

**Doctor of Nursing Practice  
Nurse Anesthesia Program**



**Nurse Anesthesia**

**2026-2027**

**STUDENT  
HANDBOOK**

*Updated 1/1/26.*



Greetings,

We are pleased to welcome you to the Bellarmine University Doctor of Nursing Practice-Nurse Anesthesia (DNP-NA) Program. Successful completion of the program requirements will culminate in a Doctor of Nursing Practice (DNP) degree with a specialization in Nurse Anesthesia, and eligibility to sit for the National Certification Examination (NCE) administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).

On behalf of the administration and faculty, we are honored you selected our program, and we look forward to working with you throughout your journey as a doctoral student in the nurse anesthesia program. Our primary goal is to foster a supportive, engaging, and motivating learning environment that promotes your academic success and professional growth.

As an active and responsible participant in the educational process, it is the expectation that you will remain accountable for your learning and clinical competence, and seek guidance and support when needed. The faculty and administration are committed to guiding, supporting, and mentoring you as you expand your knowledge and skills. Please do not hesitate to reach out if we can be assistance at any point during the program.

Best Regards,

Carly Mitchell, DNP, APRN, CRNA  
Program Administrator

*This handbook is a supplement to the Bellarmine University Student Handbook and the Graduate Student Handbook. It contains information on policies, procedures, and regulations specific to students enrolled in the DNP-NA program and is intended to provide a clear framework to support a collaborative and professional learning community.*

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# Section I



## Introduction

## CONTACT INFORMATION

Bellarmino University Nurse Anesthesia Program  
Bellarmino University  
Flynn Building  
1961 Bishop Lane  
Louisville, Kentucky 40218  
(502)-272-8000

### *Department of Nurse Anesthesia Administration*

Program Administrator: Carly Mitchell, DNP, APRN, CRNA  
[Cmitchell6@bellarmine.edu](mailto:Cmitchell6@bellarmine.edu)  
(502)-272-8265

Assistant Program Administrator: Emily Federle, DNP, APRN, CRNA  
[Efederle@bellarmine.edu](mailto:Efederle@bellarmine.edu)  
502-272-8419

Instructor of Nurse Anesthesia / Clinical Education Coordinator: Chris Youssi, MSN, APRN, CRNA  
[Cyoussi@bellarmine.edu](mailto:Cyoussi@bellarmine.edu)  
502-272-7606

Instructor of Nurse Anesthesia: Leslie Pike, MSN, APRN, CRNA  
[Lpike01@bellarmine.edu](mailto:Lpike01@bellarmine.edu)  
502-272-7973

Director of Nurse Anesthesia Simulation: Ted Carter, PhD, MFA, CHSE, CHSOS  
[Rcarter@bellarmine.edu](mailto:Rcarter@bellarmine.edu)  
(502)-272-8103

Nurse Anesthesia Program Enrollment & Compliance Specialist: Julie Anderson  
[Janderson@bellarmine.edu](mailto:Janderson@bellarmine.edu)  
(502)-272-8955

## ACCREDITATION



The Bellarmine University Nurse Anesthesia Program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 10275 W. Higgins Rd. Suite 906, Rosemont, IL 60018-5603; **Phone:** 224-275-9130. The program's next review by the COA is scheduled for Fall, 2028. <https://www.coacrna.org/>



The Baccalaureate degree program in nursing, Master's degree program in nursing, and Doctor of Nursing Practice program at Bellarmine University are accredited by the Commission on Collegiate Nursing Education (<http://www.cneaccreditation.org>).



Bellarmino University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award baccalaureate, masters, and doctorate degrees. Questions about the accreditation of Bellarmine University may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website ([www.sacscoc.org](http://www.sacscoc.org)).

## PROFESSIONAL BOARDS AND ASSOCIATIONS

### **Council on Accreditation of Nurse Anesthesia Educational Programs (COA)**

222 S. Prospect Avenue, Park Ridge, IL. 60068-4001 (P) 847-655-1160 (F) 847-692-7137

[Accreditation@coacrna.org](mailto:Accreditation@coacrna.org)

The COA is the accrediting agency for nurse anesthesia programs in the United States, its territories, and protectorates.

### **Mission**

1. To grant public recognition to nurse anesthesia programs and institutions that award post master's certificates, master's, and doctoral degrees that meet nationally established standards of academic quality (quality assessment).
2. To assist programs and institutions in improving educational quality (quality enhancement).

### **Goals**

The goals of the Council are to:

1. Pursue its mission, goals and objectives and conduct its operations with integrity.
2. Advise, formulate, and/or adopt standards, criteria, policies, and procedures for the accreditation of nurse anesthesia educational programs, subject to review and comment by all constituencies that are significantly affected by them.
3. Foster academic quality in educational programs.
4. Utilize evaluation to measure a program's degree of success in meeting programmatic objectives and accreditation requirements within the context of its institutional mission and resources.
5. Encourage innovations in program design and/or experimental programs that are based on sound educational principles.
6. Ensure responsiveness to its communities of interest including, but not limited to students, programs, and the public.
7. Foster student achievement and continuous program improvement as a basis of promoting quality nurse anesthesia services to the public.
8. Incorporate public involvement in its decision making related to quality and accountability.

For updates on standards, policies and procedures, accreditation decisions, and accredited programs, you may visit their website at <http://www.coacrna.org>

## **American Association of Nurse Anesthetists (AANA)**

222 S. Prospect Avenue, Park Ridge, IL 60068-4001 (P) 855-526-2262 (F) 847-692-6968  
[Info@aana.com](mailto:Info@aana.com)

Founded in 1931, the American Association of Nurse Anesthetists (AANA) is the professional association representing nearly 48,000 Certified Registered Nurse Anesthetists (CRNAs) and Nurse Anesthesia Residents nationwide. The AANA promulgates education and practice standards and guidelines and affords consultation to both private and governmental entities regarding nurse anesthetists and their practice. The AANA Foundation supports the profession by awarding education and research grants to students, faculty and practicing CRNAs. More than 90 percent of the nation's nurse anesthetists are members of the AANA.

The AANA developed and implemented a certification program in 1945 and instituted a recertification program in 1978. It established a mechanism for accreditation of nurse anesthesia educational programs in 1952, which has been recognized by the U.S. Department of Education since 1955. In 1975, the AANA was a leader among professional organizations in the United States by forming autonomous multidisciplinary councils with public representation for performing the profession's certification, accreditation, and public interest functions. Today, the CRNA credential is well recognized as an indicator of quality and competence.

**Vision Statement:** *AANA will be a preeminent professional association for healthcare and patient safety.*

**Mission Statement:** *AANA advances patient safety, practice excellence, and its members' profession.*

### **Core Values**

- *Quality*
- *Professionalism*
- *Compassion*
- *Collaboration*
- *Wellness*
- *Diversity*

**AANA Motto:** *Safe and Effective Anesthesia Care.*

Membership information, meeting dates, and other resources can be found on their website at

<http://www.aana.com>

## **National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA)**

8725 W. Higgins Road, Suite 525, Chicago, IL 60631 (P) 855-285-4658 toll free (F) 708-669-7636  
[Certification@nbcna.com](mailto:Certification@nbcna.com)

In 1975, the American Association of Nurse Anesthetists (AANA) approved the establishment of Councils to oversee the accreditation and certification processes for nurse anesthetists. In doing so, the profession recognized that credentialing mechanisms, which include examination and certification, function to protect and benefit the public. Nurse anesthetists established a rigorous national certification examination earlier than most nursing, allied health, and medical professions, and became an early adopter of computerized adaptive testing technology. The profession has required recertification since 1978. In 2007, the Council on Certification of Nurse Anesthetists (CCNA) and the Council on Recertification of Nurse Anesthetists (COR) became independent of the AANA, and together incorporated as the NBCRNA. While an autonomous organization, the NBCRNA continues to work closely with the AANA on issues of mutual concern.

The NBCRNA credentialing provides assurances to the public that certified individuals have met objective, predetermined qualifications for providing nurse anesthesia services. While state licensure provides the legal credential for the practice of professional nursing, private voluntary certification indicates compliance with the professional standards for practice in this clinical nursing specialty. The certification credential for nurse anesthetists has been institutionalized in many position descriptions as a practice requirement or as the standard for demonstrating equivalency. It has been recognized through malpractice litigation, state nurse practice acts, and state rules and regulations.

**Mission:** The mission of the National Board of Certification and Recertification for Nurse Anesthetists is to promote patient safety through credentialing programs that support lifelong learning.

**Vision:** The vision of the NBCRNA is to be recognized as the leader in advanced practice nurse credentialing.

**Tagline:** Promoting patient safety by enhancing provider quality.

Certification Resources and the National Certification Exam (NCE) Content Outline can be found on their website at <http://www.nbcna.com>

## ADMISSION REQUIREMENTS

Admission to the DNP-NA program requires approval by the Graduate Nursing Admission, Progression, and Graduation Committee. Admission of applicants is based upon the following criteria:

- Baccalaureate of Science in Nursing degree or higher from a CCNE or ACEN-accredited nursing program.
- Official transcripts of all previous undergraduate and graduate coursework. (Transcripts must be mailed directly from the previous institution(s) to Nursing CAS or CAS will not process and verify your application.)
- Minimum required GPA of 3.0 for undergraduate work and 3.5 for any graduate work.
- Unencumbered Registered Nursing License (Proof of license in Kentucky and/or compact states required prior to matriculation.)
- A minimum of one year of recent (within 2 years) full-time employment, or it's part-time equivalent, as a registered nurse in a critical care\* setting. *Preference is given to applicants who are employed at the time of application AND interview.*
- Critical Care Registered Nurse certification **REQUIRED**. (Applicants must upload the official score report from AACN.)
- Current Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) certification, and Pediatric Advanced Life Support (PALS) required for application.
- Three professional letters of reference (at least one must be from current employer/direct supervisor).
- Personal statement describing career goals and interests in graduate study.
- Proof of shadowing experience (on form provided) with either a CRNA or an anesthesiologist.
- Successful interview with members of the Nurse Anesthesia Admission Committee for selected applicants.
- Non-refundable matriculation fee of \$1,500 if accepted into the program. If the applicant chooses not to enroll in the program, the matriculation fee will be forfeited.
- After acceptance, documentation of clinical requirements including immunizations, , background check, drug test, and other documentation as needed.
- All candidates who are accepted to the BSN-DNP Nurse Anesthesia track will be expected so sign the Technical Standards Acknowledgement prior to beginning course work and to reaffirm upon reentry after any leave of absence from Bellarmine University (see Technical Standards Policy for the BSN-DNP Nurse Anesthesia Track).
- Additional information is required from international applicants; see the DNP admission application form for more information.
  - Language Proficiency for International Students:
    - Language proficiency is required to ensure that students within the department of nursing are able to communicate with a diverse population. The department of nursing accepts one of the following as evidence of required language proficiency:
      - TOEFL-iBT (internet-based test) and receive a total score of 83 or higher AND a score of 26 or higher on the speaking test OR

- IELTS (International English Language Testing System) and receive a total band score of 7 or higher AND a speaking band score of 8 or higher OR
- Language training at an approved center. Bellarmine University recognized the following standards and centers: English Language Services level 112 (<http://www.els.edu/en>); Interlink Level 5 (<http://interlink.edu/>); Intensive Language Program at Indiana University Level 6 (<http://iep.indiana.edu/>); and other centers may be approved at the discretion of the Admission, Progression and Graduation committee of the Department of Nursing.
- International students who are exempt from language proficiency requirements are the following:
  - Students who are citizens of or have completed a degree from a TOEFL exempt country.
  - Students who have a secondary or high school diploma earned in TOEFL exempt countries.
  - International students who have completed at least one year of full-time university study or its equivalent (i.e., a minimum of 24 earned credit hours or its equivalent and earned a 2.0 GPA) in a TOEFL exempt country.
  - Only official score reports will be accepted.

