



**VILLANOVA**  
**UNIVERSITY**

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**M. Louise Fitzpatrick**  
**College of Nursing**

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## **Graduate Nursing Program Handbook**

**Master of Science in Nursing**  
**Post-Graduate APRN Certificate**  
**Certificate in Nursing Education**  
**Doctor of Nursing Practice – Nurse Anesthesia**  
**Doctor of Nursing Practice – Post Master’s Track**  
**Doctor of Philosophy**  
**2023-2024**

**VILLANOVA UNIVERSITY**

**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE NURSING PROGRAM HANDBOOK**  
**2023-2024**

This Handbook presents the most current information available at the time of publication. All procedures, processes, fees, course offerings, admission, and graduation requirements, are subject to change without notice or obligation.

VILLANOVA UNIVERSITY  
August 2023

An Equal Opportunity Educational Institution

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE NURSING PROGRAM**  
**2023 – 2024**

The Baccalaureate Degree in Nursing, Master’s Degree in Nursing, Certificate in Nursing Education, Post-Graduate APRN Certificate, and Doctor of Nursing Practice tracks are accredited by the Commission on Collegiate Nursing Education (CCNE).

The Nurse Anesthesia track in the DNP program is fully accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.

The Healthcare Professional Development Program is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.

American Nurses Credentialing Center  
655 K Street, NW, Suite 750  
Washington, DC 20024-2571  
Phone: 202-463-6930  
FAX: 202-785-8320  
[www.aacnursing.org](http://www.aacnursing.org)

Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs  
State Board of Nursing  
P. O. Box 2649  
Harrisburg, PA 17105-2649  
Phone: 717-783-7142  
FAX: 717-783-0822  
[www.dos.state.pa.us/bpoa/nurbd/mainpage.htm](http://www.dos.state.pa.us/bpoa/nurbd/mainpage.htm)  
[nursing@pados.dos.state.pa.us](mailto:nursing@pados.dos.state.pa.us)

Commission on Collegiate Nursing Education  
655 K Street, NW, Suite 750 Washington, DC 20001  
Phone: 202-887-6791  
FAX: 202-887-8476  
<https://www.aacnursing.org/CCNE>

Council on Accreditation of Nurse Anesthesia Educational Programs  
222 South Prospect Avenue  
Park Ridge, IL 60068-4001 Phone: 847-692-7050  
FAX: 847-692-6968  
[www.coacrna.org](http://www.coacrna.org)

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Dear Graduate Nursing Student:

Welcome to the Graduate Nursing Program at Villanova University! On behalf of the faculty and staff, I want to tell you that we are pleased you have selected the Fitzpatrick College of Nursing to help you move ahead in your career and congratulate you for your admission to our very competitive programs of study.

We are committed to providing you with educational experiences that will be challenging and rewarding and will form a solid foundation for an impactful career as a capable clinician or educator and a leader in your respective area of practice. Throughout your program you will benefit from a broad range of evidence-based learning experiences, scholarly activities, group collaborations, active engagement with your faculty and fellow students, and rich opportunities to participate in vibrant campus life. All are integral to the program and to your academic and career success. We are proud of our faculty, students, alumni, staff, and programs; and we are pleased to have you join our "*Villanova family*."

This Graduate Nursing Program Handbook has been prepared for you with input from faculty, staff, and students. In it you will find the contacts, policies, procedures, and important calendar dates you will need to reference throughout the year. This Handbook also explains the many services, organizations, and activities that are available at Villanova University to facilitate your progression through our program.

The content in this handbook is also available online. Should you need clarification, be sure to reach out to your Faculty Advisor, The Assistant Director for the Graduate Program or the Associate Dean for the Graduate Program.

You, like all graduate students, are responsible to know and follow all regulations listed in this handbook and provided by the Villanova University Office of the Provost  
<https://www1.villanova.edu/villanova/provost/resources.html>

Again, we welcome you to the Graduate Nursing Program. We hope you will find this resource to be helpful and that your educational experience will be a positive one.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mary Terhaar".

Mary Terhaar, PhD, RN, ANEF, FAAN  
Professor & Associate Dean for the Graduate Program

## VILLANOVA UNIVERSITY MISSION STATEMENT

Villanova University is a Catholic Augustinian community of higher education, committed to excellence and distinction in the discovery, dissemination, and application of knowledge. Inspired by the life and teaching of Jesus Christ, the University is grounded in the wisdom of the Catholic intellectual tradition and advances a deeper understanding of the relationship between faith and reason. Villanova emphasizes and celebrates the liberal arts and sciences as foundational to all academic programs. The University community welcomes and respects members of all faiths who seek to nurture a concern for the common good and who share an enthusiasm for the challenge of responsible and productive citizenship in order to build a just and peaceful world.

### **Enduring Commitments**

In pursuit of this mission, we commit ourselves to academic excellence, to our values and traditions, and to our students, alumni and the global community.

#### **To foster academic excellence, we:**

- Create a diverse community of scholars, united and dedicated to the highest academic standards;
- Emphasize the liberal arts and sciences as our foundation and foster in our students active engagement, critical thinking, life-long learning and moral reflection;
- Concern ourselves with developing and nurturing the whole person, allowing students, faculty and staff to grow intellectually, emotionally, spiritually, culturally, socially and physically in an environment that supports individual differences and insists that mutual love and respect should animate every aspect of university life;
- Encourage interdisciplinary research, teaching and scholarship;
- Affirm the intrinsic good of learning, contemplation, and the search for truth in undergraduate and graduate education.
- Support a curriculum that encourages both a global perspective and an informed respect for the differences among peoples and cultures.

#### **To honor our values and tradition, we:**

- Believe that the dialogue between faith and reason drives the pursuit of knowledge and wisdom, and fosters St. Augustine's vision of learning as a community ethos governed by love;
- Seek to understand, enrich and teach the Catholic intellectual tradition through our curricula, scholarship and activities in ways that engage religious, intellectual and cultural traditions in a vigorous and respectful pursuit of truth and wisdom in every area of humanity;
- Provide opportunities for students, faculty and staff to seek guidance from Catholic intellectual and moral traditions, while always welcoming people from all faiths, cultures and traditions to contribute their gifts and talents to our mission;
- Respect and encourage the freedom proposed by St. Augustine, which makes civil discussion and inquiry possible and productive:

- Look to the Order of St. Augustine to preserve our Augustinian character, by showing appropriate preference to Augustinians in faculty and staff appointments, and by welcoming their presence and influence in our university community.

**To serve our students, alumni and global community, we:**

- Encourage students, faculty and staff to engage in service experiences and research, both locally and globally, so they learn from others, provide public service to the community and help create a more sustainable world;
- Commit to the common good, and apply the knowledge and skills of our students and faculty to better the human condition;
- Encourage our students and faculty to pursue virtue by integrating love and knowledge, and by committing themselves to research and education for justice, with a special concern for the poor and compassion for the suffering;
- Respect a worldview that recognizes that all creation is sacred and that fosters responsible stewardship of the environment;
- Include our alumni as an integral part of the Villanova community;
- Value highly our relationship with neighboring communities, especially Radnor Township and the City of Philadelphia.

## **M. LOUISE FITZPATRICK COLLEGE OF NURSING HISTORY**

Villanova University first responded to society's need for baccalaureate-prepared nurses in 1932 when it offered a program of studies for nurses, leading to a Bachelor of Science in Nursing Education. This commitment was subsequently expanded in 1953 to create the M. Louise Fitzpatrick College of Nursing that now offers a generic BSN program, a MSN program, a Post-Graduate APRN Certificate program, a PhD program, a DNP program and a Continuing Education program.

The M. Louise Fitzpatrick College holds the belief that professional nursing provides a significant service to society through its concern for the promotion, maintenance, and restoration of health. Baccalaureate education prepares individuals for professional nursing practice in a variety of health settings and for continuous personal and educational growth, including entrance into graduate education in nursing. A liberal education is integrated with the ideals, knowledge, and skills of professional nursing practice under the direction of well-qualified faculty.

The M. Louise Fitzpatrick College of Nursing is approved by the State Board of Nurse Examiners of the Commonwealth of Pennsylvania, and upon completion of the undergraduate program, graduates are eligible to take the State Board Examination for licensure as professional registered nurses. The undergraduate, graduate, post-graduate certificate and Doctor of Nursing practice programs are fully accredited by CCNE. The graduate nurse anesthesia program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.

Villanova University M. Louise Fitzpatrick College of Nursing is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. Cognizant of the diverse learning needs of individuals engaging in nursing practice, education and the administration of nursing and health care services, the Healthcare Professional Development Program offers a wide variety of workshops, seminars, conferences, and short courses are offered by experts in the field. Through this program, the M. Louise Fitzpatrick College of Nursing collaborates with health practitioners and agencies in advancing and maintaining the quality of health care for people and supporting lifelong learning of the healthcare professional.

## **M. LOUISE FITZPATRICK COLLEGE OF NURSING MISSION STATEMENT**

The Fitzpatrick College of Nursing (FCN) is a tangible expression of Villanova University's mission, tradition, and commitment to human service. As a major college of nursing under Catholic auspices, it carries responsibility for the education of nurses within the framework of Christian beliefs and values and the heritage of the Order of St. Augustine. True to its mission, the FCN welcomes students from all religious traditions and backgrounds.

The FCN interprets nursing as a healing ministry emanated by love and demonstrated through service and the care of others. As a healing art, an applied science, and a practice discipline, nursing as taught at Villanova University emphasizes concern for spiritual health as well as that of mind and body. It is person-centered and as such is holistic, individualized, coordinated, evidence-based, just, and developmentally appropriate. Foundational to person-centered care is

respect for diversity in its multitude of forms: differences, preferences, values, needs, resources, and the determinants of health unique to the individual, family and community. Our curricula reflect the integration of these elements and their application in clinical practice and concern for others. This includes but is not limited to race, ethnicity, religion, ability, gender identity, sexual orientation or socioeconomic status. The FCN educates individuals for service to a diverse global society including all sectors and strata of the population. Our graduates are prepared to assume roles in a variety of settings including population health, acute care, ambulatory care, long-term care, and care from the beginning to the end-of-life. Principles of improvement science including quality and safety in care delivery are core values used to create a culture of safety.

The FCN, consistent with the mission of Villanova University, assumes responsibility for the education of individuals who will be prepared to provide a vital service to society and who are clinically competent, compassionate, ethically motivated, and are able to work with other professions to address the healthcare needs of patients and populations. The FCN is committed to providing high quality education in the liberal arts and sciences and expert preparation in the knowledge and clinical skills of professional nursing to individuals, families and communities who must be prepared and empowered to confront the health care demands of a diverse, complex, and technologically advanced society.

The College views itself as an important locus of education, scholarship, research, and organizational leadership within and beyond nursing's professional, scientific, and educational communities. This nursing scholarship informs science, enhances clinical practice, influences policy, and impacts best practices for educating nurses as clinicians, scholars, and leaders. (Updated June 2022)

The Fitzpatrick College of Nursing awards the baccalaureate in nursing (BSN) and provides basic preparation in nursing to those who are studying for the first professional degree in the field. Such students include high school graduates with no prior college experience, registered nurses who have not yet attained the baccalaureate, college graduates with degrees in other disciplines who have made a decision to study nursing, and adults who are studying for their first college degree.

The Graduate Program administers the Master of Science degree in nursing (MSN), certificate in nursing education, and Post-Graduate APRN certificate programs. These programs provide preparation and leadership development in selected areas of advanced nursing practice and education, development of research skills, and knowledge of health policy. In addition, course options prepare individuals for positions as educators and nurse practitioners.

The Graduate Program administers the Doctor of Philosophy degree in nursing (PhD), prepares nurses as educators and researchers for academic careers in higher education. The Doctoral Program at Villanova is unique in that it focuses on the application of advanced nursing knowledge and scholarly inquiry that address professional and practice concerns related to the learning process.

The Graduate Program administers the Doctor of Nursing Practice – Nurse Anesthesia degree (DNP-NA) prepares nurses with a sound base of theoretical knowledge and clinical experience in the practice of nurse anesthesia and professional leadership.

The Graduate Program administers the post-master's Doctor of Nursing Practice degree (DNP) prepares APRNs, including Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, Certified Nurse-Midwives and Nurse Administrators with advanced knowledge in evidence-based practice, organization leadership, and financial acumen to lead innovation in nursing practice and healthcare. The emphasis of the DNP program is on broad "systems thinking" in order to facilitate the design and implementation of models of patient care and clinical practice.

The Fitzpatrick College of Nursing provides education grounded in values and ethical principles, a pervasive and central theme which emanates from the Catholic and Augustinian traditions of the University. Faculty serve as role models and mentors for the professional development of all students in the exercise of their academic responsibilities.

### **M. LOUISE FITZPATRICK COLLEGE OF NURSING PHILOSOPHY**

The Philosophy of the FCN is in accord with the Philosophy of Villanova University as stated in its Mission Statement. Rooted in the Catholic and Augustinian heritage of the university, the FCN is welcoming and respectful of those from all faith traditions. We recognize human beings as unique and created by God. The faculty believes that human beings are endowed with intellect, free will, and inherent dignity across their life span. Human beings have the potential to direct, integrate, and adapt to their total environment to meet their needs.

The faculty believe that health is a state of physiological, psychological, social, and spiritual well-being and not merely the absence of disease. Human beings do not assume a fixed position of health but have the potential for moving between wellness and illness in multiple dimensions. The faculty believes that health care is a right, and they respect individuals' decisions related to their health care.

Nursing is a dynamic profession. Its focus is person-centered care which assists individuals, families, and communities locally and globally at all points in the life cycle to maintain, restore and promote health, while providing safe, equitable, trauma-informed, quality care. The nurse, as an accountable agent of health care, uses the nursing process to fulfill various functions of nursing: health promotion, health teaching, health counseling, and managing and providing safe nursing care. The nurse cultivates a just culture addressing structural racism and other forms of discrimination and reflecting civility and respect.

Person and population centered care uses the nursing process to assess, diagnose, plan, implement, and evaluate both the need for nursing care and the outcomes of nursing interventions. The faculty understands that the nursing profession is ever changing. Nurses are actively involved in the planning, implementation, and development of changes that predict or respond to continually evolving health needs enhanced by communication technologies and informatics processes. Through evidence-based practice, nurses act as catalysts in stimulating deliberate and conscious planning for the improvement of society's health. As change agents and leaders, nurses serve and emerge with other health disciplines as intentional interprofessional partners in leading and shaping health policy for a diverse, inclusive, multicultural society and in functioning as advocates for health and well-being.

The faculty and students comprise a community of learners with the teacher as the facilitator and the students engaged in their own learning. The faculty believe that education provides students with opportunities to develop critical thinking so that they can use sound clinical judgment in nursing practice. Students and faculty are engaged in a technology enhanced classroom and clinical environment. This type of intellectual development can best be attained in a teaching-learning environment that promotes sharing of knowledge, skills, attitudes, and scholarship which generates new knowledge.

Through its Baccalaureate, Masters and Doctoral programs, the FCN educates nurses who are prepared to practice safe, quality nursing care and demonstrate leadership across healthcare systems. The faculty believes these educational programs are integral to the ongoing process of continuing professional education and development. Core professional values include altruism, autonomy, excellence, caring, ethics, respect, communication, collaboration, and shared accountability. The FCN prepares graduates to commit to ongoing self-reflection, lifelong learning and a spirit of inquiry fostering compassion, humility, inclusivity, resilience, and the promotion of nursing excellence.

(Updated June 2022)

### **M. LOUISE FITZPATRICK COLLEGE OF NURSING GOALS**

The Fitzpatrick College of Nursing, Villanova University's goals are deemed to be congruent with Villanova University's Strategic Plan, "[\*Rooted and Restless\*](#)" and with the University's mission and strategic initiatives. The goals provide a framework for the Fitzpatrick College of Nursing's Strategic Plan.

FCN Goals:

1. To serve the health needs of society through the development of competent pre-licensure and post-licensure nurses by integrating theoretical principles and evidence-based practice.
2. To develop intellectual curiosity of nursing knowledge for the expansion of scholarly productivity with the FCN and the profession.
3. To integrate, apply, and promote established and emerging principles in nursing for the delivery of quality and safe care.
4. To provide leadership to the profession in justice, equity, diversity, and inclusion in the areas of ethics, human values, spiritual, and social dimensions of health care.
5. To maintain the economic viability of the FCN with a sustainable and cost-effective program inclusive of extramural funding for all students, faculty, and the University.
6. To participate in the goals of the university in the areas of academic integrity, student life, technology, and service to the internal and external communities.
7. To communicate a spirit of collaboration, community, and respect within the context of Catholic, Augustinian values.

8. To proactively coordinate and foster professionalism and professional identity formation among students and faculty through academic, co-curricular, and interprofessional activities.
9. To translate the evolving role of nurses in the global health communities inclusive of population health principles with outcomes focused on social determinants of health.

(Updated June 2022)

## **OVERVIEW OF THE GRADUATE PROGRAM OFFERINGS**

Villanova University M. Louise Fitzpatrick College of Nursing Graduate Nursing Program was established in 1980 with a five-year grant from the federal government. The focus of the program was the preparation of leaders in nursing education and nursing administration. Since that time, the Graduate Program has made numerous changes in response to advances in health care and demands for innovative health care models.

Villanova was the first College of Nursing in the country to offer a designated graduate track in Case Management in 1993. Between 1995 and 1998 three new advanced practice master's degree and post-master's certificate tracks were established for nurse practitioners: adult, pediatric and geriatric.

A track to prepare nurse anesthetists was introduced in 1998. This track transitioned to prepare graduates with a terminal degree – NA-DNP in January 2019.

In 2004 the PhD program was initiated to prepare teacher-scholars with the expertise to meet societal health expectations and the demands of educating subsequent generations of nurses. In 2008 the Health Care Administration track was revised in response to the changing needs for preparing nurse managers. In 2012 the DNP program was initiated as a practice focused doctoral program designed to prepare Post-Master's Advanced Practice Registered Nurses (APRN) and Nurse Administrators to lead innovation in nursing practice and healthcare.

A fourth APRN track was added in 2023 to prepare Psychiatric-Mental Health Nurse Practitioners. In that same year, a second education-focused pilot MSN track was implemented to prepare Clinical Faculty Nurse Educators.

### **OUR FACULTY & PEDAGOGY**

Faculty who teach in the Graduate Program are all academically prepared, professionally accomplished, and experienced educators. Our Graduate Program is recognized for its flexibility and for our highly individualized approach to program planning.

Graduate courses are offered in the late afternoon or evening whenever possible. This may not be possible for some clinical practica and advanced practice courses.

Students have the option to study on a full-time or part-time basis. Online courses are offered each semester to meet the needs of busy professionals.

Graduate students in the program have diverse backgrounds and styles of learning. Our faculty believe that graduate students are motivated to and capable of assuming responsibility for developing their own educational goals with faculty support. Students are expected to be active participants in their own learning. That learning includes information gathering and utilization, as well as reordering and synthesis of knowledge. These are essential elements of effective professional practice, scholarly inquiry, and leadership.

Graduate study is grounded in respectful, collegiality in the student-teacher relationship. Further, the faculty believe that students pursuing a graduate degree in nursing must be afforded rich opportunities to study the sociopolitical, multicultural, economic, and technological forces that will affect their roles as leaders in nursing education, administration, and advanced nursing practice.

Students have the opportunity select electives from a variety of disciplines outside or within the College. Students complete an independent project in an individually- selected area of interest, under the advisement of a faculty member. This project may take the form of a research project if the student chooses. The program emphasizes extensive use of faculty advisors for course and professional planning, and it promotes collegial interactions among students and between students and faculty.

### **GRADUATE PROGRAM GOALS**

The goals of the Master's degrees, Certificate and Post-Graduate Certificates tracks, and Nurse Practitioner tracks in the M. Louise Fitzpatrick College of Nursing at Villanova University are to:

- Develop nurse educators and nurse practitioners with the expertise to improve health outcomes for individuals, populations, and systems.
- Effectively use research and technology to generate new questions and new knowledge.
- Provide a foundation for doctoral study.

### **GRADUATE NURSING PROGRAM OUTCOMES COMPETENCIES**

Upon completion of the Master's degree or Post-Graduate Certificate, graduates of the Nurse Educator and Nurse Practitioner tracks will be able to:

1. Apply nursing science that is grounded in education, sciences and humanities with critical analysis of relevance to nursing and health care practice.
2. Translate and integrate relevant scholarship into nursing education and practice.
3. Use analytic methods to evaluate relevant scholarship to promote safe, quality nursing and health care practice.
4. Integrate nursing knowledge, reflective of social determinants of health, in interprofessional teams to improve health care outcomes for patients, families, communities and populations.
5. Promote equitable restorative and preventive nursing and health care for individuals, families, communities, and populations, recognizing individual uniqueness and delivery congruent with the Judeo-Christian humanistic tradition.

6. Apply principles of organizational science and leadership to effect responsible change in health systems and health policy.
7. Implement effective evidence-based strategies in nursing practice, education, and research to promote safe, quality, cost-effective, and accessible health care.
8. Evaluate the use of information and communication technologies to support patient care.
9. Demonstrate a commitment to ethics and integrity consistent with the highest standards of professional nursing.
10. Contribute to the profession through promoting self-care, mentoring others, maintaining competence by continued personal and professional growth, and advocating for equity in nursing and society.

Revised 2022

## STATEMENT ON EVIDENCE-BASED PRACTICE IN NURSING

The M. Louise Fitzpatrick College of Nursing endorses the fundamental premise that all nursing practice reflects standards derived from the best current scientific evidence. We assert that nurses need to know how to access high quality, evidence-based sources of reliable information to support nursing practice. Nurses need to practice ongoing quality improvement which requires continual evaluation of patient data as well as other data sources to inform selection of the best clinical practices relevant for particular populations and settings.

## GRADUATE PROGRAM CURRICULUM STANDARDS

The M. Louise Fitzpatrick College of Nursing has incorporated professional nursing standards and guidelines into the Master's, DNP-NA and Post-Graduate APRN Certificate nursing curricula. Documents utilized for this purpose include but are not limited to:

- *Adult-Gerontological Acute Care and Primary Care Nurse Practitioner Competencies (National Organization of Nurse Practitioner Faculties, (2016)*
- *Standards for Quality Nurse Practitioner Education, 6th ed. (National Task Force on Quality Nurse Practitioner Education, (2022)*
- *ANA Code of Ethics (2015)*
- *Scope of Practice for Academic Nurse Educators and Academic Clinical Nurse Educators, 3rd ed. (NLN, 2019)*
- *Genetics and Genomics Nursing: Scope and Standards of Practice, 2nd ed. (International Society of Nurses in Genetics, Inc. & the ANA, (2016)*
- *Home Health Nursing: Scope and Standards of Practice, 2nd ed. (ANA, 2014)*
- *Nurse Practitioner Core Competencies (National Organization of Nurse Practitioner Faculties, (2022)*
- *Nursing: Scope and Standards of Practice, 4th ed. (ANA, 2021)*
- *Pediatric Nursing: Scope and Standards of Practice, 2nd ed. (ANA, NAPNAP, SPN, (2016)*
- *Psychiatric-Mental Health Nursing: Scope and Standards of Practice, 3rd ed. (American Psychiatric Nurses Association, ANA, ISPN (2022)*
- *Scope and Standards for Nurse Anesthesia Practice (AANA, 2020)*
- *Standards of Practice for Nurse Practitioners (AANP, 2022)*
- *Standards for Accreditation of Nurse Anesthesia Program (Council on Accreditation of Nurse Anesthesia Educational Programs, (2023)*
- *Standards for Professional Nursing Practice in the Care of Women and Newborns, 8th ed. (AWHONN, 2019)*
- *The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021)*
- *The Essentials of Doctoral Education for Advanced Practice Nursing (AACN, 2006)*
- *The Scope of Practice for Academic Nurse Educators and Academic Clinical Nurse Educators, 3rd ed. (NLN, 2019)*

(Updated August 2023)

## NURSE EDUCATION TRACKS

### MSN AND CERTIFICATE IN NURSING EDUCATION

The Nursing Education track offers nurses the opportunity to combine clinical experience with preparation for teaching nursing practice. The curriculum prepares nurses to assume leadership roles as dynamic educators in academic settings, staff development, continuing education, and community education programs. Students select an area of interest for the clinical practicum: adult-gerontology, parent-child health, community health or psychiatric/mental health. Students also select an academic or clinical setting for their teaching practicum. To develop as a nursing educator, students create curricula, plan programs, and teach with master teacher clinicians in a clinical and academic setting to begin the nurse educator role. Graduates can progress from this concentration to our [PhD program](#) and find their course of study expedited.

#### Program Objectives:

Upon completion of the program the graduates are able to:

1. Integrate foundational and advanced specialty knowledge and experience in a broadly based clinical practice area into the educator role.
2. Use diverse sources of evidence to inform the development, application, evaluation, and dissemination of nursing knowledge in nursing curricula and nursing programs.
3. Translate theories from education, related sciences, and other disciplines for theoretical and clinical nursing education.
4. Utilize a variety of teaching strategies, informational and educational resources to facilitate classroom and clinical learning by providing safe high-quality care while enhancing student and staff development.
5. Conceptualize the educator's personal philosophy of teaching and professional role.
6. Propose strategies for nurse educators to formulate interprofessional relationships, optimize positive client outcomes and demonstrates professional nursing values.
7. Provide leadership in the university, health agency or community settings to cultivate lifelong learning and professional identity.
8. Analyze issues in nursing and higher education that focus on population health and influence person centered care and the development of the discipline of nursing.

(Updated 2022)

## **NURSE EDUCATOR**

<b>CORE COURSES</b>		<b>CREDITS</b>
NUR 8964	Clinical Ethics: Theory and Practice	3
NUR 8904	Nursing Research: The Practice Connection	3
NUR 8902	Development of Nursing Science	3
NUR 8906	Leadership Strategies in Nursing	3
<b>SUPPORT COURSES</b>		
NUR 8615	Issues Across the Life Span	3
OR		
NUR 8863	Health Promotion of the Growing Child	3
NUR 8901	Advanced Pathophysiology	3
NUR 8903	Advanced Pharmacology	3
NUR 8910	Advanced Physical Assessment	4
_____	Select one of the following: **	3
NUR 8921	Practicum in Adult/Gerontology Health Nursing	**
NUR 8923	Practicum in Community Health Nursing**	
NUR 8927	Practicum in Parent-Child Health Nursing**	
NUR 8929	Practicum in Psychiatric-Mental Health Nursing**	
_____	Elective	3
<b>EDUCATION COURSES</b>		
NUR 9517	Structure and Philosophy of Higher Education	3
NUR 8950	Curriculum in Nursing Education	3
NUR 8951	Principles of Measurement and Evaluation in Nursing	3
NUR 8952	Teaching Strategies	3
NUR 8954	Practicum in Teaching of Nursing**	3

**\*\* Application due October 1<sup>st</sup> or February 1<sup>st</sup> or July 1<sup>st</sup>**

Course descriptions can be found at:

[https://www1.villanova.edu/villanova/nursing/programs/graduate/course\\_catalog.html](https://www1.villanova.edu/villanova/nursing/programs/graduate/course_catalog.html)

## **NURSE EDUCATOR CERTIFICATE PROGRAM**

Nurse Educator Certificate is awarded after completion of 12 credits. Minimum time for program completion is one year. Students have five years to complete requirements for the Certificate from first enrollment.

### **CORE COURSES - 9 credits**

NUR 8950	Curriculum in Nursing Education	3 cr.
NUR 8951	Principles of Assessment, Measurement and Evaluation in Nursing	3 cr.
NUR 8952	Teaching Strategies	3 cr.

