



NURSE ANESTHESIA EDUCATION

STUDENT HANDBOOK

Revised: May 2019

UNIVERSITY OF KANSAS MEDICAL CENTER

Department of Nurse Anesthesia Education

STUDENT HANDBOOK - 2018

The Nurse Anesthesia Student Handbook provides students with a useful source of information concerning the organization, policies and procedures, curriculum, support services, and extracurricular activities of the University of Kansas Medical Center and the Department of Nurse Anesthesia Education. The Student Handbook is Part I of the Program's Administrative Handbook.

Please take the time to review the following official University of Kansas Medical Center Student Handbook

- [KUMC Student Handbook](#).
- [School of Health Professions Student Handbook](#)

All policies in these online handbooks should be considered as part of the Nurse Anesthesia Student Handbook.

The Nurse Anesthesia Program reserves the right to change or revise any and all of its policies and procedures at any time without prior notice to the students. The policies, procedures, and rules contained herein supersede all prior oral or written representations of statements regarding the terms and conditions applicable to students accepted into the Program. The Student Handbook published each year supersedes all previous Student Handbooks. In cases where the Nurse Anesthesia Student Handbook and the University Catalog or University of Kansas Medical Center Student Handbook has differing policies or procedures, the Nurse Anesthesia Student Handbook takes precedence.

Suggestions for additions, deletions, or changes will be appreciated. Send all information to the Department of Nurse Anesthesia Education.

ACKNOWLEDGMENT

I have read and understand all policies and procedures as written in:

- Department of Nurse Anesthesia Education Student Handbook located in the School of Health Professions Student Handbook online.
- [School of Health Professions Student Handbook](#)
- [University of Kansas Medical Center Student Handbook](#)

I agree to abide by the guidelines and policies in these handbooks.

Signature

Printed Name

Date

This form is to be completed and returned to the Nurse Anesthesia office after reading the handbooks.

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SECTION I: **PROGRAM AND ORGANIZATION**

NURSE ANESTHESIA PROGRAM DESCRIPTION

The Doctor of Nurse Anesthesia Practice is a comprehensive 36-month program that prepares registered nurses to become Certified Registered Nurse Anesthetists (CRNAs). Students are given the opportunity to integrate classroom content with direct application of state-of-the-art techniques (including regional and open-hearts) in the provision of anesthesia care to patients in all risk categories. Graduates are prepared to administer anesthesia and render perioperative anesthesia services to patients of all ages in a variety of health care settings.

The Nurse Anesthesia Program is based on a continuum of perioperative anesthesia care. This care includes preoperative assessment, formulating an anesthesia management plan, the administration of anesthetic agents and adjunct therapeutics, and the provision of appropriate consultation during the postoperative recovery period.

Nurse anesthesia practice requires substantial specialized knowledge, judgment, and advanced nursing competencies, all of which are based on biological, physiological, pharmacological, and the psychosocial sciences. Nurse anesthetists function as the patients' advocate, acting on behalf of the patient to maintain their psycho-physiological integrity throughout the anesthetic procedure and during recovery from anesthesia. The competencies required of nurse anesthetists make them aptly qualified to institute and/or participate in emergency life-support activities wherever they may occur.

A concentrated program of theory and clinical study prepares the student to be a qualified, caring professional, practicing in an advanced nursing specialty providing anesthesia services in a variety of settings as a member of a multi-disciplinary health care team. The curriculum includes study in research methodology, biophysical sciences, pharmacology, principles of anesthesia, and professional role issues. Graduates are capable of exercising independent judgment within their scope of competence, critical thinking, and accept the responsibility for rendering professional services and the evaluation of the probable effect of those services upon the patient.

Students learn their clinical skills in medical center environments and community clinical sites each of which offer experiences in the anesthesia management of specialized patient populations. Students administer approximately 900 anesthetics and provide over 2000 hours of direct anesthetic care. Program enrichment is provided by specialty rotations in cardiothoracic, neurosurgery, pediatric, obstetric, community, pain management, and rural anesthesia. Experiences also include organ transplantation, electroconvulsive therapy, regional anesthesia, burns and emergency/trauma experiences.

The academic and clinical curriculum is taught by the University of Kansas Graduate Faculty that includes clinical and didactic CRNAs, PhDs, and Anesthesiologists. Many of the faculty are considered experts in their field, i.e. pediatric and cardiothoracic anesthesia, pharmacology, epidemiology, physiology, anatomy, and enhance the interrelationship of

the numerous health care providers involved in patient care. The curriculum is evaluated on an on-going basis by both students and faculty and undergoes revisions as needed to stay current and applicable to contemporary nurse anesthesia practice. The program meets or exceeds the standards and recommendations of the Council on Accreditation of Nurse Anesthesia Educational Programs and has consistently received full accreditation status. Successful completion of the program requirements leads to a Doctor of Nurse Anesthesia Practice. Graduates are eligible to sit for the certifying examination of the National Board of Certification and Recertification for Nurse Anesthetists.

PROGRAM PHILOSOPHY, MISSION & GOALS

Our belief is that providing the program in a doctoral framework enables the effective incorporation of cognitive, affective, and psychomotor domains critical to the development of a professionally competent graduate.

Our aim is to provide an integrated academic and clinical teaching and learning climate, which enhances the student's ability to attain the body of scientific knowledge and technical skills, consistent with the highest standards of nurse anesthesia practice.

Our commitment to the student is to build on a strong nursing foundation in a manner that enables them to interpret and integrate multiple scientific disciplines and technical skills that contribute to the development of a highly competent graduate nurse anesthetist.

Our goal is to foster a lifelong eagerness in its graduates to maintain humanistic, scientific, and technical skills at the highest level required of nurse anesthesia practitioner.

Our responsibility to the community is to provide a competent graduate well prepared to meet the healthcare needs of the public in a safe and ethical manner.

Our obligation to the profession is to prepare a nurse anesthetist who will serve as an invaluable resource in support of the professional organization's stated goal.

HISTORY OF NURSE ANESTHESIA DEPARTMENT

The Program of Nurse Anesthesia Education was initiated at the University of Kansas under the auspices of the Department of Anesthesiology in 1967. The American Association of Nurse Anesthetists granted full accreditation in 1967 with four students. Please click [here](#) to read more about the fascinating history of the KU Nurse Anesthesia Education program.

ACCREDITATION

Council on Accreditation

The University of Kansas Nurse Anesthesia Program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, which is a specialized

accrediting body recognized by both the United States Department of Education and Council for Higher Education Accreditation (CHEA). On October 2, 1999 and again on May 19, 2010, the program was awarded the maximum accreditation status of 10 years. On May 25, 2012 the program was awarded Doctor of Nursing Practice (DNP) status. On January 19, 2017, the COA officially recognized a change in degree title from Doctor of Nursing Practice to Doctor of Nurse Anesthesia Practice. (www.aana.com AANA, 222 S. Prospect Ave., Suite 304, Park Ridge, IL 60068, 847-692-7050).

Kansas State Board of Nursing

The Program is also approved by the Kansas State Board of Nursing. (www.ksbn.org KSNB, Landon State Office Building, 900 SW Jackson Street, Suite 1051, Topeka, Kansas 66612-1230, 785-296-4929).

North Central Association of Colleges and Schools

The University of Kansas is accredited by the Higher Learning Commission, which is part of the North Central Association of Colleges and Schools. The Association was founded in 1895 as a membership organization for educational institutions. It is committed to developing and maintaining high standards of excellence. The Association is one of six regional institutional accrediting associations in the United States. Through its Higher Learning Commission it accredits, and thereby grants membership to educational institutions. The Higher Learning Commission is recognized by the US Department of Education and the Council on Higher Education Accreditation (CHEA). In addition, the Association has awarded a special accreditation status to the University of Kansas Medical Center to deliver Distance Education courses and programs.

(www.hlcommission.org Higher Learning Commission of the North Central Association of Colleges and Schools, 230 South LaSalle Street, Suite 7-500, Chicago, Illinois, 60604-1411; (312) 263-0456 or 800-621-7440)

PROGRAM GOALS

1. Academic: Obtain an advanced body of specialized knowledge necessary to integrate didactic information and clinical data and formulate a comprehensive individualized care plan.
2. Clinical: Demonstrate ability to plan and administer a safe and physiologic anesthetic based on knowledge and synthesis of anesthetic principles and basic science study.
3. Research: Demonstrate an appreciation for the role, nature, and conduct of research modalities and their application to practice and professional growth.
4. Professionalism: Integrate ethical, legal, and cultural considerations with personal and professional value systems in nurse anesthesia.

PROGRAM OUTCOME CRITERIA

Graduates of this program shall have demonstrated the attitude, knowledge, skills, and judgments consistent with the safe and effective practice of nurse anesthesia by demonstrating competency in the following:

1. The graduate will successfully complete the required academic and clinical competencies of the Council on Accreditation for Nurse Anesthesia Educational Standards for Accreditation of Nurse Anesthesia Programs, the National Board of Certification and Recertification for Nurse Anesthetists, the Department of Nurse Anesthesia Education, School of Health Professions, Graduate School of the University of Kansas, that have been prescribed by policy and curricula.
2. The graduate will be able to independently or in collaboration as a member of the “Anesthesia Care Team” plan and implement a safe and physiologic anesthetic based on integrated knowledge of the basic sciences and principles of anesthesia practice that has been synthesized into unified and coherent management parameters to patients with varying age and acuity.
3. The graduate will be capable of using all sources of clinical and theoretical data that promotes problem identification, problem–solving, critical thinking and decision-making in prioritizing patient needs, establishing a safe anesthetic course and evaluating patient outcomes.
4. The graduate is aware of their professional role as prescribed by law, State Statues and dictated by credible continuous self-evaluation.
5. The graduate will demonstrate an appreciation for the role, nature and conduct of various research modalities and the application to clinical practice and continued professional growth.
6. The graduate can demonstrate a conceptual knowledge of healthcare delivery systems, ethical, legislative and legal concerns that affect the scope and quality of nurse anesthesia practice.
7. The student will understand the importance of his/her participation in the professional organizations of nurse anesthetists at all levels.
8. The student will be proficient in the principles of adult learning as demonstrated by active participation in program evaluation, individualized study and responsible self-evaluation of personal study.

GRADUATE OUTCOME CRITERIA

Graduates will be required to demonstrate they have acquired knowledge, skills and competencies in patient safety, perianesthesia management, critical thinking, communication, and the professional role as identified in the following:

Patient safety is demonstrated by the graduate’s ability to:

1. Be vigilant in the delivery of patient care.

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

Perianesthesia management is demonstrated by the ability of the graduate to:

5. Provide individualized care throughout the perianesthesia continuum.
6. Deliver culturally competent perianesthesia care (see Glossary, "Culturally competent").
7. Provide anesthesia services to all patients across the lifespan (see Glossary, "Anesthesia services" and "Across the lifespan").
8. Perform a comprehensive history and physical assessment (see Glossary, "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 is demonstrated by the graduate's ability to:

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

Communication skills are demonstrated by the graduate's ability to:

25. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
28. Maintain comprehensive, timely, accurate and legible healthcare records.
29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
30. Teach others.

Leadership is demonstrated by the graduate's ability to:

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

Professional role is demonstrated by the graduate's ability to:

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

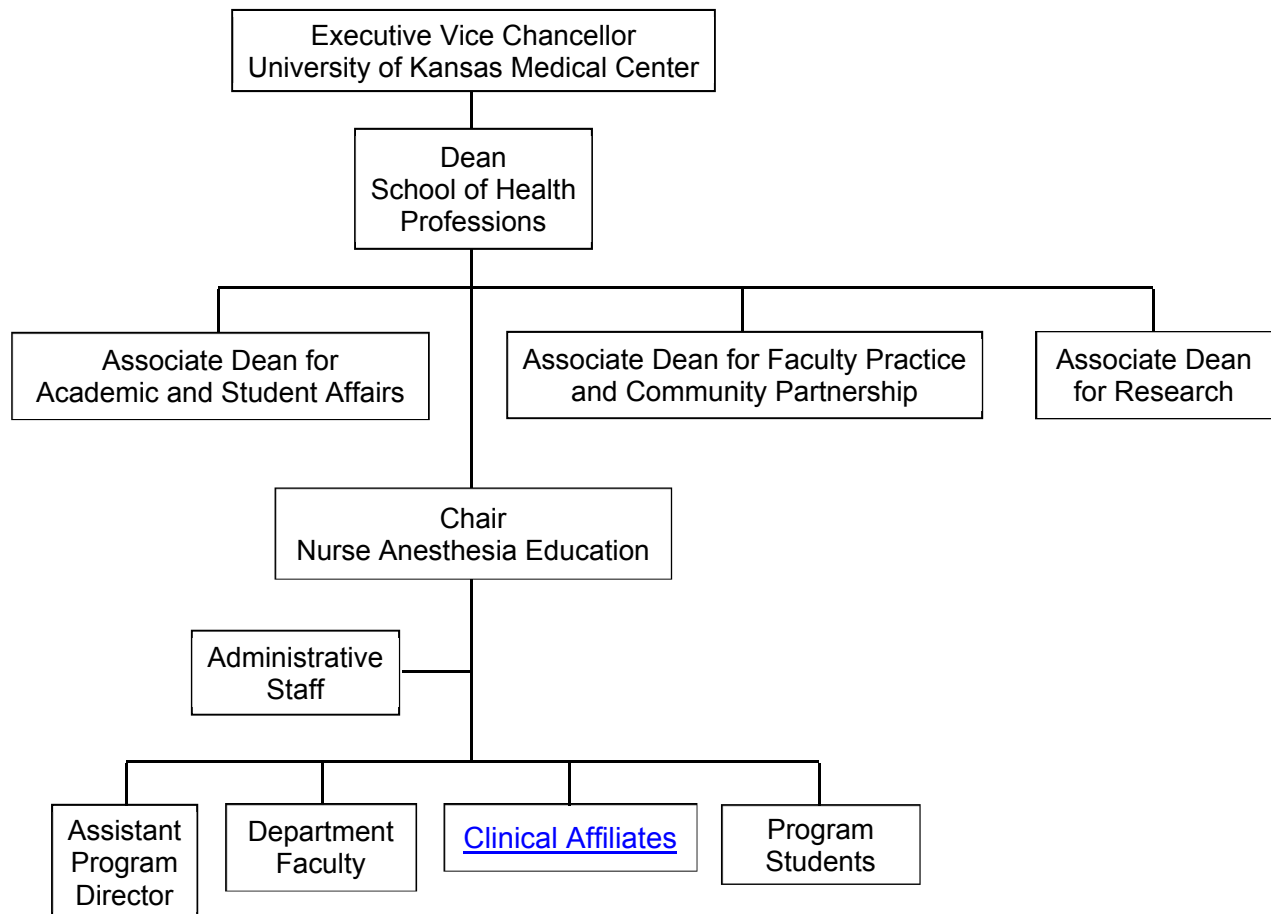
These outcome criteria reflect the Council on Accreditation of Nurse Anesthesia Educational Programs/Standards for Accreditation of Nurse Anesthesia Educational Programs, Standard D, Graduate Standards.

GOVERNANCE OF NURSE ANESTHESIA DEPARTMENT

The Nurse Anesthesia Program is governed through both the organizational structure of the University of Kansas Medical Center and the Program's Standing Committees. The following is a listing of standing committees of the Nurse Anesthesia Program.

- Advisory Committee
- Admissions Committee
- Curriculum/Program Committee
- Faculty Committee
- Student Committee

ORGANIZATIONAL CHART



THE UNIVERSITY OF KANSAS MEDICAL CENTER

The University of Kansas Medical Center, an integral and unique component of the University of Kansas and the Kansas Board of Regents system, is composed of the School of Medicine, located in Kansas City and Wichita, the School of Nursing, the School of Health Professions, the University of Kansas Hospital in Kansas City, and a Graduate School. The KU Medical Center is a complex institution whose basic functions include research, education, patient care, and community service involving multiple constituencies at state and national levels.

Please [click](#) here to view the Mission Statement for The University of Kansas Medical Center.

SCHOOL OF HEALTH PROFESSIONS

The School of Health Professions at The University of Kansas, through its diverse programs, is committed to serving the health care needs of the citizens of Kansas, the region and the nation by providing exemplary education of health professions professionals and by developing knowledge through research and service. To serve the citizens of Kansas, the region, the nation and to develop tomorrow's leaders through exemplary education, research and service. To learn more about the School of Health Professions, please click [here](#).

DEPARTMENT OF ANESTHESIOLOGY

The Department of Anesthesiology within the University of Kansas Hospital is an important part of the program's resources. Dr. Talal Khan is the Department Chair. The program liaisons are Dr. Jeanette Lozenski and Dr. is the Program's liaison with the Anesthesiology department. For more information about the Department of Anesthesiology, click [here](#).

KUMC FACULTY

University Administration

Chancellor	Douglas Girod, MD
Executive Vice Chancellor.....	Robert Simari, MD
Dean, School of Health Professions.....	Abiodun Akinwuntan, PhD
Dean of Graduate Studies.....	Mike Werle, PhD
Vice Chancellor for Academic and Student Affairs.....	Robert Klein, PhD

University of Kansas Hospital Administration

President & Chief Executive OfficerBob Page, CEO

Nurse Anesthesia Education Administration, Faculty & Staff

Chair.....Donna Nyght, CRNA, DNP
Assistant DirectorKarri Arndt, CRNA, DNP

Faculty Shelley Barenklau, CRNA, DNP Paul Hertel CRNA, DNP
Paul Bennetts, CRNA, PhD Lauryn Rametta, CRNA, DNAP
Alissa Blau, CRNA, DNAP Jennifer Bendure, CRNA, DNP
Timothy Gengler, CRNA, DNAP

Professor Emeritus Carol Elliott, CRNA, MPA, PhD

CLINICAL AFFILIATES

For the most up to date list of clinical affiliates, please visit [KUMC Nurse Anesthesia Education Clinical Affiliates](#).

CURRICULUM DESIGN

The most current version of the curriculum for the program may be found [here](#).

PROGRAM CURRICULUM PLAN

The Program Curriculum is developed by qualified faculty, constructed within the parameters of graduate education, and is approved by appropriate committees and organizations. Curriculum approvals were received from the following:

1. Program Didactic/Clinical Faculty
2. Program Curriculum/Program Committee
3. KU Medical Center Graduate Council/Curriculum Committee
4. University of Kansas Graduate Council/Curriculum Committee

The curriculum meets the requirements of the COA of Nurse Anesthesia Educational Programs. The plan of study consists of nine continuous semesters of full time study at the graduate level for accumulating 81 credit hours. The curriculum is constructed in a progressive semester framework. This is a “lock step” curriculum plan in that courses in each semester serve as prerequisites for the courses that follow in sequence during the next semester.

GOALS AND OBJECTIVES

Goal 1. Academic

The student will obtain an advanced body of specialized knowledge that enables the student to integrate didactic information and clinical data and formulate a comprehensive individualized care plan. The student will be able to adjust the plan of care based on critical thinking and a problem-solving approach.

