The University of Akron

Post-BSN to DNP
Nurse Anesthesia Program

Student and Clinical Coordinator Manual

2026-2029

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MISSION AND PHILOSOPHY

ANESTHESIA PROGRAM MISSION

The primary purpose of the Nurse Anesthesia Program at The University of Akron is to educate registered nurses in the science and art of anesthesia so that they will become efficient and skilled in using various techniques of anesthesia in an intelligent, scientific, and safe manner. The faculty is committed to providing a dynamic, progressive educational program that facilitates students' professional and personal growth.

ANESTHESIA PROGRAM PHILOSOPHY

The University of Akron Nurse Anesthesia Program recognizes the Certified Registered Nurse Anesthetist as a vital contributor to the anesthesia health care services provided to the community. Of prime concern is the welfare of all patients for whom our graduates will administer anesthesia in the future. The spirit within our program is developed from a loyalty to the education of our students; respect for our program, faculty, and students; pride in the University and the affiliate Departments of Anesthesia. In addition, there is the general belief that all people within this consortium are striving for the same goal: the comfort and care of humankind.

It is our belief that the education of the nurse anesthetist will include thorough instruction in the sciences related to anesthesia, a broad-based foundation in health care delivery, and ample opportunity to become adept in the technical skills necessary to administer physiologically sound anesthesia care. To provide this education to student nurse anesthetists, university educators and anesthesia practitioners strive to create and preserve an atmosphere that is student-oriented. Anesthesiologists, Certified Registered Nurse Anesthetists, residents and student nurse anesthetists function as an anesthesia care team in the clinical setting, each giving his/her highest level of expertise for the benefit of the patient and the development of the ongoing educational process.

SCHOOL OF NURSING MISSION STATEMENT

The school offers diverse and comprehensive nursing education programs at the undergraduate and graduate levels. The programs of study, based on professional standards, prepare individuals to provide nursing care in a variety of settings. The School of Nursing supports nursing research that contributes to the health and well-being of society. The School is committed to serving culturally, racially, and ethnicallydiverse populations. Through academic and community collaboration, the school promotes excellence in nursing education, research, practice, and service.

DNP MISSION STATEMENT

To prepare doctoral level nursing leaders who will advance and transform nursing through evidence-based practice, leading to improved patient outcomes.

CLINICAL COORDINATOR JOB DESCRIPTION

QUALIFICATIONS

- CRNA or anesthesiologist: Active, practicing, current license/recertification
- Minimum of one year experience as a CRNA
- Master's degree or higher

DUTIES

The Clinical Coordinator will:

- Implement the clinical practicum of the School of Nursing Nurse Anesthesia Program.
- Orientation:
  - Provide students with an orientation to the clinical site
  - Communicate student responsibilities and/or expectations in preparing for clinical rotation.
- Clinical Assignments:
  - Assign student nurse anesthetists to various clinical experiences that are appropriate to the student's level of experience or make recommendations regarding the assignment of supervisory personnel to the students.
- Student evaluations and anesthesia management plans:
  - Encourage the clinical faculty to complete daily student evaluations in a timely fashion.
  - Complete end of rotation evaluations of the students' clinical progress the following consultation with the clinical faculty of the anesthesia department and return them to the program office promptly at the end of each clinical rotation.
- Counsel students as necessary regarding clinical performance.
- Function as a resource person for students.
- Serve as a liaison between the Nurse Anesthesia Program and the clinical faculty
- Assure compliance of the facility with the Standards and Guidelines for Nurse Anesthesia Educational Programs
- Maintain the confidentiality of student record

NURSE ANESTHESIA PROGRAM DESCRIPTION

Specific Purposes

The Nurse Anesthesia Program prepares Registered Nurses to become Certified Registered Nurse Anesthetists (CRNAs). Students are given the opportunity to integrate classroom content with direct application of state-of-the-art techniques in the provision of anesthesia care to patients in all risk categories. Graduates are prepared to administer perioperative anesthesia care to patients of all ages in a variety of health care settings.

The Nurse Anesthesia Program is based on a continuum of perioperative anesthesia nursing care according to the scope and standards for Nurse Anesthesia Practice. This care includes:

1. Performing and documenting a pre-anesthetic assessment and evaluation of the patient, including requesting consultations and diagnostic studies; selecting, obtaining, and administering pre-anesthetic medications and fluids; and obtaining informed consent for anesthesia
2. Developing and implementing an anesthetic plan
3. Initiating the anesthetic technique, which may include: general, regional, local, sedation, and monitored anesthesia care
4. Selecting, applying, and inserting appropriate non-invasive and invasive monitoring modalities for continuous evaluation of the patient's physical status
5. Selecting, obtaining, and administering the anesthetics, adjuvant and accessory drugs and fluids necessary to manage the anesthetic
6. Evaluating and managing a patient's airway and pulmonary status using current practice modalities
7. Facilitating emergence and recovery from anesthesia by selecting, obtaining, and administering medications, fluids, and ventilatory support
8. Providing post-anesthesia follow-up evaluation and care
9. Assisting acute and chronic pain management modalities
10. Responding to emergency situations by providing airway management, administration of emergency fluids and drugs, and using basic or advanced cardiac life support techniques

Additional student nurse anesthesia responsibilities may include:

1. Educational: provide clinical and didactic teaching, BCLS/ACLS instruction, and in-service presentation.
2. Research: may participate in departmental, hospital-wide, and university-sponsored research projects.
3. Interdepartmental liaison: collaborate with other departments such as nursing, surgery, obstetrics, post-anesthesia care units (PACU), outpatient surgery, admissions, administration, laboratory, pharmacy, etc.

Nurse anesthesia practice requires substantial specialized knowledge, judgment, and advanced nursing competencies, all of which are based on biological, physiological, pharmacological, sociological, evidence-based practice, and nursing sciences. It is grounded in a holistic nursing perspective and links nursing care to the anesthesia process.

This area of specialized nursing practice focuses on meeting patients' immediate needs across the perioperative period and seeks to diminish stress and improve well-being. Recognizing that patients undergoing anesthesia cannot always communicate their needs, nurse anesthetists function as the patients' advocate, acting on behalf of the patient to maintain their psycho-physiological integrity throughout the surgical procedure and during recovery from anesthesia. The competencies required of nurse anesthetists also make them uniquely qualified to initiate and participate in emergency life-support activities wherever they may occur.

A concentrated program of theory and clinical study prepares the student to be a qualified, caring professional, practicing in an advanced nursing specialty providing anesthesia services in a variety of settings as a member of a multidisciplinary health care team. The curriculum includes advanced study in nursing theory, professional role issues, and research methodology combined with a broad foundation in biophysical sciences, pharmacology and principles of anesthesia based on evidence-based care. Graduates are responsible and accountable for their individual professional practice. They can exercise independent judgment within their scope of competence and accept the responsibility for rendering professional services and evaluating the probable effect of those services upon the patient.

Students rotate through a variety of clinical sites, each offering experience in the anesthesia care of specialized patient populations. Students become proficient in utilizing a variety of anesthetic techniques, providing clinical management, and participating in life support for these patient populations. Each student administers approximately 800-1200 anesthetics and provides approximately 1400-2000 hours of direct anesthetic management. Specialty rotations provide program enrichment in neurosurgical, cardiothoracic, pediatric, obstetric anesthesia, and experiences with peripheral nerve blockade. Throughout the program, students learn to collaborate with other qualified health care professionals.

The doctorate of nursing practice project encourages students to integrate a quality improvement project within the scope of anesthetic practice to improve patient outcomes. Advanced practice nursing role preparation in healthcare leadership within the practice of anesthesia in a healthcare system is integrated within the program to promote the development of nurse anesthetists as healthcare leaders.

NURSE ANESTHESIA PROGRAM EDUCATIONAL OUTCOMES

Courses are taught by The University of Akron faculty and dedicated Certified Registered Nurse Anesthetists from within the clinical agencies. The anesthesia clinical faculty consists of Certified Registered Nurse Anesthetists and Board Certified Anesthesiologists. Experts in related fields frequently act as guest lecturers and enhance the interrelationship of the numerous health care providers involved in patient care. Students and faculty constantly evaluate the curriculum and undergo revisions as needed to stay current and applicable to contemporary nurse anesthesia practice.

The program meets or exceeds all standards and recommendations of the Council on Accreditation of Nurse Anesthesia Educational Programs and has demonstrated full accreditation status. "The Program or its parent or affiliating institutions are forbidden from knowingly distorting and/or misrepresenting the Program's accreditation status. The Program has experienced a continuous full-accreditation status with the Commission on Collegiate Nursing Education and the Council on Accreditation of Nurse Anesthesia Educational Programs. The Program will notify the college, the university, and all affiliates if there is any change in the accreditation status." Successful completion of the program requirements leads to a Doctorate of Nursing Practice. Graduates are eligible to take the certifying examination of the National Board of Certification and Recertification for Nurse Anesthetists.

Upon successful completion of the Doctor of Nursing Practice (Nurse Anesthesia), the graduate will be able to:

1. Conduct and document a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.

2. Design, implement and evaluate therapeutic interventions to promote optimal outcomes based on scientific knowledge and emerging approaches to nurse anesthesia practice and healthcare delivery.

3. Demonstrate advanced clinical reasoning and judgment, systems thinking, and accountability in designing, delivering and evaluating evidence-based care to improve patient outcomes.

4. Develop and sustain therapeutic relationships and partnerships with patients (individual, family, or group) and other professionals (e.g., transdisciplinary) to facilitate optimal care and patient outcomes.

5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.

6. Educate and guide individuals and groups through complex health and situational transitions.

7. Apply ethical principles to decision-making in health care practices and systems.

8. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

9. Advocate for anesthesia care and health care practice change through active involvement in policy development and political processes.

10. Obtain and document informed consent, including risks, benefits, and anesthesia alternatives.

11. Evaluate the patient's physical and psychological status, identifying abnormalities affecting the anesthesia care plan, including evaluating all laboratory, radiographic, and other diagnostic test data including point of care ultrasound.

12. Develop and execute an appropriate anesthesia care plan based on the patient's condition and the surgical/diagnostic procedure, including effective utilization of fluids and blood products.

13. Select, assemble, and maintain proper equipment, anesthetic agents, and accessories in preparation for sedation, general anesthesia, and/or regional anesthetic techniques.

14. Demonstrate the ability to deliver culturally sensitive individualized, safe, and effective anesthesia care based on clinically relevant scientific principles.

15. Perform sedation, general anesthesia and/or regional techniques compatible with the patient's condition and the surgical procedure in a safe, effective, and ethical fashion.

16. Identify the need for, insert/employ, interpret and integrate information from a variety of monitoring modalities, including electrocardiography, pulse oximetry, capnography, noninvasive and invasive monitoring (e.g., arterial blood pressure, central venous pressure, pulmonary artery pressure)

17. Implement and supervise appropriate physical positioning of the patient to ensure safety for the patient and optimum working conditions for the surgical team.

18. Learns to practice within appropriate legal requirements, including those arising from licensing, certifying, or institutional entities.

19. Exhibit expected role responsibilities, maintaining integrity and legal/ethical standards.

20. Demonstrate responsibility for own actions through continuing personal and professional growth.

21. Provide leadership in organizations and systems to assure quality care delivery models.

22. Utilize information systems and technology to improve patient care and healthcare systems.

23. Analyze business practices encountered in nurse anesthesia delivery systems.

CLINICAL SITES

The Nurse Anesthesia Program of The University of Akron is designed in an integrated curriculum format. Didactic material related to evidence-based anesthetic best practices are presented throughout the 36-month program. Core doctorate of nursing courses are completed in the first two years of the program with the goal of successful doctoral project completion by the end of the second year.

Clinical experience is incorporated two days per week during the first year with progression from initial orientation to the clinical environment to full participation and planning of individualized anesthesia care by the end of the second semester. The second-year clinical participation increases to three days a week, and the final year clinical participation includes a four-day per week schedule with on-call experiences.

The curriculum is designed to allow progressive experiences in acquiring knowledge and developing skills and judgment. Clinical lab simulations are maintained throughout the residencies, including a difficult airway lab and training in cricothyrotomy and an in-person peripheral nerve block workshop and point of care ultrasound usage. All students participate in Journal Club, which meets approximately six times per year. The use of SIM labs to demonstrate patient positioning, anesthesia machine checks/usage, and airway management are incorporated within the curriculum.

Students are exposed to clinical sites that offer experience in the anesthetic management of various patient populations undergoing surgical procedures ranging from simple to complex. The clinical sites are:

- Aultman Hospital (Canton)
- Bethesda North Hospital (Cincinnati)
- CCF Akron General Medical Center
- CCF Union Hospital (Dover)
- CCF Mercy Medical Center (Canton)
- Chardon Surgery Center (Chardon)
- Children's Hospital Medical Center of Akron (Akron)
- Cincinnati Children's Hospital (Cincinnati)
- Crystal Clinic Montrose (Fairlawn)
- Crystal Clinic Orthopedic Center Hospital (Bath)
- Fulton County Health Center (Wauseon)
- Genesis Health System (Zanesville)
- Good Samaritan Hospital (Cincinnati)
- Kettering Health Dayton (Dayton)
- Kettering Health Washington Township (Dayton)
- Louis Stokes Cleveland Dept. of Veteran’s Affairs Medical Center (Cleveland)
- MedCentral Health System (Mansfield)
- Mercy Health Perrysburg Hospital (Perrysburg)
- Mercy Health Saint Vincent’s (Toldeo)
- Mercy Health Tiffin Hospital (Tiffin)
- MetroHealth System (Cleveland)
- Mount Carmel Medical Center Grove City (Grove City)

- Mount Carmel Medical Center East (Columbus)
- Nationwide Children's Hospital (Columbus)
- OSU Medical Center (Columbus)
- OSU East (Columbus)
- Pomerene Hospital (Millersburg)
- ProMedica Toledo Hospital (Toledo)
- UH Ahuja Medical Center (Beachwood)
- UH Beachwood Medical Center (Beachwood)
  UH Cleveland Main Hospital (Cleveland)
- UH EMH Regional Healthcare System (Elyria)
- UH Geauga Medical Center (Chardon)
- UH Lake Hospital System West (Willoughby)
- UH Mentor Health Center (Mentor)
- UH Parma Community General Hospital (Parma)
- UH Portage Medical Center (Ravenna)
- UH St. John's Medical Center (Westlake)
- UH TriPoint Medical Center (Painesville)
- UH Mentor Surgery Center (Mentor)
- UH Suburban Surgery Center (South Euclid)
- UH Westlake Surgery Center (Westlake)
- Salem Regional Medical Center (Salem)
- Sion Medical Center Kettering Health (Beavercreek)
- Summa Barberton Hospital (Barberton)
- Summa Health Systems (Akron City Hospital)
- Summa Lake Medina Surgery Center (Medina)
- The Surgical Hospital at Southwoods (Boardman)
- Trumbull Memorial Hospital (Warren)
- Western Reserve Hospital (Cuyahoga Falls)
- Wooster Community Hospital (Wooster)

Students rotate through clinical sites for 1-4 months on average, providing general, regional, and monitored anesthesia care to various patients. Each student may rotate through 2-6 different clinical sites during their clinical rotations. The curriculum of The University of Akron Nurse Anesthesia Program follows the guidelines set forth by the Council on Accreditation for Educational Programs of the American Association of Nurse Anesthetists and meets or exceeds the established requirements. The clinical portion of the program also exceeds the minimum requirements of the Council on Accreditation.

PROGRAM CURRICULUM

COURSE DESCRIPTIONS

Core Courses

NURS: 603 Theoretical Basis for Nursing 3 credits
Prerequisite: Admission to the graduate program. Overview of exact nursing science. Evaluation and critique of nursing conceptual models. Analysis of the relationships of theory, research and practice

NURS: 607 Policy Issues in Nursing 2 credits
Prerequisite: Admission to Nurse Anesthesia Program. Analysis of policy issues that impact nursing as health care delivery to diverse populations. Examine methods to shape policy, distribution and allocation of resources

NURS: 619 Principles of Evidence Based Practice 3 credits
Prerequisite: Admission to the graduate program. Exploration of the role of nursing research on the profession, how evidence-based practice is guided by research to improve nursing practice.

Cognate Courses

NURS:561 Advanced Physiological Concepts - Health Care I 3 credits
Prerequisite*:* Graduate standing. Detailed study of the function of the human body with special emphasis on neuromuscular, cellular action potential physiology, cardiovascular, pain pathways and hematology physiology

NURS:562 Advanced Physiological Concepts - Health Care II 3 credits
Prerequisite*:* Graduate standing. Detailed study of the function of the human body with particular emphasis on respiratory, gastrointestinal, renal, acid-base and endocrine physiology

Nurse Anesthesia Specialization Courses

NURS:642 Anesthesia Techniques, Procedures and Simulation Lab
Prerequisite*:* Admission into the Nurse Anesthesia Program. This course will provide the entry-level graduate anesthesia student with a general overview of anesthetic-related concepts and prepare them for their in-hospital residency scheduled to begin in the Fall. The course will include a lecture component of approximately 3.0 hours/week and an associated four-hour /week "learning laboratory."

4 credits

NURS: 640 Scientific Components of Nurse Anesthesia 3 credits
Prerequisite*:* Acceptance to Nurse Anesthesia Program. Co-requisite: 603. The course presents content dealing with the chemical and physical components of anesthesia agents and delivery

NURS: 641 Advanced Pharmacology for Nurse Anesthesia I 3 credits
Prerequisite*:* 640 & 642. The study of intravenous induction agents, injectable analgesics, inhalation anesthetics, neuromuscular blocking agents, anticholinesterases, anticholinergics, and local anesthetics commonly used in the administration of anesthesia

NURS: 608 Advanced Pathophysiology for Nurse Anesthetists 3 credits
The course is designed to enhance the student anesthetist's Understanding of pathophysiological abnormalities and their anesthetic implications. The student will use the texts to survey and/or review the physiology and pathophysiology of body systems. The lecture presentations will review normal anatomy and physiology, labs and diagnostic tests, and cover selected major alterations of physiologic function and major anesthetic implications.

NURS: 643 Advanced Health Assessment and Principles of Nurse Anesthesia I 4 credits
Prerequisite*:* 640 & 642. This course focuses on the acquisition of basic skills related to nursing anesthesia care, includes assessment of all human systems, advanced assessment techniques, diagnosis, concepts, and approaches. The administration of anesthetic agents with a focus on equipment, anesthetic process, types of anesthesia, airway management, fluid therapy, ventilator use, geriatrics, OB, pediatrics, outpatient, pain management, PACU, and other pertinent topics.

NURS: 644 Advanced Pharmacology for Nurse Anesthesia II 3 credits
Prerequisite*:* 641. Focuses on the effects of ancillary drugs: sympathomimetics, alpha and beta-adrenergic receptor antagonists, antihypertensives, vasodilators antidysrhythmics, NSAIDS, gastric antagonists histamine antagonists, cardiac glycosides, calcium entry channel blockers, diuretics, hormones, insulin, oral hypoglycemics, prostaglandins, anti-epileptics, anti-Parkinsons, psychotropics, hypolipoproteinemics, anticoagulants, antibiotics, CNS stimulants, chemotherapy

NURS: 645 Advanced Health Assessment and Principles of Nurse Anesthesia II 4 credits
Prerequisite*:* 643. This course focuses on the acquisition of basic skills related to nursing anesthesia care, includes assessment of all human systems, advanced assessment techniques, diagnosis, concepts, and approaches. Emphasis on preoperative anesthesia care including induction techniques, safety in the OR, peripheral nerve blocks, orthopedics, acid-base

balance, respiratory functions, invasive monitoring, cardiovascular functions, ophthalmology, ENT, outside the OR, legal, hemostasis, and critical care.

NURS: 647 Professional Roles for Nurse Anesthetist 2 credits
Prerequisite: Acceptance to Nurse Anesthesia Program. Discusses issues, concepts and theories related to the professional role of nurse anesthetists. Focuses on leadership/ management content as well as professional and ethical issues. There will also be an emphasis on nurse anesthetist entrepreneurship and the business model, health and wellness and prevention of substance abuse, and legal matters.

Nurse Anesthesia Residency

Prerequisite*:* 644, 645. Structured, supervised clinical experiences allow students to apply knowledge and skills learned in the didactic portion of the nurse anesthesia curriculum. Clinical Residency incorporates a theoretical component. Each academic term, students will be presented didactic content relevant to specific advanced principles of anesthesia

NURS:637 **NA Residency I**: Pediatrics and Obstetrics **4 credits**

NURS:646 **NA Residency II**: Cardiac, Thoracic, Vascular, Neurosurgical **4 credits**

NURS:648 **NA Residency III**: Endocrine, Hepatic, Renal, Gastrointestinal, GU, Obesity, Spine Surgery, Pain Management, Trauma, Geriatrics, Peripheral Nerve Blocks **4 credits**

NURS:649 **NA Residency IV**: Senior Seminar **4 credits**

<u>Doctor of Nursing Practice Program</u>

NURS:700 Information Management in Healthcare 3 credits
This course focuses on nursing informatics to support clinical decision making in advanced nursing practice.

NURS:705 Clinical Nurse Scholar I 4 credits
This is the first of two seminar courses accompanied by clinical practice with expert preceptors. Focus is on transitioning to the clinical scholar leader role within an identified area of advanced nursing practice.
Emphasis is placed on the epistemology underlying advanced nursing practice and the integration of theoretical frameworks and evidence-based practice principles in achieving optimal health outcomes for individuals and groups. This course is comprised of 2 didactic content hours per week and a clinical practicum of 7 hours per week.

NURS:706 Clinical Nurse Scholar II 4 credits

This is the second of two seminar courses that focuses on translating and integrating theory and scientific evidence into the clinical work of the advanced practice nurse. Culturally-aware approaches are developed to resolve a healthcare issue using theoretic models and principles of evidence-based practice to design innovative interventions. This course is comprised of 2 didactic content hours per week and a clinical practicum of 14 hours per week.

NURS:707 Clinical Scholar Residency 3 credits
This course is the synthesis of components of clinical scholar leader role that comprises this practicum. Students apply advanced leadership and clinical scholarship skills to developing and evaluating approaches to healthcare problems in a practicum setting.

NURS:708 and 709 DNP Project I and II 6 credits
Faculty and preceptor directed project that contributes to nursing practice knowledge. The course culminates in an oral presentation and a publishable manuscript. DNP Project students must register for a total of 6 hours, 2 to 6 hours in a single semester, distributed over three semesters if desired.

NURS:710 Advanced Healthcare Statistics 3 credits
This course focuses on an in depth examination of descriptive statistics, correlation, regression, multiple regression sets, scaling, nonlinear transformation, missing data, and interactive effects; including manipulation of data, integrating understanding of inference and probability.

NURS:712 Fiscal Management in Healthcare 3 credits
This course examines the role and the required skills for the Doctor of Nursing Practice (DNP) graduate as a nurse leader in the understanding of the business acumen and the financials of health care.

NURS:713 Advanced Leadership in Healthcare. 3 credits
This course focuses on advanced competencies of doctoral-prepared advanced practice nurses for transformational interprofessional leadership in healthcare to improve patient and population health outcomes. The five key leadership competencies including creating and leading change; self-knowledge; strategic vision; interpersonal communication; and organizational effectiveness are presented with examples and case studies.