\*Critical care is defined by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) as: “Critical care experience must be obtained in a critical care area within the United States, its territories or a US military hospital outside of the United States. During this experience, the registered professional nurse has developed critical decision making and psychomotor skills, competency in patient assessment, and the ability to use and interpret advanced monitoring techniques. A critical care area is defined as one where, on a routine basis, the registered professional nurse manages one or more of the following: invasive hemodynamic monitors (e.g., pulmonary artery, central venous pressure, and arterial catheters), cardiac assist devices, mechanical ventilation, and vasoactive infusions. Examples of critical care units may include but are not limited to surgical intensive care, cardiothoracic intensive care, coronary intensive care, medical intensive care, pediatric intensive care....” (Standards for Accreditation of Nurse Anesthesia Programs, Practice Doctorate, 2016)

## **DOCTOR OF NURSING PRACTICE-NURSE ANESTHESIA PROGRAM OBJECTIVES**

The DNP-NA program objectives at Bellarmine University are to prepare graduates to:

1. Use epidemiological and other scientific findings from nursing and other clinical disciplines, as well as organizational, political, and economic sciences, to develop practice initiatives that will improve the quality of care delivery.
2. Provide organizational and systems leadership to develop care delivery models that are fiscally responsible and demonstrate sensitivity to diverse organizational cultures and patient populations.
3. Engage in clinical scholarship to evaluate the effectiveness of evidence-based efforts in the planning and practice of health care program delivery to individuals and communities.
4. Use healthcare informatics and technology to improve patient safety and clinical outcomes.
5. Collaborate with healthcare professionals, consumers, and other stakeholders to influence health policy and health promotion/disease prevention endeavors at the local, state, federal, and/or international levels that improve patient and population health outcomes.

## GRADUATE OUTCOMES

Upon completion of the DNP-NA program, graduates will demonstrate the ability to:

### **Patient Safety:**

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

### **Perianesthesia:**

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. Maintain current certification in ACLS and PALS.

### **Critical Thinking:**

13. Apply knowledge to practice in decision-making and problem solving.
14. Provide nurse anesthesia services based on evidence-based principles.
15. Perform a preanesthetic assessment 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 NBCRNA.

### **Communication:**

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

27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
28. Maintain comprehensive, timely, accurate, and legible healthcare records.
29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
30. Teach others.

**Leadership:**

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

**Professional Role:**

33. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
34. Interact on a professional level with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for his or her practice.
38. Provide anesthesia services to patients in a cost-effective manner.
39. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency
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 health care.
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

*Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate, Page 17-20,  
Revised January 30, 2021*

## CODE OF ETHICS FOR THE CERTIFIED REGISTERED NURSE ANESTHETIST

### Preamble

The American Association of Nurse Anesthesiology (AANA) Code of Ethics offers guidance to the Certified Registered Nurse Anesthetist (CRNA) to make ethical decisions in all practice roles. The practice of nurse anesthesia may include clinical practice, nurse anesthesia-related administrative, educational or research activities, or a combination of two or more of such areas of practice. The Code of Ethics consists of principles of conduct and professional integrity that guide decision making and behavior of the CRNA. The CRNA's ethical responsibility is primarily to the patient, as well as to the profession, other healthcare providers, self, and society. The CRNA acknowledges, understands, and is sensitive to the vulnerability of the patient undergoing anesthesia, pain management, and related care and preserves the patient's trust, confidence, and dignity.

The CRNA has the personal responsibility to understand, uphold, and adhere to these ethical standards of conduct. Deviation from the Code of Ethics occurs rarely in practice and any deviation must be supported by ethical decision making, compelling reasons, and best judgment specific to the situation. The AANA recognizes the American Nurses Association (ANA) Code of Ethics as the foundation for ethical values, duties, and responsibilities in nursing practice.<sup>1</sup>

### 1. Responsibility to Patient

The CRNA respects the patient's moral and legal rights, and supports the patient's safety, physical and psychological comfort, and well-being. The CRNA collaborates with the patient and the healthcare team to provide compassionate, holistic, patient-centered anesthesia, pain management, and related care. The CRNA:

1.1 Respects human rights and the values, customs, culture, and beliefs of patients and their families.

1.2 Supports the patient's right to self-determination.

1.2.1 Presents accurate, complete and understandable information to the patient to facilitate informed healthcare decisions.

1.2.2 Encourages patients, including minors, to participate in healthcare decision making that is appropriate for their developmental capacity.

1.2.3 Supports a patient's decision making without undue influence or coercion.

1.3 Acts in the patient's best interest and advocates for the patient's welfare.

1.3.1 Discloses and manages or resolves perceived or real conflicts of interest (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict between the CRNA's interests and the patient's interests.)

1.3.2 If the CRNA has a moral, religious or ethical conflict related to the patient's healthcare decisions or plan for care, the CRNA may, without judgment or bias, transfer

care to an appropriately credentialed anesthesia provider willing to perform the procedure.

1.4 Prior to providing anesthesia, pain management, and related care:

1.4.1 Introduces self, using name, a term representing the CRNA credential, and role.

1.4.2 Verifies that students have introduced themselves or been introduced to the patient, and the patient has consented to student participation in anesthesia, pain management, and related care.

1.4.3 Discusses the plan of care and obtains informed consent or verifies that the patient has given informed consent in accordance with law, accreditation standards, and institutional policy.

1.4.4 Discusses the plan of care and obtains informed consent from a legal decision maker (e.g., healthcare proxy, surrogate) when the legal decision maker is responsible for the patient's healthcare decisions or verifies that the legal decision maker has given informed consent.

1.4.5 Protects patient privacy, including confidentiality of patient information, except when necessary to protect the patient or other persons, or when required by law.

1.5 Protects patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, deceptive, abusive, disrespectful, or unethical practice.

1.6 Participates in honest and transparent disclosure of an adverse or unanticipated event to the patient and others with the patient's consent.

## **2. Responsibility as a Professional**

As an independently licensed professional, the CRNA is responsible and accountable for judgments made and actions taken in his or her professional practice. Requests or orders by physicians, other healthcare professionals, or institutions do not relieve the CRNA of responsibility for judgments made or actions taken. The CRNA:

### **Competence and Responsibility in Professional Practice**

2.1 Engages in a scope of practice within individual competence and maintains role-specific competence.

2.2 Maintains national certification as a CRNA and a state license as a registered nurse and meets state advanced practice statutory or regulatory requirements.

2.3 Engages in continuing education and lifelong professional development related to areas of nurse anesthesia practice, including clinical practice, education, research, and administration.<sup>3</sup>

2.4 Evaluates and integrates personal practice outcome data, scientific research, expert opinion, new technology, patient preferences, and relevant metrics to improve processes and outcomes.

2.5 Is physically and mentally fit for duty.

2.6 Clearly presents his or her education, training, skills, and CRNA credential.

2.7 Is honest in all professional interactions to avoid any form of deception.

2.8 Treats all others, including patients, families, staff, students, and colleagues, in a culturally sensitive manner and without prejudice, bias, or harassment.

2.9 Maintains professional boundaries in all communications and actions.

### **Leadership**

2.10 Creates an ethical culture and safe work environment.

2.10.1 Supports policies and behaviors that reflect this Code of Ethics.

2.10.2 Communicates expectations for ethical behavior and actions in the workplace.

2.10.3 Helps individuals raise and resolve ethical concerns in an effective and timely manner.

### **Clinical Practice and the Interdisciplinary Team**

2.11 Respects and engages healthcare providers to foster a collaborative and cooperative patient care environment through a culture of safety and open communication to contribute to the ethical and safe environment of care.

2.11.1 Facilitates review and evaluation of peers and other members of the healthcare team.

2.12 Manages medications to prevent diversion of drugs and substances.

### **Role Modeling and Education of Others**

2.13 Provides positive role modeling by upholding and promoting quality patient care outcomes, the professional standards of practice, and this Code of Ethics.

2.14 Fosters a safe and trusting environment for successful learning for students, colleagues, and members of the healthcare team.

2.15 Educates the student registered nurse anesthetist regarding the ethical responsibilities of the profession.

### **The Profession**

2.16 Is responsible and accountable to contribute to the dignity and integrity of the profession.

2.17 Participates in activities that contribute to the advancement of the profession and its body of knowledge.

2.18 Reports critical incidents, adverse events, medical errors, and near misses in accordance with law, accreditation standards, and institutional policy to promote a culture of safety, maintain the integrity of the profession, and advance the profession and its body of knowledge.

### **3. Responsibility in Research**

The CRNA protects the integrity of the research process and the reporting and publication of findings: The CRNA adheres to the ethical principles of respect for persons, beneficence, and justice relevant to research involving human participants.<sup>4</sup> The CRNA:

3.1 Protects the rights and wellbeing of the people that serve as participants and animals<sup>5</sup> that serve as subjects in research.

3.2 Respects the autonomy and dignity of all human research participants.

3.3 Promotes selecting human participants in such a way that all populations have equal access to the potential benefits and risks of the research.

3.4 Seeks to minimize the risks and maximize the benefits to research participants.

3.5 Conducts research projects according to accepted ethical research and reporting standards established by law, institutional policy, and the Institutional Review Board (IRB).

3.6 Obtains informed consent or verifies that the human research participant or legal decision maker, as appropriate, has provided informed consent as required by law, institutional policy, and the IRB.

3.7 Protects the human research participant's privacy to the greatest extent possible and in accordance with law, institutional policy, and standards of the IRB.

3.7.1 Maintains confidentiality in the collection, analysis, storage and reuse of data and in accordance with law, institutional policy, and standards of the IRB.

3.8 Discloses perceived or real conflicts of interest to organizations where the research will be conducted, organizations that fund the research, and any publication where the research is submitted. Manages or resolves perceived or real conflicts of interest.

3.9 Reports research findings in an objective and accurate manner.

3.10 Provides appropriate attribution for contributions by other individuals.

3.11 Supports, promotes, or participates in research activities to improve practice, education, and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

#### **4. Responsibility in Business Practices**

The CRNA, regardless of practice arrangement or practice setting, maintains ethical business practices in dealing with patients, colleagues, institutions, corporations, and others. The CRNA:

4.1 Establishes and performs contractual obligations consistent with this Code of Ethics, the professional standards of practice, and the laws and regulations pertaining to nurse anesthesia practice.