Objectives	Methodology	Outcome Measurement
1. The student will develop advanced basic science knowledge in anatomy, physiology, physical assessment, equipment technology, chemistry and physics.	NURA 805 NURA 806 NURA 812 NURA 831 NURA 835	Gross dissection lab Written exams
2. The student will acquire specific pharmacological knowledge applicable to anesthesia practice.	PHCL 761, 762, 763, 764, 765, 766	Written exams
3. The student will identify physiologic abnormalities and interpret and intervene based on monitoring data.	NURA 812 NURA 833 NURA 835	Written exams
4. The student will develop a body of knowledge sufficient for entrance to clinical practice.	NURA 811-815 NURA 833 NURA 835 NURA 820	Written exams Simulator scenarios Case presentations

Goal 2: Clinical

The student will be able to plan and administer a safe and physiologic anesthetic, one based on knowledge and synthesis of anesthetic principles and basic science study. The student will utilize all sources of clinical and theoretical data that help promote problem identification, prioritization of patient needs, establishment of anesthetic course and evaluation of outcomes.

Objectives	Methodology	Outcome Measurement
1. The student will formulate an anesthesia care plan based on didactic knowledge and physiologic principles.	NURA 801, 811-815, 821-823, 839 (clinical experiences, case conferences)	Anesthesia Care Plan Written Examinations Simulator scenarios

Objectives	Methodology	Outcome Measurement
2. The student will appropriately implement the anesthesia plan.	NURA 801 & 821-823, 839 (clinical experiences, case conferences)	Clinical Performance Evaluation Simulator scenarios
3. The student will demonstrate acquired knowledge of perioperative anesthesia care.	NURA 801, 811-815, 821-823, 839, 924-926 (clinical experiences, case conferences)	Clinical Reference Evaluation Written exams Simulator scenarios
4. The student will meet or exceed Council on Certification of Nurse Anesthetists case requirements.	NURA 801, 821-823, 839, 924-926 (clinical experiences, case conferences)	Monthly Student Clinical Case Records
5. The student will demonstrate ability to transfer theory to practice.	NURA 801, 811-815, 820, 821-823, 839, 924-926 (clinical experiences, case conferences)	Clinical Performance Evaluation Case Conference participation Simulator scenarios Written exams

Goal 3. Research

The student will demonstrate an appreciation for the role, nature and conduct of various research modalities and their application to clinical practice and continued professional growth.

Objectives	Methodology	Outcome Measurement
The student will develop and apply basic statistical knowledge.	PVRM 826 NURA 892, 889, 901-904	Written critiques Written exams
2. The student will develop and utilize computerized and non-computerized databases to obtain current references on a research topic.	NURA 892, 889, 901-904	Written critiques Written exams
3. The student will read the scientific research literature with intelligence, confidence, and a bit of healthy skepticism.	PVRM 826 NURA 889, 892. 901-904	Written exams
4. The student will develop and present a scholarly senior project.	NURA 980	Presentation
5. The student will obtain appropriate approvals and complete scientific data collection.	NURA 980 PVRM 826	Applications completed and approvals obtained Instrumentation developed and data collected

6. The student will be able to organize, interpret and prepare data in scholarly format.	NURA 980	Project completed
7. The student will be able to disseminate the project as appropriate in manuscript form, to committees, conferences, or at Journal Club.	NURA 980	Dissemination completed and approved by committee

Goal 4. Professionalism

Integrate ethical, legal and cultural considerations with personal and professional value systems in the application of the art and science of nurse anesthesia.

Objectives	Methodology	Outcome Measurement
1. The student will be able to demonstrate professionalism and leadership by collaborative participation in a health care team in concert with other health care providers.	NURA 800. 912, 913 NURA 808 State meetings AANA meetings	Clinical Performance Evaluations, Semester Clinical Evaluations
2. The student will be able to analyze the impact of historical, political, social, and economic and legal factors in relation to evolving nurse anesthetists' role in a changing health care delivery system.	NURA 800 NURA 808 State meetings AANA meetings	Clinical Performance Evaluations Semester Clinical Evaluations Graded assignments
3. The student will be able to demonstrate sensitivity to the ethnic and cultural diversity of patients and other providers.	NURA 800 NURA 808 State meetings AANA meetings	Clinical Performance Evaluations Semester Clinical Evaluations Graded assignments
4. The student will understand the importance of his/her participation in the professional organizations of nurse anesthetists at all levels.	NURA 800 NURA 808 State meetings AANA meetings	Clinical Performance Evaluations Semester Clinical Evaluations Graded assignments
5. The student will gain an appreciation of occupational risks to include stress management, substance abuse and environmental hazards.	NURA 833 NURA 800 NURA 808 Orientation/PEAK-U	Clinical Performance Evaluations Written exams

COURSE DESCRIPTIONS

Please click [here](#) to view current courses descriptions for the program.

SECTION II: **GENERAL POLICIES AND SERVICES**

LIBRARY AND TECHNOLOGY SERVICES

DYKES LIBRARY

Dykes Library is one of the most complete medical libraries in the Midwest. The Library is on the North side of the Medical Center at 200 West 39th Street between Rainbow Boulevard and State Line Road. The function of Dykes Library is to provide current scientific and technical information in support of teaching, research, and clinical practice. Historical materials are housed in the Clendening History of Medicine Library. The Library also collects lost and found items for the University.

The Library has computers, quiet areas, individual workstations, and group study rooms available for student use. The offices of the Student Ombudsman, the Registrar, Admissions, and Financial Aid are also located in Dykes Library. For information about the library, its hours, services or for online access, go to <http://library.kumc.edu>.

DEPARTMENT Resources

The Nurse Anesthesia Conference and Resource Room is currently available for our students and faculty 24 hours per day via a combination lock. It is occasionally used for department meetings.

This room houses the various books and periodical, networked computers, printer, table, chairs and white board for group study. To ensure equitable access to these resources for all nurse anesthesia faculty and students and so that we can continue to have them available around the clock, users are expected to maintain the security of our property by:

1. Not sharing the combination with anyone outside the department.
2. Checking out all circulating materials (reference/textbooks and videotapes) with the office staff in 2026 Delp.
3. Not removing any non-circulating materials from the library, (bound and unbound journals), and other periodic publications) without specific permission of the office staff.
4. Re-shelving materials, straightening furniture, disposing of trash, turning off the computer and all other equipment and lights, and locking the door before you leave.

Current semester textbooks for all classes will be on reserve within the department and may be available to check out.

Access to library resources while at each clinical site is guaranteed by inclusion in the affiliation agreements between the Program and the affiliate. Program administrators and faculty assist in providing a collection of reference textbooks at each clinical site. The

additions of these books, computer software, etc., are based on requests from clinical faculty, students, and the clinical coordinator at each site.

DEPARTMENT COMPUTERS

Four computers for nurse anesthesia student use are located in the department's resource room and student lounge. These computers are available 24 hours a day on a first-come, first served basis.

The Department computers are not to be used by students for volume printing. See below for information on printing from other computers available on campus.

COMPUTERS ON CAMPUS

In addition to department computers, there are many areas available across the campus for student use.

The Nurse Anesthesia Program copier is available only to department faculty and staff and students granted permission to use it by the Department Chairman. The Department computers are not to be used by students for volume printing.

Please click [here](#) for more information about printing.

STUDENT AFFAIRS

DEPARTMENT OF STUDENT AFFAIRS

The Division of Student Affairs has many things to offer which can enhance your life while at KUMC. The division is located on the ground and first floor of the Student Center, ground and first floor of Dykes Library, ground floor of Orr-Major, and in the Kirmayer Fitness Center. The primary goal of the division is to provide essential support services that assist students as they pursue their academic goals, and coordinate Student Affairs so as to ensure that they are efficient, accessible and "user-friendly." Please click [here](#) for more information about student affairs.

The Office of the Registrar and Enrollment Services is located in the Dykes Library. Enrollment, fee assessment, health insurance and residency questions should be directed to this office. Please click [here](#) to reach the Office of the Registrar.

The Student Financial Aid Office is located in Dykes Library. Please click [here](#) for more information.

Please click [here](#) for information on travel and housing.

COUNSELING SERVICES & EDUCATIONAL SUPPORT SERVICES

School is an intensely concentrated experience. Personal pressures can be particularly stressful in an atmosphere where academic demands are so time consuming. It is important for students to seek assistance as soon as possible if personal problems arise. Postponing matters often leads to difficulties that could be avoided or minimized by early action. Talk to other students, faculty members with whom you are comfortable or to friends, family members, or use the services of the Student Counseling & Educational Support Service.

The Student Counseling & Educational Support Services provide support to students, medical residents and medical fellows as they pursue their professional goals. Our approach to excellence in service is proactive, collaborative, confidential and respectful. For more information or to make an appointment, please click [here](#).

BOOK STORE

The KU Med Bookstore is located in Orr-Major Hall or on line. Current textbooks for classes are in stock; as well as reference books, medical instruments, or parts and repair for medical instruments, lab coats, jackets, tee shirts/sweatshirts, and other KU insignia items. For more information, please click [here](#).

COMMUNICATIONS

Communication is provided to students via the following formats:

1. Text messages
2. E-mail (kumc.edu address)
3. Class Calendars via [Google](#) (under current student tab)
4. Bulletin board postings
5. Student Representation at Quarterly Program Faculty Committee meetings
6. Semester Student meetings with Program Director

Students enrolled in the Program can communicate with University-based faculty through the telephone, personal office appointments and/or e-mail. Except during approved time off, all students are required to check their e-mail **multiple times daily**. Students are responsible to follow through on any information or policies and e-mails or memos addressed to students. E-mails and texts are to be considered to have the same importance as policies/procedures within the Program, University, and the affiliate sites, and are enforced as such.

UNIVERSITY EMAIL POLICY

The University routinely uses e-mail for both formal and informal communication with students. Each new student is issued a KUMC e-mail account with an address in the

kumc.edu domain. This is the account used for University business and official University communications to students. Students are expected to check their KUMC email **multiple times daily** for University and Program communications.

The University encourages students to maintain separate e-mail accounts and addresses with an Internet Service Provider for personal communications but may use the KUMC account for personal communication at their discretion. Students may also, at their discretion, routinely forward e-mail from their KUMC account to a personal account. They should keep in mind that KUMC e-mail is encrypted during storage and transmission and may be more secure than another e-mail system. Outlook accounts remain the property of the State of Kansas. They are routinely disabled 90 days after graduation or other severance from the University.

KUMC e-mail is a fairly secure e-mail environment. However, no communication medium is completely secure. Exercise good judgment in choosing what to include in your communications.

TELEPHONES

Telephones have been placed in the Student Lounge, and in the Resource Room for your convenience to make necessary calls. You should limit personal calls to keep the phones available for clinical use. The telephones are for local calls only. Hospital telephones are provided for hospital business only.

OTHER SERVICES

IDENTIFICATION CARDS

Every student at KUMC will receive a KU identification card which needs to be kept on you at all times while on campus. The initial ID badge is provided at no cost. The badge office is located in room BH.B314 in the basement of the hospital.

KIRMAYER FITNESS CENTER

The Kirmayer Fitness Center facilities are available free to students. The Center is located on the Medical Center campus at the southeast corner of Rainbow and Olathe Boulevards. For more information and hours or visit their [website](#).

PARKING SERVICES

The university maintains various types of parking facilities to meet the needs of faculty, staff, employees and students. Because we have a large number of employees and students and a concentrated campus, parking can be a challenge. Please use their website to learn more about the rules and regulations at KU Medical Center to ensure that your vehicle is parked properly and safely. For more information on Parking Services, please visit their [website](#).

FINANCIAL INFORMATION

REGISTRAR'S OFFICE

The registrar's office will be your main source for information on the following:

- [Current tuition](#) and [tuition calculator](#)
- [Fee information and fee schedule](#)
- [Academic calendar](#)
- [Dropping/withdrawing from classes](#)
- [Leave of absences](#)
- [Enroll & Pay assistance](#)
- [Residency information](#)
- [Changing your name](#)
- [Veteran services](#)

Many more services are available. Learn my by visiting the [Registrar's website](#).

EMERGENCY LOAN FUND

A limited amount of short-term assistance may be available to students in temporary financial need. Loans can be made on a case-by-case basis at the discretion of the program director. Please visit the Nurse Anesthesia Education Department for more information

HEALTH AND INSURANCE

STUDENT HEALTH SERVICES

Student Health Services is committed to providing high quality primary health care to students, spouses and domestic partners. We also assist students with health and immunization requirements to ensure optimal safety in practice and research initiatives. Privacy and confidentiality are strictly enforced. For more information on hours, fees and procedures, visit their website at: www.kumc.edu/studentcenter/health.html

Students should visit the Emergency Room when there is a health care emergency. Refer to your health insurance plan for policies and procedures related to ER visits.

COMMUNICABLE DISEASES and INFECTION CONTROL

All enrolled students on a KU Medical Center campus (Kansas City, Wichita, or Salina) with a communicable disease or infectious illness that may affect the health and safety of others **MUST** advise Student Health Services (SHS) on their respective campus. Examples of communicable disease or infectious illness under this policy include, but are not limited to, viral hepatitis, febrile illness, antibiotic resistant Infections, tuberculosis, and mumps. Prior to participation in school activities, all students are required to have their communicable disease risk status assessed. Students with a known communicable disease or infectious illness may be asked to consent to release of appropriate medical records, be evaluated in person, obtain diagnostic testing, and/or be referred to a specialist depending on the nature of the communicable disease. The student is responsible for any costs (some of which may be covered by medical insurance) involved in evaluation of his/her condition.

STUDENT FLU VACCINATION POLICY

All currently enrolled KUMC Students must receive seasonal influenza vaccine. Students may receive the flu vaccine at Student Health Services (SHS) or provide documentation of the vaccine to SHS. If a student is submitting documentation, the documentation must include the name of the vaccine, lot number, expiration date, date received and provider name with credentials. This includes vaccines that are obtained via University of Kansas Hospital Occupational Health Clinic or other hospital clinics. For more information on the requirements, please click [here](#).

EXPOSURE PROTOCOL (Needle stick)

Students, while performing clinical duties in that capacity, may be injured or exposed to blood, body fluids, or other infectious material. The most common example is a needle stick.

In the event that you are injured or exposed to blood, body fluids, or other infectious materials while functioning in your role as a student, please follow the KUMC Student Health Service's ***Student Exposure Protocol***. This can be located on the [Student Health Services website](#),

Student Health Services can be contacted by phone at 913-588-1941. **Students should not go to the ER unless there is a need for urgent medical attention.**

The program chair may be contacted for further assistance.

HEALTH INSURANCE

All full and part-time students attending the University of Kansas Medical Center must have proof of health insurance coverage as designated by the Schools of Health Professions, Nursing, and Medicine. Policies and guidelines pertaining to insurance coverage may vary according to academic program. Students should consult with their respective school to inquire about the health insurance policies that are applicable to them. For more information on requirements and obtaining health insurance, please click [here](#).

DISABILITY INSURANCE

The Kansas Board of Regents requires that all full-time students enrolled at the University of Kansas Medical Center maintain disability insurance. Students will be assessed a [fee](#) for disability insurance per semester. Students are not state employees and, therefore, are not eligible for benefits under the Workers Compensation Act.

PROFESSIONAL LIABILITY INSURANCE

Medical, nursing, and other students in clinical courses are covered by professional liability insurance when they enter the school of medicine, health professions, or nursing until the appropriate degree is granted with the following exceptions:

1. Withdrawal
2. Dismissal from School
3. Leave of Absence or not enrolled for summer session.
4. Completion of all academic requirements for their degree.

Students' professional liability coverage has policy limits of one (1) million/ three (3) million dollars during their program of study. A copy of the insurance document is maintained in the Program office and at off-site affiliations.

REQUIRED HEALTH CARE

All students are required to complete a health history record and receive a physical exam prior to enrollment. Students must have an immunization record on file with the Student Health Center. Students with incomplete records will be required to receive any missing immunizations at orientation and enrollment. This includes, but is not limited to, a TB skin test and Hepatitis B vaccine. For more information, please click [here](#).

In addition, nurse anesthesia students must complete both an eye exam for working with lasers and a hearing exam. The eye exam can be done either as part of their pre-

enrollment physical or during program orientation for a small fee. During orientation, nurse anesthesia students will have a hearing test and ear mold completed by the Audiology Department for a fee. The complete cost of all required health care is the student's responsibility.

NO SMOKING POLICY

In keeping with our mission to provide a healthy environment for our employees, patients and visitors, the University of Kansas Medical Center, The University of Kansas Hospital, Medical Administrative Services of KU and Kansas University Physicians, Inc. (KUPI) became entirely tobacco-free on September 1, 2006. The use of tobacco products will be prohibited inside and outside anywhere considered to be a part of our campus property. To review the tobacco-free initiative, please click [here](#).

SUSTAINED EXPOSURE TO ANESTHETIC ENVIRONMENTS & PERSONAL HEALTH

Selected inhalation anesthetic agents are known to be hepatotoxic and on occasion an anesthetist may develop sensitivity to agents which are reflected in abnormal liver function studies. In addition, studies performed in the past have demonstrated an association between sustained exposure to an anesthetic environment and an increased incidence in abortions, birth defects and certain types of malignancies for both male and female personnel. While no cause and effect relationship has been established, consideration should be given to these findings in choosing anesthesia as a specialty. Most clinical areas have installed anesthetic gas exhaust systems for minimizing risk to operating room personnel. Responsibility for accepting risks associated with this specialty rests with the individual who chooses to work within this environment, rather than with the institutions which take reasonable precautions to minimize potential hazards.

SECTION III: **PROGRAM POLICIES**

ACADEMIC CALENDAR

The Program's academic calendar ensures that course objectives are met. Clinical experience does not follow the University academic calendar. Anesthesia practicum will begin prior to the official beginning of the semester and continue through term breaks.

Program administrators and faculty reserve the right to offer any courses during day, and/or evening hours and weekends.

ATTENDANCE & LEAVE POLICIES

CLASS ATTENDANCE

Students who are absent from class must follow the policies and procedures established by Program administrators and faculty. Students are required to attend all units of didactic instruction, including classes, conferences, in-service, and morbidity and mortality conferences, etc. Students on class or research days off from clinic responsibilities are required to attend all didactic units of instruction.

Personal business (non-emergent physician appointments, job interviews, etc) must be handled during student's own time and are not to be scheduled during class or clinical time except in emergency situations.

Students may be exempted from attendance at all didactic and clinical units of instruction during an approved leave. However, during those absences, students are held academically accountable for all instructional materials presented in both the clinical and didactic modules. If a student misses an examination, prior arrangements must be made with the faculty member for a make-up examination.

Students who are absent from a didactic unit of instruction without valid authorization from the instructor are subject to disciplinary action.

TARDINESS

Students who are tardy must follow the policies and procedures established by Program administrators and faculty. Excessive tardiness may result in disciplinary action.

Tardiness includes reporting late for class or having extended lunch periods and coffee breaks in the clinical area. A pattern of excessive tardiness will result in counseling by the Faculty Advisor, the Clinical Coordinator at an affiliate site and/or by the Department

Chair. Any further tardiness may result in disciplinary action. All counseling sessions related to tardiness will be documented and become part of a student's file.

If a student has knowledge that he/she will be delayed in reporting to class or clinical, he/she should make every effort to notify the appropriate faculty member and the Nurse Anesthesia department office.

ILLNESS

Students who are absent due to illness must follow the policies and procedures established by the Program.

A student who calls in sick greater than 3 days may be required to provide the Department Chair, prior to returning, with a statement from an appropriate health practitioner. This procedure provides for the students' own well-being and the well-being of patients they may be assigned to care for in the clinical area.

Didactic Courses: A student who calls in sick the day of a test must notify the course faculty member and the Department Chair. Make up for any missed examinations is at the discretion of the course instructor.

