East Carolina University College of Nursing

Nurse Anesthesia Program

DNP Student Handbook

2023

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ECU College of Nursing
Nurse Anesthesia Program

This student Handbook was reviewed by the East Carolina University College of Nursing Faculty and updated on:

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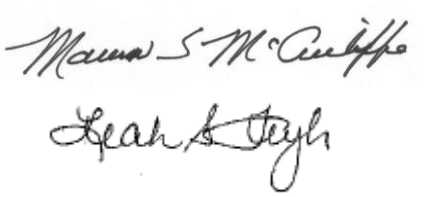
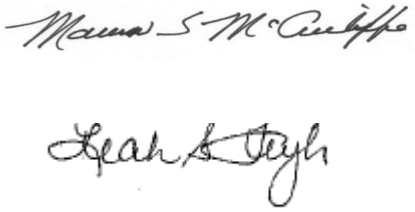
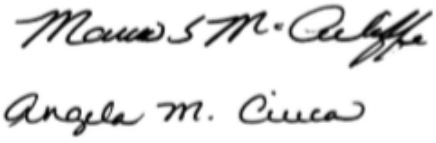
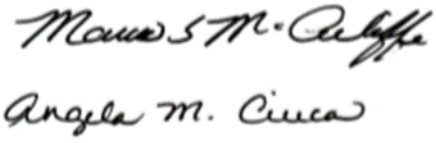
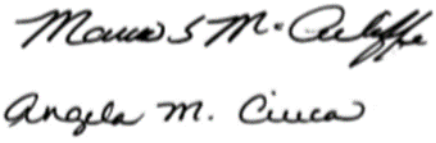
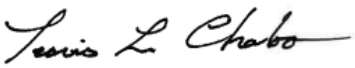
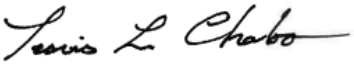
12/8/17	
7/16/18	
8/7/19	
7/14/20	
12/10/21	
7/13/22	
2/17/2	

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East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

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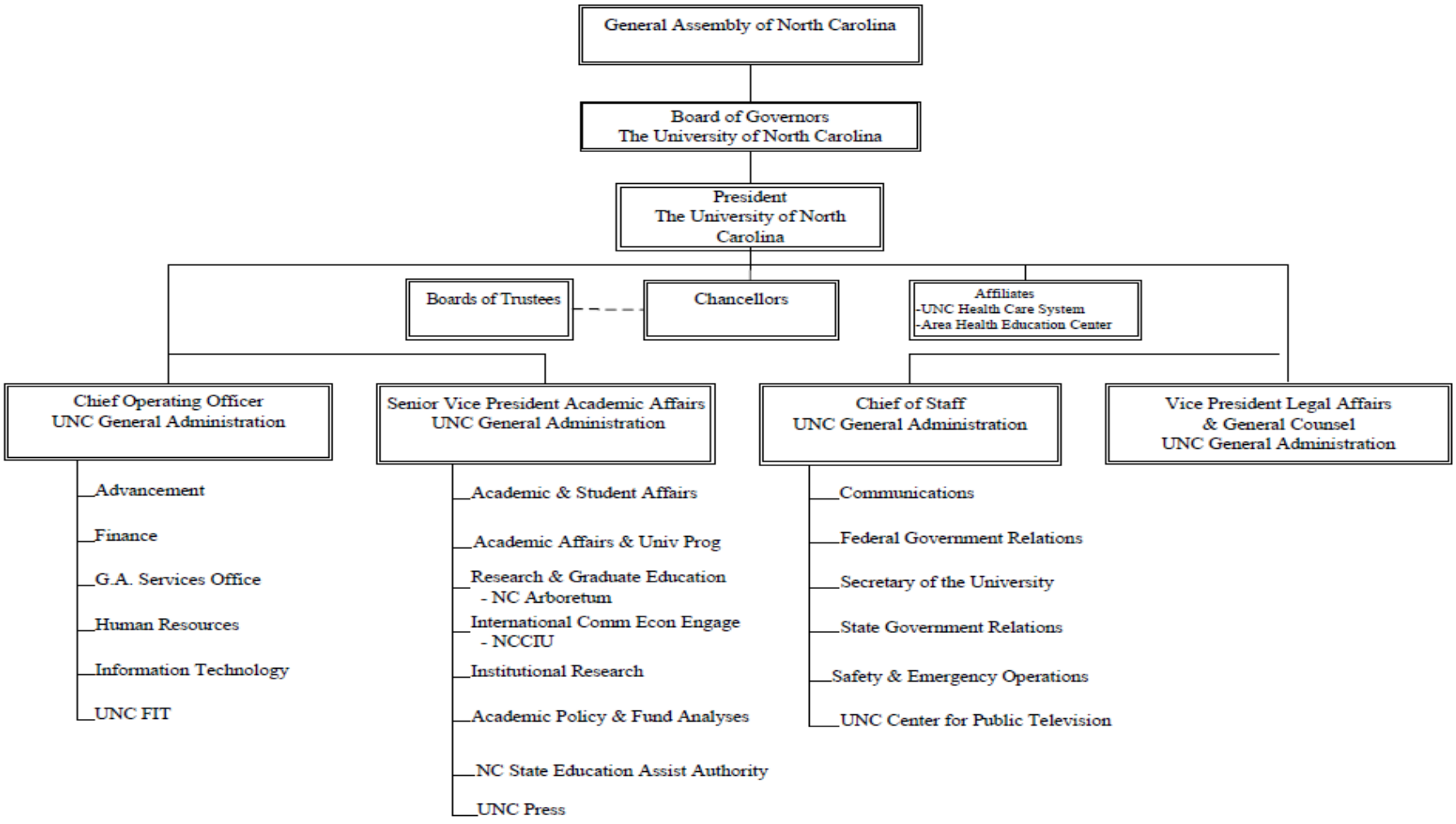
Organizational Charts

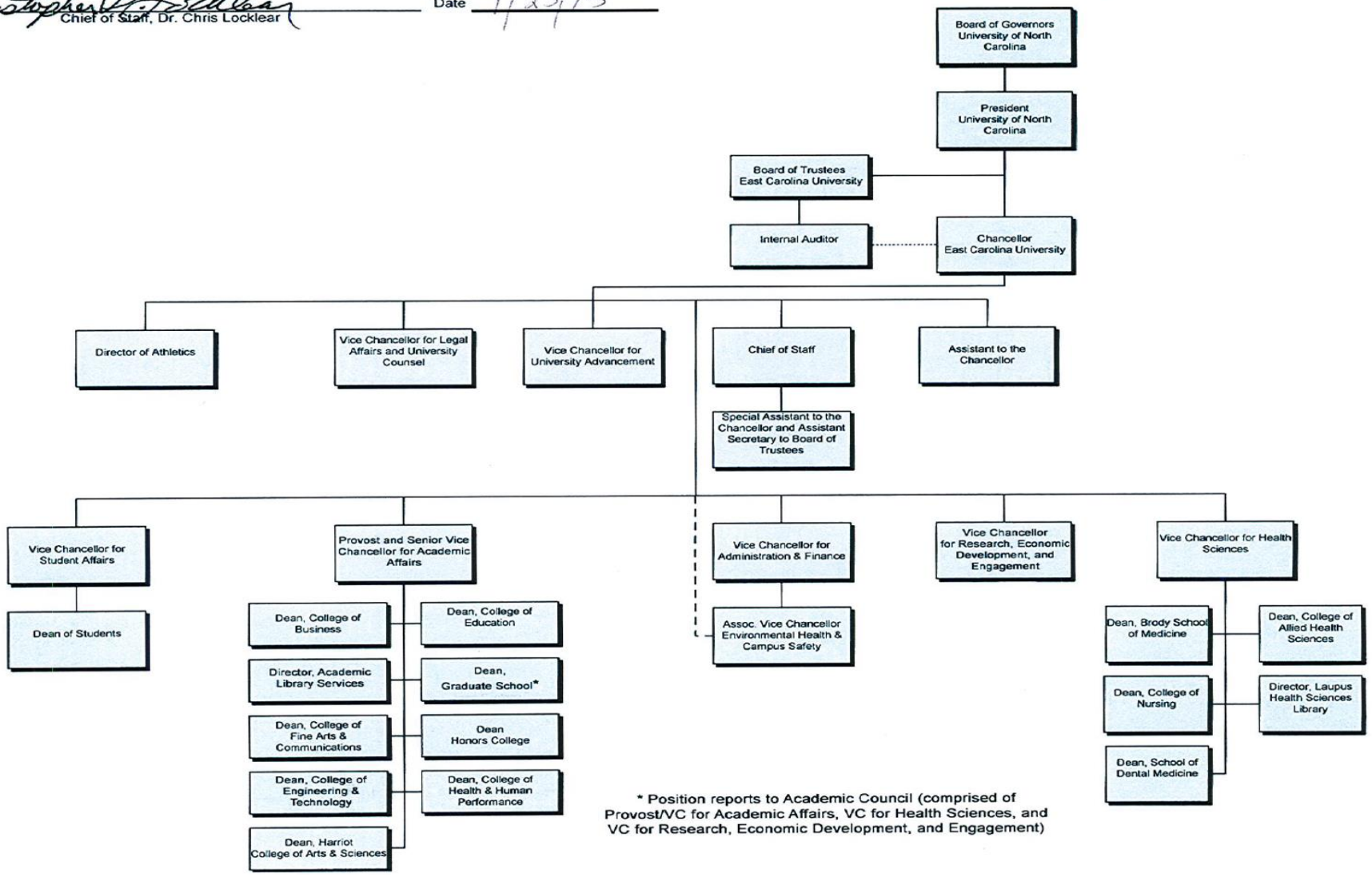
University of North Carolina
Organizational Chart

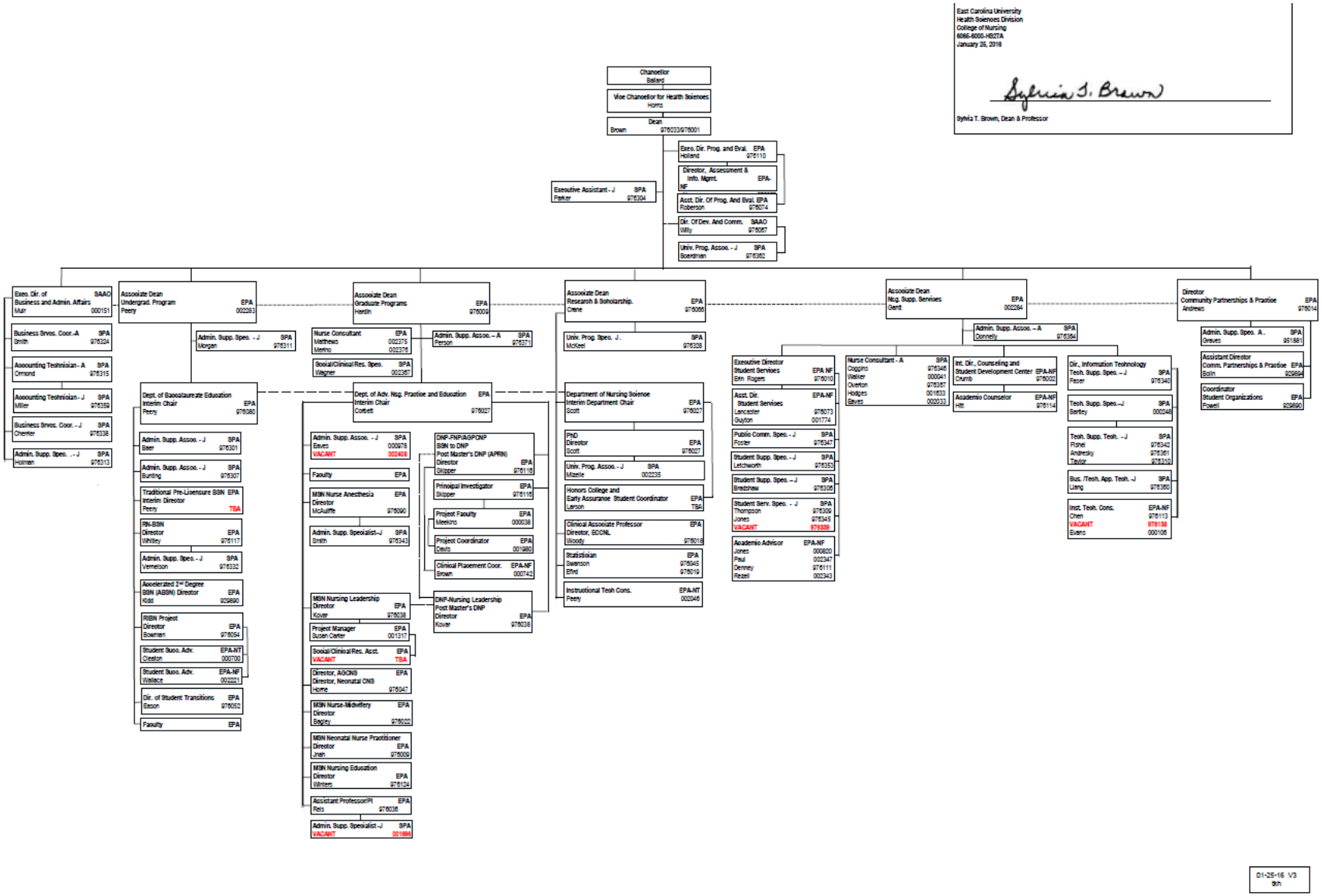


UNC GA HR 9/21/2012

Chief of Staff, Dr. Chris Locklear Date 7/23/15

East Carolina University Organizational Chart




East Carolina University
Health Sciences Division
College of Nursing
6066-6000-HS27A
January 26, 2018
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Ballard
Vice Chancellor for Health Sciences
Horns
Dean
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Director, Assessment & Info. Mgmt. EPA-NF
Executive Assistant - J SPA
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Asst. Dir. Of Prog. And Eval. EPA
Roberson 976074
Dir. Of Dev. And Comm. SAAO
Willy 976067
Univ. Prog. Assoc. - J SPA
Boardman 976362
Exec. Dir. of Business and Admin. Affairs SAAO
Muir 000151
Business Srvcs. Coor.-A SPA
Smith 976324
Accounting Technician - A SPA
Ormond 976315
Accounting Technician - J SPA
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Business Srvcs. Coor. - J SPA
Chenier 976338
Admin. Supp. Spec. - J SPA
Holmen 976313
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Morgan 976311
Dept. of Baccalaureate Education
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Peery 976080
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Traditional Pre-Licensure BSN EPA
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RN-BSN
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Vemelson 976332
Accelerated 2nd Degree BSN (ABSN) Director EPA
Kidd 929690
RIBN Project
Director EPA
Bowman 976054
Student Succ. Adv. EPA-NT
Cleaton 000700
Student Succ. Adv. EPA-NF
Wallace 002251
Dir. of Student Transitions EPA
Eason 976052
Faculty EPA
Associate Dean Graduate Programs EPA
Hardin 976009
Admin. Supp. Assoc. - A SPA
Person 976371
Nurse Consultant EPA
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Merino 002376
Social/Clinical Res. Spec. SPA
Wagner 002367
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VACANT 002408
Faculty EPA
MSN Nurse Anesthesia EPA
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McGuffie 976090
Admin. Supp. Specialist--J SPA
Smith 976343
MSN Nursing Leadership
Director EPA
Kover 976038
Project Manager EPA
Susan Carter 001317
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Director, Neonatal CNS
Horne 976047
MSN Nurse-Midwifery EPA
Director
Bagley 976022
MSN Neonatal Nurse Practitioner
Director EPA
Jnah 976009
MSN Nursing Education
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Winters 976124
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Admin. Supp. Specialist -J SPA
VACANT 001986
DNP-FNP/A/GCNP
BSN to DNP
Post Master's DNP (APRN)
Director EPA
Skipper 976116
Principal Investigator EPA
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Project Faculty EPA
Meekins 000038
Project Coordinator EPA
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Brown 000742
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McKeel 976338
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Interim Department Chair EPA
Scott 976027
PhD
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Scott 976027
Univ. Prog. Assoc. - J SPA
Mizelle 000235
Honors College and Early Assurance Student Coordinator EPA
Larson TBA
Clinical Associate Professor EPA
Director, ED/CNL
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Statistician EPA
Swanson 976045
Efird 976019
Instructional Tech Cons. EPA-NT
Peery 002046
Associate Dean Nsg. Supp. Services EPA
Gent 002284
Admin. Supp. Assoc. - A SPA
Donnelly 976364
Executive Director Student Services EPA NF
Erin Rogers 976010
Asst. Dir. Student Services EPA-NF
Lancaster 976073
Guyton 001774
Public Comm. Spec. - J SPA
Foster 976347
Student Supp. Spec. - J SPA
Letchworth 976353
Student Supp. Spec. - J SPA
Bredshaw 976306
Student Serv. Spec. - J SPA
Thompson 976309
Jones 976345
VACANT 976339
Academic Advisor EPA-NF
Jones 000820
Paul 002347
Denney 976111
Rezel 002343
Nurse Consultant - A SPA
Coggins 976346
Walker 000041
Overton 976367
Hodges 001633
Bates 002233
Int. Dir., Counseling and Student Development Center EPA-NF
Chumb 976002
Academic Counselor EPA-NF
Hitt 976114
Dir., Information Technology
Tech. Supp. Spec. - J SPA
Feser 976340
Tech. Supp. Spec.--J SPA
Bartley 000046
Tech. Supp. Tech. - J SPA
Fishel 976342
Andresky 976361
Taylor 976310
Bus. /Tech. App. Tech. -J SPA
Liang 976360
Inst. Tech. Cons. EPA-NF
Chen 976113
VACANT 976138
Evans 000106
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Community Partnerships & Practice EPA
Andrews 976014
Admin. Supp. Spec. - A. SPA
Greves 951881
Assistant Director
Comm. Partnerships & Practice EPA
Bolin 929694
Coordinator
Student Organizations EPA
Powell 929690
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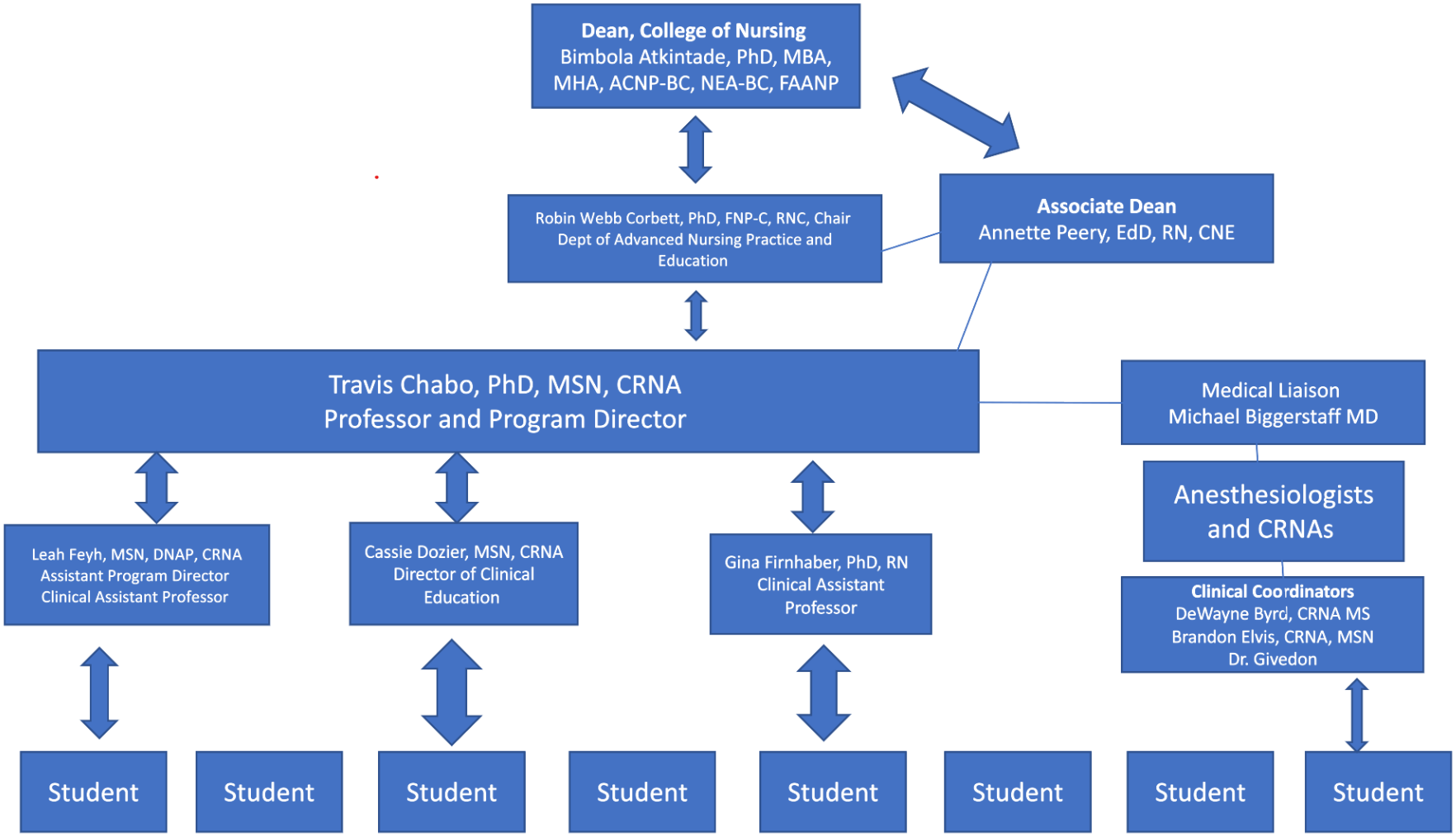
ECU CON of Nursing, Nurse Anesthesia Program: DNP Specialty Organizational Chart



Revised 12/19/2022

East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

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History
Mission Statement
Program Philosophy
Program Objectives
Program Design
Accreditation
Requirements for Accreditation
Status

History

The College of Nursing was created by the North Carolina General Assembly in 1959 and admitted its first undergraduate students in 1960. The college has been approved by the North Carolina Board of Nursing since 1961 and accredited by the National League for Nursing (NLN), now the National League for Nursing Accrediting Commission—NLNAC, since 1964, with the most recent accreditation granting full approval until 2010. In April 2010, the college was accredited by the Commission on Collegiate Nursing Education (CCNE) granting full approval until June 2015.Currently, the college is a member of the National League for Nursing, the American Association of Colleges of Nursing (AACN), and the Southern Council of Collegiate Education for Nursing (SREB).

Since its founding, the College of Nursing has continued to grow in numbers of faculty and enrolled students. The first class of nursing students was admitted in the fall quarter of 1960. Seventeen nursing majors graduated during commencement in 1964. In 1960, there were 25 students and three faculty members. Currently, there are over 8100 graduates from the baccalaureate program employed throughout the world. Today, the College of Nursing serves 1200 students and employs more than 140 faculty and staff.

From 1967 until 2006, the college occupied the Rivers Building complete with research and instructional facilities, including a Learning Resource Center, a Concepts Integration Lab, six classrooms and 40 faculty offices. In July 2006, the college moved to the new Health Sciences Building on the west campus. This facility has expanded the College of Nursing space to include a Learning Resource Center with 40 computer work stations and 8 Concepts Integration Labs. In addition, the nursing section of the Health Sciences Building houses 12 classrooms and 125 faculty offices.

Authorization to plan a graduate program in nursing at East Carolina University was granted in 1975 by the General Administration, University of North Carolina System. The proposed Master of Science in Nursing (MSN) Program was developed and presented to the appropriate bodies for approval. Program authorization was granted in August 1977, and the first students were admitted one month later in September 1977.

In spring 2001, approval was received from the UNC Board of Governors to begin a PhD program in nursing. The first students were admitted in fall 2002 and the first doctoral degree was conferred in May 2005. The doctoral program has grown to over 30 students. Courses are taught one day each week to meet the scheduling needs of students. Approval has also been granted for the College of Nursing to offer the PhD with a BSN to PhD option. The purpose of the PhD in nursing is to prepare nurse researchers and scholars to explore, develop, and move forward the scientific bases of nursing practice and nursing education. Students are prepared to conduct research in the domains of nursing science and collaborate with other professionals on interdisciplinary projects. Upon graduation, students are ready to assume positions as researchers, administrators in public and private health care organizations, policy makers and analysts, and university faculty.

On February 8, 2013 East Carolina University College of Nursing (ECUCON) received authorization from the University Of North Carolina Board Of Governors to offer the Doctor of Nursing Practice (DNP) degree. The first cohort of 19 post masters prepared advanced practice nurses began in fall semester 2013.

The ECU College of Nursing Nurse Anesthesia Program began in 2003 as one of eight concentrations in the Master of Science in Nursing (MSN) degree program. The program was initiated because there was a shortage of nurse anesthetists in eastern North Carolina. Registered Nurses who left the area to attend a nurse anesthesia program frequently did not return to this community which provides health care to residents of 29 eastern rural counties. Nurses from the area who wished to attend a nurse anesthesia program often could not because of local obligations, inability to commute or to afford relocation. The program received initial accreditation in 2003, then a ten year accreditation (2006-2016) and again (2016-2026) from the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

From January 2016-June 2018 the program faculty revised the curricula so that it meets national and university criteria to award the Doctor of Nursing Practice (DNP) degree. In June 2018 the program received approval from the COA for the Doctoral Degree for Entry into Nurse Anesthesia Practice. The entry level Nurse Anesthesia DNP program is a 36 month program of study. It is a didactically "front-loaded" curriculum consisting of two educational phases, designed to provide graduate level education and training that enables the student to accomplish the Program's terminal objectives. The nurse anesthesia curriculum was designed to reflect the educational philosophy of the College of Nursing and East Carolina University.