4.2 Is honest in all business practices.

#### **5. Responsibility when Endorsing Products and Services**

The CRNA may endorse products and services only when personally satisfied with the product's or service's safety, effectiveness, and quality. The CRNA may not say that the AANA has endorsed any product or service unless the Board of Directors of the AANA has done so. The CRNA must not endorse any product or service when presenting content for an AANA-approved continuing education activity as this is a prohibited conflict of interest. The CRNA:

5.1 Makes truthful endorsements based on personal experience and factual evidence of efficacy.

5.2 Discloses and manages or resolves perceived or real conflicts of interest associated with the endorsed product or service (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict).

5.2.1 Only uses the CRNA credential when endorsing products or services that are related to CRNA professional practice or expertise.

#### **6. Responsibility to Society**

The CRNA collaborates with members of the health professions and others to improve the public health, including access to healthcare and anesthesia, pain management, and related care. The CRNA:

6.1 Works in collaboration with the healthcare community to promote highly competent, ethical, safe, quality patient care.

6.2 Supports activities to reduce the environmental impact of disposable items and waste anesthetic gases.

## References

1. American Nurses Association Code of Ethics for Nurses with Interpretive Statements. <http://www.nursingworld.org/code-of-ethics>. Accessed February 8, 2018.
2. Informed Consent for Anesthesia Care. Park Ridge, IL: American Association of Nurse Anesthetists; 2016.
3. National Board of Certification and Recertification for Nurse Anesthetists. The Continued Professional Certification (CPC) Handbook. [https://www.nbcrna.com/docs/default-source/publications-documentation/handbooks/cpc\\_hb.pdf?sfvrsn=941c170c\\_8](https://www.nbcrna.com/docs/default-source/publications-documentation/handbooks/cpc_hb.pdf?sfvrsn=941c170c_8). Accessed May 1, 2018.
4. United States National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html#xinform>. Accessed March 3, 2018.
5. Guide for the Care and Use of Laboratory Animals. 8th ed. Washington, DC: The National Academies Press; 2011.

## AANA SCOPE OF NURSE ANESTHESIA PRACTICE

### **Professional Role**

Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses (APRNs) licensed as independent practitioners who plan and deliver anesthesia, pain management, and related care to patients of all health complexities across the lifespan. As autonomous healthcare professionals, CRNAs collaborate with the patient and a variety of healthcare professionals in order to provide patient-centered high-quality, holistic, evidence-based and cost-effective care.

CRNAs practice in hospitals, non-operating room anesthetizing areas, ambulatory surgical centers, and office-based settings. They provide all types of anesthesia-related care for surgical, diagnostic, and therapeutic procedures. CRNAs provide anesthesia for all specialties including, but not limited to, general, obstetric, trauma, cardiac, orthopedic, gastrointestinal, dental, and plastic surgery. CRNAs administer anesthesia care to patients in urban, suburban, and rural locations in the U.S., and are often the sole anesthesia professionals delivering care to the military, rural, and medically underserved populations. CRNAs serve as leaders, clinicians, researchers, educators, mentors, advocates, and administrators.

### **Education, Licensure, Certification, and Accountability**

Before receiving graduate education in anesthesia, CRNAs must be licensed registered nurses with critical care nursing experience. Building on this critical care foundation, CRNAs successfully complete a comprehensive didactic and clinical practice curriculum at a nurse anesthesia program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. Graduates are certified as CRNAs following successful completion of the National Certification Examination. CRNAs are accountable to the public for professional excellence through lifelong learning and practice, continued certification, continuous engagement in quality improvement and professional development, and compliance with the *Standards for Nurse Anesthesia Practice* and *Code of Ethics for the Certified Registered Nurse Anesthetist*. CRNAs exercise independent, professional judgment within their scope of practice. They are accountable for their services and actions and for maintaining individual clinical competence. The scope of an individual CRNA's practice is determined by education, experience, local, state and federal law, and organization policy.

### **Clinical Anesthesia Practice**

The practice of anesthesiology is a recognized nursing and medical specialty unified by the same standards of care. Nurse anesthesia practice may include, but is not limited to, the services in Table 1.

**Table 1. Nurse Anesthesia Scope of Practice\***

<b>Preoperative / Preprocedure</b>
<ul style="list-style-type: none"> <li>● Provide patient education and counseling</li> <li>● Perform a comprehensive history and physical examination, assessment and evaluation</li> <li>● Conduct a preanesthesia assessment and evaluation</li> <li>● Develop a comprehensive patient-specific plan for anesthesia, analgesia, multimodal pain management, and recovery</li> <li>● Obtain informed consent for anesthesia and pain management</li> <li>● Select, order, prescribe and administer preanesthetic medications, including controlled substances</li> </ul>
<b>Intraoperative / Intraprocedure</b>
<ul style="list-style-type: none"> <li>● Implement a patient-specific plan of care, which may involve anesthetic techniques, such as general, regional and local anesthesia, sedation, and multimodal pain management</li> <li>● Select, order, prescribe and administer anesthetic medications, including controlled substances, adjuvant drugs, accessory drugs, fluids, and blood products</li> <li>● Select and insert invasive and noninvasive monitoring modalities (e.g., central venous access, arterial lines, cerebral oximetry, bispectral index monitor, transesophageal echocardiogram (TEE))</li> </ul>
<b>Postoperative / Postprocedure</b>
<ul style="list-style-type: none"> <li>● Facilitate emergence and recovery from anesthesia</li> <li>● Select, order, prescribe and administer postanesthetic medications, including controlled substances</li> <li>● Conduct postanesthesia evaluation</li> <li>● Educate the patient related to recovery, regional analgesia and continued multimodal pain management</li> <li>● Discharge from the postanesthesia care area or facility</li> </ul>
<b>Pain Management</b>
<ul style="list-style-type: none"> <li>● Provide comprehensive patient- centered pain management to optimize recovery.</li> <li>● Provide acute pain services, including multimodal pain management and opioid-sparing techniques.</li> <li>● Provide anesthesia and analgesia using regional techniques for obstetric and other acute pain management.</li> <li>● Provide advanced pain management, including acute, chronic, and interventional pain management.</li> </ul>
<b>Other Services</b>
<ul style="list-style-type: none"> <li>● Prescribe medications, including controlled substances (e.g., pain management, medication- assisted treatment, adjuvants to psychotherapy)</li> <li>● Provide emergency, critical care, and resuscitation services</li> <li>● Perform advanced airway management</li> <li>● Perform point-of-care testing</li> <li>● Order, evaluate, and interpret diagnostic laboratory and radiological studies (e.g., chest x-ray, 12-lead EKG, TEE)</li> <li>● Use and supervise the use of ultrasound, fluoroscopy, and other technologies for diagnosis and care delivery</li> <li>● Provide sedation and pain management for palliative care</li> <li>● Order consults, treatments or services related to the patient's care (e.g., physical and occupational therapy)</li> </ul>

***\*These services are listed in table format for ease of reference. The table is not intended to be all inclusive or limit the services to specified phases of patient care. CRNA scope of practice is dynamic and evolving. CRNA clinical privileges should reflect the full scope of CRNA practice evidenced by individual credentials and performance.***

### **Leadership, Advocacy, and Policymaking**

CRNAs provide pivotal healthcare leadership in roles such as chief executive officer, administrator, manager, anesthesia services director, board member, anesthesia practice owner, national and international researcher, educator, mentor, and advocate. Nurse anesthetists are innovative leaders in the delivery of cost-effective, evidence-based anesthesia and pain management, integrating critical thinking, ethical judgment, quality data, scientific research, and emerging technologies to optimize patient outcomes.

As demand for expert healthcare and anesthesia services accelerates, advocacy activities continue to target supporting the full scope of nurse anesthesia practice. CRNAs engage in healthcare advocacy and policymaking at the facility, local, state, national, and international level. They also participate in professional associations focusing on patient access to quality and affordable care.

### **The Future of Nurse Anesthesia Practice**

The CRNA scope of practice evolves to meet the demands of the ever-changing healthcare environment and increasing patient and procedure complexity. As their record of safe, high-quality, cost-effective care demonstrates, CRNAs will continue to lead in the delivery of patient-centered compassionate anesthesia and pain management care.

For additional information and supporting documents, see *Clinical Privileges and Other Responsibilities of Certified Registered Nurse Anesthetists*, Professional Practice Documents, and Publications and Research.

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In 1980, the “Scope of Practice” statement was first published as part of the American Association of Nurse Anesthesiology Guidelines for the Practice of the Certified Registered Nurse Anesthetist. In 1983, the "Standards for Nurse Anesthesia Practice" and the "Scope of Practice" statement were included together in the American Association of Nurse Anesthesiology *Guidelines for the Practice of the Certified Registered Nurse Anesthetist*. That document subsequently had the following name changes: *Guidelines for Nurse Anesthesia Practice* (1989); *Guidelines and Standards for Nurse Anesthesia Practice* (1992); and *Scope and Standards for Nurse Anesthesia Practice* (1996). The *Scope and Standards for Nurse Anesthesia Practice* was revised in January 2013. In February 2013, the AANA Board of Directors approved separating the *Scope and Standards for Nurse Anesthesia Practice* into two documents: the *Scope of Nurse Anesthesia Practice* and the *Standards for Nurse Anesthesia Practice*. The AANA Board of Directors approved revisions to the *Scope of Nurse Anesthesia Practice* in June 2013 and February 2020.

## AANA STANDARDS FOR NURSE ANESTHESIA PRACTICE

The American Association of Nurse Anesthesiology (AANA) *Standards for Nurse Anesthesia Practice* provide a foundation for Certified Registered Nurse Anesthetists (CRNAs) in all practice settings. These standards are intended to support the delivery of patient-centered, consistent, high-quality, and safe anesthesia care and assist the public in understanding the CRNA's role in anesthesia care. These standards may be exceeded at any time at the discretion of the CRNA and/or healthcare organization.

These standards apply where anesthesia services are provided including, but not limited to, the operating room, non-operating room anesthetizing areas, ambulatory surgical centers, and office-based practices. The standards are applicable to anesthesia services provided for procedures, including, but not limited to surgical, obstetrical anesthesia, diagnostic, therapeutic, and pain management.

In addition to general anesthesia for surgery and procedures, CRNAs provide anesthesia and analgesia care that does not require the extent of monitoring as delineated in standard 9 (e.g., obstetrical analgesia, chronic pain management, regional anesthesia). The AANA also provides guidance for these practice areas: *Analgesia and Anesthesia for the Obstetric Patient, Guidelines, Chronic Pain Management Guidelines, and Regional Anesthesia and Analgesia Techniques - An Element of Multimodal Pain Management, Practice Considerations*.