Clinical Practicum: All days missed from clinical due to illness will be subtracted from the students Discretionary Leave or be made up during the program or at the end of the program at the discretion of the Department Chair. Days to be made up at the end of the program will extend the program commitment beyond the established dates. This will delay graduation and eligibility to sit for the NBCRNA National Certification Examination.

Any absence from KU Hospital clinic assignment due to illness must be reported both to the Anesthesiology Department and to the Nurse Anesthesia office following the procedures in Section IV of this Handbook: Clinical Policies. **Any absence from an affiliate site must be reported to the CRNA site coordinator and to the Nurse Anesthesia Department immediately.**

Any student who suffers prolonged illness may be given special consideration. The nature of the illness and a written physical assessment status by an appropriate practitioner is required for determination in granting any such consideration.

Students who are pregnant while in the Program will be handled on a case-by-case basis. If clinical duties are altered due to pregnancy, written communication from the student's physician is required in order to accommodate continuation in clinical coursework.

UNEXCUSED ABSENCE

Students must attend all scheduled clinical assignments. Any student absent from clinic with prior notification to both the Anesthesiology Department and the Nurse Anesthesia Office will have to make up the clinical assignment. A second unexcused absence will lead to probation.

DISCRETIONARY LEAVE

During the first year of the program (1st thru 3rd semesters) students have approximately two weeks leave between Summer and Fall semesters and two weeks between Fall semester and January 1st. No other time off is allowed during the first year of the program.

During the final two clinical years of the program (4th thru 9th semesters) students will have two weeks discretionary leave per clinical year, i.e., May 1 – April 30. The two weeks of discretionary leave must be taken within each clinical year.

In addition, students may earn comp days at the discretion of the Department Chair for volunteering to cover other student's clinic shifts at the request of the Chair, and for attendance at designated meetings (for example, KANA and the Anesthesiology Symposium). Comp days earned may be used to cover clinic days missed due to illness. Students are also allowed two days to attend a board review.

The following guidelines apply to leave during the final two clinical years of the program:

1. Discretionary leave must be taken in one-week blocks. No more than one week of discretionary leave may be taken at any one time. In special cases permission for more than one week may be requested from the Chair.
2. If the student is absent from any clinical assignment due to illness, the time will either be deducted from their discretionary leave time or comp days earned, scheduled as make-up days with permission from the Chair or made up at the end of the program, at the discretion of the Chair.
3. There is a limit to the number of students who can take leave at any given time. Leave will be granted on a first come, first served basis. To request leave or meeting time, students submit a completed SRNA Leave Request form to the Chair. A copy of the approved (or denied) request will be returned to the student.
4. The deadline for leave requests is the 15th of the month two months prior to the requested leave time. For example, leave requests for July must be submitted no later than May 15th.
5. When assigned to KUMC, no more than two to three SRNAs can be scheduled for discretionary leave at any one time. Exceptions may be granted by permission of the Chair.
6. Students may not take discretionary leave when on rotation at affiliate clinical sites.
7. A legal holiday falling the day before, during or the day after a discretionary leave request will be counted as discretionary leave time and no allowances will be made to give alternative holiday leave.

8. Call and scheduling requests must be made to the Chair by the 15th of the month two months prior to the posted schedule. No trading of scheduled days or call will be permitted without permission from the Chair or designated CRNA faculty member.

MILITARY LEAVE

Students who request a leave of absence for military training reasons must follow the policies and procedures established by the Program. Students who request a leave of absence MUST receive approval from the Program Director prior to taking the leave.

In acknowledgement of the AANA position statement regarding support of the National Guard and Reserves of the U.S. Armed Forces, students may be granted a maximum of twelve work days annually during the nine-semester program for this activity. It is strongly recommended that the students perform their active training after graduation.

If students are assigned clinical duties, it is their responsibility to coordinate the active duty time to not interfere with their clinical commitments. Students who elect to accept active duty training during their course of study are required to discuss the leave with the Program administration prior to requesting active duty. To be eligible for military leave, a student must be in good standing in the Program (academic and clinical) and present official military orders to the Program as soon as orders are received by the student. This procedure provides the Clinical Coordinator sufficient time to adjust schedules.

Students should clearly understand that the missed days may require delayed graduation until all military leave time is made up.

LEAVE OF ABSENCE

Leave of absence from the program is not normally granted except as noted in Infectious Diseases section of the Student Handbook. If it should become necessary for the student to terminate, University of Kansas policies relative to student withdrawal apply (see Graduate Catalog).

DEATH IN THE FAMILY – FUNERAL LEAVE

If there is a death in the immediate family, absence from didactic or clinical studies may be allowed. The student's relationship to the deceased and the necessary travel time will be considered in determining the amount of leave granted. Immediate family includes spouse, children, parents, grandparents and siblings. At no time will the leave be greater than three (3) days, including weekends. Any absence beyond three days, or in the case of the death of other family members, the days will be subtracted from discretionary leave time.

JURY DUTY

In the event a student is summoned for jury duty, he or she shall notify the chairperson or clinical coordinator and every effort shall be made to have the student excused from service on the jury. In the event the student is not excused and has to serve involuntarily, he or she shall be excused from clinical responsibilities up to seven (7) days without

penalty. Time beyond seven days will need to be made up regardless of the time spent on jury duty.

ELECTION DAY

In order to vote on Election Day, students must receive an absentee ballot. Students will not be released from the OR to vote.

EMERGENCY SITUATIONS i.e. Tornado, Fire, Active Shooter

Please follow the [University protocols](#) for any emergency. After the situation is resolved and when the all clear is given, please notify the office that you are fine, so that we can make sure that everyone is safe.

BACKGROUND CHECK

On January 1, 2004, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) instituted new regulations that must be followed in order for hospitals, home health agencies, clinics, etc., to gain or maintain accreditation status. One of these new regulations requires that all persons who are involved in patient care activities, i.e., employees, volunteers AND STUDENTS, must have criminal background checks and other healthcare related checks. Most public/private school systems are requiring background checks as well. Acceptance into School of Health Professions academic programs is conditional, pending the results of a criminal/healthcare-related background check.

COMPUTER REQUIREMENTS

The Program is designed to utilize the latest technology in teaching and learning for more efficient use of faculty and students' time. Students are required to be computer literate upon entering the Program.

All students are required to have a personal computer, that is compatible with the program-defined specifications. Specific standards are updated and published annually.

Equipment for our faculty is Microsoft based software. Please note that KUMC's learning management system (Blackboard), through which students take online courses, does not fully work with Mac computers. This could lead to corrupted assignment submissions and the inability to view all required course content. Mac computers are supported devices. It is recommended that a Mac have a virtual program that allows the installation of Windows (i.e. Parallels for Mac) as KUMC has primarily Microsoft based software and it will give you the flexibility to work in either the Apple or Microsoft environments. If you should have MAC problems, please email the KUMC IT Help Desk at shphelp@kumc.edu to open a help ticket.

It is required that you have a Smart Phone for use during the program. Smartphones have been most useful to our students because they can access the wireless network available in the operating room and also store various anesthesia related programs. A smart phone will also allow for access to almost unlimited information about drugs, disease processes and clinical situations. You will be required to download a specific app used for communication with CRNAs, doctor's, faculty and other students when you are at KU for clinical rotations. Apple and Android devices are compatible with our Typhon Case Tracking System, which will allow you to record your cases while you are in the OR, making it easier to track your cases, which is a requirement! For more information from Typhon on compatibility, click [here](#).

CONFIDENTIALITY AND HIPAA REGULATIONS

Patients are entitled to confidentiality with regard to their medical and personal information. The right to confidentiality of medical information is protected by state law and by federal privacy regulations known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Those regulations specify substantial penalties for breach of patient confidentiality.

To meet federal requirements, all Nurse Anesthesia students will complete **HIPAA Training for KUMC Students**. The training covers patient rights and provider responsibilities under the HIPAA Privacy Rule. Each student also will read and sign the KUMC Confidentiality Policy.

During clinical training at KU Medical Center, all nurse anesthesia students must abide by the KUMC privacy policies and procedures which include:

1. All patient medical and personal information is confidential information regardless of my educational or clinical setting(s) and must be held in strict confidence. This confidential information must not become casual conversation anywhere in or out of a hospital, clinic or any other venue. Information may only be shared with health care providers, supervising faculty, hospital or clinic employees, and students involved in the care or services to the patient or involved in approved research projects that have a valid need to know the information.
2. Under strict circumstances, upon receipt of a properly executed medical authorization by the patient or a subpoena, medical information may be released to the requesting party. Inquiries regarding the appropriateness of the authorization or subpoena should be directed to the medical records department, the Hospital's counsel or the University's Office of Legal Counsel at 913-588-7281, depending upon the situation.
3. Hospital Information System's user codes/passwords are confidential. Only the individual to whom the code/password is issued should know the code. No one may attempt to obtain access through the computer system to information to which he/she is not authorized to view or receive. If you are aware that another individual

knows your code/password, it is your responsibility to request a new user code/password.

4. If a violation of this policy occurs or is suspected, immediately report this information to your supervising faculty.
5. Violations of this policy will result in disciplinary action up to and including termination from the program. Intentional misuse of protected health information could also subject an individual to civil and criminal penalties.

When nurse anesthesia students are training at other clinical sites, they are responsible for learning and following the privacy policies and procedures of that training site.

DISCIPLINARY POLICY

Student infractions related to policies and procedures of the Program, School of Health Professions, Graduate School, Clinical Affiliates, and Anesthesiology Department, and/or infractions related to Federal and State statutes, rules and regulations, may result in disciplinary actions. Disciplinary policies are governed by the rules of the Program, the School of Health Professions and the University. If a student is found to have violated regulations, displayed academic, clinical, or professional problematic behavior *(See definition below), or to have engaged in academic, nonacademic or clinical misconduct as defined in the following sections, the student may receive disciplinary action including admonition, warning or censure, and/or reduction of grade, probation, suspension or dismissal.

Students should inform their faculty advisor of any difficulties they are experiencing that may impact their success in the program. Student counseling is provided for both didactic and clinical portions of the program of study as needed.

Each student will sign and date a statement indicating receipt of the Program's Student Handbook which contains regulations and conditions related to academic, nonacademic and clinical misconduct.

At the beginning of each academic and clinical course, information will be given to students relative to the course which clearly delineates the rules for the preparation of classroom assignments, collateral reading, notebooks, or other outside work so that students may not, through ignorance, subject themselves to the charge of academic or clinical misconduct.

Students are encouraged to use the Program Evaluative tools to provide feedback to Program Administration regarding the learning environment, clinical/didactic courses, and faculty.

*Clinical/Academic/Professional Problematic Behavior is defined as:

1. An inability or unwillingness to acquire and integrate clinical/academic/professional standards into one's repertoire of acceptable behavior.

2. An inability or unwillingness to acquire and integrate clinical/academic/professional skills in order to reach an expected level of competency.
3. An inability or unwillingness to adaptively manage personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with clinical/academic/professional functioning.

I. MISCONDUCT

A. ACADEMIC MISCONDUCT

Academic Misconduct includes, but is not limited to:

1. Giving, receiving, or utilizing, unauthorized aid on examinations, assignments, preparation of notebooks, themes, reports, projects, and/or other assignments or undertakings
2. Misrepresenting the source of academic work
3. Committing unethical practices in conducting and/or reporting research
4. Copying from a textbook or class notes during a closed book exam
5. Taking a test or writing a paper for another student
6. Securing or supplying in advance a copy of an exam without the knowledge and consent of the instructor
7. Using non-approved technology during an exam
8. Falsifying clinical hours, cases, case conferences or any other student data
9. Failure to enter clinical hours, cases, case conferences or any other student data into the Typhon system in a timely manner as defined under Clinical Records
10. Knowingly breaching a patient's rights to privacy and confidentiality by disclosing Protected Health Information as specified by HIPAA regulation. This breach includes accessing an electronic health record in an area where others can view it, printing of information at an unauthorized printer, and sharing patient information in social networking tools such as FaceBook, Twitter, texting or photographing with a cell phone, and other electronic devices
11. Taking photos or making any recordings in any class, simulation or in clinic at KU or affiliate sites without the explicit permission of the faculty or relevant anesthesia staff

B. NON-ACADEMIC MISCONDUCT

Students and health professions student organizations are expected to conduct themselves as responsible and professional members of the University community. Nonacademic misconduct includes any violation of the University policy on prevention of alcohol abuse and drug use on campus and in the workplace as well as any other published University policies applicable to health professions students. While on University premises or at University sponsored or supervised events, students and organizations are subject to disciplinary action for violations of published policies, rules, and regulations of the University and Regents, and for the following offenses:

1. **Offenses Against Persons includes, but are not limited to:**

When a student:

- Threatens the physical health of another person; places another person in serious bodily harm; uses physical force in a manner that endangers the health, welfare, or safety of another person; or willfully, maliciously, and repeatedly follows or attempts to make unwanted contact with another person (students, patients, visitors, faculty, staff, co-workers)
- Exhibits inappropriate sexual behaviors with students, patients, visitors, faculty, staff, or co-workers
- Displays discriminatory behavior or harassment of other students, faculty or staff
- Possesses or carries any firearm, weapon, or explosive on University premises
- Falsely reports a bomb, fire, or other emergency
- Is convicted of a misdemeanor or felony involving crimes against persons (E.g. assault, battery, physical or sexual abuse)* (See below)
- Is convicted of a misdemeanor or felony related to moral turpitude (E.g. prostitution, public lewdness/exposure, etc.)* (See below)
**In this context, "conviction" is intended and understood to include pleas of guilty, pleas of nolo contendere, and diversion agreements.*

2. Offenses Against Property includes, but are not limited to:

When a student:

- Knowingly and without proper consent or authorization has in his or her possession the property of another person, the University, or any clinical site
- Knowingly and without proper consent or authorization removes, uses, misappropriates, or sells the property of another person, the University, or any clinical site
- Willfully or maliciously damages or destroys property owned or in the possession of another person, the University, or any clinical site
- Obtains the property of another person by misrepresentation or fraudulent means
- Misuses, damages, or alters any firefighting or other safety equipment
- Enters the facilities of, or uses the property of another person, the University, or any clinical site without proper consent or authorization
- Knowingly, and without proper payment, uses the services of the University or any clinical site that require payment of a charge

3. Offenses Against the Orderly Process of The University includes, but are not limited to:

When a student:

- Intentionally causes or attempts to cause a substantial disruption or obstruction of classroom or clinical teaching, research, administration, disciplinary proceedings, other University learning activities, or other authorized, permitted, or constitutionally protected activities on University premises, including employment, recruitment, and public service functions
- Knowingly furnishes false information to the University, faculty, or staff; or a student, applicant, or former student forges, alters, misrepresents, or misuses University documents, records, or instruments of identification

- Misuses computing resources in violation of University Policy

4. Offenses by a Student Organization or Campus Organization.

- Organizations may be held responsible for conduct in accordance with guidelines applicable to individual students. Organizations may be held responsible for their conduct determined to be a recognized group activity regardless of location (on or off University premises) or University supervision or sponsorship
- Organizations may be sanctioned in a manner suitable to circumstances, similar to those outlined for individual students

5. Other offenses include, but are not limited to:

When a student:

- Is convicted of a misdemeanor or felony for the sale, possession, distribution, or transfer of narcotics or controlled substances * (See below)
*In this context, "conviction" is intended and understood to include pleas of guilty, pleas of nolo contendere, and diversion agreements.
- Is impaired or under the influence of alcohol or other drugs while in clinical settings or on University premises
- Habitual abuse of alcohol
- Displays unprofessional dress including visible tattoos
- Misses a clinical experience without notice and a valid reason, or leaves a clinical experience without notice and a valid reason
- Chronic tardiness to academic classes and/or clinical assignments
- Chronic absenteeism (defined as greater than three missed days per semester in clinical and/or academic areas). Illness exceeding three days in length must be accompanied by a signed excuse from a physician
- Uses University broadcast email for personal purposes (e.g., to sell a personal item or promote a non-KUMC event (Per the University of Kansas Medical Center Operational Protocol: Email)
- Commits any other acts or omissions which, if the student were a credentialed practitioner, could result in discipline by the credentialing agency

C. CLINICAL MISCONDUCT

Clinical Misconduct includes, but is not limited to:

1. Engaging in any unprofessional behavior, inappropriate acts or omissions which place the patient in jeopardy. Standards of nurse anesthesia care are used to measure this criterion. Clinical judgments must be appropriate to the student's licensure, certification, experience and/or scope of authority.
2. Non-adherence to HIPPA policies, including any breach or violation of the confidence of a patient (verbal or written). Students must adhere to accepted norms of ethical and clinical practice as prescribed by licensure requirements as a registered nurse.
3. Concealing and not reporting any illegal, unethical, fraudulent or incompetent acts of others.

4. Unethical practices involving alteration, elimination, or inadequate reporting and documentation in a patient chart.
5. Absence from the clinical area without the permission of the Anesthesiologist in charge and the Department Chair (or designee).
6. Health care considered unsafe or which places a patient in jeopardy, regardless of whether injury occurs.
7. A serious error in drug selection or dosage, or administration of any drug, except in an emergency, without the permission of clinical faculty.
8. Failure to make pre-operative or post-operative rounds as assigned.
9. Failure to perform any portion of the anesthetic plan of care.
10. Inadequate academic and clinical preparation for a planned anesthetic.
11. Falsification of clinical documents or records.
12. Insubordination or failure to follow direct instructions from faculty.
13. Unprofessional behavior towards instructional staff and violation of acceptable standards of operating room behavioral decorum.
14. Failure to notify clinical faculty during induction, emergence and all critical events.
15. Starting or ending a case without clinical faculty present.
16. Violation of clinical site regulations.
17. Mistreatment of a patient.
18. Mishandling of drugs and/or violation of institutional narcotic policy.
19. Engage in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, e-mailing, etc.)

II. Actions Related to Academic, Non-academic or Clinical Misconduct

If a student is found to have violated regulations or to have engaged in academic, nonacademic or clinical misconduct as defined in the following sections, the student may receive disciplinary action including an admonition, warning or censure, and/or reduction of grade, probation, suspension or dismissal.

A. Warning

A formal written warning is given for the student's acknowledgement and signature. The signed warning is to be placed in the student's departmental record.

B. Probation

Probationary status is formal notice to the student from the Department Chair that an area of needed improvement has been noted and unless satisfactory standards are met, dismissal from the program may result. The student is given this advance, formal notice to allow them sufficient time to rectify the deficit. Probationary status may be imposed with or without restrictions for a definite period of time not to exceed one calendar year.