East Carolina University College of Nursing Accreditations*:*

- ECU College of Nursing is accredited by the Commission on Collegiate Nursing Education (CCNE),One Dupont Circle, NW Suite 530, Washington, DC 20036; telephone 202-887-6791
- ECU College of Nursing is approved by the North Carolina Board of Nursing
- The nurse anesthesia program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, 10275 W. Higgins Rd. Suite 906 Rosemont, IL 60018-5603; telephone 224-275-9129.
- The nurse-midwifery concentration is accredited by the Accreditation Commission for Midwifery Education (ACME) formerly called the American College of Nurse-Midwives, Division of Accreditation, 8403 Colesville Road, Suite 1550, Silver Spring MD 20910; telephone 240-485-1802, fax 240-485-1818

Philosophy of the College of Nursing

Vision:

East Carolina University College of Nursing (ECUCON) will be nationally recognized for innovative programs in nursing education and collaborative, interdisciplinary partnerships that improve the way health care is provided in rural underserved communities as well as for research that advances nursing science. Our intent is to improve the health and wellbeing of citizens in the region and around the world.

Mission:

The mission of ECUCON is to serve as a national model for transforming the health of rural underserved regions through excellence and innovation in nursing education, leadership, research, scholarship and practice.

ECU CON Diversity, Equity, and Inclusion Statement
We subscribe to the College of Nursing Diversity, Equity, and Inclusion Statement.

Values:

The ECUCON believes:

- All people should be treated with respect, dignity, and compassion.
- Caring relationships are the core of nursing practice.
- The profession of nursing contributes to the health and well-being of individuals, families, organizations, and communities.
- High quality education, which includes both face-to-face and online learning, transforms lives.
- Students should be prepared to actively participate in a global community.
- Nursing practice and education should occur in a diverse and inclusive environment.

- Our tradition of service learning, community engagement, and leadership provides a model for transforming the health of the region, nation, and the world.
- Knowledge development and dissemination are our responsibility and commitment.

These guiding principles form a belief system which is foundational to our DNP program.

Purpose of the Doctor of Nursing Practice Program

The Doctor of Nursing Practice Program exists to educate advanced practice nurses in the delivery of interprofessional, evidence-based, culturally relevant, and patient-centered care in rural and urban setting throughout Eastern North Carolina and beyond.

Objectives of the DNP Program

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.

2. Demonstrate organizational and systems leadership for quality improvement in health care systems.

3. Apply clinical scholarship and analytical methods to evidence-based practice.

4. Use information systems technology and patient care technology to improve and transform health care.

5. Demonstrate leadership in health care policy for advocacy in health care policy for advocacy in health care.

6. Collaborate with inter-professional teams to improve patient and population health outcomes through the application of evidenced-based health.

The Nurse Anesthesia Program Mission

The mission of the ECU CON Nurse Anesthesia Program is to provide the students clinical and didactic curriculum which enables them to meet graduation requirements of this program and to take the National Certification Exam so they can practice as CRNAs.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

Philosophy/Additional Beliefs of the ECU CON Nurse Anesthesia Program Faculty:

Human beings are individuals with needs, values, worth, and dignity. Although many human responses may be generalized and are predictable, all humans are unique and constantly interact with the environment in efforts to achieve a balance between their own unique needs and those of society. Adaption is a process of seeking a maximum level of human functioning. Nurse anesthetists assist patients' physical and psychosocial adaptation to the anesthesia environment.

Society is comprised of individuals, families, groups, and communities that possess dynamic structure, values, and beliefs which influence individual and group behavior. Members of society live in settings, both rural and urban, with varying levels of wellness and health care needs.

Health refers to an individual's level of mental and physical functioning on a wellness-illness continuum, not merely the absence of disease. Health is influenced by developmental stages, by social and cultural factors, by previous experiences and self-expectations, and by personal choices about lifestyle and values. We believe access to health care is a human right.

Nursing, as a discipline and a practice profession, is at once an art and a science concerned with human response to illness or potential health problems. Nursing involves caring for and about people. The goal of nursing is to assist individuals, families, groups, and communities to promote, attain, and maintain health or assure peaceful death through collaboration among clients, professional nurses, and other health care providers. Nurses are accountable to the clients they serve and are responsible for advancing nursing knowledge, critical thinking, theory, research, and lifelong inquiry.

Learning is a dynamic internal process through which individuals develop their knowledge, skills, and attitudes. Learning is a lifelong process evidenced by growth and sustained change in behavior. Learners vary in their past experiences, learning patterns, cognitive structures, motivation, interests, and life goals. Learning is facilitated by the learner's active participation in the planning, implementation, and evaluation of their own learning experiences. Faculty in the nurse anesthesia program are dedicated to the educational development of nurses in the specialty of nurse anesthesia.

Nursing education guides the learner to attain competencies required for the practice of professional nursing. Nursing education considers the uniqueness of the learner and fosters commitment, accountability, autonomy, leadership, self-awareness, and continued professional development.

We believe that baccalaureate education in nursing is the basis for professional practice, and those equipped with this knowledge base, are prepared to make sound complex clinical judgments which promote the health and well-being of clients they serve. Graduate level education prepares nurse specialists who have a global perspective, refined analytical skills, ability to synthesize theory and research, and a strong sense of professional identity. Whereas undergraduate preparation in nursing prepares nurse generalists, master's education not only prepares specialists for advanced clinical practice and for leadership roles but is also foundational for doctoral studies. Master's education fosters the student's ability to provide or direct relevant clinical care to a culturally diverse population within an interdisciplinary framework which emphasizes critically based decision making.

Graduates of the Doctor of Nursing Practice program are clinical scholars who integrate the science and art of nursing as well as articulate nursing's unique contribution in a dynamic health care environment. We believe that graduate education challenges student to think creatively in order to develop visionary alternatives appropriate to health care. The faculty subscribe to the belief that learning is process through which declarative, procedural and conditional knowledge bases are developed and refined in a developmental fashion. The faculty also believes that case-based anesthesia instruction allows students to acquire flexible knowledge structures required to apply theory to practice.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

East Carolina University
Nurse Anesthesia Program

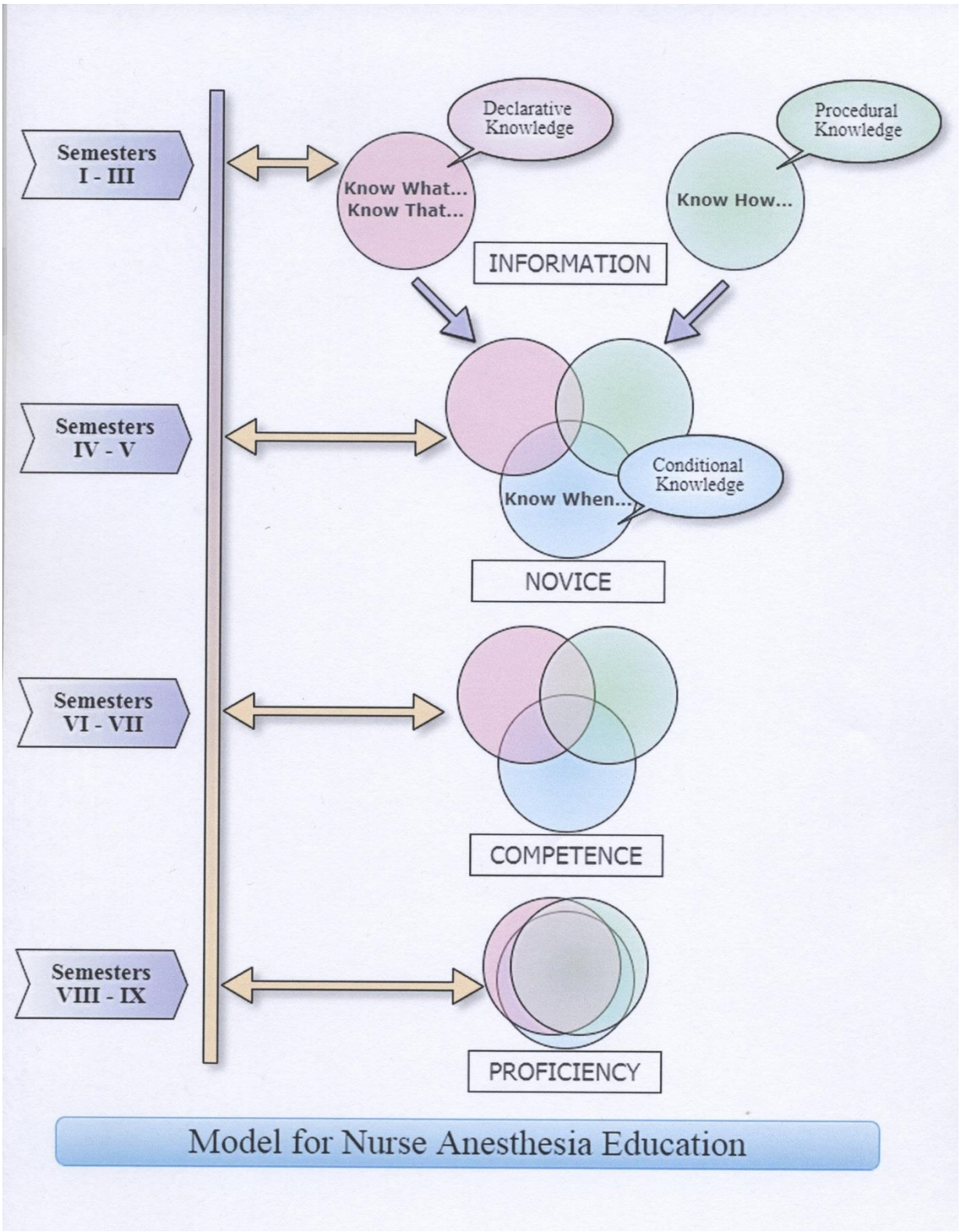
Congruence of ECU CON DNP Program Objectives and Nurse Anesthesia Program

Mission: The Doctor of Nursing Practice Program exists to educate advanced practice nurses in the delivery of interprofessional, evidence-based, culturally relevant, and patient-centered care in rural and urban settings throughout Eastern North Carolina and beyond.

Our Vision: To develop advanced practice nurses to lead, improve, and transform current and evolving health care.

ECU CON DNP Program Objectives	Anesthesia Specialty Terminal Objectives
Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.	• Use science-based theories and concepts to analyze new practice approaches. • Pass the national certification examination (NCE) administered by the NBCRNA. • Utilize communication skills that result in the effective exchange of information and collaboration with patients/families. • Teach others. • Adhere to the *Code of Ethics for the Certified Registered Nurse Anesthetist.* • Interact on a professional level ethically and with integrity. • Apply ethically sound decision-making processes. • Function within legal and regulatory requirements. • Accept responsibility and accountability for his or her practice. • Disseminate research evidence. • Analyze business practices encountered in nurse anesthesia delivery settings.
Demonstrate organizational and systems leadership for quality improvement in health care systems.	• Integrate critical and reflective thinking in his or her leadership approach. • Evaluate how public policy making strategies impact the financing and delivery of healthcare. • Analyze strategies to improve patient outcomes and quality of care.
Apply clinical scholarship and analytical methods to evidence-based practice.	• Be vigilant in the delivery of patient care. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care. • Conduct a comprehensive equipment check. • Protect patients from iatrogenic complications. • Provide individualized care throughout the perianesthesia continuum. • Deliver culturally competent perianesthesia care. • Provide anesthesia services to all patients across the lifespan. • Perform a comprehensive history and physical assessment. • Administer general anesthesia to patients with a variety of physical conditions • Administer general anesthesia for a variety of surgical and medically related procedures. • Administer and manage a variety of regional anesthetics.

	• Demonstrate competency in advanced cardiac life support for adults and children; maintain ACLS and PALS certification. • Apply knowledge to practice in decision-making and problem solving • Provide nurse anesthesia services based on evidence based principles. • Perform a pre-anesthetic assessment prior to providing anesthesia services. • Assume responsibility and accountability for diagnosis. • Formulate and anesthesia plan of care prior to providing anesthesia services. • Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions. • Interpret and utilize data obtained from noninvasive and invasive monitoring modalities. • Calculate, initiate, and manage the physiological responses coincident to the provision of anesthesia services • Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services. • Recognize and appropriately manage complications that occur during the provision of anesthesia services • Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety. • Provide anesthesia services to patients in a cost-effective manner. • Provide quality nurse anesthesia care to patients from diverse cultural backgrounds, medically underserved communities, and rural health care settings.
Use information systems technology and patient care technology to improve and transform health care.	• Maintain comprehensive, timely, accurate, and legible healthcare records. • Use information systems/technology to support and improve patient care. • Use information systems/technology to support and improve healthcare systems.
Demonstrate leadership in health care policy for advocacy in health care.	• Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder. • Inform the public of the role and practice of the CRNA. • Advocate for health policy change to improve patient care. • Advocate for health policy change to advance the specialty of nurse anesthesia. • Analyze health outcomes in a variety of populations. • Analyze health outcomes in a variety of clinical settings. • Analyze health outcomes in a variety of systems.
Collaborate with inter-professional teams to improve patient and population health outcomes through the application of evidence based health resources.	• Utilize communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals. • Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care. • Provide leadership that facilitates intraprofessional collaboration. 12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21


Semesters I - III
Declarative Knowledge
Know What... Know That...
Procedural Knowledge
Know How...
INFORMATION
Semesters IV - V
Conditional Knowledge
Know When...
NOVICE
Semesters VI - VII
COMPETENCE
Semesters VIII - IX
PROFICIENCY
Model for Nurse Anesthesia Education

ON OCTOBER 12, 2002 THE EAST CAROLINA UNIVERSITY COLLEGE OF NURSING, NURSE ANESTHESIA PROGRAM OBTAINED FULL ACCREDITATION FROM THE COUNCIL ON ACCREDITATION OF NURSE ANESTHESIA EDUCATIONAL PROGRAMS (COA; 10275 W. Higgins Rd. Suite 906, Rosemont, IL 60018-5603, http://home.coa.us.com.

In November 2016, we received notification from COA that we have full accreditation for ten years. Our next review is Fall 2026.

ECU College of Nursing
Nurse Anesthesia Program

Accreditation Status

The East Carolina University College of Nursing Nurse Anesthesia Program will accurately represent and publish both the College of Nursing and the Nurse Anesthesia Program's accreditation status. All documents related to the nurse anesthesia program recruitment, program information, and policies and procedures will reflect the accreditation status of the program and the school. The Nurse Anesthesia Program, East Carolina University College of Nursing, or any of its clinical affiliates will not knowingly distort or misrepresent the accreditation status of the school or the program. Current certificate of certification will be displayed openly in the Program Director's office.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

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Curriculum
Requirements for Program Length
Admission Criteria
Master Schedule
Textbook List
Terminal Objectives
Semester Objectives

DNP PROGRAM REQUIRED CURRICULUM

Nurse Anesthesia

Prerequisites: Basic Statistics Course Required
Basic Computer Skills
One year experience in Adult ICU
Physiology Course required (within five years highly recommended)
Chemistry or Biochemistry Course Required (within five years highly recommended)

DNP Core Courses	**Semester HOURS**
NURS 8263 Interprofessional Leadership for Excellence in Practice, Policy, and Ethics	3
NURS 8270 Population Health in Advanced Interdisciplinary Practice	3
NURS 8261 Conceptual Foundations and Application of Translational Nursing Science	3
NURS 8267 Design and Statistical Methods for Advanced Nursing Practice	3
NURS 8273 Healthcare Finance	3
NURS 8269 Doctor of Nursing Practice Project I	3
NURS 8272 Doctor of Nursing Practice Project II	3
NURS 8274 Doctor of Nursing Practice Project III	3
NURS 8277 Doctor of Nursing Practice Project IV	3

Basic Science Courses	
NURS 8810 Human Physiology for Nurse Anesthetists	5
NURS 8813 Chemistry and Physics of Anesthesia	4
NURS 8805 Advanced Pharmacology for Nurse Anesthetists I	3
NURS 8806 Advanced Pharmacology for Nurse Anesthetists II	5
PTHE 8008 Gross Anatomy and Lab	5

Anesthesia Core Courses	
NURS 8812 Professional Aspects of Nurse Anesthesia	3
NURS 8814 Basic Principles of Nurse Anesthesia	3
NURS 8811 Advanced Principles of Nurse Anesthesia I	3
NURS 8815 Advanced Principles of Nurse Anesthesia II	3
NURS 8816 Advanced Principles of Nurse Anesthesia III	2
NURS 8824 Advanced Principles of Nurse Anesthesia IV	2
NURS 8817 Clinical Correlations I	2
NURS 8818 Clinical Correlations II	1
NURS 8893 Anesthesia Synthesis Course	2
NURS 6610 Health Assessment for Advanced Nursing Practice	3

Clinical Practicums

NURS 8819 Clinical Practicum in Nurse Anesthesia I	1
NURS 8820 Clinical Practicum in Nurse Anesthesia II	4
NURS 8821 Clinical Practicum in Nurse Anesthesia III	4
NURS 8822 Clinical Practicum in Nurse Anesthesia IV	4
NURS 8823 Clinical Practicum in Nurse Anesthesia V	4
Total	**90**

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

PLAN OF STUDY
DOCTOR OF NURSING PRACTICE (DNP) DEGREE PROGRAM – NURSE ANESTHESIA SPECIALTY

	YEAR 1			YEAR 2			YEAR 3		
	Summer (6 s.h.)	Fall (12 s.h.)	Spring (12 s.h.)	Summer (10 s.h.)	Fall (12 s.h.)	Spring (10 s.h.)	Summer (9 s.h.)	Fall (10 s.h.)	Spring (9 s.h.)
DIDACTIC (73 s.h.)	***NURS 8263** Interprofessional Leadership for Excellence in Practice, Policy, and Ethics (3 s.h.)	***NURS 8261** Conceptual Foundations and Application of Translational Nursing Science (3 s.h.)	**NURS 8810** Human Physiology for Nurse Anesthetists (5 s.h.)	**NURS 8814** Basic Principles of Nurse Anesthesia (3 s.h.)	***NURS 8269** Doctor of Nursing Practice Project I (3 s.h.)	***NURS 8272** Doctor of Nursing Practice Project II (3 s.h.)	***NURS 8274** Doctor of Nursing Practice Project III (3 s.h.)	***NURS 8277** Doctor of Nursing Practice Project IV (3 s.h.)	**NURS 8812** Professional Aspects of Nurse Anesthesia (3 s.h.)
	***NURS 8270** Population Health in Advanced Interdisciplinary Practice (3 s.h.)	***NURS 8267** Design and Statistical Methods for Advanced Nursing Practice (3 s.h.)	**NURS 8813** Chemistry and Physics of Anesthesia (4 s.h.)	**PTHE 8008** Gross Anatomy and Lab (5 s.h.)	**NURS 8811** Advanced Principles of Nurse Anesthesia I (3 s.h.)	**NURS 8815** Advanced Principles of Nurse Anesthesia II (3 s.h.)	**NURS 8816** Advanced Principles of Nurse Anesthesia III (2 s.h.)	**NURS 8824** Advanced Principles of Nurse Anesthesia IV (2 s.h.)	**NURS 8893** Anesthesia Synthesis Course (2 s.h.)
		***NURS 8273** Healthcare Finance (3 s.h.)	**NURS 8805** Advanced Pharmacology for Nurse Anesthetists I (3 s.h.)	**NURS 8817** Clinical Correlations I (2 s.h.)	**NURS 8806** Advanced Pharmacology for Nurse Anesthetists II (5 s.h.)			**NURS 8818** Clinical Correlations II (1 s.h.)	
		***NURS 6610** Health Assessment for Advanced Nursing Practice (3 s.h.)							
CLINICAL (17 s.h.)					**NURS 8819** Clinical Practicum in Nurse Anesthesia I (1 s.h.)	**NURS 8820** Clinical Practicum in Nurse Anesthesia II (4 s.h.)	**NURS 8821** Clinical Practicum in Nurse Anesthesia III (4 s.h.)	**NURS 8822** Clinical Practicum in Nurse Anesthesia IV (4 s.h.)	**NURS 8823** Clinical Practicum in Nurse Anesthesia V (4 s.h.)

TOTAL (90 s.h.)	BASIC SCIENCE (22 s.h.)	ANESTHESIA CORE (24 s.h.)	DNP CORE (27 s.h.)	CLINICAL PRACTICUMS (17 s.h.)

*Distance education course

ECU College of Nursing
NURSE ANESTHESIA PROGRAM

Requirements for Program Length

REQUIREMENTS:

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA; 10275 W. Higgins Rd., Suite 906 Rosemont, IL 60018-5603 Phone: 224-275-9129) has determined that for nurse anesthesia programs to be accredited by that body they must be 36 months in duration. The East Carolina University College of Nursing Nurse Anesthesia Program is a 36 month, 90 semester hour program. This meets the current COA minimum requirement. It is the policy of this program to always meet or exceed the COA minimum requirements for program duration.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

ECU College of Nursing
Nurse Anesthesia Program

Admission Criteria

1. One official transcript from each college or university attended.
2. A baccalaureate degree in nursing from a nationally accredited program.
3. A minimum GPA of 3.0 in undergraduate studies and a minimum GPA of 3.0 in nursing major.
4. Satisfactory performance on Test of Foreign Language (TOEFL) scores where English is not the first language. Students on foreign student visas must present evidence of professional standing in their respective countries.
5. Acceptable score on the Graduate Records Examination (GRE) within the past five years.
6. Currently hold a non-restricted license to practice as a registered nurse (RN) in North Carolina or a NCSBN compact state.
7. Must have one year adult critical care experience as an RN
8. Current ACLS Certification required for application and PALS Certification required prior to admission.
9. A statement describing the applicant's interest in graduate study, career goals, and the DNP degree's relationship to those goals.
10. FOUR professional references (two on forms provided in nurse anesthesia addendum packet).
11. Completion of a supplemental nurse anesthesia admissions addendum packet.
12. A course in physiology and chemistry/biochemistry required (within five years highly recommended).
13. A personal interview with a member of the Nurse Anesthesia Admissions Committee.
14. A statistics course with a grade of "C" or higher.