Although the standards are intended to promote high-quality patient care, they cannot ensure specific outcomes. There may be patient-specific circumstances (e.g., informed consent for emergency cases that may be difficult to obtain, mass casualty incident) that require modification of a standard. The CRNA must document modifications to these standards in the patient's healthcare record, along with the reason for the modification. When integrating new technologies or skills into practice, the CRNA will obtain any necessary education and evidence competency.

### **Standard 1: Patient's Rights**

*Respect the patient's autonomy, dignity, and privacy, and support the patient's needs and safety.*

- Supporting AANA document: *Code of Ethics for the Certified Registered Nurse Anesthetist*.

### **Standard 2: Preanesthesia Patient Assessment and Evaluation**

*Perform and document or verify documentation of a preanesthesia evaluation of the patient's general health, allergies, medication history, preexisting conditions, anesthesia history, and any relevant diagnostic tests. Perform and document or verify documentation of an anesthesia-focused physical assessment to form the anesthesia plan of care.*

- Supporting AANA document: *Documenting Anesthesia Care, Practice and Policy Considerations*.

### **Standard 3: Plan for Anesthesia Care**

*After the patient has had the opportunity to consider anesthesia care options and address his or her concerns, formulate a patient-specific plan for anesthesia care. When indicated, the anesthesia care plan can be formulated with members of the healthcare team and the patient's legal representative (e.g., healthcare proxy, surrogate).*

- Supporting AANA documents: *Documenting Anesthesia Care, Practice and Policy Considerations* and *Informed Consent for Anesthesia Care, Policy and Practice Considerations*.

### **Standard 4: Informed Consent for Anesthesia Care and Related Services**

*Obtain and document or verify documentation that the patient or legal representative (e.g., healthcare proxy, surrogate) has given informed consent for planned anesthesia care or related services in accordance with law, accreditation standards, and institutional policy.*

- Supporting AANA documents: *Code of Ethics for the Certified Registered Nurse Anesthetist*, *Informed Consent for Anesthesia Care, Policy and Practice Considerations*, and *Reconsideration of Advanced Directives, Practice Guidelines and Policy Considerations*.

### **Standard 5: Documentation**

*Communicate anesthesia care data and activities through legible, timely, accurate, and complete documentation in the patient's healthcare record.*

- Supporting AANA document: *Documenting Anesthesia Care, Practice and Policy Considerations*.

### **Standard 6: Equipment**

*Adhere to manufacturer's operating instructions and other safety precautions to complete a daily anesthesia equipment check. Verify function of anesthesia equipment prior to each anesthetic. Operate equipment to minimize the risk of fire, explosion, electrical shock, and equipment malfunction.*

- Supporting AANA document: *Documenting Anesthesia Care, Practice and Policy Considerations*.

### **Standard 7: Anesthesia Plan Implementation and Management**

*Implement and, if needed, modify the anesthesia plan of care by continuously assessing the patient's response to the anesthetic and surgical or procedural intervention. The CRNA provides anesthesia care until the responsibility has been accepted by another anesthesia professional.*

- Supporting AANA document: *Documenting Anesthesia Care, Practice and Policy Considerations*.

**Standard 8: Patient Positioning**

*Collaborate with the surgical or procedure team to position, assess, and monitor proper body alignment. Use protective measures to maintain perfusion and protect pressure points and nerve plexus.*

**Standard 9: Monitoring, Alarms**

*Monitor, evaluate, and document the patient's physiologic condition as appropriate for the procedure and anesthetic technique. When a physiological monitoring device is used, variable pitch and threshold alarms are turned on and audible. Document blood pressure, heart rate, and respiration at least every five minutes for all anesthetics.*

**a. Oxygenation****b. Ventilation**

*Continuously monitor ventilation by clinical observation and confirmation of continuous expired carbon dioxide during moderate sedation, deep sedation or general anesthesia. Verify intubation of the trachea or placement of other artificial airway device by auscultation, chest excursion, and confirmation of expired carbon dioxide. Use ventilatory monitors as indicated.*

**c. Cardiovascular**

*Monitor and evaluate circulation to maintain patient's hemodynamic status. Continuously monitor heart rate and cardiovascular status. Use invasive monitoring as appropriate.*

**d. Thermoregulation**

*When clinically significant changes in body temperature are intended, anticipated, or suspected, monitor body temperature. Use active measures to facilitate normothermia. When malignant hyperthermia (MH) triggering agents are used, monitor temperature and recognize signs and symptoms to immediately initiate appropriate treatment and management of MH.*

- Supporting AANA document: *Malignant Hyperthermia Crisis Preparedness and Treatment, Position Statement.*

**e. Neuromuscular**

*When neuromuscular blocking agents are administered, monitor neuromuscular response to assess depth of blockade and degree of recovery.*

**Standard 10: Infection Control and Prevention**

*Verify and adhere to infection control policies and procedures as established within the practice setting to minimize the risk of infection to patients, the CRNA, and other healthcare providers.*

- Supporting AANA documents: *Infection Prevention and Control Guidelines for Anesthesia Care* and *Safe Injection Guidelines for Needle and Syringe Use.*

**Standard 11: Transfer of Care**

*Evaluate the patient's status and determine when it is appropriate to transfer the responsibility of care to another qualified healthcare provider. Communicate the patient's condition and essential information for continuity of care.*

- Supporting AANA document: *Patient-Centered Perianesthesia Communication, Practice Considerations.*

**Standard 12: Quality Improvement Process**

*Participate in the ongoing review and evaluation of anesthesia care to assess quality and appropriateness to improve outcomes.*

**Standard 13: Wellness**

*Is physically and mentally able to perform duties of the role.*

- Supporting AANA documents: *Professional Attributes of the Nurse Anesthetist, Practice Considerations, Patient Safety: Fatigue, Sleep, and Work Schedule Effects, Practice and Policy Considerations, Promoting a Culture of Safety and Healthy Work Environment, Practice Considerations, and Addressing Substance Use Disorder for Anesthesia Professionals, Position Statement and Policy Considerations.*

**Standard 14: A Culture of Safety**

*Foster a collaborative and cooperative patient care environment through interdisciplinary engagement, open communication, a culture of safety, and supportive leadership.*

- Supporting AANA documents: *Code of Ethics for the Certified Registered Nurse Anesthetist, Patient-Driven Interdisciplinary Practice, Position Statement, Professional Attributes of the Nurse Anesthetist, Practice Considerations, and Patient-Centered Perianesthesia Communication, Practice Considerations.*

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In 1974, the Standards for Nurse Anesthesia Practice were adopted. In 1983, the “Standards for Nurse Anesthesia Practice” and the “Scope of Practice” statement were included together in the American Association of Nurse Anesthesiology Guidelines for the Practice of the Certified Registered Nurse Anesthetist. That document subsequently has had the following name changes: Guidelines for Nurse Anesthesia Practice (1989); Guidelines and Standards for Nurse Anesthesia Practice (1992); and Scope and Standards for Nurse Anesthesia Practice (1996). The Scope and Standards for Nurse Anesthesia Practice was most recently revised in January 2013. In February 2013, the AANA Board of Directors approved separating the Scope and Standards for Nurse Anesthesia Practice into two documents: the Scope of Nurse Anesthesia Practice and the Standards for Nurse Anesthesia Practice. Revised by the AANA Board of Directors in February 2019.

The Standards for Office Based Anesthesia Practice were adopted by the AANA Board of Directors in 1999 and revised in 2001, 2002, November 2005, and January 2013. Upon the February 2019 revision of the Standards of Nurse Anesthesia Practice, the Standards for Office Based Anesthesia Practice were archived, as they are subsumed within the Standards for Nurse Anesthesia Practice. The supplemental resources from the Standards for Office Based Anesthesia Practice were transitioned to resource documents on the AANA website.

## AANA Health and Wellness/Peer Assistance Resources

**AANA Helpline: 1-800-654-5167**

AANA Webpage	Short URL
<b>Health and Wellness / Peer Assistance</b>	<a href="http://www.AANAwellness.com">www.AANAwellness.com</a>
AANA THRIVE (career transitions) About Health & Wellness	<a href="http://www.aana.com/thrive">www.aana.com/thrive</a>
Adverse Medical Events/Critical Incidents - How to Cope	<a href="http://www.aana.com/healthwellness">www.aana.com/healthwellness</a>
AANA THRIVE (career transitions) About Health & Wellness	<a href="http://www.aana.com/adverseevents">www.aana.com/adverseevents</a>
Bullying	<a href="http://www.aana.com/bullying">www.aana.com/bullying</a> <a href="http://www.aana.com/incivility">www.aana.com/incivility</a>
Burnout	<a href="http://www.aana.com/burnout">www.aana.com/burnout</a>
Competition in the Workplace	<a href="http://www.aana.com/competition">www.aana.com/competition</a>
COVID Wellness	<a href="http://www.aana.com/covidwellness">www.aana.com/covidwellness</a>
Depression	<a href="http://www.aana.com/Depression">www.aana.com/Depression</a>
Fatigue	<a href="http://www.aana.com/fatigue">www.aana.com/fatigue</a> <a href="http://www.aana.com/sleep">www.aana.com/sleep</a>
Mental Well-Being	<a href="http://www.aana.com/mentalwellbeing">www.aana.com/mentalwellbeing</a>
Moving in Healthy Ways	<a href="http://www.aana.com/moving">www.aana.com/moving</a> <a href="http://www.aana.com/physicalfitness">www.aana.com/physicalfitness</a> <a href="http://www.aana.com/fitness">www.aana.com/fitness</a>
Post-Traumatic Stress Disorder	<a href="http://www.aana.com/PTSD">www.aana.com/PTSD</a>
Sexual Harassment	<a href="http://www.aana.com/SexualHarrassment">www.aana.com/SexualHarrassment</a>
State Wellness	<a href="http://www.aana.com/StateWellness">www.aana.com/StateWellness</a>
Stopping Domestic Abuse	<a href="http://www.aana.com/domesticviolence">www.aana.com/domesticviolence</a> <a href="http://www.aana.com/domesticabuse">www.aana.com/domesticabuse</a>
Stress	<a href="http://www.aana.com/stress">www.aana.com/stress</a>
Student Wellness	<a href="http://www.aana.com/studentwellness">www.aana.com/studentwellness</a>