### **ELECTIVES – 3 credits from the following:**

NUR 9517	Structure and Philosophy of Higher Education	3 cr.
NUR 8954	Practicum in Teaching Nursing	3 cr.
NUR 9004	Advanced Study in Nursing	3 cr.
NUR 8920	Clinical Simulation in Healthcare Education	3 cr.
NUR 8980	Creative Teaching Strategies in Nursing: Using the Humanities	3 cr.

Course descriptions can be found at:

[https://www1.villanova.edu/villanova/nursing/programs/graduate/course\\_catalog.html](https://www1.villanova.edu/villanova/nursing/programs/graduate/course_catalog.html)

**MSN CLINICAL FACULTY NURSE EDUCATOR TRACK**

(Pilot program for August 2023 to July 2025)

**Curriculum Plan**

Semester	Course Number	Course Name	Credits
Fall 2023	NUR 8911	Nursing Research and Science in Nursing Education	3
Fall 2023	NUR 8952	Teaching Strategies	3
Spring 2024	NUR 8951	Principles of Measurement and Evaluation in Nursing	3
Spring 2024	NUR 8901	Advanced Pathophysiology	3
Summer 2024	NUR 8919	Simulation in Higher Education and Healthcare	4
Fall 2024	NUR 8910	Advanced Physical Assessment	4
Fall 2024	NUR 8950	Curriculum in Nursing Education	3
Spring 2025	NUR 8953	Practicum for Clinical Nurse Educators	4
Spring 2025	NUR 8903	Advanced Pharmacology	3
Summer 2025	NUR 8501	Nursing Leadership and Ethics in Education and Practice	3

**NURSE PRACTITIONER TRACKS**  
**COMPETENCIES FOR AGNP, FNP & PNP NURSE PRACTITIONERS**  
**MSN AND POST-GRADUATE APRN CERTIFICATE**

These tracks prepare primary care practitioners to perform acts of medical diagnosis or prescription of medical, therapeutic, or corrective measures for clients in primary care settings independently and in collaboration with or under the direction of a licensed physician. At the completion of this track, the graduate is able to:

1. Integrate advanced knowledge and experience in delivering safe, effective, quality care to clients in primary care.
2. Demonstrate competence in managing the health/illness status of clients in primary care.
3. Manage and negotiate within health care delivery systems on behalf of clients in primary care.
4. Monitor and ensure quality health care for clients in primary care.
5. Incorporate an understanding of family systems and dynamics in planning and providing primary health care for clients.
6. Demonstrate leadership and competence in implementing the role of the primary care nurse practitioner.
7. Engage in counseling, communication, collaboration, and teaching in a manner that reflects caring, advocacy, ethics, and professional standards.
8. Conceptualize one's individual role as a primary care nurse practitioner and one's personal philosophy of primary care practice.

**PRIMARY CARE ADULT- GERONTOLOGY NURSE PRACTITIONER**

**CORE COURSES**

NUR 8964	Clinical Ethics: Theory and Practice	3
NUR 8904	Nursing Research: The Practice Connection	3
NUR 8902	Development of Nursing Science	3
NUR 8906	Leadership Strategies in Nursing	3

**SUPPORT COURSES**

NUR 8903	Advanced Pharmacology	3
NUR 8901	Advanced Pathophysiology	3
NUR 8910	Advanced Physical Assessment	4
NUR 8615	Issues Across the Life Span	3
	Elective	3

**CLINICAL COURSES**

NUR 8509	Clinical Management in Adulthood I	3
NUR 8510	Practicum in Adulthood I (120 hours)	2
NUR 8511	Clinical Management in Adulthood II	3
NUR 8512	Practicum in Adulthood II (305 hours)	4
NUR 8513	Clinical Management in Adulthood III	3

NUR 8514    Practicum in Adulthood III  
              Primary Care II (305 hours)

4

Course descriptions can be found at:

[https://www1.villanova.edu/villanova/nursing/programs/graduate/course\\_catalog.html](https://www1.villanova.edu/villanova/nursing/programs/graduate/course_catalog.html)

**POST-GRADUATE APRN CERTIFICATE**  
**PRIMARY CARE ADULT – GERONTOLOGY NURSE PRACTITIONER**

**SUPPORT COURSES**

NUR 8903	Advanced Pharmacology	3
NUR 8901	Advanced Pathophysiology	3
NUR 8910	Advanced Physical Assessment	4
NUR 8615	Issues Across the Life Span	3

**CLINICAL COURSES**

NUR 8509	Clinical Management in Adulthood I	3
NUR 8510	Practicum in Adulthood I (120 hours)	2
NUR 8511	Clinical Management in Adulthood II	3
NUR 8512	Practicum in Adulthood II (305 hours)	4
NUR 8513	Clinical Management in Adulthood III	3
NUR 8514	Practicum in Adulthood III Primary Care II (305 hours)	4

Course descriptions can be found at:

[https://www1.villanova.edu/villanova/nursing/programs/graduate/course\\_catalog.html](https://www1.villanova.edu/villanova/nursing/programs/graduate/course_catalog.html)

## **PRIMARY CARE PEDIATRIC NURSE PRACTITIONER**

### **CORE COURSES**

NUR 8964	Clinical Ethics: Theory and Practice	3
NUR 8904	Nursing Research: The Practice Connection	3
NUR 8902	Development of Nursing Science	3
NUR 8906	Leadership Strategies in Nursing	3

### **SUPPORT COURSES**

NUR 8903	Advanced Pharmacology	3
NUR 8901	Advanced Pathophysiology	3
NUR 8910	Advanced Physical Assessment	4
NUR 8863	Health Promotions of the Growing Child	3
<hr/>	Elective	3

### **CLINICAL COURSES**

NUR 8809	Clinical Management in Pediatric Primary Care I	2
NUR 8810	Practicum in Clinical Management in Pediatric Primary Care I (130 hours)	2
NUR 8811	Clinical Management in Pediatric Primary Care II	3
NUR 8812	Practicum: Clinical Management in Pediatric Primary Care II (240 hours)	4
NUR 8813	Clinical Management in Pediatric Primary Care III	2
NUR 8814	Practicum in Clinical Management in Pediatric Primary Care III (240 hours)	4

Course descriptions can be found at:

[https://www1.villanova.edu/villanova/nursing/programs/graduate/course\\_catalog.html](https://www1.villanova.edu/villanova/nursing/programs/graduate/course_catalog.html)

**POST-GRADUATE APRN CERTIFICATE**  
**PRIMARY CARE PEDIATRIC NURSE PRACTITIONER**

**SUPPORT COURSES**

NUR 8903	Advanced Pharmacology	3
NUR 8901	Advanced Pathophysiology	3
NUR 8910	Advanced Physical Assessment	4
NUR 8863	Health Promotions of the Growing Child	3

**CLINICAL COURSES**

NUR 8809	Clinical Management in Pediatric Primary Care I	2
NUR 8810	Practicum in Clinical Management in Pediatric Primary Care I (130 hours)	2
NUR 8811	Clinical Management in Pediatric Primary Care II	3
NUR 8812	Practicum: Clinical Management in Pediatric Primary Care II (240 hours)	4
NUR 8813	Clinical Management in Pediatric Primary Care III	2
NUR 8814	Practicum in Clinical Management in Pediatric Primary Care III (240 hours)	4

Course descriptions can be found at:

[https://www1.villanova.edu/villanova/nursing/programs/graduate/course\\_catalog.html](https://www1.villanova.edu/villanova/nursing/programs/graduate/course_catalog.html)

**PRIMARY CARE FAMILY NURSE PRACTITIONER**

**CORE COURSES**

NUR 8964	Clinical Ethics: Theory and Practice	3
NUR 8904	Nursing Research: The Practice Connection	3
NUR 8902	Development of Nursing Science	3
NUR 8906	Leadership Strategies in Nursing	3

**SUPPORT COURSES**

NUR 8903	Advanced Pharmacology	3
NUR 8901	Advanced Pathophysiology	3
NUR 8910	Advanced Physical Assessment	4
NUR 8615	Issues Across the Life Span	3
_____	Elective	3

**CLINICAL COURSES**

NUR 8609	Clinical Management in Family Care I	3
NUR 8610	Practicum In Family Care I (120 hours)	2
NUR 8611	Clinical Management in Family Care II	3
NUR 8612	Practicum in Family Care II (305 hours)	4
NUR 8613	Clinical Management in Family Care III	3
NUR 8614	Practicum in Family Care III (305 hours)	4

Course descriptions can be found at:

[https://www1.villanova.edu/villanova/nursing/programs/graduate/course\\_catalog.html](https://www1.villanova.edu/villanova/nursing/programs/graduate/course_catalog.html)

**POST-GRADUATE APRN CERTIFICATE**  
**PRIMARY CARE FAMILY NURSE PRACTITIONER**

**SUPPORT COURSES**

NUR 8903	Advanced Pharmacology	3
NUR 8901	Advanced Pathophysiology	3
NUR 8910	Advanced Physical Assessment	4
NUR 8615	Issues Across the Life Span	3

**CLINICAL COURSES**

NUR 8609	Clinical Management in Family Care I	3
NUR 8610	Practicum In Family Care I (120 hours)	2
NUR 8611	Clinical Management in Family Care II	3
NUR 8612	Practicum in Family Care II (305 hours)	4
NUR 8613	Clinical Management in Family Care III	3
NUR 8614	Practicum in Family Care III (305 hours)	4

Course descriptions can be found at:

[https://www1.villanova.edu/villanova/nursing/programs/graduate/course\\_catalog.html](https://www1.villanova.edu/villanova/nursing/programs/graduate/course_catalog.html)

## **PSYCHIATRIC-MENTAL HEALTH (PMH-NP) NURSE PRACTITIONER TRACK**

The Psychiatric-Mental Health Nurse Practitioner (PMH-NP) graduate program prepares students to provide specialized primary mental health care to patients across the lifespan from diverse ethnic and socioeconomic groups who are experiencing psychiatric and mental health problems. The curriculum prepares students to assess, diagnose, and provide comprehensive care in a variety of settings, including emergency rooms, outpatient, telemedicine, behavioral health clinics, extended care facilities, and residential treatment sites. Focus is on the evidence-based treatment modalities of Family Systems Theory, Cognitive Behavioral Therapy and Brief Solution Focused Therapy with particular emphasis placed on holistic patient care.

### Program Objectives:

Upon completion of the program all graduates will be able to:

1. Integrate foundational and advanced knowledge of the psycho-pathophysiology of complex mental health problems in the clinical management of clients/patients in a variety of mental health settings.
2. Communicate effectively with the client/patient, family and the interdisciplinary health care team regarding client/patient mental health issues and management plan.
3. Apply appropriate therapeutic and behavioral interventions for mental illness management for diverse populations and specific clients/patients across the lifespan.
4. Evaluate evidence for opportunities for innovation and change in clinical practice.
5. Apply appropriate client/patient education, health promotion and disease prevention strategies to optimize safe and quality care outcomes for mental health issues.
6. Implement strategies to foster and maintain therapeutic relationships with clients/patients, families and/or groups.
7. Apply appropriate referral and consultation strategies in managing mental health issues across the lifespan.
8. Assess best practices for the use of advanced information and communication technologies to support client/patient and team communication.
9. Model professional and ethical behaviors in practice and leadership role.
10. Advocate for practice environments that are supportive of practitioners' professional development and well-being.

(Updated June 2022)

**PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER**

**CORE COURSES**

NUR 8964	Clinical Ethics: Theory and Practice	3
NUR 8904	Nursing Research: The Practice Connection	3
NUR 8902	Development of Nursing Science	3
NUR 8906	Leadership Strategies in Nursing	3

**SUPPORT COURSES**

NUR 8903	Advanced Pharmacology	3
NUR 8901	Advanced Pathophysiology	3
NUR 8910	Advanced Physical Assessment	4
NUR 8400	Lifespan Psychotherapeutic Clinical Modalities	2
NUR 8401	Psychiatric Mental Health Issues & Psychopharmacology Across the Lifespan Part I	2
NUR 8402	Psychiatric Mental Health Issues & Psychopharmacology Across the Lifespan Part II	2

**CLINICAL COURSES**

NUR 8409	Management in Psych-Mental Health I	3
NUR 8410	PMH-NP Practicum I (120 hours)	2
NUR 8411	Management in Psych-Mental Health II	3
NUR 8412	PMH-NP Practicum II (305 hours)	4
NUR 8413	Management in Psych-Mental Health III	3
NUR 8414	PMH-NP Practicum III (305 hours)	4

Course descriptions can be found at:

[https://www1.villanova.edu/villanova/nursing/programs/graduate/course\\_catalog.html](https://www1.villanova.edu/villanova/nursing/programs/graduate/course_catalog.html)

**POST-GRADUATE APRN CERTIFICATE**  
**PSYCHIATRIC MENTAL HEALTH FAMILY NURSE PRACTITIONER**  
**SUPPORT COURSES**

NUR 8903	Advanced Pharmacology	3
NUR 8901	Advanced Pathophysiology	3
NUR 8910	Advanced Physical Assessment	4
NUR 8400	Lifespan Psychotherapeutic Clinical Modalities	2
NUR 8401	Psychiatric Mental Health Issues & Psychopharmacology Across the Lifespan Part I	2
NUR 8402	Psychiatric Mental Health Issues & Psychopharmacology Across the Lifespan Part II	2

**CLINICAL COURSES**

NUR 8409	Management in Psych-Mental Health I	3
NUR 8410	PMH-NP Practicum I (120 hours)	2
NUR 8411	Management in Psych-Mental Health II	3
NUR 8412	PMH-NP Practicum II (305 hours)	4
NUR 8413	Management in Psych-Mental Health III	3
NUR 8414	PMH-NP Practicum III (305 hours)	4

Course descriptions can be found at:

[https://www1.villanova.edu/villanova/nursing/programs/graduate/course\\_catalog.html](https://www1.villanova.edu/villanova/nursing/programs/graduate/course_catalog.html)

## **NURSE ANESTHESIA-DOCTOR OF NURSING PRACTICE TRACK**

Villanova University M. Louise Fitzpatrick College of Nursing offers this track as an integral part of the M. Louise Fitzpatrick College of Nursing and has embraced the College's philosophy as its own.

It is the purpose of the nurse anesthesia track to provide the local community and beyond with competent nurse anesthetists. The faculty also believe that the doctorally prepared nurse anesthetists will lead activities that support and enhance the profession of nurse anesthesia.

### **COMPETENCIES FOR NURSE ANESTHESIA-DNP PROGRAM PROGRAM**

This program prepares nurses with a sound base of theoretical knowledge and clinical experience in the practice of nurse anesthesia and professional leadership. Doctorally prepared nurse anesthetists will be able to lead activities that support and enhance the profession of nurse anesthesia. At the completion of the program the graduate will be able to:

1. Integrate scholarship and clinical experience based upon evidence to support best practice of nurse anesthesia.
2. Manage the complexities of anesthesia care from preoperative assessment through the post-anesthesia period using all available technology.
3. Analyze issues and trends in health care for their impact on the practice of nurse anesthesia.
4. Implement the role of the nurse anesthetist to ensure continuity of care and safe effective practice.
5. Implement quality improvement initiatives that conform to AANA's Professional Practice Standards.
6. Analyze the broad context or system within which nurse anesthesia is practiced.

Complete information about the DNP-NA track can be found at:

<https://www1.villanova.edu/university/nursing/academic-programs/graduate/doctor-nursing-practice/nurse-anesthesia-track.html>

Course descriptions for the following Program Plan can be found at:

[https://www1.villanova.edu/villanova/nursing/programs/graduate/course\\_catalog.html](https://www1.villanova.edu/villanova/nursing/programs/graduate/course_catalog.html)

### NURSE ANESTHESIA - DNP PROGRAM PLAN

Spring semester		Summer semester		Fall semester
Semester		Course #	CR	Course Title
<b>SP Year 1</b>	<b>NA courses</b>	none	0	
	<b>DNP courses</b>	NUR 8904	3	Nursing Research
		NUR 9405	1	Innovation in Nursing
		NUR 9406	3	Transformational Leadership
		NUR 8903	3	Advanced Pharmacology
	<b>Clinical</b>	none	0	
<b>SU Year 1</b>	<b>NA courses</b>	none	0	
	<b>DNP courses</b>	NUR 8910	4	Physical Assessment
		NUR 9407	3	Quality Improvement
		NUR 9412	3	Ethics and the law
	<b>Clinical</b>	None	0	
<b>Fall Year 1</b>	<b>NA courses</b>	NUR 9420	2	Introduction to NA
		NUR 9421	2	Foundational Science of NA I
		NUR 9422	2	Fundamentals of NA practice I
	<b>DNP courses</b>	NUR 8901	3	Advanced Pathophysiology
	<b>Clinical</b>	NUR 9101	1	Clinical Practicum I
	<b>SP Year 2</b>	<b>NA courses</b>	NUR 9423	2
		NUR 9424	2	Advanced Dimensions in NA I
<b>DNP courses</b>		NUR 9408	3	Evidenced Based Practice
		NUR 9400	1	DNP project seminar Introduction
<b>Clinical</b>		NUR 9102	1	Clinical Practicum II
<b>SU Year 2</b>	<b>NA courses</b>	NUR 9425	2	Advanced Dimensions in NA II
		NUR 9426	2	Foundational Science of NA III
	<b>DNP course</b>	NUR 9401	2	DNP project seminar I
	<b>Clinical</b>	NUR 9103	1	Clinical Practicum III
<b>Fall Year 2</b>	<b>NA courses</b>	NUR 9427	3	Case studies in NA
	<b>DNP course</b>	NUR 9402	2	DNP project seminar II
	<b>Clinical</b>	NUR 9104	1	Clinical Practicum IV
<b>SP Year 3</b>	<b>NA courses</b>	NUR 9428	3	Advanced Dimensions in NA III
	<b>DNP courses</b>	NUR 9410	3	Health Care Finance
		NUR 9403	2	DNP project seminar III
	<b>Clinical</b>	NUR 9105	1	Clinical Practicum V
<b>SU Year 3</b>	<b>NA courses</b>	NUR 9429	1	Advanced Dimensions in NA IV
	<b>DNP courses</b>	NUR 9404	1	DNP project seminar IV
		NUR 9409	3	Health Policy
	<b>Clinical</b>	NUR 9106	1	Clinical Practicum VI
<b>Fall Year 3</b>	<b>NA course</b>	NUR 9430	3	Advanced Dimensions in NA V
	<b>DNP courses</b>	NUR 9411	3	Epidemiology
		<b>Total</b>	<b>73</b>	

Please find complete Nurse Anesthesia DNP Handbook in Appendix A.

## **DOCTOR OF NURSING PRACTICE (DNP) PROGRAM DNP POST-MASTER'S TRACK**

### **DNP PROGRAM OUTCOMES**

As a graduate of the Post-Master's DNP track, you will be able to demonstrate:

- Advanced clinical judgment, expertise and specialization in a defined area.
- Advanced levels of systems thinking and accountability in designing, delivering, and evaluating evidence-based practice to improve healthcare quality, safety, and outcomes.
- Leadership in the development and implementation of patient-driven, institutional, local, state, federal and/or international health policy in a select content/specialty area.
- Use of leadership skills to design, direct, implement and execute a scholarly project.
- Effective collaboration with nursing and other disciplines in clinical practice to promote cultural competence in response to the healthcare needs and concerns of society.

### **PLAN OF STUDY**

Villanova's Doctor of Nursing Practice is designed to meet the needs of the working professional, and offers three tracks: full-time, part-time and flex.

Online synchronous classes are offered Tuesday and Thursday evenings from 6:30-8:30 pm ET.

The DNP track begins early summer with an on-campus residency. Students meet on-campus 1-2 days in fall and spring, and 3-4 days in summer depending on the student's plan of study.

Whether you are on campus or at home, the College provides you with a personalized experience – one of the hallmarks of a Villanova Nursing education.

**Full-Time** is 5 consecutive semesters, online, synchronous classes offered two nights per week.

**Part-Time** is 8 consecutive semesters, online, synchronous classes offered one or two night(s) per week depending on the semester.

**Flex** is 11 consecutive semesters, online, synchronous classes offered one night per week. Most semesters, students will only take one course.

**Please find complete DNP Post-Master's Track Handbook in Appendix B.**

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**POST-MASTER'S DNP PLAN OF STUDY**

POST-MASTER'S DNP PLAN OF STUDY FULL-TIME OPTION 2022-2023					POST-MASTER'S DNP PLAN OF STUDY PART-TIME OPTION 2022-2024					POST-MASTER'S DNP PLAN OF STUDY FLEX OPTION 2022-2025				
COHORT 12 32 Credits, 5 consecutive semesters					COHORT 12 32 Credits, 8 consecutive semesters					COHORT 12 32 Credits, 11 consecutive semesters				
Semester	Course	Practice Hours	Credits		Semester	Course	Practice Hours	Credits		Semester	Course	Practice Hours	Credits	
Summer 2023	NUR 9405		1		Summer 2023	NUR 9405		1		Summer 2023	NUR 9405		1	
	Tu NUR 9408	20	3			Tu NUR 9408	20	3			Tu NUR 9408	20	3	
Students meet for full days Monday-Thursday, June 5-8, 2023.					Students meet for full days Monday-Thursday, June 5-8, 2023.					Students meet for full days Monday-Thursday, June 5-8, 2023.				
Fall 2023	Th NUR 9411	20	3		Fall 2023	Th NUR 9411	20	3		Fall 2023	Th NUR 9411	20	3	
	Th NUR 9407	20	3			Th NUR 9407	20	3			Th NUR 9407	20	3	
	Tu NUR 9401	100	2			Tu NUR 9401	100	2			Tu NUR 9401	100	2	
Students meet on-campus all day on Thursday, Sept. 14, 2023.					Students meet on-campus all day on Thursday, Sept. 14, 2023.					Students meet on-campus all day on Thursday, Sept. 14, 2023.				
Spring 2024	Th NUR 9406	20	3		Spring 2024	Th NUR 9406	20	3		Spring 2024	Th NUR 9406	20	3	
	Th NUR 9410	20	3			Th NUR 9410	20	3			Th NUR 9410	20	3	
	Tu NUR 9402	80	2			Tu NUR 9402	80	2			Tu NUR 9402	80	2	
Students meet on-campus all day on Thursday, Jan. 25, 2024.					Students meet on-campus all day on Thursday, Jan. 25, 2024.					Students meet on-campus all day on Thursday, Jan. 25, 2024.				
Summer 2024	Th NUR 9409	20	3		Summer 2024	Th NUR 9409	20	3		Summer 2024	Th NUR 9409	20	3	
	Th NUR 9412	20	3			Th NUR 9412	20	3			Th NUR 9412	20	3	
	Tu NUR 9403	100	2			Tu NUR 9403	100	2			Tu NUR 9403	100	2	
Students meet on-campus, Tuesday-Thursday, June 4-6, 2024.					Students meet on-campus, Tuesday-Thursday, June 4-6, 2024.					Students meet on-campus, Tuesday-Thursday, June 4-6, 2024.				
Fall 2024	Tu NUR 9413		3		*Fall 2024	Tu NUR 9401	100	2		*Fall 2024	Tu NUR 9413		3	
	Th NUR 9404	80	1			Th NUR 9404	80	1			Th NUR 9404	80	1	
Students meet on-campus Thursday, Oct. 17, 2024 and on-campus Friday, December 13, 2024					Students meet on-campus all day on Thursday, Sept. 12, 2024.					Students meet on-campus all day on Thursday, Sept. 12, 2024.				
<b>COURSES</b>					<b>COURSES</b>					<b>COURSES</b>				
NUR 9405 Innovation in Health Care					*Spring 2025					*Spring 2025				
NUR 9406 Transformational Leadership					Tu NUR 9402					Th NUR 9410				
NUR 9407 Quality Improvement and Patient Safety					80					20				
NUR 9408 Evidence-Based Practice					Students meet on-campus all day on Thursday, Jan. 9, 2025.					20				
NUR 9409 Health Policy										3				
NUR 9410 Health Care Economics and Finance														
NUR 9411 Epidemiological Approaches to Health Care and Health Disparities					*Summer 2025					*Summer 2025				
NUR 9412 Ethical and Legal Health Care Issues					Tu NUR 9403					Tu NUR 9408				
NUR 9413 Special Topics					100					20				
NUR 9401 DNP Project Seminar I					Th NUR 9412					20				
NUR 9402 DNP Project Seminar II					20					20				
NUR 9403 DNP Project Seminar III					Students meet on-campus Tuesday-Thursday, June 3-5, 2025.					Students meet on-campus Tuesday-Thursday, June 3-5, 2025.				
NUR 9404 DNP Project Seminar IV														
					*Fall 2025					*Fall 2025				
					Tu NUR 9413					Th NUR 9407				
					3					20				
					Th NUR 9404					100				
					80					2				
					Students meet on-campus Thursday, October 9, 2025 and Tuesday, December 16, 2025.					Students meet on-campus Thursday, Sept. 11, 2025.				
Last Update: 7/19/2022 COHORT 12										*Spring 2026				
										Tu NUR 9402				
										80				
										2				
										Students meet on-campus all day on Thursday, Jan. 15, 2026.				
										*Summer 2026				
										Tu NUR 9403				
										100				
										2				
										Students meet on-campus Tuesday-Thursday, June 2-4, 2026.				
										*Fall 2026				
										Th NUR 9404				
										80				
										1				
										Students meet on-campus Thursday, Oct. 8, 2026 and on-campus December 15, 2026.				

Students enrolled part-time or less than part-time should consult with financial aid to determine if they are eligible for financial aid.

All on-line courses are synchronous and offered either on Tuesday or Thursday evenings from 6:30-8:30 p.m. EST or 7:00-9:00 p.m. EST depending on the course

## **DOCTOR OF PHILOSOPHY (PHD) NURSING PROGRAM**

### **PHD PROGRAM OUTCOMES**

The PhD Program is designed to prepare teacher-scholars in nursing for academic careers in higher education. Upon the completion of the PhD Program, graduates will be able to:

- Conduct research that generates, tests, refines or extends theory and knowledge relevant to culturally competent nursing and nursing education.
- Evaluate critically and synthesize research findings for building knowledge that advances culturally competent nursing and nursing education, and use that knowledge in education, research, advocacy, policy development and leadership.
- Assume the role of academic nurse educator with the ability to design varied learning opportunities in clinical and didactic settings using diverse teaching strategies to meet the needs of diverse populations.
- Development of the skills and knowledge to collaborate with other disciplines in health research and preparation of culturally competent health care providers responsive to the needs and concerns of a global society.
- Collaborate with others to improve health care and advance policy for vulnerable and at-risk populations.
- Advance the science of nursing education to improve education outcomes for learners, across all levels.

Approved 5/9/2019

### **PhD Program Competencies**

- Conduct research that generates, tests, refines or extends theory and knowledge relevant to culturally competent nursing and nursing education.
- Evaluate critically and synthesize research findings for building knowledge that advances culturally competent nursing and nursing education, and use that knowledge in education, research, advocacy, policy development and leadership.
- Assume the role of academic nurse educator with the ability to design varied learning opportunities in clinical and didactic settings using diverse teaching strategies to meet the needs of diverse populations.
- Possess the skills and knowledge to collaborate with other disciplines in health research and preparation of culturally competent health care providers responsive to the needs and concerns of a global society.
- Collaborate with others to improve health care and advance policy for vulnerable and at-risk populations.
- Advance the science of nursing education to improve education outcomes for learners, across all levels.

