive failed probations. The Dean will be notified in writing and will be provided with all related documentation for his/her review. The student will be notified of the Dean’s decision by the Dean within five business days of receiving documentation.
c. **Program dismissal**- Barring any exceptional circumstances, if additional performance issues continue to occur after the student has been granted two (2) probationary periods, the student will be dismissed from the program. A student may be dismissed for a variety of reasons, including but not limited to 1) unacceptable clinical performance; 2) failure to be removed from probation status; or 3) an ethical violation. A student may be dismissed without a probationary period at the discretion of the CEC and/or program administrators. Likewise, the program reserves the right to ask any student to withdraw from the program whose health, conduct, or clinical performance makes it inadvisable for him/her to remain in the program.

Remediation and/or Probation may be bypassed if student behavior is deemed egregious by the CEC and/or program administrators (i.e. falsifying documents, violating code of ethics, under the influence, lacking accountability, more than one medication error, and any other action the CEC and/or program administrators deems unsafe for patients). As such, the student can be automatically dismissed, thus bypassing the above steps. In this case, the student will be immediately removed from clinical attendance. The student will be made aware of the program’s decision regarding dismissal within 2 business days of the determination.

If the student is removed from clinical training for impending program dismissal, the student will be informed through a formal process and will meet with at least two members of the Program’s faculty to include a program administrator and the Dean. During this meeting, the student is informed of the reasons for the decision, his/her rights of due process, and the option for appealing the decision. If it is determined that the offense is a violation of the Student Code of Conduct and/or Academic Honesty, the Program will follow the steps outlined in the Student Handbook.
APPENDIX A
Franciscan Missionaries of Our Lady University
School of Nursing
Student Acknowledgement of Policies and Procedures

I have been informed of and will comply with the policies and procedures in the University Catalog, the University Student Handbook, the DNP-NA Program Handbook, and the Course Syllabi. I am aware that this information is subject to change at any time by authority of Franciscan Missionaries of Our Lady University and the School of Nursing. If changes are made, I will be informed of the changes via electronic communication modes (e.g., University Website, e-mail, or Moodle).

Student’s Printed Name: __________________________________________________

Student’s Signature: _______________________________________________________

Date: __________________________
APPENDIX B

Estimated Additional Program Expenditures

AANA Student Membership
Books
Uniforms
Laptop (for testing)
Laptop Privacy Screen
National or State Educational Conferences (All students must attend one state or national conference prior to graduation)
Housing during Clinical Rotations
ACLS/BLS/PALS Certification
Louisiana RN License (optional multistate license)
Mississippi RN License
Urine Drug Screen/Background Check
Annual TB Test/Flu Shot
Graduation Fee
NBCRNA Certification Exam Fee
ExamSoft software

*this is not an all-inclusive list of program expenditures*