Suicide	<a href="http://www.aana.com/Suicide">www.aana.com/Suicide</a> <a href="http://www.aana.com/depression">www.aana.com/depression</a>
Wellness in the Workplace	<a href="http://www.aana.com/workplacewellness">www.aana.com/workplacewellness</a>
Wellness Milestones	<a href="http://www.aana.com/WellnessMilestones">www.aana.com/WellnessMilestones</a>
<b>COVID-19 Specific Webpages</b>	
COVID Wellness	<a href="http://www.aana.com/covidwellness">www.aana.com/covidwellness</a>
COVID Stress	<a href="http://www.aana.com/covidstress">www.aana.com/covidstress</a>
Ask for Help: The When, Where, and How for Mental Health Needs	<a href="http://www.aana.com/askforhelp">www.aana.com/askforhelp</a>
Grief and Healing	<a href="http://www.aana.com/covidgrief">www.aana.com/covidgrief</a>
Leading Well-Being	<a href="http://www.aana.com/covidleadership">www.aana.com/covidleadership</a>
Peer Support – Giving and Receiving	<a href="http://www.aana.com/covidpeer">www.aana.com/covidpeer</a>
<b>Peer Assistance</b>	
About Peer Assistance	<a href="http://www.aana.com/aboutpeerassistance">www.aana.com/aboutpeerassistance</a>
Getting Help	<a href="http://www.aana.com/gettinghelp">www.aana.com/gettinghelp</a>
Jan Stewart Memorial Wellness	<a href="http://www.aana.com/janstewart">www.aana.com/janstewart</a>
Meet Peer Assistance Advisors	<a href="http://www.aana.com/paac">www.aana.com/paac</a>
SRNA Substance Use Disorder Risk Videos	<a href="http://www.aana.com/SRNAriskvideos">www.aana.com/SRNAriskvideos</a> <a href="http://www.aana.com/SRNAvideos">www.aana.com/SRNAvideos</a>
Substance Use Disorder	<a href="http://www.aana.com/sud">www.aana.com/sud</a>
Substance Use Disorder Workplace Resources	<a href="http://www.aana.com/adressingsud">www.aana.com/adressingsud</a> <a href="http://www.aana.com/sudworkplaceresouces">www.aana.com/sudworkplaceresouces</a>
Support the Front	<a href="http://www.aana.com/STF">www.aana.com/STF</a> <a href="http://www.com.aana/supportthefront">www.com.aana/supportthefront</a>
Support the Front	<a href="http://www.aana.com/STF">www.aana.com/STF</a> <a href="http://www.aana.com/supportthefront">www.aana.com/supportthefront</a>
Wellness and SUD Education and Research	<a href="http://www.aana.com/HWEducation">www.aana.com/HWEducation</a> <a href="http://www.aana.com/wellnesscurriculum">www.aana.com/wellnesscurriculum</a> <a href="http://www.anna.com/SUDEducation">www.anna.com/SUDEducation</a> <a href="http://www.aana.com/WellnessSUEducation">www.aana.com/WellnessSUEducation</a>

# Section II



## Program Structure and Policies

## PROGRAM OF STUDY

The DNP-NA track is a 36-month, full-time, 101-credit hour program culminating in a Doctor of Nursing Practice degree with a specialization in Nurse Anesthesia.

**Due to the nature of the curriculum, anesthesia-focused courses outside of Bellarmine University are not transferrable nor to be used “in lieu of” courses in the DNP-NA Program of Study. In terms of non-anesthesia related courses, the transfer of credit will follow the “Transfer of Credit” policy as outlined in the *Bellarmino University Course Catalog*.**

<https://www.bellarmino.edu/registrar/transferofcreditpolicy/>

<b>Doctor of Nursing Practice – Nurse Anesthesia Program of Study</b>		
<b>Year 1</b>	<b>Credits</b>	<b>Clinical Hours</b>
<b>Fall – Semester 1 - ONLINE</b>		
NURS 801 – Foundations of Scholarship	2	
NURS 804 – Healthcare Informatics	3	
NURS 806 – National and Global Health Policy and Law	3	
NURS 808 – Advanced Statistics for Health Sciences	3	
<b>TOTAL</b>	<b>11</b>	
<b>Spring – Semester 2 - ONLINE</b>		
NURS 810 – Methods for Evidence-based Practice in Healthcare	3	
NURS 812 – Quality Improvement and Patient Safety	3	
NURS 814 – Program Development, Implementation and Evaluation	3	
NURS 816 – Managerial Epidemiology	3	
<b>TOTAL</b>	<b>12</b>	
<b>Summer – Semester 3</b>		
NURS 824 – Applied Sciences in Nurse Anesthesia	3	
NURS 826 – Basic Principles of Nurse Anesthesia I	3	
NURS 828 – Advanced Anatomy, Physiology and Pathophysiology for Nurse Anesthesia I	4	
NURS 830 – Advanced Pharmacology for Nurse Anesthesia I	3	
<b>TOTAL</b>	<b>13</b>	
<b>Year 2</b>		
<b>Fall – Semester 4</b>		
NURS 832 – Basic Principles of Nurse Anesthesia II	3	
NURS 834 – Advanced Anatomy, Physiology, and Pathophysiology for Nurse Anesthesia II	4	
NURS 836 – Advanced Pharmacology for Nurse Anesthesia II	3	
NURS 838 – Nurse Anesthesia Clinical Practicum I	4	360
<b>TOTAL</b>	<b>14</b>	<b>360</b>
<b>Spring – Semester 5</b>		
NURS 840 – Advanced Principles of Nurse Anesthesia I	3	
NURS 842 – Advanced Anatomy, Physiology, and Pathophysiology for Nurse Anesthesia III	4	
NURS 844 – Advanced Health Assessment for Nurse Anesthesia	3	
NURS 846 – Nurse Anesthesia Clinical Practicum II	4	360
<b>TOTAL</b>	<b>14</b>	<b>360</b>

Summer – Semester 6		
NURS 880 – Nurse Anesthesia Doctoral Project I	1	
NURS 848 – Advanced Principles of Nurse Anesthesia II	3	
NURS 851 – Nurse Anesthesia for Specialized Surgical Procedures	2	
NURS 852 – Nurse Anesthesia Clinical Practicum III	4	360
<b>TOTAL</b>	<b>10</b>	<b>360</b>
<b>Year 3</b>		
Fall – Semester 7		
NURS 882 – Nurse Anesthesia Doctoral Project II	1	
NURS 854 – Nurse Anesthesia for Special Populations	2	
NURS 856 – Nurse Anesthesia Clinical Practicum IV	6	540
<b>TOTAL</b>	<b>9</b>	<b>540</b>
Spring – Semester 8		
NURS 884 – Nurse Anesthesia Doctoral Project III	1	
NURS 858 – Nurse Anesthesia Seminar I	2	
NURS 860 – Nurse Anesthesia Clinical Practicum V	6	540
<b>TOTAL</b>	<b>9</b>	<b>540</b>
Summer – Semester 9		
NURS 886 – Nurse Anesthesia Doctoral Project IV	1	
NURS 862 – Nurse Anesthesia Seminar II	2	
NURS 864 – Nurse Anesthesia Clinical Practicum VI	6	540
<b>TOTAL</b>	<b>9</b>	<b>540</b>
<b>CUMULATIVE</b>	<b>101</b>	<b>2,700</b>

### ACADEMIC HONESTY

Each student contributes to the learning of the entire class. Courteous and professional behavior is expected at all times in the classroom and clinical setting.

**For issues related to academic honesty within the classroom setting, see the *Bellarmino University Student Handbook*.**

### STUDENT PRIVACY & CONFIDENTIALITY

Student records are confidential and protected by the Family Educational Rights and Privacy Act (FERPA) of 1974. **Student records will be kept in accordance with the Bellarmine University Student Records Policy found in the *Bellarmino University Policy and Procedures Manual*.**

The DNP-NA Program will follow the ***Student Identification Verification and Privacy Policy in the Graduate Nursing Student Handbook*** to protect the privacy of students enrolled in distance education courses.

## TIME COMMITMENT

In accordance with the Council on Accreditation for Nurse Anesthesia Educational Programs (COA), student time commitment will consist of a *reasonable number of hours that does not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours averaged over four weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.*

Each clinical site has a clinical site coordinator who is responsible for making Nurse Anesthesia Resident (NAR) assignments within the facility. Hours may vary among the clinical sites based on the setting, student requirements, and specialty cases obtained at the clinical site. If questions arise on the commitment of hours, NARs are encouraged to discuss this with the assigned Clinical Site Coordinator and the Clinical Education Coordinator.

### On-Call Rotations

NARs are assigned to rotations that include “call shifts”. Call shift schedules are assigned by the facility’s Clinical Site Coordinator based on facility case load, scheduling, and CRNA call requirements.

During the second year of clinical practicum, NARs are assigned to an eight-week Obstetric Anesthesia Rotation. In keeping with the Council on Accreditation’s (COA) definition of “call experience”, NARs will complete a minimum of two weeks of assigned duty during the weekday hours of 7:00 PM to 7:00 AM. Additional call shifts at second year sites will be scheduled as learning experiences are available.

## STUDENT EMPLOYMENT

The Program recognizes that refraining from employment may not be feasible in every situation; therefore, the Program does not deny the student nurse anesthetist the right to work and earn a wage outside the Program. However, student employment is strongly discouraged due to the academic rigors of the Program. Students will gain more from their academic and clinical experiences without the additional burdens of work commitments.

If student employment is absolutely necessary, the student must notify the Program Administrator in writing of the position and hours, documenting there is no conflict in time between work commitments and program responsibilities. **Students are strictly forbidden to work by title or function as nurse anesthetists while enrolled in the program.**

## ATTENDANCE

Classroom participation is essential to the educational process. Students are expected to attend all class sessions. This applies to all courses in the 36-month curriculum. The Personal Time Off (PTO) Policy provides information related to anticipated and/or unexpected absences. Students are responsible for all material presented during their absence.

### PERSONAL TIME OFF (PTO) POLICY

#### **Semesters 1 through 3: Online Semesters and Face-to-Face Didactic Instruction**

Students will follow the Bellarmine University academic calendar. No additional personal time off will be granted outside of scheduled academic breaks.

#### **Semesters 4 through 9: Face-to-Face Didactic Instruction and Clinical Practicum**

During semesters 4 through 9, students are enrolled in both didactic coursework and clinical practicum. In addition to scheduled class and clinical responsibilities, students will be allotted program-scheduled breaks and holidays, as outlined below. These scheduled breaks are not counted toward Personal Time Off (PTO).

#### **Program-Scheduled Holidays and Breaks**

The following holidays and breaks apply to time away from clinical responsibilities. Didactic course schedules continue to follow the Bellarmine University academic calendar.

- **Thanksgiving Day and Black Friday** – All second- and third-year nurse anesthesia residents are excused from clinical responsibilities.
- **Winter Holiday Break** – Students will be pre-assigned one full week off from clinical during either:
  - the week of Christmas, or
  - the week of New Year'sAssignment of the winter break will be determined by the program and communicated in advance.

Additional Program-Scheduled Clinical Break (Second-Year Residents Only):

- **Spring – Summer Intercession** – Second-year students will receive one week off from clinical between the conclusion of the spring semester and the start of the summer semester.

These scheduled clinical breaks do not require submission of a Personal Time Off (PTO) request form.

#### **Personal Time Off (PTO)**

Students will be allotted a total of **14 personal days** for discretionary time off (PTO) during semesters 4 through 9. PTO may be used for illness, vacation, family emergencies, or other personal needs not covered by program-scheduled breaks.