## PhD Curriculum

### PhD Full Time Program:

<b>Full Time</b>	
Summer I: Orientation	NUR 9520 Advocacy, Policy & Ethics in Healthcare (3 credits)
Fall 1	NUR 9515 Conceptual and Theoretical Foundations in Nursing Science (4 credits) NUR 9511 Dissertation Seminar I (1 credit) NUR 9505 Statistical Analysis I (3 credits)
Spring 1	NUR 9512 Dissertation Seminar II (1 credit) NUR 9516 Psychometrics & Measurement (2 credits) NUR 9503 Quantitative Research Design & Methods (3 credits) NUR 9506 Statistical Analysis II (3 credits)
Summer 2	NUR 9517 Structure and Philosophy of Higher Education (3 credits) NUR 9504 Qualitative Research Design & Methods (3 credits)
Fall 2	NUR 9513 Dissertation Seminar III (1 credit) NUR 9518 Scientific Writing & Grantsmanship (2 credits) NUR 8950 Curriculum Design in Nursing Education (3 credits) NUR 8952 Teaching Strategies in Nursing (3 credits)  PhD Preliminary Examination Fall 2
Spring 2	NUR 9519 Contemporary Research Design and Statistical Analyses (3 credits) NUR 8954 Practicum in Nursing Education (3 credits)  Cognate Course
Summer 3	NUR 9521 Dissertation IV (2 credits)
Fall 3	NUR 9508 Doctoral Dissertation Continuation until completion of program Nursing Synthesis Paper Oral Candidacy Exam
<b>TOTAL: 46 semester credits (typical)</b>	

**PhD Part Time Program:**

<b>Part Time</b>	
Summer I: Orientation	NUR 9520 Advocacy, Policy & Ethics in Healthcare (3 credits)
Fall 1	NUR 9515 Conceptual and Theoretical Foundations in Nursing Science (4 credits) NUR 9511 Dissertation Seminar I (1 credit) NUR 9505 Statistical Analysis I (3 credits)
Spring 1	NUR 9503 Quantitative Research Design & Methods (3 credits) NUR 9506 Statistical Analysis II (3 credits) NUR 9512 Dissertation Seminar II (1 credit)
Summer 2	NUR 9517 Structure and Philosophy of Higher Education (3 credits) NUR 9504 Qualitative Research Design & Methods (3 credits)
Fall 2	NUR 9513 Dissertation Seminar III (1 credit) NUR 9518 Scientific Writing & Grantsmanship (2 credits) NUR 8952 Teaching Strategies In Higher Educ (3 credits) PhD Preliminary Examination Fall 2
Spring 2	NUR 9519 Contemporary Research Design and Statistical Analyses (3 credits) NUR 9516 Psychometrics & Measurement (2 credits) Cognate Course
Summer 3	NUR 9521 Dissertation IV (2 credits)
Fall 3	NUR 8950 Curriculum in Nursing Education (3 credits) NUR 8954 Practicum in Nursing Education (3 credits)
Spring 3	NUR 9508 Doctoral Dissertation Continuation until completion of program Nursing Synthesis Paper Oral Candidacy Exam
<b>TOTAL:</b> 46 semester credits (typical)	

## **PhD Accelerated Program:**

### **Summer 1: 8 Credits**

- NUR 9520 Advocacy, Policy & Ethics in Healthcare (3 cr.) – PhD Summer Intensive
- NUR 9515 Conceptual & Theoretical Foundations in Nursing Science (4 cr.)
- NUR 9511 Dissertation Seminar I (1 cr.)

### **FALL 1: 9 Credits**

- NUR 9503 Quantitative Research Methods (3 cr.) \*\*
- NUR 9505 Statistical Analysis 1 (3 cr.)
- NUR 9518 Scientific Writing & Grantsmanship (2 cr.)
- NUR 9512 Dissertation Seminar II (1 cr.)

### **Spring 1: 9 Credits**

- NUR 9513 Dissertation Seminar III (1 cr.) \*\*
- NUR 9516 Psychometrics & Measurement (2 cr.)
- NUR 9519 Contemporary Research Design & Statistical Analysis (3 cr.)
- NUR 9506 Statistical Analysis II (3 cr.)

### **Summer 2: 8 Credits**

- NUR 9517 Structure & Philosophy of Higher Education - PhD Summer Intensive (3 cr.)
- NUR 9521 Dissertation Seminar IV (2 cr.) - PhD Summer Intensive
- NUR 9504 Qualitative Research Methods (3 cr.) - PhD Summer Intensive

### *PhD Preliminary Examination (August Summer 2)*

### **FALL 2: 12 Credits**

- NUR 9004 Cognate (3 cr.)
- NUR 8954 Teaching Practicum (3 cr.)
- NUR 8952 Teaching Strategies in Higher Education (3 cr.)
- NUR 8950 Curriculum Design in Nursing Education (3 cr.)

### **SPRING 2**

- NUR 9508 Dissertation Continuation
  - Nursing Synthesis Paper
  - Oral Candidacy Exam

### **SUMMER 3**

- NUR 9508 Dissertation Continuation \*\*

### **FALL 3**

- NUR 9508 Dissertation Continuation \*\*

### **SPRING 3**

- NUR 9508 Dissertation Continuation \*\*

### **Dissertation Defense/Graduation**

**Please find complete PhD Handbook in Appendix C.**

## **ADMISSION REQUIREMENTS FOR ALL GRADUATE DEGREE CANDIDATES**

To be eligible for admission to degree status, potential candidates must complete the online application, submit application fee, and provide evidence of:

- A baccalaureate degree in nursing from a CCNE, ACEN or CNEA accredited program or its equivalent;
- Licensure as a Registered Nurse (USA);
- A GPA of 3.0;
- A minimum of one year of recent clinical practice experience or one year of recent health care employment for nursing education student candidates; for nurse practitioners student candidates, a minimum of two years recent clinical practice; for nurse anesthesia-DNP student candidates, a minimum of one-year critical care experience in an ICU setting. Clinical requirements can be fulfilled while taking core courses;
- ACLS certifications for students applying for the Nurse Anesthesia-DNP program;
- Applicants to the Nurse Anesthesia-DNP program who earned a GPA of less than 3.40 must submit GRE test results. Applicants who earned a cumulative BSN Grade Point Average (GPA) of 3.40 or greater on a 4.0 scale are not required to submit GRE test results.
- GRE scores are not required for Post-Graduate, MSN or APRN Certificate applicants.
- TOEFL or IELTS examination required for international students;
- Satisfactory completion of a statistics course, which includes both descriptive and inferential statistics;
- Satisfactory academic record;
- Satisfactory report on Criminal Background Check, Child Abuse Clearance, and Urine Drug Screening;
- Three references from professional nurses including one letter from immediate supervisor (for nurse anesthetists the letters may be from physicians or other health care professionals);
- A personal goal statement identifying career goals that are congruent with the purposes of the program and indicate appropriate communication and writing skills (for nurse practitioners and nurse anesthesia student candidates, an essay regarding goals and conceptualization of the role of the nurse anesthetist/nurse practitioner in clinical practice);
- For Nurse Practitioners and Nurse Anesthetists – “B” or better in undergraduate sciences courses;
- Transcripts from **ALL** post-secondary schools attended;
- Successful participation in admission interview (nurse anesthesia-DNP candidates only).

\*For specific admission requirements for Nurse Anesthesia DNP, MSN-DNP, and PhD programs, please see complete handbooks.

### **International Students Admission**

International students may enroll in selected masters and post master’s certificate programs. Application should be submitted approximately one year prior to the desired date of enrollment. All admission requirements for the graduate program must be met for the program selected in addition to the following:

1. Official transcripts from all post-secondary institutions attended including international universities are required. English translations of transcripts are also required. All transcripts from institutions outside the U. S. must be evaluated by WES ICAP: International Credential Advantage Package <http://www.wes.org/students/icap.asp> or any other NACES member: <https://www.naces.org/members>. Applications will not be reviewed until Villanova College of Nursing receives the official copy of the report. All application materials become the property of the University. Failure to submit transcripts from all educational institutions may be grounds for cancellation of admission.
2. Each applicant must document the ability to speak, read and write English as evidenced by satisfactory scores on the Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS). Test information can be obtained at: [www.toefl.org](http://www.toefl.org) and [www.ielts.org](http://www.ielts.org). Students whose native language is English are exempt. For those whose native language is not English, the minimum acceptable scores are:
  - ❖ Internet-based TOEFL - 83 overall and 25 in Speaking section
  - ❖ IELTS – 6.5 overall and 7.0 in speaking
3. International students applying to a clinical program must have RN licensure in the Commonwealth of Pennsylvania at the time of application. For information on how to become licensed in Pennsylvania contact the PA State Board of Nursing at: [www.dos.state.pa.us/nurse](http://www.dos.state.pa.us/nurse)
4. International students must present evidence of adequate financial resources to meet the expenses of full-time study, living and travel expenses to and from the Villanova campus.

## **REQUIREMENTS FOR POST-GRADUATE CERTIFICATE TRACKS**

### **NURSE PRACTITIONER**

- Transcript from a CNEA, ACEN or CCNE accredited Graduate Nursing Program;
- Current license to practice as a registered nurse;
- Graduate GPA of 3.00 or better;
- Documentation of two years of recent clinical experience;
- Three letters of reference, one of which is from an immediate supervisor who can attest to clinical practice skills;
- Completion of an essay regarding goals and conceptualization of the nurse practitioner role;

### **NURSE EDUCATOR**

- Transcript from an accredited post-baccalaureate or higher degree college or university;
- Current license to practice as a registered nurse;
- Documentation of one year of recent clinical experience;
- Two letters of reference;
- Current resume;
- Completion of an essay regarding goals and conceptualization of the nurse educator role.

## GRADING SYSTEM

Each student is assigned an academic advisor upon admission. The academic advisor is a resource for program planning and for academic concerns.

Grades are recorded at the end of each fall, spring and summer semester and an official report can be found in MyNOVA. Any inaccuracy must be reported in writing to the Registrar's Office immediately. Grades are a part of your permanent record, and no changes in grades can be made other than those accompanied by an official "Change of Grade" form. Your work is graded according to the following scale:

Grade	Description	Quality Points Per Credit
<b>A</b>	Outstanding	4.00
<b>A-</b>		3.67
<b>B+</b>		3.33
<b>B</b>	Good	3.00
<b>B-</b>		2.67
<b>C+</b>		2.33
<b>C</b>	Passing	2.00
<b>F</b>	Failure	0.00
<b>WX</b>	Approved Withdrawal	-----
<b>N</b>	Incomplete	-----
<b>AU</b>	Audit	-----

NOTE: A cumulative grade point average of 3.0 ("B") or above is required to graduate from the Master of Science in Nursing, Post-Graduate APRN Certificate and DNP-NA programs. The faculty teaching in the Graduate Nursing Program use the following scale of numerical equivalents for all approved letter grades:

A	95-100	B-	80-82
A-	90-94	C+	77-79
B+	87-89	C	73-76
B	83-86	F	<73

The grades of "C" and "C+" are considered passing for some graduate courses and are acceptable grades in a course, allowing for progression to the next course(s).

You are not required to repeat courses in which the grade of "F" has been received unless the courses are required by the Graduate Nursing Program. The decision regarding repetition of a course in which an "F" has been received rests with the Associate Dean of the Graduate Nursing Program and your advisor. Courses in which an "F" has been achieved remain on the transcript (even if the course is repeated) and are included in the overall cumulative average.

An "N" (incomplete) grade indicates that the professor is not prepared to give a definite grade for the course because all of the assigned course requirements have not been completed. An "N" grade automatically becomes an "F" grade if the work is not completed within the following time frame designated by the Office of the Registrar:

<u>Semester/Term</u>	<u>Deadline for Removing "N" Grade</u>
Fall	Last Friday in January
Spring	Last Friday in June
Summer	30 days after last class

### **GRADUATE STUDENT GRADING POLICY**

Graduate students are required to maintain a grade-point average of 3.0 and cannot be approved for graduation unless this average has been maintained. Students whose GPA falls below 3.0 in any semester are notified by letter that they are on academic probation and have one additional semester to bring their GPA up to a 3.0. If they fail to do so, they may be dismissed from the university. Students who succeed in raising their GPA above 3.0 for one or more semesters after being on academic probation, but who in a later semester fall below a 3.0 GPA for a second time will be dismissed from the university. In some cases, if a student has fallen so far below a 3.0 GPA at the end of a semester that their chances of rising above a GPA of 3.0 in one additional semester of work is impossible, may be immediately dismissed from the university before being placed on probation. Students are not required to repeat courses in which the grade of C or C+ has been received unless a grade of B or better is specifically required by their graduate track.

#### **Nurse Practitioner Grading Policy:**

In all Nurse Practitioner tracks a grade of B or better is considered a passing grade in the following courses: all nurse practitioner specialty theory and clinical courses, NUR 8910 Advanced Physical Assessment, NUR 8901 Advanced Pathophysiology and NUR 8903 Advanced Pharmacology. Students must obtain a B (83) grade in each course to continue with the specialty sequence of courses. Students who achieve a grade of B- or C+ may repeat the course the next time it is offered, but may not progress in the interim. The student must satisfactorily complete all course objectives and prerequisites of one level to advance to the next level. This option will be offered only once during the program. If a student again fails to achieve a B grade in the same or any other nurse practitioner specialty course, he/she will be dismissed from the program.

A grade of B- or below is considered as failing in the following courses: all specialty level theory and clinical nurse practitioner courses, NUR 8910 Advanced Physical Assessment, NUR 8901 Advanced Pathophysiology and NUR 8903 Advanced Pharmacology. The student receiving a grade of B- in these courses may be dismissed from the nurse practitioner track.

#### **Nurse Anesthesia-DNP Grading Policy:**

In the Nurse Anesthesia track a grade of B (83) or better is considered a passing grade in NUR 8910 Advanced Physical Assessment, NUR 8901 Advanced Pathophysiology and NUR 8903 Advanced Pharmacology and in all 9000 level nurse anesthesia didactic and clinical courses. A student receiving a grade of "C" in these courses may be dismissed from the Nurse Anesthesia program. Students who achieve a grade of "B-" or "C+" may repeat the course the next time it is offered but may not progress in the interim. The student must satisfactorily complete all course objectives and prerequisites of one level to advance to the next level. This option will be offered only once during the program. If a student again fails to achieve a "B" grade in the same or any other anesthesia course, he/she will be dismissed from the program.

## ACADEMIC ADVISING

### **Academic Advisor**

All full-time and part-time students are assigned an Academic Advisor when they are admitted to the Graduate Program. The Academic Advisor assists the student in developing a plan of study and helps to ensure all departmental rules and regulations are followed.

## REGISTRATION

### **General Registration Regulations**

Students must consult their Academic Advisor each semester to choose courses for registration. Consultation via email is acceptable. Students are advised to register during the online registration period and well in advance of the first week of classes. After meeting with their Academic Advisor, students may register on-line through NOVASIS ([www.novasis.villanova.edu](http://www.novasis.villanova.edu)) using the PIN provided by their Academic Advisor. Information on registering online will be provide each semester and can be found on MyNova at the College of Nursing website under “[Nursing Graduate Student Registration](#).”

### **Change in Registration**

A change in course registration whether through Drop/Add or through course withdrawal requires the approval of the Academic Advisor. Drop/Add permits changes in registration through the first week of the semester only. Course withdrawal (WX) permits a course to be dropped after the first week of class through the WX deadline (typically 3 weeks after midterms, but it is the student’s responsibility to be aware of all deadlines). Dropping a course after the Drop/Add period will not result in a tuition refund. Students are referred to the Bursar’s office for tuition refund policies. No refunds are given after the fourth week of class even if the student withdraws. <http://www1.villanova.edu/villanova/finance/bursar/refunds/schedule.html>

## LEAVE OF ABSENCE

If you plan to be absent from the University for two consecutive semesters (exclusive of summer terms), you must submit a letter to the Associate Dean of the Graduate Nursing Program requesting a Leave of Absence. Upon approval by the Associate Dean, you will be granted a Leave of Absence for the year. If you fail to return to the University at the end of that year, a letter will be sent to you by the Associate Dean of the Graduate Program indicating that, if written permission from the Associate Dean of the Graduate Program for an extension of the Leave of Absence for one additional year is not granted, you will be terminated from the program. According to Villanova University policy, Leaves of Absence may not be granted for more than two years. Any student who has been terminated from the program may re-apply for admission to the program according to the admission policies.

## WITHDRAWAL FROM A COURSE (WX)

To WX from a course, students must complete the following:

1. meet with their Advisor first to discuss the plan to withdraw from the course,
2. revise the program plan as necessary,
3. after receiving Advisor approval, the student will complete the online Course Withdrawal Form:

<https://mynova.villanova.edu/launch-task/all/course-withdrawal-form-wx?terms=course%20withdraw&roles=>

The Registrar will use the date of the student's email as the effective date of course withdrawal. Once the registrar's office enters the WX, both the student and course faculty are auto-notified by email. Failure to complete this process will result in an "F" grade for each course in questions.

Until the final day for authorized withdrawal from courses listed in the academic calendar at: <https://www1.villanova.edu/villanova/provost/calendar.html>, students may withdraw from a course without penalty and will receive the grade of "WX". After that date, students seeking withdrawals from courses without penalty ("WX") must present to the Associate Dean Graduate Program a written request with valid reasons for the request, such as serious personal or medical problems, and recommendations from the instructor of the course. The Associate Dean of the Graduate Program is the final authority for granting or refusing the exception based on the documentation and recommendations submitted. Students who do not have a justifiable cause to withdraw from a course without academic penalty may still withdraw from the course and receive a grade of "W" which is calculated as an "F". Withdraw from a course may alter a student's degree completion date.

### **WITHDRAWAL FROM THE UNIVERSITY**

Complete withdrawal from the University should not be confused with changes in registration status. Requests for complete withdrawal from the University must be made by letter to the Associate Dean of the Graduate Program. If students have completely withdrawn from a program, they may not resume their studies unless they have been formally re-admitted. Students who withdraw without approval will receive an F grade in any courses in which they are enrolled unless a grade of WX has been pre-approved.

### **INSTRUCTIONAL STRATEGIES**

The Graduate Program uses a variety of instructional strategies. These strategies include, but are not limited to, a combination of lecture, readings, research analysis, in-class activities, online or hybrid modalities, and open discussion to explore concepts. Student preparation, engagement and sharing their unique personal and professional experiences enrich class discussion and enhance the learning experience and overall academic outcomes.

#### **Guidelines for On-line and Zoom Classes**

The following guidelines are intended to ensure a positive learning environment for all participants:

- Discussion is extremely important to learning. We may disagree with other students and faculty, but courtesy and respect are always an expectation.
- Cameras are to be enabled during all Zoom class sessions. If your camera is non-functional, please inform the faculty.
- Keep audio on mute until you want to speak.
- Consider using a headset with external mic for best hearing and speaking capabilities.
- Students are expected to attend all classes. If there is a need to be absent, inform the faculty prior to class meeting time.
- Class participants need to use appropriate technology, and everyone needs to be heard clearly by others in the class.
- Close unneeded applications on your computer to optimize the video quality.

- Class participants are encouraged not to monopolize the discussion nor interrupt other students or faculty. Any appropriate interruption should be done with the utmost courtesy.
- Settings used for online classes need to be conducive to learning and as distraction-free as possible from visual distractions and/or background noise.

### **Independent Study**

Independent Study is intended to provide an in-depth learning experience for graduate students outside of the normal classroom experience. Students wishing to pursue an Independent Study must identify a willing faculty sponsor, and in conjunction with the sponsor complete the form [\*NUR 9002 Independent Study Proposal\*](#). This form must be approved by both the Associate Dean Graduate Program prior to registration. Independent studies are to be completed within one semester. Only under extenuating circumstances will an extension of no more than one semester be granted. A comprehensive report is due at the completion of the Independent Study for review by the faculty sponsor.

### **ACADEMIC PROGRESSION**

Students are expected to complete all course work during the semester in which the course is taken. Faculty may permit students an extension of time to complete all required course work. All grades are permanent except for N (Incomplete) and NG (No grade reported), which are temporary grades and must be replaced with grades submitted by the instructor. If a change is not submitted, the N or NG automatically becomes an NF. Students must submit all work to instructors by the last Friday in January (Fall semester) or June (Spring semester) or 30 days after last class (Summer semester). IP (In Progress) grade is for graduate theses or research courses only.

Master's and Post-Graduate APRN Certificate and DNP-NA students' academic progression will be reviewed by the Associate Dean Graduate Program at the end of each semester. Students assessed as not making satisfactory academic progress will be notified by the Associate Dean and asked to provide the faculty for the course(s) with a plan for timely completion of course requirements. Students are expected to carry out the plan to complete the required course work.

The following circumstances may constitute failure to make satisfactory academic progress: semester Grade Point Average below 3.0; earning two or more grades of N and/or IP in a semester; carrying an IP for more than one semester beyond the semester the course was originally taken; a persistent pattern of failure to make progress in course work; or a pattern of failure to communicate with or respond to communication from the academic advisor, course instructors or the Associate Dean.

Students failing to make satisfactory academic progress will be reviewed at Academic Standing and Records Committee meeting held at the end of each semester. This review may result in probation and/or dismissal from the graduate program.

### **Dismissal**

The Academic Standing and Records Committee will take action to dismiss any student from the Fitzpatrick College of Nursing Graduate Program who fails to meet the academic requirements. The Committee's action will take place as soon as practical after semester grade reports are

received following the end of an academic term. The Academic Standing and Records Committee will determine the effective date of dismissal. It is understood that dismissal from the graduate program includes termination of any assistantship/scholarships held by the student in the Fitzpatrick College of Nursing.

### **Appeal Process**

If a student feels that special circumstances are involved in the poor performance, the student may appeal a dismissal by making a written petition to the Academic Standing and Records Committee. An appeal will be successful only if evidence is presented to show that unusual circumstances were responsible for the student's poor performance and a reasonable chance exists for the student to successfully complete the program.

### **TIME TO COMPLETE DEGREE**

Students in the Master's and Post-Graduate APRN Certificate and DNP-NA programs must complete their degree requirements within a five-year period from the first semester of enrollment.

### **TRANSFER OF CREDIT**

Villanova University permits graduate students to transfer a maximum of six (6) credits, provided they were completed prior to admission to Villanova University. Courses may be transferred either as elective requirements or in lieu of required courses. Those transferred in lieu of required courses must have been taken within 5 years of admission to Villanova University. The following information must be provided to initiate the transfer of credit process:

- Requests for transfer credit must be made at the time of application.
- Students accepted into a graduate degree program may receive transfer credit for up to a maximum of 6 credits (usually 2 courses) taken at another accredited higher education institution.
- The courses must be graduate-level and must have been taken within the past five years of admission. A graduate course used to complete an applicant's undergraduate degree at another institution may not be transferred and used to complete a graduate degree at Villanova.
- Only courses with grades of B or better will be considered.
- Only applicants accepted as matriculated students may be approved for transfer of credits.
- Transfer credits are not accepted from a non-degree certificate program.
- When requesting transfer credits, the applicant should submit the following materials to the director of the graduate program: 1. The relevant official transcripts (regardless of whether a degree was earned), and 2. Course descriptions and syllabi.
- Students already enrolled in a graduate program at Villanova University who wish to take a graduate course at another institution for credit toward the graduate degree here must obtain written approval from the Graduate Program Director before the course is taken. No transfer credit will be approved for requests received after the course has been taken.
- This policy does not apply to graduate courses taken at Villanova University by Villanova undergraduates.

In accordance with Villanova University policy, students actively enrolled in Villanova University are not permitted to take courses at other colleges or universities for transfer of credit toward a Villanova degree.

## **POLICIES**

### **Academic Integrity**

Students are expected to know and comply with all University policies related to academic dishonesty and plagiarism. The Villanova University Code of Academic Integrity is available at the following web site:

<https://www1.villanova.edu/villanova/provost/resources/student/policies/integrity.html>

### **Graduate Program Clinical Responsibilities**

All graduate students are expected to provide patients with safe, quality care. Students are assigned by faculty to a clinical site and preceptor and are expected to practice at a level commensurate with their level in the curriculum. Students in more advanced stages of the curriculum are expected to be able to practice safely with decreasing levels of preceptor supervision.

A graduate student may be dismissed or prevented from returning to the clinical setting at any time during a clinical course. Dismissal may result if the level of clinical performance/behavior does not meet the acceptable standards of practice, course objectives, or College and/or facility policies. Some examples of unacceptable conduct include but are not limited to:

1. Emotional or physical misconduct by the student towards patients, staff members, fellow students, preceptors and/or faculty members. Examples include, but are not limited to, threats to emotional and/or physical well-being, or the use of intimidation.
2. Coming to clinical under the influence of alcohol or illegal drugs.
3. Actions or behaviors that demonstrate persistent disregard for patients, colleagues, or religious, ethnic, and cultural practices.
4. Breach of confidentiality.
5. Unsafe or unprofessional practice such as:
  - a. Failure to demonstrate use of the nursing process and sound clinical reasoning
  - b. Lack of preparation for clinical
  - c. Failure to seek supervision when necessary
  - d. Failure to document appropriately
  - e. Failure to communicate effectively or inappropriate communication with patients, staff, preceptor and/or faculty
  - f. Failure to attend assigned clinical site without prior notification and permission of preceptor and/or faculty
  - g. Leaving the clinical site without prior notification and permission of preceptor
  - h. Sleeping in the clinical area
  - i. Disregard for clinical faculty and/or preceptor instructions
6. Unsafe medication administration such as failure to practice in a manner consistent with student role and scope of nursing practice.

Violation of this policy may range from additional written paperwork, immediate course failure and/or dismissal from the graduate nursing program. If a student is precluded from a clinical site by the clinical agency, the Fitzpatrick College of Nursing has no obligation to provide an alternative clinical site/experience.

## **Code of Conduct**

All graduate students are expected to adhere to the Villanova University Code of Student Conduct for successful completion of a graduate program of study at the Fitzpatrick College of Nursing. The rationale for this Code of Conduct is drawn directly from the University's Mission Statement. Violations of these regulations may result in the full range of disciplinary sanctions, as set forth in this Code. <https://studenthandbook.villanova.edu/code-of-student-conduct>

## **Nurse Practitioner Attendance Policy**

Attendance at all classes, seminars, labs and clinical components of graduate course work is required and expected. Faculty must be notified in advance of any anticipated absence from any course session.

The Nurse Practitioner faculty have an attendance policy. A student who misses more than 15% of the required class meetings may be unable to continue in the course. The student will be required to meet with her/his Academic Advisor to discuss revision of track progression and graduation date. The outcome of this discussion will be sent to the Associate Dean of the Graduate Program. In spring & fall semesters: 15% of a course equates to 2 classes. In summer semester: 15% of a course equates to 1 class.

### The courses that relate to this policy are:

NUR 8910 Advanced Physical Assessment

NUR 8509 Clinical Management in Adulthood I

NUR 8510 Practicum: Clinical Management in Adulthood I

NUR 8509 Clinical Management in Adulthood II

NUR 8510 Practicum: Clinical Management Adulthood II

NUR 8513 Clinical Management in Adulthood III

NUR 8514 Practicum: Clinical Management Adulthood III

NUR 8609 Clinical Management in Family Care I

NUR 8610 Practicum: Clinical Management in Family Care I

NUR 8611 Clinical Management in Family Care II

NUR 8612 Practicum: Clinical Management in Family Care II

NUR 8613 Clinical Management in Family Care III

NUR 8614 Practicum: Clinical Management in Family Care III

NUR 8809 Clinical Management in Pediatric Primary Care I

NUR 8810 Practicum: Pediatric Primary Care I

NUR 8811 Clinical Management in Pediatric Primary Care II

NUR 8812 Practicum: Pediatric Primary Care II

NUR 8813 Clinical Management Pediatric Primary Care II

NUR 8814 Practicum: Pediatric Primary Care II

The course NUR 8910 is a full day course, offered once per week, as lecture and lab practicum (Note: attendance at all lab sessions is mandatory). All other courses are scheduled for a full day once per week. Schedule adjustments may be made by faculty and posted based on class and content needs.