NURS:714 Synthesis and Application of Evidence for Advanced Practice Nursing 3 credits
This course focuses on concepts, models and methods for implementation of evidence- based nursing practice at both individual clinician and system levels. Competencies for the identification, analysis, synthesis and application of evidence relevant to nursing and health care practice are developed. Factors that facilitate and impede implementing and sustaining evidence-based practice are considered. Students learn skills for identification of clinical problems in advanced practice nursing and promoting adoption and implementation of evidence-based solutions to promote patient health outcomes.

NURS:715 Fundamentals of Public Health Epidemiology 3 credits

This course introduces principles, methods, and application of epidemiology. The course covers the history of epidemiology, concepts of disease causation and prevention, measures of disease frequency and excessive risk, epidemiologic study designs, causal inference, outbreak investigation and screening. Provides experience with calculation of rate standardization, measures of disease frequency, association and impact, and sensitivity and specificity of screening tests. The course highlights the applications of epidemiology to the understanding of disease etiology, transmission, pathogenesis, and prevention, evaluation and public policy development.

NURS 716 Transition to Nursing Scholar **3 credits**
This course involves the exploration of nursing scholarship. Emphasis will be placed on various methods used to inform clinical management such as research, evidence-based practice, quality improvement, and program evaluation. Critical thinking skills, evaluation strategies, and professional writing will be developed through the critique of existing literature.

NURS 717 Dissemination for the Nurse Scholar **2 credits**
This course involves the exploration of various methods of dissemination and culminates in dissemination of the DNP project.

NURSE ANESTHESIA PROGRAM CURRICULUM

Summer One	Fall One	Spring One
NURS: 603 Theoretical Basis of Nursing (3 credits)	**NURS: 561 Advanced Phys Concepts-Health Care I (3 credits)**	**NURS: 562 Advanced Phys Concepts-Health Care II (3 credits)**
NURS: 640 Scientific Components of NA (3 credits)	**NURS: 641 Advanced Pharmacology NA I (3 credits)**	**NURS: 644 Advanced Pharmacology NA II (3 credits)**
NURS: 642 Anesthesia Techniques, Procedures and Simulation Lab (4 credits)	**NURS: 643 Advanced Health Assessment Principles of Anesthesia I (4 credits)**	**NURS: 645 Advanced Health Assessment Principles of Anesthesia II (4 credits)**
NURS: 714 Synthesis and Application of Evidence for Adv. Practice Nurses (3 credits)	**NURS: 705 Clinical Nurse Scholar I (4 credits)**	**NURS: 710 Advanced Healthcare Statistics (3 credits)**
NURS: 716 Transition to Nursing Scholar (3 credits)	**NURS: 700 Information Management in Health Care (3 credits)**	**NURS: 706 Clinical Nurse Scholar II (4 credits)**
16 credits	17 credits	17 credits
Summer Two	Fall Two	Spring Two
		NURS: 607 Policy Issues in Nursing (2 credits)
NURS: 637 NA Residency I (pediatrics/obstetrics) (4 credits)	**NURS: 646 NA Residency II (cardiothoracic/neuro) (4 credits)**	**NURS: 609 Advanced Pathophysiology for Nurse Anesthetist (3 credits)**
NURS: 712 Fiscal Management in Healthcare (3 credits)	**NURS: 713 Advanced Leadership in Healthcare (3 credits)**	**NURS: 717 Dissemination for the Nurse Scholar (2 Credits)**
NURS: 715 Fundamentals of Public Health Epidemiology (3 credits)	**NURS: 708 DNP Project I (3 credits**	**NURS: 709 DNP Project II (3 credits)**
		NURS: 707 Clinical Scholar Residency (3 credits)
10 credits	10 credits	13 credits
Summer Three	Fall Three	Spring Three
NURS: 647 Professional Role for Nurse Anesthetist (2 credits)	**NURS: 648 NA Residency III (hepatic, renal, endocrine, ENT, trauma, burns, pain management (4 credits)**	**NURS: 649 NA Residency IV (4 credits)**
2 credits	4 credits	4 credits

* NURS: 707 may be taken during Spring Two or Summer Three. Can be taken either semester however you need five credits to be eligible for federal loans.

11 credits	Core Courses
42 credits	Anesthesia Courses
40 credits	DNP Courses

Total Credits: 93

Program Specific Requirement: STAT: 661 Statistics for Life Sciences or equivalent graduate-level statistics course. Receives no credit toward the degree (3 credits)

ANESTHESIA CLASS AND CLINICAL DAYS

	Summer	Fall	Spring
Year One Class Days	Wednesday & Thursday	Tuesday	Tuesday
Year One Clinical Days	August Fridays	Thursday & Friday	Thursday & Friday
Year Two Class Days	Monday	Thursday	Thursday
Year Two Clinical Days	Tuesday, Wednesday & Thursday	Monday, Tuesday & Wednesday	Monday, Tuesday & Wednesday
Year Three Class Days	Thursday	Thursday	Thursday
Year Three Clinical Days	June Monday, Tuesday, Wednesday & Fridays	September Monday, Tuesday, Wednesday & Friday	January Monday, Tuesday, Wednesday & Friday

DNP Program

As a student in the post-BSN to DNP anesthesia program, all students will complete degree requirements for the anesthesia track within the DNP program. Please refer to the DNP Handbook for the rules, policies, and procedures of the School of Nursing's DNP Program. Additional information regarding the DNP project and requirements are also located in the handbook.

CLINICAL EXPERIENCES

Integrated with course work, students are assigned to an appropriate clinical practicum. Students rotate through multiple clinical facilities and anesthesia related specialty areas. They develop and implement practical clinical applications of anesthesia theory. Individualized instruction, development of anesthesia management plans, and case discussions are used to assist the student in conceptualizing, analyzing and evaluating various anesthesia strategies as they are related to patients' specific needs.

Experiences build on one another, from simple cases and techniques to those more complex. Basic anesthesia skills are developed, theoretical principles are applied, and ample opportunity is provided for students to learn the administration of safe anesthesia to all patients in a variety of settings. Program enrichment is achieved through experience and instruction in cardiothoracic anesthesia, neurosurgical anesthesia, obstetrics, and pediatrics.

Guided instruction by Certified Registered Nurse Anesthetists and Anesthesiologists afford the student a variety of learning experiences. Although practice methodology emphasizes the anesthesia care team concept, instruction is designed to culminate decision-making and achieve independence in thought, judgment, and intervention consistent with the CRNA's responsibility, competence, and scope of practice.

As mentioned, students rotate through various clinical sites as they matriculate through the program. Each student generally administers approximately 800-1000+ anesthetics throughout the program (650 required). The variety of clinical affiliations enables the student to practice in an array of environments with highly qualified Certified Registered Nurse Anesthetists and Anesthesiologists faculty.

The entering student nurse anesthetist should make themselves familiar with The University of Akron College of Health and Human Sciences School of Nursing Graduate Student handbook pertaining to Policies and Procedures for RN Licensure as well as Liability, Health, and Automobile Insurance.

To participate in clinical experience activities, the student is required to receive or provide documentation attesting to the completion of the Hepatitis B immunization series, documentation of standard immunizations, including current PPD, negative drug test, flu vaccine, PALS, BLS, ACLS and negative background check before their observational practicum. Certain facilities may require additional items.

GUIDELINES FOR CLINICAL EXPERIENCE

Students enter the program during the summer semester and do not formally participate in clinical patient management until the Fall Semester. The students begin in the clinical areas the third month for limited amounts of time assigned with a preceptor. This clinical time is meant as an observation-communication orientation phase, as students begin to develop basic anesthesia skills and apply anesthesia theory to clinical situations.

In the Spring Semester of the first year, under the guidance of the assigned preceptor, students will assume increasing responsibility for the patient's anesthetic care. The student will complete clinical agency requirements upon commencement. A formal clinical orientation will be provided to the site by the Clinical Coordinator. Clinical Coordinators and/or Associate Coordinators will orient students on the first day of each subsequent rotation. Students are responsible for all information presented during the orientation.

The Nurse Anesthesia Program recognizes the role of the Clinical Coordinator and the CRNA/Physician Preceptor to be of significant importance in the quality clinical education of graduate nurse student anesthetists.

Clinical experience at each of the rotation sites is unique. Students will be assigned in the clinical area by the person responsible for scheduling personnel to cases in each particular institution. The degree of student responsibility should be relative to the length of time in the program, the physical status of the patient, and the complexity of the procedure. Experiences will be contingent upon student performance, demonstrated capabilities, and knowledge base. In accordance with the American Association of Nurse Anesthetists Standards and Guidelines for Nurse Anesthesia Educational Programs, supervision must be immediately available in all clinical areas when the student is managing the anesthetic.

Student education is enhanced by specialty rotations in Open Heart, Obstetrics, and Pediatrics. Students are expected to review the didactic components of each of these specialties before their rotation, as a significant amount of time may pass between the academic presentation of materials and the students' exposure to the specialty. Students will be assigned to SUMMA, Aultman, CCF Akron General, MercyHeatlh St. Vincent, Good Samaritan, Grandview, Genesis, or ProMedica Toledo Hospital for their 4-8 week Open Heart and obstetric rotation where daily experience will involve the anesthetic management of these patient populations. A two-three-month clinical rotation at Akron Children's Hospital, Nationwide Children's, or ProMedica Toledo Children's Hospital will provide the opportunity to learn the anesthetic management of pediatric patients. After such rotations, students may be routinely assigned to the OB/open heart/pediatric cases for anesthesia care under supervision.

Responsibilities in preparing for clinical experiences are specific to the clinical institution and its policies and will be discussed during orientation. However, in general, students will be responsible for:

Obtaining their patient assignment before the clinical day, whenever possible
Performing a preoperative patient interview/assessment

Preparing a comprehensive, individualized anesthetic management plan
Discussing the plan of care the supervising CRNA and/or Anesthesiologist
Implementing an appropriate plan of care
Performing a postoperative patient assessment

CLINICAL EVALUATIONS

Each student in the Nurse Anesthesia Program is evaluated on an ongoing basis throughout the clinical phase of the program. All evaluations are assembled into a composite profile for the student. In general, the criteria for formal clinical evaluation include the following:

1. Preoperative assessment, including interview and recording of findings
2. Interpretation of data and determination of the patient status
3. Formulation of an individualized anesthesia management plan for each patient
4. Preparation in the clinical setting for the specific clinical assignment
5. Preparation of the patient before induction
6. Dexterity in technical and mechanical applications of anesthesia
7. Management of the anesthetized patient
8. Evaluation of the patient for transfer to the post-anesthesia area
9. Demonstration of personal and professional maturity

Daily clinical evaluations reflect the student's particular level within the program during the clinical practicum. The level objectives defined are:

First Year Level	0-12 months	June-May
Second Year Level	13-24 months	June-May
Third Year Level	25-36 months	June-May

Evaluations forms for each level are included in the Forms section of this handbook.

Students must send a daily evaluation form to their clinical preceptor each day of clinical experience via Typhon. First Year plan September-May, Second Year plan June-May, and Third Year care plan June-May. Evaluations should be completed and returned via scan to the student's One Drive as soon as possible. Students must maintain these records according to program and clinical facility policies that will be discussed at each clinical site.

The Nurse Anesthesia Program faculty will monitor the clinical evaluation of students. The Clinical Coordinator develops a clinical site summative End of Rotation evaluation for each rotation, in which student strengths and weaknesses are addressed. Each semester evaluation includes counseling the student by the student's advisor at the university. Counseling involves a collaborative analysis of the strengths and weaknesses of the student and the formulation of plans to promote the strengths and work to correct the weaknesses.

If clinical preceptors determine the student is having difficulty in the clinical area, the clinical coordinator should be consulted. Should the difficulty not be resolved with the help of the clinical coordinator or if additional assistance should be required, the Program Director or Associate Director should be contacted.

The student will have an evaluation conference in January and August of each year with their faculty advisor (university faculty). During the interview, didactic and clinical performance and progress will be reviewed with the intent of formulating objectives for improvement. Additionally, any problems or concerns held by the student should be addressed at this meeting.

STUDENT EVALUATION OF CLINICAL FACULTY

Students evaluate clinical preceptors with whom they have been assigned at the end of each rotation as well as an evaluation of the clinical site. The individual evaluation sheets are confidential.

CLINICAL GOAL SETTING

Students may be placed on a Clinical Goal Setting plan at any time during the Program. Goal Setting will be considered for:

1. Unexcused or excessive absenteeism from clinical experience or required educational activities.
2. Documented unsatisfactory clinical performance.
3. Documented failure to demonstrate the ability to correlate theory with clinical work.
4. Documented failure to acquire the technical skills necessary to provide safe anesthesia.
5. A disinterested or unprofessional attitude in the performance or during attendance of program activities.
6. Late or incomplete clinical records, including but not limited to: daily case management plans, daily evaluations, weekly tracking records, and monthly clinical assignments.

The Goal Setting status generally lasts for two months or as specified by the Program Director. If Goal Setting is due to clinical difficulties, the student may remain at a particular clinical site during the Goal Setting period for further assessment and counseling. Circumstances surrounding the student's problems will be individually evaluated. During the Goal Setting, the student will be required to email the Program Director following each clinical day to discuss the pertinent activities for that day. The Director will review student performance as needed with the clinical faculty and with the student. The faculty will be available to aid students in improving those areas which have occasioned the Goal Setting. The student must actively strive to improve during the Goal Setting period. Students can contact the Program Director or Assistant Program Director regarding expected performance. If students are making strong efforts to overcome their difficulties by seeking appropriate counsel, this will be considered.

Specific corrective measures will be implemented during the Goal Setting period to help the student improve performance and/or behavior. Clinical re-evaluation will use level objectives as criteria. Individualized problem-solving will be the mode of assistance. A student on Goal Setting will be re-evaluated incrementally and if he/she has improved clinically, he/she will be informed by the Program Director of the removal of his/her Goal Setting status.

COMPLETION OF STUDENT CLINICAL CASE RECORDS

All students are required to record each day's clinical activities on the Typhon Group Nurse Anesthesia Student Tracking System, beginning with entry to the surgical anesthesia suite. These records are required for the student's application to sit for the National Certification Exam; the program is required to keep current records on file. The Typhon documentation needs to be completely weekly when in clinical. The clinical case credit should follow the COA revised 2021 GUIDELINES FOR COUNTING CLINICAL EXPERIENCES. Students can only take credit for a case where they personally provide anesthesia for critical portions of the case and can only take credit for a procedure they actually perform.

CLINICAL BEHAVIOR POLICY

The following general behavior must be adhered to at all times during clinical experiences. Clinical behaviors are described in the individual clinical site Policy and Procedure Manuals. All students are strongly encouraged to familiarize themselves with these policies.

Procedure:

1. Arrive at the clinical site in time to prepare for assigned cases or as directed by the site coordinator. The student MUST have the operating room set up with the appropriate medication and equipment before the first patient is seen. This includes a thorough anesthesia machine check before every case.

2. Identify each patient by name, wristband and chart.

3. Conversations in the OR should be professional, appropriate, and limited, especially while the patient is conscious.

4. When medications are used in the induction/holding area, patients must be monitored and informed consent checks prior to the administration of medications.

5. Once the patient is moved to the OR table, someone must remain in attendance.

6. Respect each patient's modesty and dignity.

7. The anesthesia student is responsible for equipment in the room, reading the chart and preparation of the patient.

8. Patient history, allergies, preoperative consultation, and required laboratory data should be reviewed before the induction of anesthesia.

9. All patients must be seen by the CRNA/anesthesiologist in attendance before induction.

10. Plan for anesthetic management will be discussed with CRNA and/or anesthesiologist before induction of anesthesia.

11. Appropriate monitoring equipment will be employed on all patients before the induction of anesthesia and is done only in the immediate presence of either a CRNA or attending physician anesthesiologist.

12. All syringes must be labeled with the drug name, concentration and any other appropriate facility requirements. Sterile and aseptic techniques are used at all times.

13. The anesthesia student helps in the proper positioning and movement of the patient with the guidance of the CRNA/anesthesiologist.

14. Always have adequate help when moving patients. Never allow patients to be moved without your approval; always support the head and shoulders.

15. Transfer patients to PACU feet first so the airway can be supported and evaluated appropriately.

16. Give a complete report to the PACU staff. Do not leave the patient until the airway, ventilatory, and cardiovascular stability are assured.

17. **Never hesitate to ask for help.**

18. Students are responsible for all email communications. You are part of a group email list of the nurse anesthesia class and MUST check your email on a daily basis. There are no exceptions.

19. Check the OR schedule for additions or deletions in the AM.

20. When students are not assigned to a case, the time should be utilized constructively by:
    - Reading anesthesia literature
    - Using library facilities (audio-digest, journals, etc.)
    - Recording clinical experiences

21. Before leaving OR suite, obtain permission from the appropriate instructor/preceptor.

    Routine clinical presence is expected until 4 pm or unless dismissed.

22. Policies and Procedures of specific clinical sites are to be followed at all times.

23. Scrubs are to be worn only in the facility—never outside the building.

24. ALL HAIR must be covered at all times.

25. Long fingernails are unacceptable and pose a significant risk to patients.

26. Scrubs must be covered with a buttoned lab coat or tied isolation gown when leaving the OR suite.

27. Professional behavior is expected at all times and with all people.

28. All interactions with patients will reflect a concern for the physical and psychological well-being of the individual with the goal of making each patient's anesthetic experience as safe and pleasant as possible.

29. It is expected each student will come to clinical prepared for the day's experience having:
    - Done the appropriate readings and preparation
    - Proper dress and supplies at hand
    - Prepared student to explain the plan of anesthesia management of the patient to the preceptor.

CLINICAL DRESS CODE

Registered nurses enrolled in the Nurse Anesthesia Program are expected to maintain a level of professionalism in their personal appearance, dress, and conduct while in the hospital setting. The following statement exemplifies the dress code: Moderation in appearance and action will provide the confidence and comfort to patients and their families."

*Name badges identifying the student as such, are to be worn at all times.

In order to prevent infection, and provide for patient and personnel safety, the following guidelines are to be adhered to while in surgery and obstetrics:

- Appropriate surgical attire provided by the hospital is to be worn. It is <u>not</u> to be worn off hospital property

- Jewelry is to be kept to a minimum (wedding bands are permitted, no dangling earrings, necklaces under clothing only)

- All hair must be covered

- Fingernails must be clean and of an appropriate length. Artificial nails are prohibited in the clinical area to reduce the possibility of sepsis.

- Excessive use of cologne, perfume, or makeup is discouraged.

- Universal blood and body fluid precautions shall be observed at all times, including but not limited to:

- Masks are to be worn during surgical procedures, central line insertions, intubation and extubation of all patients, and during regional block placement.

- Protective eyewear must be worn when the possibility of aerosolization or splashes of blood or secretions exists.

- Gloves shall be worn for all IV cannulations, intubations, extubations, and/or placement of other catheters in the body, or when exposure to blood and/or body fluids is possible.

- Gowns (of the barrier or repellent type) are to be worn when caring for known high-risk patients.

- Needleless IV systems are to be used whenever available.

A clean lab coat or appropriate cover must be worn over the surgical attire when outside surgery or obstetric suite. The coat should be buttoned. Students are expected to comply with each institution's policies. Proper street attire should be worn to and from each clinical facility. Proper street attire does **not** include shorts, flip-flops, or other articles of clothing not moderate in appearance.

GUIDELINES FOR REPORTING CRITICAL INCIDENTS

1. During clinical rotations, students are required to follow the hospital's policy and procedure for reporting critical incidents while at that clinical facility.
2. Student Nurse Anesthetists are to report any critical incident they are directly involved in that result in possible or actual adverse outcomes to patients to the Program Director.
3. Documentation of the critical incident should be called to the Nurse Anesthesia Program Office within twenty-four hours of the occurrence. When the Director is unable to be reached by phone immediately, the student should send an email requesting a phone discussion regarding the incident.
4. Incident facts you should be ready to discuss:
    - Student name
    - Date
    - Clinical facility
    - Preceptor's name

5. Failure to comply with these guidelines may result in disciplinary action.

CLINICAL TIME GUIDELINES

These guidelines aim to define the clinical time commitment expected from student nurse anesthetists participating in The University of Akron Nurse Anesthesia Program. The guidelines intend to optimize the clinical experience for student education and establish clear expectations for time commitment.

SCHEDULING

1. Students should be oriented to each new clinical facility. Orientation procedures vary among institutions. Students should check with appropriate personnel to become acquainted with their new site's orientation procedures.
2. Schedules will be distributed to incoming students at least two months before the start of a new rotation.
3. Students will be scheduled for clinical experiences both during normal day time hours, and alternative times at certain specified sites.
4. Requests for changes in clinical time or scheduled clinical days must have the approval of the Program Director, who will consult with the clinical coordinator regarding the request for change.
5. Schedules will not be designed to accommodate outside personal activities.
6. The total number of hours devoted to program-related activities should not exceed 64 hours per week. This encompasses all academic, clinical, and independent study commitments.
7. At no time may a student provide direct patient care for a period longer than 16 continuous hours.

PREPARATION, DISMISSAL, REASSIGNMENT:

1. Students are responsible for obtaining clinical assignments the preceding day and preparing for the clinical experience whenever possible.
2. Students must arrive in the operating room insufficient time to completely prepare for the administration of anesthesia generally commencing at 7:30 a.m.
3. Students will be dismissed from the clinical site by the Clinical Coordinator or designee. At the discretion of the CRNA or Clinical Coordinator, students may be requested to remain at the clinical site after **4:00 p.m**. if existing or subsequent cases are felt to be beneficial to the student's education. Students will not be required to remain in the clinical area after **4:00 p.m.** unless they voluntarily elect to do so.
4. If students are unassigned or have completed their assigned scheduled cases, release or reassignment is at the discretion of the Clinical Coordinator or Charge CRNA/Anesthesiologist.
5. Students should not leave the clinical facility without permission from the Clinical Coordinator or CRNA/Anesthesiologist in charge.

ALTERNATIVE SCHEDULING AND WEEKEND EXPERIENCE

1. All students may be assigned alternative clinical time relative to certain specific clinical sites, such as during pediatric experiences. Such times may include situations such as the following:
    - 12:00 p.m. to 8:00 p.m.
    - 3:00 p.m. to 11:00 p.m.
    - Occasional Saturdays or Sundays
    - 24-hour OB Call
2. When scheduled for alternative day hours, students are to report the Charge CRNA, Clinical Coordinator or the Anesthesiologist in charge of the assignment.
3. Students may be assigned weekend clinical experience in certain specified institutions. Compensatory time off will be scheduled by the clinical coordinator.

GUIDELINES FOR EXCUSED AND UNEXCUSED TIME OFF

REPORTING ABSENCE

It is mandatory that the student notify the appropriate persons if, for any reason, scheduled classes, meetings, conferences, or clinical assignments cannot be attended. Notification must occur before the scheduled activity hour. Lateness must also be reported.

The Nurse Anesthesia Program **DOES NOT** follow the university academic calendar in regard to scheduled time off. The Program uses the guidelines that correspond to the clinical and academic requirements of the *Council on Accreditation of Nurse Anesthesia Educational Programs*. Adherence to the time-off guidelines needs to be strictly monitored and adhered to in order to meet program requirements.

ABSENTEE POLICY

- Call the appropriate clinical site between 06:00 and 07:00. (Refer to the clinical site information in the handbook for instructions specific to the site.)