A student may be placed on probation for:

1. Violation of any of the aforementioned items under **Misconduct**, or
2. Having a GPA below a 3.0
3. Failure to earn a grade of "B" or better in a clinical course

**Please note that grading in our clinical courses is more stringent (NURA 801,821-823 and 924-926) with the following scale: 90-100 = "A", 80-89 = "B", 79 and below = Fail. A failing grade in a clinical course is grounds for dismissal.*

4. Failure in any course (grade below a "C")

The following procedures will be followed for all **probationary actions**:

1. The probation period may be initiated at any time at the discretion of the faculty and Department Chair.
2. Probationary periods may be up to 90 days or one semester.
3. A meeting will be scheduled with the student, the Department Chair and any relevant faculty to discuss the reason(s) for recommending probation. During the meeting, the student has the opportunity to provide evidence to refute the recommendation.
4. The Department Chair will make the final decision about placing a student on probation.
5. The student will be informed in writing of the decision by the Department Chair. If the decision is to place the student on probation, the probationary period begins with the date of the written notification. The letter must contain the following:
 - a. Relevant deficiencies of the student,
 - b. Period of probation, and
 - c. Expected outcomes from the period of probation.
6. The student will be informed that he/she can be dismissed from the program at any time for cause during a period of probation.
7. During the probationary period, the Department Chair and/or the relevant faculty confer with the student a minimum of once per week. At these conferences, efforts are made to aid the student in correcting deficiencies.
8. A record of the conferences will be maintained in the student's file.
9. At the end of the probationary period, a recommendation will be made for further action.
10. Once the student has overcome the difficulty and/or achieved a satisfactory grade, the probationary status report is maintained in his/her permanent record.

At the end of the probationary period the student will:

1. Be restored to full status, or
2. Be dismissed from the program, or
3. Have probationary status extended for an additional time period. After this additional time, full status may be restored by the faculty, or the student will be dismissed from the program.

C. Suspension

Suspension is involuntary separation of the student from the University for a definite period of time after which the student is eligible to return. The student is subject to immediate dismissal if involved in any subsequent act of misconduct after the suspension has been imposed and/or lifted.

D. Dismissal

When dismissal is a result of academic and/or clinical deficiencies, it should follow a probationary period, unless the cause for this action is of such magnitude that unanimous

recommendation is made by the faculty for immediate dismissal. Once the faculty votes to dismiss a student, the student has forfeited the right to resign.

A student may be dismissed without a probationary period for identified infractions. Dismissal of any student for deficiencies must reflect a consensus of the faculty and Department Chair. The faculty reserves the right to ask any student to withdraw whose health, conduct, clinical or scholastic standing (GPA<3.0) makes it inadvisable for him/her to remain in the program.

The acts outlined below subject the student to immediate dismissal from the program:

1. Conviction of a felony or misdemeanor. (In this context, "conviction" is intended and understood to include plea of guilty, plea of nolo contendere, and diversion agreements.)
2. Chronic alcohol abuse, illegal drug use or chemical dependency/addiction.
3. Refusal to submit to a drug test upon "reasonable" suspicion.
4. Being under the influence of alcohol or any controlled substance not prescribed by a physician while in clinic or on university premises.
5. Material misrepresentation concerning past achievements or present endeavors, including falsification of documents or records.
6. Chronic absenteeism (more than three days per semester in clinical and/or academic areas).
7. Chronic tardiness (more than three days per semester in clinical and/or academic areas).
8. Failure of a student to complete a clinical assignment or clinical shift without permission from the Anesthesiologist in charge and the Nurse Anesthesia Department Chair (or designee).
9. Unsafe patient care.
10. Habitual violation of school and/or department policies.
11. Receiving a grade less than "C" any course.
12. Failure to earn a grade of "B" or better in a clinical course
**Please note that grading in our clinical courses is more stringent (NURA 801,821-823 and 924-926) with the following scale: 90-100 = "A", 80-89 = "B", 79 and below = Fail. A failing grade in a clinical course is grounds for dismissal.*
13. Having a grade point average below a 3.0.
14. Any conduct which is considered unbecoming of a professional person as described by school policies and the professional policies of the AANA. Conduct or attitudes which the faculty may consider detrimental to other students or to the school may be considered as grounds for requesting withdrawal.
15. Insubordination or failure to follow direct orders from clinical faculty/instructor in the applied practice of anesthesia.
16. Theft of program, university, or affiliate property.
17. The inappropriate administration of any drug without the permission of a member of the clinical faculty.

E. Remediation Policy

Rather than discipline, the Department Chair and NA faculty members may elect for remediation in academic work, clinical work, or professionalism issues. It is recognized that a number of issues may lead to remediation, most related to

clinical/academic/professional problematic behavior and defined as:

1. An inability or unwillingness to acquire and integrate clinical/academic/professional standards into one's repertoire of acceptable behavior.
2. An inability or unwillingness to acquire and integrate clinical/academic/professional skills in order to reach an expected level of competency.
3. An inability or unwillingness to adaptively manage personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with clinical/academic/professional functioning.

Professional judgement by the Department Chair and NA faculty members is utilized to determine when a student's behavior rises to the level of remediation or discipline.

Problems usually require mediation when they include one or more of the following traits:

- The student does not acknowledge, understand, or address the problem when it is identified
- The problem is not a simple reflection of a skill deficit that can be remedied by academic or clinical training
- The quality of services delivered by the student is deemed unsafe clinical practice or academically consistently below the level expected of a doctorate program
- The problem is not restricted to one area of clinical/academic/professional functioning
- A disproportionate amount of attention by faculty/training personnel is required to address the student's problems
- The student's behavior does not change as a function of feedback, remedial efforts, and/or time
- The problematic behavior has ethical or legal ramifications for the department
- The student's behavior when representing the department negatively affects the public view of the department

Remediation contracts will be written and signed by both NA faculty and the student. The content of the contract is completely dependent on the type and scope of identified problematic behavior and is at the discretion of the Department Chair and NA faculty. Failure to successfully complete a remediation contract may result in disciplinary action, including a formal written warning, probation, suspension, or dismissal.

III. DUE PROCESS

Due Process is the procedural safeguards that ensure that students and faculty receive fair and impartial treatment. The Program ensures due process by making multiple levels of review available beginning with the student, the student's faculty advisor, and the concerned faculty.

Students have the right to appeal any proposed disciplinary action. Students who wish to appeal must first follow the Department's Grievance Procedure, if applicable. In the case of probation, suspension or dismissal, any appeal would be to the School of Health Professions and would follow the School's appeal procedure.

Under certain circumstances, if the student is dissatisfied with the resolution at the Department level, they have the option to appeal to the School of Health Professions. Appeals to the School of Health Professions must follow the procedure outlined in the *School of Health Professions Student Handbook* that may be found [here](#).

If unresolved at the School of Health Professions level, under certain circumstances the student has the option of taking the appeal to the University level. The Office of the Dean of Graduate Studies oversees the appeal process at the University level.

None of these policies is to be construed to eliminate the Department Chair's access to consultants for guidance in a particular situation.

DIVERSITY & INCLUSION

[Diversity](#) is the mix of differences and similarities at all levels of an organization. We draw great strength from our differences and build on our similarities. We thereby pledge to:

1. Create a positive environment, based on core values committed to providing academic excellence equally to all.
2. Act as role models reflecting devotion to professional duty of providing service to all humankind who are in need.
3. Establish and maintain a diverse environment that reflects America and its most valued resource - its people.
4. Promote policies and procedures that place high value on diversity and individual dignity.
5. Diligently strive to remove barriers that hinder individual or collective progress.
6. Provide respect for all others so that personal development and professional achievement is enhanced and promoted.
7. Provide the leadership that empowers all people to reach their full potential.
8. Ensure that individual actions support the spirit of this policy and are engendered to all.

DRESS CODE

While at the KU Medical Center, attending classes or otherwise, the mode of dress must be suitable to the attire of a professional person. Appropriate dress is business casual; no shorts, sweatshirts, jeans, tank tops, flip flops, low cut tops or scrubs). Scrubs may be worn only while in the clinical area and during Anatomy Lab. Scrubs are not to be worn on the way into or out of the hospital. On clinical days, students will have a relaxed dress code i.e.: t-shirt, jeans, or knee length shorts. There will be no work-out clothes or pajamas. Please have a pair of shoes which are dedicated to your work in the hospital. The KU Medical Center ID badge must be worn at all times.

While in clinic, students are to follow the dress code policy of the clinical facility to which they are assigned. Clean scrub clothes, caps totally covering hair (typical skull caps do not provide adequate coverage of all hair, thus the head must be covered with a bouffant

hat), masks, jackets covering arms, and conductive shoe covers are provided by the operating room department. These must be worn while in the clinical area. Shoe covers must be worn over street shoes. Head covers must be worn at all times when in the clinical area. All head and facial hair must be totally covered. Personal equipment identified as essential must be on your person at all times.

For men, hair may be of reasonable length (to exclude shoulder length) and must be well kept. Beards and mustaches must be well groomed at all times.

At KU Hospital, all personnel entering the OR or any anesthetizing areas will wear laundered scrubs that are not worn outside the hospital. Personnel should change upon arrival and before leaving the facility. A scrub locker is provided to each student. The hospital provides laundry service for these scrubs. Scrubs from other facilities are not allowed.

DRUG / ALCOHOL PROGRAM

PHILOSOPHY

The University of Kansas recognizes that the widespread use of illegal drugs and alcohol in today's society poses a very serious problem. Not only can the use and/or abuse of drugs or alcohol jeopardize the health, safety and well-being of the individual and others, but it can also endanger the safety of the general public, cause accidents and injuries, adversely affecting productivity and morale and contribute to excessive absenteeism and tardiness. Since our students and faculty are our most valuable resource and the safety and well-being of our students, faculty, and the general public are of paramount concern to us, we have developed a drug and alcohol policy to help us contribute to the solution of this very difficult health and social problem.

In accordance with the above, the Nurse Anesthesia Program strictly prohibits the use, sale, manufacture, transfer or possession of drugs or alcohol on the Medical Center and affiliate premises and strictly prohibits any student or faculty from going to work or class under the influence of drugs or alcohol. Any individual found in violation of this drug and alcohol policy will be subject to disciplinary action up to and including dismissal.

The program expresses its commitment to the education of nurse anesthetists, to the support of all members of the faculty, and to the practice of competent anesthesia care for all consumers. Chemical dependency poses a threat to these goals; therefore, a program has been developed to provide the necessary education and assistance to help prevent or forestall the personal deterioration and compromise of skills that would result if the disease of addiction were allowed to progress.

Therefore, the program accepts the responsibility to educate students on the inherent problems of the chemically dependent. The program also believes that students are legally and ethically accountable to the consumer and the profession for the quality of anesthesia care rendered. To this end, the program has developed guidelines to provide information relative to mechanisms of peer support and treatment modalities for students.

It is recognized that a healthy attitude concerning substance abuse is pertinent to all health care providers. We do not grant nor can we grant immunity to civil law, when students create breaches in legal conduct. We consider any use, possession, or distribution of illegal drugs and/or narcotics (including but not limited to hallucinogens, amphetamines, barbiturates, opiates, and marijuana) to be a matter of great concern. If an individual becomes involved in matters which endanger the well-being of patients, him/her, and fellow students or employees, resultant action will be taken. Theft or use of controlled substances must be reported to civil authorities. All RNs with an active addiction will be reported to the Kansas Nurses Assistance Program (KANP) and may be reported to the State Board of Nursing.

The University of Kansas Medical Center Alcohol and Drug Use Policy is also in effect for all students. This policy can be found at <http://www.kumc.edu/human-resources/policies-and-procedures/drug-use-and-alcohol-abuse-assistance-program.html>

PURPOSE

The University of Kansas has a long-standing commitment to its students to provide a safe and healthy educational/work environment. Our goal is to maintain a conducive, positive and productive milieu that is free from the effects of alcohol and other drugs.

The purpose of the substance abuse and chemical dependency prevention program is to:

1. Provide information regarding substance abuse and chemical dependency.
2. Provide standards of conduct regarding substance abuse and chemical dependency.
3. Provide information relative to mechanisms for peer support.
4. Apprise students and faculty of available assistance and treatment.

POLICY

We are committed to programs of drug education and counseling, and only the lawful and prudent use of alcohol and/or drugs. Those who use illegal drugs or abuse legal drugs (such as alcohol) are accountable to the law and to this policy. We will uphold the law, actively discourage illicit alcohol and drug use, educate our students about the effects of alcohol and other drug abuse, and refer abusers and those affected by abuse of others to appropriate treatment modalities. The following policies will be adhered to:

1. The misuse, possession, distribution or being under the influence of drugs or alcohol on our premises by students is absolutely prohibited.
2. Any illegal drug use, unauthorized use, misuse, possession, sale, manufacturing, distribution or trafficking of drugs is absolutely prohibited at all times. This includes unauthorized use or misuse of over-the-counter medications or prescription drugs, or paraphernalia associated with such.

3. Engagement in any such illegal or prohibited activity is cause for disciplinary action, dismissal and, when appropriate, immediate referral to local authorities for criminal prosecution.
4. This is meant to include students performing clinical rotations or other academic-related assignments at other institutions.

PROCEDURES

Admission

The program reserves the right to investigate the background of any program applicant with respect to substance abuse and/or disciplinary issues related to RN licensure or employment as an RN. Any information obtained in such an investigation may be used in determining the suitability of an applicant for admission to the program.

An SRNA will be subject to immediate dismissal from the program if the SRNA's application or any documents prepared or submitted to the University in the process of applying to the program contain inaccurate, incomplete, or fraudulent information.

Program applicants must answer the following questions prior to admission. If applicants answer yes to any of these questions, a full explanation must be provided. This information will not necessarily disqualify applicants from admission to the program, but any inaccurate, incomplete, or fraudulent information will be cause to deny admission or for dismissal if admitted.

Applicants must answer yes to starred (*) questions even if the charge(s), actions(s) or proceedings(s) was/were ultimately expunged or pardoned.

- *1. Has your staff status or scope of practice at any hospital or health care institution ever been limited, suspended, revoked, not renewed, voluntarily or involuntarily terminated, or subject to corrective action, or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body?
- *2. Has your license to practice in any jurisdiction ever been voluntarily or involuntarily relinquished, limited, suspended, restricted, revoked, denied, censured, or subject to monitoring or subject to any consent order or probationary conditions, or have proceedings toward any of those ends ever been instituted?
3. Do you presently have an alcohol or drug dependency that affects or may affect your ability to perform the professional duties required of an SRNA or CRNA?
4. In the past five years, have you been treated for the use or misuse of alcohol or drugs (whether prescribed or obtained without a prescription)?
5. Have you ever been arrested and/or charged with committing a felony or "Class A"

misdemeanor in any jurisdiction?

6. Have you ever been convicted of a felony or "Class A" misdemeanor, whether or not related to the practice of nursing or nurse anesthesia (in this context, "conviction is understood to include pleas of guilty, pleas of nolo contendere, and diversion agreements)?

Education

Information on substance abuse and program policies will be incorporated into the student nurse anesthetists' curriculum throughout the program. This will include information on drug and alcohol abuse and stress management.

Monitoring

Any student whose behavior or performance indicates reasonable suspicion that he or she is under the influence of drugs or alcohol will be confronted by program faculty and other appropriate KUMC employees. If the individual acknowledges abuse of drugs or alcohol, he or she will be removed from the area and appropriate disciplinary action, up to and including termination and referral for criminal prosecution, may be taken.

If a student refuses to acknowledge abuse of drugs or alcohol upon being confronted, he or she will be asked to voluntarily submit to drug or alcohol testing. Refusal to submit to drug or alcohol testing under these conditions will result in immediate termination.

Testing

If any student is suspected of substance use or abuse, the department has the right to require that the individual immediately submit to urine and/or hematology drug/alcohol screening test(s). Current policy is that he or she will be taken by a faculty or staff department member to a nearby lab for testing. The individual is responsible for the cost of the test(s). The report of the urine and/or hematology drug/alcohol screening test(s) will be filed in the Nurse Anesthesia Education office and remain confidential.

If the urine and/or hematology drug screening test(s) indicate the presence of forbidden substances, the individual will be terminated from the program. The individual must report within 24 hours to the Kansas Nurses Assistance Program with confirmation sent to the Nurse Anesthesia Department Chair. Failure to enroll in a treatment program within 24 hours will result in no future consideration for readmission and the individual will be referred to the Kansas State Board of Nursing and criminal prosecution.

In order that the drug and alcohol policy can be adequately enforced and thereby eliminate serious safety risks associated with drugs/alcohol in the workplace, students shall be subject to testing for alcohol and drugs in their system in the following circumstances:

1. When there is a reasonable suspicion that the individual may be under the influence of alcohol or drugs. "Reasonable suspicion" means personal observation of: an apparent physical state of impairment, marked changes in personal behavior, altered speech or appearance, other physical indications or other similar characteristics; or a reliable report of the foregoing.
2. Following an accident or incident in which patient safety precautions were violated or careless acts were performed or which resulted in injury to any person or damage to equipment.
3. A drug miscount in the anesthesia environment.

4. If required by an affiliate clinic site.

STUDENT RE-ADMISSION

Application for Readmission: Students may be considered for readmission to the program following a minimum of one full year of inpatient/outpatient addiction treatment. The student being considered for readmission must be able to document they have not handled controlled substances in a work-type setting for a minimum of one year. Status of re-entry and academic standing will be determined case-by-case by the program and university administration.

The readmitted student shall:

1. Return to the program curriculum after documented reasonable inpatient/outpatient treatment for substance abuse is completed, as determined by program/university administration.
2. Meet and maintain all academic/clinical requirements and make satisfactory progression in the program.
3. Verify that he or she is substance free and participating in a rehabilitation program for addiction, and:
 - a. Submit at least two references at the time of return to the program from a professional counselor or sponsor and a physician indicating that he or she is substance free and is presently attending substance abuse meetings on a regular basis.
 - b. Attend at least two (2) meetings a week at Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Any local meetings are acceptable; however, the NA meetings are strongly recommended. Attendance is to be verified weekly in writing by the sponsor.
 - c. Continue to be substance free throughout the program.
 - d. Submit to random urine and/or hematology screening test(s).

SELF-REPORTING

Any criminal drug violation in the workplace by a student will be reported in accordance with the Drug-Free Workplace Act. A report of a conviction must be made by a student within five (5) days of the conviction to the department chairman and the dean. If the individual is funded through federal grant or contract, the funding agency will be notified by the department chairman and the dean within ten (10) days after receiving notice from the faculty or student.

Newly admitted students are required to advise the program administration of their substance abuse history and their current status in peer assistance programs. Failure to comply will result in termination.

DRUG / ALCOHOL TESTING CONSENT FORM

CONSENT FORM FOR DRUG AND ALCOHOL TESTING
AND RELEASE OF TEST RESULTS

Because the nature of the nurse anesthesia profession relates to patient safety sensitivity, I, _____, hereby voluntarily agree to provide urine and/or blood specimens for testing for the presence of either alcohol or drugs. I agree to be taken to a nearby lab upon request by faculty or staff of the Nurse Anesthesia Department for immediate testing. Further, I give my consent to the Department of Nurse Anesthesia Education to release the test results, together with other information pertaining to the test results. I understand that the purpose of the disclosure of the test results and information pertaining to the test results is to enable the Department of Nurse Anesthesia Education to be in compliance with the University of Kansas Medical Center's drug and alcohol policy, as well as the policies of all affiliate clinical sites. I understand that a refusal to submit to drug or alcohol testing under these conditions will result in immediate termination.

This consent is effective until the program completion date.

Signature

Printed Name

Date

Witness

EMPLOYMENT

Student employment is strongly discouraged throughout the program. The study of nurse anesthesia is intense and the time commitment to study is demanding. The department chair reserves the right to disallow any employment if there is evidence of clinical or academic deficiencies which jeopardize the student's progress through the program. The COA considers any employment as an RN clinical time: therefore outside work is included in overall program hours and puts the student at risk for excessive hours. Any students who work as an RN could potentially jeopardize the accreditation status of the program, thereby jeopardizing their individual status in the program.