### **Grade Appeals and Complaints Against Faculty**

If a student has a grievance within a nursing course, he/she is advised to speak with the faculty teaching the course. If the problem is not resolved at this level, it may be taken to the Program Director and Dean in that order. The complete grievance procedure policy may be found at:

[Grade Appeals](#)

### **Substance Abuse Policy**

Applicants who voluntarily disclose a history of substance abuse must provide documentation that they have been in a Voluntary Recovery Program (VRP) for no less than three years and have been drug and/or alcohol free for that period of time. Once admitted to the program, these students will be subjected to random testing for illegal substances without prior notification throughout their stay in the program.

Students who are involved in substance abuse while in the program will be evaluated for possible termination from the program. Students seeking readmission will be expected to enter a Voluntary Recovery Program (VRP) at their own expense. The candidate will be considered for readmission contingent upon the following:

- a. The candidate provides documentation that he/she has been in VRP for no less than three years and has been drug and or alcohol free for that period of time.
- b. The candidate agrees that the University can notify all clinical agencies to which the candidate is assigned regarding the VRP and drug and /or alcohol-free status.
- c. The candidate will agree to random testing for illegal substances without prior notification throughout his/her stay in the program.

Readmission is not automatic. Readmission decisions are at the discretion of the Program Director. It is conceivable that students may be required to repeat courses taken prior to rehabilitation in order to update knowledge and skills.

### **Social Media Policy**

Social media are powerful social and professional communication tools that may significantly impact your personal reputation, the reputation of Villanova University, the Fitzpatrick College of Nursing, faculty, staff, employees and your fellow students. The Fitzpatrick College of Nursing recognizes that students may routinely be utilizing social media and has instituted this Policy to remind students of their responsibilities as nursing students.

The definition of “social media” is media for social interaction, using highly accessible and scalable communication techniques. The goal of social media is to use web-based and mobile technologies to turn communication into interactive dialogue. Outlets within social media include but are not limited to online social networks such as Facebook, Twitter, LinkedIn, Wikipedia, Second Life, Instagram, Flickr, blogs, Foursquare, podcasts, discussion forums, RSS feeds, Allnurses.com, video sharing such as YouTube, iTunes, interactive geo-location, online collaborative information and publishing systems that are accessible to internal and external audiences (i.e., Wikis).

When using social media, students must conduct themselves in accordance with University policy. These policies include, but are not limited to, the policies contained within the Fitzpatrick College of Nursing Handbook, the Student Handbook and the Code of Student Conduct. In addition, students should understand that clinical agencies may take independent disciplinary action against students for violating agency policies. These actions may affect the completion of

your placement or course, your course grade and, potentially, your successful completion of your nursing degree.

Students and their personal social media accounts may not in any way represent themselves as sanctioned by Villanova University, and are not permitted use of the University's intellectual property (logos, wordmarks, badges, symbols or any materials protected by copyright or trademark laws) to identify themselves or hold themselves out as officially recognized and/or supported by the University.

Fitzpatrick College of Nursing students may not discuss or distribute sensitive, confidential, or proprietary information about Villanova University, its students, faculty, clinical agencies, clinical agency employees or patients.

- HIPAA (Health Insurance Portability and Accountability Act). Federal guidelines protect confidential patient information. Disclosures by any means of patient information are a federal offense and may subject students to substantial monetary fines and/or criminal penalties in addition to University disciplinary action.
- FERPA (Family Educational Rights and Privacy Act). Student educational records or any personal information about a student which is disclosed without the permission of the student is a federal violation and subject to disciplinary action.

### **Social Media Tips**

- Protect patient information in all forms of communication. No photos, videos or other forms of recording or disclosing patient information.
- Posting confidential information about students, employees or alumni of Villanova University and/or Fitzpatrick College of Nursing is prohibited.
- Think twice before posting. If hesitant, don't post!
- It is a violation of University policy and contrary to the Mission of the University to defame anyone's character, embarrass, harass, abuse or use obscenity or profanity when using social media.
- Social media is public information and students should have no expectation of privacy in the information they post in these forums.
- It is inappropriate to "friend" patients or their family members on social networking sites.
- Maintain your professional image on all media sites. University personnel, corporate administrators, employers and law enforcement agencies are utilizing media for formal and information background checks and searches.

The Fitzpatrick College of Nursing expects its students to be thoughtful about how they present themselves and to respect their audience, peers, faculty, the University, and all clinical agencies. Students need to remember that content contributed on all social media platforms becomes immediately searchable by the public at large and forwarded to others without your knowledge or consent. Once your message is sent, or you post information, this information forever leaves your control.

Students are reminded that all University Policies are applicable to students' conduct on social media and, any conduct which violates University Policy, may subject the student(s) to University disciplinary action, up to and including, expulsion.

## **Criminal Background Check, FBI Fingerprinting, PA Child Abuse Clearance and 10-Panel Drug Screen**

Comprehensive Criminal Background Check and Fingerprinting: All students matriculating in the Fitzpatrick College of Nursing programs are required to complete a Comprehensive Criminal Background Check and Fingerprinting deemed satisfactory, in the sole judgement of the College of Nursing, as a condition of their acceptance into the nursing program. Current policies and regulations of health care facilities and regulatory bodies require that the Comprehensive Criminal Background Check and Fingerprinting be completed again, prior to starting any clinical practicum course, to ensure patient safety. Students in the Nurse Anesthesia Program are required to complete the Comprehensive Criminal Background Check and Fingerprinting annually. The Comprehensive Check includes a PA statewide background check, ten-panel drug screen, PA Child Abuse History Clearance, FBI Fingerprint search, and OIG/GSA searches. The College of Nursing utilizes an online compliance tracking service called Complio, a product of American Databank. The Complio website can be found at <http://www.villanovabackgroundcheck.com/>.

## **Student Records**

The Fitzpatrick College of Nursing maintains individual files on all students. Students may have access to their records for review upon request and records must be reviewed in the Fitzpatrick College of Nursing. Documents may not be removed from the files. Requests to review files should be made to the Associate Dean Graduate Program.

## **Course and Faculty Evaluations**

At the end of each course, Course and Teacher Survey (CATS) are distributed to students who complete this anonymous evaluation on the course and the faculty. The results of these evaluations are reviewed by the Associate Dean Graduate Program, Vice Dean for Academic Affairs, and the Dean. Except for Clinical Courses, all other CATS are completed online.

## **Undergraduates in Graduate Courses**

Qualified undergraduate students (juniors or seniors with a 3.00 cumulative average and a sufficient background in the subject) may be admitted to certain graduate courses with the permission of their academic advisor, Associate Dean, Undergraduate Program, and Associate Dean, Graduate Program. Permission forms for this purpose are available at the Fitzpatrick College of Nursing Student Resources website.

## **Change of Name and/or Address**

Changes in name or address can only be done by the Registrar's Office. Student's requesting to change name and/or address on their official records must submit the appropriate form to change name and/or address. The form can be found at:

[https://www1.villanova.edu/villanova/enroll/registrar/forms/info\\_change/\\_jcr\\_content/pagecontent/download/file.res/name\\_change.pdf](https://www1.villanova.edu/villanova/enroll/registrar/forms/info_change/_jcr_content/pagecontent/download/file.res/name_change.pdf)

After you have made the formal change with the Registrar, please notify the Graduate Office of the change as well.

## COMMUNICATION

Each graduate student is provided a Villanova University email address. Villanova University's official means of communication is the university email system. Students must use their student email address for all Villanova University and Fitzpatrick College of Nursing business. It is expected that students will check their university email account every day to look for important announcements and information. Professional communication is the expectation of all students, faculty and members of the University community and is essential for academic success. NOVA Alert delivers important emergency alerts, weather notifications ( snow policy <https://www1.villanova.edu/villanova/provost/resources/policies/snow-policy.html>) and updates to any mobile device or email you choose to register. When an incident or emergency occurs, authorized senders will notify you using NOVA Alert. Please note that students must register for the NOVA Alert System on NOVASIS. **Sign Up for Nova Alert at:** [https://novasis.villanova.edu/pls/bannerprd/bvgknova.P\\_ShowAlertDests](https://novasis.villanova.edu/pls/bannerprd/bvgknova.P_ShowAlertDests)

## FINANCIAL ASSISTANCE

For information on financial assistance or to discuss specific issues or concerns contact:  
Office of Financial Assistance  
2<sup>nd</sup> floor Kennedy Building  
Phone: 610-519-4010  
Fax: 610-519-7599  
Email: [finaid@villanova.edu](mailto:finaid@villanova.edu)

### **Types of Financial Support**

Financial support opportunities available to students including Graduate Assistantships, Tuition Scholarships, and various scholarships are competitive awards based on academic merit. Students are notified via email when these scholarships become available. Awards are typically offered in March/April for the Fall semester and in early January for the Spring semester.

### **Assistantships and Scholarships**

Graduate Assistantships and Tuition Scholarships may be available each academic year. Students must be enrolled full-time (a minimum of 6 credits) each semester and are provided a tuition waiver in exchange for a required number of hours work each week within the Fitzpatrick College of Nursing. Graduate Assistantships and Tuition Scholarships are generally awarded to cover one academic year of study. If the student meets the required academic and performance these assistantships and scholarships are frequently renewed to cover additional semesters of study. All awards are made by the Associate Dean, Graduate Program. Detailed information about these positions can be obtained from the Graduate Program Office.

### **Application for Need-based Financial Aid**

Villanova University  
Office of Financial Assistance  
800 Lancaster Avenue  
Villanova, PA 19085-1685.

Once aid eligibility is determined, each applicant will receive a notice of aid eligibility from the Office of Financial Assistance. If you receive any credit against your tuition charge that is not reflected on your award letter, your aid may be reduced.

### **Nurse Educational Funds, Inc.**

Any registered nurse who is a U.S. citizen residing and practicing in any of the 50 states including Hawaii and Alaska who is pursuing either the master's in nursing or a doctoral degree is eligible to apply for funding. For information, please write or call: Nurses Educational Funds, Inc., 555 West 57th Street, New York, NY 10019, (212) 399-1428.

### **Students Who are Veterans or are Using Veterans Administration (VA) Benefits**

Villanova University is dedicated to assisting veterans and their dependents as they reach personal, professional, and academic goals from their admission to graduation and beyond. The Office of Veterans and Military Service Members (205 Kennedy Hall) is a source of support for these students and for the Villanova University community. For more information, contact Michael D. Brown, Director at: [michaeld.brown@villanova.edu](mailto:michaeld.brown@villanova.edu). Phone: 610-519-4488

### **TUITION AND FEES\***

Application Fee (Non-Refundable)	\$50
Tuition*	
MSN/APRN Certificate	\$1020/credit
DNP-NA	\$1,300/credit
DNP	\$1390/credit
PhD	\$1525/credit
General University Fees*	\$50/semester
Nurse Anesthetist Technology Fee*	\$18,800 (Paid over 6 semesters)
Nurse Practitioner Lab Fee *	\$375 x 4 semesters

\* Subject to change at the discretion of the University Administration

<https://www1.villanova.edu/university/financial-affairs/bursar/tuition-and-fees.html>

### **REFUNDS**

Official withdrawal (i.e., Drop or Authorized Withdrawal) from courses within the dates designated entitles the student to a refund according to the Academic Calendar. Tuition refunds are based on the TOTAL TUITION exclusive of fees. Non-attendance of class does not constitute official withdrawal. Regulations concerning refunds for the summer sessions may be found in the Summer Sessions Catalog. Students will be permitted to receive a transcript or certification of credits only when their financial accounts are completely paid. Students are liable for tuition charges, for each course as follows and further information on refunds and credits can be found at: <https://www1.villanova.edu/university/financial-affairs/bursar.html>

#### **Segment of Semester Refund**

Up to first week	80%
Up to second week	60%
Up to third week	40%
Up to fourth week	20%
Beyond fourth week	No Refund

### **UNIVERSITY SUPPORT SERVICES, ACTIVITIES, AND ORGANIZATIONS**

#### **The Library**

All Nursing holdings are housed in Falvey Library, a University facility. The hours vary during school holidays, exam periods and the summer term, and you are advised to call the Library

(610-519-4292) for a recorded message about hours, policies, etc. The Graduate Assistant to the Graduate Nursing Program arranges for group orientations each semester. You will be notified of the day and time.

<https://library.villanova.edu/about-falvey/contact-us>

### **Writing Center**

The Villanova Writing Center provides a comfortable atmosphere for your one-to-one session with a qualified tutor. Bring your paper, assignment, and an open mind and we'll do our best to help you improve your writing.

Services available:

- Aid students in a collaborative effort of creating their "ideal texts" and producing their best quality work.
- We are NOT a "fix-it shop" and seek to "produce better writers, not better texts."
- We encourage multiple, independent visits for all types of students, in all stages of their writing.
- We cater to individual student needs and rely on the effective relationship of peer tutoring. All are welcome.

[http://www1.villanova.edu/villanova/provost/writingcenter.html?mail=alan.pichanick@villanova.edu&xsl=bio\\_long](http://www1.villanova.edu/villanova/provost/writingcenter.html?mail=alan.pichanick@villanova.edu&xsl=bio_long)

## **TECHNOLOGY SERVICES**

### **IDs and Passwords**

Email/Information Technology Resources

(Email, Access to campus servers and the University's online resources.)

To access Villanova's information resources on the Internet and in the University computer you will be required to know your ID and password.

All students, faculty and staff are automatically issued an ID and password. A letter with this information will be sent to your home. If you do not know the ID and password, contact the Computer Support Center at (610) 519-7777.

**myNOVA** is Villanova University's single sign-on, web portal that provides personalized access to web services (email, Banner web, WebCT/Blackboard).

**myNOVA** is available via the Villanova Homepage (<http://www1.villanova.edu/main.html>)

OR directly at <https://mynova.villanova.edu/>.

You can customize **myNOVA** so that the information and tools you need and want are available when you log in. Internet Explorer 7 is the preferred browser. Netscape, Firefox and Mozilla are also supported.

**myNOVA** General Info:

<https://www1.villanova.edu/villanova/unit/accounts/mynovaaccount.html>

**myNOVA** Frequently Asked Questions

<https://www1.villanova.edu/villanova/unit/accounts/mynovaaccount/mynovafaq.html>

You will also find many useful links to academic materials, forms, applications, catalogs and other resources on the Fitzpatrick College of Nursing Student Resources and Materials homepage:

<https://villanova.sharepoint.com/sites/nur/studentmaterials/default.aspx>

### **Villanova's Email System**

All students, faculty & staff are given an email account. This information will be sent to you along with your ID and Password once you are accepted and a Banner Student ID is generated for you. If you do not know your email address, contact the Computer Support Center at (610) 519-7777.

Email addresses are generated using the following convention:

firstname.lastname@villanova.edu

Villanova Email is accessible from any computer that has an Internet connection and a web browser. Access your email through myNOVA or the following url address:

<http://webmail.villanova.edu>

### **I.D. Card (WILDCARD)**

Students must obtain University-issued Villanova Student Identification Card (Wildcard) which is required for numerous campus services, including printing/photocopying, gymnasium, and Library. Replacement ID cards can be obtained for \$30.00 from the Wildcard Office, Dougherty Hall, 610-519-4179. The Wildcard also serves as a debit card for purchases on campus and with some community merchants who offer a VU discount. The University Bookstore offers a 5% discount when the Wildcard is used to pay for purchases. Money can be added to a student's Wildcard account at the Wildcard Office in Dougherty Hall and through the Wildcard Services website using a Mastercard, Visa, or Discover card, or through ACH or e-check transfers. Wildcard is used to pay for purchases. For more information visit the [Wildcard Services website: https://www1.villanova.edu/villanova/unit/wildcard.html](https://www1.villanova.edu/villanova/unit/wildcard.html)

### **Student Computer and Print Labs on Campus**

#### ***Public computing Sites on Campus:***

Tolentine Room B2 and Room B4 (Open 24 hours a day – 7 days a week)

Multimedia Lab Room B6 (Open Monday-Friday, 8:00 AM - 8:00 PM)

Bartley Hall Room B3 and Room B6 (Open 24 hours a day – 7 days a week)

Mendel Room G8 (Open 24 hours a day – 7 days a week)

Connelly Center: Cyber Café (Open 9:00 AM – 11:00 PM)

Falvey Library (Open Monday through Friday, 8 AM to 5:00 PM)

#### ***Student Print Locations on Campus:***

Driscoll Hall 207, Mendel 85, Tolentine 2 & 4, Falvey Library and Bartley Print Center.

Locations on campus designated as common printing areas have been equipped with new Xerox printers. In addition to the printer, each location will have a print release station. By utilizing your Wildcard, you simply swipe your card at the print release station to print your document (s). Scan to email (PDF and JPG) is available for Villanova students.

#### ***Getting Support***

UNIT supports all Villanova faculty, staff and students. Any computer related problems can be handled over the phone, in person, or via web.

UNIT Home Page: <http://www.villanova.edu/villanova/unit.html>

Technology Support Services Team

Web Address: <https://www1.villanova.edu/villanova/unit/helpsupport.html>

Self-Service Help Desk (SSHD): <https://easyvista.villanova.edu>

Submit computer related problems via the web in the Incident Management system in SSHD. You can utilize the SSHD Knowledge Base to search for incidents and solutions related to your particular problem or issue.

The TechZone is located in Vasey 101 and is open M-Th from 9-7 and 9-5 on Fridays Phone: 610-519-7777

<https://www1.villanova.edu/villanova/unit/studentservices/TechZone.html>

### **The Counseling Center**

The Counseling Center is designed to help any student, graduate or undergraduate, explore personal concerns and difficult decisions. Except in emergencies, appointments are required, and can be scheduled either by telephone (610- 519-4050) or by going to the Counseling Center (Room 206 in Health Services Building). Students may request a specific counselor or use the counselors available for the following services:

#### ***Individual Counseling for Personal Development***

Counseling assists one to define problem areas, provides emotional support during difficult periods, offers an outsider's perspective on family difficulties, helps people to change self-defeating habits and attitudes, and increases awareness of alternative, productive behaviors. Such services are available through the Center. On-line at:

<https://www1.villanova.edu/university/student-life/health-services/counseling-center.html>

### **Health Insurance**

All students need health insurance throughout their term of enrollment at Villanova. Health insurance is mandatory for all domestic, undergraduate matriculated students, all international students, and all law school students. College of Professional Studies (part-time students), undergraduate and graduate students taking three or more credit hours, and Ph. D thesis continuation students must purchase their own insurance.

For more information regarding the school sponsored plan, and the enrollment/waiver process, please visit the website [www.firststudent.com](http://www.firststudent.com).

### **Learning Resource Center**

The Simulation and Learning Resource Center (LRC) in the Fitzpatrick College of Nursing provides realistic and well-equipped clinical simulations labs for undergraduate and graduate nursing students to practice new skills or to carry out simulation activities in health assessment, adult/gerontology health, maternal/child health, critical care, community health, community health, leadership and anesthesia procedures in real-life care environments. These experiences include mannequin-based “standardized patient” experiences. Students participate in lab/simulation activities in many clinical courses in the graduate nursing curriculum.

The Learning Resource Center is located on the lower level of Driscoll Hall. Weekday, weekend and evening hours are posted on bulletin boards in the Fitzpatrick College of Nursing and in the LRC.

## **ACADEMIC ACCOMMODATIONS**

### **Learning Support Services**

Learning Support Services (LSS) offers students a variety of academic support services that are designed to help students maximize their academic success. Students of all abilities, including successful students who want to enhance their academic skills and students who are struggling, are encouraged to use the services of LSS. To obtain accommodations, students must register

with the Learning Support Office by submitting current documentation. To ensure confidentiality, students must complete a Request for Accommodation Form each semester at Villanova in order to receive accommodations during that semester. Nothing can be shared with the professors without permission. Call 610-519-5636 or email the office for an appointment. For additional information, see the website at <https://www1.villanova.edu/villanova/provost/learningsupport.html>

### **Office of Disabilities Services**

The Office of Disability Services collaborates with students, faculty, staff, and community members to create diverse learning environments that are usable, equitable, inclusive and sustainable. The ODS provides Villanova University students with physical disabilities the necessary support to successfully complete their education and participate in activities available to all students. If you have a diagnosed disability and plan to utilize academic accommodations, please contact Gregory Hannah, advisor to students with disabilities at 610-519-3209 or visit the Office on the second floor of the Connelly Center.

[https://www1.villanova.edu/villanova/studentlife/be\\_empowered/disability\\_services.html](https://www1.villanova.edu/villanova/studentlife/be_empowered/disability_services.html)

## **STUDENT ACTIVITIES**

### **Campus Activities**

A variety of activities and organizations that offer social, counseling, scholarly, and collegial opportunities are available to students in the University and in the M. Louise Fitzpatrick College of Nursing.

### **Athletic Facilities**

All students at Villanova are eligible to take advantage of the weight rooms, pools and other athletic facilities that are available on campus. Please call the athletics office (610-519-4090) for information on the location, availability and times of operation of various facilities.

### **Campus Ministry**

Campus Ministry coordinates a variety of programs on the campus and in the community, including liturgical, community and educational programs. The Campus Ministry center is located on the ground floor of St. Rita's Hall. Appointments can be made in person or by telephone (610-519-4080).

### **Special Olympics**

The Office of Student Activities sponsors the Special Olympics program every year. Volunteers include undergraduate and graduate students, faculty and staff. Several first aid stations are established for this day-long program, and nurses are warmly welcomed as volunteers. Volunteers also may serve as "huggers" who accompany the children through the day. For further information about the Special Olympics, contact the Office of Student Activities (610-519-7244).

### **Villanova Theatre**

The Villanova Theatre offers a variety of plays during the academic year and the summer. Volunteers are welcome "behind the scenes." All auditions are open, and times are posted on campus and published in The Villanovan, the University newspaper. The schedule of

performances is published in The Villanovan and are available in the Connelly Center and from the theatre office. Ticket prices are very reasonable, and student discounts, season subscription and group rates are available. The Villanova Theatre is located in the John and Joan Mullen Center for the Performing Arts. Contact the Theatre Department (610-519- 4897) or the box office (610-519-7474) for more information.

<http://villanovatheatre.org/>

### **Connelly Center**

The Connelly Center is located on the main campus. It houses a cafeteria (which serves hot and cold food at reasonable prices), an ice cream shop, a candy counter, an electronic banking machine, an art gallery, formal and informal lounges, a movie theater, etc. The hours of the Connelly Center and all dining areas can be obtained at:

<https://www1.villanova.edu/villanova/services/connellycenter/hours.html>

### **Campus Dining**

A variety of locations are available for dining during day and evening classes:

- The Recovery Room Located on Driscoll Hall 2nd Floor.
- Dougherty Hall on Main Campus
- Cafe Nova-Located in Dougherty Hall
- The Curley Exchange in Bartley Hall
- For a complete list of dining options and operating hours visit:

<https://www1.villanova.edu/villanova/services/dining.html>

### **Security**

For regular business involving the Public Safety Department, you may contact an officer 24 hours a day at 610-519-6979. Office personnel may also be reached at this number from 8:00 a.m. to 4:00 p.m. For emergency calls requiring a campus security officer, telephone 610-519-4444 (dial 94444 if using a campus phone) any time day or night. An escort service is available for students leaving the buildings late. Call Public Safety at 610-519-6979.

## **M. LOUISE FITZPATRICK COLLEGE OF NURSING ACTIVITIES**

### **Graduate Nurse Network**

The Graduate Nursing Network (GNN) is the graduate student organization in the Fitzpatrick College of Nursing, and all students who are enrolled in the Graduate Nursing Program are members of the GNN. This organization plans social and educational programs during the year, sponsors a reception for all students who have graduated during the year, and manages the election or appointment of student representatives to the Fitzpatrick College of Nursing and University committees. The Graduate Nurse Network also distributes a newsletter to all members at least once each year; this contains articles about nursing, life as a graduate student, career notes about alumni and some of the activities occurring in the Fitzpatrick College of Nursing. You are encouraged to become active in this dynamic nursing organization through which you will have an opportunity to network with other students about employment opportunities, exchange ideas about courses, etc. For further information about the Graduate Nurse Network, contact any of the Network officers or the Network faculty advisor.

### **Sigma Theta Tau International, Alpha Nu Chapter**

Alpha Nu is the Villanova Chapter of Sigma Theta Tau, the international nursing honor society. Sigma Theta Tau recognizes superior academic achievement, leadership abilities, scholarly accomplishments, and commitment to the ideals of the nursing profession. Alpha Nu Chapter was founded in 1966 and continues to be a dynamic organization with over 500 active members. Alpha Nu Chapter sponsors several educational programs during the year and co-sponsors the annual Distinguished Lectureship with the Fitzpatrick College of Nursing. The Chapter also offers an annual scholarship for advanced study in nursing (master's or doctoral program) and an annual research grant to its members. The Chapter has served as a mentor for new chapters in the region and has provided leadership to Sigma Theta Tau chapters in the Eastern Pennsylvania area.

If you are already a member of Sigma Theta Tau, you may consider a dual membership or a transfer of your current membership to the Alpha Nu Chapter. For further information about Sigma Theta Tau, Alpha Nu Chapter (e.g., membership criteria and procedures, transfer or dual membership), contact any of the officers or committee chairs.

Alpha Nu, the Villanova Chapter of Sigma Theta Tau has a scholarship available for graduate students who are active members. For information concerning this scholarship, contact the Chairperson of the Chapter's Scholarship Committee, c/o the Fitzpatrick College of Nursing.

### **Annual Distinguished Lectureship**

The Annual Distinguished Lectureship was initiated in 1978 on the twentieth anniversary of the Fitzpatrick College of Nursing and has been co-sponsored with Alpha Nu for several years. Each year an outstanding nurse leader is invited to present a timely issue in nursing for the students, faculty, alumni and friends of the Fitzpatrick College of Nursing. The Annual Distinguished Lectureship is presented every Fall and is listed in the College of Nursing's Continuing Education brochure, the Alpha Nu newsletter and the Graduate Nurse Network newsletter. There also is a general mailing about this event, and notices are placed on the web. This professional program is offered at no cost to participants.

### **Naratil Family Health and Human Values Series**

The Naratil Family Health and Human Values series has been developed by the Fitzpatrick College of Nursing to promote knowledge and understanding of ethics and values in health care and health care delivery. The series is offered each year with local, national and international experts serving as presenters or panelists. Generally, there are several programs throughout the academic year. They are offered in the evening and faculty, students and members of the professional community are invited to attend.

### **Healthcare Professional Development Program**

The Healthcare Professional Development Program of the Fitzpatrick College of Nursing offers a variety of conferences, workshops and seminars on pertinent areas in nursing taught by the Fitzpatrick College of Nursing faculty as well as other local and national experts. The offerings, related to various nursing issues, clinical practice, health care administration and nursing education, are listed in the brochure, which is published regularly and is available through the Continuing Education office.

The Healthcare Professional Development Program of the Fitzpatrick College of Nursing is accredited as a provider of Continuing Education in Nursing by the American Nurses Credentialing Center's Commission on Accreditation, and contact hours are awarded for participation in these courses. The Continuing Education office is located in Driscoll Hall and can be contacted easily (610- 519-4931).

### **Faculty and Staff Development**

The Fitzpatrick College of Nursing Research Committee sponsors Faculty Research Forums each year, and graduate students are invited to attend. These forums are opportunities for faculty members to share and receive feedback on their research activities, and they are very informal in nature. Notices about scheduled Faculty Research Forums are posted on the web. You are welcomed and encouraged to attend and participate in the discussion.

### **The Nursing Alumni Network**

The Nursing Alumni Network was founded in 1985 and is a member club of the Villanova University Alumni Association. The basic purposes of the Network are to further the interests of both Villanova University and the Fitzpatrick College of Nursing and to facilitate the professional networking and engagement of its members. The Network may sponsor or co-sponsor events during the year as well as sponsor gatherings at some professional conferences. All alumni from the Fitzpatrick College of Nursing are encouraged to participate. For further information or to host your own event for alumni, contact Ann McKenzie, MSN, RN, Director of College Relations, at [ann.mckenzie@villanova.edu](mailto:ann.mckenzie@villanova.edu).