## General Provisions

- PTO may be used for absence from class and/or clinical responsibilities
- PTO will not be granted for more than **5 consecutive days**
- PTO will not be approved during the **final 30 days of the program**
- PTO will not be granted during **specialty rotations**
- Approval is contingent upon the student meeting clinical and academic requirements

## Requesting Planned PTO

PTO requests are required for all planned absences from both class and clinical activities.

## Submission Process

1. Complete the official PTO Request Form
2. Submit the form **at least six (6) weeks in advance** of the anticipated absence
3. Submit the completed form to the Enrollment and Compliance Specialist
4. The Enrollment and Compliance Specialist will coordinate the required approvals and maintain the official PTO record

Students are also responsible for notifying affected course faculty and/or clinical personnel of their anticipated absence.

Late submissions may not be approved. If a request is submitted less than six weeks in advance, the student bears the sole responsibility for ensuring all affected faculty and clinical personnel are informed.

## UNEXPECTED ABSENCES

Students must notify the faculty of record and/or clinical instructor to whom the student is assigned if he or she is to be absent from class and/or clinical due to an illness or personal/family emergency. For absences from clinical responsibilities, students must also notify the Clinical Education Coordinator. In addition, all absences must be reported to the Enrollment and Compliance Specialist, for attendance tracking purposes.

Notification should occur as soon as reasonably possible and in accordance with program communication expectations.

Failure to notify the required contacts may result in the absence being recorded as unexcused and may lead to disciplinary action, up to and including dismissal from the program.

Illness lasting more than two (2) consecutive days requires documentation verifying medical evaluation and/or treatment.

## BEREAVEMENT LEAVE

Students shall be allowed up to three (3) consecutive days of bereavement leave upon the death of an immediate family member. This time is not chargeable against PTO. Immediate family is defined as spouse, domestic partner, child, parent, stepparent, parent-in-law, sibling (including step and half), grandparent, grandchild, sister in-law, and brother in-law.

## INCLEMENT WEATHER POLICY

***Class:*** Personal safety is the number one priority. Students who determine that they cannot safely drive or walk to a scheduled class due to inclement weather are to notify the Program according to absence policy. Software is in place so that every effort will be made to record classroom activities for students to view and review. Likewise, program instructors may choose to use virtual classroom options during inclement weather.

***Clinical:*** During inclement weather, students should assess conditions and use their best judgment when determining whether it is safe to travel to their clinical assignment. If a student determines that travel is unsafe, they should notify their assigned CRNA instructor or Clinical Coordinator and follow absence reporting procedures outlined in the PTO policy, including notifying the Clinical Education Coordinator.

Personal safety is the top priority. Students who miss more than three clinical days due to inclement weather may be required to make up missed time; in such cases, make-up clinical days will be scheduled in lieu of using PTO.

## DRESS CODE

**Personal appearance will reflect the standards of the Doctor of Nursing Practice-Nurse Anesthesia Program, and Bellarmine University.**

Nurse Anesthesia Residents (NARs) are required to maintain a professional appearance when involved in any DNP-NA related activity including, but not limited to, didactic courses, experiential learning experiences, and professional meetings.

The minimum standards apply:

### **Classroom**

NARs are required to dress in Business Casual attire.

### **Simulation**

NARs are expected to wear Bellarmine University DNP-NA Program approved scrubs.

- **Brand:** Wonderwink
- **Color:** Black

Clothing worn under scrub tops must be collarless, black and free from any logo or design.

### **Clinical**

NARs will adhere to the individual hospital dress code policy at each clinical site. This includes an appropriate name badge which must be worn above the waist and be visible at all times. At the onset and offset of the clinical day, Business Casual attire must be worn outside of the Operating Room under a clean, white lab coat. Operating Room attire (e.g., surgical scrubs) provided by the clinical sites are to be returned daily and are not to be worn outside of the hospital.

### **Professional Meetings**

Business Professional attire is expected for all professional meetings.

# Section III



## DIDACTIC EDUCATION

## ACADEMIC ADVISING

Nurse Anesthesia faculty serve as academic advisors to all students in the DNP-NA Program. Upon admission to the program, each student is assigned a faculty to support academic progress, clinical development, and professional growth throughout the program. Advisors will meet with advisees **at least once per semester**, in person or virtually.

In addition to routine advising meetings, students participate in a formal end-of-semester summative evaluation process, as outlined in the *Academic Advising and End-of-Semester Summative Evaluation* section of this handbook.

### **Advisor Responsibilities:**

Faculty advisors are responsible for:

1. Maintaining a program and development record for each student, which may include:
  - Courses completed, grades, and cumulative GPA
  - Curriculum planning and graduation requirements
  - Professional development documentation
  - Records related to professional conduct and performance
2. Providing supervised access to the student's departmental record upon request.
3. Assisting students with course planning, registration, and evaluation of progress toward program completion.
4. Meeting with students as needed to guide academic, clinical, and professional development, including review of summative evaluations.
5. Supporting students in identifying and refining academic, clinical, and professional goals.

### **Student Responsibilities**

Students are responsible for:

1. Actively participating in academic advising and professional development planning.
2. Meeting with their advisor prior to withdrawing from a course or the DNP-NA Program.
3. Engaging in on-going self-assessment of academic, clinical, and professional progress.
4. Providing the advisor with current contact information. Each student should update the student's mailing address, telephone number, and email address on an annual basis or as changes occur.
5. Attending all advising sessions as scheduled with the advisor. It is the student's responsibility to know the dates and locations of these sessions.

## ACADEMIC ADVISING AND END-OF-SEMESTER SUMMATIVE EVALUATION

The purpose of this policy is to establish a structured process for end-of-semester review of student academic, clinical, and professional performance and to document student progression in accordance with program expectation and Council on Accreditation (COA) standards.

All students in the DNP-NA Program are required to complete an End-of-Semester Summative Evaluation of Student Progress in collaboration with their assigned faculty advisor. This evaluation provides a comprehensive review of the student’s performance during the term and supports advising, progression decisions, and program-level monitoring of student outcomes.

### End-of-Semester Advising Conference

- At the conclusion of each semester, students will participate in a formal advising conference with their assigned faculty advisor.
- During this conference, a summary of the student’s academic performance, clinical progress, and professional development will be reviewed.
- Clinical performance data, including formative clinical evaluations, are incorporated into this review as applicable.

### Summative Evaluation of Student Progress

- Students are responsible for completing the Summative Evaluation of Student Progress within one week after final grades for the semester are posted.
- The evaluation includes reflection on:
  - Academic performance
  - Clinical development
  - Professional behaviors and growth
- Students must review the completed evaluation with their advisor and obtain required signatures (electronic signatures are permitted).
- Completion and submission of the End-of Semester Summative Evaluation is a program requirement. Failure to comply may result in an administrative hold on registration for the subsequent term until the requirement is fulfilled.

## ACADEMIC PROGRESSION

The following standardized grading scale is used for all courses in the DNP-NA Program:

Letter Grade	A	A-	B+	B	B-	F
Weighted Course Grade as a Percentage	96-100	92-95	89-91	85-88	83-84	<83

**GPA Requirement:** Bellarmine University requires that all graduate students must have a minimum cumulative grade point average of 3.00 to confer a graduate degree. Faculty advisors will monitor semester and overall GPAs at the end of each term. Students who fall below an overall 3.00 GPA will be placed on academic probation for the next regular semester and he or she will be required to meet with their academic advisor on a monthly basis at a minimum. If

the cumulative GPA is not raised to a minimum of 3.0 by the end of the probation semester, the student will be dismissed from the program.

**Satisfactory Standing:** Students must achieve a grade of B minus or higher in all graduate level course work in order to progress in the DNP-NA Program. A student who receives a final didactic course grade of less than B minus will be subject to dismissal from the program.

## EXAM REVIEW POLICY

The following policy outlines expectations for post-exam feedback and review to ensure consistency, fairness, and transparency across all courses. It is designed to help students identify areas for improvement while maintaining exam integrity and alignment with board-style testing standards.

To support learning and transparency, students will receive individualized Strengths and Opportunities Reports through ExamSoft after each exam. Faculty will complete an item analysis and post a Moodle course announcement summarizing commonly missed concepts and key clarifications.

### Individual Exam Reviews

- **Students scoring below 85%** are expected to schedule and complete a one-on-one review with faculty to discuss their performance and develop a remediation plan.
- **Students scoring 85–90%** may request a one-on-one review if they feel unclear about specific concepts; however, questions should first be directed to:
  - The **Strengths & Opportunities Report**, and
  - **Faculty clarifications** posted on Moodle after the exam.  
Faculty may schedule a review if additional discussion is warranted.
- **Students scoring above 90%** should use the **Strengths & Opportunities Report** and **faculty clarifications** for self-directed review.
- Verbatim exam questions will not be shared in any individual review.

### Question Review and Appeals

Exam questions are developed using credible, published references and are reviewed for clarity, validity, and fairness.

After each exam, faculty conduct an item analysis to identify any questions that may be flawed or ambiguous. If adjustments are warranted, they will be based on the results of this analysis to ensure fairness and consistency for all students.

Students are encouraged to use their feedback reports and faculty clarifications as a guide for continued review and mastery of the material.

## SEE EXAM POLICY

The Self-Evaluation Exam (SEE) is administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), and serves 3 primary functions:

1. To provide information to students about their progress in the nurse anesthesia program;
2. To prepare students for the national certification exam (NCE) experience;
3. To provide information to Program Administrators on how well their programs are preparing students with the knowledge and skills required for anesthesia practice.

This policy outlines the requirements and procedures for students taking the SEE Exam.

### Frequency of Exam

Students will be required to complete the SEE Exam twice throughout the DNP-NA Program. The first attempt must be completed in semester 6, and the second attempt must be completed in semester 8.

### Program Benchmark

Students must aim to achieve the program benchmark (minimum score set by the program) to continue successfully in the program.

- **Semester 6:** Students must **achieve a minimum score of 400**. Students who do not achieve a minimum score of 400 in semester 6 will be required to do the following:
  1. Formulate a study plan.
  2. Discuss the study plan and timeline with the Program Administrator.
- **Semester 8:** Students must **achieve the national mean scaled score for students in their third year that correlates to first-time NCE pass rates, as published by the NBCRNA**. Students who do not achieve the minimum required scaled score in semester 8 will be required to do the following:
  1. Formulate a study plan.
  2. Discuss the study plan and timeline with the Program Administrator.
  1. Retake the SEE Exam in semester 9.
  2. Approval to take the NCE will be granted by the Program Administrator once the minimum required scaled score has been achieved.

## PROGRAM WITHDRAWAL

Students who wish to withdraw from the program must take the following actions:

- Request to meet with the Program Administrator followed by formal notification in writing.
- If course work is not completed at the time of resignation, credit will not be received.
- If in a clinical practicum, the student must return all clinical site and/or university property to include badges, issued equipment, keys, and any other property borrowed by the student.
- The NBCRNA and COA will be notified by the Program Administrator of the student's withdrawal.

If the student wishes to return to the DNP-NA Program, he or she must formally reapply. If a student withdraws in good standing, the Program Administrator (at their discretion) may offer a letter of recommendation to another program if requested by the student.