- Identify yourself as an anesthesia student from The University of Akron, the reason for the absence, and request that the anesthesia personnel be notified of your absence or tardiness.

- In addition, notify the following parties all **in the same email**
  - ✓ Dr. Moore, at smoore8@uakron.edu
  - ✓ Dr. Vazquez, at kvazquez@uakron.edu
  - ✓ Susan Bradford, at sb14@uakron.edu
  - ✓ Clinical Site Coordinator

  - **Failure to notify all parties in the same email** will result in a vacation day deduction, along with making up the day of absence. If no vacation time is available, you will be required to make-up the day(s) at the end of the program.
  - **NO MORE THAN 4** unexcused time offs are allowed in the program. (*This includes both clinical and class days*) If more than four unexcused times off are taken, the student will have to make up **additional time at the end of the program**. The amount of time to be made up is under the discretion of the program director.
  - **You may use four (4) vacation days during the program for illness. Any absences after the four days will need to be made up. Make-up for extended illnesses will be arranged with the Director.**

- All **clinical absences needing to be made up will be made up where absences occurred.** If absence occurs on the last day(s) of a specific clinical rotation, the student must return to that clinical site, to make up absence day(s). As soon as feasible, following the absence the student needs to make specific arrangements with the Clinical Site Coordinator for the make-up day(s).

- Once the makeup arrangements have been made with the Clinical Site Coordinator, a copy of the "Absence Makeup Arrangement Form" must be completed and signed by the student and Clinical Site Coordinator. The student must turn in the form to the program director within one week of the absence. Any absent day(s) that are not made up before graduation will result in deferred graduation until the next available time of university graduation. The first available graduation after May graduation is August of the same year

- Students notifying clinical sites of absence while failing to notify the director will be subject to disciplinary action. Such failure to notify the director will be construed as an attempt to take an absent day without payback. This is considered to be dishonest behavior and will not be tolerated.

- **Leaving the clinical site without an appropriate release from the Clinical Site Coordinator or designee is not permissible.** Requests to leave the clinical site before the scheduled end of the clinical day must be reported by the student to the program director or designee. Appointments with physicians and others are to be scheduled on your own time. Requests should not be made at clinical sites to leave early for appointments and other non-emergency situations. Exception – bona fide emergencies. If such an emergency occurs, the student is to notify the program director or designee as soon as feasible once the emergency is under control.

- Absence due to automobile problems, utility or weather problems other than illness will be treated in the same manner as an illness. Notifying appropriate individuals and making up the time is to be carried out in the usual manner as described above.

- Students shall work at the clinical sites for all days as per the program's clinical schedule. Making arrangements for "trades" in return for "time off" will be allowed with the approval of the program director and Clinical Site Coordinator. Failure to follow these guidelines will result in mandatory makeup time and or disciplinary action.

Unexcused or excessive absenteeism from clinical experiences or academic educational activities may lead to disciplinary action.

VACATION

- A total of **27 vacation days** may be taken during the entire 36-month program in the following manner:
    - **NA1** Year (June-May)
        - **No time off** June, July, and August

        - Two (2) days September - December
        - Five (5) days January - May
    - **NA2** Year (June-May)
        - Ten (10) days
    - **NA3** Year (June-May)
        - Ten (10) days
        - **No time off** beginning the week after April 1
- **TIME OFF IS LIMITED during the following timeframes:**
    - Obstetric rotation- no more than one (1) week during the two-month rotation
    - Pediatric rotation- no more than one (1) week during the three-month rotation
    - Cardiac rotation- no vacation is permitted during the one-month rotation

- **All** students are given the following time off:
    - December 25-January 1 inclusive (1 week)
    - Martin Luther King Jr Day
    - Memorial Day
    - Juneteenth
    - Independence Day
    - Labor Day
    - Thanksgiving Day

- Vacation requests are to be submitted via email to sb14@uakron.edu at least two months in advance.

- Vacation requests after the clinical rotation schedules are distributed to the clinical sites, approval must be obtained from the clinical coordinator from that site. A Vacation Request Form must be completed and submitted to Susan Bradford ONE WEEK PRIOR to the vacation date

- To cancel a vacation request, email sb14@uakron.edu

- Students may not request a single vacation day for consecutive weeks at a time.

WEATHER

Since the weather throughout Ohio can be quite variable, you are expected to be prudent and use common sense about the conditions in your area. Obviously, most of you live within a reasonable distance from the clinical sites to which you are assigned. If you believe the local conditions are too hazardous for driving, call off from the clinical site or go in later if the conditions improve.

Please use your best judgment if you think the weather conditions are too hazardous for you to go to your assigned clinical site or to the university on a class day. If you **miss a class day,** you will be charged a **vacation day**.

Any day missed from the clinical requires that you fill out an "Absence Makeup Arrangement Form" that needs to be turned into Susan Bradford at your first opportunity. All clinical days must be made up if missed due to inclement weather as done for "absentee days."

HOLIDAYS

- In addition to the vacation days, the following will be observed as national holidays and students will be granted such time off or compensatory time off if the student works on the holiday: (eg Akron Children's Hospital.) Additional days may be observed at some clinical sites where the student is rotating.

- Students will observe the operating room schedule of the clinical sites where they are assigned

LEAVE OF ABSENCE

- Nurse anesthesia students may be granted one (1) leave of absence. Leave of absence will be granted only to students who must temporarily interrupt their education for valid and compelling personal reasons.

- A written request for a leave of absence must be made in the form of a letter to the director with as much advanced notice as possible. Students requiring surgery or other medical therapy can submit a letter from their physician indicating the medical necessity of treatment during the program.

- Depending on the length of absence and the specific month and year in the program, the student may be required to return to the program the following year in order to make up academic classes and clinical experience. This would delay graduation until the year following the originally projected year of graduation.

- To fulfill the clinical and academic requirements, the student must return to the program within six (6) weeks. Makeup time for this leave of absence must be completed in order to meet the requirements for graduation. At the student's option, vacation time may be used to reduce the makeup time. Additional makeup time for a leave of absence can be accomplished by working compensatory days before graduation or by delaying graduation until the following semester to allow makeup time during this period. Students who take a leave of absence will graduate at the end of the semester in which the requirements are completed.

FUNERAL TIME

- Students are granted three (3) bereavement days for the death of an immediate family member (parent, spouse, child, grandparent, or sibling).
- Students must notify the program office and the clinical rotation site when funeral time is necessary.
- The student will be required to provide a copy of the obituary to the program to obtain the funeral bereavement grant of bereavement time.
- **Vacation time may be requested if needed for the funeral of others.**

MILITARY DUTY

- In the event, a student in the military reserves is ordered to active duty, the student will be given a leave of absence to fulfill their military duty.
- Two weeks of annual training or weekend reserve duties DO NOT QUALIFY for a leave of absence. Such duties must be scheduled on the student's off days or a vacation.
- Students should notify the program director upon receiving active duty orders and a copy of the orders must be provided for the student's file. Students on active duty are responsible for any material missed during their leave from the program. Depending on the length of an absence, a specific plan will be worked out with the director to make up missed academic classes and clinical time.
- Students who take a military leave of absence will graduate at the end of the semester in which the requirements are completed.

JURY DUTY

- When a student receives notification of jury duty, he/she should immediately contact the Program Director.
- The Program will contact the appropriate office if needed to request a leave from jury duty for the student.
- The Program strongly supports public service by students; however, meeting accreditation requirements may supersede such public service.

WORK OUTSIDE THE STUDENT ROLE

- The faculty of the Nurse Anesthesia Program does not recommend student employment during the 36-month program.

- If circumstances should necessitate employment, students may **not** work from **7:00 p.m. to 7:00 a.m**. before a class or clinical day.

- It is imperative to realize that the faculty will make no concessions in clinical or class time due to outside employment.

- In accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs: **Registered Nurse Anesthesia Students shall not be employed as Nurse Anesthetists by title or function while in the student status of a nurse anesthesia program.**

GENERAL INFORMATION

ETHICS CODE

Students will not ask for, give or receive help in examinations except to receive legitimate clarification from the instructor. They will not use supplementary materials during examinations in a manner unauthorized by the instructor. All work including examinations, papers, laboratory exercises, presentations and other written work will be the student's own; and the student will properly cite references for sources of quotations, information, opinions, or ideas contributing to his or her work.

Academic irregularities, such as cheating, plagiarism, falsification of records or credentials, revealing contents of examinations to anyone who has not yet taken the exam or any other behavior that disregards professional conduct, ethical standards or individual rights or which might place patient in physical or emotional jeopardy, are examples of infractions of the Ethics Code and Professional Integrity.

The Ethics Code is a self-imposed system; it affects whether or not a faculty member is present in the classroom or clinical setting when an infraction may occur.

The following are some violations of the Code of Ethics. They are illustrative but are not intended to be all-inclusive:

1. Falsification of records.

2. Signing in or reporting time of arrival or departure for another student or requesting another student to do so for him/her.

3. Leaving clinical without permission during working hours for other than a pre-scheduled rest period or failing to return to work after lunch.

4. Inattention to duty during clinical hours.

5. Insubordination.

6. Immoral or indecent conduct of any nature.

7. Using vile or abusive language.

8. Use or possession of intoxication beverages or drugs on University/Clinical facilities.

9. Unfitness for duty, such as being under the influence of intoxicants or narcotics.

10. Threatening, intimidating or coercing others by word or deed.

11. Fighting, "horseplay" or other disorderly conduct.

12. Possession of any firearms or any other type of weapon while on University/Clinical facilities.

13. Gambling, selling raffles, conduction games of chance or possessing gambling equipment on hospital premises.

14. Creating or contributing to unsafe or unsanitary conditions by act of omission.

15. Smoking in unauthorized areas. Smoking by healthcare providers is discouraged for obvious reasons.

16. Unauthorized solicitation or distribution of literature of any type on University/ Clinical facilities.

17. Unauthorized postings or removing of notices in the University/Clinical facilities.

18. Unauthorized possession, use, copying, reading or sharing of hospital records or disclosure of information containing such records to unauthorized persons.

19. Improper handling, thefts, fraud or misappropriation of University/ Clinical facilities or another person's property.

20. Neglect or deliberate destruction of misused of property belonging to the hospital or to another person.

21. Unexcused lateness or absenteeism.

22. Soliciting, accepting tips or gratuities or conducting private enterprises on health facilities premises.

23. Violation of any rule, regulation or practice of the hospital or of a division or department of the clinical facility/ University.

24. Any action or attitude that would be detrimental to the interest, safety or health of any patient.

25. Copying answers off of another student's examination; using notes or other references during an examination in a manner unauthorized by the instructor.

26. Unauthorized acquisition of exam questions or answers by any means.

27. Communication with a student during an exam to share or obtain exam answers.

28. Using quotations, ideas or other information from other than one's own sources without properly cited references.

29. Submission of own work used previously for another course, without identifying it as such; submitting or borrowing another student's work as one's original work, without identifying it as such.

30. Sharing of patient information inappropriately.

31. Photocopying medical records

32. The use of any form of electronic device during nurse anesthesia exams is prohibited. All necessary calculations can be made without the use of a calculator. There are many forms of technology available that may give a student access to test answers. Therefore, their use is strictly prohibited

UNIVERSITY CONDUCT

Registered nurses enrolled in the Nurse Anesthesia Program are expected to maintain a level of professionalism in their personal appearance, dress, conduct, and speech while at The University of Akron. Behavior or language which is offensive, inappropriate or crude is considered unprofessional and therefore is considered unbefitting to the status of a graduate anesthesia student.

CRIMINAL BACKGROUND AND DRUG TESTING

Nurse Anesthesia Program students should be advised that a state criminal history background check is now required before participation in clinical rotations. Clinical facilities may limit or prohibit students with criminal histories from participating in clinical experiences, and a criminal history could be grounds for dismissal from the program. Additionally, drug screening may be required before participation in clinical practicums. Drug screening may also be conducted at random, or with cause, during participation in The University of Akron, Nurse Anesthesia Program or at any clinical site and/or hospital that the student is an employee with during the program. **Failures to comply with requests for drug screening or the occurrence of a positive screen are grounds for dismissal or removal from a clinical site.** Policies with respect to criminal history checks, drug screening, and general background checks are subject to change without notice during enrollment due to changes in the requirements of clinical sites.

PROFESSIONAL INTEGRITY

Professional integrity provides a sense of personal satisfaction derived from confidence in one's proven values. This sense of honor is an integral part of living and, as such, influences our thinking so that we understand the need to exhibit integrity, respect for individuals and groups and also assume responsibility for our actions as professional individuals.

In order to provide patient care and other necessary health care services, students are required to comply with University/Clinical Agency policies and standards of conduct. The usual courtesy and consideration for others will provide sufficient guides for most situations. Confidentiality of patient information and individual rights to privacy and safe care are also considered under this code.

ACCESSIBILITY

All students enrolled in the Nurse Anesthesia Program must have a voice mail on their cell phones to facilitate communication with the program faculty and staff. We ask that students maintain a voice mail with a professional greeting in the event a faculty member or fellow student should need to contact you. Students need to check their Akron emails daily for information from the program.

CELL PHONES

Cell phones should not be operational in the classroom unless there is an urgent situation and specific permission from the instructor is obtained.

Cell phone usage should follow the institutional policy for cell phone usage. At no time should the student engage in personal phone calls or personal texting within the operating room.

DIDACTIC TIME COMMITMENT

Students are required to attend all scheduled classes, lectures, and workshops. Didactic courses and clinical time will never be scheduled concurrently. In addition to scheduled classes, students are required to attend departmental in-services at the institutions at which they are currently rotating on the days they attend clinically.

The scheduling of outside employment is not permitted during class time, clinical time or study days. Outside employment is not permitted within 12 hours of class or clinical. Example: you may not work after 7 p.m. when there is clinical at 7 a.m. Furthermore, schedules for the Nurse Anesthesia Program are always subject to change and may cause conflicts with previously scheduled outside employment. Any such conflicts are not a valid cause for excuse from class or clinical. The scheduling of outside appointments is strongly discouraged during class or clinical time.

STUDENT RECORDS

Students are required to keep their administrative files current with copies of the current phone number, address, e-mail address, ACLS, PALS, immunization records (including Heptavax ppd),

and current Ohio State Board of Nursing Licensure, as required. The student via the Immunitrax program will maintain all needed vaccines, immunizations, and health records.

STUDENT ADVISEMENT

All students will be assigned an advisor. Advisors are full-time faculty of the Nurse Anesthesia Program. Formal meetings between advisors and students will be conducted a minimum of two times per year. The student must provide their self-evaluation at each meeting. Students or faculty may request appointments at any point to discuss pertinent issues. Such issues may include, but are not limited to: Academic progress, Clinical progress, Research opportunities or progress, Personal issues of concern.

JOURNAL CLUB

It has been a long-standing tradition to have Journal Club presentations where students discuss current relevant anesthesia topics from recent anesthesia journals. This allows students the opportunity to critically examine articles and studies related to the administration of anesthesia. This affords graduate students the opportunity to prepare, analyze, and present study findings for discussion by students and faculty. This gives graduate students an opportunity to develop critical-thinking skills and other practical use of knowledge derived from research and statistics courses.

Attendance at Journal Club is mandatory for NA2 and NA3 students. Journal Club is usually held on a Thursday every month unless otherwise announced. All other students will be required to view the PowerPoint presentation via Teams. In addition to viewing the PowerPoint presentations, questions are to be answered related to the content presented and returned to faculty the following week through Brightspace in the assignment area.

STUDENT RIGHTS AND RESPONSIBILITIES

Student nurse anesthetists have the right to expect that they will be provided the quality of education necessary to fulfill the objectives of the program. The program will provide the student the knowledge and skills necessary to administer a physiologically sound anesthetic.

Students have the right to be regarded as a professional member of the health care community and receive fair objective evaluations and exercise due process of appeal

Students have the right to expect that they will not be exploited relative to total time commitment at the university or at the affiliation facilities. Students should not be expected to average more than 8 to 10 hours per clinical day on average for the average of four days clinical days in the final year of the program. In the first year of the program, students should not be expected to average more than 8 to 10 hours per day for the days assigned each week.

In addition, the Student has the responsibility to demonstrate a professional manner at all times

and adhere to regulations and policies as set forth in the policy manuals of affiliating clinical settings and The University of Akron Nurse Anesthesia Program Student Manual.

STUDENT RIGHTS RELATED TO OTHER STUDENTS

Students should not be asked to provide "personal or professional information" about other students in the program. Practitioners should not discuss issues related to student progress or general status in the presence of other students. Students should inform clinical practitioners that they are not allowed to discuss the progress or other issues related to other students. Such matters should be addressed with program faculty in a confidential manner. If you are asked about the status of other students by clinical personnel, you are expected to report this to the Program Director.

STUDENT SUPPORT

The University of Akron provides free individual in person or telehealth counseling to all enrolled students through the Counseling and Testing Center. Appointments may be made by calling 330-972-7082. If immediate assistance is needed, choose option 2 to be immediately connected to assistance.

The following community services are available 24/7 throughout the year:
-Suicide Prevention Hotline: 1-800-273-TALK
-Crisis Text Line: text START to 741-741
-Rape Crisis Hotline: 330-434-7273
-Portage Path Psychiatric Emergency Services: 330-762-6110
-Portage Path Psychiatric Support Hotline: 330-434-9144
-University Police: 330-972-7123

Several student resources are provided for the student through The University of Akron. These resources are hyperlinked.

- Career services
  - CV development
  - Interviewing techniques and skills

- Writing lab
  - Students can get assistance on writing projects, including help with citation styles and grammar

- Information Technology Services
  - Support provided for any issues with My Akron, school email, or Brightspace

- Student health services
  - Care provided by certified health practitioners. Appointments can be made by calling 330-972-7808

- Counseling services
    - Free and confidential personal, educational, and career counseling is available to current students. Appointments can be made by calling 330-972-7082
        - Students in need of emergency counseling services can call 330-972-7082 and choose option 2 for immediate assistance

    - AANA Peer Assistance is support available for CRNAs and SRNAs for all aspects related to drugs/alcohol impairment, suspicion of drug diversion, substance use disorder (SUD), adverse event support, and questions related to fitness for duty.
        - The AANA Peer Assistance hotline can be reached 24/7 by calling 800-654-5167
        - For a crisis with potential immediate risk to self or others, call 911 or the American Foundation for Suicide Prevention at 800-273-TALK

PATIENT CONFIDENTIALITY

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes requirements for ensuring the security and privacy of individuals' medical information. The standards aim to maintain the right of individuals to keep private information about themselves.

HIPAA regulations protect medical records and other "individually identifiable health information" (communicated electronically, on paper, or orally) that are created or received by health care entities that transmit information electronically. "Individually identifiable health information" includes any information, including demographic information collected from an individual and any information that identifies an individual, or could be reasonably believed to identify an individual.

The records and personal information about patients is STRICTLY confidential. The student should never privately or publicly disclose any information about individual patients to anyone including the patient himself. Care must be taken to be on guard as to when and where it is appropriate to discuss questions about individual patients. If the student is questioned about the treatment or condition of a patient, no attempt should be made to answer; but the person requesting the information should be directed to the patient's physician or hospital personnel. Discussion of patient status, pre and post-operative care, etc., will be limited to conferences, reports, and case presentations assigned. Failure to follow these guidelines may result in disciplinary action. In accordance with HIPPA policy, no photographs may be taken of patients without their express written consent. This includes any cell phone photos or videos.

TREATING PATIENTS IN THE CLINICAL SETTING

Clinical experiences are designed to allow students to observe and participate in methods of treatment and use of equipment in the hospital setting.

No student is ever to attempt to use equipment that he or she has not been trained to use without appropriate clinical instruction and supervision. Students who feel uncomfortable about attempting an assigned task should always consult a clinical instructor or his designated representative for assistance and/or supervision.

PARTICIPATION IN THE PROGRAM'S SELF-EVALUATION

The Nurse Anesthesia Program conducts an ongoing self-evaluation process in the endeavor to provide an educational experience of high quality to each student and to maintain accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs. The student has direct responsibility in facilitating this process through the complete, timely completion of required documents. Some of these include: evaluation of the program, evaluation of clinical and didactic faculty, program evaluation as a graduate and surveys on specific issues.

Individual evaluation forms are recorded onto a composite for review by those responsible for program planning and revision. These forms are actually completed by the student, and unavailable to persons outside the program administration. They are held as required by program policy and then destroyed.

POLICIES

Unless otherwise specified, the nurse anesthesia program follows the policies adopted by the The University of Akron, the School of Nursing, and the DNP Program.

ACLS & PALS

POLICY:

- All Nurse Anesthesia Program students must possess **Advanced Cardiac Life Support (ACLS)** certification at the beginning of clinical and must be in effect when the student presents to take the National Certification Examination.

- All Nurse Anesthesia Program students must possess **Pediatric Advanced Life Support (PALS)** certification at the beginning of clinical and must be in effect when the student presents to take the National Certification Examination.

PROCEDURE and ACCOUNTABILITY:

- Students must present a copy of their current **ACLS** certification to the program Student Services Counselor. Updated copies need to be provided as they are issued.

- Students must present a copy of their current **PALS** certification to the program Student Services Counselor. Updated copies need to be provided as they are issued.

- Student must not allow the certifications to expire beyond the certification date. Expired certifications will prohibit the student from reporting to clinical until certification is renewed.

- **Two-months prior to certification expiration, student must self-schedule a renewal date and notify the program Student Services Counselor**.

- Once the certification is renewed, a copy of the card must be presented to the program Student Services Counselor.

- Any certification of BLS, ACLS and PALS **MUST** be done by the American Heart Association and include an in person skill session.

DENTAL POLICY

POLICY:

- To reduce the possibility of patient injury and reduce the malpractice insurance liability.
- Dental injuries serve to cause patient dissatisfaction, complaints to hospital administrators, increases in incident reports, increases in malpractice insurance claims and costs.

PROCEDURE:

- All clinical preceptors and students should carefully evaluate the dental condition and the risk of dental injury in all patients for whom anesthesia students are participating in the anesthesia care.
- Patients that have significant dental repairs and restoration are at greater risk of injury to crowns, caps, veneers, and implants
- Additionally, patients with dental caries, chips, visible cracks and fissures, darkened teeth, or other states of disrepair are at high risk of injury during tracheal intubation, extubation, and with oral pharyngeal airways.
- Preceptors should **perform the intubation** if there are indications of increased risk for dental injuries.

CLINICAL SUPERVISION

POLICY:

- Clinical supervision of program students must be done in a manner that insures patient safety.

PROCEDURE:

The program restricts supervision of students in clinical anesthesia administration to CRNAs and/or physician anesthesiologists that are granted staff privileges by the institution

Physician residents in anesthesiology or anesthesia assistants are not permitted to act as a supervisor for nurse anesthetist students.

Clinical instructors and supervisors (CRNAs and Anesthesiologists) making clinical assignments for nurse anesthesia students need to make assignments that provide a ratio of supervision of students to instructor that is consistent with providing quality anesthesia care to patients in a safe manner.

The assignment of cases is to be based on the supervision ratio of students to instructors so that it is consistent with the student's entry point in the program; their current knowledge and ability; the physical status of the patient; the complexity of the anesthetic and/or surgical procedure; and the experience of the clinical preceptor.