## **GRADUATION**

### **Application Procedure**

You must complete an application for graduation during the semester in which you plan to graduate. This application is available online.

In [MyNova](#), search for “Prospective Graduate Form,” choose the term you will be completing your degree requirements in the drop-down menu and submit the form.

#### **Graduation Date**

September 1

December 31

May 31

#### **Submit Application Between**

February 1 – June 15

March 1 – September 15

August 25 – January 31

A \$100.00 late fee will be charged to the account of anyone who applies for graduation after the deadline has passed. The late fee is non-refundable and non-transferable to another term. To avoid a late fee, students are urged to apply before the deadline listed above.

In addition to completing an application for graduation, you must complete (1) a Graduate Nursing Program Exit Survey, and (2) a Villanova University Graduate Student Survey which will be shared with you via email.

### **Graduation Ceremonies**

Villanova University conducts graduation ceremonies once each year, in the spring semester. All students who have graduated officially in September or December are invited to participate in the following May Commencement. Information about Commencement (date, time, place) and procedures for obtaining academic attire will be mailed to all eligible candidates. If you completed the program in September or December, you are responsible for notifying the

Graduate Program Office of any change of address before March 1st to ensure that commencement information reaches you. The faculty encourage you to attend this joyous occasion since it is an opportunity to see classmates and colleagues and to celebrate this happy event with family, friends and faculty.

### **Baccalaureate Mass**

In keeping with its religious tradition, a Baccalaureate Mass is held in conjunction with commencement activities. All graduates, families and friends are invited and encouraged to attend.

## **PARKING POLICIES**

All students and employees of Villanova University who wish to park their cars on campus property must purchase a parking permit from the Villanova University Department of Public Safety. Cars parked on campus property without a parking permit are subject to being ticketed and/or towed. A parking permit does not guarantee a parking space; however, the number of permits issued is limited to increase the probability of the holder finding a parking space. Parking is permitted only in areas designated for parking use. Parking in loading zones, handicap spaces, fire zones or at building exits is prohibited whether or not "no parking" signs are posted.

### **Evening Parking Permits**

Graduate nursing students are considered "evening students" since their classes generally begin after 4:30 p.m. Students may purchase evening parking permits. Evening permits are valid after 4:30 p.m. each school day and will be honored during school vacations, Saturdays, Sundays and holidays from 9:00 a.m. to 2:30 a.m. for students who wish to use the Library or other University facilities. An evening permit is not valid for parking in any lot from 9:00 a.m. to 4:30 p.m. on regular class days except by special request.

### **Daytime Parking for Evening Students**

If you have purchased an evening permit and wish to come to campus occasionally before 4:30pm to use the library or meet with other students, you must park in the Ithan Garage. The rates can be found at:

<https://www1.villanova.edu/villanova/parking/extendedhours/parking-permit-prices.html>

### **Purchasing a Parking Permit**

Parking permits are available for sale via the parking portal. The Parking office is open weekdays Monday-Friday 8-4pm (610)519-6989.

Access the Parking Portal at:

<https://villanovauniversity.t2hosted.com/Account/Portal>

**GRADUATE PROGRAM**  
**CONTACT INFORMATION**

Mary Terhaar, PhD, RN, ANEF, FAAN  
Associate Dean of Graduate Program  
Villanova University,  
M. Louise Fitzpatrick College of Nursing  
800 Lancaster Avenue  
Villanova, PA 19085  
(610) 519-  
[mary.terhaar@villanova.edu](mailto:mary.terhaar@villanova.edu)

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(610) 519-4934  
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## IMPORTANT TELEPHONE NUMBERS

Fitzpatrick College of Nursing (610) 519-4900

Learning Resource Center (610) 519-4925

Snow Closing (610) 519-4505

Business Office (Bursar) (610) 519-4258

Counseling Center (610) 519-4050

Falvey Library (recorded message) (610) 519-4292

Instructional Media Services (610) 519-4467

Inter-Library Loans (610) 519-4274

Reference (610) 519-4273

Reserve Room (610) 519-4278

Financial Assistance (610) 519-3305

Office of Public Safety (610) 519-6979

For Emergency only (610) 519-4444

Office of the Registrar (610) 519-4030

(Transcripts and registration information available online)

*Updated August 2023*

# **APPENDIX A**



## **NURSE ANESTHESIA PROGRAM**

# **DNP STUDENT HANDBOOK**

08/2023

## **VILLANOVA UNIVERSITY MISSION STATEMENT**

Villanova University is a Catholic Augustinian community of higher education, committed to excellence and distinction in the discovery, dissemination, and application of knowledge. Inspired by the life and teaching of Jesus Christ, the University is grounded in the wisdom of the Catholic intellectual tradition and advances a deeper understanding of the relationship between faith and reason. Villanova emphasizes and celebrates the liberal arts and sciences as foundational to all academic programs. The University community welcomes and respects members of all faiths who seek to nurture a concern for the common good and who share an enthusiasm for the challenge of responsible and productive citizenship in order to build a just and peaceful world.

### **Enduring Commitments**

In pursuit of this mission, we commit ourselves to academic excellence, to our values and traditions, and to our students, alumni and the global community.

#### **To foster academic excellence, we:**

- Create a diverse community of scholars, united and dedicated to the highest academic standards;
- Emphasize the liberal arts and sciences as our foundation and foster in our students active engagement, critical thinking, life-long learning and moral reflection;
- Concern ourselves with developing and nurturing the whole person, allowing students, faculty and staff to grow intellectually, emotionally, spiritually, culturally, socially and physically in an environment that supports individual differences and insists that mutual love and respect should animate every aspect of university life;
- Encourage interdisciplinary research, teaching and scholarship;
- Affirm the intrinsic good of learning, contemplation, and the search for truth in undergraduate and graduate education.
- Support a curriculum that encourages both a global perspective and an informed respect for the differences among peoples and cultures.

#### **To serve our students, alumni and global community, we:**

- Encourage students, faculty and staff to engage in service experiences and research, both locally and globally, so they learn from others, provide public service to the community and help create a more sustainable world;
- Commit to the common good, and apply the knowledge and skills of our students and faculty to better the human condition;
- Encourage our students and faculty to pursue virtue by integrating love and knowledge, and by committing themselves to research and education for justice, with a special concern for the poor and compassion for the suffering;
- Respect a worldview that recognizes that all creation is sacred and that fosters responsible stewardship of the environment;
- Include our alumni as an integral part of the Villanova community;













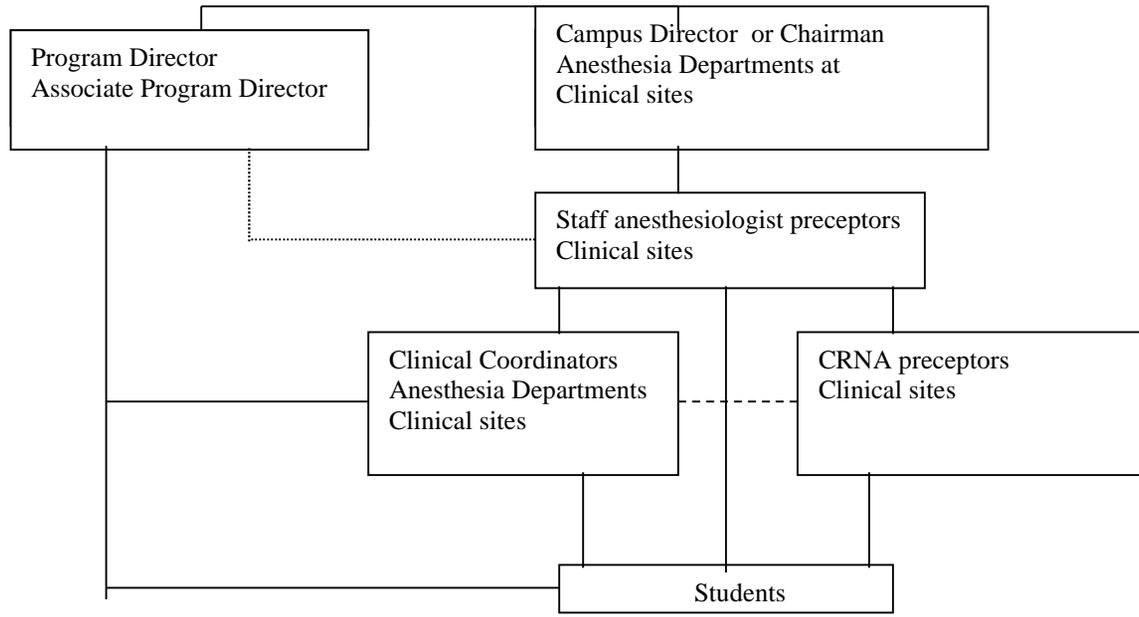


Purpose

The organizational charts described below have been devised to reflect the lines of authority and communication within Villanova University FCN DNP Nurse Anesthesia Program, clinical and academic affiliates, committees, and students.

1. Clinical Reporting Chart: Demonstrates the reporting and functional lines of authority for students and staff within the clinical arenas. (#1004)
2. Organizational Chart, Villanova College of Nursing: The nurse anesthesia track is within the Graduate Program. The Program Administrators are members of the Graduate Nursing Faculty. (#1006)
3. Demonstrates the relationship, membership and lines of authority of the nurse anesthesia track and personnel to the Graduate Programs of the College of Nursing. It also demonstrates the committee structure, relationship and membership within both programs (Graduate & nurse anesthesia)(#1007)

Clinical Organization: Students and Clinical Faculty reporting lines

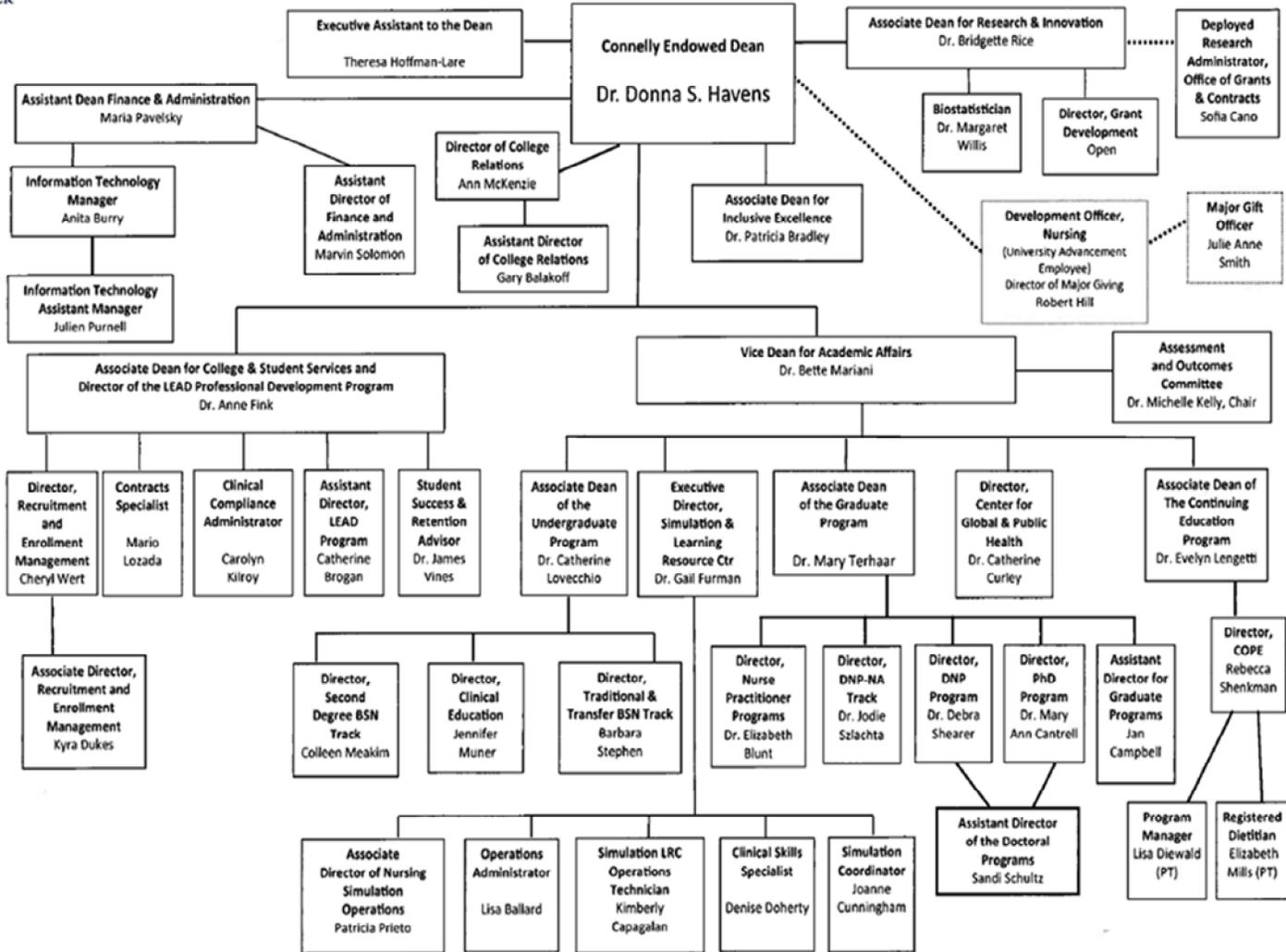


Functional Lines of Reporting For Clinical Experience.

———— Direct Reporting  
----- As Necessary

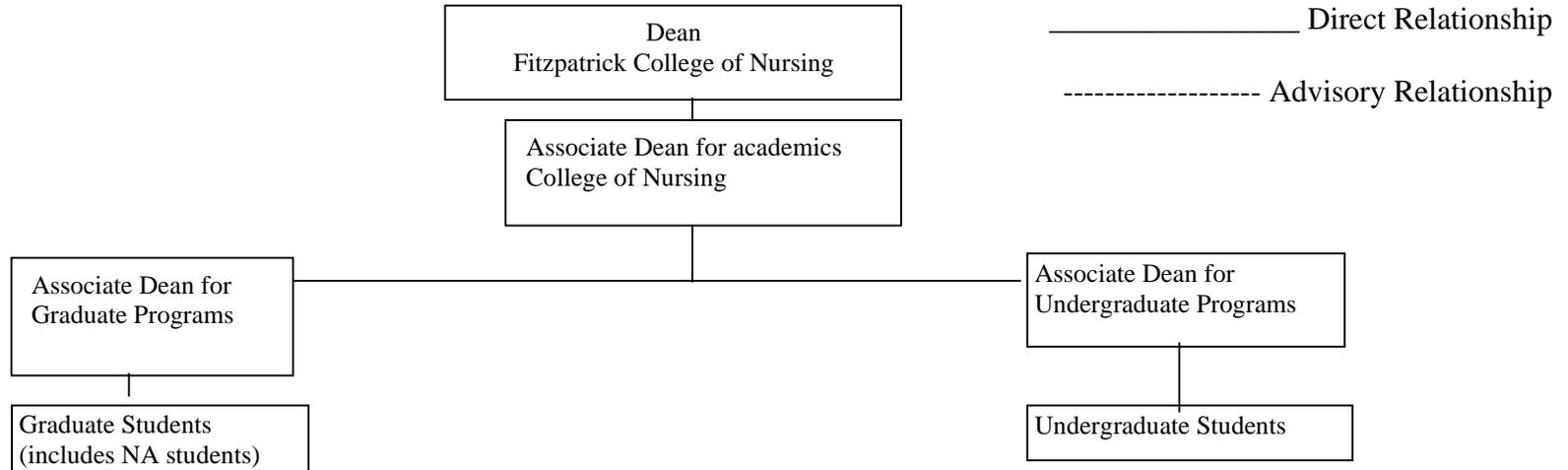


- GENERAL SUPPORT STAFF**
- Sr. Administrative Asst. Tee Nole
  - Sr. Administrative Asst. (Vice Dean for Academic Affairs and Assistant Dean for College & Student Services) Dani Kennedy
  - Assistant Director of the Undergraduate Program Open
  - Continuing Education Program Coordinator Louisa Zullo
  - Enrollment Specialist, Second Degree BSN Track Kristin Bardsoll
  - Operations Specialist, Second Degree BSN Track Cathleen Miller
  - Sr. Administrative Asst. (for all faculty) Amy Ellis
  - Clinical Operations Specialist Marie Paolucci
  - Research, Innovation and Global Health Initiatives Coordinator Open
  - Coordinator, Nursing Programs Colleen Tuzio

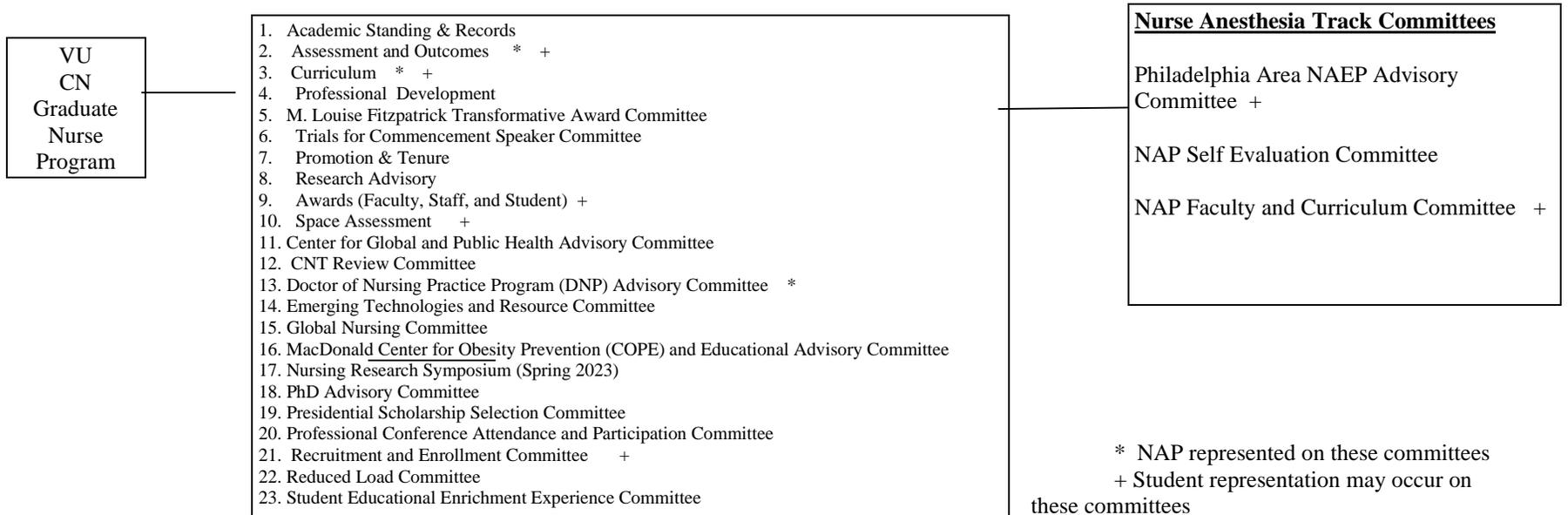


As of April 2023

**Organizational Structure**



**Coordinating Structure**  
**VU FCN Committees**



### Faculty Organization

The **clinical** faculty organization for the Nurse Anesthesia Program is composed of the Clinical Coordinators, Assistant Program Administrator, Program Faculty, and the Program Administrator (Clinical Faculty);

The **didactic** faculty is composed of the Program Administrator, Assistant Administrator, NA Faculty, DNP Project Coordinator(s) and DNP Project Advisors from Villanova University/CCMC and the anesthesia didactic instructors.

The faculty organization for the FCN includes the Dean, the Vice Dean for Academic Affairs, the Associate Dean of Graduate Programs and the Associate Dean for Undergraduate Program, professors, associate professors, assistant professors, clinical professors, and instructors in the College of Nursing.

Through committee reports and faculty participation, the goal of this organization is to:

1. Consistently and continually evaluation the Nurse Anesthesia Program.
2. Address and solve problems as they become apparent.
2. Maintain academic excellence.
3. Review student's progress and counseling needs.

Groups and Committees Specific to the Nurse Anesthesia Program:

### **Philadelphia Area Nurse Anesthesia Educational Programs Advisory Committee**

This committee is composed of the Nurse Anesthesia Program and Associate Program Administrators from Villanova University, Drexel University, University of Pennsylvania, LaSalle University/ Einstein Medical Center/Montgomery, and Jefferson University. A public member, and students are also members of this committee. A university representative is invited to attend.

The purpose of this multidisciplinary committee is to consider current nurse anesthesia practice and educational trends and those issues requested for review by the Program Administrators. Program issues are reviewed at every meeting and appropriate recommendations regarding the resources available to assist programs are discussed with the ultimate goal of suggesting methods of enriching the anesthesia programs and developing long-range goals. In addition, this committee plans for faculty development for each of the programs.

### **CC/ York / Scranton/ Drexel / Bloomsburg /Jefferson NAP Advisory Council**

This is a new committee started by the new Cedar Crest College Program and mirrors the Philadelphia Advisory committee in that there are student members, public member and University representative are invited as well. The purpose of this multidisciplinary committee is to consider current nurse anesthesia practice and educational trends germane to all programs.

### **Faculty and Curriculum Evaluation Committee**

This committee is composed of the Program Administrator and Associate Administrator of the Nurse Anesthesia program at Villanova University, NA faculty, 4 students from the program

(2 from each clinical cohort) and didactic faculty members. The goal of this committee is to plan, develop, implement, and evaluate the educational structure of the program. The committee evaluates the teaching plan, courses, and instructors semi-annually and reviews student evaluation of the above. Outcome criteria such as NCE and SEE scores are examined. This committee reports to the VU FCN Curriculum Committee and Assessment and Outcomes Committee, as needed.

**Self - Evaluation Committee (Clinical Coordinator)**

This committee is composed of the Villanova University Nurse Anesthesia Program Administrator, Associate Program Administrator, NA faculty, and the Clinical Coordinators from each of the clinical affiliates. The Department Chairs are also always invited. The purpose of this committee is to review student clinical evaluations, student evaluations of clinical sites and instructors, NCE and SEE results, graduate and employer and semi-annual program evaluation and evaluate evaluation policies and procedures. The recommendations from this committee are implemented by the committee or forwarded to the appropriate clinical department chairs for review and implementation. Recommendations on student status will be forwarded to the Graduate Program Director and the Academic Standing Committee of the College of Nursing on an as needed basis. Due to the sensitive nature of items generally discussed, students are not members of this committee. This Committee reports to the VU FCN Curriculum Committee and Assessment and Outcomes Committee as needed.

**Membership On Committees**

**For all committees within the College of Nursing, the following will apply:**

Membership on the committee will be for a period of at least 2 years.

The Dean of the College of Nursing shall make appointments to all standing committees.

Ad Hoc committees shall be formed as special needs arise.

All committees shall be responsible to the Faculty of the College of Nursing and report to the Dean; and

The Dean of the College of Nursing shall serve as an ex-officio member of the committees.

The Graduate Nurse Network of the CON makes students aware of service opportunities to committees.

**For all committees within the nurse anesthesia program, the following will apply:**

Faculty membership on a committee is for the duration of the faculty's position as a faculty member.

Student membership is voluntary and is for one year on the Curriculum & Evaluation Committee; two years for the Advisory Committee.

Standing Committees of the College Of Nursing

1. Academic Standing & Records
2. Assessment and Outcomes
3. Curriculum
4. Professional Development
5. M. Louise Fitzpatrick Transformative Award Committee
6. Trials for Commencement Speaker Committee
7. Promotion & Tenure
8. Research Advisory
9. Awards (Faculty, Staff, and Student)
10. Space Assessment
11. Center for Global and Public Health Advisory Committee
12. CNT Review Committee
13. Doctor of Nursing Practice Program (DNP) Advisory Committee
14. Emerging Technologies and Resource Committee
15. Global Nursing Committee
16. MacDonald Center for Obesity Prevention (COPE) and Educational Advisory Committee
17. Nursing Research Symposium (Spring 2023)
18. PhD Advisory Committee
19. Presidential Scholarship Selection Committee
20. Professional Conference Attendance and Participation Committee
21. Recruitment and Enrollment Committee
22. Reduced Load Committee
23. Student Educational Enrichment Experience Committee

The Nurse Anesthesia Program Administrator is a member of the Academic Standing & Records, and Curriculum Committee. The Associate Administrator is a member of the Curriculum Committee and Research and Evaluation Committee. Both the Director and Associate Administrators participate in the Graduate Program faculty meetings and the CON Faculty meetings

Students serve on committees at Villanova when the Graduate Nurse Network initiates invitations for volunteers. Students can serve on the following Committees: Academic Standing & Record; Admissions & Recruitment; Curriculum; Learning Resources; Research & Evaluation; Awards.

Student representation on the committees and groups specific to the Nurse Anesthesia program include the Faculty and Curriculum Committee, the Philadelphia Area Nurse Anesthesia Advisory Committee, and the Cedar Crest NAP advisory council.

Revised: 6/93, 7/95, 7/96, 7/98, 6/99 ;10/99;12/02 ;7/04; 7/05;6/07; 7/08; 10/09; 4/13; 8/15; 5/20, 7/23

Policies affected by revisions to this policy: 1007A; 1009-1014;

## **I. Membership**

Program Administrator, Associate Program Administrator, NA Faculty, and Director of Simulation from Villanova University, didactic faculty members, and two students from the nurse anesthesia program. The Program Manager is also a member of this committee.

## **II Purpose**

This committee plans, develops, implements and evaluates the anesthesia curriculum of the programs. The committee evaluates the teaching plan, courses and instructors bi- annually. (Evaluation standard H 1.2 (1.2.1, 1.2.2, 1.2.5, 1.2.6), H1.2.8 (1.2.8.1, 1.2.8.2, 1.2.8.3), H 1.3 (1.3.1-1.3.3)).

## **III Functions**

1. Reviews and evaluates curricular academic content, plans, develops and implements didactic schedules.
2. Obtain instructors for lecturing. Orient and provide instruction to faculty new to Educational strategies; observe new faculty lectures. Evaluate didactic instructor teaching ability.
3. Coordinate the fall, spring and summer semesters for didactic schedule.
4. Assure that all course syllabi are current and that each course has objectives.
5. Assure that the curriculum has overarching focus on the full scope of nurse anesthesia practice.
6. Develop faculty policies regarding payment, exams and evaluations.
7. Conduct student evaluations of courses and instructors.
8. Review evaluations and make recommendations for improvement:
  - i. student evaluations of course and teacher (CAT)
  - ii. student evaluations of course and instructors
  - iii. schools' performances on the SEE and NCE
9. Evaluate program resources and identify areas for improvement. (*evaluation standard H 1.3*).
10. Assess the sequential and integrated course design to facilitate the achievement of the programs' terminal objectives (*Curriculum standard E 5*.)

## **IV Meetings**

This committee shall meet at least twice a year (fall, spring).

This committee shall report to the VU FCN Curriculum Committee, when appropriate.

## **V. Voting**

All members have one vote each, a majority shall rule.

**Manual Loc: A/F/S**

**Philadelphia Area NAEP Advisory Committee**

**Villanova:** Jodie Szlachta PhD, CRNA / Alice Jurski EdD, CRNA, APRN

**LaSalle/Montgomery:** Mike Kost DNP, CRNA /C. Betron DNP, CRNA

**Drexel:** Lew Bennett MS, CRNA /F. Cohen EdD, CRNA

**UPENN:** Dawn Bent DNP, CRNA / Angela DiDonato DNP, CRNA

**Thomas Jefferson:** Jacqueline Mainwaring DNP, CRNA

**Cedar Crest:** Bebe Adenusi, DNP, CRNA

Student Representatives

University Representatives are invited.