Under no circumstances will the student function as an anesthesia care provider until satisfactory completion of the program is confirmed by certification eligibility.

ENGLISH LANGUAGE REQUIREMENTS

All international students whose native (first) language is not English and who apply to graduate programs at the University of Kansas Medical Center (KUMC) must satisfy the University of Kansas Graduate School's "Minimum English Proficiency Requirements," as stated in the Graduate School Catalog.

EQUAL OPPORTUNITY POLICIES & COMPLAINTS PROCEDURE

The University is committed to providing equal opportunity and prohibiting illegal discrimination in the operation of all University programs, activities and services. Discrimination on the basis of race, color, creed, ancestry, religion, national origin, sex (including pregnancy), age, disability, or status as a Vietnam era or disabled veteran is prohibited by federal and state statutes as amended. Discrimination on the basis of sexual orientation is prohibited by University policy.

The full text of all policies and procedures is available at <http://ioa.ku.edu/> and from the Institutional Opportunity and Access office, 1054 Wescoe Pavilion, 588-5048 (TDD 588-7963).

It is your right to protect yourself against prohibited discrimination as specified in the Equal Opportunity policies. The Equal Opportunity/Affirmative Action complaints procedures cover all activities of the University such as employment, admission, use of facilities, and financial aid. Written explanations of the complaints procedure can be found at [here](#).

FACULTY-STUDENT ADVISORY PROGRAM

SRNAs will be assigned a faculty advisor during their second semester. The goals of the Faculty-Student Advisory Program are as follows:

1. To foster positive relationships between faculty and students.
2. To enhance the teaching and learning environment.
3. To inform students regarding academic/clinical progress on a continuing basis.
4. To advise students in the choice of scholarly and leadership projects and serve as Scholarly Project Committee chair or as a committee member.
5. To guide students professional development.

Students can confer informally with their Advisor as needed. Twice a semester during the clinic portion of the program, all students have an official advising session. The sessions coincide with the student/faculty clinical evaluation conferences that occur at mid-term and at the end of the semester. The time and date are to be set by the student's advisor at the direction of the Department Chairman.

The session includes the development of a Summative Clinical Performance Evaluation based on the compilation of the student's accumulated Clinical Performance Evaluations, and review of the student's Self-Evaluation. Problems noted in academic or clinical areas are discussed and a remedial course is outlined. The Summative Evaluations become part of the student's permanent records. A summary of the advisory sessions identifying the student's progression and recommendation for retention is reported to the Program administration.

FACULTY-STUDENT RELATIONSHIPS

The Department of Nurse Anesthesia adheres to the University of Kansas Policy on Consenting Relationships as stated in the Handbook of Faculty and Unclassified Staff which can be found [here](#).

In the case of any allegations or suspicions of faculty-student relationships the following procedure should be followed:

1. The Department Chair should be notified.
2. An investigation will be undertaken.
3. If the allegations are warranted, satisfactory resolution will be attempted. This will include, but is not limited to, removal of the faculty member from any evaluative role over the student's work.
4. All university policies and procedures will be followed as stated in the Faculty Code of Conduct and the Handbook of Faculty and Unclassified Staff.

GRADING AND PROGRESSION OF STUDENTS

GRADING

Course work taught by anesthesia faculty will use a grading system that adheres to University policy. Each faculty member will provide the methodology for obtaining a grade in their course. Grading methodology will be clearly described in course syllabi and will be applied consistently. Course work taught outside the department is graded by procedures adopted by that department.

- I - shall indicate "incomplete work" and is a temporary grade given at the discretion of the instructor for work not completed, because of a serious interruption not caused by the student's own negligence. Students must contact the faculty member(s) and the Program Director as soon as possible to request an incomplete grade. If granted, the student may be required to sign an agreement that establishes a deadline and/or other conditions for clearing the incomplete grade(s). The student must not register again for the course to make up the incomplete. An incomplete must be rectified by the end of the next semester following the incomplete. If the incomplete has not been rectified after one year, it will automatically be converted to an F grade. A record of all Incompletes will be maintained in the student's file until graduation.
- P - shall be used to indicate participation in scholarly project and research enrollments.
- W - shall indicate the student has formally withdrawn from the course and that work at the time of withdrawal was of passing quality. Note: If a student withdraws or drops after the second drop period, the transcript will show an F grade.

EXAMINATIONS

All students who are matriculating in the program are required to take examinations as scheduled. Scheduled examinations will take precedence over all other activities such as meetings or leave which are clearly not of an academic nature.

Documentation is required by the department chair, and then only extraordinary circumstances, such as personal or family illness, will be accepted as reasonable grounds for requests to administer a new examination. Such examinations will be scheduled and administered at the convenience of the faculty involved.

WITHDRAWAL FROM CLASS

Students withdrawing should adhere to the [University policy](#) relative to student withdrawal. The faculty reserves the right to ask at any time for the withdrawal of any student whose health, conduct, scholastic or clinical performance status makes it inadvisable for him/her to remain in the program.

PROGRESSION OF STUDENTS

1. Progression of a graduate student is dependent upon completion of required curriculum while maintaining a 3.0 GPA.
**Please note that grading in our clinical courses is more stringent (NURA 801,821-823, and 924-926) with the following scale: 90-100 = "A", 80-89 = "B", 79 and below = Fail. A failing grade in a clinical course is grounds for dismissal.*
2. Because of the sequential nature of the curriculum, any grades below "C" in any courses is grounds for non-progression and therefore the student may be considered for dismissal from the Program.
3. Should a student not fulfill one or more of the Program requirements at the end of the semester, the student will be notified in writing by the Department of his/her continuing status in the Program.

COMPREHENSIVE TESTING

In addition to course exams, students will take the Self Evaluation Examination (SEE). This exam is intended to give feedback to both students and faculty on students' progress through the program. In December of the senior year, students will take the Self Evaluation Examination (SEE) which is administered by the National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA). The SEE has a three-fold purpose:

- to provide information to students about their progress in the nurse anesthesia program;
- to provide information to program directors on how well their programs are preparing students with the knowledge they need for anesthesia practice; and
- to prepare students for the Certification Examination experience.

The SEE test will simulate the NBCRNA exam needed for licensure. The results of the SEE will only be used as feedback to the students and faculty. Faculty advisors will review the results of the SEE with their advisees.

GRADUATION REQUIREMENTS

1. Satisfactory completion of all curricular requirements
2. Satisfactory completion of an e-portfolio which details how the individual SRNA meets the Graduate Standards, section D, of the Standards for Accreditation of Nurse Anesthesia Programs, Practice Doctorate.
3. Completion of a DNAP Scholarly Project.
4. Satisfactory completion of minimum clinical and didactic requirements of the Council on Accreditation Nurse Anesthesia Educational Programs and National Board on Certification & Recertification of Nurse Anesthetists.
5. Completion of any financial obligations and other obligations to the University.

CREDENTIAL AWARDED

Upon satisfactory completion of the program, the student is awarded a University diploma with the degree of Doctor of Nurse Anesthesia Practice. The student is then eligible to take the National Certification Examination under the direction of the National Board of Certification and Recertification for Nurse Anesthetists. Upon successful completion of this examination, the graduate bears the title of Certified Registered Nurse Anesthetist (CRNA).

TIME LIMITS FOR GRADUATION

The thirty-six month program is measured from the first registration as a full-time matriculating student. Students who do not complete their program within the time allowed must have permission from the Department Chair to continue in the Program. Extensions are granted to students with the understanding that sitting for the CRNA qualifying examination will also be delayed.

GRIEVANCE/COMPLAINT PROCEDURE

A student who believes they have been unfairly or unlawfully treated in an alleged matter may present a grievance to the department Faculty or Chair. For disputes involving alleged academic, clinical, and nonacademic misconduct or alleged violations of student rights, the initial hearing normally is held at the department level. Concerns regarding illegal discrimination or harassment should be reported to the Equal Opportunity Office; concerns regarding scientific misconduct should be reported to the Dean of Graduate Studies. If there is a question as to which procedure is appropriate, this decision will be made by the student and the faculty advisor in consultation with the Department Chair.

The following protocol should be followed when a student has a complaint regarding faculty and/or clinical/academic affairs. If the issue cannot be resolved by the following means, under certain circumstances the student may then seek the involvement of the School of Health Professions Dean. In the case of student probation, suspension or dismissal, any appeal would be to the School of Health Professions and would follow the School's appeal procedures.

1. Whenever a problem arises, the individuals directly involved with the incident should make a concerted effort to resolve the issue. This implies simple one-on-one communication.
2. If the problem cannot be resolved in this manner, it is the student's responsibility to inform their faculty advisor about the incident. The advisor will act as an intermediary between the two parties to resolve the issue. The advisor will informally notify the Department Chair of the incident at this time. If the advisor is involved in the incident, the Department Chair will act as intermediary.

3. If at the end of two full working days the advisor/intermediary has not been able to resolve the issue, they will request written documentation from both parties regarding the incident. The written incident reports must be received by the advisor within one week after they have been requested and will become part of the grievance file.
4. When the incident reports are received by the advisor, the grievance file will be given to the Department Chair. Within 10 days of receiving the file, the Chair will meet with the parties involved on an individual basis or as a group. This decision will be at the Chair's discretion. The student or Chair also have the option of including other neutral faculty or students in consultation in an attempt to resolve the problem. If the issue is resolved at this point, the grievance file will not become a part of the student's or faculty member's permanent file. The decision reached is final.
5. If the student is dissatisfied with the resolution of a grievance or complaint at the department level, under certain circumstances, they may seek the SHP Dean's involvement by following the procedures outlined in the School of Health Professions Student Handbook.
6. In the case of probation, suspension or dismissal, any appeal would be to the School of Health Professions and would follow the School's appeal procedures as outlined in the *School of [Health Professions Student Handbook](#)*.

A record of Program complaints is maintained, including actions taken to resolve the complaint, and ultimate outcome of the complaint. Program complaints are those complaints that, in the opinion of the students, negatively affect the general learning environment of the Program.

PERSONAL CONFLICT REQUIRING CHANGE IN ASSIGNMENT

A student registered nurse anesthetist (SRNA) may ask to be excused from participation in a case because of conflicting or religious beliefs. In no instance will the mission of the organization of school or patient be compromised.

- A.** The SRNA is responsible for notifying their instructor/coordinator of personal conflicts prior to rendering care. Reasonable accommodation will be made if:
 1. The request for change is due to an individual student's cultural values, ethics or religious beliefs including abortion procedures, blood transfusion, and organ retrieval procedures.
 2. Patient care will not be negatively affected if this request is granted.
- B.** If the above conditions cannot be met it is expected that the SRNA will carry out the assignment. Refusal to provide care will result in disciplinary action up to and including dismissal from the program.
- C.** If the request to be excused from participation in an aspect of a patient's care occurs during an emergency situation, the SRNA is responsible for providing the appropriate level of quality patient care until the request can be reviewed. Failure to do so will result in corrective action up to and including dismissal from the program.

PROFESSIONAL INTEGRITY

INTEGRITY IN GRADUATE STUDY: A GRADUATE SCHOOL GUIDE

The question of integrity in scientific research is one which has received considerable attention not only in academic circles but also in the news media. A few serious cases of fraud have recently made all of us in higher education especially sensitive to our vulnerability on this issue. These cases, largely in the sciences, have often come to light when attempts to replicate some of the work have failed. In the social sciences and to a larger degree the humanities a second problem, that of plagiarism, assumes greater prominence. A third area is that of cheating, which in the case of a qualifying examination pertains only to graduate students. A fourth, often a murky area in which the integrity of graduate study is open to criticism, involves abuses of confidentiality. And finally, a fifth area is that in which conflicts of interest arise in relationships between faculty members and students.

Although the ethical decisions involved in maintaining integrity in their work may seem very clear to some graduate students, they may not appear to be so clear to others, and some possibly very few, may not even be aware that there is a potential for problems with integrity in research. For these reasons and to help its constituent units in the event that fraud, plagiarism, cheating, abuses of confidentiality, or conflict of interest should arise, the KUMC Graduate School has developed guidelines. These guidelines must be adhered to by all SRNAs. The full guidelines can be found in the Graduate Studies section of the KUMC Student Handbook which is available online at <http://www.kumc.edu/studenthandbook/graduate.html>.

STUDENT CONDUCT CODE

The Medical Center is the campus for your education and a hospital complex devoted to the diagnosis and treatment of the sick. Thus, it is imperative that students conduct themselves in such a manner as to maintain both the professionalism which typifies those who dedicate themselves to maintenance of health through education, service and research, and hygienic conditions most conducive to the maintenance of health. Since you have chosen to become a health professional, it is our view that such professionalism reflected by appropriate behavior, appearance and personal hygiene should begin on the first day of school and continue throughout your career.

Appropriate behavior around the sick and their families should reflect the student's understanding and concern for them and can be expressed by proper speech and demeanor. Attire must be appropriate to the profession which is practiced here. It must be tempered and guided by a consideration for the sensibilities and medical requirements of patients, their families, friends, fellow students and colleagues.

Custodial service is furnished for major cleaning of the hospital and classrooms; however, each person must be responsible for picking up after himself/herself and policing the student lounge/study areas. Classrooms must be cleaned prior to dismissal of class. Scrap paper and similar waste products will be placed in proper trash/recycle receptacles.

PROFITS: PROFESSIONAL INTEGRITY SYSTEM

Specification of Academic Misconduct

PROFITS upholds behaviors reflective of individual responsibility, mutual trust, professional values, and standards. PROFITS values an academic environment free of academic misconduct or abuse of academic resources. When in doubt, the student must clarify with the instructor, the appropriateness of behaviors that may violate PROFITS. The following are non-acceptable behaviors.

PROFITS PLEDGE

Each student will sign the following honor pledge before beginning classes as a nurse anesthesia student:

“I pledge that I will not give, receive, or tolerate unauthorized aid, nor will I abuse academic resources while I am a member of this academic community.

I will not engage in fraudulent scientific behaviors nor intentionally commit acts of plagiarism.

I will not breach patient confidentiality.

I understand that violation of this pledge is grounds for immediate dismissal from the program.”

Examinations

Misconduct includes positioning an examination paper so that others can see the answers to the questions and passing or sharing answers to an examination during the examination period, through verbal or nonverbal behaviors. Examinations, case scenarios and completing required written objectives will be completed as scheduled. Students are allowed to discuss the cases with other students enrolled in the course. However, after the questions are distributed (or in the case of computer on-line exams, when the exam questions are accessed for the first time), students are required to work independently. Working together after that point will constitute misconduct.

Papers

Plagiarizing, the presentation of the words or ideas of another person without proper citation or attribution is considered academic misconduct, as is submitting a paper that you did not write yourself, and submitting the same paper that has been turned in to fulfill the requirements for another course. Students who consider writing a paper on a topic they have addressed to fulfill the requirements of another course should first talk to the course professor. Students are encouraged to seek editorial feedback regarding writing style, APA style, and clarity of papers from other students, professional colleagues, or staff of the Student Services Department, Student Center. Reference in a paper to information obtained from non-print materials (e.g. videotapes, scholarly presentations, on-line computer sources) must be cited according to APA style. Failure to do so will be

considered plagiarism.

REPRESENTATION

Program administrators and faculty encourage an active student representation to promote coordination and cooperation among all members of the student body and Program administration. During the first semester of the program, each class will elect a class representative. The class representative will be re-elected each summer. In order to develop leadership skills and promote involvement of more students, each student may only serve one year as class representative. In order to serve as class representative, students must be in good standing in the program and not be on probation for any reason. If a student is placed on probation while serving as class representative, they must resign and be replaced by another elected representative.

Class representatives plan and conduct student meetings each semester, or as needed. The representatives meet with Program administration at least each semester or as necessary to discuss issues and concerns regarding the student body. The class representative will present major student complaints, make suggestions, keep students informed as to the results of meetings, and participate in the ongoing evaluation and improvement of the program.

The class representatives will be required to attend Program Faculty Committee meetings quarterly, and Curriculum Committee and Advisory Committee meetings annually. The junior class student representative will also serve on the Anesthesiology Department Clinical Practice Committee.

Junior or senior SRNAs participating in the alumni/fundraiser leadership project will be responsible for the functioning of the Program's student organization, the University of Kansas Medical Center Nurse Anesthesia Student Association (KUNASA). These students will be responsible for ensuring the election of officers in the spring semester each year. In addition, the KUNASA officers will serve on the KUMC Graduate Student Council and SHP Student Council.

SALE OF NURSE ANESTHESIA RELATED MERCHANDISE

It is the policy of the University of Kansas Nurse Anesthesia Education Program to prohibit the sale of any product or merchandise developed from coursework during a student's enrollment. This includes projects developed from the Scholarly Project courses.

Development of a product unrelated to coursework may be marketed so long as the University and the Program are not referenced or otherwise connected to sales efforts. Once a student graduates from the Program and is no longer enrolled, the University of Kansas and /or the Program can only be mentioned in the context of a biography or CV for the former student.

Sale of Program merchandise such as clothing will be under the auspices of KUNASA and must adhere to all copyright laws in the use of the KU logo and Jayhawk mascot.

STUDENT ORGANIZATION AND FUNDRAISING

Students in the program are automatically members of the KUMC Nurse Anesthesia Student Association (KUNASA). The purpose of KUNASA is to represent members in the university community; to assist members in their academic endeavors; to assist members in their professional development; to plan social activities to unite the membership; and to provide educational and networking opportunities for members and alumni.

Junior and senior students will be assigned through leadership projects and will be responsible for the functioning of KUNASA. The students in the leadership project will be responsible for ensuring the election of officers for KUNASA in the spring semester each year for the following year.

KUNASA is authorized to fundraise to support student activities in accordance with KUMC's Guidelines for Soliciting and Selling on campus. Students are not allowed to fundraise from faculty, clinic personnel, other students or staff outside of KUNASA for any reason (e.g., to fund other leadership projects, scholarly projects, or personal projects).

TIME COMMITMENT

Every effort will be made to keep a reasonable time commitment each week in accordance with the Council on Accreditation's Standards and Guidelines. A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes time spent in class and clinical (including in house call), averaged over four weeks. This must include a 10 hour rest period between scheduled clinical shifts. Students who choose to work as a registered nurse in addition to their responsibilities in the nurse anesthesia program must ensure that their work as an RN does not exceed the 64 hour time commitment. At no time may a student provide direct patient care for a period longer than 16 continuous hours.

TECHNICAL STANDARDS AND REQUIREMENTS

The Doctor of Nurse Anesthesia Practice degree signifies that the holder is an anesthetist prepared for entry into the practice of nurse anesthesia, thus it follows that graduates must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. This document delineates the cognitive, affective and psychomotor skills deemed essential to the completion of the program. If a

student is not able to demonstrate the following skills and abilities, it is the responsibility of the student to request an appropriate accommodation. The University will provide reasonable accommodation as long as it does not fundamentally alter the nature of the nurse anesthetist program. The essential technical standards presented in this document are pre-requisite for matriculation, subsequent promotion from year to year, and ultimately graduation from the University of Kansas Doctor of Nurse Anesthesia Practice degree. These standards pertain to all matriculated students. All required courses in the curriculum are necessary in order to develop essential skills required to become a competent nurse anesthetist and to protect the health and safety of patients. Therefore, all students admitted to the nurse anesthesia program must be able to meet the following requirements and expectations with or without accommodation(s). Students are required to sign and return the technical standards form with their letter accepting a position in the program.