Maintain a clinical supervision ratio that prioritizes patient safety by considering various factors, including the complexity of the anesthetic and/or surgical procedure, the student's knowledge and ability, and the patient's comorbidities. It is ensured that at no point does an individual clinical instructor directly supervise more than two students, maintaining a maximum ratio of 2:1.

Clinical instructors are to be immediately available to provide direction and supervision for anesthesia students providing anesthesia care to patients in all areas of the clinical facility.

The Nurse Anesthesia Program is to limit clinical supervision in nonanesthetizing areas exclusively to authorized and credentialed experts who have the capability to assume full responsibility for the anesthesia students.

If the supervising instructor is not immediately available, another qualified instructor needs to be available for guidance and supervision. Reports of instructors not being appropriately available may lead to students being restricted from assignments with these individuals.

Patient safety is paramount, and it is the reason instructors need to be appropriately available.

PROFESSIONAL DRESS IN CLINICAL AND CLASSROOM AREAS

POLICY:

- Students are expected to dress in a manner that is consistent with being a professional advanced practice nurse in both the academic and clinical settings.

- The dress is expected to be supportive of a positive learning environment that is free of distractions and disruptions.

PROCEDURE:

- ACADEMIC
    - Student is expected to present a personal appearance that demonstrates good grooming, neatness, and a professional appearance.
    - Clothing is expected to be clean, in good repair and fit properly.
    - Suggestive attire, skimpy clothing, and inappropriate bare skin are not acceptable in the classroom environment.
- CLINICAL
    - Student is expected to present a personal appearance that demonstrates good grooming, neatness, and a professional appearance.
    - Proper street attire should be worn to and from each clinical facility.
    - Name badges identifying the student are to be worn at all times.
    - Appropriate surgical attire provided by the hospital is to be worn and NOT to be worn off hospital property.
    - Jewelry is to be kept to a minimum
    - All hair must be covered
    - Fingernails must be clean and of appropriate length. Artificial nails are prohibited.
    - Excessive use of cologne, perfume, or make-up is discouraged.
    - A clean lab coat or appropriate cover must be worn over the surgical attire when outside the surgical or obstetrical suites.
    - Caps, mask and shoe covers are not to be worn outside of the surgical or obstetrical suites.

EVALUATION OF CLINICAL SITES

POLICY:

- The evaluation of clinical sites for graduate anesthesia students is essential to the establishment, continuation, and monitoring of these facilities for adequacy of providing a variety of high quality clinical experiences with the continuous presence of appropriate clinical preceptors who provide instruction and supervision of program students.

- The clinical sites will meet or exceed the Standards for Accreditation guidelines established by the Council on Accreditation of Nurse Anesthesia Education Programs (COA). The clinical sites will be visited on a consistent basis as stated in the procedure below.

PROCEDURE:

- A program faculty member will visit each clinical site a minimum of once a year.

- The visiting faculty member will complete the Clinical Site Visitation Form following each visit.

- The Clinical Site Visitation Forms will be filed in the Program Office and maintained on an ongoing basis and will be retained for a minimum of six (6) years.

- Additionally, the program will continue to require all students to complete a CRNA Preceptor Evaluation Form and a Rotation Evaluation Form through Typhon at the time of semester evaluations. The student completes this form anonymously.

- The data is compiled by the program secretary and the composite evaluation is reviewed by the program faculty. The composite information is then sent to the clinical coordinator for all clinical faculty practicing at that site.

PRE- AND POST-OPERATIVE ANESTHESIA VISITS

POLICY:

- In accordance with the policy of the Nurse Anesthesia Program and the Policies and Procedures of the Council on Accreditation, students are required to make pre- and post-operative visits for the patients that they participate in the provision of anesthesia care.

- Both pre-operative and post-operative anesthesia evaluations are essential to the students understanding of the overall anesthetic process.

- The post-operative visit is done to allow the student to evaluate how patients respond following anesthesia and surgery.

PROCEDURE:

- The student is required to perform or review a comprehensive pre-operative and post-operative anesthetic evaluation. It is understood that a majority of patients will be discharged on the day of surgery and logistically a visit may not be possible. However, on patients that are admitted following more complex procedures, students are required to make post-operative visits.

- The student is required to perform a pre-operative evaluation before every anesthetic in which the student participates. This would include a review of the assessment and a report from the anesthesia provider if the student starts participating in a case that is already in progress.

- The student is required to perform a post-operative evaluation and will report to the anesthesia care team any untoward reactions that occurred in the care of that patient.

- The student will document the post-operative visit.

PROFESSIONAL BEHAVIOR IN THE CLINICAL AND CLASSROOM

POLICY:

- Nurse Anesthesia Students are expected to conduct themselves in a manner that is consistent with being a professional advanced practice nurse in both the academic and clinical settings.

- The behavior is expected to be supportive of a positive learning environment that is free of distractions and disruptions. Therefore, no inappropriate use of alcohol or any use of illicit substances will be tolerated.

PROCEDURE:

- Nurse anesthesia students are expected to conduct themselves in both the academic and clinical settings in a manner that is befitting a professional advanced practice nurse.

- Absolutely no alcohol is allowed on campus or in the clinical settings. Students are not to drink alcoholic beverages before class or clinical experiences. Any conduct that appears to indicate alcohol consumption, such that the student appears to be exhibiting behavior of being loud, boisterous, and unruly will be grounds for dismissal from class and from campus.

- University police will be notified to escort any student off campus who does not immediately comply with instructions to leave the campus.

- Students will be expected to conduct themselves in a manner that supports the professional learning environments in the academic and healthcare agency settings.

- Students that appear under the influence of alcohol or other substances in these learning environments may be subject to disciplinary action that will include making up any missed time, and may receive probation, and dismissal from the program.

FACULTY MEETINGS

POLICY:

- The meeting of nurse anesthesia program CRNA faculty is essential to the smooth functioning of the educational process of graduate anesthesia students.

- The faculty will use the meetings to establish, maintain, assess, and monitor educational objectives, effectiveness, and progress, and to initiate change as indicated.

- These faculty meetings will be conducted to effect appropriate and purposeful change as indicted.

PROCEDURE:

- Faculty of the nurse anesthesia program will meet bimonthly during the academic year to discuss ongoing progress of the educational process of graduate nurse anesthesia students.

- Additionally, non-scheduled meetings will be conducted as needed.

- Faculty will have the opportunity to present issues of interest to the successful education of students.

- Non-programmatic changes will be made as indicated in the interest of improving the educational process.

- Any proposed programmatic changes will be taken to the appropriate college officials and committees for discussion and any proposed changes will then be submitted to the Council on Accreditation for approval prior to any changes being instituted.

- Minutes for Faculty meetings will be stored in the One Drive Anesthesia folder.

STUDENTS ADDRESSING PHYSICIANS

POLICY:

- Students are to address physician anesthesiologists, surgeon, and other physicians as Doctor. This is done as both a professional courtesy in recognition of their status as a physician and to demonstrate to other hospital personnel and patients that the person being addressed is a physician.

PROCEDURE:

- The student will address all physicians as “Doctor” or “Doctor Smith” as their specific name would indicate. At times a physician will say that it is all right to call them by their first name. Anesthesia students are instructed to address physicians as “Doctor.”

STUDENTS INTRODUCTION TO PATIENTS

POLICY:

- In accordance with the policy of the Nurse Anesthesia Program and the Policies and Procedures of the Council on Accreditation, students are required to introduce themselves appropriately to patients.

- This is done so that adequate disclosure of their status is known by the patient receiving anesthesia.

- The introduction would include that the student would be *assisting* the licensed provider(s) in the administration of anesthesia.

PROCEDURE:

- The student will introduce themselves to provide disclosure of their status to the patient that will be informative, while giving the patient assurance that they will be receiving excellent anesthesia care.

- This care would be provided by the Certified Registered Nurse Anesthetist (CRNA) and physician anesthesiologist with the student *assisting*.

- The following is a suggested introduction that can be provided by the student:

- "Hello Mr. Smith, my name is Sarah Roberts, I am a Nurse Anesthesia Student and I will be assisting John Jones, nurse anesthetist and Dr. Greene, anesthesiologist, administer your anesthesia today."

HEALTH POLICY

The School of Nursing and health care agencies health requirements and policies apply to all students in the professional component of the nursing program. It is the student's responsibility to submit accurate and timely health information. Failure to comply with the student health policies will result in exclusion from clinical learning sites.

Health Requirements - Documentation of **date and results** is required for all students in the professional major.

All the following will be documented in Immunitrax software program

A. BLS, ACLS and PALS required throughout program.

B. Tuberculin skin is required annually. (Some clinical sites require two-step (Mantoux) TB skin test or QuantiFERON blood test. **NOTE:** TB Skin Test cannot expire during clinical.

C. Rubella (German measles) immunity - positive titer or documentation of immunization (MMR).

D. Rubeola (measles) immunity - positive titer or documentation of immunization. Students born after 1957-immunization requires documentation of two rubeola vaccinations (MMR) given after 12 months of age and at least three months apart and at least one after 1980 (total of 3 immunizations).

E. Mumps immunity-positive titer, date of diagnosed mumps or documentation of immunization (MMR).

F. Tetanus-Diphtheria toxoid-booster within the last I 0 years.

G. Varicella (chicken pox) titer or date of actual chicken pox disease. If susceptible student is exposed to chicken pox (in any setting-home, school, community) during the period in which they are enrolled in a clinical experience, they must immediately report the exposure to their clinical instructor.

H. Polio immunization-routine immunization is required.

I. Hepatitis B vaccine is required. Need documentation of the three dates of administration, and titer or a waiver must be signed and attached.

J. Annual Influenza Vaccine required (November through March)

K. Covid-19 vaccines and boosters

TYPHON STUDENT TRACKING SYSTEM

POLICY:

- Students are to enter their cases, procedures, times, etc. from the clinical setting into the Typhon Student Tracking System within a specific time period. That specific time period is within 7 days from the last case the student was associated with.

PROCEDURE:

- Students are to enter their case data into the Typhon Student Tracking System within 7 days from the last case they were associated with. If the student does not enter the data within the 7 days into the Typhon Student Tracking System, they will be given one warning and allowed to enter their cases without any consequences. If the student does not enter the data within the 7-day time period into the Typhon Student Tracking System a second time, they will be deducted a vacation day for every incident thereafter. If no vacation time is left, the student will make additional time up after graduation.

FORMS: VACATION, ABSENCE, & PROGRAM EVALUATIONS

THE UNIVERSITY OF AKRON NURSE ANESTHESIA PROGRAM

VACATION REQUEST FORM

Student's Name:

Clinical Site: Date Submitted:

Vacation Dates Requested:

Class Day Requested: ☐ Yes ☐ No

APPROVAL

Clinical Affiliate Approval: _____ Date: _____

U.A. Approval: _____ Date: _____

VACATION POLICIES

- Vacation requests are to be submitted via email to sb14@uakron.edu at least two months in advance.
- When vacation requests are submitted after the clinical rotation schedules are distributed to the clinical sites, approval must be obtained from the clinical coordinator from that site and program administration. **A Vacation Request Form must be completed** and submitted to Susan Bradford **ONE WEEK PRIOR** to the vacation date.
- To cancel a vacation request, email sb14@uakron.edu.
- **All** students are given the following time off:
    - December 25-January 1 inclusive (1 week)
    - Martin Luther King Jr Day
    - Memorial Day
    - Juneteenth
    - Independence Day
    - Labor Day
    - Thanksgiving Day
- **IN ADDITION**, a total of **27** vacation days may be taken during the entire 36-month program in the following manner:
    - **NA1** Year (June-May)
        - **No time off** June, July, and August
        - Two (2) days September - December
        - Five (5) days January - May
    - **NA2** Year (June-May)

        - Ten (10) days
    - **NA3** Year (June-May)
        - Ten (10) days
        - **No time off** beginning the week after April 1
- **TIME OFF IS LIMITED during the following timeframes:**
    - Obstetric rotation- no more than one (1) week during the two-month rotation
    - Pediatric rotation- no more than one (1) week during the three-month rotation
    - Cardiac rotation- no vacation is permitted during the one-month rotation

- Students **<u>may not</u>** request a single vacation day for consecutive weeks at a time.
- Students are responsible for completing examinations, obtaining handouts, and reviewing didactic materials that were covered while being off for excused or unexcused time off. If an exam is scheduled on a day off, the student must make **PRIOR** arrangement with the course instructor to take the exam.
- ****NOTE**- Vacation days are granted for the anesthesia program only. Regardless of approved vacation days, you are responsible for your other classes including DNP and Core courses. Taking vacation does not constitute an excused absence from other courses or mandatory intensives. Please consult the DNP website prior to scheduling your vacations.

THE UNIVERSITY OF AKRON NURSE ANESTHESIA PROGRAM

ABSENCE MAKEUP ARRANGEMENT FORM

Name of Student: _____

Date(s) of Absence: _____

Total number of days and half days missed: _____

Date(s) and designated times for makeup (may be on a Saturday, Sunday, or holiday as agreed upon by the student and clinical coordinator. Double shifts or time periods beyond 8:00 p.m. before a program class day or a day shift are not permitted:

_____

_____

_____

I verify that the above information and arrangements have been made and are a true representation of the absence time and makeup time for the same.

Student's Signature: _____

Date: _____

I verify that the above information and arrangements have been made and are a true representation of the absence time and makeup time for the same. I will further notify the program director if the absence time has not been satisfactorily made up.

Clinical Coordinator or authorized designee's printed name: _____

Signature: _____

Date: _____

This form is to be used for call-offs for absence and for absences requiring departure from the clinical site prior to the normal designated time period for the clinical day. The completed form is to be returned by the student directly to the program director or designee within one week of the absence. Failure to do this will result in disciplinary action.

The University of Akron Nurse Anesthesia Program Post-BSN-DNP

DAILY CLINICAL EVALUATION (FIRST YEAR LEVEL)

Student: **Site:** **Rotation:**

Scale: 3 = Exceeds Expectations 2 = Meets Expectations 1 = Below Expectations NA = Not applicable/Observed

OBJECTIVE	3	2	1	NA
PATIENT SAFETY				
Performs room set-up (monitors, medications labeled with concentration/ml, and correct dosing administered)	☐	☐	☐	☐
Demonstrates familiarity of safety functions of all equipment and monitors and checks that all are functioning appropriately	☐	☐	☐	☐
Demonstrates proper positioning and adjustment of OR tables	☐	☐	☐	☐
Maintains vigilance throughout the perioperative period (no cell phone use while providing direct patient care)	☐	☐	☐	☐
Demonstrates use of universal precautions and asepsis when performing procedures and patient care	☐	☐	☐	☐
Participates in the safe transport of patients from OR to the PACU/ICU using appropriate monitors	☐	☐	☐	☐
CRITICAL THINKING				
Formulates an individualized plan of care based on evidence-based principles & before providing anesthesia services	☐	☐	☐	☐
Applies knowledge to practice in decision making and problem-solving	☐	☐	☐	☐
Interprets and utilizes data obtained from pre-op evaluation, noninvasive and invasive monitoring modalities	☐	☐	☐	☐
Identifies steps to take when confronted with anesthetic equipment malfunction and anesthetic complications	☐	☐	☐	☐
Use science-based theories and concepts to analyze new practice approaches	☐	☐	☐	☐
Demonstrates appropriate technique for IV catheter insertion, fluid management, and blood component therapy	☐	☐	☐	☐
PERIANESTHETIC MANAGEMENT				
Obtains and documents a health assessment (includes medication history, allergies, vital signs, lab values, airway assessment, and review of systems)	☐	☐	☐	☐
Demonstrates appropriate cultural perianesthetic care throughout the anesthetic process	☐	☐	☐	☐
Provides individualized care throughout the perianesthetic continuum	☐	☐	☐	☐
Administers and manages spinals, epidurals, peripheral nerve blocks, or IV regional (Bier Blocks)	☐	☐	☐	☐
Administers and manages general anesthesia care for a variety of surgical and medically related procedures	☐	☐	☐	☐
Manages anesthesia care for patients of all ages, all ASA classes, emergency cases, and all surgical services based on evidence-based practice	☐	☐	☐	☐
Monitors patient level of consciousness and the ventilatory status during MAC cases	☐	☐	☐	☐
Performs endotracheal intubation, LMA insertion, and mask ventilation	☐	☐	☐	☐
Describes signs of esophageal intubation	☐	☐	☐	☐
Differentiates between apnea and obstruction of the airway	☐	☐	☐	☐
Demonstrates flexibility to modify the plan of care and manage individual patient responses through reassessment	☐	☐	☐	☐
Uses a variety of common anesthetic medications, adjunctive agents, and equipment	☐	☐	☐	☐
Demonstrates sequence of events during emergence and performs safe extubation when criteria met	☐	☐	☐	☐
COMMUNICATION SKILLS				
Utilizes interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families	☐	☐	☐	☐
Utilizes interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals	☐	☐	☐	☐
Respects the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.	☐	☐	☐	☐
Maintains comprehensive, timely, accurate, and legible healthcare records	☐	☐	☐	☐
Transfers the responsibility for the care of the patient to other qualified providers in a manner that assures continuity of care and patient safety	☐	☐	☐	☐
Teaches others	☐	☐	☐	☐
LEADERSHIP				
Integrate critical and reflective thinking in his or her leadership approach	☐	☐	☐	☐
Provide leadership that facilitates intraprofessional and interprofessional collaboration	☐	☐	☐	☐

Student Comments:

Student Signature: _____
Evaluator Signature:_____

The University of Akron Nurse Anesthesia Program
Daily Anesthesia Process Plan

Student Name _____ Preceptor _____
Clinical Site _____

Procedure _____Date _____

Age _____ M F HCG_____ HCT_____ INR_____ PLT_____ K+_____ Na+_____ Glucose_____

HT _____WT _____ kg ASA _____NPO status_____Pre-Op: BP_____ P_____ R _____SpO2_____T_____
Dental Status_____ MP_____ TMD _____ Neck Mobility_____ EKG _____

Allergies_____ _____

Meds _____
Beta Blocker Taken_____

Medical History: Cardiac_____
Pulmonary_____Sleep Apnea_____

Renal_____ Hematological_____ Gastrointestinal_____
Endocrine_____

Musculoskeletal_____ Vascular_____
Neurological_____Psychiatric_____

Anesthesia Process Plan

Monitoring/ Equipment
_____

Anesthetic Technique Type: GA_____ MAC_____
Regional_____

Position _____ Position Concerns_____ Length of Surgery_____EBL_____

Fluid Requirements: Hourly Maintenance_____ NPO Deficit_____ Insensible loss _____
EBV_____ Target HCT_____

Induction: **(per kg)**

Maintenance: **Antibiotics:**
Emergence:
PACU Management:

Evaluation/Changes to Plan:

Potential Complications of Anesthesia and Surgery **Interventions If Complications Occur**

The University of Akron Nurse Anesthesia Program Post-BSN-DNP

DAILY CLINICAL EVALUATION (SECOND YEAR LEVEL)

Student: **Site:** **Rotation:**

Scale: 3 = Exceeds Expectations 2 = Meets Expectations 1 = Below Expectations NA = Not applicable/Observed

OBJECTIVE	3	2	1	NA
PATIENT SAFETY				
Performs room set-up (monitors, medications labeled with concentration/ml, and correct dosing administered)	☐	☐	☐	☐
Demonstrates familiarity of safety functions of all equipment and monitors and checks that all are functioning appropriately	☐	☐	☐	☐
Demonstrates proper positioning and adjustment of OR tables	☐	☐	☐	☐
Maintains vigilance throughout the perioperative period (no cell phone use while providing direct patient care)	☐	☐	☐	☐
Demonstrates use of universal precautions and asepsis when performing procedures and patient care	☐	☐	☐	☐
Participates in the safe transport of patients from OR to the PACU/ICU using appropriate monitors	☐	☐	☐	☐
CRITICAL THINKING				
Formulates an individualized plan of care based on evidence-based principles & before providing anesthesia services	☐	☐	☐	☐
Applies knowledge to practice in decision making and problem-solving	☐	☐	☐	☐
Interprets and utilizes data obtained from pre-op evaluation, noninvasive and invasive monitoring modalities	☐	☐	☐	☐
Identifies steps to take when confronted with anesthetic equipment malfunction and anesthetic complications	☐	☐	☐	☐
Use science-based theories and concepts to analyze new practice approaches	☐	☐	☐	☐
Demonstrates appropriate technique for IV catheter insertion, fluid management, and blood component therapy	☐	☐	☐	☐
PERIANESTHETIC MANAGEMENT				
Obtains and documents a health assessment (includes medication history, allergies, vital signs, lab values, airway assessment, and review of systems)	☐	☐	☐	☐
Demonstrates appropriate cultural perianesthetic care throughout the anesthetic process	☐	☐	☐	☐
Provides individualized care throughout the perianesthetic continuum	☐	☐	☐	☐
Administers and manages spinals, epidurals, peripheral nerve blocks, or IV regional (Bier Blocks)	☐	☐	☐	☐
Administers and manages general anesthesia care for a variety of surgical and medically related procedures	☐	☐	☐	☐
Manages anesthesia care for patients of all ages, all ASA classes, emergency cases, and all surgical services based on evidence-based practice	☐	☐	☐	☐
Monitors patient level of consciousness and the ventilatory status during MAC cases	☐	☐	☐	☐
Performs endotracheal intubation, LMA insertion, and mask ventilation	☐	☐	☐	☐
Describes signs of esophageal intubation	☐	☐	☐	☐
Differentiates between apnea and obstruction of the airway	☐	☐	☐	☐
Demonstrates flexibility to modify the plan of care and manage individual patient responses through reassessment	☐	☐	☐	☐
Uses a variety of common anesthetic medications, adjunctive agents, and equipment	☐	☐	☐	☐
Demonstrates sequence of events during emergence and performs safe extubation when criteria met	☐	☐	☐	☐
COMMUNICATION SKILLS				
Utilizes interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families	☐	☐	☐	☐
Utilizes interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals	☐	☐	☐	☐
Respects the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.	☐	☐	☐	☐
Maintains comprehensive, timely, accurate, and legible healthcare records	☐	☐	☐	☐
Transfers the responsibility for the care of the patient to other qualified providers in a manner that assures continuity of care and patient safety	☐	☐	☐	☐

Teaches others	☐	☐	☐	☐
LEADERSHIP				
Integrate critical and reflective thinking in his or her leadership approach	☐	☐	☐	☐
Provide leadership that facilitates intraprofessional and interprofessional collaboration	☐	☐	☐	☐

Student Comments:

Student Signature: _____

Evaluator Signature: _____

The University of Akron Nurse Anesthesia Program
Daily Anesthesia Process Plan

Student Name _____ Preceptor _____ Clinical Site _____

Procedure _____ Date _____

Age _____ M F HCG_____ HCT_____ INR_____ PLT_____ K+_____ Na+_____ Glucose_____

HT _____WT _____ kg ASA _____NPO status_____Pre-Op: BP_____ P_____ R _____SpO2_____T_____
Dental Status_____ MP_____ TMD _____ Neck Mobility_____ EKG _____

Allergies
_____

Meds _____
Beta Blocker Taken_____

Medical History: Cardiac_____
Pulmonary_____Sleep Apnea_____

Renal_____ Hematological_____ Gastrointestinal_____
Endocrine_____

Musculoskeletal_____ Vascular_____
Neurological_____Psychiatric_____

Anesthesia Process Plan

Monitoring/ Equipment
_____

Anesthetic Technique Type: GA_____ MAC_____
Regional_____

Position _____ Position Concerns_____ Length of Surgery_____EBL_____

Fluid Requirements: Hourly Maintenance_____ NPO Deficit_____ Insensible loss _____
EBV_____ Target HCT_____