Public Member: Derrick J.V. Sawyer, MS [dsone@verizon.net](mailto:dsone@verizon.net)

**Faculty Curriculum and Evaluation Committee**

Jodie Szlachta PhD, CRNA

Carlene McLaughlin PhD, CRNA, CHSE

Alice Jurski, EdD, APN-A, CRNA

Students: (4) two from each clinical cohort class

Denise Lamb, SPHR, SPC, Program Manager

Didactic Faculty:

Aric Bunch PhD, CRNA

Kristi Leonhard, MSN, CRNA

Nicole Fanelli, DNP, CRNA

**Self-Evaluation Committee (Clinical Coordinator)**

Jodie Szlachta PhD, CRNA

Alice Jurski EdD, CRNA, APRN

Mora O’Neill MSN, CRNA (St Chris)

Megan Scott CRNA, MSN, Jeffrey Nachman, MD (Springfield Hospital), Larry Levit, MD (Taylor Hospital)

Dr James Li, MD (Crozer-Chester /Brinton Lake/Children’s Surgery Center)

Aric Bunch PhD, CRNA (Chief CRNA, CCMC)

Kevin Harrison MSN, CRNA (Kent General)

Laura Carter MSN, CRNA and Hayley Boyer, MSN, CRNA (Hershey Medical)

Dena DeLuca MSN, CRNA (AI DuPont), Kate Freedman MSN, CRNA

Nathan Blatt MSN, CRNA (Lehigh Valley, Muhlenberg Campus & 17<sup>th</sup> St.)

Jason Makin MSN, CRNA (LVH, CC)

Mary McGeever MSN, CRNA (Muhlenberg)

Richard Smith CRNA, MSN, Tilghman site LVHN)

Drew Chapman MSN, CRNA (Phoenixville)

Grant Thorell MSN, CRNA, Andrea Hartwell MS, CRNA (Abington)

Les Havard, MSN, CRNA (Pottstown Memorial Hospital)

Julie Nace MSN, CRNA (Chestnut Hill Hospital)

Jennifer Wenner MSN, CRNA & Maura Hiatt MSN, CRNA (LGH)

Stephen Mullarkey MSN, CRNA (St Francis)



**Nurse Anesthesia Clinical Doctorate Program Goals:**

The specific goals of the Doctor of Nurse Practice program in the College of Nursing at Villanova University are to:

1. Develop nurse educators, nurse administrators, nurse practitioners and nurse anesthetists with the expertise to address the evolving issues for the health care system.
2. Consider, interpret, analyze and communicate substantive knowledge with the aim of generating new questions and new knowledge.
3. Provide a foundation for clinical leadership.

**Clinical Doctorate Program Outcomes**

The DNP students are prepared to manage effectively the health of individuals, families and populations by translating research and other evidence into clinical practice to improve the safety and quality of health care and solve health care problems. DNP graduates will be clinical leaders in influencing health care organizations and implementing health policy. Consistent with the AACN's specifications in the Essentials of Doctoral Education for Advanced Practice Nursing, the following outcomes of the DNP program have been identified.

Upon completion of the DNP program, the graduate will be able to:

<b>DNP Program Outcomes</b>	<b>DNP Essentials</b>
1. Integrate nursing science with advanced levels of systems thinking and accountability in designing, delivering, and evaluation evidence-based practice to improve healthcare quality, safety and outcomes.	<b>I.</b> Scientific Underpinning for Practice <b>III.</b> Clinical Scholarship and Analytical Methods for Evidence-Based Practice <b>IV.</b> Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
2. Provide leadership in the development and implementation of patient-centered, institutional, local, state, federal and/or global health policy in a select content/specialty area.	<b>II.</b> Organizational and Systems Leadership for Quality Improvement and Systems Thinking <b>V.</b> Health Care Policy for Advocacy in Health Care
3. Use leadership skills to design, direct, implement, communicate and execute a scholarly project.	<b>II.</b> Organizational and Systems Leadership for Quality Improvement and Systems Thinking
4. Effectively collaborate with nursing and other disciplines in clinical practice.	<b>VI.</b> Interprofessional Collaboration for Improving Patient and Population Health Outcomes
5. Promote cultural competence in response to the healthcare need and concerns of society.	<b>VII.</b> Clinical Prevention and Population Health for Improving the Nation's Health
6. Provide guidance, mentorship and support to other nurses to achieve excellence in nursing practice.	<b>VIII.</b> Advanced Nursing Practice
7. Demonstrate competency in full scope of nurse anesthetist clinical practice.	<b>VIII.</b> Advanced Nursing Practice

**Outcome Competencies for Nurse Anesthetists:** These outcomes conform with the mission and philosophy of Villanova University College of Nursing and with the Mission Statement of Crozer Chester Medical Center. At the completion of this track, the graduate will be able to:

1. Integrate scholarship and clinical experience based upon evidence to support best practices of nurse anesthesia.
2. Manage the complexities of anesthesia care from preoperative assessment through the post anesthesia period using all available technologies.
3. Analyze issues and trends in healthcare for their impact on the practice of nurse anesthesia
4. Implement the role of nurse anesthetist to ensure continuity of care and safe effective practice.
5. Implement quality improvement initiatives that conform to AANA's Professional Practice Standards.
6. Analyze the broad context or system within which nurse anesthesia is practiced.

Revised: 6/93, 7/96, 7/97, 6/98 6/99; 04/03;08/08; 06/09; approved by Curriculum Committee VU CON 09/2016

### **OUTCOME CRITERIA REQUIRED BY THE COUNCIL ON ACCREDITATION**

**Patient Safety: The graduate must demonstrate the 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: The graduate must demonstrate the ability 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: The graduate must demonstrate the 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: The graduate must demonstrate the ability to:**

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

**Manual Loc: A/F/S**

**Leadership: The graduate must demonstrate the 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: The graduate must demonstrate the 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 chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency (see Glossary, "Chemical dependency and wellness").
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.

**VILLANOVA UNIVERSITY COLLEGE OF NURSING GRADUATE PROGRAMS**

**NURSE ANESTHESIA STUDENT COURSE OF STUDY**

<b>Spring - YEAR I</b>			
**NUR 8904	Nursing Research	3	_____
NUR 9405	Innovation in Nursing	1	_____
**NUR 8903	Advanced Pharmacology	3	_____
NUR 9406	Transformational Leadership	3	_____
<b>Summer – YEAR 1</b>			
NUR 8910	Advanced Physical Assessment	4	_____
NUR 9407	Quality Improvement	3	_____
NUR 9412	Ethics and the Law	3	_____
<b>Fall – YEAR 1</b>			
NUR 9420	Introduction to Nurse Anesthesia	2	_____
NUR 9421	Foundational Science of Nurse Anesthesia I	2	_____
NUR 9422	Fundamentals of Nurse Anesthesia Practice I	2	_____
**NUR 8901	Advanced Pathophysiology	3	_____
NUR 9101	Anesthesia Clinical Practicum I	1	_____
<b>Spring – YEAR 2</b>			
NUR 9423	Foundational Science of Nurse Anesthesia II	2	_____
NUR 9424	Advanced Dimensions in Nurse Anesthesia Practice I	2	_____
NUR 9408	Evidence Based Practice	3	_____
NUR 9400	DNP Project Seminar Intro	1	_____
NUR 9102	Anesthesia Clinical Practicum II	1	_____
<b>Summer –YEAR 2</b>			
NUR 9425	Advanced Dimensions in Nurse Anesthesia Practice II	2	_____
NUR 9426	Foundational Science of Nurse Anesthesia III	2	_____
NUR 9401	DNP Project Seminar I	2	_____
NUR 9103	Anesthesia Clinical Practicum III	1	_____
<b>Fall – YEAR 2</b>			
NUR 9427	Case Studies in Nurse Anesthesia	3	_____
NUR 9402	DNP Project Seminar II	2	_____
NUR 9104	Anesthesia Clinical Practicum IV	1	_____
<b>Spring– YEAR 3</b>			
NUR 9428	Advanced Dimensions in Nurse Anesthesia III	3	_____
NUR 9410	Health Care Finance	3	_____
NUR 9403	DNP Project Seminar III	2	_____
NUR 9105	Anesthesia Clinical Practicum V	1	_____
<b>Summer –YEAR 3</b>			
NUR 9429	Advanced Dimensions in Nurse Anesthesia Practice IV	1	_____
NUR 9409	Health Policy	3	_____
NUR 9404	DNP Project Seminar IV	1	_____
NUR 9106	Anesthesia Clinical Practicum VI	1	_____
<b>Fall – YEAR 3</b>			
NUR 9411	Epidemiology	3	_____
NUR 9430	Advanced dimensions in Nurse Anesthesia V	3	_____

COLLEGE OF NURSING GRADUATE PROGRAMS

**\*\*Pre Matriculation Courses:** The following nursing core courses may be taken ahead of matriculation into the anesthesia portion of program with the approval of the student's advisor: Financial aid: credits/semester must be taken into consideration. All courses not taken as pre-matriculation will be taken during the anesthesia program.

NUR 8903 Advanced Pharmacology \_\_\_\_\_

NUR 8904 Nursing Research \_\_\_\_\_

NUR 8901 Advanced Pathophysiology \_\_\_\_\_

REV: 6/98; 6/99; 8/2001; 01/09; 05/11, 6/16, 01/21 (remove post masters and update semester courses)



# GUIDELINES FOR COUNTING CLINICAL EXPERIENCES

Council on Accreditation of  
Nurse Anesthesia Educational Programs  
October 15, 2015  
Revised January 2021

Copyright © 2014 by the Council on Accreditation of Nurse Anesthesia Educational Programs  
222 S. Prospect Avenue, Park Ridge, Illinois, 60068-4037

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) recently published revised standards for nurse anesthesia educational programs offering masters and doctoral degrees. These new standards included revisions to the required clinical experiences that each graduate must attain within the program. The COA received feedback indicating a need to provide an authoritative reference for all student registered nurse anesthetists (SRNAs) and program administrators. The document is also available for use by any Certified Registered Nurse Anesthetist (CRNA) advising student nurse anesthetists about recording clinical experiences. While SRNAs are responsible for accurately recording clinical learning experiences, all participants in the process must realize the final authority for quantifying clinical experiences rests with the Program Administrator who must affirm the accuracy of the clinical experience record. The purpose of the *Guidelines for Counting Clinical Experiences* is to enhance consistency in how nurse anesthesia students quantify their clinical learning experiences by providing interpretive guidelines and examples for the clinical experiences. These guidelines cannot anticipate all possible scenarios, nor can they foresee future developments in surgical/procedural care or other emerging technologies. Therefore, students must consult the program administrator when questions arise regarding how clinical experiences should be counted. Program administrators are encouraged to consult the COA regarding these matters, as needed.

#### General Guidelines on Counting Clinical Experiences:

Nurse anesthesia students must have the opportunity to develop into competent, safe, nurse anesthetists capable of engaging in full scope of practice as defined in the AANA's *Scope of Nurse Anesthesia Practice and Standards for Nurse Anesthesia Practice*. To ensure nurse anesthesia students develop the knowledge, skills and abilities for entry into practice, students must participate in all phases of their clinical cases including preoperative, intraoperative and postoperative anesthesia care. While it may not be possible for students to participate in all phases of care on every case, students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., CVL placement, regional block, etc.) that he or she actually performs. Students can take credit for an anesthetic case only if they are personally involved with the implementation and management of the anesthetic. Students cannot take credit for an anesthetic case in which they observe another anesthesia provider manage a patient's anesthetic care.

The COA published the following definition in the glossary section of both the *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* and *2004 Standards for Accreditation of Nurse Anesthesia Educational Programs*.

**Counting clinical experiences**-Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., central venous catheter placement, regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the management of the anesthetic or only observe another anesthesia provider manage a patient's anesthetic care. Two learners should not be assigned to the same case, except when the case provides learning opportunities for 2

students, and 2 anesthesia providers are necessary due to the acuity of the case. The program will need to justify any deviation from this requirement.

Developing comprehensive guidelines addressing all possible situations where programs/students may count clinical learning experiences is difficult. In order to provide clarity, consideration should be given to the following general principles.

1. Clinical learning experiences must provide educational value.
  - a. Experiences lacking value might include:
    - 1) Student provides temporary relief (e.g., morning/lunch breaks) to the primary anesthetist in a case, where the student neither begins nor finishes a case and is only in the case for a short period of time (e.g., ≤30 minutes).
    - 2) Student is in an observation-only role (e.g., not involved in decision-making processes nor actively engaged in developing or implementing the anesthetic plan).
    - 3) Student role is limited to recording the anesthetic (i.e., charting only).
    - 4) Two students share a routine case (e.g., laparoscopic cholecystectomy, orthopedic case).
  - b. Experiences with value might include:
    - 1) Student provides temporary relief (e.g., morning/lunch breaks) and a significant event occurs requiring the student to develop/implement anesthesia management (e.g., air embolus develops, major hemorrhage occurs, aortic clamping/unclamping, new onset myocardial ischemia, cardiac arrest, intense resistant bronchospasm, unintentional extubation, etc.)
    - 2) Two students share a complex case where there is opportunity for both learners to have significant learning (e.g., liver transplants, rare cases, massive trauma, complicated cases requiring two anesthesia providers)
2. Students cannot count any procedure unless they personally perform the procedure.
3. The program will need to justify any questionable counting of cases by identifying the student's level of participation and learning outcomes achieved.

#### How to Use This Document:

Students and program administrators are encouraged to read the document in its entirety. The "Interpretive Guidelines" column includes language intended to amplify and clarify the intent of the clinical learning experience. When the Interpretive Guidelines reflect definitions found in the glossary of COA accreditation standards, it will be so indicated. For example, (*see Glossary, "Clinical hours"*).

Examples may be included in more than one Clinical Experience category for increased clarity. For example, information regarding regional techniques used in obstetric management may be found in obstetric management, pain management encounters, and regional techniques. This underscores the need to read the entire document for maximum clarity.

The COA standards no longer include an exhaustive list of anatomical categories. Several anatomic categories were eliminated in the current standards because the experiences are common across all programs. Therefore, some clinical learning experiences will not have an appropriate anatomic category (e.g., extremities, extrathoracic, perineal (e.g., colonoscopy), extracranial (e.g., ECTs), and routine pacemaker insertions. Some cases will appropriately be recorded in two anatomic categories. A single case may be counted in one anatomic category, more than one anatomic category, or no anatomic category at all. All anesthetic cases are considered valuable learning experiences, and therefore should be counted regardless of whether they are assigned to an anatomic category. Therefore, the total number of cases recorded in anatomical categories may not add up to the total number of cases.

Program administrators are encouraged to contact the COA with any questions regarding the appropriateness of students counting specific clinical learning experiences and the NBCRNA regarding the reporting of required clinical learning experiences on the NBCRNA transcript. This will allow the COA and the NBCRNA to promote consistency in how clinical learning experiences are counted and reported respectively, and further develop these guidelines.

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Total Clinical Hours <b>(2000)</b>	Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time. (see <i>Glossary</i> , “ <i>Clinical hours</i> ”)	Examples of other clinical time would include in-house call, preanesthesia assessment, postanesthesia assessment, patient preparation, OR preparation, and time spent participating in clinical rounds.
<b>Patient Physical Status</b>	Each patient must have only one physical status.  The Patient Physical Status categories are to be used only for learning experiences where the student administers an anesthetic. They are not to be used for other learning situations that cannot be counted as a case.	Students would not include the Patient Physical Status category for code blue responses, intubations outside the OR, vascular access consultations, and other situations where an actual anesthetic is not being administered.
Class I		
Class II		
Classes III – VI (total of a, b, c & d) <b>(200)</b> [300]		
a. Class III <b>(50)</b> [100]		
b. Class IV <b>(10)</b> [100]		
c. Class V <b>(0)</b> [5]		
d. Class VI		
Total Cases <b>(650<sup>+</sup>)</b> [700]		
<b>Patient Assessment<sup>†</sup></b>		
Initial preanesthetic assessment <sup>†</sup> <b>(50)</b> [100]	The initial preanesthetic assessment is one in which the student personally conducts the assessment by reviewing the patient’s medical history, conducting an anesthesia-focused physical assessment, and evaluating pertinent laboratory findings/diagnostic testing. This is an original assessment, not a review of or reference to a preanesthetic assessment previously conducted by another anesthesia provider. The preanesthetic assessment is evaluated by a faculty member (defined as a body of individuals entrusted with instruction, including the teaching staff, both clinical and academic, and any individuals involved in teaching or supervising the educational experiences/activities of students on a part-time or full-time basis). Clinical experiences cannot be obtained by simulation alone.	A student is assigned to the preanesthetic testing (PAT) clinic. The student conducts and documents the preanesthetic assessment of preoperative patients presenting to the PAT clinic and their performance is evaluated by the faculty member.  A patient presents for surgery and had not had a preanesthetic assessment. The student conducts and documents the preanesthetic assessment and their performance is evaluated by the faculty member.  The following example does is NOT an initial preanesthetic assessment: A patient presents for surgery. The patient has had a preanesthetic assessment performed in a PAT clinic or in the

		preoperative holding area by an anesthesia provider, another SRNA or by an anesthesia resident. The SRNA performing the anesthetic reviews that preanesthetic assessment and documents that review.
<p>Postanesthetic assessment† (50)[150]</p>	<p>A postanesthetic assessment is the review by the student of all pertinent patient data and evaluation of anesthesia outcomes. This may occur anytime during the post-operative period. The student implements needed interventions or makes appropriate referrals, if indicated, based on the assessment. This is not the postanesthetic assessment required by health care facility accreditors. Due to many factors beyond the control of the student, each patient the student anesthetizes is not required to have a postanesthetic assessment performed by the student.</p> <p>The program must have a process of validating postanesthetic assessments if not documented in the patient’s medical record. Documentation may be solely the student case log, recognizing the fact that the student may not be able to document the encounter in the patient’s medical record. The postanesthetic assessment can be accomplished telephonically. Clinical experiences cannot be obtained by simulation.</p>	<p>The SRNA is assigned to the postanesthesia care unit (PACU) under the supervision an appropriately credentialed provider. The SRNA manages (such as pain, fluids, ventilation, circulation) these patients and may determine their readiness for discharge. If allowed by the facility, the SRNA makes an entry into the patient’s medical record. Regardless of making an entry in the medical record, the SRNA notes in their case log that a postanesthetic assessment was performed. Each patient cared for in the PACU is a “case” (a “postanesthetic assessment”).</p> <p>The SRNA visits their patient(s) from the previous day (or cases performed by other anesthesia providers). The SRNA reviews the medical record, interview and, if indicated, examines the patient to detect any anesthesia-related complications and assess the patient’s satisfaction with the perioperative experience. If allowed by the facility, the SRNA makes an entry into the patient’s medical record. Regardless of making an entry in the medical record, the SRNA notes in their case log that a postanesthetic assessment was performed. Each patient assessed is a “postanesthetic assessment.”</p> <p>The SRNA calls their patients from the previous day. The patient is assessed telephonically for postanesthetic complications and satisfaction with the perianesthetic experience. If allowed by the facility, the SRNA makes an entry into the patient’s medical record. Regardless of making an entry in the medical record, the SRNA notes in their case log that a postanesthetic assessment was performed. Each patient assessed is a “postanesthetic assessment.”</p>

<p>Comprehensive history and physical†</p>	<p>Comprehensive history and physical assessment includes the history, physical, and psychological assessment of signs and symptoms, pathophysiologic changes, and psychosocial variations of a patient. The assessment includes an evaluation of the body and its functions using inspection, palpation, percussion, auscultation, and advanced assessment techniques, including diagnostic testing, as appropriate. A complete physical assessment should incorporate cultural and developmental variations and needs of a patient. The results of a comprehensive history and physical assessment are used to establish a differential diagnosis based on assessment data and develop an effective and appropriate plan of care for a patient. Specific assessment related to anesthesia should be stressed in the practical experience of nurse anesthesia students. This experience can be obtained by simulation alone.</p>	<p>A comprehensive history and physical is not a preanesthetic assessment.</p> <p>A comprehensive history and physical is often required by facilities for patients presenting for surgery or a procedure. This comprehensive history and physical is often performed by the surgeon or primary care provider. It may be performed by a physician anesthesiologist or CRNA.</p> <p>This is <b>not</b> an example of a comprehensive history and physical: A student is assigned to the preanesthetic testing (PAT) clinic. The student conducts the preanesthetic assessment of preoperative patients presenting to the PAT clinic and their performance is evaluated by the faculty member.</p> <p>This <b>is</b> an example of a comprehensive history and physical: A SRNA is assigned to the preanesthetic testing (PAT) clinic. The SRNA conducts the preanesthetic assessment of a preoperative patient presenting to the PAT clinic. The student also performs a comprehensive history and physical on that patient. This comprehensive history and physical assessment includes the history, physical, and psychological assessment of signs and symptoms, pathophysiologic changes, and psychosocial variations of a patient. The assessment includes an evaluation of the body and its functions using inspection, palpation, percussion, auscultation, and advanced assessment techniques, including diagnostic testing, as appropriate. A complete physical assessment should incorporate cultural and developmental variations and needs of a patient. Their performance is evaluated by the faculty member.</p>
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		<p>A comprehensive history and physical is often performed periodically by a primary care provider to aid in detection of health problems.</p> <p>Deferring the breast, genitourinary, and rectal examinations is acceptable.</p>
a. Actual <sup>†</sup>		
b. Simulated <sup>†</sup>		
<b>Special Cases</b>		
Geriatric 65+ years <b>(100)</b> [200]		
Pediatric		
Pediatric 2 to 12 years <b>(30)</b> [75]		
Pediatric (less than 2 years) <b>(10)</b> [25]		
Neonate (less than 4 weeks) [5]		

<p>Trauma/Emergency (E)</p>	<p><b>(30)</b> [50] An emergency case allows the student the opportunity to provide anesthesia under one or more of the following conditions:  1) there is an urgency/continued threat to patient well-being; 2) there are fewer resources available than during regular operating hours; and/or 3) there is limited assessment and planning time allowed for the unscheduled case.  When a case is deemed an emergency based on the professional opinion of the operating practitioner (i.e., surgeon, proceduralist), the case may be counted as an emergency case.</p>	<p><u>An emergency case:</u>  A student is notified that a case is being brought to the OR on an emergent basis, as deemed by the surgeon. The patient has a newly diagnosed kidney stone and is rapidly moving into a septic state. The patient has not been NPO. Due to time constraints, the preanesthetic evaluation is limited.</p> <p><u>Not an emergency case:</u>  It is 1:40 p.m. Wednesday and the orthopedic surgeon has a patient with a fracture hip who has been in the hospital for 36 hours to stabilize her cardiac and hemodynamic status. The patient is NPO, has been fully assessed, and her physical status optimized. The surgeon wishes to do this case at this time instead of waiting to schedule it for the following day. This would not be considered an emergency case as it meets none of the three conditions that define an emergency case.</p>
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CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Obstetrical management (total of a & b) <b>(30)</b> [40]	<p>This category is intended to ensure students have adequate clinical experiences during all stages of labor and delivery. Students may count clinical experiences in this category <u>only</u> if the procedure being performed is intended to facilitate delivery of the fetus.</p>	<p>A student performs an anesthetic for an appendectomy on a patient whose fetus is at 18 weeks gestation. Since the procedure is not intended to result in delivery of the fetus, the procedure cannot be counted as an obstetrical management experience.</p> <p>A student performs an anesthetic for a cervical cerclage on a patient with cervical insufficiency. Since the procedure is not intended to result in delivery of the fetus, the procedure cannot be counted as obstetrical management experience.</p>
	<p>The COA is aware the number of required cesarean deliveries (10) and analgesia for labor cases (10) do not equal the total number of required Obstetrical Management cases (30). Obstetrical patient populations are unpredictable during students' OB rotations. Requiring students to have a greater number of Obstetrical Management experiences assures that the total number of required OB case experiences is greater without being too prescriptive.</p>	<p>A student who has completed sixty (60) OB anesthesia experiences, eight (8) of which are cesarean deliveries. The student would not meet the minimum case requirements for graduation. Although the student with sixty (60) obstetrical management experiences far exceeds the minimum number required for obstetrical management, the student fails to meet the minimum number of ten (10) cesarean deliveries. The student would need to administer two (2) additional anesthetics for cesarean deliveries in order to meet the required minimum.</p>
a. Cesarean delivery <b>(10)</b> [15]	<p>When anesthesia is delivered for a cesarean delivery, regardless of whether it is a continuation of a labor epidural, it is counted in this category.</p>	<p>A student places an epidural catheter for pain management during labor. Following a trial of labor, the patient proceeds to cesarean delivery. The student records the experience as ONE case, for ONE patient. This case is recorded in the following categories:</p>

		<ul style="list-style-type: none"><li>• Pain Management Encounter</li><li>• Obstetrical management<ul style="list-style-type: none"><li>○ Cesarean delivery</li><li>○ Analgesia for labor</li></ul></li><li>• Anatomic category-abdominal</li><li>• Regional techniques<ul style="list-style-type: none"><li>○ Management</li><li>○ Actual Administration<ul style="list-style-type: none"><li>▪ Epidural<ul style="list-style-type: none"><li>◆ Pain Management</li><li>◆ Anesthesia</li></ul></li></ul></li></ul></li></ul> <p>Anesthesia time for the case should include the patient assessment and preparation, subsequent epidural catheter placement, and any other face-to-face time with the patient. The cumulative anesthesia time would include both the labor epidural face-to-face time and the intra-operative time during the cesarean delivery. If the case proceeds to emergent cesarean delivery, it would also count as an emergency case.</p>
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CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
		<p>A student administers a spinal anesthetic for cesarean delivery and remains for the management of the case. This case is recorded in the following categories:</p> <ul style="list-style-type: none"> <li>• Obstetrical management <ul style="list-style-type: none"> <li>○ Cesarean delivery</li> </ul> </li> <li>• Anatomic category-abdominal</li> <li>• Regional techniques <ul style="list-style-type: none"> <li>• Management <ul style="list-style-type: none"> <li>• Anesthesia</li> </ul> </li> <li>• Actual administration <ul style="list-style-type: none"> <li>• Spinal <ul style="list-style-type: none"> <li>• Anesthesia</li> </ul> </li> </ul> </li> </ul> </li> <li>• If the case is an emergent cesarean delivery, it would also count as an emergency case.</li> </ul>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
b. Analgesia for labor (10) [15]	Students performing a pre-anesthetic assessment, developing a plan of care, performing an intervention (e.g., epidural catheter placement), and providing care following the intervention, should count the experience as a case. The case is counted as a SINGLE case, and a SINGLE pain management encounter even if the student periodically returns to evaluate the patient and adjust the epidural dosing.	A student places an epidural catheter for labor pain management. The student provides care after placing the epidural for a period of time and periodically reassesses the patient, adjusting the dosing as indicated. This case is recorded as ONE case in the following categories: <ul style="list-style-type: none"> <li>• Obstetrical management               <ul style="list-style-type: none"> <li>○ Analgesia for Labor</li> </ul> </li> <li>• Pain management encounter</li> <li>• Regional techniques               <ul style="list-style-type: none"> <li>○ Management                   <ul style="list-style-type: none"> <li>▪ Pain management</li> </ul> </li> <li>○ Actual administration                   <ul style="list-style-type: none"> <li>▪ Epidural                       <ul style="list-style-type: none"> <li>◆ Pain management</li> </ul> </li> </ul> </li> </ul> </li> </ul>
	If the student only performs the intervention (i.e., another provider has performed the assessment and developed the plan of care), the student <u>does not</u> count the experience as a case, but <u>does</u> count the skills performed (e.g., epidural administration).	A student places an epidural catheter for labor pain management. Another anesthesia provider performed the preanesthetic assessment and patient preparation. The student's involvement was limited to performance of the procedure. The student would count this as neither an anesthetic case nor a pain management encounter, but would take credit for the clinical skills performed. The experience would be recorded in the following categories: <ul style="list-style-type: none"> <li>• Regional techniques               <ul style="list-style-type: none"> <li>○ Actual administration                   <ul style="list-style-type: none"> <li>▪ Epidural                       <ul style="list-style-type: none"> <li>◆ Pain management</li> </ul> </li> </ul> </li> </ul> </li> </ul>