Hyperlink to the Nurse Anesthesia Program: Welcome Future Pirate Nurse Anesthetists! | College of Nursing | ECU

Hyperlink to Council on Accreditation: Council on Accreditation – Supporting Quality Assessment and Improvement in Nurse Anesthesia Education (coacrna.org)

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

2023 Textbook List for Nurse Anesthesia Program

REQUIRED TEXTS:

Bettelheim FA, Brown WH, Campbell MK, Farrell SO, Torres O. (2019). *Introduction to General, Organic, and Biochemistry* (12th ed.). Cengage Learning. ISBN 978-1337571357

Butterworth JF, Mackey DC, Wasnick JD. (2018). *Morgan and Mikhails's Clinical Anesthesiology* (6th ed.). McGraw-Hill Education. ISBN 978-1-259-83442-4. **Available online through Laupus Library**

Carroll, RG. (2007). *Elsevier's Integrated Physiology***.** ISBN 978-0-323-04318-2

Datta S, Kodali BS, Segal S. (2010). *Obstetric Anesthesia Handbook* 5th edition. Springer. ISBN 978-0-387-88601-5

Flood P, Rathmell JP, Urman RD. (2021). *Stoelting's Pharmacology & Physiology in Anesthetic Practice* 6th edition. Lippincott Williams & Wilkins (LWW). ISBN 978-1-97-512689-6

Foster SD, Callahan MF. (2011). A *Professional Study and Resource Guide for the CRNA* (2nd ed.) AANA. ISBN 978-0970027986

Hines RL, Jones SB. (2021) *Stoelting's Anesthesia & Co-Existing Diseases* (8th ed.) Elsevier. ISBN 9780323718608. **Available online at Laupus Library**

Horowitz J, McAuliffe M, Rupp R. (2015) *Ira P. Gunn, Nurse Anesthetist, Writings and Wisdom from a Legendary Nursing Leader.* AANA

Lerman J, Cote C, Steward D, (2016) *Manual of Pediatric Anesthesia: With an Index of Pediatric Syndromes. (7th ed)* ISBN 978-3-319-30682-7 **Available online through Laupus Library**

Longnecker D, Mackey SC, Newman MF, Sandberg, WS, Zapol WM. (2018). *Anesthesiology (3rd ed.)* ISBN 978-0-07-184881-7 **Available online through Laupus Library**

Middleton B, Phillips J, Stacey S. (2012) *Physics and Anaesthesia (2nd ed).* Scion Publishing, Ltd. ISBN 9781911510871

Pardo MC, Miller RD. (2018) *Basics of Anesthesia (7th ed.)* Elsevier. ISBN 9780323401159. **Available online through Laupus Library**

SUGGESTED TEXTS:

Bankert, Marianne. (1989) *Watchful Care: A History of America's Nurse Anesthetists*. Continuum. ISBN: 978-0826405104

Barash PG, Cullen BF, et al. (2017). *Clinical Anesthesia (8th ed.)*. Lippincott Williams & Wilkins. ISBN 978-1-49-633700-9

Brunton LL, Hilal-Dandan R, Knollmann BC (Ed). (2018). *Goodman and Gilman's Pharmacological Basis of Therapeutics (13th ed.)*. McGraw-Hill. ISBN 978-1-25-958473-2. **Available online through Laupus Library**

Chestnut DH, Wong CA, Tsen LC, et al. (2019). *Obstetric Anesthesia: Principles and Practice* (6th ed.). Elsevier ISBN 978-03233566889. **Available online through Laupus Library**

Costanzo LS. (2018). *Physiology* (with student on-line access) (7th ed.) Wolters Kluwer. ISBN 978-1496367617

Cote CT, Lerman J. (2019). A *Practice of Anesthesia for Infants and Children* (6th ed.). Elsevier. ISBN 978-0-323-42974-0

Dorsch JA, Dorsch SE. (2011). *A Practical Approach to Anesthesia Equipment.* Lippincott Williams & Wilkins. ISBN 978-0781798679

Elisha S, Heiner J, Nagelhout JJ. (2023) *Nurse Anesthesia* (7th ed.). Elsevier. ISBN 9780323711944

Faraq E, Mounir-Soliman L. (2020). *Brown's Atlas of Regional Anesthesia* (6th ed.). Elsevier. ISBN 978-0323654357. **Available online at Laupus Library**

Gravlee GP, Shaw AD, Bartels K. (Eds). (2018) *Hensley's Practical Approach to Cardiac Anesthesia* (6th ed.). Lippincott Williams & Wilkins. ISBN 978-1496372666

Hadzic A. (2012) *Hadzic's Peripheral Nerve Blocks and Anatomy for Ultrasound-Guided Regional Anesthesia.* (2nd ed.) McGraw-Hill Professional. ISBN 9780071549639. **Available online from Laupus Library**

Hall JE. (2016) *Guyton and Hall Textbook of Medical Physiology.* (13th ed.). Elsevier ISBN 9781455770168. **Available online through Laupus Library**

Katzung BG, Vanderah TW. (2021). *Basic & Clinical Pharmacology* (15th ed.). McGraw-Hill. ISBN 978-1-260-45231-0. **Available online through Laupus Library**

Koeppen BM, Stanton BA. (2017) *Berne & Levy Physiology* (7th ed.). Elsevier. ISBN 9780323393942. **Available online through Laupus Library**

Miller RD (Ed.). (2019). *Miller's Anesthesia* (9th ed.) 2-volume set. Elsevier. ISBN 9780323596046. **Available online through Laupus Library**

Raff H, Levitzky M. (2011). *Medical Physiology: A Systems Approach.* McGraw-Hill. ISBN 9780071621731. **Available online through Laupus Library**

Sandberg WS, Urman RD, Ehrenfeld JM. (2011). *The MGH Textbook of Anesthetic Equipment.* Elsevier Saunders. ISBN 9780702053658. **Available online through Laupus Library**

Silverthorn, DU. (2018). *Human Physiology: An Integrated Approach* (8th edition). Pearson. ISBN 978-0134605197

This is a list of suggested textbooks. Many are available on-line, without cost, through the Laupus Library. Please check with the course director for the textbooks that are required each semester.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

ECU Nurse Anesthesia Program Terminal Objectives:

1. Be vigilant in the delivery of patient care.
2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).
3. Conduct a comprehensive equipment check.
4. Protect patients from iatrogenic complications.
5. Provide individualized care throughout the perianesthesia continuum.
6. Deliver culturally competent perianesthesia care.
7. Provide anesthesia services to all patients across the lifespan.
8. Perform a comprehensive history and physical assessment.
9. Administer general anesthesia to patients with a variety of physical conditions.
10. Administer general anesthesia for a variety of surgical and medically related procedures.
11. Administer and manage a variety of regional anesthetics.
12. Demonstrate competency in providing advance life support for adults and children (maintain current ACLS and PALS certification).
13. Apply knowledge to practice in decision-making and problem solving.
14. Provide nurse anesthesia services based on evidence-based principles.
15. Perform a pre-anesthetic assessment prior to providing anesthesia services.
16. Assume responsibility and accountability for diagnosis.
17. Formulate an anesthesia plan of care prior to providing anesthesia services.
18. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
20. Calculate, initiate, and manage fluid and blood component therapy.
21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.

22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
23. Use science-based theories and concepts to analyze new practice approaches.
24. Pass the national certification examination (NCE) administered by the NBCRNA.
25. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients/families.
26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
28. Maintain comprehensive, timely, accurate, and legible healthcare records.
29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
30. Teach others.
31. Integrate critical and reflective thinking in his or her leadership approach.
32. Provide leadership that facilitates intraprofessional collaboration.
33. Adhere to the *Code of Ethics for the Certified Registered Nurse Anesthetist.*
34. Interact on a professional level ethically and with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for his or her practice.
38. Provide anesthesia services to patients in a cost-effective manner.
39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder.
40. Inform the public of the role and practice of the CRNA.
41. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
42. Advocate for health policy change to improve patient care.

43. Advocate for health policy change to advance the specialty of nurse anesthesia.
44. Analyze strategies to improve patient outcomes and quality of care.
45. Analyze health outcomes in a variety of populations.
46. Analyze health outcomes in a variety of clinical settings.
47. Analyze health outcomes in a variety of systems.
48. Disseminate research evidence.
49. Use information systems/technology to support and improve patient care.
50. Use information systems/technology to support and improve healthcare systems.
51. Analyze business practices encountered in nurse anesthesia delivery settings.
52. Provide quality nurse anesthesia care to patients from diverse cultural backgrounds, medically underserved communities, and rural health care setting.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

Semester Five Clinical Objectives

1. Accurately performing comprehensive machine and equipment check according to national guidelines
2. Accurately preparing anesthesia cart with drugs and equipment, with consideration to possible complications and emergency situations
3. Selecting, preparing and implementing routine monitoring for each patient undergoing anesthesia, and identifying/correcting anesthetic equipment malfunctions
4. Performing preoperative assessment, obtaining medical and surgical history and performing pre-anesthesia assessments prior to initiating anesthesia
5. Utilizing interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families. Inform patient/family of role of CRNA.
6. Performing airway assessment and intubation on most routine patients requiring general anesthesia
7. Evaluating and maintain a mask airway on uncomplicated patients using proper technique and airway adjuncts
8. Operationalizing anatomic and safety principles in positioning patients in operating room simulated environment for a variety surgical procedures
9. Maintain comprehensive, timely, accurate, and legible healthcare records
10. Demonstrate proper technique in spinal anesthesia administration in Concepts Integration Lab
11. Demonstrate proper technique in epidural anesthesia administration in Concepts Integration Lab
12. Demonstrate proper technique for arterial catheter insertion in Concepts Integration Lab
13. Demonstrate proper technique for central venous access in Concepts Integration Lab
14. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.)

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

Semester Six Clinical Objectives

1. Perform preanesthetic assessment, using laboratory, radiological, and consultative services appropriately to assist preoperative patient evaluation, notifying staff of abnormal values
2. Perform pre-anesthesia teaching for patients
3. Identify ASA (physical status) classifications, and assigning them correctly to patients
4. Formulate anesthesia plans of care based on physical status, surgical needs, patient desires, sound physiologic principles, and safe anesthetic practice prior to providing anesthesia services
5. Present anesthetic care plans to the staff demonstrating oral communication skills
6. Calculate, initiate, and manage fluid and blood component therapy
7. Demonstrate attentiveness to delivery of culturally appropriate care
8. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions
9. Provide individualized and culturally sensitive care throughout the perianesthesia continuum
10. Describe principles of applied pharmacology for each drug used during the course of general anesthetics
11. Perform induction, airway management, proper positioning, and maintenance of general anesthesia on ASA I-III patients for uncomplicated surgeries
12. Protect patients from iatrogenic complications
13. Demonstrate vigilance in communicating changes in the patient's status during the course of the anesthetic to the staff member
14. Demonstrate initial skills in emergence techniques and identifying criteria for extubation
15. Demonstrate knowledge technical dexterity with adherence to aseptic technique in initiating major regional blocks, a-line and central line placements
16. Assume responsibility and accountability for practice decisions including assessing, diagnosing, planning, implementing, and evaluating clinical actions
17. Respect the dignity and privacy of patients and maintaining confidentiality in the delivery of interprofessional care
18. Accepting responsibility and accountability for one's practice

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

Semester Seven Clinical Objectives

1. Develop an advanced anesthetic care plan based on physiological and anesthetic principles, reflecting understanding of patient's needs and surgical requirements
2. Demonstrating self-reliance and self confidence in patient interactions through effective communication that includes patient teaching and informing patient/family of the role of the CRNA
3. Perform induction, airway management, proper positioning, maintenance and emergence with complex cases and in specialty rotations using a variety of anesthetic techniques, agents and equipment
4. Demonstrate proficiency in advanced airway skills including endoscopic techniques
5. Demonstrate vigilance by adjusting medications and fluids based upon patient responses to anesthesia and surgery, and responding appropriately to changes
6. Demonstrate understanding of anatomic and anesthetic concepts using ultrasound to place a variety of regional anesthetics regional anesthetics and invasive monitors
7. Transferring responsibility for care for patients to qualified providers in a manner that assures continuity of care and patient safety
8. Demonstrate effective verbal, nonverbal and written communication
9. Demonstrate ability to work harmoniously with all members of the healthcare team
10. Use information systems/technology to support and improve patient care
11. Maintain comprehensive, timely, accurate and legible healthcare records
12. Utilize interpersonal and communication skills that results in effective interprofessional exchange of information and collaboration with other healthcare professionals
13. Interact on a professional level with integrity
14. Provide peer/anesthesia department presentation, providing information based upon scientific theories and concepts to analyze new approaches to practice.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

Semester Eight Clinical Objectives

1. Develop appropriate anesthetic care plans based on surgical requirements, patient assessment, past medical history, and appropriate anesthetic principles prior to consultation with the staff member

2. Determine additional studies or consultations that may be required for optimal preoperative anesthesia assessment

3. Demonstrate increasing sophistication and skills in anesthesia practice

4. Demonstrate proficiency in providing general/regional anesthesia for patients of all ages and ASA classifications for a variety of surgical procedures, both elective and emergent, keeping the patients physiologic parameters within acceptable limits

5. Demonstrate proficiency administering general anesthesia to patients with a variety of physical conditions

6. Demonstrate proficiency administering general anesthesia for a variety of surgical and medically related procedures

7. Demonstrate constant vigilance of surgical fields, patients responses to surgery and anesthesia fluid and electrolyte needs, and responding appropriately to changes

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

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

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

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

12. Develop abilities to function independently while being aware of personal limitations and requesting assistance when appropriate

13. Maintain increasing degrees of composure during stressful situations

14. Continue to demonstrate the ability to work harmoniously with all members of the healthcare team

15. Provide peer/anesthesia department presentation, providing information based upon scientific theories and concepts to analyze new approaches to practice.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

Semester Nine Clinical Objectives

1. Develop an appropriate anesthetic care plan for planned and emergent cases that reflects the ability to properly assess patients, and identify potential as well as established anesthetic implications
2. Demonstrate increasing sophistication and skills in anesthesia practice, and the ability to function independently
3. Demonstrate increasing flexibility and adaptability in anesthetic management
4. Demonstrate ability to apply knowledge to practice in decision-making, diagnosing and problem solving
5. Demonstrate ability to provide nurse anesthesia services based on evidence based principles
6. Demonstrate ability to recognize and appropriately manage complications that occur during the provision of anesthesia services
7. Demonstrate ability to maximize learning opportunities, and benefit from constructive criticism
8. Demonstrate the ability to function independently in all but the most difficult cases
9. Demonstrate ability to communicate effectively with all members of the health care team
10. Demonstrate self-directed learning behaviors and seek constructive evaluations from the staff members, and use this information to improve abilities and enhance performance
11. Function as a resource person for the entire health care team
12. Demonstrate an understanding of and a clinical practice commensurate with an in-depth knowledge of professional ethics
13. Integrate critical and reflective thinking in one's leadership approach.
14. Provide leadership that facilitates intraprofessional and interprofessional collaboration.
15. Function within established legal and regulatory requirements
16. Provide peer/anesthesia department presentation, providing information based upon scientific theories and concepts to analyze new approaches to practice.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21

East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

4

Admission Fees and Tuition
Self-Evaluation Examinations (SEE)
AANA Associate Membership
Professional Liability Insurance

ECU College of Nursing
Nurse Anesthesia Program
Fall 2021 Student Fees and Expenses

Instate				
1st Year		Hours		Tuition
	Summer	6 (DE)	$	1,735.16
	Fall	12 (DE)	$	3,469.82
	Spring	12	$	2,374.50
2nd Year				
	Summer	10	$	2,374.50
	Fall	12 (3DE)	$	2,374.50
	Spring	10 (3DE)	$	2,374.50
3rd Year				
	Summer	9 (3DE)	$	2,374.50
	Fall	10 (3DE)	$	2,374.50
	Spring	9	$	2,374.50
		Subtotal:	**$**	**21,826.48**
Additional Program Fees:				
Tuition Differential				
For all NURS Course				$11,250
Educational/Tech Fee			$	1,410.50
Health Service Fee			$	1,116.50
Safety & Security Fee			$	182.00
University Fee			$	7,318.50
Clinical Access Fee			$	237.50
		Subtotal:		**$21,515**
Total Program Costs (7 semesters)				
Tuition			$	21,826.48
Additional Fees			$	21,515.00
			$	**43,341.48**
Miscellaneous				
Clinical Assessment Fee			$	750.00
Health Insurance				
Two Lab Coats				
Ear Piece			$	65.00
Stethoscope				
Calculator				
Textbooks			$	1,200.00
Student Self-Evaluation Exam			$	500.00
AANA Membership			$	200.00
National Certification Exam			$	995.00
Liability Insurance			$	550.00
			$	**4,260.00**
Final Program Costs			**$**	**47,601.48**

Out of State				
1st Year		Hours		Tuition
	Summer	6 (DE)	$	6,118.16
	Fall	12 (DE)	$	12,235.82
	Spring	12	$	8,949.00
2nd Year				
	Summer	10	$	8,949.00
	Fall	12 (3DE)	$	8,949.00
	Spring	10 (3DE)	$	8,949.00
3rd Year				
	Summer	9 (3DE)	$	8,949.00
	Fall	10 (3DE)	$	8,949.00
	Spring	9	$	8,949.00
		Subtotal:	**$**	**80,996.98**
Additional Program Fees:				
Tuition Differential				
For all NURS Courses				$11,250
Educational/Tech Fee			$	1,410.50
Health Service Fee			$	1,116.50
Safety & Security Fee			$	182.00
University Fee			$	7,318.50
Clinical Access Fee			$	237.50
		Subtotal:		**$21,515**
Total Program Costs (7 semesters)				
Tuition			$	80,996.98
Additional Fees			$	21,515.00
			$	**102,511.98**
Miscellaneous				
Clinical Assessment Fee			$	750.00
Health Insurance				
Two Lab Coats				
Ear Piece			$	65.00
Stethoscope				
Calculator				
Textbooks			$	1,200.00
Student Self-Evaluation Exam			$	500.00
AANA Membership			$	200.00
National Certification Exam			$	995.00
Liability Insurance			$	550.00
			$	**4,260.00**
Final Program Costs			**$**	**106,771.98**

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/10/21 **Fees and expenses are subject to change without notice

Additional Fees (subject to change without notice)

1) **Self-Evaluation Examination**
   Students will be required to take this exam (current cost $250.00 per exam) twice. Typically, students find they benefit by taking this exam twice.

2) **AANA Associate Membership**
   Students will be encouraged to join the American Association of Nurse Anesthetists Associate Membership Program. The Cost is $200.00 and provides subscription to the AANA Journal, The AANA Bulletin, and eligibility to serve on one of the Councils associated with the AANA or The AANA Education Committee. Students will also be encouraged to maintain membership in other professional organizations.

3) **National Certification Examination**
   Students will pay an examination fee of $995.00 (fee subject to change) made payable to the Council on Certification in March of the third year. The check will accompany the Transcripts for Certification Examination which is mailed by the Program. This examination is given by appointment made by the student with testing centers.

4) **Professional Liability Insurance**
   Students will be required to purchase this insurance (see Policy on Liability Insurance) prior to enrolling in clinical practicum courses. This may be purchased through the AANA.

12/8/17, 7/16/18, 8/7/19, 7/14/20

East Carolina University College of Nursing
Nurse Anesthesia Program

Requirements for Liability Insurance

LIABILITY INSURANCE:

1. All Nurse Anesthesia Graduate Students are required to present evidence of professional liability insurance prior to enrolling in a clinical practicum course. Liability insurance of $1,000,000 each claim and $3,000,000 in aggregate is required for enrollment in all clinical nursing courses. Verification of coverage is required each semester.

2. Information about policies is available from the Program Director.

3. Liability insurance provided by an employer does not cover you as a student.

12/8/17, 7/16/18, 8/7/19, 7/14/20

East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

5

Information for Students

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ECU College of Nursing
Nurse Anesthesia Program

Confidentiality

The Nurse Anesthesia Program will adhere to appropriate standards of confidentiality.

1. Information concerning students' progress in the program shall be disseminated only to faculty of ECU Nurse Anesthesia Program who have a need of such information to determine assignments for the student's benefit, and the College of Nursing Associate Dean of Graduate Programs.
2. Student records shall be kept in a locked area unless attended by a staff or faculty member from the Nurse Anesthesia Program.
3. Faculty discussions of a student's performance with another student or uninvolved faculty member will not be condoned by the Program.
4. The Nurse Anesthesia Program will abide by the ECU policy for the administration of student records which is in accordance with provisions of the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) (Refer to ECU Graduate Catalog).

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Procedures/Guidelines Manuals

1. The Program Director and faculty maintain a current Administrative Manual containing additional program-specific procedures/guidelines. The faculty reviews program handbooks (faculty/administrative and student) annually. Each procedure/guideline is subject to revision, and the date on which it was reviewed is noted on the individual procedure/guideline. Each one has the approval of the Program faculty.

2. Administrative policies will be reviewed and revised as necessary on an annual basis in conjunction with the Program Director's Meeting. Changes in administrative policies will be in accordance with University policies, and Standards and Guidelines from the Council on Accreditation of Nurse Anesthesia Educational Programs (COA; 10275 W. Higgins Rd., Suite 906 Rosemont, IL 60018-5603 Phone: 224-275-9129)
3.
4. The Faculty/Administrative Handbook and the Student Handbook will be reviewed in their entirety annually. Pen and ink changes will be made in the interim. Students and faculty will receive copies of any updated policies.

5. The Program Director distributes a copy of the Student and Faculty/Administrative Manual to all clinical sites. Copies are available in the Program Director's office and interested individuals may review them upon request.

6. Each January all nurse anesthesia students receive a copy of the Student Handbook on compact disc. This is also posted on the Nurse Anesthesia Program website. In addition, this information is reviewed with the incoming students, and they are expected to review the manual in detail.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Recruitment

Recruitment is conducted by the Program Director and the nurse anesthesia program faculty.

Recruitment Materials

1. The College of Nursing Recruitment Office in conjunction with the Program Director and faculty review published recruitment materials (printed and electronic) annually for currency, accuracy, consistency, and clearness.

2. Electronic Program information is available to the public through the following sites:

   ECU website: http://www.ecu.edu
   CON website: Home | College of Nursing | ECU
   NAP website: Welcome Future Pirate Nurse Anesthetists! | College of Nursing | ECU

   The printed version of Program information is mailed upon request.

3. The following information about the most recent graduating class is available on the NAP website and is updated annually:
   a. Graduation rate/attrition
   b. NBCRNA NCE pass rate for first time takers
   c. Employment of graduates as CRNAs within 6 months of graduation.

4. Recruitment information may include the following disclaimer:
   The programs, policies, requirements, and regulations listed are continually subject to review in order to serve the needs of the University's and College's various regulatory bodies and to respond to the mandates of the University and the North Carolina Board of Nursing. Changes may be made without advance notification.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Clinical Faculty Evaluation

1. Clinical instructor evaluations occur annually; a sample of clinical faculty will receive self-evaluations, and students will evaluate these faculties.

2. The faculty evaluations will be collected and summarized.

3. Clinical instructor evaluations will be reviewed by the Clinical Education and Evaluation Committee and in the Program Directors Meeting.

4. Clinical faculty evaluations will be shared with clinical coordinators, and counseling will be made available to all clinical faculties upon request.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Course Evaluation by Students

1. Students will complete a course/instructor evaluation on each course to include clinical courses each semester.

2. The course evaluation summaries are shared with the appropriate course director.

3. The Course Evaluations will be reviewed with student representation in the Curriculum Review Committee. Recommendations for changes will be considered at Program Director's Meeting.

4. Summaries of recommendations and changes subsequently made/not made will be shared with the Program Advisory Committee

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Notification of Unsatisfactory Academic/Clinical Performance

1. Students are required to inform the CRNA Faculty Advisor within one week of any failing didactic grade received.

2. Students will schedule a meeting with the course instructor whenever they receive a failing grade.

3. Students MUST inform the Director of Clinical Education immediately of any failed clinical day.

4. Students will be notified of outcomes associated with failure to receive a passing grade, which in some situations could place them on academic probation, and/or result in possible dismissal from the program.

5. Recommendations on student support resources available will be made.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Notice of Non-Discrimination

The full-text of this policy is available at
Nondiscrimination | Office for Equity and Diversity | ECU

East Carolina University is committed to equality of opportunity and does not discriminate against applicants, students, employees, or visitors based on race/ethnicity, color, creed, national origin, religion, sex, sexual orientation, age, veteran status, political affiliation, genetic information, or disability.

East Carolina University supports the protections available to members of its community under all applicable federal laws, including Titles VI and VII of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; Section 799A and 845 of the Public Health Service Act; the Equal Pay Act 1963, as amended; the Age Discrimination in Employment Act of 1967, as amended; the Rehabilitation Act of 1973, as amended; the Pregnancy Discrimination Act of 1978; the Civil Rights Restoration Act of 1988; the Vietnam Era Veteran's Readjustment Assistance Act of 1974; the Civil Rights Act of 1991 and the Americans with Disabilities Act of 1990, as amended; Title II of the Genetic Information Non-discrimination Act of 2008; and Executive Order 11246 of 1965, as amended; the N.C. General Statutes Section 126-16, as amended and other applicable federal and state laws.

In compliance with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended, accommodations of the disabled extend to student programs, employment practices, elimination of physical barriers, and special assistance to disabled students and employees within the University.

This nondiscrimination policy covers admission, readmission, access to, and treatment and employment in University programs and activities, including, but not limited to, academic admissions, financial aid, any services, and employment.

Internal Complaint Resolution Procedures for Formal Complaints of University Prohibited Harassment or Discrimination

If you believe you have been harassed or discriminated against based on a protected class prohibited in the University's Notice of Nondiscrimination Policy (i.e., "Prohibited Harassment or Discrimination"), you may first try to resolve the issue by talking with your supervisor. If you are not satisfied with the outcome of that discussion or do not feel comfortable talking with your supervisor about the issue, please follow the general steps for resolution outlined below:

1. An employee or student alleging harassment or discrimination based on a protected class prohibited in the University's Notice of Nondiscrimination should report the alleged harassment directly to East Carolina University's Associate Provost for Equity and Diversity, who also serves as the Title IX Coordinator and ADA/Section 504 Compliance Officer, within 30 calendar days of the alleged harassing or discriminatory action. *[Please note: Complaints of prohibited harassment or discrimination against students should be reported directly to the Dean of Students Office.]*

2. Written complaints outlining the nature of the alleged harassment or discrimination should be submitted via the online Grievance Reporting Form available at the following web address: http://www.ecu.edu/oed. Please select the link entitled, "Submit a Grievance" in the Protected Class Grievances section. Grievance Reporting Forms submitted via this process are transmitted directly to the Office for Equity and Diversity to:

LaKesha Alston Forbes
Associate Provost for Equity and Diversity
East Carolina University Suite G-406, Old Cafeteria Building
Greenville, North Carolina 27858

3. Once a written complaint is received, the Associate Provost will review the complaint. The Associate Provost will confirm receipt of the complaint and provide any guidance regarding appropriate next steps in the review to the person who filed the complaint.

4. A determination based on the findings from the Associate Provost's investigation of the allegations will be communicated in writing to the employee or student who filed the complaint, the individual(s) who responded to the complaint and the divisional vice chancellor within approximately sixty (60) calendar days from receipt of the written complaint.

5. If an employee or student is not satisfied with the determination based on the findings from the Associate Provost for Equity and Diversity, the individual has thirty (30) calendar days from the date he or she received written notification of the determination made to submit a letter or intent to appeal to:

LaKesha Alston Forbes
Associate Provost for Equity and Diversity
East Carolina University Suite G-406, Old Cafeteria Building
Greenville, North Carolina 27858

6. Any act by a University employee or student of reprisal, interference, restraint, penalty, discrimination, coercion, retaliation, or harassment against an employee or student for using the applicable policies responsibly interferes with free expression and openness and violates University policy. Accordingly, members of the University community are prohibited from acts of reprisal and/or retaliation against those who file complaints, are involved as witnesses, or otherwise try to responsibly use University policies.