## PROGRAM DISMISSAL

Students will be subject to dismissal from the DNP-NA Program for any of the following conditions:

- Failure to meet *GPA* and/or *Satisfactory Standing* requirements
- Academic dishonesty
- Violations of professional standards of conduct
- Violations of patient safety
- Fraudulent documentation of clinical care and/or practicum requirements
- Flagrant or repeated violations of rules, regulations, policies, or procedures at affiliated clinical sites

If a student is dismissed from the program, he or she is NOT eligible for readmission and will NOT receive a letter of recommendation to another program.

## APPEALS PROCESS

Students enrolled in the DNP-NA Program will follow the appeals process outlined in the ***Bellarmine University Graduate Nursing Student Handbook***.

# Section IV



## CLINICAL EDUCATION

## CLINICAL EDUCATION REQUIREMENTS

### Clinical Certifications

Prior to beginning clinical courses, each student will be required to demonstrate evidence of current Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) certification. Each student will be responsible maintaining current certifications during their entire clinical curriculum up to and including graduation.

### Student Identification

Students are required to wear a name badge at all times while in the clinical setting. The title “NAR” (Nurse Anesthesia Resident) refers to a student enrolled in the Bellarmine University DNP-NA Program. The title, “SRNA” (Student Registered Nurse Anesthetist) is used in some clinical training sites. The title “student” and “NAR” are used interchangeably throughout this Handbook; however, it is preferable the title “NAR” be used in the clinical setting.

Students are required to introduce themselves to patients as NARs and are required to gain permission from the patient before participating in their care.

### Clinical Preparedness

An essential part of Nurse Anesthesia training includes understanding the importance of arriving to the operating room with sufficient time to perform all necessary machine and equipment checks, review patient specific information, prepare medications, and meet with the supervising CRNA or Physician Anesthesiologist to discuss the plan of care prior to the scheduled case time. Clinical tardiness, which is defined as arriving at the hospital later than the supervising CRNA or Physician Anesthesiologist and not being prepared for cases in a timely manner, may result in a delay of care and is considered unacceptable. Excessive tardiness is defined as more than one occurrence, and any subsequent tardiness is subject to being charged a personal day from the PTO bank. In addition, excessive tardiness is grounds for clinical probation.

### Preoperative Assessments

Per the COA standards, *“without exception, the student nurse anesthetist must conduct a pre-anesthesia assessment on each patient that the student anesthetizes”*. Therefore, RRNAs must assess the patient preoperatively before being actively involved with the intraoperative anesthetic management.

- Objectives of the Preoperative Assessment:
  - The NAR will be able to:
    - Establish rapport with the patient
    - Evaluate the patient using health assessment skills to develop an individualized anesthetic plan.
    - Assess prescribed medications in order to correlate their interactions to each other and the anesthetic agents.
    - Assess the disease entity involved and potential complications.

- Evaluate the patient with regard to the proposed surgical procedure and possible complications.
- Review clinical, laboratory, and radiographic data.
- Assess all physical disorders and possible implications for positioning or intubation.
- Review past surgical/anesthetic history.
- Conduct preoperative teaching pertinent to each patient.
- Discuss with the CRNA/MD clinical preceptor possible complications on induction or emergence such as full stomach, aspiration, arrhythmias, hypotension, laryngospasm, and bronchospasm.

### **Anesthesia Care Plans**

During the primary clinical year, NARs are required to develop a written anesthesia care plan for each pre-assigned patient using the Bellarmine University DNP-NA Program Anesthesia Care Plan template. NARs must bring the completed care plans with them to the clinical site and present them to the clinical preceptor with whom they are assigned for review and comment. Following a post-clinical conference with their clinical preceptor, the NAR is responsible for returning the Anesthesia Care Plan to the Clinical Coordinator for review by anesthesia faculty. NARs will not be permitted to anesthetize a patient without conducting a proper preoperative assessment and development of a patient-specific anesthetic plan of care.

### **Postoperative Assessments**

Per the COA standards, *“a student nurse anesthetist must conduct a post-anesthesia assessment on each patient that the student anesthetizes, except ambulatory care patients and early discharges”*. Therefore, NARs must complete postoperative evaluations on each patient he or she is actively involved with in the anesthetic management. This visit is an evaluation in the immediate recovery phase and again in the post-recovery phase within twenty-four hours.

- Objectives of the Postoperative Assessment:
  - The NAR will be able to:
    - Evaluate residual effects of premedication, anesthetics, neuromuscular blocking agents, blood loss, position and change of position, cardiac arrhythmias, metabolic acidosis, and electrolyte imbalance.
    - Assess pain, restlessness and/or excitement in the immediate postoperative period.
    - Assess side effects such as nausea and/or vomiting.
    - Assess possible hypoxemia due to airway obstruction, laryngospasm, secretions, or inadequate gas exchange.
    - Assess shivering.
    - Assess vital signs.
    - Determine appropriate management of the patient in the recovery phase.

## CLINICAL CASE RECORDS

1. The NAR is responsible for completing an official case record form within the Typhon Record Tracking System within 3 days of participating in an anesthetic experience.
2. The Clinical Education Coordinator will review the NAR's case records at least monthly to ensure he/she is in-line to meet the case requirements set-forth by the COA.
3. Fabrication or falsification of data on Typhon is considered a violation of the Bellarmine University Code of Conduct and Academic Integrity Policy.

Guidelines for counting clinical experiences can be found on the COA website at:

<https://www.coacrna.org/about-coa/libraries/>

To ensure consistency in the counting of clinical experiences, the following statement from the COA will be enforced:

*Nurse anesthesia students must have the opportunity to develop as competent, safe, nurse anesthetists capable of engaging in full scope of practice as defined in the AANA's Scope and Standards for Nurse Anesthesia Practice by the time of their program completion.*

*To ensure nurse anesthesia students develop the knowledge, skills, and abilities for entry into practice, students must participate in all phases of their clinical cases including preoperative, intraoperative, and postoperative anesthesia care. While it may not be possible for students to participate in all phases of care in every case, students must at minimum personally provide anesthesia care for the majority of any case for which they claim personal participation.*

*In addition, personal participation must include the management of the patient during the beginning or induction of the anesthetic experience and/or the ending or emergence of the anesthetic experience. Students cannot take credit for an anesthetic case if they provide care on a limited basis (e.g., only lunch and/or break relief) and are not personally involved with the implementation and management of the anesthetic plan of care, or only observe another anesthesia provider manage a patient or their anesthetic care.*

## CLINICAL SUPERVISION

The Bellarmine University Nurse Anesthesia Program has developed the following policy, which will regulate the supervision of Nurse Anesthesia Residents (NARs) who provide anesthesia services. This policy will ensure the safety of patients while maximizing the learning environment and the development of autonomy in the clinical area for NARs.

1. Supervision at clinical sites is limited to CRNAs and physician anesthesiologists who are institutionally credentialed to practice and immediately available for consultation.
2. The clinical supervision ratio of NARs to clinical preceptor ensures patient safety by taking into consideration:

- a. The complexity of the anesthetic and/or surgical procedure
  - b. The student's knowledge and ability
  - c. The comorbidities associated with the patient.
3. **At no time should the number of students directly supervised by an individual clinical preceptor exceed 2:1.**

The CRNA and/or physician anesthesiologist are the only individual(s) with responsibility for anesthesia care of the patient, and have responsibilities including, but not limited to, providing direct guidance to the student; evaluating student performance; and approving a NAR's plan of care.

### **NON-PROGRAM-SPONSORED CLINICAL, SERVICE, AND MISSION EXPERIENCES**

The Bellarmine University Juneja Nurse Anesthesia Program supports student engagement in service, volunteerism, and global health activities. However, clinical, mission, or service experiences that are not sponsored, arranged, and formally approved by the program are not considered part of the accredited nurse anesthesia curriculum and may not be applied toward program, Council on Accreditation (COA), or National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA) requirements.

In accordance with COA standards, only clinical experiences that meet the following criteria may be applied toward program completion and certification requirements:

- Planned and approved by the DNP-NA program
- Conducted at program-approved clinical sites
- Supervised by program-approved preceptors
- Covered by formal affiliation agreements
- Evaluated by program faculty

Students may participate in non-program-sponsored experiences provided that:

- Participation does not interfere with scheduled coursework or clinical rotations
- Written program approval is obtained in advance
- Any missed clinical time is made up in accordance with program and clinical site policies

Approval to participate does not imply approval for clinical credit.

Non-program-sponsored experiences occur outside the supervision, oversight, and liability coverage of Bellarmine University. Students assume responsibility for compliance with licensure, scope of practice, and applicable laws and regulations.

## CLINICAL OBJECTIVES

The following clinical objectives have been developed to provide both the Nurse Anesthesia Resident (NAR) and the clinical preceptor with measurable educational experiences that are designed to promote proficiency of the skills and behaviors necessary for entry into practice as an Advanced Practice Nurse with a specialization in Nurse Anesthesia.

### **Objective I: Clinical Preparedness**

1. Conducts a comprehensive history and physical evaluation prior to providing anesthesia services.
2. Classifies patients according to the American Society of Anesthesiologists' Physical Status Classification.
3. Develops an individualized culturally competent anesthetic plan of care based on preoperative assessment findings and procedural considerations for patients across the lifespan.
4. Communicates anesthetic plan of care with the patient including risks and benefits.
5. Conducts a comprehensive equipment check.
6. Assembles appropriate pharmacological agents, supplies and equipment for proposed surgical procedure.
7. Establishes IV and/or invasive monitoring access with appropriate technique.

### **Objective II: Induction**

8. Formulates and initiates a plan to induce anesthesia safely and efficiently with minimal assistance.
9. Plans for patient safety including refraining from engaging in extraneous activities that abandons or minimizes vigilance while providing direct patient.
10. Demonstrates knowledge of correct dose, mechanism of action, half-life, method of elimination, indications, and contraindications of pharmacological agents.
11. Manages and maintains a patent airway using appropriate techniques and equipment.
12. Collaborates with the surgical or procedure team to position, assess, and monitor proper body alignment.
13. Protects patients from iatrogenic complications.

### **Objective III: Maintenance**

14. Administers and manages monitored anesthesia care, general anesthesia, and a variety of regional anesthetics to patients with a variety of physical conditions and a variety of surgical and medically related procedures.
15. Interprets and utilizes data obtained from noninvasive and invasive monitoring modalities.
16. Identifies and takes appropriate action when confronted with anesthetic equipment-related malfunctions.
17. Calculates, initiates, and manages fluid and blood component therapy.
18. Recognizes, evaluates, and manages the physiologic responses coincident to the provision of anesthesia services.

19. Recognizes and appropriately manages complications that occur during the provision of anesthesia services.
20. Protects patients from iatrogenic complications.

**Objective IV: Emergence**

21. Formulates and initiates a plan to terminate anesthesia, and safely emerges the patient with minimal assistance.
22. Protects patients from iatrogenic complications.