Induction: **(per kg)**
Maintenance: **Antibiotics:**
Emergence:
PACU Management:

Evaluation/Changes to Plan:

Potential Complications of Anesthesia and Surgery **Interventions If Complications Occur**

The University of Akron Nurse Anesthesia Program Post-BSN-DNP

DAILY CLINICAL EVALUATION (THIRD YEAR LEVEL)

Student: **Site:** **Rotation:**

Scale: 3 = Exceeds Expectations 2 = Meets Expectations 1 = Below Expectations NA = Not applicable/Observed

OBJECTIVE	3	2	1	NA
PATIENT SAFETY				
Performs room set-up (monitors, medications labeled with concentration/ml, and correct dosing administered)	☐	☐	☐	☐
Demonstrates familiarity of safety functions of all equipment and monitors and checks that all are functioning appropriately	☐	☐	☐	☐
Demonstrates proper positioning and adjustment of OR tables	☐	☐	☐	☐
Maintains vigilance throughout the perioperative period (no cell phone use while providing direct patient care)	☐	☐	☐	☐
Demonstrates use of universal precautions and asepsis when performing procedures and patient care	☐	☐	☐	☐
Participates in the safe transport of patients from OR to the PACU/ICU using appropriate monitors	☐	☐	☐	☐
CRITICAL THINKING				
Formulates an individualized plan of care based on evidence-based principles & before providing anesthesia services	☐	☐	☐	☐
Applies knowledge to practice in decision making and problem-solving	☐	☐	☐	☐
Interprets and utilizes data obtained from pre-op evaluation, noninvasive and invasive monitoring modalities	☐	☐	☐	☐
Identifies steps to take when confronted with anesthetic equipment malfunction and anesthetic complications	☐	☐	☐	☐
Use science-based theories and concepts to analyze new practice approaches	☐	☐	☐	☐
Demonstrates appropriate technique for IV catheter insertion, fluid management, and blood component therapy	☐	☐	☐	☐
PERIANESTHETIC MANAGEMENT				
Obtains and documents a health assessment (includes medication history, allergies, vital signs, lab values, airway assessment, and review of systems)	☐	☐	☐	☐
Demonstrates appropriate cultural perianesthetic care throughout the anesthetic process	☐	☐	☐	☐
Provides individualized care throughout the perianesthetic continuum	☐	☐	☐	☐
Administers and manages spinals, epidurals, peripheral nerve blocks, or IV regional (Bier Blocks)	☐	☐	☐	☐
Administers and manages general anesthesia care for a variety of surgical and medically related procedures	☐	☐	☐	☐
Manages anesthesia care for patients of all ages, all ASA classes, emergency cases, and all surgical services based on evidence-based practice	☐	☐	☐	☐
Monitors patient level of consciousness and the ventilatory status during MAC cases	☐	☐	☐	☐
Performs endotracheal intubation, LMA insertion, and mask ventilation	☐	☐	☐	☐
Describes signs of esophageal intubation	☐	☐	☐	☐
Differentiates between apnea and obstruction of the airway	☐	☐	☐	☐
Demonstrates flexibility to modify the plan of care and manage individual patient responses through reassessment	☐	☐	☐	☐
Uses a variety of common anesthetic medications, adjunctive agents, and equipment	☐	☐	☐	☐
Demonstrates sequence of events during emergence and performs safe extubation when criteria met	☐	☐	☐	☐
COMMUNICATION SKILLS				
Utilizes interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families	☐	☐	☐	☐
Utilizes interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals	☐	☐	☐	☐
Respects the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.	☐	☐	☐	☐
Maintains comprehensive, timely, accurate, and legible healthcare records	☐	☐	☐	☐
Transfers the responsibility for the care of the patient to other qualified providers in a manner that assures continuity of care and patient safety	☐	☐	☐	☐

Teaches others	☐	☐	☐	☐
LEADERSHIP				
Integrate critical and reflective thinking in his or her leadership approach	☐	☐	☐	☐
Provide leadership that facilitates intraprofessional and interprofessional collaboration	☐	☐	☐	☐

Student Comments:

Student Signature: _____ Evaluator Signature: _____

The University of Akron Nurse Anesthesia Program
Daily Anesthesia Process Plan

Student Name _____ Preceptor _____ Clinical Site _____

Procedure _____ Date _____

Age _____ M F HCG_____ HCT_____ INR_____ PLT_____ K+_____ Na+_____ Glucose_____

HT _____WT _____ kg ASA _____NPO status_____Pre-Op: BP_____ P_____ R _____SpO2_____T_____
Dental Status_____ MP_____ TMD _____ Neck Mobility_____ EKG _____

Allergies
_____

Meds _____
Beta Blocker Taken_____

Medical History: Cardiac_____
Pulmonary_____Sleep Apnea_____

Renal_____ Hematological_____ Gastrointestinal_____
Endocrine_____

Musculoskeletal_____ Vascular_____
Neurological_____Psychiatric_____

Anesthesia Process Plan

Monitoring/ Equipment
_____

Anesthetic Technique Type: GA_____ MAC_____
Regional_____

Position _____ Position Concerns_____ Length of Surgery_____EBL_____

Fluid Requirements: Hourly Maintenance_____ NPO Deficit_____ Insensible loss _____
EBV_____ Target HCT_____

Induction: **(per kg)**
Maintenance: **Antibiotics:**
Emergence:
PACU Management:

Evaluation/Changes to Plan:

Potential Complications of Anesthesia and Surgery **Interventions If Complications Occur**

First Year Level	Second Year Level	Third Year Level
01-12 months	**13-24 months**	**25-36 months**
Patient Safety • Maintains vigilance throughout • Room set-up **with assistance** • Properly positions patient **with assistance** • Anesthesia equipment check **with assistance** • Universal precaution and asepsis always used • Safely transports **with assistance**	**Patient Safety** • Maintains vigilance throughout • Room set-up **with minimal assistance** • Properly positions patient **with minimal assistance** • Anesthesia equipment check **with minimal assistance** • Universal precaution and asepsis always used • Safely transports **with minimal assistance**	**Patient Safety** • Maintains vigilance throughout • Room set-up **with minimal or no assistance** • Properly positions patient **with minimal or no assistance** • Anesthesia equipment check **with minimal or no assistance** • Universal precaution and asepsis always used • Safely transports **with minimal assistance or no assistance**
Critical Thinking • Formulates an individual anesthesia care plan **with assistance** • Interprets and utilizes data from monitors **with assistance** • Identifies equipment malfunction and anesthetic complications, and takes steps to correct the problem **with assistance** • Demonstrates appropriate choice and technique for IV placement, fluid management and blood component therapy **with little assistance**	**Critical Thinking** • Formulates an individual in-depth anesthesia care plan **with minimal assistance** • Interprets and utilizes data from monitors **with minimal assistance** • Identifies equipment malfunction and anesthetic complications and takes steps to correct the problem **with minimal assistance** • Demonstrates appropriate choice and technique for IV placement, fluid management and blood component therapy **with minimal or no assistance**	**Critical Thinking** • Formulates an individual in-depth anesthesia care plan and makes adjustments to the initial plan based on sound evidence • Decides on use of adjunct monitors, Interprets and utilizes data from all monitors **with minimal or no assistance** • Identifies equipment malfunction and anesthetic complications and takes steps to correct the problem **with minimal or no assistance** • Identifies newer research and newer practice approaches • Demonstrates appropriate choice and technique for IV placement, fluid management and blood component therapy **with minimal or no assistance**
Perianesthetic Management • Obtains a complete health history **with assistance** • Administers and manages a variety of regional anesthesia **with assistance** • Monitors patient LOC and ventilator status during MAC cases **with assistance** • Identifies the sequence of induction **for basic cases** • Administers and manages general anesthesia care **with assistance** • Manages anesthesia care for a variety of patients, surgical procedures using research and EBP **with assistance** • Intubates, mask ventilates and inserts LMAs **with assistance** • Describes signs of esophageal intubation **with assistance** • Differentiates between apnea and obstruction of the airway **with assistance**	**Perianesthetic Management** • Obtains a complete health history **with minimal assistance** • Administers and manages a variety of regional anesthesia **with minimal assistance** • Monitors patient LOC and ventilator status during MAC cases **with minimal assistance** • Identifies the sequence of induction **for all types of cases** • Administers and manages general anesthesia care **with minimal assistance** • Manages anesthesia care for a variety of patients, surgical procedures using research and EBP **with minimal assistance** • Intubates, mask ventilates and inserts LMAs **with minimal assistance**	**Perianesthetic Management** • Obtains a complete health history **with very minimal or no assistance** • Administers and manages a variety of regional anesthesia **with minimal or no assistance** • Monitors patient LOC and ventilator status during MAC cases **with minimal or no assistance** • Identifies the sequence of induction **for all types of cases** • Administers and manages general anesthesia care **with minimal or no assistance** • Manages anesthesia care for a variety of patients, surgical procedures using research and EBP **with minimal or no assistance** • Intubates, mask ventilates, and inserts LMAs **with minimal or no assistance** • Describes signs of esophageal intubation

• Demonstrates flexibility to modify patient care through reassessment **with assistance** • Uses a variety of anesthetics, adjunctive medications and equipment **with assistance** • Performs fluid management calculations with assistance • Demonstrates appropriate cultural patient care **with assistance** • Demonstrates sequence of events during emergence and performs safe extubation **with assistance**	• Describes signs of esophageal intubation **with minimal assistance** • Differentiates between apnea and obstruction of the airway **with minimal assistance** • Demonstrates flexibility to modify patient care through reassessment **with minimal assistance** • Uses a variety of anesthetics, adjunctive medications and equipment **with minimal assistance** • Performs fluid management calculations **with minimal assistance** • Demonstrates appropriate cultural patient care **with minimal assistance** • Demonstrates sequence of events during emergence and performs safe extubation **with minimal assistance**	• Differentiates between apnea and obstruction of the airway **with minimal or no assistance** • Demonstrates flexibility to modify patient care through reassessment **with minimal or no assistance** • Uses a variety of anesthetics, adjunctive medications and equipment **with minimal or no assistance** • Performs fluid management calculations **with no assistance** • Demonstrates appropriate cultural patient care **with minimal or no assistance** • Demonstrates sequence of events during emergence and performs safe extubation **with minimal or no assistance**
Communication Skills • Communicates and collaborates effectively with the healthcare team • Communicates effectively with the patient and family • Transfers the responsibility for the care of the patient to other qualified providers in a manner that assures continuity of care and patient safety • Maintains comprehensive, timely, accurate, and legible healthcare records **with minimal assistance**	**Communication Skills** • Communicates and collaborates effectively with the healthcare team • Communicates effectively with the patient and family • Transfers the responsibility for the care of the patient to other qualified providers in a manner that assures continuity of care and patient safety • Maintains comprehensive, timely, accurate, and legible healthcare records with **no assistance** • Helps teach given the opportunity	**Communication Skills** • Communicates and collaborates effectively with the healthcare team • Communicates effectively with the patient and family • Transfers the responsibility for the care of the patient to other qualified providers in a manner that assures continuity of care and patient safety • Maintains comprehensive, timely, accurate, and legible healthcare records with **no assistance** • Helps teach given the opportunity
Leadership • Integrate critical and reflective thinking in his or her leadership approach **with minimal assistance** • Provides leadership that facilitates intraprofessional and interprofessional collaboration **with minimal assistance**	**Leadership** • Integrate critical and reflective thinking in his or her leadership approach with **no assistance** • Provides leadership that facilitates intraprofessional and interprofessional collaboration with **no assistance**	**Leadership** • Integrate critical and reflective thinking in his or her leadership approach with **no assistance** • Provides leadership that facilitates intraprofessional and interprofessional collaboration with **no assistance**

Definition of Terms:

With assistance - Needs the advice and/or support of the preceptor at least 50% of the time to provide safe anesthesia care.
Minimal assistance - Needs the advice and/or support of the preceptor less than 50% of the time to provide safe anesthesia care.
No Assistance – Is able to critically think and act appropriately on own to provide safe anesthesia care.

THE UNIVERSITY OF AKRON NURSE ANESTHESIA PROGRAM POST-BSN-DNP

END OF ROTATION CLINICAL EVALUATION

Student: **Clinical Site:**

Semester/Year: **Date:**

Scale: 3 – Exceeds Expectations 2 – Meets Expectations 1 – Below Expectations NA – Not Applicable/Observed

PATIENT SAFETY	3	2	1	NA
Performs room set-up (monitors, medications labeled with concentration/ml, and correct dosing administered)	☐	☐	☐	☐
Participates and assesses positioning through the perioperative period	☐	☐	☐	☐
Maintains vigilance throughout the perioperative period	☐	☐	☐	☐
Prevents iatrogenic complications	☐	☐	☐	☐
Uses appropriate techniques to prevent infections	☐	☐	☐	☐
Demonstrates appropriate transfer of care	☐	☐	☐	☐
CRITICAL THINKING				
Utilizes evidence-based practice and formulates an individual plan of care for patients of all ages and all ASA classes	☐	☐	☐	☐
Applies knowledge to practice in decision making and problem-solving	☐	☐	☐	☐
Accurately interprets and logically organizes all clinical data in formulating a plan of care that is discussed with preceptor	☐	☐	☐	☐
Identify steps to take when confronted with anesthetic equipment malfunction and anesthetic complications	☐	☐	☐	☐
Use science-based theories and concepts to analyze new practice approaches	☐	☐	☐	☐
Demonstrates appropriate technique for IV catheter insertion, fluid management, and blood component therapy	☐	☐	☐	☐
PERIANESTHIC MANAGEMENT				
Obtains and documents a health assessment; includes medication history, allergies, vital signs, lab values, airway assessment cardiac and pulmonary status.	☐	☐	☐	☐
Demonstrates appropriate cultural perianesthetic care throughout the anesthetic process	☐	☐	☐	☐
Provides individualized care throughout the perianesthetic continuum	☐	☐	☐	☐
Administers and manages a variety of regional anesthetic care	☐	☐	☐	☐
Administers and manages a variety of monitored anesthesia care	☐	☐	☐	☐
Administers and manages a variety of general anesthetic care	☐	☐	☐	☐
Provides anesthesia care to all surgical services including elective and emergency cases	☐	☐	☐	☐
Provides anesthesia care based on current research and evidence-based practice	☐	☐	☐	☐
Manages individual patient responses through reassessment and modification of the plan of care	☐	☐	☐	☐
Performs airway management safely and appropriately; adapts as necessary	☐	☐	☐	☐
Appropriately selects, uses and calculates anesthetic agents and adjunct medications while providing anesthesia care.	☐	☐	☐	☐
Demonstrates sequence of events during emergence and performs safe extubation when criteria met	☐	☐	☐	☐
COMMUNICATION SKILLS				
Utilizes interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families	☐	☐	☐	☐
Utilizes interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals	☐	☐	☐	☐
Respects the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.	☐	☐	☐	☐
Maintains comprehensive, timely, accurate, and legible healthcare records	☐	☐	☐	☐
Transfers the responsibility for the care of the patient to other qualified providers in a manner that assures continuity of care and patient safety	☐	☐	☐	☐
Teaches others	☐	☐	☐	☐
LEADERSHIP				
Integrate critical and reflective thinking in his or her leadership approach	☐	☐	☐	☐
Provide leadership that facilitates intraprofessional and interprofessional collaboration	☐	☐	☐	☐

Documentation for any exceeded expectations:

Documentation for any below expectations:

Suggestions for Improvement:

Student Comments:

_____
_____
_____
_____
_____

Current Status

☐ In Good Standing ☐ Clinical Deficiency ☐ DNP Project disseminated at this clinical site

☐ DNP Project in progress at this clinical site

Clinical Site Advisor _____

Student _____

THE UNIVERSITY OF AKRON NURSE ANESTHESIA PROGRAM POST-BSN-DNP

ACADEMIC END OF ROTATION CLINICAL EVALUATION

Student: **Clinical Site:**

Semester/Year: **Date:**

Scale: 3 – Exceeds Expectations 2 – Meets Expectations 1 – Below Expectations NA – Not Applicable/Observed

PATIENT SAFETY	3	2	1	NA
Performs room set-up (monitors, medications labeled with concentration/ml, and correct dosing administered)	☐	☐	☐	☐
Participates and assesses positioning through the perioperative period	☐	☐	☐	☐
Maintains vigilance throughout the perioperative period	☐	☐	☐	☐
Prevents iatrogenic complications	☐	☐	☐	☐
Uses appropriate techniques to prevent infections	☐	☐	☐	☐
Demonstrates appropriate transfer of care	☐	☐	☐	☐
CRITICAL THINKING				
Utilizes evidence-based practice and formulates an individual plan of care for patients of all ages and all ASA classes	☐	☐	☐	☐
Applies knowledge to practice in decision making and problem-solving	☐	☐	☐	☐
Accurately interprets and logically organizes all clinical data in formulating a plan of care that is discussed with preceptor	☐	☐	☐	☐
Identify steps to take when confronted with anesthetic equipment malfunction and anesthetic complications	☐	☐	☐	☐
Use science-based theories and concepts to analyze new practice approaches	☐	☐	☐	☐
Demonstrates appropriate technique for IV catheter insertion, fluid management, and blood component therapy	☐	☐	☐	☐
PERIANESTHIC MANAGEMENT				
Obtains and documents a health assessment; includes medication history, allergies, vital signs, lab values, airway assessment cardiac and pulmonary status.	☐	☐	☐	☐
Demonstrates appropriate cultural perianesthetic care throughout the anesthetic process	☐	☐	☐	☐
Provides individualized care throughout the perianesthetic continuum	☐	☐	☐	☐
Administers and manages a variety of regional anesthetic care	☐	☐	☐	☐
Administers and manages a variety of monitored anesthesia care	☐	☐	☐	☐
Administers and manages a variety of general anesthetic care	☐	☐	☐	☐
Provides anesthesia care to all surgical services including elective and emergency cases	☐	☐	☐	☐
Provides anesthesia care based on current research and evidence-based practice	☐	☐	☐	☐
Manages individual patient responses through reassessment and modification of the plan of care	☐	☐	☐	☐
Performs airway management safely and appropriately; adapts as necessary	☐	☐	☐	☐
Appropriately selects, uses and calculates anesthetic agents and adjunct medications while providing anesthesia care.	☐	☐	☐	☐
Demonstrates sequence of events during emergence and performs safe extubation when criteria met	☐	☐	☐	☐
COMMUNICATION SKILLS				
Utilizes interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families	☐	☐	☐	☐
Utilizes interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals	☐	☐	☐	☐
Respects the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.	☐	☐	☐	☐
Maintains comprehensive, timely, accurate, and legible healthcare records	☐	☐	☐	☐
Transfers the responsibility for the care of the patient to other qualified providers in a manner that assures continuity of care and patient safety	☐	☐	☐	☐
Teaches others	☐	☐	☐	☐
LEADERSHIP				
Integrate critical and reflective thinking in his or her leadership approach	☐	☐	☐	☐
Provide leadership that facilitates intraprofessional and interprofessional collaboration	☐	☐	☐	☐

ACADEMIC	**3**	**2**	**1**	**N/A**

Follows Nurse Anesthesia Program and UA Polices	☐	☐	☐	☐
Attendance and punctuality	☐	☐	☐	☐
Professional demeanor	☐	☐	☐	☐
Participates in class discussions	☐	☐	☐	☐
Presentations are adequate	☐	☐	☐	☐
Communicates regularly with committee members about their DNP Project	☐	☐	☐	☐
DNP timeline for projects is completed on time	☐	☐	☐	☐
PICOT questions approved by committee	☐	☐	☐	☐
DNP Project disseminated	☐	☐	☐	☐
Effective oral communication	☐	☐	☐	☐
Uses Brightspace (uses additional instructional resources)	☐	☐	☐	☐
Uses Prodigy Connect	☐	☐	☐	☐
Care plans are adequate	☐	☐	☐	☐
Typhon is done on time	☐	☐	☐	☐
Required paperwork is turned in on time (credentialing, PALS, ACLS, TB, background check)	☐	☐	☐	☐
Demonstrate knowledge of wellness modules and chemical dependency	☐	☐	☐	☐
Grades are within the class average	☐	☐	☐	☐
SEE results are adequate (greater than 420)	☐	☐	☐	☐
Achieves academic and clinical requirements for graduation	☐	☐	☐	☐

Documentation for any exceeded expectations:

Documentation for any below expectations:

Suggestions for continued improvement:
<u>Student Self Evaluation Comments:</u>

- Positive Attributes / Areas of Achievement:

-Areas for Improvement:

Current Status: ☐ In Good Standing ☐ DNP Project in Good Standing ☐ Anesthesia Academic Deficiency ☐ Clinical Deficiency ☐ DNP Project Deficiency

_____

_____

Faculty Advisor **Student**

THE UNIVERSITY OF AKRON NURSEANESTHESIA PROGRAM

CLINICAL INSTRUCTION EVALUATION POST-BSN-DNP

Clinical Site: _____

Clinical Preceptor: _____

The Preceptor: ***(Choose the appropriate box)***	**Exceeds Expectations**	**Meets Expectations**	**Below Expectations**	**N/A**
Provides guidance needed in learning technical skills	☐	☐	☐	☐
Provides me with clear explanations and information	☐	☐	☐	☐
Makes me aware of expectations and my responsibilities	☐	☐	☐	☐
Is available for discussion of the periop anesthetic management plan	☐	☐	☐	☐
Questions me to elicit underlying rationale for actions	☐	☐	☐	☐
Allows me to function independently appropriate to my developmental level.	☐	☐	☐	☐
Directs me in finding learning experiences.	☐	☐	☐	☐
Answers my questions or refers me to an appropriate source.	☐	☐	☐	☐
Discusses points of view other than their own.	☐	☐	☐	☐
Discusses my progress and provides me with written documentation that includes constructive methods to improve my performance.	☐	☐	☐	☐
Listens and encourages me to ask questions and express ideas.	☐	☐	☐	☐
Provides professional support and encouragement by promoting a climate of mutual respect.	☐	☐	☐	☐

Comments:

THE UNIVERSITY OF AKRON NURSE ANESTHESIA PROGRAM

CLINICAL ROTATION EVALUATION POST-BSN-DNP

Please complete the evaluation for the rotation that you most recently completed. Your feedback is imperative to recognize assets and problems to improve clinical experience.