7. Information regarding the rights and responsibilities of the complainant, the respondent(s), and any witnesses is available in the Office for Equity and Diversity.

8. Additional information regarding discrimination and harassment prevention and resolution, to include helpful definitions is available by visiting: http://www.ecu.edu/oed.

9. The above procedures are intended to provide a general outline of the process followed in resolution of formal complaints of harassment/discrimination. University policy includes multiple grievance procedures that are followed based on the parties involved (i.e. students, faculty, staff, EPA non-faculty, etc.). Additional information is available in the ECU Faculty Manual, the ECU EEO Plan, and the ECU Student Handbook online. The Office for Equity and Diversity will consult and advise about specific procedural matters when necessary.

Any student who has an issue or concern in regard to his or her rights under Title IX may inquire first with the Dean of Students Office. Any member of the University community desiring information or having a complaint or grievance in regard to these provisions should contact the Associate Provost for Equity and Diversity, who also serves as the Title IX Coordinator and ADA/Section 504 Compliance Officer, LaKesha Alston Forbes, Office for Equity and Diversity, Suite G-406 Old Cafeteria Building, East Carolina University, Greenville, NC 27858-4353. Telephone 252-328-6804. Internet: www.ecu.edu/oed.

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ECU College of Nursing

Nurse Anesthesia Program

Addendum to Notice of Non-Discrimination

In addition to the East Carolina University Notice of Non-Discrimination, the Nurse Anesthesia Program does not discriminate against applicants, students, employees, or visitors based on race/ethnicity, color, creed, national origin, religion, gender, sexual orientation, marital status, age, veteran status, political affiliation, genetic information, disability, or any protected class.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Communication

1. It is the responsibility of the student to inform the program within two business days of any change in address or phone number

2. It is the responsibility of the student to inform the AANA within two business days of any change in address

3. Students are required to use their ECU e-mail account for email communications with the program and faculty.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

East Carolina University College of Nursing
Nurse Anesthesia Program

Student Conduct/Honor Code

1. Student enrolled at ECU are expected to uphold at all times standards of integrity and behavior that will reflect credit upon themselves, their families, and East Carolina University. Students are also expected to behave with propriety and to respect the rights and privileges of others. They are expected to abide by the laws of the city, state, and nation, and by all rules and regulations of East Carolina University. Failure to do so may result in separation from the University.

2. Graduate students are subject to the academic integrity policy of the University:

   "Academic integrity is expected of every East Carolina University student. Academically violating the Honor Code consists of the following: **cheating** - the giving or receiving of any unauthorized aid or assistance or the giving or receiving of unfair advantage on any form of academic work; **plagiarism** - copying the language, structure, ideas, and/or thoughts of another and adopting those as one's original work; **falsification** - statement of untruth, either verbal or written, regarding any circumstances relating to academic work; and attempting any act which if completed would constitute an academic integrity violation as defined above. No student may drop the involved course or withdraw from school prior to resolving an academic integrity charge."

   Procedures governing academic integrity violations are described in the *ECU Graduate Catalog:* http://catalog.ecu.edu/content.php?catoid=13&navoid=1048#Academic_Integrity

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

East Carolina College of Nursing Academic Integrity

"Copying the language, structure, ideas and/or thoughts of another and adopting the same as one's own original work."

-From the *ECU Faculty Manual* online; Office of Student Rights and Responsibilities

EastCarolinaUniversityFacultyManual.pdf (ecu.edu)

View "What is Plagiarism" PowerPoint by Wendy Sharer, ECU Department of English
http://libguides.ecu.edu/c.php?g=543684&p=5213435
View the YouTube from ECU Joyner Library
https://www.youtube.com/watch?v=DHjigFq2qgA&feature=youtu.bu
View Prezi on Plagiarism https://prezi.com/mg-kdi6w-dg1/copy-of-plagiarism-uwp/
Visit "Fostering Academic Integrity in Distance Education" an ECU website and read the information.
https://www.ecu.edu/cs-acad/dcs/upload/Fostering_Academic_Integrity_in_DE-2016-2017.pdf
Visit "Student Resources – Avoiding Plagiarism" an ECU website and read the information.
http://libguides.ecu.edu/c.php?g=543684&p=5213435
View ECU Academic Integrity Policy in the Catalog
http://catalog.ecu.edu/content.php?catoid=13&navoid=1048&hl=%22honor+code%22&returnto=search#Academic_Integrity

FAILURE TO ADHERE TO, OR TO MEET THE STANDARDS OF EAST CAROLINA UNIVERSITY'S ACADEMIC INTEGRITY POLICY, MAY RESULT IN A MAXIMUM PENALTY OF EXPULSION FROM EAST CAROLINA UNIVERSITY.

1. I will use only my own assigned/selected username and password when participating in online activities such as exams or assignments.
2. I will use only materials permitted by my course faculty while taking online exams.
3. I will discuss only appropriate course materials and not exam content with other students.
4. I will do my own work and will not share individual assignments with others according to my course faculty's requirements.
5. I will footnote and cite materials according to my course faculty's citation preference. (Example APA, MLA)
6. I will do my own work when taking exams and completing assignments.
7. I will not provide answers to other students during an exam, such as using an online communication tool to send/receive answers.
8. I will not copy and or provide another student with test questions accessed during an exam.
9. I will not purchase any academic papers and submit them as my own

Signed _____ _____
Student's Name Date

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Computer Requirements

1. To make more efficient use of faculty and students' time, the Program utilizes the latest technology in teaching and learning. The students are required to be computer literate in word processing upon entering the Program. They must have access to a personal computer that is compatible with the College of Nursing requirements. The computer must be capable of sending and receiving email and conducting Internet searches. Students will be expected to access course syllabi, outlines and handouts through Blackboard. A home high speed internet service provider is highly recommended.

2. Students in the Nurse Anesthesia Program must comply with the College of Nursing Guidelines for laptop use in the classroom, online student conduct, and social media use by students. (College of Nursing Graduate Student Handbook)

12/8/17, 7/16/18, 8/7/19, 7/14/20

ECU College of Nursing
Nurse Anesthesia Program

Guiding Principles for Social Media Use

- Students are encouraged to utilize social media with knowledge that there are risks.
- Information can take on a life of its own.
- Inaccuracies can become “fact”.
- The public’s trust in nurse anesthetists can be compromised.
- “Branding” of self can undermine an individual’s nurse anesthesia career.
    - You are negatively branded using slang, inappropriate language, and grammar.
- Content once posted or sent can be disseminated to others.
- “Social Media” may include Twitter, Facebook, Instagram, Snapchat, Tiktok, and hashtags, among other platforms.
- Strive to maintain professional decorum on social media just like you would in person.

Guidelines for Online Professional or Personal Activity with Social Media

1. Carefully consider criteria for approval of any person you allow access to your site. Remember anyone who accesses your site can read all information posted.

2. You are legally liable for what you post on your site and your posts on the site of others. Individual bloggers have been held liable for proprietary, copyrighted, defamatory, libelous, or obscene commentary as defined by the courts.

3. Think archival systems. Search engines can research posts years after the publication dates. Archival systems save information including deleted postings.

4. Monitor your mood while posting. It is wise to delay posting until you are calm and clear-headed.

5. You will have an opportunity to provide feedback in the appropriate venue on the course and faculty at the end of each course. Therefore, social media platforms are considered inappropriate locations to provide this feedback.

6. You are “branding” yourself with each posting as well as representing ECU CON, the Nurse Anesthesia Program, nursing, and the nurse anesthesia profession.

7. Employers and recruiters are looking for social media activity when reviewing résumés for job opportunities.

8. Take advantage of privacy settings and you **MUST separate** personal and professional information online.

9. No unauthorized photographs are to be taken/posted in any clinical facility.

10. At no time should you be engaging in social media while administering an anesthetic.

11. Tagging of the University or Program should only be utilized for professional or program related posting (avoid the use of Hashtags that tag the program as well for personal posts).

12. Please use caution and discretion when wearing any ECU Nurse Anesthesia Program insignia (i.e. Name tags, jackets, shirts, etc.), as this reflects on the program as well.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

East Carolina University
College of Nursing
Nurse Anesthesia Program

Dress Code

DRESS CODE:

1. When in the clinical area students must abide by clinical facility rules regarding dress and grooming. Students must maintain a clean and well-groomed appearance. Operating room shoes must be clean and in good repair.

2. ***Shoes*** - closed toe and heel. Shoes must be neat and clean. Shoes should be professional in appearance, safe for the clinical setting (such as less than 1 in heels).
   Name pin - worn on left side just above insignia and be visible at all times.
   Hair Style and Beards – Hair: simple, neat, clean, off the collar, and away from the face and well controlled. No hair extensions, hair ornaments, decorative caps or scarves. Minimal head coverings worn for religious beliefs are acceptable but must allow the student to use a stethoscope and other medical instruments and must not interfere with client examinations. Principles of infection control must be followed. Beards: men must be clean-shaven or have beard neat and trimmed.
   Jewelry – one ring each hand maximum.
   ***Earrings -* One pair** of small stud earrings worn in the lower ear lobes may be allowed if in accordance with the clinical setting. No other visible body piercing, studs/jewelry allowed including tongue studs, nose rings, eyebrow jewelry and pinna or tragus jewelry.
   Cosmetics - minimal and subtle. No fragrances.
   Fingernails - No artificial nails, extensions or nail polish. Short, clean nails only.
   Tattoos – no visible body tattoos

3. Business casual clothes should be worn while in the classroom. Refer to the ECU College of Nursing Dress Code for the definition of business casual. Outside the operating room please wear business casual clothing or scrubs under a clean white lab coat.

4. **Additionally, all clinical sites' dress guidelines must be followed.**

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/16/21, 2/17/23

ECU College of Nursing
Nurse Anesthesia Program

Financial Aid

The ECU College of Nursing, Nurse Anesthesia Program will make every effort to assist students in the continuation of their education.

1. Through the use of federal and state funds, as well as contributions from its many friends and alumni, East Carolina University makes every effort to assist students in the continuation of their education. The staff of the university Office of Student Financial Aid assists students in obtaining funds from the source best suited to the individual's needs.

2. Two main types of financial assistance are available to qualified students: gift aid, consisting of grants and scholarships, and long term educational loans.

3. Because the primary aim of financial aid programs is to provide assistance to students who, without aid, would be unable to continue their education, most of the funds are awarded on the basis of financial need. However, in its efforts to strive for excellence, the university offers assistance to some talented students based on merit rather than need.

4. The University participates in federal programs which provide funds on the basis of financial need as follows:

    - Federal Pell Grant
    - Federal Supplemental Educational Opportunity Grant
    - Federal Parent Loan Program
    - Federal Perkins Loan
    - Federal Stafford Student Loan Program
    - Nursing Student Loan

5. Information pertaining to the application process, types of aid available, and academic requirements may be obtained from the East Carolina University Office of Student Financial Aid.

6. Student loans are available through the AANA for catastrophic events. Students should contact the AANA office in Park Ridge, IL for information.

7. The College of Nursing also offers scholarships for select qualified students (see CON Student Handbook for CON scholarship application).

Additional sources of funding can be found at, http://www.ecu.edu/cs-acad/gradschool/Graduate-School-Financial-Resources.cfm, www.aana.com, and NC Master's Nurse Scholars program at www.cfnc.org.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

HEALTH FORMS DOCUMENTATION

Student Health Services requires that the Report of Medical History form be on file prior to a student attending classes. The College of Nursing requires that entering nursing students have a complete physical examination, within the past six (6) months, prior to the beginning of any clinical practicum experiences. As part of the health information submitted, a statement from the student's physician or practitioner must attest to their emotional and physical ability to carry out nursing functions. Near the bottom of page 2 of the physical form there is a block that says —Only for Students Admitted to a Health Sciences Program. This block must be completed by the health care provider to meet a requirement of the North Carolina Board of Nursing. MSN students must have all updated immunization records on file in the College of Nursing Office of Student Services prior to clinical practicum experiences.

Students must provide evidence annually of a negative TB test. A two-step PPD test or TB Gold Test are acceptable methods to indicate that a student is negative for TB. If a student has a positive TB test, the student must provide evidence of adherence to a treatment plan or the student may elect to have a chest X-ray.

Students are required to comply with the Center of Disease Control (CDC) guidelines concerning prophylaxis for hepatitis B. The CDC recommends that health science students who may handle needles, syringes and/or blood more frequently than once per month be immunized against hepatitis B. One to two months after completion of the three shot series, students are required to have a titer drawn. If the titer is negative, the student must complete a second series of the Hepatitis B vaccine. Following the second series of shots, a second titer is drawn. If this tier is positive it indicates immunity however if it is negative the student is considered a non-responder and no further action is needed.

Students are also required to have immunizations or a titer for chicken pox (varicella). If the student's varicella titer is negative, 2 doses of varicella vaccine are required. Please remember that a person can have chicken pox and still have a negative titer due to a light case. The ECU Student Health Center can draw the varicella titer. It is also necessary to make sure that you are immunized against rubella and rubeola. Tetanus/diphtheria and/or TDAP (preferred) vaccines must be current (within the past 10 years). We suggest you contact your healthcare provider or the Student Health Service to receive these important immunizations and/or titers.

Students are required to adhere to University and/or Clinical Agency requirements for Flu Shots

Students who do not submit all required health documentation on time will be dismissed from clinical until health requirements (including CPR and liability insurance coverage) are met. Students who must miss a clinical day due to not adhering to policy may be at risk for failing clinical.

Students are required to complete all College of Nursing required documentation for clinical placement. For any questions regarding immunizations, physical exam forms, or any pre-admission testing, see the College of Nursing Graduate Student Handbook.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Health Insurance Requirements

In accordance with the University requirements, all ECU students enrolled in campus based degree seeking programs and enrolled in at least 6 hours of credit must have health insurance coverage, either through the UNC System plan, or have requested and received a waiver for personal/private insurance. Students, who have questions regarding their health insurance, should be referred to the Student Health Center's website for further information. http://www.ecu.edu/studenthealth/.
Health insurance coverage is a mandatory requirement for enrollment in the College of Nursing.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

STUDENT ILLNESS

1. All classes and clinical rotations are considered mandatory. Students must be able to complete all clinical rotations in order to graduate.

2. If a student calls in “sick” or is admitted to the hospital, they must immediately notify the Program Director/Associate Director. Leaving a message on voice mail is NOT sufficient. You must speak with the Director, Associate Director or a member of the Nurse Anesthesia Program. When students are scheduled in the clinical area they MUST also notify the Director of Clinical Education and the Clinical Coordinator by phone if they are not going to be in the clinical area.

3. Failure to report an illness by the student to the clinical area and to the Nurse Anesthesia Program Office constitutes an unexpected absence and is unacceptable.

4. If a student has frequent absences due to illness, he or she may be requested to see a physician at his or her expense.

5. Any physical condition that significantly interrupts the course of instruction or adversely impacts the student’s ability to carry out the tasks associated with anesthesia practice may be cause for “set-back” or dismissal from the program.

6. All unscheduled time out of clinical instruction must be made up.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing

Policy on Impairment and Chemical Substance Abuse

POLICY:

1. Rationale: Our philosophy regarding student substance abuse revolves around protecting the public's health and assisting the student in recovery. To ensure patient safety, comply with clinical facility policies and the North Carolina Board of Nursing policy [21 NCAC 36.0320(d)], and assist students in recovery, the College of Nursing (CON) has adopted a substance abuse policy.

2. Policy: The CON will be responsible for appropriately identifying and referring students who are abusing substances to Student Health Services and Center for Counseling and Student Development. The student is accountable for his/her own recovery process.

3. Informed consent: As a condition of admission to the Nursing Program, students are required to comply with this policy and submit a written statement of informed consent.

4. Definitions: A nursing student is any full-time or part-time student admitted to the CON which includes all degree programs. Substance abuse is the use of illegal/ un-prescribed substances or alcohol that impairs performance when engaging in any learning activity: classes, laboratory and/or delivery of patient care.

PROCEDURE:

A. Drug Screening Program

    1. Admission Drug Screen. Students applying for admission to the nursing program after completing all pre-requisites are selected for admission to the CON pending a negative drug test. Admission may be denied or withdrawn for a positive drug test. The list of drugs that are tested are found in the table below.

    2. Procedure for drug screening. Students will be notified of the procedure for drug screening in their admission letter. Students must use the CON approved vendor and process for reporting drug screen results. Results will be maintained confidentially in the CON Office of Student Services. All expenses associated with drug screening are the responsibility of the student.

    3. Implications of positive results. A drug screen will be presumed positive if any of the drugs listed are found in a blood or urine screen. Presumed positives will be confirmed by a second screen from the original sample. If the screen is determined to be positive, the student will be referred to the ECU Counseling and Student Development Office for evaluation to determine if there is presence or absence of abuse. The ECU Counseling and Student Development Office will notify the Dean of the CON of their evaluation. The results of all screens will be maintained as confidential in the CON Office of Student Services. Access will be limited to the student and the CON administrators for use in the hearing process or for readmission process.

B. Screening based on Reasonable Suspicion

1. A student may be subject to screening at any time when, in the judgment of a faculty member or preceptor, there is reasonable cause to suspect the student is impaired due to substance abuse. Such individualized reasonable suspicion may be based on information from any source deemed reliable by the faculty member, including but not limited to:

    i. Observed possession or use of illegal /non-prescribed substances or alcohol that impairs performance.

    ii. Observed change in appearance or behavior that is reasonably interpretable as being caused by substance abuse by CON faculty or preceptor.

2. When individualized reasonable suspicion is found to exist; the faculty begins the documentation process by completing the Faculty Report of Reasonable Suspicion of Drug/Alcohol Use Form.

3. Once reasonable suspicion is determined by a faculty member and the student has been confronted by the faculty member who documents the suspected conduct, the student will be removed from the learning environment and the faculty member will coordinate the screening procedure with Undergraduate Student Services or the Associate Dean for the Graduate Program as appropriate and will refer the student to the ECU Counseling and Student Development Office for evaluation to determine if there is presence or absence of abuse. The ECU Counseling and Student Development Office will notify the Dean of the CON of their evaluation. The student is responsible for all expenses associated with drug screening. A consent and release form will be signed by the student for drug screening. Validated copies of the drug screen results will be sent to the CON Office of Student Services.

4. Students engaging in clinical experiences outside the usual screening center business hours will be subject to that clinical agency's policy on substance abuse policy and responsible for any fees incurred associated with screening. Students must provide an official copy of results to the CON Office of Student Services.

5. Once the faculty member has confronted and removed the student from the learning environment, the faculty member shall notify the Chair and submit the Faculty Report of Reasonable Suspicion of Drug/Alcohol Use Form to the Executive Director of Student Services or the Associate Dean for the Graduate Program.

6. The Executive Director of Student Services and the Associate Dean for the Graduate Program are responsible for ensuring the student provides the necessary drug screening documents, and informing the Administrators of the CON.

7. If illegal substance abuse is substantiated by screening, the student must agree to participate in a drug education and counseling program and pay all program fees, consent to regular drug screening and other conditions and restrictions, including community service. Refusal or failure to do so shall result in suspension from enrollment for the remaining period of probation. For second or subsequent offenses involving illegal possession of controlled substances, progressively more severe penalties shall be imposed, including expulsion.

C. Voluntary admission of substance abuse

Students who voluntarily report to CON faculty or administrators that they have a substance abuse problem, will be assisted by the CON Executive Director of Services or Associate Dean for the Graduate Program to obtain services through East Carolina University Student Health Services and/or the Center for Counseling and Student Development. The CON Executive Director of Student Services or the Associate Dean for Graduate Programs as appropriate will report voluntary admission to the CON Dean. Continued participation in the program will be at the discretion of the Dean. If a positive drug screen is obtained, the student will submit to drug screens as requested by the CON and will be suspended in a manner consistent with the applicable CON and University policies and procedures.

D. Admission/Readmission after a Positive Drug Screen

A student whose admission is withdrawn or suspended from the clinical component of the CON due to a positive drug screen will be considered for readmission if among others, the following conditions are met:

a.) Submit at time of reapplication to an evaluation for substance abuse by CON approved agency and complete the prescribed treatment program.

b.) Submit to a drug screen prior to admission/readmission. A positive drug screen may result in ineligibility for admission/readmission.

c.) Submit to random drug screens as required by CON while enrolled in the program. A positive drug screen will result in permanent dismissal from the CON.

d.) Students seeking readmission must reapply in accordance with the readmission policy in the CON Student Handbook.

E. Confidentiality of Information Concerning Drug Use

Individual test results of the drug screen will not be provided to clinical agencies. No release of information will be made without the student's written consent, unless in response to appropriate judicial process such as a subpoena or court order.

F. Appeal Policy

The student is eligible to pursue the University Appeal policy as outlined in CON Student Handbook.

G. Consequences of Permissible Drug Use

When students are prescribed medications that may impair cognitive and/or motor functions, the CON expects the student not to attend clinical or laboratory courses, while impaired by the prescribed medication. If the faculty observes changes in appearance or behavior that is reasonably interpretable as being caused by properly used prescription medications, the student will negotiate transportation from the facility and not return to those settings until the cognitive and/ or motor impairment is resolved. The student will continue to be held to the course attendance policies. The student may be required to have a physician's endorsement in writing that they are safe to practice nursing while taking a prescribed medication before being permitted to return to clinical or laboratory setting.

Table 1. List of Drugs Tested for Abuse by Drug Screen

Alfentanil	Amphetamines
Butorphanol (Stadol)	Barbiturates
Fentanyl	Benzodiazepines
Ketamine	Cannabinoids
MDMA (ecstasy)	Cocaine
Nalbuphine (Nubain)	Methadone
Sufentanil	Oxycontin (Oxycodone)
Tramadol	Phencyclidine
Alcohol	Propoxyphene

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ECU College of Nursing
Nurse Anesthesia Program

Substance Abuse Addendum

REQUIREMENTS:

The East Carolina University Policy on Substance Abuse details the University's commitment to prevent substance abuse through education and counseling and its duty to discipline those members of the academic community who engage in illegal drug-related activities. Students, faculty members, administrators, and other employees are responsible, as citizens, for knowing about and complying the provisions of North Carolina law make it a crime to possess, sell, deliver, or manufacture those drugs designated collectively as "controlled substances" in the Article 5 of Chapter 90 in the North Carolina General Statutes. This policy is set out in Appendix B of the ECU Graduate Catalog.

1. Classes on wellness concepts will be incorporated into the student nurse anesthesia curriculum and will be given annually.

2. An educational presentation of chemical dependency will be provided at a minimum on an annual basis to all students

3. Students will be made aware of the AANA and NCANA Peer Assistance Committees.

4. After acceptance into the ECU College of Nursing Nurse Anesthesia Program but prior to beginning class, students will be asked about prior illegal drug usage, abuse of prescription drugs, and prior intemperate alcohol use. Past users will be monitored, including but not limited to drug testing. Failure to comply with this policy will result in dismissal from the program.

5. All nurse anesthesia students will be required to submit to random or scheduled drug testing at any point in their training based on the decision of the Nurse Anesthesia Program Director. Failure to comply with this policy will result in immediate dismissal from the program.

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ECU College of Nursing
Nurse Anesthesia Program

Requirements for Criminal Background Check

In order to comply with clinical agency contractual requirements and to provide the public with nurses and nursing students who demonstrate personal and professional behaviors consistent with the standards of the nursing profession, the College of Nursing may require ***all*** students to undergo a Criminal Background Check (CBC).

Satisfactory results of a criminal background check are required for admission and progression in the nursing program. Refusal to provide consent for investigation will result in exclusion from nursing courses and termination from the program. Criminal background information released to the College of Nursing will be used only for purposes of assisting in making decisions about admission and/or continued matriculation in the College of Nursing. If the background check includes information that the student claims is untrue or inaccurate, these concerns or issues must be addressed by the student. It is the responsibility of the student to resolve these issues. Students are to be advised that pending charges, convictions and/or prayer for judgment rulings may render the student ineligible for clinical placement. Additionally, pending charges during enrollment may result in receiving an incomplete for a clinical course and possible expulsion from the program if a conviction is made. The progression guideline remains in effect.

The CBC must be performed by a qualified vendor selected by the CON and will meet the following criteria:

- CBC must cover the past 10 years, or the time period since the student's 18th birthday, whichever is less. International students must include the time since they entered the United States or the past 10 years, whichever is less.

- CBC must cover all states where the student has lived or worked during the last 10 years or since turning 18 years of age.

CBC must address all felony and misdemeanor crimes (except minor traffic related violations). The student will provide a paper copy of the criminal background check directly to the College.

In addition, students must sign a —Release to Share Criminal Background Check Information and Agreement to Report Future Felony or Misdemeanor Convictions‖ form, which allows the College to share information obtained in the CBC with clinical agencies for the purpose of securing a clinical placement as part of the student's educational experience. Students must agree to report any felony or misdemeanor charges and convictions (excluding minor traffic related violations), which occur during their enrollment in the College of Nursing to the Executive Director of Student Services. Failure to submit a comprehensive report within 5 (five) school days will be considered a violation of academic integrity and may serve as grounds for dismissal from the College of Nursing.