NOTE: Reasonable accommodation will be considered and may be made to qualified students who disclose a disability, so long as such accommodation does not significantly alter the essential requirements of the curriculum and the training program, or significantly affect the safety of patient care. Students who disclose that they have a disability are considered for the program if they are otherwise qualified. Qualified students with a disability who wish to request accommodation should provide appropriate documentation of disability and submit a request for accommodation to the University's Office for Academic Accommodations.

- 1. Intellectual-Conceptual and Integrative and Quantitative Abilities. The nurse anesthesia student must be able to:**
 - a. Use reason, analysis, calculations, problem solving, critical thinking, synthesis, self-evaluation and other learning skills to acquire knowledge, comprehend and synthesize complex concepts
 - b. Comprehend three dimensional relationships and to understand the spatial relationships of structures
 - c. Identify significant findings from history, physical examination, and laboratory findings to determine the appropriate sequence of events to implement effective clinical treatments in a timely manner
 - d. Acquire and develop clinical reasoning and judgment skills under pressure
 - e. Interpret information derived from auditory, visual, written, and other visual data to determine appropriate patient management plans
 - f. Recall and retain information in an efficient and timely manner
 - g. Demonstrate proficiency in both oral and written English language and communicate knowledge to others when indicated
 - h. Effectively analyzing complex clinical situations such as cardiac or pulmonary arrest or airway obstruction
 - i. Effectively function as an attentive, productive and constructive member of a healthcare team
 - j. Demonstrate self-awareness and self-assessment of one's abilities and deficiencies or limitations and request help when needed.

2. **Observational Skills. The nurse anesthesia student must be able to:**
 - a. Observe demonstrations and experiments in the basic sciences, including but not limited to, physiologic and pharmacologic demonstrations in animals, microbiological cultures, microscopic studies of microorganisms and tissues in normal and pathologic states.
 - b. Observe a patient accurately at a distance or close at hand
 - c. Discriminate variations in human responses to disease using visual (including color), auditory , tactile and other sensory cues
 - d. Discriminate changes in monitoring devices and alarms using visual and auditory senses
 - e. Students must have visual acuity within normal ranges of motor facility appropriate to work within the confines of anesthetizing areas (with electronic monitoring and ventilatory equipment).
3. **Communication. The nurse anesthetist student must be able to:**
 - a. Speak, to hear and to observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications.
 - b. Communicate effectively and sensitively with patients, including not only speech but reading and writing.
 - c. Communicate effectively and efficiently in oral and written form with all members of the health care team.
 - d. Have hearing activity within normal ranges of motor facility appropriate to work within the confines of anesthetizing areas (with electronic monitoring and ventilator equipment).
4. **Professional, Behavioral and Social Attributes. The nurse anesthesia student must be able to:**
 - a. Possess the emotional health required for full utilization of his/her intellectual abilities
 - b. Exercise good judgment, the prompt completion of all responsibilities attendant the diagnosis and care of patients, and the development of mature sensitive and effective relationships with patients.
 - c. Tolerate physically and emotionally taxing workloads
 - d. Maintain composure and emotional stability during periods of high acute stress as well as periods of chronic stress
 - e. Adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients.
 - f. Display compassion, integrity, concern for others, open-mindedness, interpersonal skill, self-discipline, focus and motivation
 - g. To accept criticism and respond by appropriate behavior modification
 - h. To use supervision appropriately, and act independently when indicated
5. **Motor and tactile function. The nurse anesthesia student must be able to:**
 - a. Elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers
 - b. Physically do basic laboratory tests and to read EKGs and x-rays

- c. Execute both gross and fine muscular movements, equilibrium and functional motor movements reasonably required to provide general care and emergency treatment to patients (ex: cardiopulmonary resuscitation, administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways and the suturing of simple wounds)
- d. Physically respond to emergency calls without locomotion or transportation limitation
- e. Document that no disease process exists which predisposes them to hepatic disorders

TRANSFER POLICY

The mechanism for student transfer is procedurally dictated in the Standards and Guidelines for Accreditation of Educational Programs/Schools of the AANA and the University of Kansas Graduate School policies.

Because of the unique design and content of the curriculum, the program does not accept transfer students. We may be able to transfer up to 6 credits with the approval of the Department Chair. [See Graduate Catalog](#).

SECTION IV: CLINICAL POLICIES

CLINICAL ASSIGNMENTS

In an effort to gain a broad range of experiences for the student, a clinical specialty rotation schedule will be designed for each student. Student clinical assignments are arranged by the Department Chair and are consistent with the Council on Accreditation requirements.

Students' clinical rotation and case assignments are based on the following:

- The student's knowledge and ability;
- The physical status of the patient;
- The complexity of the anesthetic and/or surgical procedure;
- The experience of the instructor; and
- The required case experience to be achieved.

CLINICAL SUPERVISOR

Throughout the clinical practicum, students are provided the opportunity to plan and administer all types of currently accepted general and regional anesthesia techniques to a variety of patients with varying acuity levels. At all times while in the clinical environment, students are directly supervised, instructed, and counseled by CRNA or Anesthesiologist clinical faculty. The Department Chair is ultimately responsible for the assignment of all students in the Program.

In the early clinical phase students are considered Novice (usually the first 4 months) and are normally supervised, instructed, and counseled by CRNA or Anesthesiologist clinical faculty on a 1:1 basis. When students progress to the Advanced Beginner, Competent, and the Proficient levels in anesthesia care planning and delivery, supervision may increase to a 1:2 instructor-student ratio. At no time is the supervision ratio to exceed two students to one CRNA or Anesthesiologist clinical faculty.

At no time will a student start, intervene during critical intraoperative events or finish a case without the presence of a CRNA or Anesthesiologist clinical faculty in the room. Students must have explicit permission from CRNA or Anesthesiologist clinical faculty before administering ANY drug to a patient and/or before performing an intubation or extubation on any patient. CRNA or Anesthesiologist clinical faculty must be present at induction, all critical events, and emergence from anesthesia. **Under no circumstance may a student provide anesthesia care unsupervised.** Students should not follow the directives of a surgeon without explicit permission from CRNA or Anesthesiologist clinical faculty.

As students gain in technical skills and the ability to synthesize relevant principles of anesthesia care and basic science knowledge base to the clinical environment and patient acuity, students are allowed and encouraged to function more independently, using CRNA or Anesthesiologist clinical faculty as consultants. Instruction by graduate registered nurse anesthetists or residents is NEVER appropriate when they act as the sole responsible agent for the student.

Students in non-anesthetic situations such as airway management and resuscitation are required to have a CRNA or Anesthesiologist clinical faculty or a “credentialed expert authorized to assume responsibility for the student” present. However, students are required to discuss the clinical situation with the CRNA or Anesthesiologist clinical faculty PRIOR to undertaking such a non-anesthetic activity. Students are not permitted to attempt clinical interventions without CRNA and/or Anesthesiologist supervision with the exception of nursing skills authorized within the scope of practice of a registered nurse (RN).

Supervision/instruction ratios are determined by the clinical faculty in light of the patient’s acuity and the demands of specific procedural needs. In the event a clinical instructor is assigned two students and the condition of either patient is such that a 1:1 assignment should be made, the clinical instructor is to notify the physician or CRNA making assignments (prior to the induction of anesthetic to either patient), of the situation and ask for a review and re-assignment from a 1:2 to a 1:1 ratio.

For patient safety reasons as well as optimal student learning, at no time is a student scheduled in a clinical area when, based upon the schedule, the student has not been provided adequate rest for safe practice: see Time Commitment Policy in Section III.

CLINICAL INSTRUCTION

Clinical instruction includes all learning interactions that occur during the perianesthesia period between the CRNA or Anesthesiologist clinical faculty and the student. This includes the in-depth review and discussion of the student developed Anesthesia Care Plan during the pre-anesthesia conference; the discussion/learning processes that take place Intra-operatively; the review and discussion of the student developed Post-Anesthesia Care plan; possibly the discussion/learning processes regarding pertinent applicable Clinical Objectives, and the Post- Anesthesia Performance Conference.

CLINICAL TIME COMMITMENT

The first two semesters of the Program are dedicated to didactic curriculum. Beginning in the third semester the Program's curriculum design takes on an **integrated** didactic/clinical format. Student scheduling is devised to accommodate a "reasonable" time commitment to allow students the ability to accomplish both didactic and clinical course requirements: see Time Commitment Policy in Section III.

Because the primary goal of the Program is to develop competent clinical practitioners, extensive clinical experiences in anesthesia administration are expected and required. Students' clinical schedules are arranged to maximize those student experiences. Students are assigned clinical schedules which are designed to accommodate the need for student respite time and didactic study. The committed time schedules afford students the opportunity to relate and integrate the scientific and theoretical principles gained in the academic studies into the clinical practice environment.

Sequencing of didactic and clinical experiences allows the CRNA or Anesthesiologist clinical faculty to emphasize analytical decision-making appropriate to the student's level of experience. Students are encouraged to actively engage in continuous self-evaluation, critical thinking, and accountability for achieving clinical skills and competencies. As the practicum skills progress, students assume increasing responsibility for the planning and execution of anesthesia care. The educational process is designed to prepare Program graduates to function either in a collaborative role as a competent member of the "Anesthesia Care Team" or as an independent anesthesia provider within the scope of nurse anesthesia practice.

Clinical schedules will vary between day assignments, evening assignments, and call assignments. A typical clinical "day assignment" extends from 0630 until 1600-1900; students assigned to the shift are expected to arrive in the clinical area in sufficient time to prepare all necessary drugs and equipment for the assigned clinical experiences. In the early stages of clinical experience this may require arriving an hour or more prior to the start of the surgical schedule, which at KUMC begins at 0700.

Students on day assignments will not usually be dismissed from the clinical area prior to 1600 hours. Students who leave the clinic without permission may be subject to disciplinary action, including dismissal. Students who are still in the operating room past the end of the shift may request or be asked to finish interesting or unusual cases or cases which will end in a "reasonable" time period.

The student must remain within the hospital complex while on duty. Permission must be granted by the Anesthesiologist in charge or the Clinical Coordinator or designee before a student leaves the clinical area for any reason. Telephone or pager numbers must be made available to either of the above personnel.

After being relieved in the operating room, students must obtain their next day's assignments (if applicable). Before leaving KU Hospital, students are required to sign out on the sheet posted in the lounge. Shifts are 0630 -1600, 0630-1900, 0900-1800, 0900-2100, 1100 to 2300, and 2200-0700. Students should enter their time in the Typhon Tracking System daily.

CLINICAL CASE CONFERENCES

Students are required by the COA to accumulate a minimum of 45 clinical correlative conferences (also referred to as M & M conferences or case conferences) during their education. Documentation must be provided for all case conference attendance and all case conferences must be entered in the Typhon system within one week of attendance. Case conferences must be attended during each year of the program, June – May.

Twenty conference hours must be completed by the end of year one in the program, 20 additional hours must be completed by the end of year two in the program, and the remaining five must be completed by the end of senior clinical during the last semester of the program. Tardiness will not be tolerated: if a student is more than 10 minutes late (or leaves more than 10 minutes prior to end of conference) the case conference will not be valid or counted.

If a student has not attended 20 case conferences by April 30 of the first year, 40 case conferences by April 30 of the second year and 5 case conferences by April 30 of their third year, they will receive an incomplete grade in the Spring Practicum course until the deficit is resolved. Students are strongly encouraged to attend more than the minimum number of case conferences.

Currently, case conferences are held three weeks every month at KUMC by the Anesthesiology Department at 0630 Tuesday mornings. The Nurse Anesthesia Education Department frequently schedules its own case conferences on the one Tuesday per month when the Anesthesiology Department does not. Mandatory attendance is required for case conferences and grand rounds if students are scheduled for day clinical or coming off call and able to attend. Students are not required to attend if scheduled at any affiliate rotations except KUMC CTS. Students are not required to attend on an academic day but certainly may attend and are encouraged if possible. If a student was expected to attend and did not, their advisor will counsel them about failure to attend.

Documentation of attendance is required by signing an attendance sheet at the case conference.

Students at other clinical sites may attend any case conferences available at their assigned site. Verification of case conferences attended at other sites must be provided to the Nurse Anesthesia Department office.

CLINICAL AFFILIATIONS

In order to enhance students' breadth and depth of experience, the Program has secured a number of affiliate agreements with other healthcare facilities. Students are rotated to these off-site affiliates to obtain required or enhancement case experiences. Students are usually assigned to four-week rotations at off-site affiliates.

Please review the [website](#) for current clinical affiliate sites and the clinical experience they provide.

When assigned to an affiliate for a specified anesthesia experience, students are required to read and become informed about relevant topics prior to beginning the rotation. Topics would include anesthesia techniques for cardiothoracic surgery, pediatrics, fiber optic intubation, obstetrical anesthesia, epidural and spinal anesthesia, invasive hemodynamic line insertions and acute and chronic pain management.

Assignment to affiliation sites is at the discretion of the Department Chair and the Affiliate Site Coordinator and is dependent upon adequate clinical performance as demonstrated by satisfactory formative and summative evaluations and/or vote of confidence by the faculty. Any student placed on clinical probation will not be eligible to attend an affiliation site for the duration of the probation period.

Duties and supervision performed at the affiliations are maintained within Educational Standards and Guidelines as stated by the Council on Accreditation of Nurse Anesthesia Educational Programs. The CRNA coordinator and the physician medical director at each site are in compliance with the faculty requirements for the Department of Nurse Anesthesia Education, University of Kansas.

Clinical instruction and supervision at each affiliate site are provided in the same manner as the KUMC campus. **At no time is the supervision ratio to exceed two students to one clinical CRNA or Anesthesiologist clinical faculty. In addition, at no time will a student start, intervene during critical intraoperative events or finish a case without the presence of a CRNA or Anesthesiologist clinical faculty in the room.**

Policies and procedures for the affiliate institutions are available in Blackboard in the Nurse Anesthesia Community Group, and are to be reviewed by students prior to arrival at the affiliate. Students will report to the CRNA or Physician Coordinator of the affiliation by 7:00am on the first morning of their month's assignment unless other arrangements have been made.

Students are available for scheduled call in compliance with accreditation standards at the affiliate as per Memorandum of Agreement at each clinical site. The students will have adequate rest time after call assignments or after cases during night time hours.

Students shall adhere to the holiday schedule of his/her assigned affiliation and thus be ineligible for holidays provided for by the parent institution.

Students are responsible for their own transportation to and from affiliates. If the facility is located more than fifty miles from the University of Kansas Medical Center, room and board may be provided as outlined in the affiliation agreement. At affiliate clinical sites, students must adhere to the program policies. Students are responsible for any property damage and failure to compensate the property owners will result in a hold placed on the student's account. The student will not be able to enroll in the next semester's classes until the property damage issue has been resolved and the hold lifted. Students who blatantly disregard the no pets or no smoking policies are subject to dismissal from the program

Affiliate visits will be made by the Department Chair on an annual basis. The purpose of these visits is to discuss the function of the affiliate and the coordination of student assignments to the specific affiliate. All affiliate housing sites will be visited during the site visit. A written report of each visit is on file in the Department of Nurse Anesthesia Education.

AFFILIATE TIME COMMITMENT

A Clinical Site Coordinator has been identified at each affiliate site to provide oversight to the students' experiences and time commitment. Affiliates are directed to keep the student's clinical commitment as close to 40 hours per week as possible to allow the student time to accommodate their didactic class requirements. However, the operating room schedule at some affiliate sites vary, with some weeks heavily scheduled and others extremely light. However, generally the student's weekly/monthly time commitment is expected to remain within 40 clinical hours per week. The Director of Clinical Education regularly reviews monthly students' time commitment at affiliate sites.

CLINICAL EVALUATIONS AT AFFILIATIONS

Students assigned to affiliates will be evaluated with the Clinical Performance Evaluation for Affiliate Rotation online form at the midpoint and end of each clinical rotation. This form must be completed by the CRNA Clinical Coordinator. It is the student's responsibility to schedule an exit evaluation session with the affiliation coordinator prior to the end of their rotation. The printed evaluation forms will be filed in the student's clinical notebook and will be reviewed and signed by the student upon returning to KUMC.

In addition, students will complete the Student Evaluation of Affiliate Clinical Site online form at the end of each rotation. This information is critical to providing quality experiences at affiliates. The Director of Clinical Education will review these evaluations to ensure that program and student goals are being achieved.

CALL

To assure student learning in all areas and aspects of anesthesia practice, students enrolled in the Nurse Anesthesia Education program will be required to participate in call experience. Call is defined as follows: "A planned clinical experience outside the normal

operation hours of the clinical facility..." (from Standards set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs).

Call will be consistent to meet the required objectives relative to emergency-trauma anesthesia call experiences deemed appropriate to the education of a nurse anesthetist. When a student is on "call", there must be a CRNA or Anesthesiologist clinical faculty immediately available to the student. If students relieve on a case that is in progress, the student may take credit only for that portion of the case or procedure in which they actually participated.

1. A call experience at KU Hospital shall be no more than 16 hours Monday through Friday. In all cases, the student will have the next day uncommitted to clinical practicum, except for required classes, exams, or conferences.
2. A CRNA or anesthesiologist supervisor must be available in an anesthetizing area when students are administering an anesthetic. **Under no circumstances will a student assume an anesthetizing responsibility without a CRNA or an anesthesiologist. Students may not provide anesthesia services - emergency or otherwise - without the direct supervision of a CRNA or anesthesiologist.**
3. Exchanging call assignments after the schedule is finalized IS NOT ALLOWED. It will only be permitted in exceptional circumstances with approval from the Department Chair.

CREDENTIALS

Students are required to maintain a current license as a professional registered nurse (RN) in Kansas throughout the 36-month program. Students are required to obtain a Missouri RN license no later than August of their second year in the program. All students are required to have an Oklahoma RN license prior to the senior year. Students rotating to clinical sites in Nebraska are required to have RN licenses in that state. Students are also required to have current ACLS, BLS and PALS certification throughout the Program. These must be American Heart Association credentials. These credentials will be maintained at the student's expense.

Copies of these credentials are maintained in the Nurse Anesthesia office. Any student whose credentials are not current in the office will be suspended from the clinic. Any missed clinic days will be added to the end of the student's program.

CLINICAL EQUIPMENT

Students are required to have the following equipment before assuming clinical learning: cardiac stethoscope, precordial stethoscope with tubing, nerve stimulator (wires, batteries), penlight, calculator and a short, white consultation style jacket.