	<p>When a student performs a combined spinal/epidural catheter placement, the student counts both procedures (i.e., spinal and epidural).</p>	<p>A student places a combined spinal/epidural catheter for labor pain management. This case is recorded in the following categories:</p> <ul style="list-style-type: none"> <li>• Obstetrical management <ul style="list-style-type: none"> <li>○ Analgesia for Labor</li> </ul> </li> <li>• Pain management encounter</li> <li>• Regional techniques <ul style="list-style-type: none"> <li>○ Management <ul style="list-style-type: none"> <li>▪ Pain management</li> </ul> </li> </ul> </li> <li>○ Actual administration <ul style="list-style-type: none"> <li>▪ Epidural <ul style="list-style-type: none"> <li>◆ Pain management</li> </ul> </li> </ul> </li> <li>○ Actual administration <ul style="list-style-type: none"> <li>▪ Spinal <ul style="list-style-type: none"> <li>◆ Pain management</li> </ul> </li> </ul> </li> </ul>
<p>Pain Management Encounters (<i>see Glossary “Pain Management Encounters”</i>) <b>(15)</b> [50]</p>	<p>Pain management encounters are <b>individual</b> one-on-one patient interactions for the express purpose of intervening in an acute pain episode or a chronic pain condition. Pain management encounters must include a patient assessment prior to initiating a therapeutic action.</p> <p>Pain management encounters include, but are not limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Initiation of epidural or intrathecal analgesia.</li> <li>2. Facilitation or initiation of patient controlled analgesia.</li> <li>3. Initiation of regional analgesia techniques for post-operative pain or other non-surgical pain conditions, including but not limited to, plexus blocks, local anesthetic infiltration of incisions, intercostal blocks, etc.</li> <li>4. Adjustment of drugs delivered, rates of infusion, concentration or dose parameters for an existing patient controlled analgesia or patient controlled epidural analgesia.</li> <li>5. Pharmacologic management of an acute pain condition in PACU.</li> <li>6. Trigger point injections.</li> <li>7. Electrical nerve stimulation. (<i>see Glossary, “Pain management encounters”</i>)</li> </ol>	<p>A student is called to labor and delivery to assess a patient for labor pain. The patient has a pre-existing lumbar epidural catheter.</p> <p>The student formulates a plan that includes increasing the dose of the analgesic being delivered by PCEA (patient-controlled epidural analgesia). The student would not count this as an anesthetic case. The experiences would be recorded in the following categories:</p> <ul style="list-style-type: none"> <li>• Obstetrical management <ul style="list-style-type: none"> <li>○ Analgesia for labor</li> </ul> </li> <li>• Pain management encounter</li> <li>• Regional Techniques <ul style="list-style-type: none"> <li>○ Management <ul style="list-style-type: none"> <li>▪ Pain Management</li> </ul> </li> </ul> </li> </ul>

	<p>Administering an epidural for an esophagectomy for postoperative pain management may count as a regional technique-pain management and a pain management encounter.</p>	<p>The student is providing anesthesia for an esophagectomy, and places an epidural catheter for post-op pain management prior to induction of general anesthesia. Toward the end of the procedure, the student initiates the post-operative analgesia plan utilizing the epidural. The student records all typical case activities for the esophagectomy, and the following categories:</p> <ul style="list-style-type: none"> <li>• Pain management encounter</li> <li>• Regional Techniques <ul style="list-style-type: none"> <li>○ Actual Administration <ul style="list-style-type: none"> <li>▪ Epidural <ul style="list-style-type: none"> <li>◆ Pain Management</li> </ul> </li> </ul> </li> <li>○ Management <ul style="list-style-type: none"> <li>▪ Pain Management</li> </ul> </li> </ul> </li> </ul>
	<p>Administering a spinal anesthetic for a cesarean delivery does not count as a pain management encounter.</p> <p>If the administration of regional anesthesia is the primary anesthetic technique for a surgical procedure, it does not constitute an acute pain management encounter. If a regional technique is used post-operatively for analgesia/acute pain management, and the student's participation meets the definition of a pain management encounter, then the experience may be counted as both a pain management encounter and a regional management- pain management experience.</p>	<p>The student administers a spinal anesthetic for cesarean delivery. The spinal drugs include a local anesthetic for surgical anesthesia and a long-acting opioid for post-operative analgesia. This would not count as a pain management encounter because it does not meet the definition of a pain management encounter. The long-acting opioid is part of the intraoperative anesthesia plan. However, three hours after the patient is discharged from the PACU, the student performs a post-operative patient assessment for pain management and determines the need for supplemental IV opioid (or any other intervention including no change in the plan). This interaction would be counted as a pain management encounter, but not an anesthetic case.</p>

		<p>A student provides moderate sedation to a patient having a facet joint injection being performed by a physician anesthesiologist. The student is supervised by a CRNA or another physician anesthesiologist. This does not count as a pain management encounter. It does count as an anesthetic case.</p>
	<p>The administration of intravenous analgesics as an adjunct to a general or regional anesthesia technique does not constitute a pain management encounter for purposes of meeting minimal COA required clinical experiences. (see <i>Glossary, "Pain management encounters"</i>)</p> <p>The administration of analgesics (e.g., fentanyl) upon arrival in the PACU does not constitute a pain management encounter.</p>	<p>The student has transported the patient to the PACU, and is transferring care to the PACU nurse. The student administers an opioid before leaving the bedside in response to the patient's complaints of pain. This <u>does not</u> count as a pain management encounter because the plan for immediate postoperative pain management is integral to all anesthetic plans.</p> <p>The student turns over the care of a patient to the PACU nurse. Following appropriate recovery from the anesthetic, the patient is transferred to the nursing unit. Two hours later, the acute pain service is consulted for pain management. The same student who administered the intraoperative anesthetic is now asked to respond to the acute pain service consult request. The student evaluates the patient, develops a plan of care, and executes the plan. The student <u>does</u> count this as a pain management encounter.</p>
	<p>The administration of regional anesthesia as the primary anesthetic technique for a surgical procedure does not constitute an acute pain management encounter.</p>	<p>The student administers a spinal anesthetic in a patient undergoing a transurethral resection of the prostate. This does not constitute a pain management encounter.</p>

	<p>Placement and/or initiation of a regional technique (e.g., epidural catheter, instillation of intrathecal opioids, peripheral nerve block) <u>not</u> being used as the primary anesthetic is counted as a regional technique, administration (if the student performs the procedure), and pain management (if the student initiates pain management care using a catheter placed by another provider). This would also be counted as a pain management encounter if the postoperative plan for analgesia is different than the intraoperative anesthesia plan.</p>	<p>The student places an epidural catheter for intraoperative anesthesia in a patient undergoing femoral-popliteal bypass. Toward the end of the procedure, the student initiates the post-operative analgesia plan utilizing the epidural by changing the epidural solution to a weak local anesthetic plus an opioid. The experiences would be recorded in the following categories:</p> <ul style="list-style-type: none"> <li>• Pain management encounter</li> <li>• Vascular</li> <li>• Regional Technique <ul style="list-style-type: none"> <li>○ Actual Administration <ul style="list-style-type: none"> <li>▪ Epidural <ul style="list-style-type: none"> <li>◆ Anesthesia</li> </ul> </li> </ul> </li> <li>○ Management <ul style="list-style-type: none"> <li>▪ Anesthesia</li> <li>▪ Pain Management</li> </ul> </li> </ul> </li> </ul> <p>This counts as a pain management encounter because the plan for immediate postoperative pain management is different than the intraoperative anesthetic plan. The student assesses the patient’s pain throughout the intraoperative phase, and develops the postoperative pain management based on that assessment. The student initiates the postoperative pain management plan, and assesses its effectiveness postoperatively.</p>
<p><b>Anatomical Categories<sup>1</sup></b></p>	<p>The total number cases recorded in anatomical categories will not add up to the total number of cases. Some cases will appropriately be recorded in two anatomic</p>	<p>Examples of cases that do not have a designated anatomical category include</p>

<sup>1</sup> Count all that apply.

		categories where other cases may have no category at all. The list of anatomic categories is not an exhaustive list.	extremities, extrathoracic, perineal (e.g., colonoscopy), extracranial (e.g., ECTs), and routine pacemaker insertions.
Intra-abdominal	<b>(75)</b>	Abdominal procedures are defined as cases where the abdomen is entered via open or laparoscopic procedures.	Examples of intra-abdominal cases include total abdominal hysterectomy and radical prostatectomy. ERCP and other intestinal endoscopy cases would not be counted as intra-abdominal.
Intracranial (total of a & b)	<b>(5) [20]</b>	Intracranial procedures are defined as cases where a procedure occurs within the brain.	An example of a closed case is anesthesia administered for a gamma knife procedure.
a. Open	<b>(3) [10]</b>	Open intracranial procedures are when the brain is accessed through the skull, or an incision from another anatomical area.	Open procedure examples include: Burr hole decompression and intracranial procedures via transphenoidal approach.
b. Closed		Closed intracranial procedures are when the brain is accessed percutaneously via catheter.	Examples of closed intracranial procedures include gamma knife procedures and percutaneous aneurysm coiling.

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Oropharyngeal (20)	Oropharyngeal procedures are defined as any procedure that is performed within or via the oral cavity, including the oropharynx. Programs are expected to ensure students obtain a variety of cases within this category. While a student could technically meet the requirements by providing anesthesia for 20 patients having the same procedure (e.g., bronchoscopy), that would not meet the spirit or intent of this category.	Bronchoscopy, esophagoscopy, ERCP, oral procedures (e.g., orthodontic/dental, tongue, uvea, palate, pharynx, tonsils, adenoids, bony fractures), trans oral cervical spine, odontectomy.
Intrathoracic (total of a, b, & c) (15) [40]	Intrathoracic procedures are defined as a procedure within the thorax where the thorax is surgically open or entered via laparoscope.	
a. Heart		
1. Open Heart Cases (total of a & b) (5) [10]		
a) With Cardiopulmonary Bypass		
b) Without Cardiopulmonary Bypass	Open heart procedures performed without cardiopulmonary bypass	Examples include off-pump coronary artery bypass and minimally invasive direct coronary artery bypass.
2. Closed Heart Cases [10]		Examples of closed heart cases include cardiac ablation, implanted cardioverter- defibrillator, transcatheter aortic valve replacement/implantation, transcatheter pulmonary valve replacement, perivalvular leak closure, percutaneous mitral valve repair, pacemaker lead extraction (lead over 1 year old), pulmonary artery/vein stent, and left atrial appendage closure device, and Lariat procedure. Cases that are not appropriate to count in this category are routine cardiac catheterizations and routine pacemaker insertions.
b. Lung (5)	Includes procedures on the lung via open thoracotomy and via thoroscope.	Pulmonary artery thrombectomy, Video-assisted thoracic surgery (VATS) involving the lung. Simple insertion of a chest tube to treat pulmonary conditions is not counted as an intrathoracic procedure.

c. Other	Includes intrathoracic procedures performed either via open thoracotomy, thoroscope, or percutaneous approaches that are not appropriate to count in other intrathoracic categories.	Examples include: mediastinoscopy; procedures on the esophagus, thymus, and diaphragm; and procedures on great vessels including the thoracic aorta (e.g., thoracic aneurysm repair via open thorax or endovascular stent placement) or vena cava (e.g., open repair of vena cava or Greenfield filter placement).
Neck	(5) [10]	Tracheostomy
Neuroskeletal	(20)	
Vascular	(10) [30]	Examples include endovascular aortic stents and other open or percutaneous procedures performed on vascular structures.
<b>Methods of Anesthesia</b>		
General anesthesia	(400)	
Perform a general anesthetic induction with minimal or no assistance†	(50)[100]	<p>The student is provided the opportunity to conduct a general anesthetic induction, including applying standard monitoring, preoxygenating, selecting and administering induction medications, and managing the airway and ventilation with minimal or no assistance from the supervising CRNA or physician anesthesiologist. The plan of care is always approved by the supervising CRNA and/or physician anesthesiologist.</p> <p>The program establishes how to verify the student was given the opportunity to perform a general anesthetic induction with minimal or no assistance from the supervising CRNA or anesthesiologist. "Minimal" assistance is considered limited verbal advice or reinforcement from the supervising CRNA or physician anesthesiologist. One method is for the student to note this on the daily evaluation and the supervising CRNA or physician anesthesiologist indicates agreement by their signature on the daily evaluation.</p> <p>Note that students cannot count any procedure unless they personally perform the procedure. The program will need to justify any questionable counting of cases by identifying the student's level of participation and learning outcomes achieved.</p>
		<p>The student is performing an induction and is having trouble maintaining a seal of the face mask on the patient's face. The instructor provides verbal guidance to the student on mask management, and the student then makes an adjustment and continues with the induction.</p> <p>The student may require multiple verbal interventions and the student may be rated as not meeting clinical expectations in performing a general anesthetic induction. The student was still provided the OPPORTUNITY to conduct the general anesthetic induction and this would still be counted as a "case" (Perform a general anesthetic induction with minimal or no supervision).</p> <p>As with all clinical case requirement, the requirement offers the student an opportunity to learn and be evaluated in a number of settings and contexts. The faculty evaluates their performance. Simply satisfying</p>

		a clinical case requirement does not indicate the student's level of performance regarding that clinical case requirement. The faculty must evaluate the student's level of performance consistent with the program's evaluation process.
Inhalation induction	<b>(25) [40]</b>	
Mask management <sup>2</sup>	<b>(25) [35]</b>	<p>A general anesthetic that is administered by mask, exclusive of induction. Mask management should be counted when it is used for induction <u>and</u> maintenance of anesthesia. Mask management should <u>not</u> be counted when it is just used only for induction.</p> <p>A student induces general anesthesia and subsequently administers a non-depolarizing muscle relaxant. The student ventilates the patient via facemask awaiting onset of the muscle relaxant. Following onset of the muscle relaxant, the student places an endotracheal tube. This does not count as mask management.</p> <p>A student induces general anesthesia using a total intravenous anesthesia technique for a short procedure (e.g., ECT, cardioversion). The airway is managed via facemask, with or without an oral airway. This <u>does</u> count as mask management.</p>
Supraglottic airway devices (total of a & b)	<b>(35) [50]</b>	
a. Laryngeal Mask		<p>A student inserts a laryngeal mask and then performs a laryngeal mask-guided endotracheal intubation. The experiences would be recorded in the following categories.</p> <ul style="list-style-type: none"> <li>• Supraglottic airway devices <ul style="list-style-type: none"> <li>○ Laryngeal mask</li> </ul> </li> <li>• Tracheal intubation <ul style="list-style-type: none"> <li>○ Oral</li> </ul> </li> <li>• Alternative tracheal intubation techniques</li> </ul>

<sup>2</sup> A general anesthetic that is administered by mask, exclusive of induction.

		o Other techniques
b. Other		Includes but not limited to: cuffed oropharyngeal tubes with esophageal cuffs, cuffed oropharyngeal tubes without esophageal cuffs, and cuffless anatomically shaped pharyngeal tubes.
Tracheal intubation (total of a & b) <b>(250)</b>	Tracheal intubation may only count towards case number requirements if the student is successful at placing the endotracheal tube. Unsuccessful attempts at intubation may not be counted.	
a. Oral		A student performs a direct laryngoscopy and is unable to pass the endotracheal tube, or inadvertently intubates the esophagus. This experience may not be counted as a tracheal intubation. A student successfully places an endotracheal tube using an alternative method such as a videolaryngoscope. The experiences would be recorded in the following categories: <ul style="list-style-type: none"> <li>• Tracheal intubation <ul style="list-style-type: none"> <li>o Oral</li> </ul> </li> <li>• Alternative tracheal intubation techniques <ul style="list-style-type: none"> <li>o Other techniques</li> </ul> </li> </ul>
b. Nasal [5]		
Alternative tracheal intubation/endoscopic techniques <sup>3</sup> <b>(25) [50]</b> (total of a & b) (see Glossary “Alternative tracheal intubation techniques”)	Alternative tracheal intubation techniques include, but are not limited to fiberoptic intubation, light wand, retrograde tracheal intubation, transtracheal jet ventilation, gum elastic bougie/tracheal tube changer, LMA guided intubation, cricothyroidotomy, video assisted laryngoscopy, etc.	The student uses a video laryngoscope (e.g., GlideScope, McGrath), to insert an endotracheal tube. Since the GlideScope and McGrath are both rigid, these experiences would be recorded under b. Other Techniques.
a. Endoscopic techniques <sup>4</sup> (total of 1 & 2) <b>(5) [15]</b>	Airway endoscopy is the skillful manipulation of a flexible endoscopic instrument into the airway cavity. It requires familiarity with the anatomy of the airway and is	

<sup>3</sup> Tracheal intubations accomplished via alternative techniques should be counted in both tracheal intubation and the alternative tracheal intubation categories.

<sup>4</sup> Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

	performed for purposes of preoperative evaluation or airway management. Devices utilized for airway endoscopy include but are not limited to fiberoptic bronchoscopes, non-fiberoptic bronchoscopes, flexible fiberoptic and non-fiberoptic videoscopes.	
1. Actual tracheal tube placement	Placement of a tracheal tube in a human patient using a flexible endoscope.	
2. Simulated tracheal tube placement	Placement of a tracheal tube in simulated patient (i.e., human patient simulator or task trainer). Simulated experiences may satisfy part, but not all, of the required five (5) experiences in endoscopic techniques.	
3. Airway assessment	Airway assessment via flexible endoscopic bronchoscopy may be performed to evaluate the anatomy of the airway for patency and/or assure optimal ventilatory mechanics. Airway assessment with a flexible endoscope via an <i>in situ</i> endotracheal or endobronchial tube does not count toward the required five (5) endoscopic techniques.	Examples of experiences that may be counted in this category include: <ul style="list-style-type: none"> <li>• Verification of proper placement of an endotracheal tube, endobronchial tube, or bronchial blocker.</li> <li>• Determination of the patency of airway devices and the need for repositioning or replacement.</li> <li>• Airway assessment for: <ul style="list-style-type: none"> <li>○ Vocal cord function</li> <li>○ Presence of airway injury or disease (e.g., perforation, stenosis)</li> <li>○ Readiness for extubation</li> <li>○ Removal of a foreign body or other tracheal debris (e.g., mucous plug)</li> </ul> </li> </ul>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
b. Other techniques (5) [25]	The placement of supraglottic airway devices is not included in this category because it is counted in the Supraglottic airway devices category. However, if a tracheal tube is advanced into the trachea via the supraglottic airway device, the experience would be counted in this category.	Examples of experiences that may be counted in this category include; light wand, retrograde tracheal intubation, transtracheal jet ventilation, gum elastic bougie/tracheal tube changer, laryngeal mask airway guided intubation, cricothyroidotomy, and video assisted laryngoscopy.
Emergence from anesthesia (300)		
Regional techniques	<p>A minimum number of regional anesthetics is required to ensure all graduates have experience with each regional anesthetic technique. While a minimum number of experiences is required in each regional technique sub-category, the total number of regional techniques can include a variety of combinations provided they meet both the requirement for the subcategory and the total required regional techniques.</p> <p>As long as students administer no fewer than ten (10) spinals, ten (10) epidurals and ten (10) peripheral blocks, the remaining five additional techniques required can be all of one technique or any combination of techniques totaling thirty- five (35).</p>	<p>A student who administers ten (10) spinals, ten (10) epidurals and fifteen (15) peripheral blocks would meet the required case numbers [10+10+15=35].</p> <p>A student who administered fourteen (14) spinals, sixteen (16) epidurals and five (5) peripheral blocks would not meet the required case numbers [14+16+5=35]. The student would need 5 more peripheral blocks to meet the required case numbers.</p> <p>A student who administers 38 spinals, 42 epidurals, and 9 peripheral blocks would <u>not</u> meet the required case numbers</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
		[38 + 42 + 9 = 89]. The student would need 1 more peripheral block to meet the required case numbers. Remember that simulation can be used to meet some, but not all, of the required peripheral blocks.
Actual Administration (total of a, b, c, & d) <b>(35)</b>		
a. Spinal (total of 1 & 2) <b>(10)</b> [50]		
1. Anesthesia		
2. Pain management		
b. Epidural (total of 1 & 2) <b>(10)</b> [50]		
1. Anesthesia		
2. Pain management		
c. Peripheral <sup>5</sup> (total of 1&2) <b>(10)</b> [50]		
1. Anesthesia		
Upper		
Lower		
2. Pain management		
Upper		
Lower		
d. Other <sup>6</sup> (total of 1 & 2)		
1. Anesthesia		
2. Pain management		
Management (total of 1 & 2) <b>(35)</b> [50]		
1. Anesthesia		
2. Pain management		
Moderate/deep sedation <b>(25)</b> [50]	<b>“Monitored Anesthesia Care, or MAC Anesthesia” is not synonymous with moderate/deep sedation.</b> MAC Anesthesia describes an anesthesia service in which	If a student provides anesthesia care (e.g., preanesthetic evaluation, intraoperative

<sup>5</sup> Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

<sup>6</sup> Examples include truncal, cutaneous, head, and neck blocks (e.g., transversus abdominis plane, rectus sheath, ilioinguinal, iliohypogastric, oral, and maxillofacial blocks).

	<p>a licensed anesthesia provider participates in the care of a patient undergoing a procedure. The term MAC is not included in the standards because it does not define any particular level of sedation. The American Society of Anesthesiologists, in their “Continuum of Depth of Sedation,” publishes the following definitions.</p>	<p>monitoring), but does not administer any medications, the experience will count as an anesthetic case, but does not count as moderate/deep sedation.</p>
	<p><b>Minimal sedation/anoxiolysis</b> is a drug- induced state of anoxiolysis in which patients are able to respond normally to verbal commands.</p>	<p>If a student administers oral midazolam or perhaps nitrous oxide for IV placement, or intravenous midazolam for removal of external fixation device, and the patient remains able to respond normally to verbal commands. The experience will count as an anesthetic case, but does not count as moderate/deep sedation.</p>
	<p><b>Moderate sedation/analgesia (“Conscious Sedation”)</b> refers to a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by minimal tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate.</p>	<p>A student administers a sedative, narcotic and/or anoxiolytic medication for an inguinal hernia repair. The patient has decreased level of consciousness, but awakens either to voice command or when touched lightly on the shoulder. The patient appropriately follows verbal commands. The airway is patent and ventilation is adequate. This experience is counted in this category.</p> <p>Administering sedative, narcotic and/or anoxiolytic medication for a patient receiving a forearm surgery with a regional block in place. The patient has decreased level of consciousness, but awakens either to voice command or when touched lightly on the shoulder. The patient appropriately follows verbal commands. The airway is patent and ventilation is adequate. This experience is counted in this category.</p>
	<p><b>Deep sedation</b> is a drug-induced depression of consciousness during which</p>	<p>A student is administering midazolam and</p>

	<p>patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Reflex withdrawal from a painful stimulus is not considered a purposeful response.</p>	<p>liberal doses of fentanyl in preparation for flexible videoscopic intubation. The patient requires a jaw lift to achieve a respiratory rate of 6 per minute, and responds purposely to deep tactile stimulation (i.e., does not respond to verbal or light tactile stimuli). This experience is counted in this category.</p>
	<p><b>General Anesthesia</b> is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.</p>	<p>A student is administering propofol for a colonoscopy. The patient requires a jaw lift to achieve a patent airway, has a respiratory rate of 6 per minute, and is not responsive to deep painful stimulation. The patient does not respond as the proceduralist performs the colonoscopy. The patient is under general anesthesia. This clinical experience is not counted in the moderate/deep sedation category; rather, it is counted as a general anesthetic.</p>
<b>Arterial Technique</b>		
Arterial puncture/catheter insertion (25)		
Intra-arterial blood pressure monitoring (30)	<p>This category is used anytime an arterial catheter is used to monitor arterial waveforms and other clinical variables.</p>	<p>Examples include standard arterial lines, as well as newer technologies that employ arterial lines such as FloTrac sensor (with either Vigileo or EV1000 platform), VolumeView sensor (with TruWave transducer and EV1000 platform), LiDCOplus, PiCCO.</p>
<b>Central Venous Catheter</b>	<p>Insertion of a central venous catheter is distinctly different from inserting a pulmonary artery catheter. These experiences are recorded in separate categories.</p>	
Placement <sup>7</sup> – Non-PICC (total of a & b) (10)[15]		
a. Actual [5]	<p>The placement of an introducer qualifies as a central venous catheter insertion. If</p>	

<sup>7</sup> Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone. Insertion of Peripherally-Inserted Central Catheters (PICC) do not meet the requirements for Central Line Placement.

		the student also floats a pulmonary artery catheter, the student would count it as both a central venous catheter insertion and a pulmonary artery catheter insertion. The student should perform the procedure including insertion and directing of the needle. Assistance can be provided, but the procedure must be performed by the student.	
b. Simulated		Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone.	
Placement – PICC (total of a & b)		Insertion of a Peripherally-Inserted Central Catheters (PICC) does not meet the requirement for Central Venous Catheter Placement.	
a. Actual			
b. Simulated			
Monitoring	(15)	This category is used anytime a central venous catheter is used to monitor central venous waveforms and other clinical variables. Monitoring right atrial pressure with a pulmonary artery catheter is counted under pulmonary artery catheter monitoring, not under this category.	Examples include standard central venous catheters, as well as newer technologies that employ central venous lines such as VolumeView sensor (with TruWave transducer and EV1000 platform) and PiCCO. It is anticipated that others will be available in the future.
<b>Pulmonary Artery Catheter</b>			
Placement	[5]		

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Monitoring [10]	This category includes invasive monitoring using a pulmonary artery catheter.	
<b>Other</b>		
Ultrasound guided techniques (total of a & b) (20) <sup>†</sup>		
a. Regional (10) <sup>†</sup>	Regional includes neuraxial, truncal, and peripheral nerve blocks. No clinical experiences can be obtained by simulation alone.	
1. Actual regional <sup>†</sup>		
2. Simulated regional <sup>†</sup>		
b. Vascular (10) <sup>†</sup>	This includes both central and peripheral vascular structures. Vascular includes arterial, peripherally inserted central catheters, central venous, and peripheral access. No clinical experiences can be obtained by simulation alone.	
1. Actual vascular <sup>†</sup>		
2. Simulated vascular <sup>†</sup>		
Point of Care Ultrasound (POCUS) <sup>†</sup>	Refers to the use of portable ultrasonography at a patient's bedside for diagnostic (e.g., symptom or sign-based examination) purposes. This is exclusive of using ultrasound for image-guidance purposes such as for regional anesthesia or vascular access.	Under appropriate supervision, the student uses ultrasound to assess cardiac function and/or gastric volume preoperatively.  Under appropriate supervision, the student uses transesophageal ultrasound intraoperatively to assess fluid status and/or cardiac function.
a. Actual <sup>†</sup>		
b. Simulated <sup>†</sup>		
Intravenous catheter placement (100)		If an intravenous catheter is placed using ultrasound, the procedure would be counted in this category, and also in: <ul style="list-style-type: none"> <li>• Other <ul style="list-style-type: none"> <li>○ Ultrasound guided</li> <li>    b. Vascular</li> </ul> </li> </ul>
Advanced noninvasive hemodynamic monitoring	Newer <u>non-invasive</u> technologies have emerged as reliable methods to monitor cardiac output and other hemodynamic variables. The data derived from the various technologies are useful in determining appropriate patient management.	Examples include the Venus 1000, NiCO <sub>2</sub> , BioZ CardioProfile, NICOM, ClearSight, and USCOM. It is anticipated that others will be available in the future.