Directions: Please rate the following aspects of your past clinical rotation. If you select improvement needed, please provide reasonable recommendations and suggestions as to what could be done to improve this area. You may comment on any question, regardless of the rating selected

Clinical Site:

	Exceeds Expectations	Meets Expectations	Below Expectations	NA
Department Orientation	☐	☐	☐	☐
Comments:				
Overall Teaching by CRNAs	☐	☐	☐	☐
Comments:				
Overall Teaching by Anesthesiologists	☐	☐	☐	☐
Comments:				
Overall Working Environment/Atmosphere	☐	☐	☐	☐
Comments:				
Case Assignments, Effective Use of Time	☐	☐	☐	☐
Comments:				
Library/Study Facilities/ Departmental In-Services	☐	☐	☐	☐
Comments:				
Equipment and Supplies	☐	☐	☐	☐
Comments:				
Support DNP Projects	☐	☐	☐	☐
Comments				
DNP Faculty	☐	☐	☐	☐
Comments:				
Availability and Adequate Supervision	☐	☐	☐	☐
Comments:				

APPENDICES/GRADUATE STANDARDS

PATIENT SAFETY

The graduate must demonstrate the ability to:

1. Be vigilant in the delivery of patient care.

Being vigilant in the delivery of patient care is critical to ensuring patient safety and positive outcomes. As a nurse anesthetist, this objective is demonstrated by measuring the ability to be vigilant by:

1. Paying attention to detail: Pay close attention to the details of the patient's medical history, medication list, vital signs, and other relevant information. Ensure that all information is accurate and up-to-date, and report any discrepancies or concerns to the appropriate team member.
2. Communicating effectively: Communicate clearly and effectively with the patient and other members of the healthcare team, including PACU and OR nurses, physicians, and other support staff. Use appropriate channels for communication, such as electronic medical records or in-person conversations, to ensure that all relevant information is conveyed accurately and promptly.
3. Monitoring patient status: Monitor the patient's condition continuously, including vital signs, level of consciousness, apnea vs. obstruction, and response to treatment. Identify any changes or signs of deterioration promptly and report them to the appropriate team member.
4. Following established protocols: Follow established protocols and guidelines for patient care, including medication administration, infection prevention, and other essential elements of patient care. Ensure that all protocols are followed consistently and accurately, and report any deviations or errors to the appropriate team member.
5. Managing risk: Identify and manage potential risks to patient safety, such as position injuries, infections, OR fires, or medication errors. Take appropriate steps to mitigate these risks, such as implementing position prevention strategies or ensuring that all medications are administered accurately and timely.

Advocating for the patient: Serve as a patient advocate, ensuring that the patient's needs and preferences are respected and addressed. Advocate for the patient's safety and well-being, including reporting any concerns or incidents that may compromise patient care.

2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).

As an anesthesia provider, it is essential to maintain a high level of vigilance while providing direct patient care. Extraneous activities can distract you from your responsibilities, leading to

errors that compromise patient safety. To refrain from engaging in such activities is demonstrated by:

1. Prioritize patient care: Make patient care your top priority and avoid engaging in non-essential activities that distract you from your duties.
2. Stay focused: Stay focused on the task or become distracted by personal or unrelated matters.
3. Manage your time effectively: By creating a schedule and sticking to it. This will help you stay organized and avoid getting sidetracked.
4. Communicate effectively: Communicate effectively with preceptors, patients, and families to ensure that everyone is aware of your responsibilities and the importance of maintaining vigilance during patient care.

By refraining from engaging in extraneous activities, you can ensure that you remain vigilant while providing direct patient care and delivering safe and high-quality care.

3. Conduct a comprehensive equipment check.

Conducting a comprehensive equipment check is an important task that anesthesia providers should perform regularly to ensure that all equipment is functioning correctly and safely. Conducting a comprehensive equipment check is demonstrated by:

1. Review the equipment manual: Review and become familiar with the manufacturer's recommended maintenance procedures.
2. Inspect the equipment: Inspect the equipment for any visible signs of damage, wear and tear, or malfunction. Pay attention to any loose wires or connections, cracks, or signs of corrosion.
3. Test the equipment: Test the equipment to ensure it works properly. This may involve running a self-test or performing a test procedure to confirm that the equipment is functioning as expected.
4. Clean and sanitize the equipment: Clean and sanitize the equipment according to the manufacturer's instructions to prevent the spread of infections and ensure the equipment remains safe to use.
5. Document the check: Document the results of the equipment check in a logbook or other documentation system. Record any issues that were identified and any actions taken to address them.
6. Follow up on any issues: If any issues are identified during the equipment check, follow up promptly. This may involve scheduling repairs or maintenance or replacing the equipment if necessary.

By conducting a comprehensive equipment check, anesthesia providers can ensure that all equipment is functioning correctly and safely, which can help to prevent accidents, reduce downtime, and improve the quality of patient care**.**

4. Protect patients from iatrogenic complications.

Iatrogenic complications are unintended adverse effects that result from medical treatment or procedures. As anesthesia providers, we are responsible for protecting patients from these types of complications by following best practices and taking steps to minimize the risk of harm. Protecting patients from iatrogenic complications is demonstrated by:

1. Stay informed: Review the latest research and evidence-based practices in anesthesiology to ensure you provide the safest and most effective care possible.
2. Follow standard protocols: Follow established protocols and guidelines for procedures and treatments to minimize the risk of complications.
3. Use technology safely: Ensure that you are using technology safely and effectively, including electronic health records, medical devices, and equipment.
4. Communicate clearly: Communicate clearly and effectively with patients and their families to ensure that they understand their treatment options, potential risks, and benefits.
5. Monitor patients closely: Monitor patients during and after procedures and treatments to detect potential complications early and take appropriate action.
6. Document thoroughly: Document all procedures, treatments, and outcomes thoroughly to ensure accurate and complete records and help identify potential sources of complications.

   By taking these steps, anesthesia providers can help to protect patients from iatrogenic complications and provide the safest and most effective care possible.

PERIANESTHESIA

The graduate must demonstrate the ability to:

5. Provide individualized care throughout the perianesthesia continuum

Individualized care throughout the perianesthesia continuum is demonstrated by:

1. Assessing the patient: Conduct a comprehensive assessment of the patient's physical and psychological status before anesthesia. Review their medical history, current condition, allergies, and other relevant factors that may impact their response to anesthesia.
2. Developing a personalized care plan: Based on the assessment findings, develop an individualized care plan that addresses the patient's unique needs. This includes determining the appropriate type and dosage of anesthesia, planning for pain management, and considering any specific requirements or preferences of the patient.
3. Communicating with the patient: Engage in effective communication to ensure they understand the care plan, potential risks, and what to expect during each phase of the

perianesthesia continuum. Encourage them to ask questions and address any concerns they may have.

4. Implementing specialized interventions: During the preoperative, intraoperative, and postoperative phases, provide interventions tailored to the patient's needs. This involves monitoring vital signs, managing pain, ensuring proper positioning, administering medications, and addressing any emerging issues promptly.
5. Adapting to changes: Remain vigilant and adaptable throughout the perianesthesia continuum. Recognize and respond promptly to patient condition changes, adjusting the care plan and interventions accordingly.
6. Providing emotional support: Recognize the emotional needs of the patient and their family members, offering reassurance and support throughout the perianesthesia process.
7. Evaluating outcomes: Assess the patient's response to anesthesia and their overall outcome. Evaluate the effectiveness of the care provided and make any necessary adjustments for future patient care.

By demonstrating these skills and abilities, you can provide individualized care throughout the perianesthesia continuum, optimizing patient safety, comfort, and recovery.

6. Deliver culturally competent perianesthesia care

Delivering culturally competent perianesthesia care involves providing care that is respectful of and responsive to the cultural beliefs, values, and practices of the patient and their family. This helps ensure that the patient receives effective, appropriate care and is aligned with their cultural beliefs and practices. Culturally competent perianesthesia care is demonstrated by:

1. Understanding cultural diversity: Develop an understanding of cultural diversity and its impact on healthcare. Recognize that cultural differences can influence health beliefs, attitudes, and behaviors, and impact how patients receive and respond to care.
2. Conducting a cultural assessment: Conduct a cultural assessment to identify the patient's cultural beliefs, values, and practices. This helps inform the care plan and interventions tailored to the patient's cultural needs.
3. Developing a culturally sensitive care plan: Develop a culturally sensitive care plan that respects the patient's cultural beliefs and practices. This may include incorporating traditional healing practices, adjusting dietary preferences, and accommodating language and communication needs.
4. Using interpreters and translators: Use interpreters and translators as needed to facilitate communication with patients and their families with limited English proficiency.
5. Building trust and rapport: Build trust and rapport with patients and their families by demonstrating cultural humility, respecting their values and beliefs, and addressing any concerns or questions.
6. Providing education: Provide culturally appropriate education to the patient and their family about the perianesthesia process, including any cultural practices that may be relevant to the care plan.

7. Evaluating outcomes: Evaluate the outcomes of care and assess whether the care provided was culturally appropriate and effective. Make any necessary adjustments to the care plan for future patient care.

By demonstrating these skills and abilities, you can show that you are capable of delivering culturally competent perianesthesia care, promoting patient-centered care that is respectful and responsive to the cultural needs of patients and their families.

7. Provide anesthesia services to all patients across the lifespan

Providing anesthesia services to patients across the lifespan requires expertise in delivering safe and effective anesthesia care to individuals of various ages, from infants to the elderly. This is demonstrated by:

1. Understanding developmental considerations: Gain knowledge and understanding of the physiological and psychological differences that occur at different stages of life. Recognize the unique challenges and concerns associated with providing anesthesia to infants, children, adolescents, adults, and older adults.
2. Performing age-specific assessments: Conduct thorough assessments that are tailored to the patient's age group. Consider factors such as medical history, developmental stage, cognitive abilities, and potential comorbidities that may impact anesthesia management.
3. Selecting appropriate anesthesia techniques: Choose proper anesthesia techniques based on the patient's age, medical condition, surgical procedure, and individual needs. This may include general anesthesia, regional anesthesia, or monitored anesthesia care.
4. Adjusting medication dosages: Adjust medication dosages based on age-specific considerations such as body weight, organ function, and pharmacokinetics/pharmacodynamics. Consider age-related changes in drug metabolism and clearance.
5. Implementing pediatric-specific techniques: When providing anesthesia to pediatric patients, utilize age-appropriate techniques to help alleviate anxiety, ensure effective pain management, and provide family-centered care. This may involve distraction techniques, preoperative tours, and parental involvement.
6. Managing perioperative complications: Be prepared to manage age-specific complications that may arise during the perioperative period. Understand the unique risks associated with each age group and have the knowledge and skills to address them promptly and effectively.
7. Communicating effectively: Communicate clearly and compassionately with patients and their families across different age groups. Provide information, address concerns, and establish trust and rapport.
8. Continuous professional development: Stay updated with the latest advancements, research, evidence-based practice, and guidelines related to anesthesia care across the lifespan. Participate in continuing education opportunities to enhance your knowledge and skills.

By demonstrating competence in providing anesthesia services to patients across the lifespan, you can ensure safe and quality care for individuals of all ages who require anesthesia for surgical and medical procedures.

8. Perform a comprehensive history and physical assessment

Performing a comprehensive history and physical assessment is a critical skill for nurse anesthetists. Comprehensive history and physical assessment are demonstrated by:

Gathering information about the patient's medical history, current symptoms, and psychosocial factors that may impact their health. Additionally, it includes a detailed examination of the body using different assessment techniques.

During a comprehensive assessment, anesthesia providers use inspection, palpation, percussion, and auscultation to assess the patient's body and functions. These techniques help identify physical abnormalities, abnormalities in organ systems, and any other signs of illness.

During a comprehensive assessment, healthcare providers use inspection, palpation, percussion, and auscultation to assess the patient's body and its functions. These techniques help identify physical abnormalities, abnormalities in organ systems, and any other signs of illness. In addition to these basic assessment techniques, advanced assessment techniques such as laboratory tests, radiological studies, and diagnostic procedures like chest X-rays, 12-lead ECGs, or point-of-care ultrasounds may be utilized when appropriate.

Concerns about cultural and developmental variations as they play an essential role in a comprehensive assessment. Anesthesia providers must consider the patient's cultural background, beliefs, practices, and developmental stage to provide culturally sensitive and age-appropriate care.

The information gathered during a comprehensive history and physical assessment serves several purposes. It helps anesthesia providers establish a differential diagnosis, a list of potential conditions that could explain the patient's signs and symptoms. By considering assessment data, healthcare providers can formulate an effective and appropriate plan of care tailored to the patient's individual needs.

It is crucial to emphasize specific anesthesia-related assessments during their practical experience. This may include focused assessments of vital signs, airway evaluation, cardiovascular function, and other parameters relevant to anesthesia administration and patient safety.

Performing a comprehensive history and physical assessment is critical for nurse anesthetists. Nurse anesthetists can ensure that patients receive safe and effective anesthesia care by gathering information about the patient's medical history, performing a thorough physical examination, assessing comorbidities and mental status, and evaluating the patient's risk for anesthesia-related complications.

9. Administer general anesthesia to patients with a variety of physical conditions.

Administering general anesthesia to patients with a variety of physical conditions requires expertise in assessing the patient's medical history, physical examination findings, and laboratory results and understanding the implications of the patient's comorbidities on anesthesia management. Administration of general anesthesia to patients with a variety of physical conditions is demonstrated by:

1. Conducting a comprehensive preoperative assessment: Perform a thorough evaluation of the patient's medical history, including any previous anesthesia experiences, and review the results of any relevant diagnostic tests. Perform a physical examination to assess the patient's airway, cardiovascular, respiratory, and other systems as needed.
2. Understanding comorbidities: Gain knowledge and understanding of common comorbidities that may impact anesthesia management, such as cardiovascular disease, respiratory disease, liver disease, renal disease, and endocrine disorders. Understand the potential effects of medications that the patient may be taking, and how they may interact with anesthesia medications.
3. Selecting appropriate anesthetic agents: Choose appropriate anesthetic agents based on the patient's medical condition, surgical procedure, and individual needs. Consider factors such as the patient's age, weight, comorbidities, and potential allergies or adverse reactions to specific medications.
4. Monitoring vital signs: Monitor the patient's vital signs closely throughout the procedure, including blood pressure, heart rate, respiratory rate, and oxygen saturation levels. Adjust anesthesia medications as needed to maintain hemodynamic stability and ensure adequate anesthesia depth.
5. Managing perioperative complications: Be prepared to manage potential perioperative complications that may arise, such as hypotension, bradycardia, bronchospasm, and postoperative nausea and vomiting. Have a plan in place to address each complication promptly and effectively.
6. Communicating effectively: Communicate clearly and compassionately with the patient and their family, providing information and addressing any concerns or questions they may have about the anesthesia process.
7. Continuous professional development: Stay updated with the latest advancements, research, evidence-based practice, and guidelines related to general anesthesia management in patients with various physical conditions. Participate in continuing education opportunities and Journal Clubs to enhance your knowledge and skills.

By demonstrating competence in administering general anesthesia to patients with a variety of physical conditions, you can ensure safe and quality care for patients who require anesthesia for surgical and medical procedures while minimizing the risk of adverse events and complications.

10. Administer general anesthesia for a variety of surgical and medically related procedures.

Administering general anesthesia for various surgical and medically related procedures requires expertise in assessing the patient's medical history, physical examination findings, and laboratory results and understanding the implications of the surgical or medical condition on anesthesia management. Administration of general anesthesia for a variety of surgical and medically related procedures is demonstrated by:

1. Understanding the surgical or medical condition: Gain knowledge and understanding of the surgical or medical condition for which the patient requires anesthesia. This includes understanding the anatomy and physiology of the relevant systems and any potential complications associated with the condition or procedure.
2. Conducting a comprehensive preoperative assessment: Perform a thorough evaluation of the patient's medical history, including any previous anesthesia experiences, and review the results of any relevant diagnostic tests. Perform a physical examination to assess the patient's airway, cardiovascular, respiratory, and other systems as needed.
3. Selecting appropriate anesthetic agents: Choose appropriate anesthetic agents based on the patient's medical condition, surgical or medical procedure, and individual needs. Consider factors such as the patient's age, weight, comorbidities, and potential allergies or adverse reactions to specific medications.
4. Monitoring vital signs: Monitor the patient's vital signs closely throughout the procedure, including blood pressure, heart rate, respiratory rate, and oxygen saturation levels. Adjust anesthesia medications as needed to maintain hemodynamic stability and ensure adequate anesthesia depth.
5. Managing perioperative complications: Be prepared to manage potential perioperative complications that may arise, such as hypotension, bradycardia, bronchospasm, and postoperative nausea and vomiting. Have a plan in place to address each complication promptly and effectively.
6. Communicating effectively: Communicate clearly and compassionately with the patient and their family, providing information and addressing any concerns or questions they may have about the anesthesia process.
7. Continuous professional development: Stay updated with the latest advancements, research, and guidelines related to general anesthesia management for various surgical and medical conditions. Participate in continuing education opportunities to enhance your knowledge and skills.

By demonstrating competence in administering general anesthesia for various surgical and medically related procedures, you can ensure safe and quality care for patients who require anesthesia while minimizing the risk of adverse events and complications.

11. Administer and manage a variety of regional anesthetics.

Administering and managing a variety of regional anesthetics requires expertise in assessing the patient's suitability for regional anesthesia, selecting the appropriate technique, and providing

safe and effective pain management. The ability to administer and manage a variety of regional anesthetics is demonstrated by:

1. Assessing patient suitability: Conduct a thorough assessment of the patient's medical history, physical examination findings, and relevant diagnostic tests to determine their suitability for regional anesthesia. Evaluate factors such as coagulation status, anatomical considerations, and patient preference.
2. Selecting the appropriate technique: Choose the appropriate regional anesthesia technique based on the surgical or procedural requirements and the patient's individual needs. This may include techniques such as peripheral nerve blocks, epidural anesthesia, spinal anesthesia, or combined techniques.
3. Obtaining informed consent: Engage in effective communication with the patient, explaining the benefits, risks, and potential complications of regional anesthesia. Obtain the patient's informed consent prior to the procedure.
4. Performing the procedure: Administer the regional anesthetic technique according to established protocols and guidelines. Ensure proper positioning of the patient and utilize aseptic techniques during the procedure to minimize the risk of infection.
5. Monitoring and managing anesthesia: Monitor the patient's vital signs, oxygen saturation, and level of sedation during the procedure. Adjust the anesthesia level and provide appropriate interventions to maintain patient comfort and safety.
6. Managing perioperative complications: Be prepared to manage potential complications associated with regional anesthesia, such as systemic toxicity, nerve injury, hematoma formation, or local anesthetic systemic toxicity (LAST). Have a plan in place to address each complication promptly and effectively.
7. Providing postoperative pain management: Implement a comprehensive postoperative pain management plan, including using analgesics and adjuvant medications appropriately. Monitor the patient's pain levels and adjust the pain management regimen as needed.
8. Continuous professional development: Stay updated with the latest advancements, research, and guidelines related to regional anesthesia techniques and their management. Participate in continuing education opportunities to enhance your knowledge and skills.

By demonstrating competence in administering and managing a variety of regional anesthetics, you can ensure safe and effective pain control for patients undergoing various surgical and procedural interventions, contributing to their comfort and overall positive perioperative experience.

12. Maintain current certification in ACLS and PALS.

As a nurse anesthetist student, maintaining current certification in Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS) is critical to ensuring patient safety and providing high-quality care in emergencies.

ACLS certification teaches healthcare providers the skills to recognize and respond to cardiac arrest, stroke, and other life-threatening medical emergencies. PALS certification, on the other hand, focuses on recognizing and managing pediatric medical emergencies.

As a graduate, you can demonstrate your commitment to patient safety and high-quality care by maintaining current certification in both ACLS and PALS.

This includes:

Completing the required training: Attend and successfully complete the required ACLS and PALS training courses, including didactic and hands-on skills practice sessions throughout the program.

Renewing your certification: Maintain your certification by completing the required continuing education credits and renewing your certification before it expires. This ensures you remain current with the latest guidelines and protocols for responding to medical emergencies.

CRITICAL THINKING

The graduate must demonstrate the ability to:

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

The ability to apply knowledge to practice in decision-making and problem-solving is critical to providing high-quality patient care. As a nurse anesthetist, you can demonstrate your ability to apply knowledge to practice by:

1. Staying up-to-date: Stay current with the latest research, evidence-based guidelines, and best practices in your anesthesiology. This includes attending continuing conferences, reading professional journals, and participating in professional organizations.
2. Analyzing and interpreting data: Analyze and interpret patient data, including lab results, imaging studies, and other diagnostic tests. Use critical thinking skills to identify patterns, trends, and potential issues affecting patient care.
3. Collaborating with the healthcare team: Work collaboratively with other members of the healthcare team, including physicians, nurses, and other support staff. Share information, ask questions, and engage in open communication to ensure all team members have the information they need to make informed decisions.
4. Considering patient preferences and values: Consider patient preferences and values when making decisions about care. Involve patients in decision-making whenever possible and ensure that their preferences and values are respected and addressed.
5. Applying evidence-based practice: Apply evidence-based practice to decision making and problem-solving. Use the best available evidence to guide clinical decision-making

and ensure that all interventions and treatments are based on current research and best practices.
6. Seeking guidance when necessary: Seek guidance and support from more experienced colleagues or supervisors when faced with complex or challenging situations. Don't be afraid to ask for help or seek a second opinion when needed.

By applying knowledge to practice in decision making and problem solving, you can ensure that patients receive individualized, high-quality care that is based on the best available evidence and guided by patient preferences and values.

14. Provide nurse anesthesia services based on evidence-based principles.

As a nurse anesthetist, providing anesthesia services based on evidence-based principles is essential to ensuring safe and effective patient care. Applying evidence-based principles to your practice is demonstrated by:

1. Stay up-to-date with the latest research: Stay informed of the latest research and advancements in anesthesia practice. Attend conferences, read peer-reviewed journals, and stay connected with colleagues in the field to stay up-to-date with the latest advancements.
2. Use evidence-based guidelines and protocols: Use evidence-based guidelines and protocols to guide your practice. Many professional organizations publish guidelines that are based on the best available evidence. Use these guidelines to inform your practice and ensure that you are providing the highest quality of care.
3. Incorporate patient preferences: Incorporate patient preferences into your practice. Evidence-based practice is not just about following guidelines and protocols, but also taking into consideration the individual patient's values and preferences. Ensure that you are providing care that is tailored to each patient's unique needs.
4. Utilize technology and monitoring equipment: Utilize technology and monitoring equipment to improve patient safety and outcomes. Modern anesthesia machines and monitoring equipment can provide real-time information about patient vital signs and help you to identify potential issues before they become more serious.
5. Participate in quality improvement initiatives: Participate in quality improvement initiatives to continuously improve patient outcomes. By analyzing data and making evidence-based changes to your practice, you can help ensure that your patients receive the best possible care.

By providing nurse anesthesia services based on evidence-based principles, you can ensure that you are providing safe and effective care that is tailored to each individual patient's needs and preferences. This can help to improve patient outcomes, reduce the risk of complications, and enhance overall patient satisfaction.

15. Perform a preanesthetic assessment before providing anesthesia services.

Performing a pre-anesthetic assessment is critical in providing safe and effective anesthesia services. Key components to include in your pre-anesthetic assessment:

1. Patient history: Obtain a thorough patient history, including any medical conditions, allergies, and previous surgeries or anesthesia experiences. This information can help you to identify potential risk factors and determine the appropriate anesthesia plan.
2. Physical examination: Conduct a physical examination, including a focused airway examination, to identify any potential issues that may affect the administration of anesthesia.
3. Diagnostic tests: Order any necessary diagnostic tests, such as blood work, electrocardiogram, or imaging studies, to further evaluate the patient's health status.
4. Medications: Review the patient's medication history and current medications to identify any potential drug interactions or contraindications.
5. Informed consent: Discuss the anesthesia plan and potential risks and benefits with the patient, and obtain informed consent before administering anesthesia.
6. Anesthesia plan: Develop an individualized anesthesia plan based on the patient's medical history, physical examination, and diagnostic tests.