The College agrees to use the student information only for the process of obtaining educational placements for students in clinical agencies. In the event that the CBC reveals an event of concern, the Concentration/Program Director will discuss the issue directly and immediately with the student, prior to sharing the information with the clinical agency. The clinical agency makes the final decision about whether a student will be placed at that site. The Associate Dean for Graduate Programs will hear student appeals of administrative actions taken as a result of CBC findings.

Criminal background information will be maintained in a secure file with access limited to personnel of the Office of Student Services and the Associate Dean for Graduate Programs. The results will be maintained in a separate file from the student's academic file and will be destroyed once the individual is no longer in the nursing program.

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ECU College of Nursing
Nurse Anesthesia Program

Student Misconduct

CON faculty members have academic, legal, and ethical responsibilities to protect the public, health care community and property from unsafe nursing practices. It is within this context that undergraduate and graduate students risk disciplinary action and/or dismissal from the CON for conduct which threatens or has the potential to threaten property or the safety of a client, a family member or substitute familial person, the student him/herself, a faculty member, or other health care provider.

I. Student Awareness

Within courses, counseling, official information materials, and other instructional forums of the College of Nursing, students will be provided with the documents and statements referred to below. All nursing students are expected to be familiar with this policy and are further expected to perform in accordance with these requirements. This policy does not pertain to general clinical behaviors exhibited by a student related to specific course requirements. Unsatisfactory performance in that regard will be reflected in the final grade.

II. Definition: misconduct in this policy is defined as:

1. an act or specific behavior which threatens or has the potential to threaten the physical, emotional, mental, or environmental safety of the client, a family member or substitute familial person, the student him or herself, another student, a faculty member, or other health care provider or

2. any act or behavior which:
    a. violates the North Carolina Nursing Practice Act, Article 9 of chapter 90 of the North Carolina General Statutes (**Violations will be reported to the board of nursing)** (NCGS 90-171.37; 90-171.44) or

    b. violates the Code for Nurses of the American Nurses' Association (available at http://www.nursingworld.org)

    c. violates the Standards of Nursing Practice of the American Nurses' Association or

    d. constitutes nursing practice for which a student is not authorized or educated at the time of the incident.

III. Investigation and Evaluation of Student Misconduct

1. The Nurse Anesthesia Program will follow the policies outlined in the College of Nursing Graduate Student Handbook for MSN, DNP, & PhD Programs.

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ECU College of Nursing
Nurse Anesthesia Program

Student Assignments

The Nurse Anesthesia Program is responsible for clinical and didactic assignments for students of the program.

1. The Program Director, Associate Director, and Director of Clinical Education shall prepare, prior to each academic year, a clinical and didactic schedule. Each student enrolled in the program shall receive a copy of this plan.
2. A Course Schedule and syllabus with assignments shall be distributed at the beginning of each course.
3. Assignments shall be discussed at the beginning of the academic year or at the beginning of each semester. Students will be appraised that schedule changes will be kept to a minimum, but change may be necessary to offer an optimal educational experience.

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ECU College of Nursing
Nurse Anesthesia Program

Academic Advisement

The ECU College of Nursing Nurse Anesthesia Program will follow the ECU College of Nursing policy on Academic Advisement. Students in the Nurse Anesthesia Program will also receive additional academic counseling as described below.

1. Upon admission to the program each student will be assigned to an academic advisor who will be responsible for assisting the student in meeting the requirements of the program. Students in the Nurse Anesthesia Program will have nurse anesthesia faculty members as their academic advisors. During the first year, this will be the Program Director.

2. After the first two semesters, the advisory process generally includes:

    a. An initial conference with the advisor to plan the overall program.

    b. Meetings with the advisor by appointment at least once a semester.

        i. It is the responsibility of the student to schedule this appointment
        ii. This will occur at mid-semester

    c. Students must inform their advisor of any failing grades **within a week** of receiving a failing grade on **any** assignment.

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ECU College of Nursing
Nurse Anesthesia Program

Requirements for Clinical Supervision of Students

All students will be supervised in the clinical area in accordance with the Council on Accreditation of Nurse Anesthesia Educational Program's Standards and Guidelines for Accreditation of Nurse Anesthesia Educational Programs and by the policies established by the ECU College of Nursing Anesthesia Program.

While in the clinical area:

1. Students shall be supervised by a CRNA or anesthesiologist who are institutionally credentialed to practice and immediately available for consultation in a ratio not to exceed 2 students to 1 clinical instructor.

    a. Individual Hospitals may require 1:1 supervision ratio
    b. It is never appropriate for a nurse anesthetist student to be supervised by an Anesthesia Assistant (AA), resident anesthesiologist, or graduate nurse anesthetist.

2. A Student in Semesters 6-9 may be left alone for short periods of time in the operating room at the discretion of the supervising CRNA or anesthesiologist during the maintenance of anesthesia as long as the responsible CRNA or anesthesiologist does not leave the operating suite, is immediately available to summons from the student, and remains in appropriate OR attire.

3. No student shall be left alone with a patient who is unstable, during a critical surgical procedure (i.e. aneurysm clipping, unclamping of the aorta, going on or off bypass), or during an anesthetic event such as induction, intubation, emergence, or extubation.

4. **It is the responsibility of the student assigned to any location for the first time to inform their staff CRNA of this, and request that their anesthesia set-up, including machine set-up, related supplies and equipment be checked by the CRNA.**

    a. This must be documented by the CRNA on the student's daily evaluation

5. The faculty of the ECU College of Nursing Nurse Anesthesia Program shall monitor the progress of each individual student. Whenever student progress is deemed unsatisfactory, the CRNA or anesthesiologist or the Clinical Coordinator for the site will notify the Director of Clinical Education, who will confer a conference with the student.

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ECU College of Nursing
Nurse Anesthesia Program

Clinical Supervision of Students in the Final Month of the Program at VMC Main Operating Room

All students will be supervised in the clinical area in accordance with the Council on Accreditation of Nurse Anesthesia Educational Program's Standards and Guidelines, and by policies established by the ECU College of Nursing Anesthesia Program. Recognizing that senior students may gain additional skills and professional development by working directly with the MD anesthesiologist, we agree with the following:

While in the clinical area during final month of their program:

1. Students may have the opportunity to work directly with and be supervised by an MD anesthesiologist in a ratio of 1:1 or 1:2 in the clinical setting.

2. The designated Physician Anesthesiologist will have no more than 1:2 supervision of OR rooms while teaching the SRNA with the other OR room staffed by a CRNA.

3. Students will be assigned for a 7a-4p shift, Mondays - Thursdays only and will be in the obstetrical unit. The student should stay until 4 pm to finish cases.

4. The assigned room for the day will be designated as a SRNA "Teaching Room" by the Physician Anesthesiologist where they will have the following responsibilities for the student's clinical learning experiences:

a. The SRNA will be provided with the supervising Physician Anesthesiologist's designated phone and pager number to contact as needed.
b. The Physician Anesthesiologist will be present during all significant events of each OR procedure to include induction, emergence, and transport to PACU.
c. The SRNA will maintain regular contact with the Physician Anesthesiologist throughout the progression of each OR procedure.
d. The Physician Anesthesiologist will recognize that supervising an SRNA in the teaching room requires a teaching commitment to the SRNA and will provide instruction and complete the daily Student evaluation

ECU College of Nursing
Nurse Anesthesia Program

Requirements for Clinical Supervision of Students In Non-anesthetic Situations

All students will be supervised in the clinical area in accordance with the Council on Accreditation of Nurse Anesthesia Educational Program's Standards and Guidelines for Accreditation of Nurse Anesthesia Educational Programs and by the policies established by the ECU College of Nursing Nurse Anesthesia Program.

While in the clinical area:

1. Supervision of students for non-anesthetic situations will be restricted to CRNAs and physician credentialed experts. Supervision in management of patient airways and resuscitation in non-anesthetic situations will not exceed a ratio of 1 student to 1 clinical instructor.

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ECU College of Nursing
Nurse Anesthesia Program

Clinical Evaluation of Students

The Nurse Anesthesia Program will evaluate all students' clinical performance in a timely fashion. Students shall evaluate themselves using appropriate evaluation forms and evaluation intervals.

1. A daily clinical evaluation will be completed by the assigned clinical faculty using ECU Clinical Evaluation tool. These will be placed in the locked evaluation box at Vidant Medical Center or handed directly to the student.

2. The Director of Clinical Education shall complete a summative evaluation at the end of each semester (and more frequently as needed).

3. The clinical grade will be determined by the Director of Clinical Education from review of daily clinical evaluations.

4. Students shall complete a self-evaluation at the end of semesters 6-9 and submit this evaluation to the Director of Clinical Education.

5. All evaluations completed on any student shall be reviewed by the Director of Clinical education. Comments, data, and/or recommendations shall be discussed with the student.

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ECU College of Nursing
Nurse Anesthesia Program

Guidelines for SRNA Daily Clinical Documentation

1. Care plans and evaluation forms will be completed and ready for review by your clinical preceptor each morning prior to the first case.

2. You will list “planned cases” and the preceptor’s last name on the evaluation forms.

3. You should make every attempt to receive written feedback (evaluation) at the end of the clinical day.

4. ALL care plans will be turned into the Director of Clinical Education each week.

5. Each Friday in class you will match your clinical evaluation (both those in your possession and those the director of Clinical Education has) with the appropriate care plan (staple these together).
   a. In the rare event that you have a missing evaluation, you should notify the Director of Clinical Education.

6. Completion of all clinical documentation is an important aspect of your clinical education. Missing care plans and/or evaluations will be reflected in your clinical grade.

7. Clinical days with written evaluations must exceed 80%. A return rate of < 80% of clinical evaluations is unsatisfactory and may result in additional clinical days to fulfill this requirement.

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ECU College of Nursing
Nurse Anesthesia Program

Guidelines for Room Preparation

1. Students should arrive in the OR each morning in time to prepare for the day. This includes gathering appropriate equipment and preparation of medications.

2. Preparation of medications is a time when students need to be very vigilant. Students should make every attempt not to engage in conversation or extraneous activities (no headphones) while preparing the room for the day.

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ECU College of Nursing
Nurse Anesthesia Program

Requirements for Clinical Education

1. While a student in any of the clinical nurse anesthesia courses you are required to abide by all ECU College of Nursing policies including attire/grooming policies. These are in your student handbook. You must also abide by all hospital or SurgiCenter policies.

2. You must be in your assigned operating room in sufficient time to prepare the room for the day's surgical cases and be ready to begin administration of anesthesia by 0700.

3. On the 4th Wednesday of each month there is an Anesthesia Department meeting at Vidant Medical Center from 0700-0800. When you are scheduled at this rotation you are required to attend these meetings. This means that you will need to have your assigned operating room ready prior to attending the morning department meeting.

4. At the end of each clinical day you must clean up your room and then get your assignment for the following day. If your room finishes before 1530 you should look for an additional educational experience. You should try to find another room to assist in. You may ask the Clinical Coordinator or a clinical faculty member to assist you.

5. You need inform the Director of Clinical Education by 0530 (by telephone) if you are sick and will not be in the clinical area. This includes those times when you are at Ahoskie, Edenton, the Pain Clinic, the SurgiCenter, or any other assignments. All "sick-days" are deducted from the allowed "personal days" off.

6. While in semesters 6-9 you are allowed 10 "personal days" off. These cannot be taken while you are on specialty rotations. Attendance in all didactic classes remains mandatory. To request "personal days off" you must complete the "Request for Vacation/Time-off" form 4 weeks in advance. The Director of Clinical Education will approve or deny the requested days.

7. You must inform the Director of Clinical Education within 24 hours of any "failed day" in the clinical area:

   Dismissal of student from the operating room
   Any student evaluation ≤ 2 in any category of daily evaluation

8. You must inform the Director of Clinical Education within 24 hours if the patient you provided anesthesia for experience any of the following:

   Reintubation for any reason
   Dental trauma
   Spinal Headache
   Wet tap during epidural placement

Drug reaction
Drug error
Transfusion Error
Unusual Communication Problem
Unanticipated hospital admission
Wrong site procedure
Unplanned ICU admission
Major anesthetic complication
Patient Death

9. Non-compliance with the above requirements will be reflected in your clinical grade and could result in dismissal from the program.

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ECU College of Nursing
Nurse Anesthesia Program

Technical Standards for Nurse Anesthesia Studies Required for Admission, Continuation, and Graduation

A candidate for the ECU Nurse Anesthesia Program DNP Degree must be able to demonstrate intellectual-conceptual, integrative and quantitative abilities; skills in observation, communication, and motor functions; and mature behavioral and social attributes. Technological compensation can be made for some disabilities in certain areas; but a candidate should be able to perform in a reasonably independent manner ***without a trained intermediary***. The use of a trained intermediary means that a candidate's judgment or performance must be mediated by someone else's power of selection, observation, or performance.

Sensory

- A candidate must be able to detect and interpret changes in monitoring alarms and equipment.
- A candidate must have sufficient sensory capacity to observe in the lecture hall, the laboratory, the outpatient setting, and the patient's bedside.
- Sensory skills adequate to perform a physical examination are required. Functional vision, hearing, and tactile sensation must be adequate to observe a patient's condition and to elicit information from computerized monitors, and through procedures regularly required in a physical examination, such as inspection, auscultation, and palpation.
- A candidate must be able to observe a patient accurately at a distance and close at hand.

Communication

- A candidate should be able to speak, hear, and observe patients in order to elicit information; describe changes in mood, activity, and posture; and perceive nonverbal communications.
- A candidate must be able to communicate effectively and sensitively with patients. Communication includes speech, as well as reading and writing.
- A candidate must be able to communicate effectively via oral and written modalities interacting with all members of the health care team.

Motor

- Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers.
- A candidate must be able to negotiate patient care environments and must be able to move self/patients between settings, such as clinic, classroom building, and hospital.
- A candidate should be able to execute motor activities reasonably required to provide general care, to perform direct laryngoscopy, arterial and venous line placement, and performance of peripheral and central nerve blocks, anesthesia gas machine operation and troubleshooting, and to provide emergency and urgent

treatment to patients such as fiberoptic intubation and therapies of the difficult airway algorithm.
- Example of emergency treatment reasonably required of a nurse anesthetist are cardiopulmonary resuscitation (CPR) and the administration of intravenous medication. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

Intellectual-Conceptual, Integrative, and Quantitative Abilities

- Intellectual-conceptual, integrative, and quantitative abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem-solving, the critical skill demanded of a nurse anesthetist, requires all of these intellectual abilities.
- A candidate should be able to comprehend 3-dimensional relationships and understand the spatial relationships of structures for the performance of peripheral and central nerve blocks.
- A candidate must be able to read and understand medical and nursing literature. In order to complete the degree, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely and often critical fashion in problem-solving and patient care.

Behavioral and Social Attributes

- A candidate must possess the emotional health required for full utilization of intellectual abilities, the exercise of good judgement, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients and other healthcare personnel.
- A candidate must be able to tolerate the physically taxing workloads and function effectively under stress. They must be able to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients.
- Commitment to excellence, service orientation, goal-setting skills, academic ability, self-awareness, integrity, and interpersonal skills are all personal qualities that are assessed during the admission and education process. Because the nature of nurse anesthesia education is based on a mentoring process, candidates are expected to be able to accept criticism and respond by appropriate modification of behavior. Compassion, integrity, concern for others, interpersonal skills, interest, and motivations are all personal qualities that are required.

Annotations to the Technical Standards

In addition to the existing text incorporated within the **Technical Standards for Nurse Anesthetist Studies** for Admission, Continuation, and Graduation, there are specific needs that are relevant to successful completion of curriculum requirements. This addendum provides specific examples to enhance the interpretation of the Technical Standards, particularly within the “Motor” and “Behavioral and Social Attributes” categories.

- Students are required to master the skills of a complete physical examination.
- They must complete Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Cardiac Life Support (PALS), and any other instruction and certification processes required by the program.

- Students must be available to meet when sessions are available for the mastery of the curriculum objectives. This may include evening, night, and weekend obligations.
- During the clinical practicum courses, several mandatory rotations require extended hours, with start times as early as 5:00 AM. Evening, on-call, and weekend shifts are common and may extend into 12 to 16 hour days. As a result, students must be able to physically and psychologically perform capably and competently with moderate degrees of sleep deprivation.
- Many surgical procedures essential to training may last 3 or more hours. Students may be required to stand in a relatively fixed position for the entirety of the procedure with minimal rest or breaks.
- In emergency situations, patients may need to be moved, turned, or resuscitated, and the student may be in situations that necessitate short periods of bending, lifting or partial lifting, reaching, squatting, or straining.
- Within rotations, students may be required to cover large areas of space (different patient-care floors, different wings or sections within institutional building structures). They must be able to transport themselves and patients from one location to another in a timely fashion in order to facilitate patient care responsibilities and to receive educational training, such as during rounds.
- Students are responsible to ensure that they arrive fit for duty, which is defined as being in sound emotional, physical, and mental health to provide safe anesthesia care. Students are required to update the Program on changes in their health status (including medications) which may impact their vigilance, alertness, or ability to provide safe patient care. The presence of communicable disease (such as HIV, Hepatitis, or COVID) may impair the student's ability to provide safe care, and the program abides by NC law and the College of Nursing policies. Students infected with a communicable disease should consult with the program director to ensure that they are able to safely care for patients.

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ECU College of Nursing
Nurse Anesthesia Program

Academic/Clinical Problems

Students who have concerns about daily performance evaluations and/or didactic grades may discuss concerns with the Program Director, Associate Director, or Director of Clinical Education by making an appointment during the Nurse Anesthesia Program office hours.

Clinical and didactic performance will be reviewed, at a minimum, by the Program Director, Associate Director and Director of Clinical Education. Problems recognized as significant by the Nurse Anesthesia Program faculty shall be handled through the following process:

Didactic Performance Problems:

Graduate courses with a final grade of C may be credited toward completion of the program, but any student who has a final grade of C on courses totaling in excess of six semester hours will have his or her program terminated. Students are required to maintain a 3.0 GPA once 9 semester hours are attempted. Those who have less than 3.0 are put on probation by the Graduate School. A GPA of 3.0 is required for graduation based on semester hours of A graded work equal to or exceeding semester hours of C work.

Students in the Nurse Anesthesia Program are required to make a grade of B or Higher in the following courses: Those who earn a grade below B will have their program terminated.

NURS 8814 Basic Principles of Nurse Anesthesia

NURS 8817 Clinical Correlations I

NURS 8811 Advanced Principles of Nurse Anesthesia I

NURS 8819 Clinical Practicum in Nurse Anesthesia I

NURS 8815 Advanced Principles of Nurse Anesthesia II

NURS 8820 Clinical Practicum in Nurse Anesthesia II

NURS 8816 Advanced Principles of Nurse Anesthesia III

NURS 8821 Clinical Practicum in Nurse Anesthesia III

NURS 8824 Advanced Principles of Nurse Anesthesia IV

NURS 8822 Clinical Practicum in Nurse Anesthesia IV

NURS 8818 Clinical Correlations II

NURS 8812 Professional Aspects of Nurse Anesthesia

NURS 8823 Clinical Practicum in Nurse Anesthesia V

NURS 8993 Anesthesia Synthesis Course

Clinical Performance Problems:

Students who receive unsatisfactory daily clinical evaluation(s) **must** notify the Director of Clinical Education. The problem will be documented with suggestions for correcting the performance, and the consequences of continued poor or unacceptable performance, as soon as possible after the event(s) that precipitated the evaluation(s). The purpose of such a report is to notify the student of clinical weaknesses and unsatisfactory performance and recommend remedies in a timely fashion for improvement. The student will be given the opportunity to read and sign the report. The student's signature indicates only that the student has read the summary and is not by itself an indication that the student agrees with the statement. Such notification also gives the student a warning that a failing semester grade is possible, and allows the student the opportunity to correct or modify their performance. The student will have an opportunity to receive a copy of the summary with the original evaluation being placed in the student's file. Students will be counseled at scheduled sessions to review progress after such documentation.

Unsatisfactory clinical performance may be considered for (but not limited to):

1. documented unsatisfactory clinical or didactic performance
2. continued inconsistent clinical performance
3. inability to correlate didactic knowledge with clinical practice
4. poor technical abilities
5. inability to work with supervisors or peers
6. lack of empathy for patients
7. inability to cope with stress of practice, including inability to handle emergencies
8. poor communication skills with patients and/or anesthesia members
9. failure to progress in clinical performance
10. repeated tardiness
11. unexcused absences
12. insubordination or displays disrespect for supervisors or faculty
13. poor attitude toward learning and/or constructive criticism (i.e. evaluation process)
14. personal unethical conduct
15. unprofessional behavior

ANY ACT DOCUMENTED OR TREATED AS UNSAFE PRACTICE MAY RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM

Unsafe practice is defined as:

1. an act or specific behavior which threatens or has the potential to threaten the physical, emotional, mental, or environmental safety of the client, a family member or substitute familial person, the student him or herself, another student, a faculty member, or other health care provider or

2. any act or behavior which:
    1. violates the North Carolina Nursing Practice Act, Article 9 of chapter 90 of the North Carolina General Statutes (NCGS 90-171.37; 90-171.44) **(Violations will be reported to the Board of Nursing)** or

2. violates the Code for Nurses of the American Nurses' Association (available at http://www.nursingworld.org)
3. violates the Standards of Nursing Practice of the American Nurses' Association or
4. constitutes nursing practice for which a student is not authorized or educated at the time of the incident.

Probation or dismissal may be recommended by the Program Director for (but not limited to):

1. failure to maintain required certifications and licenses
2. failure to abide by hospital policies and procedures
3. failure to maintain liability insurance
4. failure to maintain grade requirements
5. continued inconsistent clinical performance
6. abuse of drugs or alcohol
7. repeated tardiness
8. unexcused absences
9. poor communication skills with patients and/or anesthesia members
10. inability to cope with stress, including patient emergencies
11. inability to work with supervisors or peers
12. unethical conduct
13. poor attitude toward learning and/or constructive criticism (i.e. evaluation process)
14. insubordination or disrespect for faculty

Student Appeal for Dismissal from a College of Nursing Graduate Program

Students who wish to appeal a decision for dismissal from a College of Nursing Graduate Program should consult the College of Nursing Associate Dean for Graduate Studies for information about the appeals process and ECU Graduate Catalog http://catalog.ecu.edu/content.php?catoid=13&navoid=1011&hl=%22academic+regulations%22&returnto=search%23Graduate%20School%20Appeals%20Procedure#graduate-student-grade-appeals

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ECU College of Nursing
Nurse Anesthesia Program

Grade Requirements

The ECU College of Nursing Nurse Anesthesia Program will follow the following policy on grades.

PURPOSE:

This guideline provides guidance for both faculty and students in the Nurse Anesthesia Program for grading and expectations for success.

PROCEDURE:

1. Definition of Grades

   A = Excellent

   B = Good

   C = Low Pass

   I = Incomplete: Students will not be allowed to graduate with an incomplete on his or her record

   F = Failure

2. Graduate courses with a final grade of C may be credited toward completion of the nurse anesthesia program, but any student who receives a final grade of C on courses in excess of 6 s.h. will have his or her program terminated.

3. A B average is required for graduation based on semester hours of A graded work equal to or exceeding semester hours of C work.

Students in the Nurse Anesthesia Program are required to make a grade of B or higher in the following courses: Those who earn a grade below B will have their program terminated.

NURS 8814 Basic Principles of Nurse Anesthesia

NURS 8817 Clinical Correlations I

NURS 8811 Advanced Principles of Nurse Anesthesia I

NURS 8819 Clinical Practicum in Nurse Anesthesia I

NURS 8815 Advanced Principles of Nurse Anesthesia II

NURS 8820 Clinical Practicum in Nurse Anesthesia II

NURS 8816 Advanced Principles of Nurse Anesthesia III

NURS 8821 Clinical Practicum in Nurse Anesthesia III

NURS 8824 Advanced Principles of Nurse Anesthesia IV

NURS 8822 Clinical Practicum in Nurse Anesthesia IV

NURS 8818 Clinical Correlations II

NURS 8812 Professional Aspects of Nurse Anesthesia

NURS 8823 Clinical Practicum in Nurse Anesthesia V

NURS 8993 Anesthesia Synthesis Course

Grade Appeal Policy

The goal of this grade appeal policy is to establish a clear, fair process by which students can contest a course grade that they believe has been awarded in a manner inconsistent with university policies or that has resulted from calculation errors on the part of the instructor.

If the instructor and student cannot resolve the issue, and the student wishes to pursue the matter further, he or she can follow the Grade Appeal Policy in the Graduate Student Catalog:

http://catalog.ecu.edu/content.php?catoid=13&navoid=1011&hl=%22academic+regulations%22&returnto=search%23Graduate%20School%20Appeals%20Procedure#graduate-student-grade-appeals

East Carolina University College of Nursing

Nurse Anesthesia Program

Requirements for Liability Insurance

LIABILITY INSURANCE:

1. All Nurse Anesthesia Graduate Students are required to present evidence of professional liability insurance prior to enrolling in a clinical practicum course. Liability insurance of $1,000,000 each claim and $3,000,000 in aggregate is required for enrollment in all clinical nursing courses. Verification of coverage is required each semester.