CLINICAL PROCEDURES

DAILY STUDENT CLINICAL RESPONSIBILITIES

Nurse Anesthesia students are guests of assigned Anesthesia Departments who are accommodating the training and education of nurse anesthesia students enrolled in the Program. Therefore, students are required to adhere to the established policies and procedures of the assigned clinical site/anesthesia department. The following list of responsibilities applies directly to KU Hospital clinical assignments but in general applies to all clinical facilities:

1. Students' clinical assignments are obtained the day before the scheduled case experiences. Assignments will be available in early afternoon to allow sufficient time, within the student's time commitment schedule, to conduct pre and post anesthesia visits.
2. Post op visits must be conducted according to program policy, CMS guidelines, and KU Hospital policy. The post op visits are assigned as clinical shifts. See Post-Op Visit Policies below.
3. Students will share the responsibility of in house work ups on all patients at KU Hospital. Students are required to access the EPIC EHR and obtain information on assigned patients prior to assigned clinical shifts. Previous anesthetic records from the old chart should be reviewed if they are available or can be obtained. Every effort should be made to obtain these records. The pre-anesthetic assessment is documented according to the procedures of each clinical site. Students will obtain the patient's signature on an anesthetic consent form and appropriate insurance forms and other required documents.
4. The need for Pre-op lab, tests, medications, etc. will be discussed with a CRNA or an anesthesiologist prior to any formal orders from the SRNA. Any potential medical problems that need to be addressed should be brought to the attention of the anesthesiologist or CRNA assigned to the room the night before the case is scheduled or prior to initiating the case.
5. Students are to review the EPIC EHR which may or may not have a completed preoperative anesthetic work-up. The anesthesia assessment is to include an anesthesia related history and physical examination, review of pertinent laboratory and other studies. Previous anesthetic records from the old chart should be reviewed if they are available or can be obtained. Every effort should be made to obtain these records. The pre-anesthetic assessment is documented according to the procedures of each clinical site.
6. Students are to review the pre-operative evaluation with a CRNA or anesthesiologist clinical faculty at the clinical site. The instructor may suggest additional areas for assessment or pre-operative evaluation.
7. Students are to develop an anesthesia care plan for each assigned patient. If patients are admitted on the day of surgery, a care plan must still be developed.
8. Students MUST contact their assigned CRNA and/or anesthesiologist clinical faculty by cell phone text message prior to 9:00 PM on the day before surgery to notify faculty of assignment (when assigned with both a CRNA and anesthesiologist at

KUH, send the text message to both as a group text). The message must include your name, phone number, and brief message regarding assignment and no patient identifiers can be included. A list of faculty phone numbers is available through the KU Nurse Anesthesia Education Department and the KU Anesthesiology Department. (The following is an example of an appropriate text message: This is Jane Smith, first year SRNA. I am assigned to OR 4 with both Donna Nyght and Dr. Staples. We have 4 ortho cases starting at 0730. I have specific questions about the first case and would appreciate a call back at 913-999-8888. Thanks.) On the day of clinical assignment, students are to review the patient's record and update the care plan prior to the scheduled anesthetic. Students need to review the revised care plan with the CRNA or anesthesiologist instructor prior to induction.

9. Students should arrive at the clinical site in sufficient time to prepare for the assigned clinical experiences. Students are to prepare the anesthesia machine and assigned room, making sure that all required equipment and drugs necessary for the conduct of the procedure and anesthetic are available.
10. Students who are unprepared for clinical activities may be dismissed from the operating room setting for the day.
11. Students will perform the anesthesia from pre-induction through maintenance and emergence in collaboration with the CRNA or anesthesiologist care team.
12. Students are to position and/or supervise the positioning of patients to insure optimal physiologic function and to prevent injury.
13. Students are to maintain Universal Precautions.
14. Students are to discuss post-anesthesia care and emergence procedures with the CRNA or anesthesiologist care team.
15. Students will transport the patient safely to the appropriate post-operative area and report pertinent perianesthesia data. When able, the student must make periodic checks on the patient while the patient is in the PACU noting the patient's condition and progress.
16. The student may have a post-anesthetic conference with his/her instructor concerning the management of the case.
17. Students are to complete all required patient documentation according to clinic procedures.
18. Students will conduct post-operative visits according to department policies. When appropriate the student may contact ambulatory surgery patients by calling them at home or visiting them in the post anesthesia recovery area (the visit must occur after discharge from the PACU).
19. The student must leave his/her assigned room in a state of readiness at the end of the day. Students shall maintain and restock all anesthesia equipment and supplies in accordance with facility policies.
20. Students are to document all perianesthesia complications and clinical events within 48 hours to the supervising anesthesiologist or CRNA and to the Department Chair.
21. Students must record daily clinical experiences on the Typhon Tracking System.
22. Students must adhere to individual facility policies regarding pre and post op visits and verbal or written care plans.

POST-OP VISIT POLICIES AND INSTRUCTIONS

- SRNA's will be assigned as the post-op rounder Monday-Saturday.
- The Monday-Friday post op visits will be conducted by the SRNA assigned to the 0900-1800 or 0900-2100 shifts. If post op visits are not finished by 1100, the SRNA will stop to help with lunches: once lunches are finished, all available SRNAs will help complete the post op visits.
- The SRNA assigned to do post-op visits on Monday will conduct the visits for Saturday and Sunday cases.
- Any Saturday case finished before noon must have a post op visit by the weekend call SRNAs in order to meet the 48 hour window allowed for completion.
- The assigned Tuesday SRNA visits Monday cases, Wednesday SRNA visits Tuesday cases; Thursday SRNA visits Wednesday cases; Friday SRNA visits Thursday cases.
- The assigned Saturday SRNA will conduct visits for both SRNA's and staff CRNA's Friday cases AND give lunch breaks to the Saturday CRNA's on call if needed.
- Prior to every patient visit, the anesthesia record must be accessed and the SRNA must have knowledge regarding the case prior to speaking with the patient and putting the note in O2.
- SRNA's doing their CTS month at KU will conduct their own post op visits. The CTS cases at KU Hospital are not included in the regular Post-Op visit schedule.
- SRNA's can certainly do their own rounds whenever you like - - just leave a note for the assigned SRNA that you have visited or will visit your own patient so that time is not wasted.

ANESTHESIA CARE PLANS

The Anesthesia Care Plan is a tool to assist students in planning clinical experiences and to assist the student in learning good clinical anesthesia practice skills. It reflects the student's ability to adequately synthesize learned didactic knowledge base to the clinical environment. Further, it reflects the student's development in clinical decision-making and critical thinking.

1. After performing a pre-operative patient assessment, the student will complete an Anesthesia Care Plan, incorporating information obtained from the history, physical exam, chart review, diagnostic studies, and other pertinent sources. Students must include in the Anesthesia Care Plan estimated blood volume, allowable blood loss, fluid deficits and replacement schedules, and ventilator parameters. The lack of a care plan often correlates with a general lack of adequate case/patient preparation. **To preserve patient confidentiality; at no time should the student record patient identifying material on the Anesthesia Care Plan (HIPAA).**
2. Anesthesia Care Plans are to be developed for each assigned patient. A written care plan for each clinical day is required during the novice phase. At all times a verbal care plan will be reviewed before all cases. The Anesthesia Care Plan is available to download from the website. Written Anesthesia Care Plans will be uploaded to the Typhon System for review by the Clinical Faculty.
3. The care plans will be discussed with the assigned instructor by calling staff the night before the case or prior to the beginning of the day. Development of the care plan implies that the student has consulted appropriate text regarding: a) the patient's pathophysiology state, and b) perianesthesia management. The student will be ready to discuss in-depth pertinent findings relative to the patient's perianesthesia needs.
4. If the instructor feels a more appropriate anesthetic management can be performed, the student must comply with the instructor's wishes.
5. Under no circumstances will a case be initiated without a predetermined care plan discussed with the CRNA or Anesthesiologist clinical faculty.
6. Students are required to read about and prepare for all assigned cases throughout the program.
7. The clinical instructor will review care plans for that day. Clinical faculty may make comments, as indicated, on the care plans as they review them with the student.
8. Students failing to develop an appropriate care plan may be excused from the clinical area to make needed improvements to the care plan.

ATTENDANCE AND PUNCTUALITY

1. A record of absences will be maintained and deducted from allocated discretionary leave days or comp days or added to the end of the student's program or made up at the discretion of the Department Chair.
2. Student's scheduled for the 7:00am shift must report to the clinical area by 6:30 am. Punctuality for clinical duty is a must. If, for any reason, the student cannot report by this time, he or she should follow the rules outlined below. Students scheduled for the 9:00, 11:00 and call shifts are expected to be present in the student lounge at least 15 minutes prior to the beginning of the applicable shift.
3. The student will report to the assigned clinical instructor at 7:00 a.m. Students must be ready to start an anesthetic at least 15 minutes before the time surgery is scheduled to begin.
4. The student will periodically check at the OR scheduling desk for time changes of cases and for additions or cancellations of cases.

Procedure for Calling in Sick or Late on Clinic Day

1. If, for any reason, the student must be excused from clinical assignments (illness, etc.), it is important that the student notify both the Nurse Anesthesia office and the appropriate anesthesiology staff to ensure that the OR is not disrupted and so that the program is aware of the student's circumstances. This applies to all clinic sites.
2. In the case of any absence at any clinical site, the student must always call the Nurse Anesthesia office main number at 913-588-6612 and leave a message no later than 8:00am on the day of the absence. This is in addition to notifying anesthesiology. The office staff will notify the entire faculty and staff so that everyone is aware of the absence and schedule change.
3. When assigned at KU Hospital, for a 7:00am start the student must do **ALL** of the following:
 - a. Notify the board runner between 6:00am and 6:15am. The best method is to send a text message to their pager. The board runner can be found on the Daily Room Assignment sheet in SharePoint or by calling the OR core at 913-588-2880 to ask who the board runner is for the day.
 - b. Notify both your assigned MD and CRNA (if applicable) between 6:00am and 6:15am. The best method is to send a text message to their pager.
 - c. Call the Nurse Anesthesia office main number at 913-588-6612 no later than 8:00am and leave a message.
4. When assigned at KU Hospital, for an 9:00am, 11:00am or call start, the student must do **all** of the following:
 - a. Notify the board runner for the day as early as possible and no later than 7:00 for a 9:00 start, 9:00am for an 11:00am start and no later than 7:00 PM for an overnight call shift. The best method is to send a text message to their pager number. The board runner can be found on the Daily Room Assignment sheet

in SharePoint or by calling the OR core at 913-588-2880 to ask who the board runner is for the day.

- b. Call the Nurse Anesthesia office main number at 913-588-6612 and leave a message as soon as possible and no later than 9:00am for an 11:00am start and no later than 11:00am for a 2:00pm start.
5. When absent because of illness, if the student is on the schedule for the next day, the student **must also** call again by 10:00 a.m. of the same day and let the board runner know if they can be scheduled for the next day.
6. A record of absences will be maintained and deducted from allocated discretionary leave days or comp days or added to the end of the student's program or made up at the discretion of the Director of Clinical Education.
7. The student must report to the clinical area by 6:30 a.m. Punctuality for clinical duty is a must. If, for any reason, the student cannot report by this time, he or she should follow the rules outlined above. Students scheduled for the 0900, 1100, and 2200 shifts are expected to be present in the student lounge at least 15 minutes prior to the beginning of the applicable shift.

CLINIC DOCUMENTATION

Student documentation must be timely and complete. Students are required to produce required documentation as directed by policies and procedures of the Program, hospital, University, affiliate facilities, and Anesthesiology Departments.

The following documents must be timely, and complete:

1. Pre-operative assessment - for each anesthetic
2. The anesthesia record - for each anesthetic
3. Post-operative note - for each anesthetic
4. All anesthesia charge forms - for each anesthetic (if applicable)
5. All pharmacy and special charge forms - for each anesthetic
6. When indicated, Report of Clinical Event.
7. Clinical Case and Time Records – case data should be entered daily and must be entered no later than Sunday evening for the prior week.
8. Continuous Quality Improvement (CQI) forms, or Quality Assessment (QA) forms as required by the affiliate's anesthesiology department

NARCOTIC/DRUG TRAY HANDLING

Control and accountability of anesthesia drugs is the student's responsibility. Anesthesia and emergency drug trays may be left in the operating room when secured in the appropriate drawer. Narcotics will not be left unattended at any time. Any violation of appropriate procedures for handling narcotics will be reviewed and a student may be placed on probation as a result of narcotic mishandling.

REPORTING CLINICAL EVENTS

Any clinical event which results in either a potential or actual adverse patient outcome or threatens patient safety must be documented. The goal is to further educational development regarding the identification and documentation of clinical events as they pertain to patient safety.

Students are required to report any witnessed injury, breach in patient safety or poor patient outcome in which they are involved. Students must email the details of the incident to their individual CRNA faculty advisor and the Department Chair.

Nurse Anesthesia faculty will review the report. A conference including faculty and the student will be held as needed to address the clinical event. A serious infraction of patient safety is grounds for possible probation and/or dismissal from the program.

Failure of the student to report an unusual clinical event within 48 hours of the event, or the discovery of the event, to the Nurse Anesthesia Department may result in possible probation and/or dismissal from the program.

CLINICAL RECORDS

Student's clinical records are maintained in the Typhon system. The clinical records serve several purposes:

- Documents required written care plans
- Documents the student's cases and progress towards meeting the clinical experiences required for graduation;
- Assists the faculty and student in determining areas where sufficient experience has been obtained as well as areas where additional experience are needed;
- Documents the student's time commitment to the program;
- Documents the student's attendance at clinical correlative conferences; and
- Documents the student's clinical performance through evaluations.

Each student will record all cases in the Typhon Nurse Anesthesia Student Tracking System. All cases must be entered including cases when on 0900, 1100 and call shifts

and when relieving on cases. The only exception is cases worked on when giving breaks of less than 30 minutes, such as for meals.

Cases should be entered in Typhon at the end of each clinic day. Each student is expected to have all Typhon entries, including cases, time and case conferences, entered by Sunday evening for the prior week. Failure to enter all cases or chronic tardiness of Typhon entries can result in disciplinary consequences, including probation and dismissal.

The Typhon Case Tracking System consists of many sections (physical status, hours of anesthesia time, anatomic categories, patient position, etc.). For each case, the student will enter "Anesthesia Start Time" and "Anesthesia Stop Time" to document the actual time a student is engaged in administering an anesthetic. It does not include set-up time or the time it takes to do pre- and post-op visits which are separate categories.

The Daily Time Log section of the Typhon System documents the clinical time the student commits or is obligated to the program each day. This includes assigned OR shifts and pre and post-op visits. Students should record their time at the end of each day and no later than Sunday evening for the prior week.

The Clinical Conferences section of the Typhon System documents the clinical correlation conferences attended by the student. Students should enter any case conference attended as soon as possible and no later than Sunday evening for the prior week. Attendance can be verified by case conference sign-in sheets.

A Clinical Evaluation Notebook will be maintained in the office for all students. This notebook may not be taken from the office. Clinical Evaluations are completed online by the faculty and printed and placed in the student's notebook. Students must review and sign all clinical evaluations placed in their notebook in a timely manner.

SECTION V: **EVALUATION PROCEDURES**

EVALUATION PROTOCOL

Evaluation of students and evaluation of the Program by students are both integral parts of a successful nurse anesthesia program. Evaluation of students' clinical psychomotor, cognitive, and affective skills is accomplished using a variety of evaluation tools and indicators. These evaluation tools and indicators include the following:

- Formative Clinical Performance Evaluation (daily at the Novice level and random at the Advanced Beginner and Proficient levels)
- Student Self-Evaluations (at mid-term and end of each clinical semester)
- Summative Clinical Performance Evaluation (mid-term [except summer semester] and end of each clinical semester)
- Review of any reported unusual clinical event involving patient care
- Student achievement in didactic courses
- Student performance in the Skills & Simulation Laboratory
- Student completion of the criteria for graduation from the Program

Student evaluations are the responsibility of the Program faculty, Affiliate Clinical Coordinator and the Department Chair. In the event there are any areas of concern, input is obtained from didactic and clinical faculty members/instructors.

In addition to evaluations of students, feedback from students is sought through a variety of evaluations. These include: course evaluations, faculty evaluations, program evaluations, clinical site evaluations, scholarly project advisor evaluations and graduate evaluations.

Many of the evaluations are conducted online through the Blackboard, Typhon, and KUMC Teaching & Learning Technologies survey system. Copies of all evaluations used in the program are available in the Nurse Anesthesia office.

EVALUATION OF STUDENTS IN DIDACTIC COURSES

Student performance in didactic courses is graded by predetermined performance criteria on quizzes, examinations, scholarly papers, presentations, research analyses, research utilization papers, and in some online courses through Web-based discussion. Grading methodology for each course will be clearly described in course syllabi and will be applied consistently.

EVALUATION OF STUDENTS IN CLINICAL PRACTICUM COURSES

Student performance in clinical practicum courses is assessed by CRNA or anesthesiologist clinical faculty using the Clinical Performance Evaluation form. This is a formative performance assessment that evaluates the student's clinical performance in the areas of cognitive, psychomotor and affective behaviors. During the Novice phase evaluation will be daily; during Advanced Beginner, Competent, and Proficient phases it will be on a random basis.

Students are required to earn a "B" or "A" grade in a clinical course. A "B" is defined as 80-89% and an "A" is 90-100%. A grade below 79% is a failing grade. Even though a student may have a passing grade of 80% or higher, inconsistently passing daily evaluations may fall under the definition of problematic behavior as defined under *Remediation* and *Disciplinary* policies. As a general rule, failing daily evaluations that constitute 20% or greater of a semester's total (or if this is noted by NA faculty anytime during a semester) can be addressed as clinical problematic behavior and result in remediation or disciplinary actions.

Clinical conferences occur between the student and their assigned CRNA Faculty Advisor at mid-term and the end of each Fall and Spring semester and at the end of each Summer semester. A Summative Evaluation is completed that reflects the student's accumulated formative performance scores reflecting the student's progress inclusive of student weaknesses and strengths. The overall assessment and course grade is based upon cumulative Clinical Performance Evaluation performance scores. In addition to the Summative Evaluation the student's Self-Evaluation is discussed during the conference.

SELF-EVALUATION BY STUDENTS

Written self-evaluations are completed by students, and the results are used for validation of the student's strengths and strategies for improvement. The self-evaluation process is utilized for individual student improvement in the Program and is not included in a student's grade for the course. This process provides documentation to students on an ongoing basis related to the objectives they have established for themselves, and an opportunity for the clinical faculty to provide specific suggestions and/or guidance.

Beginning with NURA 801 Introduction to Clinical Practicum students are required to complete a self-evaluation at mid-term and the end of each semester. They review their self-evaluation with their assigned faculty advisor.

CLINICAL SITE EVALUATION

Students are required to evaluate the clinical sites assigned during each semester. The Department Chair reviews the evaluations and shares a composite report with the respective sites. If corrective action is indicated, approval and authorization to take such action is received from Program Administration.

COURSE EVALUATIONS

Students are required to evaluate each course enrolled in at the end of the semester. Individual student responses are anonymous. The evaluation data are aggregated and the results are sent to the Department Chair and the course instructor. If corrective action is indicated the Department Chair and Course Instructor determine such action and present the proposed actions to the Faculty and Curriculum Committees.

PROGRAM EVALUATION

All enrolled students and faculty are required to evaluate the Nurse Anesthesia Program annually. This evaluation provides the student with an opportunity to do a summative evaluation of the program of study (didactic and clinical) and provide suggestions for improvement(s) in the Program. Individual student responses are anonymous. A composite report of responses is presented to the Faculty and Curriculum Committees. If corrective action is indicated, authorization to take such action is received from the Program Administration.

CLINICAL FACULTY EVALUATIONS

Students complete an evaluation of clinical faculty for each practicum course taken. This includes an evaluation of each CRNA or anesthesiologist clinical faculty that they have worked with during the semester. In addition to responding to the statements, students can add comments. Individual student responses are anonymous.

The evaluation data are aggregated and the results are sent to the Program Director, the Chair of Anesthesiology and the Chief CRNA at KU Hospital. The Program Director reviews the evaluation(s), and when necessary, conducts a private conference with the Clinical Coordinator of the clinical site and/or an individual instructor. Results are used as part of the Continuous Program Self-Assessment Plan of the Program and the identification of areas needing improvement for the course and/or instructor.