By performing a thorough pre-anesthetic assessment, you can identify potential risk factors and develop a safe and effective anesthesia plan tailored to each patient's unique needs. This can help to reduce the risk of complications, improve patient outcomes, and enhance overall patient satisfaction.

16. Assume responsibility and accountability for diagnosis.

As a nurse anesthetist, you are responsible for assessing the patient's health status and identifying potential risk factors that may impact the administration of anesthesia. It is important to thoroughly understand the patient's medical history, physical examination findings, and diagnostic test results to develop a safe and effective anesthesia plan. In addition, you are responsible for monitoring the patient's vital signs and response to anesthesia during the procedure and making adjustments as needed to ensure the patient's safety and comfort. You must also recognize and respond appropriately to any potential complications that may arise during the administration of anesthesia. As a nurse anesthetist, it is important to work collaboratively with other healthcare providers to ensure that the patient receives the highest quality of care. This includes communicating effectively with the healthcare team, providing timely and accurate documentation, and seeking assistance when necessary.

17. Formulate an anesthesia plan of care before providing anesthesia services.

Formulating an anesthesia care plan is essential in providing safe and effective anesthesia services. Key components to consider when developing an anesthesia plan of care:

1. Patient factors: Consider the patient's medical history, physical examination findings, and diagnostic test results when developing an anesthesia plan of care. This includes identifying any potential risk factors that may impact the administration of anesthesia.
2. Anesthesia technique: Choose the appropriate anesthesia technique based on the patient's medical history, physical examination findings, and diagnostic test results. This may include general anesthesia, regional anesthesia, or a combination of both.
3. Medications: Select the appropriate medications and dosages based on the patient's medical history, physical examination findings, and diagnostic test results. This includes anesthesia agents, analgesics, and adjunctive medications.
4. Monitoring: Determine the appropriate monitoring equipment and techniques based on the patient's medical history, physical examination findings, and diagnostic test results. This includes continuous monitoring of the patient's vital signs, such as heart rate, blood pressure, and oxygen saturation.
5. Contingency planning: Develop contingency plans for potential complications that may arise during the administration of anesthesia. This includes identifying possible interventions and the appropriate healthcare team members to contact if necessary.

By formulating an anesthesia plan of care, you can ensure that you are providing safe and effective anesthesia services that are tailored to each patient's unique needs. It is important to review and update the anesthesia plan of care as needed throughout the procedure to ensure that the patient's needs are being met and any potential complications are being addressed.

18. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.

As a nurse anesthetist, it is important to be vigilant in monitoring the anesthesia equipment during the administration of anesthesia. If you notice any malfunctions or issues with the equipment, it is important to take appropriate action to ensure the safety of the patient. If you encounter an equipment-related malfunction:

1. Stay calm and assess the situation: Assess the situation and determine the severity of the problem.
2. Notify the healthcare team: If the malfunction is serious, notify the healthcare team immediately. This includes the surgeon, anesthesia tech, and other relevant healthcare professionals.
3. Address the problem: If the malfunction is minor, try to address the problem yourself. This may involve troubleshooting the equipment or switching to a backup system.
4. Implement contingency plans: If the malfunction cannot be addressed quickly, implement the appropriate contingency plans. This may include switching to an alternative anesthesia technique or equipment or postponing the procedure until the issue can be resolved.
5. Document the incident: It is important to document any equipment-related malfunctions in the patient's medical record. This includes a description of the problem, the actions taken to address the problem, and any relevant communication with the healthcare team.

By identifying and taking appropriate action when confronted with anesthesia equipment-related malfunctions, you can ensure the safety of the patient and provide high-quality anesthesia services. It is also important to stay up-to-date with the latest equipment and technology and to receive regular training on troubleshooting and maintenance**.**

19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.

As a nurse anesthetist, it is important to be able to interpret and utilize data obtained from both noninvasive and invasive monitoring modalities to assess the patient's status and adjust anesthesia accordingly. Here are some examples of monitoring modalities that you may encounter:

1. Noninvasive monitoring modalities: These include electrocardiogram (ECG) for heart rate and rhythm, pulse oximetry for oxygen saturation, noninvasive blood pressure (NIBP) monitoring for blood pressure, capnography for end-tidal carbon dioxide (ETCO2) measurement and end-tidal gas analysis for inhalation agents and oxygen.
2. Invasive monitoring modalities: These include an arterial line for continuous blood pressure monitoring, central venous catheter for central venous pressure (CVP) monitoring and fluid administration, pulmonary artery catheter for cardiac output and pulmonary artery pressure monitoring, and transesophageal echocardiography (TEE) for cardiac function assessment.

To interpret and utilize data obtained from these monitoring modalities, you will need to understand the normal ranges for each parameter and the clinical implications of abnormal readings. For example, if the patient's blood pressure drops below the normal range, you may need to adjust the anesthesia to maintain adequate blood pressure and perfusion to vital organs. It is important to continuously monitor the patient's vital signs and other parameters throughout the procedure and document any changes or interventions in the patient's medical record. In addition, you should communicate any significant changes to the healthcare team and collaborate with them to adjust the anesthesia plan as needed.

By interpreting and utilizing data obtained from monitoring modalities, you can help ensure the safety and well-being of the patient during anesthesia and promote positive outcomes.

20. Calculate, initiate, and manage fluid and blood component therapy.

As a nurse anesthetist, calculating, initiating, and managing fluid and blood component therapy is important to providing safe and effective anesthesia care. Calculate, initiate, and manage fluid and blood component therapy is demonstrated by:

Calculation: You will need to calculate the patient's estimated blood volume, fluid deficits, and ongoing fluid requirements based on factors such as body weight, age, and medical history. You may use clinical assessment tools, such as the Parkland formula for fluid resuscitation in burn patients, or guidelines from professional organizations, such as the American Society of Anesthesiologists (ASA), to help guide your calculations.

Initiation: Once you have calculated the patient's fluid and blood component needs, you will need to initiate therapy by selecting appropriate fluids and/or blood products and administering them via intravenous (IV) infusion. Common fluids used in anesthesia include crystalloids (such as normal saline or lactated Ringer's solution) and colloids (such as albumin). Blood products may include packed red blood cells, fresh frozen plasma, platelets, or cryoprecipitate.

Management: Once fluid and/or blood component therapy has been initiated, you will need to monitor the patient's response and adjust the therapy as needed. For example, if the patient develops signs of hypovolemia (such as low blood pressure or tachycardia), you may need to increase fluid administration. Conversely, if the patient develops signs of fluid overload (such as pulmonary edema or elevated central venous pressure), you may need to decrease fluid administration or use diuretics.

It is important to continuously monitor the patient's vital signs and other parameters during fluid and/or blood component therapy and to document the therapy and the patient's response in the medical record. In addition, you should communicate any significant changes or concerns to the healthcare team and collaborate with them to adjust the therapy as needed.

Calculating, initiating, and managing fluid and blood component therapy can help ensure adequate perfusion and oxygenation to vital organs and tissues during anesthesia, reduce the risk of complications such as hypovolemia or fluid overload, and promote positive outcomes for the patient.

21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.

As a nurse anesthetist, recognizing, evaluating, and managing physiological responses coincident with the provision of anesthesia services is critical for ensuring patient safety and positive outcomes. Here are key considerations:

1. Recognition: You must be able to recognize changes in the patient's vital signs, as well as signs and symptoms of physiological responses to anesthesia, such as changes in respiratory rate, heart rate, blood pressure, and oxygen saturation. Additionally, you should be aware of potential side effects and complications of anesthesia, such as airway obstruction, hypoventilation, hypotension, or allergic reactions.
2. Evaluation: You must be able to evaluate the significance of any changes in the patient's vital signs or physiological responses to anesthesia. This may involve reviewing the patient's medical history, medications, and other factors that may affect their response to anesthesia. Additionally, you may need to order and interpret diagnostic tests, such as arterial blood gas analysis, electrocardiography, or echocardiography, to evaluate the patient's cardiovascular and respiratory function.
3. Management: Based on your recognition and evaluation of the patient's physiological responses to anesthesia, you must be able to manage these responses appropriately. This may involve interventions such as adjusting the depth or rate of anesthesia, administering medications to control blood pressure or heart rate, or providing airway support.

Additionally, you must be prepared to respond to emergencies or complications that may arise, such as cardiac arrest or anaphylaxis.

It is important to document your recognition, evaluation, and management of physiological responses to anesthesia in the patient's medical record, including any interventions, medications, or other measures taken. You should also communicate any significant changes or concerns to the healthcare team and collaborate with them to adjust the anesthesia plan or provide additional support as needed.
By recognizing, evaluating, and managing physiological responses coincident to the provision of anesthesia services, you can help ensure patient safety and positive outcomes, and provide high-quality anesthesia care.

22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.

As a nurse anesthetist, it is crucial to recognize and appropriately manage complications that may arise during anesthesia services to ensure patient safety and positive outcomes. Here are key considerations:

Recognition: You must be able to recognize potential complications that may occur during the provision of anesthesia services, such as airway obstruction, hypoventilation, hypotension, or allergic reactions. You should also be aware of signs and symptoms of other complications, such as cardiac arrhythmias, pulmonary edema, or aspiration.
Evaluation: Once a complication has been recognized, you must evaluate the severity and significance of the complication, taking into account the patient's medical history, medications, and other factors that may affect their response to anesthesia. This may involve ordering and interpreting diagnostic tests, such as laboratory tests, imaging studies, or electrocardiography.
Management: Based on your recognition and evaluation of the complication, you must be able to manage it appropriately. This may involve interventions such as adjusting the depth or rate of anesthesia, administering medications to control blood pressure or heart rate, or providing airway support. You may also need to collaborate with other healthcare team members, such as surgeons or intensivists, to manage the complication.
Documentation: It is important to document any complications that occur during the provision of anesthesia services in the patient's medical record, including the severity of the complication, any interventions or treatments provided, and the patient's response to these interventions.
Communication: You should communicate any significant complications or concerns to the healthcare team, including the surgeon, the anesthesia team, and any other relevant providers. Collaborating with the team can help ensure that the patient receives appropriate care and that potential complications are addressed in a timely manner.
By recognizing and appropriately managing complications that may occur during the provision of anesthesia services, you can help ensure patient safety and positive outcomes and provide high-quality anesthesia care.

23. Use science-based theories and concepts to analyze new practice approaches.

As a nurse anesthetist, using science-based theories and concepts to analyze new practice approaches is essential for providing safe and effective patient care. Here are key considerations:

1. Stay current with the latest research: As healthcare is an ever-evolving field, it's essential to stay up-to-date with the latest research and best practices. Reading peer-reviewed articles, attending conferences, and participating in continuing education courses can help you stay current with the latest advancements in anesthesia practice.
2. Evaluate new approaches based on scientific evidence: When considering new practice approaches, it's important to evaluate them based on scientific evidence. You should analyze the evidence and consider the strengths and weaknesses of each approach before implementing any changes to your practice.
3. Consider the patient's individual needs: When evaluating new approaches, you should consider the patient's individual needs. Different approaches may be more appropriate for different patients, depending on factors such as their medical history, age, and overall health.
4. Collaborate with other healthcare professionals: Collaboration with other healthcare professionals, including physicians, nurses, and pharmacists, can help you evaluate new approaches from multiple perspectives. This can lead to a more comprehensive evaluation of the approach and ultimately, better patient care.

By using science-based theories and concepts to analyze new practice approaches, you can ensure that any changes you make to your practice are evidence-based and appropriate for your patients. This can help you provide safe and effective anesthesia services and improve patient outcomes.

24. Pass the National Certification Examination (NCE) administered by the NBCRNA.

To become a certified registered nurse anesthetist (CRNA), you must pass the National Certification Examination (NCE) administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). Here are the steps involved in taking and passing the NCE:

1. Meet eligibility requirements: To be eligible to take the NCE, you must have a current and unrestricted registered nurse (RN) license, a graduate degree from an accredited nurse anesthesia program, current ACLS, PALS, have completed a minimum of 2,000 clinical hours in anesthesia practice and 600 cases. Of the 600 cases, specialty cases and specific techniques must be met.
2. Register for the exam: Once you have met the eligibility requirements, you can register for the NCE through the NBCRNA website. You will need to pay an exam fee and select a testing date and location.
3. Prepare for the exam: Preparing for the NCE is an important part of passing the exam. This may include reviewing anesthesia principles and procedures, taking practice exams, and studying test-taking strategies.

4. Take the exam: On the day of the exam, arrive at the testing center on time and bring the required identification and other materials. The NCE is a computer-based exam that includes up to 170 multiple-choice questions and is administered over 3 hours.
5. Receive exam results: After taking the exam, you will receive your pass or fail results. If you pass the exam, you will be awarded the CRNA credential.

Passing the NCE is an important step in becoming a certified registered nurse anesthetist. It is important to prepare thoroughly for the exam and to remain calm and focused during the testing process. If you do not pass the exam on your first attempt, you will be allowed to retake the exam.

COMMUNICATION

The graduate must demonstrate the ability to:

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

As a nurse anesthetist, it is essential to have strong interpersonal and communication skills to effectively collaborate with patients and their families. Here are key skills and strategies:
Active listening: Listening carefully to patients and their families is essential to understanding their concerns, fears, and expectations. This involves actively listening, asking clarifying questions, and acknowledging their emotions.
Empathy: Demonstrating empathy is critical to building trust and establishing a positive rapport with patients and their families. This means recognizing and understanding their emotions and experiences, and responding with sensitivity and compassion.
Clear communication: Communication must be clear, concise, and jargon-free to ensure that patients and their families understand the information being conveyed. This includes using appropriate language, avoiding medical terminology, and providing written information as needed.
Collaboration: Collaboration involves working closely with other healthcare professionals to ensure the best possible outcomes for the patient. This requires effective communication and a willingness to work as part of a team.
Cultural competence: Understanding and respecting cultural differences is essential to providing culturally competent care. This involves recognizing and valuing different beliefs, values, and customs, and adapting care accordingly.
Patient education: Educating patients and their families about the anesthesia process, potential risks and complications, and postoperative care is essential to ensuring their safety and well-being. This involves providing clear and accurate information, answering questions, and addressing concerns.
By utilizing strong interpersonal and communication skills, nurse anesthetists can build positive relationships with patients and their families, establish trust, and provide high-quality care.

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

Effective communication and collaboration with other healthcare professionals are critical for providing high-quality patient care as a nurse anesthetist. Here are key skills to help you achieve this:

Active listening: When collaborating with other healthcare professionals, listening actively to their input and concerns is essential. This means giving your full attention to the person speaking, asking clarifying questions, and acknowledging their perspective.

Clear communication: It is important to communicate clearly and concisely when exchanging information with other healthcare professionals. This may involve using standardized language or terminology, providing relevant details and context, and summarizing key points.

Respectful interactions: Interprofessional collaboration requires mutual respect and professionalism. It is important to treat other healthcare professionals with respect, even when you disagree with their opinion or approach.

Collaborative problem-solving: Collaborating with other healthcare professionals can be invaluable when facing complex or challenging patient cases. This may involve working together to develop a treatment plan or sharing expertise and resources to provide the best possible care for the patient.

Documentation and follow-up: Effective communication with other healthcare professionals also involves documentation and follow-up. This may involve documenting discussions and decisions in the patient's medical record, providing updates to the healthcare team as needed, and following up on any outstanding issues or concerns.

By utilizing interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals, you can help ensure that patients receive the best possible care and achieve positive outcomes.

27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.

As a nurse anesthetist, respecting the dignity and privacy of patients is essential for providing quality care. Here are key considerations:

Dignity: You must treat every patient with respect and maintain their dignity at all times. This means avoiding discriminatory behavior, providing care in a manner that is sensitive to their

cultural, religious, and personal beliefs, and ensuring that they are involved in their care and decision-making process.

Privacy: You must protect the privacy of patients and their personal health information in accordance with legal and ethical standards. This includes obtaining their consent before sharing their information with other healthcare professionals, ensuring that their medical records are kept secure and confidential, and avoiding discussing their medical conditions or personal information in public areas.

Confidentiality: You must maintain the confidentiality of patient information, including medical history, test results, and treatment plans. This means not discussing patient information with individuals not involved in their care, ensuring that electronic devices containing patient information are secure and password-protected, and following institutional policies and procedures for handling and sharing patient information.

Collaboration: You must work collaboratively with other healthcare professionals to ensure patients receive comprehensive and coordinated care. This means communicating effectively with other healthcare team members, sharing information relevant to the patient's care, and respecting the roles and responsibilities of other professionals involved in their care.

By respecting the dignity and privacy of patients and maintaining confidentiality in the delivery of interprofessional care, you can build trust with patients and their families, promote a culture of safety and respect in healthcare settings, and provide high-quality care that is responsive to the needs and preferences of patients.

28. Maintain comprehensive, timely, accurate, and legible healthcare records

Anesthesia Students are expected to consistently uphold the standards of maintaining comprehensive, timely, accurate, and legible healthcare records. This includes accurately documenting patient information, treatment plans, and any pertinent medical details thoroughly and organized. By doing so, students ensure that healthcare records are complete, up-to-date, free from errors, and easily legible for effective communication and continuity of care. This commitment to maintaining high-quality healthcare records is essential for patient safety, effective decision-making, and adherence to regulatory requirements.

29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.

Transferring the responsibility for the care of the patient is an essential aspect of anesthesia delivery that must be performed in a manner that ensures continuity of care and patient safety. Here are key considerations for transferring care:

Communication: Effective communication is critical when transferring care. The transferring anesthesia provider should provide a comprehensive report that includes the patient's current condition, medical history, and any treatments or medications administered. The receiving provider should be able to ask questions and seek clarification as needed.

Documentation: The transferring provider should document all relevant information in the patient's medical record. This includes the transfer summary, the reason for the transfer, the patient's current condition, and all pertinent test results or treatment plans.

Patient Safety: The transferring provider should ensure that the patient is stable and safe for transfer. This may involve coordinating with other healthcare providers, arranging for appropriate transportation, and ensuring that the patient's needs are met during the transfer process.

Continuity of Care: The transferring provider should ensure that the receiving provider has all of the necessary information and resources to continue the patient's care without interruption. This may involve providing contact information, scheduling follow-up appointments, and ensuring that any necessary medications or treatments are available.

Follow-up: The transferring provider should follow up with the receiving provider to ensure that the patient's care is progressing as planned. Any concerns or issues should be addressed promptly and appropriately.

By following these considerations, the transferring provider can ensure that the patient receives safe and continuous care throughout the transfer process.

30. Teach others.

As a nurse anesthetist, you may have opportunities to teach others, including nursing students, other healthcare providers, and patients and their families. Here are some key considerations:

1. Understand your role as a teacher: As a nurse anesthetist, you have a responsibility to share your knowledge and expertise with others. This may involve teaching in formal settings, such as in a classroom or clinical setting, or informally through interactions with patients and colleagues.
2. Use effective teaching strategies: When teaching others, it is important to use strategies that are effective for the audience and content being taught. For example, if teaching a patient about pain management after surgery, you may use a combination of written materials, demonstrations, and verbal instructions.
3. Communicate clearly and effectively: To be an effective teacher, you must be able to communicate clearly and effectively. This includes using appropriate language and terminology, speaking clearly and at a proper pace, and using visual aids when appropriate.
4. Be patient and supportive: Teaching can be challenging, and not everyone learns at the same pace or in the same way. It is important to be patient and supportive of learners and to adapt your teaching style to meet their needs.

5. Assess learning and provide feedback: To ensure that your teaching is effective, you should assess the learner's understanding and provide feedback on their progress. This may involve asking questions, administering quizzes or tests, or observing the learner in a clinical setting.
6. Stay current with best practices: As a nurse anesthetist, it is important to stay current with best practices in anesthesia and teaching. This may involve attending continuing education courses or conferences, reading current literature, or collaborating with colleagues to share best practices.

By teaching others, you can help to improve the quality of care and outcomes for patients, as well as contribute to the development of the healthcare profession.

LEADERSHIP

The graduate must demonstrate the ability to:

31. Integrate critical and reflective thinking in his or her leadership approach.

Integrating critical and reflective thinking into one's leadership approach is essential for promoting effective decision-making, problem-solving, and innovation within a team or organization. It involves questioning assumptions, considering multiple perspectives, analyzing data and evidence, and continuously evaluating the outcomes of one's actions.
To integrate critical and reflective thinking into your leadership approach, you can:

1. Foster a culture of learning: Encourage team members to seek out new knowledge and skills, reflect on their experiences, and share their insights and ideas with others.
2. Ask probing questions: Encourage team members to question assumptions, consider different perspectives, and challenge the status quo. This helps to stimulate critical thinking and creative problem-solving.
3. Encourage feedback: Provide opportunities for team members to receive feedback on their work and encourage them to reflect on their strengths and weaknesses.
4. Analyze data and evidence: Encourage team members to gather and analyze data and evidence to inform their decision-making and problem-solving.
5. Encourage reflection: Encourage team members to reflect on their experiences and consider how they can improve their performance and achieve better outcomes.
6. Model reflective thinking: As a leader, model reflective thinking by openly discussing your own experiences, reflecting on your actions, and seeking feedback from others.

By integrating critical and reflective thinking into your leadership approach, you can help promote a culture of continuous learning and improvement within your team or organization, ultimately enhancing the quality of care and services provided.

32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

As a nurse anesthetist, providing leadership that facilitates intraprofessional and interprofessional collaboration is crucial to ensure safe and effective patient care. Here are key ways to achieve this:

1. Foster a collaborative culture: Encourage a culture of collaboration and teamwork within your anesthesia department or practice by setting an example of cooperation and respect. This includes valuing the input of others, actively listening to their perspectives, and working together to develop solutions to problems.
2. Establish clear communication channels: Create clear and open lines of communication with other healthcare professionals involved in the patient's care, such as surgeons, nurses, and other anesthesiologists. This may involve regular meetings, effective hand-offs, and clear documentation of patient care.
3. Promote knowledge sharing: Encourage the sharing of knowledge and expertise among team members, including other healthcare professionals and trainees. This may involve sharing research, best practices, or clinical experiences, as well as seeking feedback and input from others.
4. Facilitate collaboration across departments and specialties: Work to build relationships with other departments and specialties within your healthcare organization to facilitate collaboration across disciplines. This may involve participating in interdisciplinary committees, attending interdisciplinary rounds, or working on quality improvement projects together.
5. Advocate for teamwork and collaboration: Advocate for the importance of teamwork and collaboration in the delivery of patient care, and actively work to break down silos between departments and specialties. This may involve educating others about the benefits of collaboration, as well as modeling and promoting collaborative behavior.

By providing leadership that facilitates intraprofessional and interprofessional collaboration, nurse anesthetists can help improve patient outcomes and promote a culture of teamwork and respect within the healthcare setting.

PROFESSIONAL ROLE

The graduate must demonstrate the ability to:

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

Code of Ethics for CRNA

As a Certified Registered Nurse Anesthetist (CRNA), it is essential to adhere to the Code of Ethics established by the American Association of Nurse Anesthetists (AANA). The Code of Ethics outlines the professional values and ethical principles that guide the conduct and decision-making of CRNAs.
Some of the key principles outlined in the Code of Ethics include:

- Patient-centered care: The CRNA should prioritize the safety, comfort, and well-being of the patient and provide care that is tailored to the individual's needs and preferences.