2. Information about policies is available from the Program Director.

3. Liability insurance provided by an employer does not cover you as a student.

4. Failure to maintain liability insurance may result in immediate dismissal from the program.

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ECU College of Nursing
Nurse Anesthesia Program

Clinical Site Evaluation by Students

All ECU College of Nursing Nurse Anesthesia Program students shall evaluate clinical sites using appropriate evaluation forms and evaluation intervals.

1. Review and update of procedures for evaluation by students in clinical sites shall be accomplished by the Clinical Education Evaluation Committee on an annual basis.
2. Student evaluation of affiliated sites shall be completed each semester (ideally) and annually at a minimum and reviewed with the Director of Clinical Education and recommendations made to the Program Director.

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ECU College of Nursing
Nurse Anesthesia Program

Clinical Probation

1. Students who receive unsatisfactory daily clinical performance evaluations relative to their position in the clinical curriculum will be notified in a timely manner that they are being placed on clinical probation.

2. Students will be given warnings that a failing course grade is possible, which would result in dismissal from the nurse anesthesia program.

3. The clinical probation letter will describe the clinical performance concerns along with suggestive remediation and timeline for satisfactory remediation.

4. The letter will also specify outcomes if remediation does not occur within the specified timeline.

5. The letter will be discussed with the student in a conference with the Director of Clinical Education and Program Director.

6. The student will have the opportunity to read and sign the letter/contract. This student signature indicates that they only read the contract and is not by itself an indication the student agrees with the contract.

7. The contract is given to the student and the original becomes part of the student's permanent record.

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ECU College of Nursing
Nurse Anesthesia Program

Needle Stick and Bodily Fluids Exposure

1. All needle sticks and exposure to blood or body fluid must be reported to the chief CRNA, instructor, and Director of Clinical Education.

2. Following reporting of a needle stick or exposure to blood or body fluid, the student must report to Employee/Occupational Health Department of the VHS site for preliminary screening and counseling. The student must also report the exposure to ECU Student Health Services.

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ECU College of Nursing
Nurse Anesthesia Program

Infection Control

1. Clinical faculty and students are required to complete educational modules on infection control and HIPAA requirements annually.

2. Knowing and practicing infection control procedures and adhering to HIPAA requirements are the responsibility of all student nurse anesthetists and their clinical faculty.

3. Students/Faculty are required to comply with all health systems infection control and HIPAA policies at all times.

4. Students who do not comply with this requirement may be dismissed from the program.

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ECU College of Nursing
Nurse Anesthesia Program

Maintaining Clinical Case Records

1. Clinical case records are maintained through Medatrax.

2. Students must enter their cases and experiences accurately and completely at least weekly.

3. The Director of Clinical Education will review students' clinical case records weekly to facilitate their obtaining required case types.

4. Students who fail to comply with this requirement may receive a failed clinical grade for the clinical course.

5. Repeated failures to comply with this requirement may result in immediate dismissal from the Nurse Anesthesia Program.

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ECU College of Nursing
Nurse Anesthesia Program

Use of Electronic Communication in Clinical Area

1. Text messaging, use of other social media/web activities (e.g. Facebook) by students, shall never occur while administering an anesthetic.

2. If a student is found in non-compliance with this requirement, he or she will be placed on clinical probation immediately.

3. If violation of this requirement continues, dismissal will be recommended by the Program Director.

4. Students should refrain from engaging in activities that abandon or minimize vigilance while providing direct patient care.

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ECU College of Nursing
Nurse Anesthesia Program

Self-Evaluation Examination

1. Students in the ECU CON Nurse Anesthesia Program are required to take the Self-Evaluation Examination (SEE) administered by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA), during the second and third year of the program.

2. Students will be registered to take the SEE exam in the second year of the program.

3. Students are responsible for paying for this exam.

4. Students may take the exam more than once.

ECU College of Nursing
Nurse Anesthesia Program

Admissions Process

1. Each applicant who requests one will be mailed a brochure, and application addendum packet as well as instructions for applying to the program.

2. All applicants who meet minimal requirements for interview and who have completed the application process will be invited to interview with the Admissions Committee.

3. Interviewed applicants will be notified as soon as possible after interview of the Admission Committee's decision.

4. At the time of applicant selection, the admissions committee will generate a list of alternate qualified applicants for use by the program to fill positions made available by applicants who decline offered positions.

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ECU College of Nursing
Nurse Anesthesia Program

Requirements for Student Committed Time

The ECU College of Nursing Nurse Anesthesia Program will not expose students to an unreasonable amount of time committed to study, class, or clinical practicum.

1. The Program Director shall periodically review the master didactic plan upon its completion and evaluate the number of class hours per week and projected study time necessary for each hour of class.
2. Study time shall be calculated as 2 hours of study per hour of lecture class and 1 hour of study time per hour of laboratory time. Laboratory time is defined as classes scheduled for “hands-on” with monitors, machines, models, and other equipment.
3. Classes designated as “orientation” will be awarded no study time as these classes have no associated examination or grade. These will be hours used to review the students’ handbooks, policies related to the program, orientation to the library, and clinical areas.
4. Classes will be scheduled such that students will be able to get to the clinical practicums in time for preoperative visits if required.
5. Clinical sites will be discouraged from keeping students routinely beyond their regularly scheduled day; however, for continuity of patient care this may be done. However, students will not be asked to stay more than two additional hours.
6. When enrolled in the first four semesters, students will adhere to the ECU Graduate Catalog Academic Calendar and the Brody School of Medicine Calendar. During semesters 6-9 students will be allowed observed holiday time and 10 days of vacation. Vacation days should be submitted to and approved by the Director of Clinical Education 30 days in advance.
7. Students will record their Clinical Time Commitment on case records which will be reviewed monthly by the Director of Clinical Education.

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ECU College of Nursing
Nurse Anesthesia Program

Student Excused, Unexcused Absences, and Voluntary Withdrawal

Excused Absences

The Program Director may at his/her discretion grant excused absences for unexpected circumstances. Students who are not taking classes for more than two consecutive semesters will have their program terminated. They may reapply by repeating the entire admissions process.

Unexcused Absences

Unexcused absences may be deemed a cause for dismissal.

Voluntary Withdrawal

Any student wishing to withdraw from the program should request an appointment with the Program Director to submit a written request for withdrawal. If a student wishes to reenter the program following the voluntary withdrawal, he or she must reapply and repeat the entire admissions process. Readmission is contingent on Admission Committee recommendations and availability of clinical positions.

Graduation Deferral

A student who has not completed the curriculum in 36 months may have a graduation deferred until all work is completed. Deferral of graduation is at the discretion of the Program Director.

Time Limitations for Completing Program

The DNP degree program must be completed within 6 years following initial enrollment.
To initiate this process, please confer with the Nurse Anesthesia Program Director.

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ECU College of Nursing
Nurse Anesthesia Program

Student Transfer

ECU Graduate School Requirements

Up to one third of the credit hours in a graduate degree program may be earned in any regionally accredited college or university. Students must provide course syllabi for requested transfer courses. These will be evaluated/approved for equivalent content by Nurse Anesthesia Program Director and then approved by College of Nursing Associate Director of Graduate Programs. No credit hours completed as part of a previously earned master's degree can be counted toward a second master's degree. See Graduate School Catalog Policy on Transfer of Credits.

Academic Regulations - East Carolina University - Acalog ACMS™ (ecu.edu)

Transfers from other anesthesia programs are discouraged and are not usually possible.

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ECU College of Nursing
Nurse Anesthesia Program

Requirements for Maintaining Licenses and Credentials

1. All students are required to have the following current licenses / certifications:
    a. An unrestricted license as a Registered Nurse in North Carolina
    b. ACLS provider or instructor
    c. PALS provider or instructor
2. It is the student's responsibility to keep these licenses / certifications current while enrolled in the Nurse Anesthesia Program.
3. It is the students' responsibility to ensure that copies of these are given to the Nurse Anesthesia Program Assistant.
4. Failure to maintain current required licenses and certifications is cause for immediate dismissal from the program

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ECU College of Nursing
Nurse Anesthesia Program

Requirements for Compliance with Federally Mandated Policies

All students are required to comply with any federally mandated policies about student loans.

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ECU College of Nursing
Nurse Anesthesia Program

Student Work Outside Committed Time

Students are encouraged to devote full-time to the study and practice of nurse anesthesia. Part time work as a Registered Nurse (RN) is discouraged during enrollment as a nurse anesthesia student.

During the 36 month Nurse Anesthesia Educational Program, students are not permitted to be employed as a nurse anesthetist by title or function. Violation of this policy will result in dismissal from the program.

1. Applicants will be counseled at the time of interview that part-time work is discouraged by the program because of the difficulty of the curriculum. Each applicant will be counseled to be financially able to commit to the program without having to work outside the program curriculum.
2. Counseling to discourage outside work shall occur during orientation sessions and following enrollment in the program.
3. While part time work is discouraged, it may be possible during semesters 1 and 2 when most academic requirements are met with hybrid distance education courses that do not require daily/weekly attendance at ECU.
4. If students elect to work part-time as a Registered Nurse, they will be informed that they should not work at this job on days of clinical or didactic assignment for the program. There is no guarantee that students will be relieved of anesthesia related duties in time to make other work commitments.

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East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

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EAST CAROLINA UNIVERSITY
IMPROPER RELATIONSHIPS BETWEEN STUDENTS AND FACULTY

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

East Carolina University does not condone amorous relationships between students and employees. Members of the University community should avoid such liaisons, which can harm affected students and damage the integrity of the academic enterprise. Further, sexual relationships between unmarried persons can result in criminal liability. In two types of situations, University prohibition and punishment of amorous relationships is deemed necessary: (1) When the employee is responsible for evaluating or supervising the affected student. (2) When the student is a minor, as defined by North Carolina law. The following policies shall apply to all faculty and students of the University.

A. Prohibited Conduct
   1. It is misconduct, subject to disciplinary action, for a University employee, incident to any instructional, research, administrative or other University employment responsibility or authority, to evaluate or supervise any enrolled student of the institution with whom he or she has an amorous relationship or to whom he or she is related by blood, law or marriage.
   2. It is misconduct, subject to disciplinary action, for a University employee to engage in sexual activity with any enrolled student of the institution, other than his or her spouse, who is a minor below the age of 18 years.

B. Definition of Terms
   1. "Amorous relationship." An amorous relationship exists when, without the benefit of marriage, two persons as consenting partners (a) have a sexual union or (b) engage in a romantic partnering or courtship that may or may not have been consummated sexually.
   2. "Related by blood, law or marriage" means:
      a. Parent and child
      b. Brother and sister
      c. Grandparent and grandchild
      d. Aunt and/or uncle and niece and/or nephew
      e. First cousins
      f. Step-parent and step-child
      g. Husband and wife
      h. Parents-in-law and children-in-law
      I. Brothers-in-law and sisters-in-law
      j. Guardian and ward
   3. "Evaluate or supervise" means
      a. To assess, determine or influence (1) one's academic performance, progress or potential or (2) one's entitlement to or eligibility for any institutionally conferred right, benefit or opportunity, or
      b. To oversee, manage or direct one's academic or other institutionally prescribed activities.

C. Corrective Action
   Violations of the provisions of Section A shall be addressed in accordance with remedial measures prescribed by the
   University; if disciplinary action is brought against an affected employee, it shall be conducted in accordance with existing institutional policies and procedures prescribed for prosecuting misconduct charges against members of the class of employment of which the affected employee is a member.

Approved: **Administrative Memorandum #360**
18 March 1996
The Board of Governors of The University of North Carolina

Appendix U-3

East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

7

Rights and Responsibilities

Student Rights and Responsibilities

Applicants have a right to expect:

1. That materials and conferences aimed at recruitment shall be factual, fairly presented and contain detailed information pertaining to the program content, graduation requirements and students' rights and responsibilities written in clearly understandable language.

2. Fair and non-discriminatory practices in the selection process of the program.

Students have a right to expect:

3. That upon acceptance into an accredited program of nurse anesthesia, they will be provided that quality of education necessary to fulfill the objectives of the program.

4. That they will not be exploited relative to time commitment of pay for profit of the conducting institution.

5. The enrollment in a program of nurse anesthesia is equivalent to the signing of a contract between the student and the program and that the rights and responsibilities of each party of the contract are fully understood and complied with, and student failure to achieve the goal within the time frame expected of which he/she enrolled is based on valid, reliable data information from evaluations, viewed objectively and fairly, and reviewed as may be required by due process mechanisms when contested.

6. Fair and accurate evaluations of their progress in the educational program and to be kept informed of the status of the progress.

7. Access to transcripts of their academic and clinical achievements and upon their request have verified copies furnished to institutions, agencies, other programs of nurse anesthesia, or others specified by the student or graduate.

8. That a complete and accurate official student transcript will be forwarded to the National Board of Certification and Recertification for Nurse Anesthetists in a timely manner so that the graduate may take the certification examination within a reasonable amount of time provided all requirements have been met.

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Rights of the Patients

1. Patients have the right to know who is administering their anesthesia, who will be supervising the administration of the anesthetic and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard.

2. Patients have the right to expect that those anesthesia services provided by students will be under the supervision of a CRNA or an anesthesiologist, consistent with the anesthesia risk of the patient, the magnitude of the anesthesia and surgery, and the educational level of the student. At all times a CRNA or anesthesiologist shall be immediately available in all anesthetizing areas where students are performing anesthesia.

3. Patients have a right to expect that the student and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs or other incapacitating conditions.

4. The patient's surgeon, or responsible physician, shall be kept informed pertaining to the anesthetic management and any complications arising from that management.

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Faculty Rights and Responsibilities

1. Faculty have the right to expect:
    - That both clinical and didactic assignments will be appropriately made and under equitable circumstances.
    - That opportunity for professional growth and development will be provided.
    - To participate fully in policy making decisions (if full-time faculty) and to be represented in actions resulting from those decisions.
    - That provisions will be made to allow an equitable amount of time for class or other assignment preparation as part of on-duty time for pay purposes.
    - That students will fulfill their responsibilities relative to the educational venture.
    - That student, peer and superior evaluations of individual faculty members will be fair and unbiased.
    - The due process mechanisms will be afforded in all matters relative to appeals.

2. Faculty shall receive fair and equitable pay and benefits for their assigned responsibilities and their commitment.

3. Faculty shall be held accountable for assigned or assumed responsibilities, both as to quantity and quality of performance.

4. Faculty members will provide reasonable notice of resignation time to allow recruitment, employment and orientation of replacement to prevent interruption of continuity of the program.

5. Faculty is responsible for information regarding due process procedures which can be found in the ECU Faculty Handbook.

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Rights and Responsibilities of the Accrediting Agency

The accrediting agency has the right to expect:

1. Full intent to comply with requirements for accreditation by those conducting institutions seeking accredited status.

2. Honest, candid and complete discussions and open evaluations pertaining to the strengths and weaknesses of the educational program in those areas covered by the accrediting process and with those persons representing the accrediting agency.

3. Faithful representation of the actual accredited status and of any communication between the Council on Accreditation and its agents and the program and/or institution regarding accrediting matters that the program and/or institution makes public.

The accrediting agency has the responsibility to:

1. Enforce established educational standards and accreditation requirements and procedures consistent with:
   - Insuring quality education for students for purposes that the education is ought.
   - Assuring the protection of consumer and public interest relative to the educational product.
   - Responsiveness to the concerns and interested of the community of interests and the participating programs.
2. Provide fair, unbiased evaluation of educational programs.

3. Afford accredited status only to those programs meeting specified criteria.

4. Allow due process relative to adverse decisions in matters of accreditation.

5. Maintain and publish a list of accredited programs, the actual status of the accreditation and the date of the next scheduled review of that status.

6. Fulfill all requirements specified in complying with federal criteria for accrediting agencies.

7. Maintain confidentiality of matters of a confidential nature coming to the attention of the accrediting agency in the fulfillment of its responsibilities.

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Rights and Responsibilities of the Affiliating Institution

The affiliating institutions have a right to expect:

1. Definition of the purposes and objectives for which the affiliation is arranged, along with the policies and procedures requires to fulfill those objectives.

2. Definition of the rights and responsibilities of students and visiting faculty members.

3. Definition of the quality of services expected of students, visiting faculty and of faculty or personnel employed by the affiliating institution.

4. To be kept informed pertaining to any changes of the educational program which may impact on the affiliating institution or any problem arising which could conceivably impact adversely on the affiliating institution.

5. Schedule of students being sent to the affiliating institution.

Responsibilities:

The affiliating institution has the responsibility to provide those experiences and resources contracted for in the affiliating agreement, and to provide notice when possible, of intent to dissolve affiliating agreement in time to allow the conducting institution to acquire additional resources as required to assure the quality of their education program and accreditation requirements.

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Rights and Responsibilities of the Conducting Institution

The Conducting Institution has the right to expect:

1. That the director of the program will act as its agent in the conduct of the program, thereby representing its interests while fulfilling the objectives to the program within the context of the rights of students, faculties, represented professions society and patients who are used for educational purposes.
2. That the program philosophy and objectives will be consistent with the philosophy and objectives of the conducting institution.
3. To be kept informed pertaining to program and student progress.
4. That changes in program philosophy, objectives, policies, etc., will be cleared through the appropriate administrator.
5. That any matter having the capability of reflecting adversely on the conducting institution will be referred to the appropriate administrator for recommendations and action.
6. That the director and faculty members will meet or exceed prescribed standards of performance in the fulfillment of their responsibilities, and in the event of an inability to advance to allow other means to be arranged to fulfill required responsibilities.
7. That resignation of the director and/or faculty members will afford sufficient notice to allow recruitment, employment and orientation replacement to prevent discontinuity in the educational program
8. That students approved for graduation by the faculty of the program and recommended to the National Board of Certification and Recertification for Nurse Anesthetists for certification will be a fair reflection of the quality education provided.

The conduction institution has the responsibility to:

1. Supervise the conduct of the program of anesthesia and assure:
   - Quality of education and fulfillment of program objectives and accreditation requirements.
   - Compliance with policies and regulations of the conducting institution consistent with non-discriminating and due process practices.
   - Compliance with federal, state, or local laws, policies and regulations.
   - Economic and efficient operation.
   - Non-exploitation of students and faculty and/or patients used for educational purposes.

2. Provide necessary resources (money, personnel, supplies and services, equipment) required for operation to fulfill program objectives consistent with that information pertaining to the program that is in the public domain and with accreditation requirements.

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East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

8

Evaluation

Clinical Evaluation Form per Semester
Levels of Practice
Student Evaluation of Program
Employer Evaluation of Graduate
Post Graduate Evaluation
Clinical Case Records
Care Plans

ECU College of Nursing – Nurse Anesthesia Program
NURS 8819 – Clinical Practicum in Nurse Anesthesia I

DAILY CLINICAL EVALUATION

STUDENT: _____ **PRECEPTOR:** _____ **DATE:** _____

CASES: _____

4 – Excellent 3 – Meets Expectations 2 – Below Expectations 1 – Unacceptable N/O – Not Observed

	4	3	2	1	N/O	COMMENTS
1. Preoperative Assessment A. Performs airway assessment and correctly assesses level of difficulty.	○	○	○	○	○	
B. Correctly categorizes patients according to ASA guidelines.	○	○	○	○	○	
2. Anesthetic Preparation A. Accurately performs comprehensive equipment checks.	○	○	○	○	○	
B. Conducts comprehensive machine check and demonstrates knowledge of the proper setup and function of related anesthesia equipment.	○	○	○	○	○	
C. Prepares routine monitoring equipment for each anesthetic.	○	○	○	○	○	
D. Prepares for a basic general anesthetic as planned.	○	○	○	○	○	
E. Performs preoperative assessment, obtaining medical and surgical history and performing preanesthesia assessments prior to initiating anesthesia.	○	○	○	○	○	
3. Intraoperative / Perioperative Management A. Implements routine monitoring for each patient.	○	○	○	○	○	
B. Evaluates and maintains mask airway on routine cases, using proper technique and airway adjuncts.	○	○	○	○	○	
C. Uses proper technique during laryngoscopy and intubation for routine cases.	○	○	○	○	○	
D. Discusses proper positioning for routine general, spinal and epidural anesthesia to prevent patient injury.	○	○	○	○	○	
E. Refrains from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).	○	○	○	○	○	

	4	3	2	1	N/O	COMMENTS
4. Professional Development A. Arrives on time and takes initiative in seeking learning experiences.	◯	◯	◯	◯	◯	
B. Utilizes EHR effectively and performs record keeping requirements completely and accurately.	◯	◯	◯	◯	◯	
C. Accepts constructive criticism.	◯	◯	◯	◯	◯	
D. Works harmoniously with all present.	◯	◯	◯	◯	◯	
E. Maintains composure and responds appropriately during stressful situations.	◯	◯	◯	◯	◯	
F. Uses interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families. Informs patient/family of role of CRNA.	◯	◯	◯	◯	◯	

Practices at expected level for position in program ◯ Yes

◯ No

ADDITIONAL COMMENTS:

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4 Exceeds level of expectation	3 Meets expectations for level of training	2 Level of practice is inconsistent with expectations	1 Level of practice is unacceptable
- Uses acquired knowledge, analyzes information and makes correct clinical decisions - Psychomotor skills consistently performed above level of expectation - Requires minimal supporting cues (0-25% of time) - Requires minimal supervision	- Applies didactic knowledge to clinical practice - Consistently performs required psychomotor skills - Requires only occasional verbal/physical cues (25-50% of time) - Supervision requirements appropriate for level of training	- Inconsistently applies didactic knowledge to clinical practice - Psychomotor skills are inconsistent - Requires constant verbal/physical cues (50-75% of time) - Requires frequent supervision	- Unable to apply didactic knowledge to clinical application - Rudimentary psychomotor clinical skills inconsistent with clinical training - Requires constant verbal/physical cues (75-100% of time) - Requires supervision inconsistent with level of training

Preceptor Signature: _____ **Student Signature:** _____

Date: _____ **Date:** _____

6/28/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing – Nurse Anesthesia Program
NURS 8820 – Clinical Practicum in Nurse Anesthesia II

DAILY CLINICAL EVALUATION

STUDENT: _____ **PRECEPTOR:** _____ **DATE:** _____

CASES: _____

4 – Excellent 3 – Meets Expectations 2 – Below Expectations 1 – Unacceptable N/O – Not Observed

	4	3	2	1	N/O	COMMENTS
2. Preoperative Assessment A. Evaluation reflects thoroughness in assessing medical problems and tests that impact delivery of safe quality anesthesia.	○	○	○	○	○	
B. Verifies minimally acceptable standards of preoperative preparation.	○	○	○	○	○	
2. Anesthetic Preparation A. Develops an appropriately detailed, anesthetic plan based on ASA status, surgical needs, sound physiologic principles and safe practice prior to providing anesthesia services.	○	○	○	○	○	
B. Performs a preanesthetic assessment prior to providing anesthesia services.	○	○	○	○	○	
C. Selects appropriate equipment; performs APSF and manufacturer recommended machine checks.	○	○	○	○	○	
D. Takes appropriate action when with anesthesia equipment malfunction.	○	○	○	○	○	
4. Intraoperative / Perioperative Management A. Monitoring consistent with ASA/AANA standards, understands and applies safety guidelines in clinical practice.	○	○	○	○	○	
B. Demonstrates increased sophistication in airway management (recognizing and planning for potentially difficult intubations, identifying and appropriately implementing extubation criteria).	○	○	○	○	○	
C. Is consistently vigilant of patient's course and surgical environment.	○	○	○	○	○	
D. Protects patients from iatrogenic complications by positioning patients to prevent injury, using universal infection control procedures, and using appropriate safety measures.	○	○	○	○	○	

	4	3	2	1	N/O	COMMENTS
E. Calculates, initiates, manages fluid and blood component therapy.	◯	◯	◯	◯	◯	
F. Demonstrates basic knowledge of anesthetic and adjunctive drugs, including dose, drug classification and basic anesthetic implications.	◯	◯	◯	◯	◯	
G. Regional anesthesia reflects choice of proper technique, basic knowledge of anatomy and correct local anesthetic choice and dose.	◯	◯	◯	◯	◯	
4. Professional Development A. Demonstrates self-directed ongoing learning; aware of own limitations.	◯	◯	◯	◯	◯	
B. Seeks and benefits from constructive criticism.	◯	◯	◯	◯	◯	
C. Accepts responsibility and accountability for own practice, including assessing, diagnosing, planning, implementing and evaluating patient interventions.	◯	◯	◯	◯	◯	
D. Demonstrates respect for dignity and privacy of patients maintaining confidentiality in delivery of interprofessional care.	◯	◯	◯	◯	◯	
E. Actively participates in quality improvement activities (conferences, M&M, lectures).	◯	◯	◯	◯	◯	
F. Delivers individualized, culturally appropriate care throughout the perianesthesia continuum.	◯	◯	◯	◯	◯	
G. Demonstrates personal and professional integrity; interacts on a professional level.	◯	◯	◯	◯	◯	

Practices at expected level for position in program ◯ Yes ◯ No

ADDITIONAL COMMENTS:

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4 **Exceeds level of expectation**	3 **Meets expectations for level of training**	2 **Level of practice is inconsistent with expectations**	1 **Level of practice is unacceptable**
- Uses acquired knowledge, analyzes information and makes correct clinical decisions - Psychomotor skills consistently performed above level of expectation - Requires minimal supporting cues (0-25% of time) - Requires minimal supervision	- Applies didactic knowledge to clinical practice - Consistently performs required psychomotor skills - Requires only occasional verbal/physical cues (25-50% of time) - Supervision requirements appropriate for level of training	- Inconsistently applies didactic knowledge to clinical practice - Psychomotor skills are inconsistent - Requires constant verbal/physical cues (50-75% of time) - Requires frequent supervision	- Unable to apply didactic knowledge to clinical application - Rudimentary psychomotor clinical skills inconsistent with clinical training - Requires constant verbal/physical cues (75-100% of time) - Requires supervision inconsistent with level of training

Preceptor Signature: _____ Student Signature: _____

Date: _____ Date: _____

7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing – Nurse Anesthesia Program
NURS 8821 – Clinical Practicum in Nurse Anesthesia III

DAILY CLINICAL EVALUATION

STUDENT: _____ **PRECEPTOR:** _____ **DATE:** _____

CASES: _____

4 – Excellent 3 – Meets Expectations 2 – Below Expectations 1 – Unacceptable N/O – Not Observed

	4	3	2	1	N/O	COMMENTS
3. Preoperative Assessment A. Evaluation reflects thoroughness in assessing medical problems and tests that impact delivery of safe quality anesthesia.	○	○	○	○	○	
B. Verifies minimally acceptable standards of preoperative preparation.	○	○	○	○	○	
2. Anesthetic Preparation A. Demonstrates ability to develop and integrate a detailed a safe and detailed anesthetic plan consistent with the patient's medical status.	○	○	○	○	○	
B. Performs preoperative assessment, obtaining medical and surgical history and performing preanesthesia assessments prior to initiating anesthesia.	○	○	○	○	○	
5. Intraoperative / Perioperative Management A. Demonstrates vigilance in delivery of patient care.	○	○	○	○	○	
B. Demonstrates proficiency in airway management using a variety of techniques.	○	○	○	○	○	
C. Interpret and utilize complex invasive and noninvasive monitoring appropriately.	○	○	○	○	○	
D. Appropriately uses a variety of anesthetic techniques, agents, adjunctive drugs and equipment to administer a safe anesthetic.	○	○	○	○	○	
E. Transfers responsibility of care to other qualified provider in manner that assures continuity of care and patient safety.	○	○	○	○	○	
F. Demonstrates increased competency in wide variety of regional anesthetics.	○	○	○	○	○	
4. Professional Development A. Demonstrates developing abilities for autonomous practice.	○	○	○	○	○	
B. Actively participates in quality improvement activities (conferences, M&M, accurate record-keeping).	○	○	○	○	○	

	4	3	2	1	N/O	COMMENTS
C. Communicates effectively and collaboratively with other healthcare professionals using appropriate verbal, nonverbal and written communication. Informs others of role of CRNA.	◯	◯	◯	◯	◯	
D. Utilizes EHR and information systems/technology to support/improve patient care.	◯	◯	◯	◯	◯	
E. Interacts on a professional level demonstrating personal / professional integrity.	◯	◯	◯	◯	◯	

Practices at expected level for position in program ◯ Yes ◯ No

ADDITIONAL COMMENTS:

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4 Exceeds level of expectation	3 Meets expectations for level of training	2 Level of practice is inconsistent with expectations	1 Level of practice is unacceptable
- Uses acquired knowledge, analyzes information and makes correct clinical decisions - Psychomotor skills consistently performed above level of expectation - Requires minimal supporting cues (0-25% of time) - Requires minimal supervision	- Applies didactic knowledge to clinical practice - Consistently performs required psychomotor skills - Requires only occasional verbal/physical cues (25-50% of time) - Supervision requirements appropriate for level of training	- Inconsistently applies didactic knowledge to clinical practice - Psychomotor skills are inconsistent - Requires constant verbal/physical cues (50-75% of time) - Requires frequent supervision	- Unable to apply didactic knowledge to clinical application - Rudimentary psychomotor clinical skills inconsistent with clinical training - Requires constant verbal/physical cues (75-100% of time) - Requires supervision inconsistent with level of training

Preceptor Signature: _____ Student Signature: _____

Date: _____ Date: _____

7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing – Nurse Anesthesia Program
NURS 8822 – Clinical Practicum in Nurse Anesthesia IV

DAILY CLINICAL EVALUATION

STUDENT: _____ **PRECEPTOR:** _____ **DATE:** _____

CASES: _____

4 – Excellent 3 – Meets Expectations 2 – Below Expectations 1 – Unacceptable N/O – Not Observed

	4	3	2	1	N/O	COMMENTS
4. Preoperative Assessment A. Thoroughly assesses medical problems, therapy, and tests that impact on the delivery of safe, quality anesthesia care, and verifies minimally acceptable standards of preoperative preparation.	○	○	○	○	○	
2. Anesthetic Preparation A. Interprets and integrates data required for optimal preoperative anesthetic assessment.	○	○	○	○	○	
6. Intraoperative / Perioperative Management A. Anesthesia plans are appropriately detailed, safe, workable and consistent with the patient's medical and psychological status.	○	○	○	○	○	
B. Able to provide general and regional anesthesia to patients of all ages and conditions for a variety of surgical procedures (including trauma and emergent procedures), keeping patients responses within acceptable standards.	○	○	○	○	○	
C. Performs motor skills of anesthesia (regional, advanced airway management, central line access) with skill and sophistication.	○	○	○	○	○	
D. Ability to integrate and employ data gained from invasive and noninvasive complex monitoring modalities.	○	○	○	○	○	
E. Demonstrate vigilance of surgical field, patient responses to surgery and anesthesia, including fluid and electrolyte needs, and responding appropriately to changes.	○	○	○	○	○	
F. Practices vigilance with regard to surgical environment, protecting patient from iatrogenic complications.	○	○	○	○	○	
4. Professional Development A. Demonstrate ability to be an autonomous practitioner.	○	○	○	○	○	
B. Demonstrates self-directed, ongoing learning; aware of own limitations.	○	○	○	○	○	
C. Pursues and demonstrates knowledge of current anesthesia literature.	○	○	○	○	○	

	4	3	2	1	N/O	COMMENTS
D. Demonstrates professional and personal integrity and the ability to interact on a professional level at all times.	◯	◯	◯	◯	◯	
E. Demonstrates an understanding of and practices with an in-depth knowledge of professional ethics and medical law as a nurse anesthetist.	◯	◯	◯	◯	◯	
F. Provides anesthesia services in a cost-effective manner.	◯	◯	◯	◯	◯	

Practices at expected level for position in program ◯ Yes ◯ No

ADDITIONAL COMMENTS:

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4 Exceeds level of expectation	3 Meets expectations for level of training	2 Level of practice is inconsistent with expectations	1 Level of practice is unacceptable
- Uses acquired knowledge, analyzes information and makes correct clinical decisions - Psychomotor skills consistently performed above level of expectation - Requires minimal supporting cues (0-25% of time) - Requires minimal supervision	- Applies didactic knowledge to clinical practice - Consistently performs required psychomotor skills - Requires only occasional verbal/physical cues (25-50% of time) - Supervision requirements appropriate for level of training	- Inconsistently applies didactic knowledge to clinical practice - Psychomotor skills are inconsistent - Requires constant verbal/physical cues (50-75% of time) - Requires frequent supervision	- Unable to apply didactic knowledge to clinical application - Rudimentary psychomotor clinical skills inconsistent with clinical training - Requires constant verbal/physical cues (75-100% of time) - Requires supervision inconsistent with level of training

Preceptor Signature: _____Student Signature: _____

Date: _____ Date: _____

7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing – Nurse Anesthesia Program
NURS 8823 – Clinical Practicum in Nurse Anesthesia V

DAILY CLINICAL EVALUATION

STUDENT: _____ **PRECEPTOR:**_____ **DATE:** _____

CASES: _____

4 – Excellent 3 – Meets Expectations 2 – Below Expectations 1 – Unacceptable N/O – Not Observed

	4	3	2	1	N/O	COMMENTS
5. Preoperative Assessment A. Thoroughly assesses medical problems, therapy, and tests that impact on the delivery of safe, quality anesthesia care, and verifies minimally acceptable standards of preoperative preparation.	◯	◯	◯	◯	◯	
B. Interprets and integrates data required for optimal preoperative anesthetic assessment.	◯	◯	◯	◯	◯	
C. Functions effectively as a resource person for the health care team.	◯	◯	◯	◯	◯	
2. Anesthetic Preparation A. Consistently develops and integrate a safe and detailed anesthetic plan consistent with the patient's medical status.	◯	◯	◯	◯	◯	
7. Intraoperative / Perioperative Management A. Consistently demonstrates proficiency in providing general/regional anesthesia for patients of all ages and ASA classifications.	◯	◯	◯	◯	◯	
B. Proficiently performs motor skills of anesthesia (regional, intubations, etc.) with skill and sophistication.	◯	◯	◯	◯	◯	
C. Ability to integrate knowledge and employ data gained from complex monitoring modalities in diagnosing, decision-making, and problem solving.	◯	◯	◯	◯	◯	
D. Recognize and appropriately manage complications that occur during the provision of anesthesia.	◯	◯	◯	◯	◯	
4. Professional Development A. Demonstrates the ability to be an autonomous practitioner integrating reflective thinking in decision making and leadership.	◯	◯	◯	◯	◯	
B. Provides leadership that facilitates intraprofessional and interprofessional collaboration.	◯	◯	◯	◯	◯	
C. Demonstrates self-directed learning.	◯	◯	◯	◯	◯	

	4	3	2	1	N/O	COMMENTS
D. Demonstrates ability to act as a resource person for the healthcare team.	◯	◯	◯	◯	◯	
E. Applies ethically sound decision-making processes and functions within legal and regulatory requirements.	◯	◯	◯	◯	◯	
F. Incorporates research into daily anesthetic practice providing nurse anesthesia services based upon evidence based principles.	◯	◯	◯	◯	◯	

Practices at expected level for position in program ◯ Yes ◯ No

ADDITIONAL COMMENTS:

_____

_____

_____

_____

4 **Exceeds level of expectation**	3 **Meets expectations for level of training**	2 **Level of practice is inconsistent with expectations**	1 **Level of practice is unacceptable**
- Uses acquired knowledge, analyzes information and makes correct clinical decisions - Psychomotor skills consistently performed above level of expectation - Requires minimal supporting cues (0-25% of time) - Requires minimal supervision	- Applies didactic knowledge to clinical practice - Consistently performs required psychomotor skills - Requires only occasional verbal/physical cues (25-50% of time) - Supervision requirements appropriate for level of training	- Inconsistently applies didactic knowledge to clinical practice - Psychomotor skills are inconsistent - Requires constant verbal/physical cues (50-75% of time) - Requires frequent supervision	- Unable to apply didactic knowledge to clinical application - Rudimentary psychomotor clinical skills inconsistent with clinical training - Requires constant verbal/physical cues (75-100% of time) - Requires supervision inconsistent with level of training

Preceptor Signature: _____ Student Signature:_____

Date: _____ Date: _____

7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Levels of Practice for Clinical Performance

Daily evaluations are based on Clinical Practicum objective that progressively increase in scope and difficulty. Students will be evaluated in context of those objectives.

1.0 Level of practice is unacceptable

- Unable to apply didactic knowledge to clinical application
- Rudimentary psychomotor clinical skills inconsistent with clinical training
- Requires constant verbal/physical cues (75-100% of time)
- Requires supervision inconsistent with level of training

2.0 Level of practice is inconsistent with expectations

- Inconsistently applies didactic knowledge to clinical practice
- Psychomotor skills are inconsistent
- Requires constant verbal/physical cues (50-75% of time)
- Requires frequent supervision

3.0 Meets expectations for level of training

- Applies didactic knowledge to clinical practice
- Consistently performs required psychomotor skills
- Requires only occasional verbal/physical cues (25-50% of time)
- Supervision requirements appropriate for level of training

4.0 Exceeds level of expectation

- Uses acquired knowledge, analyzes information and makes correct clinical decisions
- Psychomotor skills consistently performed above level of expectation
- Requires minimal supporting cues (0-25% of time)
- Requires minimal supervision

For NURS 8819, 8820, 8821, 8822, and 8823: Students will pass clinical courses by meeting or exceeding levels of expectation (Level 3 and 4) for each criterion, each day in the clinical area. It is possible that at the *beginning* of a semester a student may not meet expectations (Level 1 and 2) for each criteria, however, consistent improvement throughout the semester must be demonstrated, i.e. their performance cannot reflect a pattern of lack of progression, and they must meet or exceed levels of expectation for all criteria by the end of the semester.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

East Carolina University College of Nursing **Class of _____**

Nurse Anesthesia Program

Student Evaluation of Program

CURRICULUM					
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	UNDECIDED
Program philosophy is fulfilled in implementation of program					
Program objectives are met effectively					
Program content provides me with information needed to practice anesthesia					
Program design is adequate to fulfill my educational needs					
Clinical cases and experiences at VMC & Surgicenter are outstanding					
Clinical Cases and experiences at rural sites are outstanding					
I am being adequately prepared to function in rural setting as an entry level anesthesia provider					
I am encouraged to develop as an independent practitioner					
Didactic instructors are accessible					
Program Administration is accessible					

Comments:

_____

_____

_____

_____

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

East Carolina University College of Nursing **Class of _____**

Nurse Anesthesia Program

Student Evaluation of Program

INSTRUCTION / INSTRUCTOR					
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	UNDECIDED
Clinical teaching is outstanding					
Clinical supervision is always available either in the room or nearby					
I receive instruction in using anesthesia equipment safely and effectively					
I receive instruction in using monitoring equipment safely and effectively					
Instructional equipment used by my teachers is effective					
Nurse Anesthetists are effective teachers (clinically)					
Physician Anesthesiologists are effective teachers (clinically)					
Other instructors are effective teachers (non-anesthesia)					
CRNA Didactic lectures facilitate meeting stated course outcomes					
Anesthesiologists Didactic lectures facilitate meeting stated course outcomes					

Comments:

_____

_____

_____

_____

EVALUATION					
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	UNDECIDED
Instructors evaluate students fairly and in a manner that helps them improve their skills / performance					
Students have an opportunity to evaluate the program/provide input					
Evaluation results are used to effect positive change					
Program listens to students' concerns when clinical instruction is evaluated					
Student counseling is helpful					
Faculty provides support and guidance in the development of critical judgment skills.					

PRE and POST ANESTHESIA ASSESSMENT					
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	UNDECIDED
I perform a preanesthesia assessment on each patient I anesthetize					
I develop an anesthesia care plan on each patient I anesthetize and discuss it with my instructor					
I make postanesthesia rounds on each patient I anesthetize (Exception: Ambulatory care / early discharges)					

ETHICAL PRACTICE					
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	UNDECIDED
Recruitment information accurately portrayed the program					
Patients are informed as to whom will be providing their anesthesia care					
Dealings among program faculty and students are equitable, confidential and unbiased.					
I receive appropriate supervision and instruction by a CRNA or anesthesiologist during my clinical experience (1:1 / 2:1)					
The educational environment is conducive to learning.					
Students are not being exploited					
Patients are not being exploited					
There is no evidence of discriminatory practice in this program					

STUDENT SERVICES					
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	UNDECIDED
Students accessibility to CRNA faculty advising is adequate:					
Student accessibility to basic science faculty is adequate:					
Library resource for students are current and accessible:					
Student Health Services are accessible:					
The HRSA Nurse Anesthesia Traineeship funding I received was extremely important					
I will continue to attend NCANA professional CRNA meetings					

PART II: TIME COMMITMENT

1. **What Face-to-Face classroom course(s) are you taking?**

   a) - Name of course: _____
   - How much prep work does this course require? _____ (hours)

   Comments: _____
   _____

   b) - Name of course: _____
   - How much prep work does this course require? _____ (hours)

   Comments: _____
   _____

2. **What Distance-Education course(s) are you taking?**

   a) - Name of Course: _____
   - How much offline does this course require? _____ (hours)
   - How much online does this course require? _____ (hours)

   Comments: _____
   _____
   _____

   b) - Name of Course: _____
   - How much offline time does this course require? _____ (hours)
   - How much online time does this course require? _____ (hours)

   Comments: _____
   _____
   _____

ECU College of Nursing, Nurse Anesthesia Program
Greenville, NC 27834

PART III

Do you have any comments you wish to make? (Important: Please comment on any item that you marked as "disagree" or "strongly disagree.") Print legibly in black ink.

ECU College of Nursing, Nurse Anesthesia Program
Greenville, NC 27834

Employer Evaluation of DNP Graduate

Name of Graduate: _____ **Date: _____**

Section I: Using the key below, please circle the number which most appropriately corresponds to this **graduate's ability** and/or performance in each of the following areas. Then circle the number which most corresponds to the **importance of the skill to your work site.**

		Ability 4 = Excellent 3 = Above Average 2 = Average 1 = Below Average N/A = Unable to evaluate	Importance 4 = Extremely Important 3 = Very Important 2 = Somewhat Important 1 = Not Important N/A = Unable to evaluate
1.	Is vigilant in the delivery of patient care.	4 3 2 1 N/A	4 3 2 1 N/A
2.	Refrains from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care.	4 3 2 1 N/A	4 3 2 1 N/A
3.	Conducts a comprehensive equipment check.	4 3 2 1 N/A	4 3 2 1 N/A
4.	Protects patients from iatrogenic complications.	4 3 2 1 N/A	4 3 2 1 N/A
5.	Provides individualized care throughout the perianesthesia continuum.	4 3 2 1 N/A	4 3 2 1 N/A
6.	Delivers culturally competent perianesthesia care	4 3 2 1 N/A	4 3 2 1 N/A
7.	Provides anesthesia services to all patients across the lifespan.	4 3 2 1 N/A	4 3 2 1 N/A
8.	Performs a comprehensive preanesthetic history and physical assessment	4 3 2 1 N/A	4 3 2 1 N/A
9.	Administers general anesthesia to patients with a variety of physical conditions.	4 3 2 1 N/A	4 3 2 1 N/A
10.	Administers general anesthesia for a variety of surgical and medically related procedures.	4 3 2 1 N/A	4 3 2 1 N/A
	10a. Administers a competent and rational anesthetic for **Intracranial** surgical case.	4 3 2 1 N/A	4 3 2 1 N/A
	10b. Administers a competent and rational anesthetic for a **major vascular** surgical case.	4 3 2 1 N/A	4 3 2 1 N/A
	10c. Administers a competent and rational anesthetic for an **intrathoracic** surgical case.	4 3 2 1 N/A	4 3 2 1 N/A

ECU College of Nursing, Nurse Anesthesia Program
Greenville, NC 27834

		Ability 4 = Excellent 3 = Above Average 2 = Average 1 = Below Average N/A = Unable to evaluate	Importance 4 = Extremely Important 3 = Very Important 2 = Somewhat Important 1 = Not Important N/A = Unable to evaluate
	10d. Administers a competent and rational anesthetic for a **Cesarean section.**	4 3 2 1 N/A	4 3 2 1 N/A
	10e. Administers a continuous **lumbar epidural** for management of **labor pain.**	4 3 2 1 N/A	4 3 2 1 N/A
11.	Administers and manages a variety of regional anesthetics.	4 3 2 1 N/A	4 3 2 1 N/A
	11a. Administers/manages a spinal anesthetic.	4 3 2 1 N/A	4 3 2 1 N/A
	11b. Administers/manages an epidural anesthetic.	4 3 2 1 N/A	4 3 2 1 N/A
	11c. Administers a variety of regional anesthetic techniques.	4 3 2 1 N/A	4 3 2 1 N/A
12.	Applies knowledge to practice in decision-making and problem solving.	4 3 2 1 N/A	4 3 2 1 N/A
13.	Provides nurse anesthesia services based on evidence based principles.	4 3 2 1 N/A	4 3 2 1 N/A
14.	Performs a pre-anesthetic assessment prior to providing anesthesia services.	4 3 2 1 N/A	4 3 2 1 N/A
15.	Assumes responsibility and accountability for diagnosis.	4 3 2 1 N/A	4 3 2 1 N/A
16.	Formulates an anesthesia plan of care prior to providing anesthesia services.	4 3 2 1 N/A	4 3 2 1 N/A
17.	Identifies and takes appropriate action when confronted with anesthetic equipment-related malfunctions.	4 3 2 1 N/A	4 3 2 1 N/A
18.	Interprets and utilizes data obtained from noninvasive and invasive monitoring modalities.	4 3 2 1 N/A	4 3 2 1 N/A
	18a. Insertion/monitoring a **central venous catheter.**	4 3 2 1 N/A	4 3 2 1 N/A
19.	Calculates, initiates, and manages fluid and blood component therapy.	4 3 2 1 N/A	4 3 2 1 N/A
20.	Recognizes, evaluates, and manages the physiological responses coincident to the provision of anesthesia services.	4 3 2 1 N/A	4 3 2 1 N/A
21.	Recognizes and appropriately manages complications that occur during the provision of anesthesia services.	4 3 2 1 N/A	4 3 2 1 N/A

ECU College of Nursing, Nurse Anesthesia Program
Greenville, NC 27834

		Ability 4 = Excellent 3 = Above Average 2 = Average 1 = Below Average N/A = Unable to evaluate	Importance 4 = Extremely Important 3 = Very Important 2 = Somewhat Important 1 = Not Important N/A = Unable to evaluate
22.	Uses science-based theories and concepts to analyze new practice approaches.	4 3 2 1 N/A	4 3 2 1 N/A
23.	Utilizes communication skills that result in the effective exchange of information and collaboration with patients/families.	4 3 2 1 N/A	4 3 2 1 N/A
24.	Utilizes communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.	4 3 2 1 N/A	4 3 2 1 N/A
25.	Respects the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.	4 3 2 1 N/A	4 3 2 1 N/A
26.	Maintains comprehensive, timely, accurate, and legible healthcare records.	4 3 2 1 N/A	4 3 2 1 N/A
27.	Transfers the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.	4 3 2 1 N/A	4 3 2 1 N/A
28.	Teaches others.	4 3 2 1 N/A	4 3 2 1 N/A
29.	Integrates critical and reflective thinking in his or her leadership approach.	4 3 2 1 N/A	4 3 2 1 N/A
30.	Provides leadership that facilitates intraprofessional collaboration.	4 3 2 1 N/A	4 3 2 1 N/A
31.	Adheres to the *Code of Ethics for the Certified Registered Nurse Anesthetist.*	4 3 2 1 N/A	4 3 2 1 N/A
32.	Interacts on a professional level ethically and with integrity.	4 3 2 1 N/A	4 3 2 1 N/A
33.	Applies ethically sound decision-making processes.	4 3 2 1 N/A	4 3 2 1 N/A
35.	Functions within legal and regulatory requirements.	4 3 2 1 N/A	4 3 2 1 N/A
36.	Accepts responsibility and accountability for his or her practice.	4 3 2 1 N/A	4 3 2 1 N/A
37.	Provides anesthesia services to patients in a cost-effective manner.	4 3 2 1 N/A	4 3 2 1 N/A

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		Ability 4 = Excellent 3 = Above Average 2 = Average 1 = Below Average N/A = Unable to evaluate	Importance 4 = Extremely Important 3 = Very Important 2 = Somewhat Important 1 = Not Important N/A = Unable to evaluate
38.	Informs the public of the role and practice of the CRNA.	4 3 2 1 N/A	4 3 2 1 N/A
39.	Evaluates how public policy making strategies impact the financing and delivery of healthcare.	4 3 2 1 N/A	4 3 2 1 N/A
40.	Advocates for health policy change to advance the specialty of nurse anesthesia.	4 3 2 1 N/A	4 3 2 1 N/A
41.	Advocates for health policy change to improve patient care.	4 3 2 1 N/A	4 3 2 1 N/A
42.	Analyzes strategies to improve patient outcomes and quality of care.	4 3 2 1 N/A	4 3 2 1 N/A
43.	Analyzes health outcomes in a variety of systems.	4 3 2 1 N/A	4 3 2 1 N/A
44.	Analyzes health outcomes in a variety of clinical settings.	4 3 2 1 N/A	4 3 2 1 N/A
45.	Analyzes health outcomes in a variety of systems.	4 3 2 1 N/A	4 3 2 1 N/A
46.	Disseminates research evidence.	4 3 2 1 N/A	4 3 2 1 N/A
47.	Uses information systems/technology to support and improve patient care.	4 3 2 1 N/A	4 3 2 1 N/A
48.	Uses information systems/technology to support and improve healthcare systems.	4 3 2 1 N/A	4 3 2 1 N/A
49.	Analyzes business practices encountered in nurse anesthesia delivery systems.	4 3 2 1 N/A	4 3 2 1 N/A
50.	Provide quality nurse anesthesia care to patients from diverse cultural backgrounds, medically underserved communities and rural health care settings.	4 3 2 1 N/A	4 3 2 1 N/A

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COMMENTS: What do you see as the main strengths of this graduate? _____

_____

_____

How do you compare with other CRNAs of the same year group? _____

_____

_____

Do you find this graduate deficient in any areas?_____

_____

_____

Would you rehire this person? _____

_____

Are there any additional skills/competencies you would like to see in our graduates? _____