**Objective V: Transfer of Care**

23. Transfers the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
24. Determines appropriate management of the patient in the recovery phase.

**Objective: VI: Professional Attributes**

25. Applies ethically sound decision-making processes by adhering to the Code of Ethics for the Certified Registered Nurse Anesthetist.
26. Applies knowledge to practice in decision making and problem solving.
27. Accepts responsibility and accountability for his or her practice.
28. Demonstrates interpersonal and communication skills that result in effective exchange of information with patients, families, and other healthcare professionals.
29. Respects the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
30. Maintains comprehensive, timely, accurate, and legible healthcare records.

## **CLINICAL EVALUATION PROCESS**

The NAR's clinical performance is to be evaluated daily by the supervising CRNA or physician anesthesiologist. Evaluation forms are located in Typhon. The NAR's expected level of performance aligns with the corresponding Clinical Practicum:

**Novice:** Requires continual verbal and physical cues; rigid adherence to "rules", but practice is safe. **Expected performance: NURS 838 Nurse Anesthesia Clinical Practicum I, or NEW SKILL.**

**Advanced Beginner:** Occasionally requires supportive cues. Identifies gaps in knowledge and is proactive in seeking assistance. **Expected performance in NURS 846 Nurse Anesthesia Clinical Practicum II & NURS 852 Nurse Anesthesia Clinical Practicum III.**

**Competent:** Requires minimal direction. Demonstrates efficiency, coordination, and confidence. **Expected performance in NURS 856 Nurse Anesthesia Clinical Practicum IV & NURS 860 Nurse Anesthesia Clinical Practicum V.**

**Proficient:** Perceives situations as whole. Demonstrates analytical approach to complex situations. **Expected performance in NURS 864 Nurse Anesthesia Clinical Practicum VI.**

If clinical objectives are not met, an “*Unsatisfactory*” response should be given. Preceptor comments must be provided on all evaluations that are unsatisfactory. All **UNSATISFACTORY** evaluations must be brought immediately to the attention of the Clinical Coordinator. The Clinical Coordinator must notify the Assistant Program Administrator/Clinical Education Coordinator and/or the Program Administrator.

### **Formative Evaluations**

It is the NAR’s responsibility to obtain a clinical evaluation from the assigned preceptor at the conclusion of each clinical day or case, as applicable. Failure to obtain required clinical evaluations may result in the affected clinical day(s) being recorded as **unexcused absences**. All clinical evaluations will be reviewed weekly by the Clinical Education Coordinator, Assistant Program Administrator and/or Program Administrator, and (if not already reviewed and signed by the NAR) provided to the NAR for review. NARs may respond in writing to the evaluations.

To demonstrate consistent engagement and accountability, NARs are expected to maintain a **minimum clinical evaluation submission rate of 80%** for all scheduled clinical shifts. Failure to meet the 80% evaluation submission requirement will result in:

- Required remediation to address concerns related to professionalism and accountability; and
- Assignment of an Incomplete (I) grade for the clinical course until compliance is achieved.

Repeated or ongoing non-compliance will be referred to the Program Director for review and may result in additional disciplinary action in accordance with program policies.

### **Summative Evaluations**

A summary of daily evaluations will be presented to NARs during a conference with their assigned Advisor(s) at the end of each semester. Conferences may also include the Program Administrator, Assistant Program Administrator, and/or Clinical Education Coordinator, as available.

### **Self-Evaluations**

NARs are required to complete a self-evaluation at the end of each semester.

### **Clinical Site Evaluations**

At the **end of each clinical rotation**, the NAR will complete an anonymous evaluation of the clinical site, addressing its strengths and weaknesses. Evaluations are returned to the Clinical Coordinators during the annual clinical site visit for their review.

### **Clinical Preceptor Evaluations**

At the **end of each clinical rotation**, the NAR will complete an anonymous evaluation of at least two clinical preceptors. Evaluations are returned to the Clinical Coordinators during the annual clinical site visit for their review.

### **CLINICAL PRACTICUM PROGRESSION**

The assignment of either "Pass" or "Fail" for the clinical course is based upon written summative clinical evaluations and direct feedback from the clinical faculty. Grades are assigned by the Assistant Program Administrator/Clinical Education Coordinator.

Nurse Anesthesia is a practice discipline. Regardless of the grade on clinical evaluation tools and other written work, it is possible to fail a course as a result of unsafe/unsatisfactory practice or interactions.

Clinical grades are on a Pass/Fail basis based on the NAR's clinical performance. Daily evaluations are completed by the clinical preceptor and are accompanied by a discussion of performance, which provides information necessary to complete a summative evaluation at the end of the clinical practicum. Summative evaluations are provided to the student for review.

NARs are required to achieve a "Pass" grade in each clinical course to successfully progress in the program.

### **CLINICAL EVALUATION COMMITTEE**

If a student receives an *UNSATISFACTORY* evaluation and/or he or she is not achieving the level of performance as outlined in the Clinical Evaluation Process, the student will be called to meet with the Clinical Evaluation Committee.

1. Purpose:

- The Clinical Evaluation Committee (CEC) is responsible for reviewing a student's progression in clinical practicums when indicated.

2. Meetings and Voting:

- The Clinical Coordinator initiates the Clinical Evaluation Committee Meeting by notifying the Clinical Education Coordinator and/or Program Administrator when there is a need.
- The Program Administrator and Clinical Education Coordinator will determine if a Clinical Evaluation Committee Meeting is warranted.
- If warranted, the Clinical Education Coordinator will notify the student that a Clinical Evaluation Committee Meeting is being scheduled.
- The Clinical Evaluation Committee will be comprised of the following members:
  - Program Administrator
  - Assistant Program Administrator

- Clinical Education Coordinator
  - Clinical Site Coordinator
  - Clinical Preceptors
  - The Clinical Evaluation Committee, by majority vote, will determine the best course of action. In addition, the Committee will outline specific objectives and a timeframe for the student to achieve these objectives.
3. Clinical Evaluation Committee Meeting Outcomes:
- Possible Committee findings include:
    - **No Action Necessary**
    - **Clinical Warning:** with recommendations for specific objectives.
    - **Probation:** with recommendations for specific objectives.
    - **Termination:** the student is immediately dismissed from the clinical site. Dismissal from the program will be made by the Program Administrators in consultation with the DNP-NA Faculty.
  - The probationary period will persist for a minimum of 30 days.
  - At the end of the probationary period, the CEC will review the student's records and evaluations. Clinical Warnings/Probationary status will be discharged if the CEC determines that the student has meet the specified objectives.

# Section V



## PROFESSIONAL DEVELOPMENT

## MEMBERSHIPS

Students are required to become student associate members of the American Association of Nurse Anesthesiologists (AANA). The cost is \$300 and is the responsibility of the student.

## PROFESSIONAL MEETINGS

The Bellarmine University DNP-NA Program encourages its student nurse anesthetists to attend meetings of nurse anesthesia and other professional nursing organizations. If approved, students will be excused from clinical/didactic areas to attend approved state professional meetings and will not be charged Personal Time Off. Students must provide advanced notification to the program faculty and the Assistant Program Administrator/Clinical Education Coordinator, in order to allow for ample time to communicate with clinical coordinators and process the request. Necessary travel time may also be approved, on an individual basis.

The benefit of the requested meeting will be weighed to determine whether the value of attendance is great enough to warrant missing the classroom and clinical experience. Likewise, if a student's clinical or didactic standing is such that it is ill-advised to miss class or clinical, or if time off has been excessive, permission for time off for meetings may be denied at the discretion of the faculty.

### **AANA Meetings:**

Students are encouraged to attend the AANA Annual Congress, Assembly of Didactic and Clinical Educators, Fall Leadership Academy, and Mid-Year Assembly of the American Association of Nurse Anesthetists. See "**Attendance at Professional Meetings**" above.

### **KyANA Meetings:**

During the second and third academic years of the program, students are required to attend at least one of the Kentucky Association of Nurse Anesthetists (KyANA) Scientific Meeting (Spring or Fall.) Other state-level Nurse Anesthesia Professional Organization meetings may be substituted with written approval of the Program Administrator or Assistant Program Administrator. Attendance at all scheduled sessions at these meetings is required of all students, unless approved by program anesthesia faculty.

### **Other Meetings:**

Students may be required to attend Legislative Day in Frankfort, Kentucky, and in other meetings or activities determined by the faculty as beneficial for learning. Such meetings may also be those designated by the KyANA for the promotion and development of the profession of nurse anesthesia.

# Section VI



# Graduation

## **GRADUATION REQUIREMENTS**

Graduation Requirements: A candidate for the degree of Doctor of Nursing Practice – Nurse Anesthesia must meet the following requirements:

1. Completion of 101 semester hours of required course work with a minimum cumulative grade point average of 3.00
2. Attainment of 2700 clinical practice hours and required clinical experiences described by the Council on Accreditation
3. Achievement of the SEE exam policy requirements
4. Completion of the Nurse Anesthesia Doctoral Project and final Scholarly Project Paper

## **EXIT AND GRADUATE EVALUATIONS**

Prior to graduation, students will complete a DNP-NA Program/Student Exit Evaluation. Students are asked to evaluate their entire program of study and their achievement of the goals and competencies necessary for nurse anesthetists. The One-Year Alumni Evaluation will be sent to DNP-NA graduates one year after graduation. The Graduate Employer Evaluation will be sent to employers on the same schedule. The purpose of both the One-Year Alumni Evaluation and the Graduate Employer Evaluation is to allow faculty to gain graduates' and employers' perspectives about the program of study after graduates have had time to apply the knowledge and skills obtained during the educational experience.

## **ENDORSEMENT FOR THE NATIONAL CERTIFICATION EXAM**

The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) requires that the COA-accredited nurse anesthesia educational program endorse a student before he or she will be allowed to sit for the National Certification Exam (NCE). Endorsement consists of validation of completion of all academic and clinical experience requirements.

The Bellarmine University DNP-NA Program will endorse a student to sit for the NCE when the student has successfully demonstrated his or her ability to pass the Self-Evaluation Exam (SEE), successfully completed the Nurse Anesthesia Doctoral Project requirements, and has submitted their Clinical Case Records evidencing successful completion of clinical experience requirements.

The purpose of the NCE is to assess the knowledge, skills, and competencies necessary for entry-level nurse anesthesia providers. A candidate who holds "Exam Authorized" status with the NBCRNA has successfully completed an accredited nurse anesthesia educational program and has been granted eligibility status to take the NCE by the NBCRNA.



### **DNP-NA STUDENT CONTRACT**

I, (please print) \_\_\_\_\_, have been made aware of the online location of the Bellarmine University DNP-NA Student Handbook. I have had an opportunity to review and discuss its contents and I agree, as a student enrolled in the DNP-NA Program, to abide and respect the policies, procedures, and standards set forth in this handbook. I further understand that failure to follow the policies, procedures, and standards contained in the handbook may result in various consequences, according to the infraction.

I am aware that the policies are not intended to be all-inclusive and are subject to change.

Signed: \_\_\_\_\_

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