- Professional competence: The CRNA should maintain current knowledge and skills and provide care that is consistent with current standards of practice and evidence-based guidelines.
- Confidentiality and privacy: The CRNA should protect the privacy and confidentiality of patient information and only share information with authorized individuals or for authorized purposes.
- Ethical decision-making: The CRNA should engage in ethical decision-making processes and consider the potential impact of their actions on the patient, healthcare team, and society as a whole.
- Collaboration and teamwork: The CRNA should collaborate effectively with other healthcare professionals and promote interprofessional teamwork to ensure the best possible patient outcomes.

By adhering to the Code of Ethics, the CRNA can promote ethical and professional behavior, uphold the integrity of the profession, and provide high-quality care to patients

34. Interact on a professional level with integrity.

As a nurse anesthetist, it is essential to interact with patients, colleagues, and other healthcare professionals on a professional level with integrity. This means conducting yourself in a manner that upholds ethical standards and promotes trust, respect, and honesty.
Key considerations for interacting on a professional level with integrity include:

- Maintaining professional boundaries: As an anesthesia provider, you must maintain appropriate professional boundaries with your patients, colleagues, and other healthcare professionals. This means avoiding dual relationships or conflicts of interest and refraining from engaging in any behavior that could be perceived as inappropriate or unethical.
- Respecting diversity and cultural differences: Patients and colleagues come from diverse backgrounds and have unique cultural beliefs and practices. It is essential to respect these differences and provide culturally competent care that is sensitive to the patient's values and preferences.
- Effective communication is critical for building trust and rapport with patients, colleagues, and other healthcare professionals. This includes active listening, using clear and concise language, and providing accurate and timely information.
- Maintaining confidentiality: Patients have a right to privacy and confidentiality. As a nurse anesthetist, you must protect their confidentiality by keeping strict privacy and security measures for patient information and only sharing information with authorized individuals.
- Upholding ethical standards: As a healthcare professional, you are expected to uphold ethical standards and conduct yourself in a manner that is consistent with the Code of Ethics for the Certified Registered Nurse Anesthetist. This includes adhering to autonomy, beneficence, non-maleficence, and justice principles.

By interacting professionally with integrity, you can build strong relationships with patients, colleagues, and other healthcare professionals, promote trust and respect, and provide high-quality anesthesia care.

35. Apply ethically sound decision-making processes.

As a Certified Registered Nurse Anesthetist (CRNA), it is essential to apply ethically sound decision-making processes in all aspects of practice. Here are key considerations:

1. Ethical principles: Familiarize yourself with the ethical principles that guide healthcare practice, such as autonomy, beneficence, non-maleficence, and justice. These principles should inform your decision-making when faced with ethical dilemmas.
2. Code of Ethics: Review and adhere to the Code of Ethics for the CRNA. This code outlines the professional values and ethical standards that CRNAs should uphold.
3. Patient-centered care: Make sure that your decision-making is centered around the best interests of your patients. Consider their values, beliefs, and preferences, and involve them in the decision-making process when possible.
4. Collaboration: Collaborate with other healthcare professionals and seek guidance from colleagues when faced with ethical dilemmas. This can help ensure that decisions are made collaboratively and ethically.
5. Professional development: Continue to educate yourself on ethical issues in healthcare and participate in ongoing professional development to enhance your ethical decision-making skills.

By applying ethically sound decision-making processes, you can help ensure that you provide high-quality, patient-centered care and uphold the ethical standards of the CRNA profession.

36. Function within legal and regulatory requirements.

As a certified registered nurse anesthetist, it is essential to function within legal and regulatory requirements to provide safe and high-quality care to patients. Here are key considerations:

1. Licensure: You must hold a valid license as a registered nurse in the state where you train.
2. Credentialing: You must obtain and maintain appropriate credentials from your training site, such as hospital boarding, to provide anesthesia services.
3. Scope of practice: You must practice within the scope of your education, and training and be aware of any restrictions or limitations on your practice set by state or federal law.
4. Compliance with regulations: You must comply with all applicable federal, state, and local laws and regulations, such as those related to controlled substances, medical waste, and patient privacy.
5. Documentation: You must maintain accurate and complete documentation of patient care in accordance with legal and regulatory requirements, including HIPAA regulations.
6. Professional liability insurance: The University of Akron supplies professional liability insurance to protect you in the event of a malpractice claim.

By functioning within legal and regulatory requirements, you can help ensure patient safety, maintain your professional credibility, and avoid legal and ethical issues that could threaten your ability to become a practicing certified registered nurse anesthetist.

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

Accepting responsibility and accountability for one's practice is an essential characteristic of a professional nurse anesthetist. It involves being responsible for the decisions and actions taken while providing anesthesia services, including ensuring patient safety, adhering to ethical principles, and following legal and regulatory requirements.
As a nurse anesthetist, you must be accountable for your practice and be willing to take responsibility for any errors or mistakes that may occur. You should clearly understand your scope of practice while training, as well as your limitations, and seek assistance or guidance from other healthcare professionals when necessary.
To demonstrate accountability, you should maintain accurate and complete documentation of the care provided to each patient. This includes documenting the anesthesia plan of care, any changes made during the procedure, and any complications or adverse events that may occur.
In addition, you should participate in ongoing education conferences and professional development to ensure you are up to date with the latest advancements and best practices in anesthesia care.

Accepting responsibility and accountability for your practice as a nurse anesthetist student is crucial for providing safe and effective anesthesia care and maintaining the trust and confidence of your patients, colleagues, and healthcare organizations.

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

As a nurse anesthetist, providing anesthesia services to patients in a cost-effective manner is an important aspect of practice. Here are key considerations:

1. Utilize resources efficiently: Be mindful of the resources you use, such as medications, supplies, and equipment. Use them in a manner that is appropriate and necessary to provide safe and effective anesthesia care. Avoid waste or overuse of resources that can increase costs without improving outcomes.
2. Consider alternative anesthesia techniques: Some anesthesia techniques may be more cost-effective than others. For example, regional anesthesia may be less expensive than general anesthesia for certain procedures. Consider the patient's needs and preferences and the procedure being performed when selecting the most appropriate anesthesia technique.
3. Monitor resource utilization: Be aware of the cost of your resources and monitor their utilization. Identify areas where you may be able to reduce costs without compromising patient care, such as through the use of less expensive medications or supplies.
4. Collaborate with the healthcare team: Work collaboratively with other members of the healthcare team, including surgeons, nurses, and administrators, to identify opportunities for cost savings and improved efficiency.

By cost-effectively providing anesthesia services, you can help to reduce healthcare costs and improve the overall value of healthcare services.

39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder

As a nurse anesthetist, knowing about wellness and substance use disorder in the anesthesia profession is essential. Substance use disorders among healthcare providers, including anesthesia professionals, can seriously affect patient safety and quality of care.

Therefore, student nurse anesthetists must complete education and training in wellness and substance use disorder. This includes topics covered, including stress management, self-care, and strategies for avoiding burnout. Additionally, instruction focuses on recognizing the signs and symptoms of substance use disorders and strategies for prevention and treatment.

By completing education and training in wellness and substance use disorder, nurse anesthetists can help ensure they provide safe and high-quality anesthesia care to their patients.

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

As a Certified Registered Nurse Anesthetist (CRNA), it is important to inform the public about your role and practice. Many people may not be familiar with the unique skills and expertise that CRNAs possess and the valuable contributions they make to healthcare.
To inform the public about your role and practice, you can:

1. Use social media: Social media platforms like Twitter, Facebook, and Instagram are great tools for connecting with the public and sharing information about your profession. You can use these platforms to share articles, research, and news about anesthesia and the CRNA profession.
2. Participate in community events: Community events such as health fairs or educational seminars can effectively reach a broad audience and provide information about your profession. You can also connect with local media outlets to share your expertise and provide interviews on anesthesia-related topics.
3. Speak with patients: When interacting with patients, take the time to explain your role and the anesthesia process in a clear and concise manner. This can help alleviate any concerns they may have and provide them with a better understanding of the importance of anesthesia care.
4. Collaborate with other healthcare providers: Collaborating with other healthcare providers can help to build awareness and understanding of the CRNA profession. By working together, you can educate other healthcare providers and the public about the critical role that CRNAs play in providing safe and effective anesthesia care.
5. Participate in professional organizations: Professional organizations such as the American Association of Nurse Anesthetists (AANA) offer opportunities to connect with other CRNAs, advocate for the profession, and provide resources for educating the public about the role and practice of CRNAs.

By taking these steps, you can help inform the public about the role and practice of CRNAs and increase awareness of their significant contributions to healthcare.

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

Healthcare financing and delivery are complex issues, and public policy-making strategies can significantly impact both. Here are ways in which public policy-making strategies can affect healthcare financing and delivery:

Healthcare funding: Public policymakers decide how much funding will be allocated to healthcare programs and services. This funding can come from various sources, such as taxes, insurance premiums, or government subsidies. Public policy-making strategies can affect how much funding is available for healthcare, which can affect the availability and quality of healthcare services.

Insurance coverage: Public policymakers can also influence the type and extent of insurance coverage available to individuals and families. This can include decisions about which services are covered, which providers are included in a network, and how much patients are required to pay out of pocket. Public policy-making strategies can impact the affordability and accessibility of healthcare for different populations.

Healthcare workforce: Public policymakers also have a role in shaping the healthcare workforce. This can include decisions about funding for training programs, licensure requirements, and scope of practice for healthcare professionals. Public policy-making strategies can affect the supply and distribution of healthcare workers, which can impact patient access to care.

Quality of care: Public policymakers can also influence the quality of healthcare services through regulatory policies, quality improvement initiatives, and patient safety regulations. Public policy-making strategies can help ensure that healthcare services are delivered safely, effectively, and efficiently.

It is important for anesthesia providers to understand how public policy-making strategies can impact healthcare financing and delivery, as this can inform advocacy efforts and help ensure that patient needs are met. Healthcare providers can also play a role in advocating for policies that support patient access to high-quality, affordable healthcare services.

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

Advocating for health policy change to improve patient care is essential for promoting high-quality healthcare delivery and ensuring patients receive the best possible care. Here are some strategies for advocating for health policy change to improve patient care:

1. Identify key issues – Nurse anesthetist advocates can identify key issues related to patient care, such as access to care, quality of care, patient safety, and healthcare costs. Understanding these issues can help to inform advocacy efforts and identify opportunities for policy change.

2. Engage stakeholders - Nurse anesthetist advocates can engage stakeholders such as patients, families, healthcare professionals, advocacy organizations, and policymakers to build support for policy change. This can include developing educational materials, hosting meetings, and participating in community events.
3. Develop evidence-based policy proposals - Nurse anesthetist advocates can develop evidence-based policy proposals that address key issues related to patient care. This can include proposing policies to improve access to care, promote patient safety, and increase healthcare quality.
4. Use data to inform policy discussions - Nurse anesthetist advocates can use data to inform policy discussions and demonstrate the impact of policy change on patient care. This can include collecting and analyzing data on patient outcomes, healthcare utilization, and costs.
5. Collaborate with other healthcare professionals and organizations - Nurse advocates can collaborate with other healthcare professionals and organizations to build coalitions and promote policies that support patient care. This can include collaborating with physician organizations, hospitals, and patient advocacy groups.

Advocating for health policy change to improve patient care is essential for promoting high-quality healthcare delivery and ensuring patients receive the best possible care. By identifying key issues, engaging stakeholders, developing evidence-based policy proposals, using data to inform policy discussions, and collaborating with other healthcare professionals and organizations, nurse advocates can help shape policies supporting patient care and promoting better health outcomes.

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

Advocating for health policy change to advance the specialty of nurse anesthesia can help to improve patient care and promote the role of nurse anesthetists in healthcare delivery. Here are strategies for advocating for health policy change:

1. Engage in policy discussions - Nurse anesthetists can engage in policy discussions at the local, state, and national levels to promote policies supporting the profession. This can include attending legislative meetings, contacting elected officials, and participating in advocacy organizations.
2. Build coalitions - Nurse anesthetists can build collaborations with other healthcare professionals and organizations to advocate for policies that advance the specialty of nurse anesthesia. This can include collaborating with physician anesthesiologists, hospital associations, and patient advocacy groups.
3. Provide expert testimony - Nurse anesthetists can testify on policy issues related to anesthesia care, such as scope of practice or reimbursement policies. This can help to educate policymakers and promote policies that support the profession.
4. Develop evidence-based policy proposals - Nurse anesthetists can develop evidence-based policy proposals that address key issues related to anesthesia care, such as access to care, patient safety, and reimbursement. These proposals can be presented to policymakers and used to advocate for policy change.

5. Participate in research and data collection - Nurse anesthetists can participate in research and data collection to demonstrate the profession's value and inform policy discussions. This can include conducting studies on patient outcomes, cost-effectiveness, and workforce issues.

Overall, advocating for health policy change to advance the specialty of nurse anesthesia is essential for promoting high-quality patient care and supporting the role of nurse anesthetists in healthcare delivery. By engaging in policy discussions, building coalitions, providing expert testimony, developing evidence-based policy proposals, and participating in research and data collection, nurse anesthetists can help shape policies supporting the profession and improving patient outcomes.

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

Many strategies can be used to improve patient outcomes and quality of care. Some of these include:

Evidence-based practice: Using the latest research and evidence-based guidelines to inform clinical decision-making can help ensure that patients receive the most effective and appropriate care.

Standardization of care: Establishing standardized protocols and procedures can help ensure that all patients receive consistent, high-quality care, regardless of the individual provider.

Patient-centered care: Focusing on the patient's needs and preferences can help improve patient satisfaction and outcomes. This may involve involving patients in decision-making, providing education and resources, and addressing any concerns or questions they may have.

Interprofessional collaboration: Working collaboratively with other healthcare professionals, such as physicians, nurses, and pharmacists, can help ensure that patients receive comprehensive, coordinated care.

Quality improvement initiatives: Participating in quality improvement initiatives, such as collecting and analyzing data on patient outcomes, can help identify areas for improvement and drive changes to improve patient care.

Continuous education and professional development: Staying up-to-date on the latest advances and best practices in healthcare can help providers improve their skills and knowledge, translating into better patient outcomes.

By implementing these and other strategies, healthcare providers can work to improve patient outcomes and quality of care.

45. Analyze health outcomes in a variety of populations.

Analyzing health outcomes in various populations involves examining the health status and healthcare experiences of different groups of people. Here are some key factors to consider when analyzing health outcomes in different populations:

1. Demographics - Factors such as age, gender, race/ethnicity, income, and education can all impact health outcomes. Understanding different populations' demographics can help identify disparities in health outcomes and inform targeted interventions to improve health.
2. Social determinants of health - Social factors such as housing, employment, access to healthy food, and transportation can all impact health outcomes. Analyzing social determinants of health can help to identify root causes of health disparities and inform interventions to address them.
3. Health behaviors - Lifestyle factors such as diet, exercise, tobacco use, and alcohol consumption can all impact health outcomes. Understanding health behaviors can help to identify modifiable risk factors and inform interventions to promote healthy behaviors.
4. Access to healthcare - Access to healthcare services can impact health outcomes, particularly for underserved populations. Analyzing healthcare utilization and barriers to access can help to identify opportunities to improve healthcare delivery and increase access to care.
5. Health conditions - Analyzing the prevalence and management of specific health conditions can provide insights into health outcomes in different populations. For example, analyzing rates of chronic disease management and medication adherence can help identify improvement areas in healthcare delivery.

Analyzing health outcomes in different populations is essential for understanding health disparities and identifying opportunities to improve health and healthcare delivery. By examining demographic, social, behavioral, and healthcare factors, healthcare providers and policymakers can work to promote health equity and improve health outcomes for all populations.

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

Analyzing health outcomes in a variety of clinical settings involves collecting and analyzing data related to patient health and well-being across different healthcare settings. This can include hospitals, clinics, long-term care facilities, and other healthcare settings.
Health outcomes can be measured in various ways, such as through patient surveys, clinical assessments, or laboratory tests. By analyzing these outcomes, anesthesia providers can identify trends and patterns in patient health, which can help to inform decisions about treatment options and care plans.
Some of the key factors that may influence health outcomes in clinical settings include the quality of care provided, patient demographics and health status, healthcare staff training and experience, and the availability of resources and technology. Understanding these factors and how they impact patient outcomes can help healthcare providers to improve the quality of care and outcomes for their patients.

Overall, analyzing health outcomes in various clinical settings is an important part of healthcare research and practice, as it helps identify areas for improvement and can ultimately lead to better health outcomes for patients.

47. Analyze health outcomes in a variety of systems.

Analyzing health outcomes in various systems involves collecting and interpreting data on the effectiveness of healthcare interventions in achieving desired health outcomes for different populations. This analysis can provide insights into the strengths and weaknesses of various healthcare systems and help identify improvement areas.

One important aspect of analyzing health outcomes is the use of evidence-based practice. This involves using the best available research evidence to guide clinical decision-making and the delivery of healthcare services. By basing decisions on the most up-to-date and reliable evidence, healthcare providers can help ensure that patients receive the most effective care possible.

Another important aspect of analyzing health outcomes is using quality improvement processes. These processes involve measuring and monitoring key performance indicators to identify areas for improvement, implementing changes to address identified issues, and continuously monitoring outcomes to ensure that improvements are sustained over time. Quality improvement processes can help ensure healthcare providers provide their patients with the best possible care.

Analyzing health outcomes also involves considering the broader social determinants of health that may influence health outcomes. These determinants can include factors such as access to healthcare, social and economic factors, and environmental factors. By considering these factors in the analysis of health outcomes, anesthesia providers can better understand the complex interactions that contribute to health outcomes and can work to address the root causes of health disparities.

Overall, analyzing health outcomes in various systems is critical for improving the quality of care and achieving better health outcomes for patients. By using evidence-based practice, quality improvement processes, and an understanding of the social determinants of health, healthcare providers can work to deliver more effective and equitable healthcare services.

48. Disseminate scholarly work.

As a nurse anesthetist, disseminating scholarly work is an essential part of professional development and contributing to the advancement of the field of anesthesiology. There are several ways to disseminate scholarly work, including:

1. Publication in peer-reviewed journals: Submitting original research, case reports, or literature reviews to peer-reviewed journals is an important way to share your work with the broader healthcare community. These publications undergo a rigorous review process to ensure the quality and validity of the research.

2. Conference presentations: Presenting your work at conferences, such as national or regional anesthesia conferences, is a way to share your research with other professionals in the field. Presenting at conferences also provides an opportunity to network and learn about new research and developments in the field.
3. Poster presentations: Poster presentations at conferences provide an opportunity to share research findings or case reports visually. This allows for a more interactive discussion of the work with attendees and facilitates networking.
4. Continuing education courses: Developing and teaching continuing education courses for other healthcare professionals is another way to disseminate scholarly work. This allows you to share your knowledge and expertise while also contributing to the continuing education of others in the field.
5. Online publications and social media: Posting articles or blog posts on professional websites or social media platforms, such as LinkedIn, can also help disseminate scholarly work to a wider audience.

Overall, disseminating scholarly work is important for advancing the field of anesthesiology and contributing to improving patient outcomes and quality of care.

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

Using information systems/technology to support and improve patient care involves leveraging electronic health records (EHRs), clinical decision support systems (CDSS), telehealth technologies, and other digital tools to enhance the delivery of healthcare services.
Electronic health records (EHRs) are digital versions of patient medical records that allow healthcare providers to access patient information from anywhere, at any time. EHRs can improve patient care by providing healthcare providers with access to up-to-date patient information, reducing the risk of medical errors, and allowing for more efficient communication between healthcare providers.
Clinical decision support systems (CDSS) are software tools that provide healthcare providers with real-time clinical information and decision-making support. CDSS can help providers to make more informed treatment decisions, reduce errors, and improve patient outcomes.
Telehealth technologies like video conferencing and remote patient monitoring enable healthcare providers to connect with patients remotely. Telehealth can improve access to care, reduce patient travel time and costs, and increase patient engagement and satisfaction.
In addition to these tools, other information systems and technology, such as mobile health apps and wearable devices, can also support and improve patient care. For example, mobile health apps can provide patients with real-time health information and support, while wearable devices can track patient health data and alert healthcare providers to potential health concerns.

Overall, using information systems/technology to support and improve patient care is essential in today's healthcare environment. These tools can enhance the delivery of healthcare services, improve patient outcomes, and increase patient engagement and satisfaction.

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

Using information systems/technology to support and improve healthcare systems involves leveraging digital tools and technologies to improve healthcare services' efficiency, effectiveness, and quality. Here are ways that information systems/technology can support and enhance healthcare systems:

1. Electronic health records (EHRs) - EHRs can improve healthcare systems by streamlining administrative processes, reducing errors, and improving communication between healthcare providers. EHRs can also help healthcare providers make more informed treatment decisions by providing up-to-date patient information.
2. Health information exchanges (HIEs) - HIEs allow healthcare providers to share patient information securely and efficiently, which can help to improve the coordination of care and reduce duplication of services.
3. Data analytics and reporting - Analyzing and reporting on healthcare data can help healthcare systems identify improvement areas and make data-driven decisions. This can lead to more efficient use of resources and better patient outcomes.
4. Telemedicine - Telemedicine technologies, such as video conferencing and remote patient monitoring, can improve access to care and reduce costs for patients and healthcare providers.
5. Patient engagement - Digital tools, such as patient portals and mobile health apps, can help to engage patients in their own healthcare and support self-management of chronic conditions.
6. Supply chain management - Digital technologies can help healthcare systems manage their supply chain more efficiently, ensuring that medications and other supplies are available when and where needed.

Using information systems/technology to support and improve healthcare systems can lead to better patient outcomes, improved efficiency and effectiveness, and a more patient-centered approach to healthcare delivery.

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

Analyzing business practices encountered in nurse anesthesia delivery settings involves examining the management, financial, and operational practices that impact the delivery of anesthesia services. Here are some business practices commonly encountered in nurse anesthesia delivery settings:

Practice management - Nurse anesthetists may work independently or as part of a larger anesthesia practice. Understanding the management structure and processes can help ensure anesthesia services are delivered effectively and efficiently.

Billing and coding - Nurse anesthetists may need to understand billing and coding practices in order to ensure that anesthesia services are accurately billed and reimbursed. This can include understanding insurance requirements and regulations related to billing and coding.

Financial management - Nurse anesthetists may manage their finances, including tracking expenses, managing cash flow, and creating budgets. Understanding financial management practices can help ensure anesthesia services are delivered sustainably.

Quality improvement - Nurse anesthetists may be involved in quality improvement initiatives, which can help to identify opportunities for improving the delivery of anesthesia services. This can include monitoring patient outcomes, analyzing processes, and implementing changes to improve efficiency and effectiveness.

Risk management - Nurse anesthetists may need to understand risk management practices in order to minimize the risk of adverse events and litigation. This can include understanding informed consent, monitoring patient safety, and implementing best practices to prevent adverse events.

Overall, analyzing business practices encountered in nurse anesthesia delivery settings is essential in order to ensure that anesthesia services are delivered effectively, efficiently, and sustainably. By understanding the management, financial, and operational practices that impact anesthesia services, nurse anesthetists can work to improve the delivery of care and patient outcomes.

ACCREDITATION

The baccalaureate degree in nursing/master's degree program in nursing/Doctor of Nursing Practice program/ and post-graduate APRN certificate program at The University of Akron is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org).

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