_____

_____

_____ _____

Signature of Evaluator Position/Title

_____

Hospital

Hospital Size (# of beds) _____ Number of Surgical Procedures/Year _____ Number of Operating Rooms _____

Number of obstetrics/year _____

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

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DNP Graduate Evaluation

Name of Graduate: _____ **Date: _____**

Section I: Using the key below, please circle the number which most appropriately corresponds to **your ability (due to program's preparation)** and/or performance in each of the following areas. Then circle the number which most corresponds to the **importance of the skill to your work site.**

	Ability 4 = Excellent 3 = Above Average 2 = Average 1 = Below Average N/A = Unable to evaluate	Importance 4 = Extremely Important 3 = Very Important 2 = Somewhat Important 1 = Not Important N/A = Unable to evaluate
1. Are vigilant in the delivery of patient care.	4 3 2 1 N/A	4 3 2 1 N/A
2. Refrain from extraneous activities that minimize vigilance while providing direct patient care	4 3 2 1 N/A	4 3 2 1 N/A
3. Conduct a comprehensive equipment check.	4 3 2 1 N/A	4 3 2 1 N/A
4. Protect patients from iatrogenic complications.	4 3 2 1 N/A	4 3 2 1 N/A
5. Provide individualized care throughout the perianesthesia continuum.	4 3 2 1 N/A	4 3 2 1 N/A
6. Deliver culturally competent perianesthesia care	4 3 2 1 N/A	4 3 2 1 N/A
7. Provide anesthesia services to all patients across the lifespan.	4 3 2 1 N/A	4 3 2 1 N/A
8. Perform a comprehensive preanesthetic history and physical assessment	4 3 2 1 N/A	4 3 2 1 N/A
9. Administer general anesthesia to patients with a variety of physical conditions.	4 3 2 1 N/A	4 3 2 1 N/A
10. Administer general anesthesia for a variety of surgical and medically related procedures	4 3 2 1 N/A	4 3 2 1 N/A
10a. Administer a competent and rational anesthetic for **Intracranial** surgical case.	4 3 2 1 N/A	4 3 2 1 N/A
10b. Administer a competent and rational anesthetic for a **major vascular** surgical case.	4 3 2 1 N/A	4 3 2 1 N/A
10c. Administer a competent and rational anesthetic for an **intrathoracic** surgical case.	4 3 2 1 N/A	4 3 2 1 N/A

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	Ability 4 = Excellent 3 = Above Average 2 = Average 1 = Below Average N/A = Unable to evaluate	Importance 4 = Extremely Important 3 = Very Important 2 = Somewhat Important 1 = Not Important N/A = Unable to evaluate
10d. Administer a competent and rational anesthetic for a **Cesarean section.**	4 3 2 1 N/A	4 3 2 1 N/A
10e. Administer a continuous **lumbar epidural** for management of **labor pain.**	4 3 2 1 N/A	4 3 2 1 N/A
11. Administer and manage a variety of regional anesthetics.	4 3 2 1 N/A	4 3 2 1 N/A
11a. Administer/manage a spinal anesthetic.	4 3 2 1 N/A	4 3 2 1 N/A
11b. Administer/manage an epidural anesthetic.	4 3 2 1 N/A	4 3 2 1 N/A
11c. Administer a variety of regional anesthetic techniques.	4 3 2 1 N/A	4 3 2 1 N/A
12. Apply knowledge to practice in decision-making and problem solving.	4 3 2 1 N/A	4 3 2 1 N/A
13. Provide nurse anesthesia services based on evidence based principles.	4 3 2 1 N/A	4 3 2 1 N/A
14. Perform a pre-anesthetic assessment prior to providing anesthesia services.	4 3 2 1 N/A	4 3 2 1 N/A
15. Assume responsibility and accountability for diagnosis.	4 3 2 1 N/A	4 3 2 1 N/A
16. Formulate an anesthesia plan of care prior to providing anesthesia services.	4 3 2 1 N/A	4 3 2 1 N/A
17. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.	4 3 2 1 N/A	4 3 2 1 N/A
18. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.	4 3 2 1 N/A	4 3 2 1 N/A
18a. Insertion/monitoring a **central venous catheter.**	4 3 2 1 N/A	4 3 2 1 N/A
19. Calculate, initiate, and manage fluid and blood component therapy.	4 3 2 1 N/A	4 3 2 1 N/A
20. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.	4 3 2 1 N/A	4 3 2 1 N/A
21. Recognize and appropriately manage complications that occur during the provision of anesthesia services.	4 3 2 1 N/A	4 3 2 1 N/A
	Ability	Importance

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		4 = Excellent 3 = Above Average 2 = Average 1 = Below Average N/A = Unable to evaluate	4 = Extremely Important 3 = Very Important 2 = Somewhat Important 1 = Not Important N/A = Unable to evaluate
22.	Use science-based theories and concepts to analyze new practice approaches.	4 3 2 1 N/A	4 3 2 1 N/A
23.	Pass the national certification examination (NCE) administered by the NBCRNA.	4 3 2 1 N/A	4 3 2 1 N/A
24.	Utilize communication skills that result in the effective exchange of information and collaboration with patients/families.	4 3 2 1 N/A	4 3 2 1 N/A
25.	Utilize communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.	4 3 2 1 N/A	4 3 2 1 N/A
26.	Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.	4 3 2 1 N/A	4 3 2 1 N/A
27.	Maintain comprehensive, timely, accurate, and legible healthcare records.	4 3 2 1 N/A	4 3 2 1 N/A
28.	Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.	4 3 2 1 N/A	4 3 2 1 N/A
29.	Teach others.	4 3 2 1 N/A	4 3 2 1 N/A
30.	Integrate critical and reflective thinking in your leadership approach.	4 3 2 1 N/A	4 3 2 1 N/A
31.	Provide leadership that facilitates intraprofessional collaboration.	4 3 2 1 N/A	4 3 2 1 N/A
32.	Adhere to the *Code of Ethics for the Certified Registered Nurse Anesthetist.*	4 3 2 1 N/A	4 3 2 1 N/A
33.	Interact on a professional level ethically and with integrity.	4 3 2 1 N/A	4 3 2 1 N/A
34.	Apply ethically sound decision-making processes.	4 3 2 1 N/A	4 3 2 1 N/A
35.	Function within legal and regulatory requirements.	4 3 2 1 N/A	4 3 2 1 N/A
36.	Accept responsibility and accountability for your practice	4 3 2 1 N/A	4 3 2 1 N/A
37.	Provide anesthesia services to patients in a cost-effective manner.	4 3 2 1 N/A	4 3 2 1 N/A

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	Ability 4 = Excellent 3 = Above Average 2 = Average 1 = Below Average N/A = Unable to evaluate	Importance 4 = Extremely Important 3 = Very Important 2 = Somewhat Important 1 = Not Important N/A = Unable to evaluate
38. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder.	4 3 2 1 N/A	4 3 2 1 N/A
39. Inform the public of the role and practice of the CRNA.	4 3 2 1 N/A	4 3 2 1 N/A
40. Evaluate how public policy making strategies impact the financing and delivery of healthcare.	4 3 2 1 N/A	4 3 2 1 N/A
41. Advocate for health policy change to advance the specialty of nurse anesthesia.	4 3 2 1 N/A	4 3 2 1 N/A
42. Advocate for health policy change to improve patient care.	4 3 2 1 N/A	4 3 2 1 N/A
43. Analyze strategies to improve patient outcomes and quality of care.	4 3 2 1 N/A	4 3 2 1 N/A
44. Analyze health outcomes in a variety of systems.	4 3 2 1 N/A	4 3 2 1 N/A
45. Analyze health outcomes in a variety of clinical settings.	4 3 2 1 N/A	4 3 2 1 N/A
46. Analyze health outcomes in a variety of systems.	4 3 2 1 N/A	4 3 2 1 N/A
47. Disseminate research evidence.	4 3 2 1 N/A	4 3 2 1 N/A
48. Use information systems/technology to support and improve patient care.	4 3 2 1 N/A	4 3 2 1 N/A
49. Use information systems/technology to support and improve healthcare systems.	4 3 2 1 N/A	4 3 2 1 N/A
50. Analyze business practices encountered in nurse anesthesia delivery systems.	4 3 2 1 N/A	4 3 2 1 N/A
51. Provide quality nurse anesthesia care to patients from diverse cultural backgrounds, medically underserved communities and rural health care settings.	4 3 2 1 N/A	4 3 2 1 N/A

ECU College of Nursing, Nurse Anesthesia Program
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COMMENTS: (Please comment on what you believe were the strengths of your program) _____

_____

_____

How do you compare with other CRNAs of the same year group? _____

_____

_____

SUGGESTIONS: How program could be improved

_____

_____

Would you attend this Nurse Anesthesia Program again, or recommend it to others?

_____

Signature of Graduate_____ _____ Hospital _____

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Requirements for Case Records

1. Each student is responsible for maintaining an accurate clinical case report. Records should be completed on a daily basis. The Director of Clinical Education will review the case records weekly.

2. Accuracy and promptness in reporting will be reflected in clinical grades.

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

EAST CAROLINA UNIVERSITY NURSE ANESTHESIA PROGRAM
ANESTHESIA CARE PLAN

DATE	PREOP DIAGNOSIS	M / F AGE	ALLERGIES
PROPOSED SURGERY			ELECTIVE / ER
POSITIONING		NPO STATUS	ASA
PHYSICAL EXAM: B/P (RANGE) P R T SaO2_____ HT_____WT_____kg			
AIRWAY: CLASS / MO / TM	NECK MOVEMENT	DENTAL	

SYSTEMS REVIEW:	LABS:
RESP:	Hgb_____Hct_____Plat_____
CV:	Lytes: Na_____K_____
CNS:	Cl_____CO2_____
HEP/RENAL:	Bun_____Creat_____
ENDOCRINE:	Other:
GI:	BLD TYPE_____T&C_____
OTHER:	EKG
	CXR

PREOP INSTRUCTIONS:	MEDICATIONS:
PRIOR ANESTHESIA HISTORY:	

ANESTHETIC IMPLICATIONS

A. PATHOPHYSIOLOGY:

B. SURGICAL PROCEDURE:

C. SURGICAL POSITIONING:

D. OTHER CONCERNS:

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

PEDIATRIC ANESTHESIA WORKSHEET

Name: _____ ASA: _____

Age: _____ Hgb/Hct: _____

Weight: _____ lbs _____ kg

Allergies: _____

Endotracheal Tube Size

(age in years / 4) + 4 = tube size _____ ID

tube size X 3 = length of tube _____ cm

Penthothal	IV	3 - 5 mg/kg		mg		ml
Propofol	IV	2.5 - 3 mg/kg		mg		ml
Brevital	PR	30 mg/kg		mg		ml
Ketamine	IV	2 mg/kg		mg		ml
	IM	4 - 5 mg/kg		mg		ml
Fentanyl	IV	1 - 2 mcg/kg		mcg		ml
Morphine	IV	0.1 mg/kg		mg		ml
Versed	PO	0.5 - 0.7 mg/kg		mg		ml
	IV	0.05 - 0.1 mg/kg		mg		ml
Tylenol	PR / PO	10 - 20 mg/kg		mg		ml
Succ	IV	1 - 2 mg/kg		mg		ml
	IM	4 mg/kg		mg		ml
Atracurium	IV	0.5 mg/kg		mg		ml
Pancuronium	IV	0.1 mg/kg		mg		ml
Rocuronium	IV	0.6 mg/kg		mg		ml
for RSI	IV	0.9 - 1.2 mg/kg		mg		ml
Vecuronium	IV	0.1 mg/kg		mg		ml
Neostigmine	IV	50 - 70 mcg/kg		mcg		ml
Edrophonium	IV	1 mg/kg		mg		ml
Atropine	IV	20 mcg/kg		mcg		ml
Epinephrine	IV	10 mcg/kg		mcg		ml
Lidocaine	IV	1 mg/kg		mg		ml
Na Bicarb	IV	1 mEq/kg		mEq		ml
Narcan	IV	10 mcg/kg		mcg		ml
Reglan	IV	15 mcg/kg		mcg		ml
Robinul	IV	10 - 20 mcg/kg		mcg		ml

Estimated Fluid Requirements

1 - 10 kg X 4 ml/kg/hr = _____

10 - 20 kg X 2 ml/kg/hr = _____

> 20 kg X 1 ml/kg/hr = _____

Hourly Maintenance = _____ ml/hr

Total Deficit = _____ ml

Estimated Blood Volume / Allowable Blood Loss

Premie	100	ml/kg
Newborn	85	ml/kg
1 yo	75	ml/kg
3-6 yo	70	ml/kg
adult	65	ml/kg

EBV

_____ ml X _____ kg = _____ ml

ABL = _____ ml

MDA: CRNA: Room:

Procedure

Position:

Diagnoses / History

Airway teeth: loose / missing

MP: MO:

TM: ROM:

Vent Settings

FIO2: Rate:

TV: PEEP

Mask Size:

Medications

Equipment / Monitors

Temp: Eso / Skin

EKG A - line

Precordial CVP / PA

NIBP HME / Humidifier

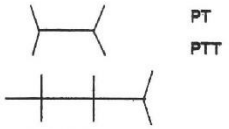
Pulse Ox Bair Hugger

ETCO2

PNS ETT: cuffed / uncuffed

LMA size: Circuit: pedi / adult

Labs



PT

PTT

CXR / EKG

Fluids	1st hr	2nd hr	3rd hr	4th hr
hourly				
deficit				
3rd space				
EBL				
Total:				

Preop Meds / Treatments

Regional Anesthesia:

Plan A	Plan B
Induction	Induction
Maintenance	Maintenance
Emergence / Reversal	Emergence / Reversal

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

Pediatric NPO Orders

* includes breast milk

	0-6 months	6 - 12 months	1 - 6 years	> 6 years
Formula	up to 4 hours	up to 6 hours	up to 8 hours	up to 8 hours
Clear Liquids*	up to 2 hours	up to 4 hours	up to 6 hours	up to 8 hours
NPO	x 2 hours	x 4 hours	x 6 hours	x 8 hours

Pediatric Developmental Milestones*

* 50th percentiles

Age	Gross Motor	Fine Motor / Adaptive	Personal / Social	Language
1 month	Partial head control. Primarily primitive reflexes.	Clenched fists. Follows past midline.	Smiles at mother in response. Regards face.	Alerts to sound. Makes small sounds.
3 months	Good head control. Lifts chest off bed. Rolls over.	Hands loosely open. Grasps objects. Brings objects to mouth.	Recognizes mother. Follows objects. Smiles spontaneously.	Laughs aloud. Vocalizes when spoken to.
5 months	Holds head erect. Bears weight on legs.	Able to go for object and get it. Transfers objects in hands.	Looks for lost toy. Belly laughs. Drooling.	Recognizes friendly or angry voice. Orients toward sounds.
7 months	Sits without support. Stands holding on. Bounces.	Feeds self biscuit. Holds bottle.	Drinks from cup. Shy with strangers. Plays peak-a-boo.	Imitates sounds. Responds to name.
9 months	Pulls to standing or sitting. Crawls. Cruises on furniture.	Finger-thumb opposition. Bangs objects together.	Waves bye-bye. Separation anxiety.	Recognizes familiar words. Understands "no".
12 months	Stands alone. Walks with support.	Uses pincer grasp. Throws objects.	Drinks from cup. Plays with stranger. Indicates wants.	Says 2 to 3 words with meaning.
15 months	Climbs up stairs. Walks backwards.	Scribbles spontaneously. Dumps objects from bottle.	Feeds self with spoon. Imitates housework. Removes clothing.	Speaks jargon. Follows 1 step commands.
18 months	Runs stiffly. Walks up stairs. Kicks ball. Handedness is determined.	Constructive play. Turns pages of book.	Parallel play. Does puzzles. Thumb sucking.	Speaks jargon. Points to object in book. Follows 2 step commands.
24 months	Throws ball overhand. Jumps in place.	Imitates vertical and circular lines. Builds tower of cubes.	Is negativistic. Plays interactive games. Verbalizes toilet needs.	Uses pronouns. Forms 3 word sentences. Carries out directions.
3 years	Alternates feet going up stairs. Rides tricycle. Broad jump.	Holds crayon with fingers. Copies circle and imitates cross.	Feeds self. Dresses self, supervised. Separates easily.	Knows full name. Uses plurals.
4 years	Hops on one foot. Catches bounced ball.	Draws man with 2 parts. Counts objects.	Dresses without supervision. Associative play. Asks "Why?"	Names colors. Obeys complicated commands.
5 years	Skips. Balances on one foot.	Draws man with multiple parts. Copies triangle.	Cooperative play. Asks meaning of words.	Knows colors, money. Describes pictures.

PROBLEM	PATHOPHYSIOLOGY	ANESTHETIC INTERVENTIONS

East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

9

Graduation

Outcome Criteria and Measures
Requirements for Graduation

ECU College of Nursing
Nurse Anesthesia Program

Outcome Criteria and Measures

The graduate, upon completion of the program will be able to exhibit the following, either through written and/or oral examination or through behavioral demonstrations.

CRITERIA	**MEASURE**
1. Meet ECU Graduate School, College of Nursing, and Nurse Anesthesia Program requirements for graduation	1. Maintain 3.0 GPA or higher 2. Earn a grade of B or higher in designated courses 3. Complete 90 Semester Hours 4. Pass the comprehension assessment 5. Satisfactory completion of Scholarly Project 6. Complete NURS 8993 Anesthesia Portfolio
2. Meet or Exceed Council on Certification for Nurse Anesthetists case requirements	1. Monthly Case Records
2. Satisfy Eligibility requirements for taking the NBCRNA National Certification Examination (NCE)	1. NBCRNA Transcript
3. Academic capability to pass the NCE	1. Minimum GPA 3.0 2. Earn a grade of B or higher in designated courses 3. Pass rate NCE
4. Meet COA Standards for Clinical Outcomes (COA Standard C21 Clinical outcome Criteria)	1. Daily Clinical Evaluations
5. Monitor initial employment rates	1. Students' Report

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

ECU College of Nursing
Nurse Anesthesia Program

Requirements for Graduation of Students

The ECU College of Nursing Nurse Anesthesia Program will recommend for graduation to the ECU Graduate School all students who satisfy requirements as set forth by the Nurse Anesthesia Program, and who have met all requirements for graduation set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA; 10275 W. Higgins Rd., Suite 906 Rosemont, IL 60018-5603 Phone: 224-275-9129).

Application for graduation must be made on a form provided by the Registrar's Office at least one semester prior to the completion of the requirements for the degree.

Graduation exercises will be held at the end of the Fall and Spring Semesters. However, degrees are also conferred at the end of the summer session.

Nurse Anesthesia Program Requirements for Graduation

1. Maintain 3.0 GPA or higher

2. Complete all required 90 Semester Hours of course work in Students Plan of Study

3. Earn a grade of "B" or higher in identified Nurse Anesthesia Program Courses

4. Meet all Council on Accreditation of Nurse Anesthesia Educational Programs requirements for graduation

5. Satisfactory completion of the DNP Scholarly Project

6. Comply with all ECU, CON, and Nurse Anesthesia Program Policies and Guidelines

12/8/17, 7/16/18, 8/7/19, 7/14/20, 12/20/21

East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

10

Academic Calendars

University Academic Calendar - Spring Semester 2022

(Actual Class Days: 14 Mondays, 15 Tuesdays, 14 Wednesdays, 14 Thursdays, 13 Fridays;
Effective Class Days: 14 Mondays, 14 Tuesdays, 14 Wednesdays, 14 Thursdays, 14 Fridays)

November 5, Friday	Early registration for special populations begins at 1:00 pm.
November 8, Monday	Registration for Spring Semester 2022 begins.
January 7, Friday	Advising, registration and schedule adjustments
January 10, Monday	Classes begin; schedule adjustments.
January 14, Friday	Last day for registration and schedule adjustments (drop / add) by 5:00 pm
January 17, Monday	State Holiday (no classes)
January 24, Monday	Census Day (Official enrollment count taken at 5:00 pm.)
March 6 - 13, Sunday - Sunday	Spring Break -- Classes resume at 8:00 am Monday, March 14.
March 14 - 18, Monday - Friday	Advising for Summer Sessions and Fall Semester 2022
March 24, Thursday	Last day for undergraduate and graduate students to withdraw from term-length courses or withdraw from school without grades, by 5:00 pm; block courses may be dropped only during the first 60% of their regularly scheduled class meetings.
March 25, Friday	Early registration for special populations begins at 1:00 pm.
March 28, Monday	Registration for Summer Sessions and Fall Semester 2022 begins.
April 13, Wednesday	Survey of Student Opinion of Instruction (SSOI) becomes available.
April 14, Thursday	Last day for undergraduate students to submit work for removal of incompletes given during Fall 2021
April 15 - 16, Friday - Saturday	State Holiday (no classes)
April 26, Tuesday	Last day for graduate students to submit work for removal of incompletes given during Spring Semester 2021
April 26, Tuesday	State holiday makeup day; classes which would have met on Friday, April 15 will meet on this day so there will be effectively the same number of Fridays and Tuesdays as every other weekday during the semester. Tuesday classes will not meet.
April 26, Tuesday	Classes end; last day for Survey of Student Opinion of Instruction (SSOI); last day for submission of grade replacement requests.
April 27, Wednesday	Reading Day
April 28, Thursday	Final Examinations begin.
May 5, Thursday	Exams for Spring Semester end.
May 6, Friday	Commencement
May 9, Monday	Grades due at 8:00 am

Students in semesters III through V also adhere to Brody School of Medicine calendar

Extracted from: https://www.ecu.edu/cs-acad/fsonline/customcf/calendar/spring2022.pdf
on 12/20/2021.

Eleven-Week Summer Session 2022
(9 Mondays, 10 Tuesdays, 10 Wednesdays, 11 Thursdays, 10 Fridays; 1 day for final examinations)

May 13, Friday	Advising, registration and schedule adjustments
May 16, Monday	Classes begin; schedule adjustments.
May 17, Tuesday	Last day for registration and schedule adjustments (drop / add), by 5:00 pm
May 18, Wednesday	Census Day (Official enrollment count taken at 5:00 pm.)
May 30, Monday	State Holiday (no classes)
June 21 - 22, Tuesday - Wednesday	Mid-Summer Break
June 29, Wednesday	Last day for undergraduate and graduate students to withdraw from term-length courses or withdraw from school without grades, by 5:00 pm; block courses may be dropped only during the first 60% of their regularly scheduled class meetings.
July 4, Monday	State Holiday (no classes)
July 22, Friday	Survey of Student Opinion of Instruction (SSOI) becomes available.
July 28, Thursday	Last day for graduate students to submit work for removal of incompletes given during the Eleven-week Summer Session 2021
July 28, Thursday	Classes end; last day for Survey of Student Opinion of Instruction (SSOI); last day for submission of grade replacement requests.
July 29, Friday	Final Examinations
August 1, Monday	Grades due at noon

Extracted from https://www.ecu.edu/cs-acad/fsonline/customcf/calendar/summer2022.pdf on 12/20/2021.

University Academic Calendar - Fall Semester 2022

(Actual Class Days: 14 Mondays, 14 Tuesdays, 14 Wednesdays, 14 Thursdays, 14 Fridays)

March 25, Friday	Early registration for special populations begins at 1:00 pm.
March 28, Monday	Registration for Fall Semester 2022 begins.
August 19, Friday	Faculty Convocation at 9:00 am; Faculty Meetings
August 19, Friday	Advising, registration and schedule adjustments
August 22, Monday	Classes begin; schedule adjustments.
August 26, Friday	Last day for registration and schedule adjustments (drop / add), by 5:00 pm
September 2, Friday	Census Day (Official enrollment count taken at 5:00 pm.)
September 5, Monday	State Holiday (no classes)
October 8 - 11, Saturday - Tuesday	Fall Break -- Classes resume at 8:00 am Wednesday, October 12.
October 24 - 28, Monday - Friday	Advising for Spring Semester 2023
October 31, Monday	Last day for undergraduate and graduate students to withdraw from term-length courses or withdraw from school without grades, by 5:00 pm; block courses may be dropped only during the first 60% of their regularly scheduled class meetings.
November 4, Friday	Early registration for special populations begins at 1:00 pm.
November 7, Monday	Registration for Spring Semester 2023 begins.
November 8, Tuesday	Election Day / Civic Engagement Day
November 22, Tuesday	Survey of Student Opinion of Instruction (SSOI) becomes available.
November 22, Tuesday	Last day for undergraduate students to submit work for removal of incompletes given during Spring or Summer Sessions 2022
November 23 - 27, Wednesday - Sunday	Thanksgiving Break -- Classes resume at 8:00 am Monday, November 28.
December 5, Monday	Last day for graduate students to submit work for removal of incompletes given during Fall Semester 2021
December 5, Monday	Classes end; last day for Survey of Student Opinion of Instruction (SSOI); last day for submission of grade replacement requests.
December 6, Tuesday	Reading Day
December 7, Wednesday	Final Examinations begin.
December 14, Wednesday	Exams for Fall Semester end.
December 16, Friday	Commencement
December 16, Friday	Grades due at 4:30 pm

Extracted from https://www.ecu.edu/cs-acad/fsonline/customcf/calendar/fall2022.pdf on 12/20/21.

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