FACULTY EVALUATIONS

All faculty are required to assess their personal performance at the end of each academic year in association with their annual merit review.

GRADUATE EVALUATION OF THE PROGRAM

An evaluation form is sent to each graduate at one year following graduation evaluating the quality of the program in professional preparation.

EMPLOYER EVALUATION OF THE PROGRAM

Employers of graduates are sent a form to evaluate program graduates at one year following graduation evaluating the quality of the program in professional preparation.

CLINICAL PERFORMANCE EXPECTATIONS AND EVALUATIONS

Clinical Performance Evaluations are used to assist students and faculty in identifying student development, achievement of performance competencies and to calculate part of the practicum course grade. The Clinical Performance Evaluation describes behaviors and performance competencies that students are expected to meet or exceed during a specified time period. The performance competencies are based on the Program's stated Graduate Outcomes which specify the skills, behaviors, and performance competencies Program graduates are to achieve.

Clinical Performance Evaluations are required throughout the students' clinical education (NURA 801, 821-823, and 924-926) either on a daily or a random basis. The number of clinical evaluations per semester should be no less than 4 and no more than 10 evaluations for each Fall, Spring and Summer clinical semester. Evaluations will be completed by the CRNA or anesthesiologist clinical instructor assigned with the student in the clinic. Evaluations will also be completed twice during affiliate rotations, at the beginning and end of the rotation; these will be done by the designated CRNA or MD affiliate coordinator.

All Clinical Performance Evaluations are completed online. The evaluations are printed and placed in the student's Clinical Record Notebook. All evaluations in the notebook must be reviewed and signed by students in a timely manner.

Summative Clinical Performance Evaluation will be completed by the student's assigned Faculty Advisor twice each Fall and Spring semester (at mid-term and the end) and once at the end of the Summer semester. Summative Clinical Performance Evaluations will be based on cumulative grades received from CRNA or Anesthesiologist clinical instructors on the daily or random Clinical Performance Evaluations.

Student's clinical performance is related in four (4) developmental stages adapted from Benner, P. (1984) *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, Menlo Par, CA: Addison-Wesley Publishing. The four (4) developmental levels are Novice, Advanced Beginner, Competent, and Proficient.

Novice: Expected performance (0-4 clinical months)

- Beginning abilities to synthesize didactic knowledge to clinical practice
- Developing psychomotor skills
- Requires frequent verbal/physical cues to perform safely
- Limited problem solving, critical thinking, & clinical judgment
- Limited ability to prioritize tasks and maintain focus
- Requires close 1:1 supervision

Advanced Beginner: Expected performance (5-10 clinical months)

- Frequently applies synthesized didactic knowledge to clinical practice
- Adequate psychomotor skills
- Occasionally needs verbal/physical cues to perform safely

- Frequently demonstrates problem solving, critical thinking and judgment
- Frequently prioritizes tasks and maintains focus
- Beginning to base decision making on experiences
- Capable of 1:2 supervision

Competent: Expected performance (11-16 clinical months)

- Demonstrates greater efficiency and organization in clinical practice
- Consistently utilizes principles based on experiences to guide performance
- Minimal physical/verbal cues are required to perform safely
- Demonstrates perspective from planning interventions based on conscious, abstract, and analytical thinking
- Consistently prioritizes tasks and maintains focus

Proficient: Expected performance (17-28 clinical months)

- Consistently applies synthesized didactic knowledge to clinical practice
- Demonstrates advanced psychomotor skills
- Adept at problem solving, critical thinking and clinical judgment
- Capable of functioning independently with instructor consultation
- Capable of applying anesthesia skills in advanced cases/rotations, such as regional, obstetrics, cardiovascular, rural independent CRNA practices
- Perceives and understands whole situation

PROGRESSION STANDARDS

The student must maintain a minimum B grade in clinical performance in order to progress and complete the program in the time allotted. At the discretion of the program faculty, a student may remain in any clinical phase for an extended period of time. A grade of B is not sufficient on its own to demonstrate competency in the clinic. If a student fails to progress in the normal time allotted for each clinical phase, he/she will be in a remediation phase or placed on probation for failure to advance as expected.

Novice to Advanced Beginner: (0-4 clinical months) Students must satisfactorily meet all performance competencies at the Novice level in order to progress. At the discretion of the program faculty, a student may remain in the Novice phase with 1:1 supervision for an extended period of time.

Advanced Beginner to Proficient: (5-10 clinical months) Students must satisfactorily meet all performance competencies at the Advanced Beginner level in order to progress. At the discretion of the program faculty, a student may remain in the Advanced Beginner phase for an extended period of time.

Competent to Proficient: (11-16 clinical months) Students must satisfactorily meet all performance competencies at the Competent level in order to progress. At the discretion of the program faculty, a student may remain in the Competent phase for an extended period of time.

Proficient to Graduate: (17-28 clinical months) Students must satisfactorily meet all performance competencies at the Proficient level in order to progress. At the discretion

of the program faculty, a student may remain in the Proficient phase for an extended period of time.

The grading scale is:

A = Performance exceeds expectations for level of experience and education

B = Performance is as expected for level of experience and education

F = Performance does not meet expectations for level of experience and education.

PROGRESSION/RETENTION CONFERENCE

Each student is assigned a Faculty Advisor during the second semester of the Program. Students meet with their assigned advisor at mid-term and the end of each clinical semester for a progression/retention conference.

Students in the Program demonstrate progression by competency in the following areas:

- Being able to exhibit skills in critical thinking, clinical decision-making, problem identification, problem solving, and diagnostic reasoning as demonstrated by competency in preparing anesthesia care plans, case preparation, case management, post-anesthesia management;
- Demonstrating interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds, as well as with peers, colleagues, anesthesia workers of the health care team;
- Being able to communicate sufficiently for interaction with others in verbal and written form;
- Possessing physical abilities sufficient to move from room to room and maneuver in small spaces;
- Possessing psychomotor abilities and dexterity sufficient to provide safe and effective anesthesia nursing care;
- Possessing auditory ability sufficient to monitor and assess health needs;
- Possessing visual ability sufficient for observation and assessment necessary in anesthesia nursing care;
- Possessing tactile ability sufficient for physical assessment and therapeutic interventions;
- Demonstrating the cognitive, psychomotor, and affective skills required for nurse anesthesia practice.

In cases where remediation, probation, suspension, or dismissal of a student is being considered, program policies will be followed.

SECTION VI: **AANA INFORMATION**

ASSOCIATE AANA MEMBERSHIP

Students are required to hold Associate membership in the AANA during enrollment in the KUMC Nurse Anesthesia Program. Membership provides students their first liaison

with the national professional organization. The student will receive all membership benefits, except voting status. This includes access to national and state meetings, subscriptions to AANA publications, including the AANA Journal. Payment of the membership fee is the responsibility of the student.

AANA REGISTRATION

All students shall be registered jointly with the Council on Accreditation of Educational Programs of Nurse Anesthesia and the National Board of Certification & Recertification for Nurse Anesthetists within 45 days following admission to an accredited nurse anesthesia educational program/school. Failure to do so could jeopardize the student's eligibility to write the qualifying examination for certification, and/or the program's accredited status.

RECOMMENDATION FOR CERTIFICATION EXAMINATION

The decision to graduate a student from the program is made by the faculty. The Chair shall recognize that in signing the recommendation for the NBCRNA's National Certification Examination, he/she is expressing a collective decision by a faculty which is constituted on the basis of their interest in quality patient care and education, and with knowledge of the responsibility that will be invested in the graduate in this specialty.

Recommendation for the National Certification Examination can be made only by the Department Chair. It is not the intent of this policy to invest the recommendation in an independent judgment, but rather to vest it in one whose primary responsibility lies in the education of nurse anesthetists.

SCOPE & STANDARDS FOR NURSE ANESTHESIA PRACTICE

The AANA Scope and Standards for Nurse Anesthesia Practice provides guidance for Certified Registered Nurse Anesthetists (CRNAs) and healthcare institutions regarding the scope of nurse anesthesia practice. The scope of practice of the CRNA addresses the responsibilities associated with anesthesia practice that are performed in collaboration with other qualified healthcare providers. Collaboration is a process which involves two or more parties working together, each contributing his or her respective area of expertise. CRNAs are responsible for the quality of services they render.

Scope of Nurse Anesthesia Practice

Professional Role

Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses (APRNs) licensed as independent practitioners. CRNAs practice both autonomously and in collaboration with a variety of health providers on the interprofessional team to deliver high-quality, holistic, evidence-based anesthesia and

pain care services. Nurse anesthetists care for patients at all acuity levels across the lifespan in a variety of settings for procedures including, but not limited to, surgical, obstetrical, diagnostic, therapeutic, and pain management.

CRNAs serve as clinicians, researchers, educators, mentors, advocates, and administrators.

Education, Accountability and Leadership

CRNAs enter the profession following successful completion of graduate or post-graduate education from an accredited nurse anesthesia program and after passing the National Certification Examination. CRNAs embrace lifelong learning and practice professional excellence through ongoing recertification and continuous engagement in quality improvement and professional development. The scope of nurse anesthesia practice is determined by education, experience, state and federal law, and facility policy. CRNAs are accountable and responsible for their services and actions, and for maintaining their individual clinical competence. Nurse anesthetists are innovative leaders in anesthesia care delivery, integrating progressive critical thinking and ethical judgment.

Anesthesia Practice

The practice of anesthesia is a recognized nursing and medical specialty unified by the same standard of care. Nurse anesthesia practice may include, but is not limited to, these elements: performing a comprehensive history and physical; conducting a preanesthesia evaluation; obtaining informed consent for anesthesia; developing and initiating a patient-specific plan of care; selecting, ordering, prescribing and administering drugs and controlled substances; and selecting and inserting invasive and noninvasive monitoring modalities. CRNAs provide acute, chronic and interventional pain management services, as well as critical care and resuscitation services; order and evaluate diagnostic tests; request consultations; and perform point-of-care testing. CRNAs plan and initiate anesthetic techniques, including general, regional, local, and sedation. Anesthetic techniques may include the use of ultrasound, fluoroscopy and other technologies for diagnosis and care delivery, and to improve patient safety and comfort. Nurse anesthetists respond to emergency situations using airway management and other techniques; facilitate emergence and recovery from anesthesia; and provide post-anesthesia care, including medication management, conducting a post-anesthesia evaluation, and discharge from the post-anesthesia care area or facility.

The Value and Future of Nurse Anesthesia Practice

CRNAs practice in urban and suburban locations, and are the primary anesthesia professionals providing care to the U.S. Military, rural, and medically underserved populations. The CRNA scope of practice evolves to meet the healthcare needs of patients and their families as new research and technologies emerge. As APRNs, CRNAs advocate for the removal of scope of practice barriers to increase patient access to high-quality, comprehensive care.

Standards for Nurse Anesthesia Practice

These standards are intended to:

1. Assist the profession in evaluating the quality of care provided by its practitioners.

2. Provide a common base for practitioners to use in their development of a quality practice.
3. Assist the public in understanding what to expect from the practitioner.
4. Support and preserve the basic rights of the patient.

These standards apply to all anesthetizing locations and may be exceeded at any time at the discretion of the CRNA. Although the standards are intended to promote high-quality patient care, they cannot assure specific outcomes. The CRNA should consider the integration of new technologies into current anesthesia practice.

There may be exceptional patient-specific circumstances that require deviation from a standard. The CRNA shall document any deviations from these standards (e.g., emergency cases for which informed consent cannot be obtained, surgical interventions or procedures that invalidate application of a monitoring standard) and state the reason for the deviation on the patient's anesthesia record.

Standard I

Perform and document a thorough pre-anesthesia assessment and evaluation.

Standard II

Obtain and document informed consent for the planned anesthetic intervention from the patient or legal guardian, or verify that informed consent has been obtained and documented by a qualified professional.

Standard III

Formulate a patient-specific plan for anesthesia care.

Standard IV

Implement and adjust the anesthesia care plan based on the patient's physiologic status. Continuously assess the patient's response to the anesthetic, surgical intervention, or procedure. Intervene as required to maintain the patient in optimal physiologic condition.

Standard V

Monitor, evaluate, and document the patient's physiologic condition as appropriate for the type of anesthesia and specific patient needs. When any physiological monitoring device is used, variable pitch and threshold alarms shall be turned on and audible. The CRNA should attend to the patient continuously until the responsibility of care has been accepted by another anesthesia professional.

a. Oxygenation

Continuously monitor oxygenation by clinical observation and pulse oximetry. If indicated, continually monitor oxygenation by arterial blood gas analysis.

b. Ventilation

Continuously monitor ventilation. Verify intubation of the trachea or placement of other artificial airway devices by auscultation, chest excursion, and confirmation of expired carbon dioxide. Use ventilatory pressure monitors as indicated. Continuously monitor end-tidal carbon dioxide during controlled or assisted ventilation and any anesthesia or sedation technique requiring artificial airway

support. During moderate or deep sedation, continuously monitor for the presence of expired carbon dioxide.

c. Cardiovascular

Continuously monitor cardiovascular status via electrocardiogram. Perform auscultation of heart sounds as needed. Evaluate and document blood pressure and heart rate at least every five minutes.

d. Thermoregulation

When clinically significant changes in body temperature are intended, anticipated, or suspected, monitor body temperature in order to facilitate the maintenance of normothermia.

e. Neuromuscular

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

f. Positioning

Monitor and assess patient positioning and protective measures, except for those aspects that are performed exclusively by one or more other providers.

Interpretation Continuous clinical observation and vigilance are the basis of safe anesthesia care. Consistent with the CRNA's professional judgment, additional means of monitoring the patient's status may be used depending on the needs of the patient, the anesthesia being administered, or the surgical technique or procedure being performed.

Standard VI

Document pertinent anesthesia-related information on the patient's medical record in an accurate, complete, legible, and timely manner.

Standard VII

Evaluate the patient's status and determine when it is safe to transfer the responsibility of care. Accurately report the patient's condition, including all essential information, and transfer the responsibility of care to another qualified healthcare provider in a manner that assures continuity of care and patient safety.

Standard VIII

Adhere to appropriate safety precautions as established within the practice setting to minimize the risks of fire, explosion, electrical shock and equipment malfunction. Based on the patient, surgical intervention or procedure, ensure that the equipment reasonably expected to be necessary for the administration of anesthesia has been checked for proper functionality and document compliance. When the patient is ventilated by an automatic mechanical ventilator, monitor the integrity of the breathing system with a device capable of detecting a disconnection by emitting an audible alarm. When the breathing system of an anesthesia machine is being used to deliver oxygen, the CRNA should monitor inspired oxygen concentration continuously with an oxygen analyzer with a low concentration audible alarm turned on and in use.

Standard IX

Verify that infection control policies and procedures for personnel and equipment exist within the practice setting. Adhere to infection control policies and procedures as established within the practice setting to minimize the risk of infection to the patient, the CRNA, and other healthcare providers.

Standard X

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

Standard XI

Respect and maintain the basic rights of patients.

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 Anesthetists 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*.

CODE OF ETHICS

Preamble

Certified Registered Nurse Anesthetists (CRNAs) practice nursing by providing anesthesia and anesthesia-related services. They accept the responsibility conferred upon them by the state, the profession, and society. The American Association of Nurse Anesthetists (AANA) has adopted this Code of Ethics to guide its members in fulfilling their obligations as professionals. Each member of the AANA has a personal responsibility to uphold and adhere to these ethical standards.

1. Responsibility to Patients

CRNAs preserve human dignity, respect the moral and legal rights of health consumers, and support the safety and well-being of the patients under their care.

- 1.1 The CRNA renders quality anesthesia care regardless of the patient's race, religion, age, sex, nationality, disability, social, or economic status.
- 1.2 The CRNA protects the patient from harm and is an advocate for the patient's welfare.
- 1.3 The CRNA verifies that a valid anesthesia informed consent has been obtained from the patient or legal guardian as required by federal or state laws or institutional policy prior to rendering a service.
- 1.4 The CRNA avoids conflicts between his or her personal integrity and the patient's rights. In situations where the CRNA's personal convictions prohibit participation in a particular procedure, the CRNA refuses to participate or withdraws from the case provided that such refusal or withdrawal does not harm the patient or constitute a breach of duty.
- 1.5 The CRNA takes appropriate action to protect patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, or unethical practice.
- 1.6 The CRNA maintains confidentiality of patient information except in those rare events where accepted nursing practice demands otherwise.
- 1.7 The CRNA does not knowingly engage in deception in any form.
- 1.8 The CRNA does not exploit nor abuse his or her relationship of trust and confidence with the patient or the patient's dependence on the CRNA.

2. Competence

The scope of practice engaged in by the CRNA is within the individual competence of the CRNA. Each CRNA has the responsibility to maintain competency in practice.

- 2.1 The CRNA engages in lifelong, professional educational activities.
- 2.2 The CRNA participates in continuous quality improvement activities.
- 2.3 The practicing CRNA maintains his or her state license as a registered nurse, meets state advanced practice statutory or regulatory requirements, if any, and maintains recertification as a CRNA.

3. Responsibilities as a Professional

CRNAs are responsible and accountable for the services they render and the actions they take.

- 3.1 The CRNA, as an independently licensed professional, is responsible and accountable for judgments made and actions taken in his or her professional practice. Neither physician orders nor institutional policies relieve the CRNA of responsibility for his or her judgments made or actions taken.
- 3.2 The CRNA practices in accordance with the professional practice standards established by the profession.
- 3.3 The CRNA participates in activities that contribute to the ongoing development of the profession and its body of knowledge.
- 3.4 The CRNA is responsible and accountable for his or her conduct in maintaining the dignity and integrity of the profession.
- 3.5 The CRNA collaborates and cooperates with other healthcare providers involved in a patient's care.
- 3.6 The CRNA respects the expertise and responsibility of all healthcare providers involved in providing services to patients.
- 3.7 The CRNA is responsible and accountable for his or her actions, including self-awareness and assessment of fitness for duty.

4. Responsibility to Society

CRNAs collaborate with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

- 4.1 The CRNA works in collaboration with the healthcare community of interest to promote highly competent, safe, quality patient care.

5. Endorsement of Products and Services

CRNAs endorse products and services only when personally satisfied with the products' or services' safety, effectiveness, and quality. CRNAs do not state that the AANA has endorsed any product or service unless the Board of Directors of the AANA has done so.

- 5.1 Any endorsement is truthful and based on factual evidence of efficacy.
- 5.2 The CRNA does not exploit his or her professional title and credentials for products or services which are unrelated to his or her professional practice or expertise.

6. Research

CRNAs protect the integrity of the research process and the reporting and publication of findings.

- 6.1 The CRNA evaluates research findings and incorporates them into practice as appropriate.
- 6.2 The CRNA conducts research projects according to accepted ethical research and reporting standards established by law, institutional procedures, and the health professions.
- 6.3 The CRNA protects the rights and well-being of people and animals that serve as subjects in research.

6.4 The CRNA 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.

7. Business Practices

CRNAs, regardless of practice arrangements or practice settings, maintain ethical business practices in dealing with patients, colleagues, institutions, and corporations.

7.1 The contractual obligations of the CRNA are consistent with the professional standards of practice and the laws and regulations pertaining to nurse anesthesia practice.

7.2 The CRNA will not participate in deceptive or fraudulent business practices.