<p>Assessment of chest X-ray<sup>†</sup></p> <p><b>(5) [10]</b></p>	<p>The expectation is that the student accurately recognizes normal and abnormal findings on chest x-rays that may have immediate perianesthetic implications (e.g., pneumothorax, pulmonary edema) along with evaluating proper positioning of various tubes (e.g., endotracheal tubes, chest tubes) and invasive vascular access lines (e.g., central venous catheters).</p> <p>One “case” should be counted as the evaluation of one chest x-ray and student’s evaluation is assessed. The chest x-ray source can be a current or past patient or from an institutional or commercial library of chest x-rays. This experience can be gained in a healthcare institution, classroom, simulation center, or by using online resources.</p>	<p>The student completes an online learning module where the approach to evaluating chest x-rays is presented. The module also asks the student to evaluate a number of chest x-rays. A faculty member assesses the student’s evaluation of the chest x-rays. This may be done by the faculty reviewing the student’s score on a post-test.</p> <p>The student is assigned to the postanesthesia care unit. Under appropriate supervision, the student intubates a patient in respiratory distress. A chest x-ray is done post-procedure. The supervising provider and the student evaluates the chest x-ray. The supervising provider asks the student about their evaluation of chest x-ray such as if the endotracheal tube is properly placed and if there are any other findings with peri-anesthetic implications.</p> <p>Students are asked in the classroom or in the simulation laboratory to evaluate chest x-rays obtained from private or public sources.</p>
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<sup>†</sup> Effective for all students matriculating into an accredited program on or after January 1, 2022.

The Typhon Student Tracking System is used to record student clinical data, to prepare the NBCRNA transcript and to upload the transcript to the NBCRNA. This is in adherence with the COA's Guidelines for Counting Clinical Cases. Accurate records are mandatory because the records certify that the COA criteria have been met allowing students to schedule their board certification exam.

Students are oriented to the use of Typhon for their clinical data entries and to complete program and instructor evaluations. The COA Guidelines for counting cases are reviewed with students during orientation and during their semester clinical summative evaluation conferences with program administrators. COA Guidelines are followed by students and clarified by program administrators, when necessary.

Some areas of the clinical data form require clarification. Each new class is instructed on committed time and how to count it and referral is directly made to the Guidelines for Counting Clinical Cases by COA, attached to policy 1025:

#### I. Committed Time

A: Conference includes all departmental meetings, seminars, conferences, and journal clubs

B. Anesthesia Time: The actual time of administering anesthesia, preparing the patient until patient is sent to PACU

C. Clinical Time: hours spent in clinical, includes anesthesia time, call, pre and post op rounds. This time must equal or exceed anesthesia time

Students are expected to make a reasonable time commitment to the program. The COA accreditor defines a reasonable time commitment as not exceeding 64 hours of class and clinical per week averaged over 4 weeks. Typhon records are checked routinely for accuracy and the Bi-Annual Program Evaluation form requires students to complete a time analysis. If this is found to be out of the ordinary, a Time Study will be initiated by the Program Director.

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	Clinical Site	Gen	OB	heart	PNBs	peds	neuro	trauma	call	lungs	IA
LVH	Hecktown Oaks	x			x						
LVH	Tilghman	x			x						
OLOlob	Our Lady Of Lourdes Medical Ctr	x	x	x	x		x		x	x	
PAH	Pennsylvania Hospital	x	x				x		x	x	
Presby	Penn Presbyterian Hospital	x		x			x	x	x	x	
PH	Phoenixville Hospital	x		x						x	
PDental	Pittsburgh Oral Surgery					x					
PHosp	Penn Highlands Health	x			x						
PSWSC	Pittsburgh Southwest Surgery Center	x			x	x					
PMH	Pottstown Memorial hospital	x			x						
RSC	Reading Surgery Center	x			x	x					
SIRS	Surgical Institute of Reading	x			x	x					
SC	St Christopher's Hospital for Children	x				x	x	x	x		
SPAR	Spartan Health	x			x						
ST F	St. Francis Hospital, Wilmington	x	x								
ST JOE	St. Joseph's Medical Center, Reading	x	x	x	x		x				
St. Luke's B	St. Luke's Allentown	x	x		x						
Taylor	Taylor Hospital	x			x						
Spring	Springfield Hospital	x			x						x
Summit SC	Summit SC NJ	x				x					
Vantage SC	Vantage SC NJ	x			x						
UPMC Sus	UPMC Susquehanna	x		x							
VA DEL	VA Wilmington	x			x						
VA	VA Medical Center, Phila	x								x	
York	York Regional Medical Center	x	x	x	x	x	x	x		x	
York RSH	York surgical and rehab hospital	x			x						

 = 2023 cohort

 = 2024 cohort

NA DNP Faculty	Role	Cohort
Nicole Fanelli, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
David Krasucki, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Matthew McCoy, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Alice Jurski, EdD, APN-A, CRNA	DNP Project Faculty Advisor	2021-2023
Candace Ghaul, DNP, APN-A, CRNA	DNP Project Faculty Advisor	2021-2023
Trisha McFarlane, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Rachel Landgraf, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Jessica Poole, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Heather Towers, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Nicole Fanelli, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Alice Jurski, EdD, APN-A, CRNA	DNP Project Faculty Advisor	2022-2024
Bartosz Kawalec, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Kristi Leonhard, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Jessica Poole, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Kimberly Russo, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Katlyn Schieler, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Kelly Stillwell, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Melissa Taylor, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Heather Towers, DNP, CRNA	DNP Project Faculty Advisor	2022-2024

**CLINICAL SUPERVISION POLICY FOR REGISTERED NURSE ANESTHESIA STUDENTS  
OF THE VILLANOVA UNIVERSITY DNP-NURSE ANESTHESIA PROGRAM**

**PURPOSE:**

1. To promote the clinical education of nurse anesthesia students at the clinical affiliates of the Villanova University DNP Nurse Anesthesia Program (the Program).
2. To provide guidance to the clinical affiliates as to the nature of the level of clinical supervision required by the Council on Accreditation of Nurse Anesthesia Educational Programs (the Council) Villanova University DNP Nurse Anesthesia Program.
3. To promote the achievement of the desired outcomes of the Program and the Council.
  - a. The clinical curriculum provides students with experiences in the perioperative process that are unrestricted, and promote their development as competent nurse anesthetists  
(See: *COA DNP Standards for Accreditation; Standard E9*).
  - b. The clinical curriculum prepares the graduate student for the full scope of current practice in a variety of work settings and requires a minimum of 600 clinical cases (650 clinical cases for students matriculating into nurse anesthesia programs on or after 1/1/2022), including a variety of procedures, techniques and specialty practice (See attached appendix).

The clinical site where applicable, provides opportunities for students to obtain clinical experiences outside the regular clinical schedule by a call experience or other mechanism. (See: *COA DNP Standards for Accreditation; Standard E10*).

To develop an educational environment that fosters student learning and professional socialization (See: *COA DNP Standards for Accreditation; Standard F4*).

**DEFINITIONS:** All of the following definitions are found in the glossary of the Council on Accreditation's *Standards for Accreditation*

1. **Clinical hours:** Clinical hours include time spent in the actual administration of anesthesia (i.e. anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, pre-anesthesia assessment, post-anesthesia assessment, patient preparation, operating room preparation, and time spent participating in clinical rounds. Total clinical area is inclusive of total house anesthesia time; therefore, this number must be equal or greater than the total number of hours of anesthesia time.
2. **Clinical Faculty:** The CRNA or anesthesiologist who is responsible for teaching graduate students during the perioperative period and for evaluating their clinical progress. When students are administering anesthesia, such instructors must be CRNAs or anesthesiologists with staff privileges in anesthesia.

3. **Clinical Supervision:** Clinical oversight of graduate students in the clinical area must not exceed two graduate students to one CRNA or two graduate students to one anesthesiologist, if no CRNA is involved. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g. life-threatening situation); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g. additional CRNA or anesthesiologist called in , hospital diverts emergency cases to maximize patient safety).
4. **Credentialed expert:** An individual awarded a certificate, letter or other testimonial to practice a skill at an institution. The credential must attest to the bearer's right and authority to provide services in the area of specialization for which he or she has been trained. Examples are: a pulmonologist who is an expert in airway management; an emergency room physician authorized by an anesthesia department to assume responsibility for airway management; or a neonatologist who is an expert in airway management.
5. **Immediately available:** A CRNA or physician anesthesiologist must be present in the anesthetizing location where a graduate student is performing/ administering an anesthetic and available to be summoned by the graduate student.
6. **Nurse anesthesia graduate student:** A registered professional nurse who is enrolled in an educational program that is accredited by the Council for the purpose of acquiring the qualifications necessary to become certified in the specialty of nurse anesthesia.
7. **Outcomes:** Evidence that demonstrates the degree to which a program's purposes and objectives have been achieved, including the attainment of knowledge, skills and competencies by students.
8. **Perianesthetic management:** Anesthesia care and management of patients, including preoperative, intraoperative, and postoperative care. Preoperative care includes the evaluation of patients through interview, physical assessment, and a review of records. Intraoperative care includes the administration of anesthetics, decision making, and record keeping. Postoperative care includes evaluation, monitoring of physiological functions, and appropriate intervention when a patient is emerging from anesthesia and surgery.
9. **Call experience:** A planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 p.m. and before 7 a.m., Monday through Friday and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experiences with emergency cases. The student is to be given the day off after call, whether the call is in house or from a beeper (at home, but called in).

**POLICIES:**

1. This policy is considered as the minimum standard to be followed by each clinical affiliate. Sites may create a higher level of supervision to remain in compliance with hospital by laws and department guidelines, provided that the students are not deterred from clinical development, or such supervision affects the Program's accreditation status.
2. The clinical site restricts clinical supervision in anesthetizing areas to CRNAs and/or anesthesiologists with institutional staff privileges who are immediately available in all clinical areas. Instruction by nurse anesthetists who have not attained initial certification or recertification status or physician residents is never appropriate if they act as the sole agents responsible for the student. (*COA DNP standard B18*).
3. Clinical supervision in non-anesthetizing areas is restricted to credentialed experts who are authorized to assume responsibility for the student. (*COA DNP standard B20*).
4. The clinical supervision ratio of students to instructors must be coordinated to insure patient safety by taking into consideration: the student's knowledge and ability; the physical status of the patient; the complexity of the anesthetic and or surgical procedure; and the experience of the instructor. (*COA DNP standard F7*).
5. Call experience usually begins the first week of April in the first clinical year of a student's program. The same supervision policies (see below, item b through e) are to be applied to students while on call.
6. The following are minimum requirements: a site may apply a more stringent policy but not one that is less stringent.
  - a. First clinical year students (juniors) through April shall be supervised on a 1:1 ratio by either a CRNA or anesthesiologist who is physically available at all times. This may change to item b (below) if student progression indicates less supervision is required. This is strictly up to each clinical site/faculty member.
  - b. From April of the first clinical year through graduation, the ratio of student to instructor shall be 2:1 or 1:1, taking into consideration Item Four above. The clinical faculty must at all times be immediately available for consultation by the student and when summoned by any person in the operating suite.
  - c. The CRNA and/or anesthesiologist must be present for all key portions of the case and monitors the course of anesthesia administration at frequent intervals.
  - d. It is expected that by the time students' progress into the second clinical year (seniors) that they be afforded every opportunity to obtain experiences in the perioperative area that will promote their development into competent, safe practitioners, able to administer all anesthetic agents and techniques, and to make sound judgments regarding the anesthesia care of the patient. (*COA DNP standard E9*).

**Policy Name: Clinical Supervision of NARs Review Date: 08/21, 03/23, 7/23 Policy No: 1117**  
**Page 4 of 4 COA DNP standard: A 10.3, E9, 10, F4, 5, 7, 8, 9**  
**Manual Loc: A/F/S**

- e. It is expected that by the time students progress into their final three months (third clinical year) of the program (super seniors) that they be afforded the opportunity to function as independently as possible, usually under the supervision of an anesthesiologist who may be directing other rooms, as described under (*COA DNP standard F7 and definition Clinical Supervision*).
- f. An anesthesiologist can supervise no more than 2 students at a time when he/she is their sole supervisor. The anesthesiologist cannot devote less than 50% of his/her attention to students at a time.

Approved and Adopted by the Self Evaluation Committee: 4/9/03

Revised: 07/13, 7/16, 01/21. 03/23 (minimum case for students matriculating on or after 1/1/22)

### **Enrollment Procedure**

1. The Nurse Anesthesia Program Administrators makes the initial decision to interview a candidate based upon their credentials. If the NAP Administrators determine the candidate to be acceptable for admission into the NA track, the Villanova University College of Nursing Admission Committee will be notified and then will make the determination of acceptance into the graduate nursing program. The Dean issues a letter of acceptance into the CON. The Nurse Anesthesia Program Director issues a letter of acceptance into the nurse anesthesia track. A non-refundable fee is charged by the school to reserve the position. This fee is subject to change.
2. Completion of a pre-matriculation Health Evaluation scheduled by the student through Crozer Health Centers for Occupational Health at Crum Lynne. The student is responsible for any costs associated with this evaluation.
  - This must be done by August 15<sup>th</sup> of the 1<sup>st</sup> year in the program.
3. The school will provide a copy of the Student Handbook which will be reviewed with the students during the first week of class.
4. Completion of a Criminal Background Check, FBI Fingerprint, PA Child Abuse Clearance and Urine Drug Screen deemed satisfactory, in the sole judgment of the College of Nursing. See Policy # 1227.

### Matriculation Procedure

1. An orientation to Villanova University College of Nursing is held the 1<sup>st</sup> week in January. Classes begin at the University the 3<sup>rd</sup> week in January. The anesthesia track orientation begins at the hospital. The first week of the nurse anesthesia track in the Fall of year 1 will be spent in hospital/program orientation, review of Student Handbook, and dissemination of class schedules, course outlines and objectives and other materials, as necessary.
2. Notification of enrollment of students is sent to the NBCRNA within 45 days, following the student's matriculation into the program, by the Director. (Forms available from the NBCRNA)
  - Following notification of student enrollment, the NBCRNA provides each student an identification number, which is kept on file both in the NBCRNA office and by the Program.

3. Students are required to complete the application for Associate Membership in the AANA. The fee is \$200.00 (subject to change) and entitles the student to the following benefits:

- Associate membership status to the AANA & PANA.
- Subscription to national and local association publications.
- A card designating Associate Membership.
- Privilege to attend Association meetings as a non-voting participant.
- Reduced fees when attending CRNA and MD professional anesthesia meetings.

4. Licensure as RN: Must have current PA State License by August 1<sup>st</sup> of the 1<sup>st</sup> year in the program. Students will also need additional state licensures (DE and/or NJ) by the Fall of the first clinical year.

5. Students are required to be ACLS/BLS Certified. Students are required to obtain PALS certification by September 1<sup>st</sup> of the first program year. All certifications must be maintained while in the program and be valid upon taking the NCE. Certification classes will be coordinated and administered to the class.

6. Refund Policy - Refer to Villanova University policies.

**Policy Name: Student Benefits** Review Date: 08/21, 03/23, 8/20/23  
Page 1 of 2 COA DNP standard: F9, E2, E3, G1, G2, G4  
Manual Loc: A/F/S/App

**Policy No: 1207**

## Student Benefits

### TIME OFF:

Refer to Policy #1225 for TIME OFF for Holidays, vacation, education and professional meetings, sick time, comp time, vacation during specialty rotations, bereavement time and the time off request form.

### GRADUATE STUDENTS BENEFITS AT VILLANOVA UNIVERSITY:

#### STUDENT AND FINANCIAL AID

Financial aid is available. Application is to be made through Villanova University and is the student's responsibility. Nathan Walch is the University representative in the financial aid office for nurse anesthesia students. Contact information: email: [Nathan.Walch@villanova.edu](mailto:Nathan.Walch@villanova.edu) phone: 610-519-3305.

#### LIABILITY AND HEALTH INSURANCE

Liability insurance for student nurse anesthetists is provided by the University. Students must maintain their own health insurance coverage. Student health insurance is available through Villanova University.

#### BLOOD/ BODY FLUID EXPOSURE:

Should any student suffer blood/body fluid exposures they are to go to the ER, at their clinical site and follow the protocols of that site. Students should present their personal health insurance identification card at the facility where medical services are received. The student must also notify the Program Administrator and the Program Manager. A copy of the explanation of benefits received from the student's health insurance provider should be submitted to the Program Administrator and Program Manager.

Reference Policy #1229.

#### HEALTH CENTER AT VILLANOVA UNIVERSITY

The Student Health Center at Villanova University provides a safe, caring, respectful, and confidential environment and advocates healthy behaviors and lifestyle choices.

Located in the Health Services Building at the Villanova University main entrance on Ithan Avenue, across from The Pavilion and Bartley Hall, the Health Services Building also houses the Counseling Center and the Office of Health Promotion. For an appointment, please contact the **Student Health Center at 610-519-4070**.

#### Hours of operation:

Academic School Year: **24 hours a day, 7 days a week**  
Exceptions include holidays and scheduled breaks

Summer Hours :**8 a.m. - 4 p.m** Monday through Thursday & **8 a.m. - 12 noon** Friday

<https://www1.villanova.edu/villanova/studentlife/health/center.html>

#### PHYSICALS

Pre-Admission physical examinations are done by the CKHS Health System's Centers for Occupational Health at one (1) location: 1553 Chester Pike, Suite 204, Crum Lynn, PA 19022 (610-595-6811) prior to the beginning of the Fall semester of the first year. Any costs associated with this evaluation are the responsibility of the student.

**OTHER BENEFITS:**

Once the candidate is accepted into the Fitzpatrick College of Nursing Graduate Program, they are entitled to all the support services of any Villanova University student. These include orientation before classes begin, advisement, grievance and leave of absence procedures, use of the Falvey Library and the Learning Resource Center, the student Counseling Center, and other University support services, including writing and study skills development.

Villanova's exercise facilities and financial aid office. Descriptions of student support services offered through the University can be found in the *Graduate Student Handbook*.

The Graduate Nurse Network (GNN) is the graduate student organization of the College of Nursing, and all students who are enrolled in the Graduate Nursing Program are members of the GNN. All masters and doctoral degree students are members of the organization and therefore, eligible for membership on college committees.

Alpha Nu is the Villanova Chapter of Sigma Theta Tau, the International Nursing Honor Society.

In addition, the Fitzpatrick College of Nursing sponsors The Annual Distinguished Lectureship, where each year an outstanding nurse leader is invited to present a timely issue in nursing for the students, faculty, alumni and Friends of the College of Nursing.

The Fitzpatrick College of Nursing developed the Health and Human Value Series to promote knowledge and understanding of ethics and values in health care and health care delivery. Experts in the field serve as lecturers or panelists.

The Fitzpatrick College of Nursing also offers a Continuing Education Program that is accredited by the ANA Credentialing Center's Commission on Accreditation.

Faculty Research forums are sponsored by the Research Committee and graduate students are invited to attend. These forums provide the faculty the opportunity for feedback and to share their research activities.

The program also registers each student for Self-Evaluation Examinations through the NBCRNA website. The exams are required and are paid for by the students at time of registration.

**EMPLOYMENT OPPORTUNITIES**

Employment advertisements and requests are posted on a bulletin board in the school office/suite. The program administrator when requested will provide letters of references. Transcript requests are filled within a few days of the request. There is no charge for this service. Resume writing and interview techniques are presented during the Senior Seminar which is held every year during the spring semester.

**COPYING SERVICES:**

Photocopiers are available to students in the anesthesia school office and in the FCN at Villanova University.

Other policies affected by changes in this policy: #1229

Rev: 7/97; 7/98, 6/99, 9/00; 7/01; 4/03; 7/04; 7/05; 5/06; 6/07; 1/08; 6/09; 11/11, 7/13, 6/14, 7/14; 8/15; 1/16, 7/16, 03/23

### **Villanova University Student Health Center**

The Student Health Center is located on the top floor of the Health Services Building on the Villanova University campus. It is staffed by a Nurse Practitioner. The medical director arranges for physician coverage at the Center. The Center is open 24/7 during school sessions. The phone number is 610-519-4070

### **Villanova University Student Counseling Center**

The Counseling Center is designed to help any student, graduate or undergraduate, explore personal concerns and difficult decisions. Except in emergencies, appointments are required, and can be scheduled either by telephone (610-519-4050) or by going to the Counseling Center (Room 206 in Health Services Building). Students may request a specific counselor or use the counselors available for the following services:

#### **Individual Counseling for Personal Development**

Counseling assists one to define problem areas, provides emotional support during difficult periods, offers an outsider's perspective on family difficulties, helps people to change self-defeating habits and attitudes, and increases awareness of alternative, productive behaviors. Such services are available through the Center.

### **Villanova University Student Writing Center**

Writing Center appointments are scheduled for **50 minutes**. For lengthy papers (generally over ten pages), we suggest you schedule a block of 2 sessions for your appointment.

The Writing Center is located in 210 Falvey Library. Our hours of operation for the Fall 2022 semester are:

- **Monday-Thursday:** 11:30 a.m. - 7:30 p.m.
- **Friday:** 11:30 a.m. - 3:30 p.m.
- **Sunday:** 3:30 p.m. - 7:30 p.m.

Appointments can be made [online](#), in person (210 Falvey Library) or by phone (610-519-4604). When making an appointment by phone, please provide the receptionist with your name, the name of the class, and the professor's name.

[Villanova Writing Center | Villanova University](#)

### **Villanova's Emergency Medical Services**

Located on the ground floor of the Student Health Center, staffed by student volunteer EMTs, is the first contact for community members who may need emergency treatment. VEMS works closely with Public Safety, Radnor Police, Bryn Mawr Hospital and the Narberth Paramedics. The direct line is 610 519 6808. Emergencies should be directed to 610 519 4444.

[Villanova EMS \(VEMS\) | Villanova University](#)

**OFFICE OF DISABILITY SERVICES**

A student seeking an accommodation for a diagnosed disability may contact Greg Hannah in the Office of Disability Services. The student can register with ODS for temporary accommodations, fill out the necessary information through their database management system Clockwork and upload documentation from a medical professional that speaks to why reasonable accommodations are to be considered, make suggestions on those accommodations, and provide reasonable timelines for those accommodations requested. Greg can be reached at [Gregory.hannah@villanova.edu](mailto:Gregory.hannah@villanova.edu) or here: <https://www1.villanova.edu/university/student-life/ods/guidelines.html> to learn about how to fill out the intake form for Clockwork.

\*\*\*\*\*Snow Policy : This NAP Policy supersedes the VU FCN policy.

Students are entitled to use a vacation day in the event that they are unable to get to clinical or class unless:

1. **Class Days**—In the event of a snow emergency or winter storm warning, the Program Administrator, or designee, will decide whether the school will cancel classes **the night before** a scheduled morning class. Once this decision is made, notification will then be sent via email to all students or via text message. Students will not be charged with a vacation day in the event that a state has declared a “snow emergency,” which has prevented class.
2. **Clinical Days**—In the event of a state-declared “state-of-emergency” due to inclement weather, students are excused from clinical duties. In the event of significant inclement weather, students are responsible for contacting their individual Department Chairman or Clinical Coordinators at their clinical rotation. In the event that the Anesthesia Department determines that only “in house” or emergency anesthesia care will be provided, then the student has an excused absence and **will not** be charged a vacation day for the absence.

If, however, the Department will continue to provide anesthesia care as scheduled, **or if the student is on call**, the student will need to make the determination whether to report for duty. This decision should be based on the safety of the student, taking into account the route to be traveled, the distance from the clinical site, the student’s experience driving in hazardous snow conditions, and any other factors the student deems necessary to make an informed decision. Students are not expected to jeopardize their own safety, which is an individual decision. These students will have an excused absence, but they **will** be charged a vacation day for their absence.

3. **Students from outside the local region**—We realize that many of our students will experience weather related problems that do not directly involve the school or clinical site areas. We expect our students to make reasoned decisions related to travel and to use their best judgment in determining whether to drive to class or clinical sites. In the event that those students must call out, they are expected to follow the appropriate call out procedures. These students will receive an excused absence but **will** be charged a vacation day for their absence.
4. **In all instances, proper call out procedures must be followed by the student. They are to notify both the department and the school before 7AM, or they will be charged with an unauthorized absence.**

**Policy Name: Snow Policy**

**Review Date: 08/21, 8/23**

**Policy No: 1209**

**Page 2 of 2**

**COA DNP standard: G4**

**Manual Loc: A/F/S**

Reviewed and approved by Self Evaluation Committee April 03; revised July 2014, revised 8/21 to reflect notification for class the night before class.

### **Non-Refundable Deposit**

A \$3,000.00 non-refundable deposit is charged to maintain the candidate's position in the incoming class. Fees are used to offset the educational and administrative costs of the program including maintenance of the program's library, graduation expenses, etc. This fee is **Non Refundable** under any circumstances (i.e. family problems, reconsideration of attending program, etc). The only exception is in the event of the student's death prior to the start of the program; then the deposit will be returned to the student's spouse, parents or next of kin.

### **Professional Organizations**

Enrollment as an associate member of the AANA is required. The fee is \$200.00. (Subject to change)

### **Texts**

Students will be required to purchase their own books. A list of required and recommended texts will be sent to the student prior to matriculation.

### **Housing and Meals**

The student incurs both items. While on duty in the evening and night, an "on call" room for sleeping is available.

Because many people share these rooms on different nights, care must be taken to keep them neat and clean. A refrigerator is provided for keeping lunches or food for use on call.

**Health and Life Insurance** - These are the student's responsibility. Documentation of health insurance is required upon matriculation and must be continued while a student in the program.

### **Laundry**

Each clinical site provides scrubs. Students are required to provide their own OR shoes. White lab coats may be required by a clinical site and it is the student's responsibility to purchase and launder their white lab coats.

### **Tuition**

Subject to change. All tuition is paid to Villanova University at their current DNP rate. All fees must be satisfied prior to graduation. Refunds of tuition are in accordance with Villanova's policies as outlined in the Villanova Graduate Student Catalog.

### **SEE**

The program will register each student via the NBCRNA website. Students will pay separately for the SEE (online payment only) while in the program. Students are required to take this exam a **minimum** of two times and a **maximum** of four times while in the program. (See policy #1226 for details).

### **Technology Fees**

Each student is charged a technology fee to support the Nurse Anesthesia Program and all its initiatives, which may include but not be limited to: on-line exams, distance education, student data tracking systems, additional educational items such as projectors, microphones, classroom PC's etc.

The Administrative Fee will be refunded if a student withdraws within the first semester as follows:

Up to first week: 80%

Up to second week: 60%

Up to third week: 40%

Up to fourth week: 20 %

Beyond fourth week: no refund

## **Applicant Rights and Responsibilities**

Skills and abilities applicants must demonstrate:

A graduate of the program must be able to fulfill the job description and duties of a CRNA. Therefore, a candidate for the program must have abilities and skills in five categories: observation, communication, motor, intellectual, and behavioral/social. In order to complete the degree, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely and often critical fashion in problem-solving and patient care. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis, but a candidate must be able to perform in an independent manner. The following skills are required, with or without accommodation:

1. **Observation:** Candidates must have sufficient sensory capacity to observe in the classroom, the laboratory, the outpatient setting, and the patient's bedside. Sensory skills adequate to perform a physical examination are required. Functional vision, hearing and tactile sensation must be adequate to observe a patient's condition and to elicit information from computerized monitors, and through procedures regularly required in a physical examination, such as inspection, auscultation, and palpation.
2. **Communication:** Candidates must be able to communicate effectively in English in both the academic and health care environments. Candidates must show evidence of effective written and verbal communication skills and comprehension of the English language.
3. **Motor:** the ability to participate in basic diagnostic and therapeutic maneuvers and procedures (e.g. palpation, auscultation, drawing blood, and/or starting IVs) is required. Candidates must have sufficient motor function to execute movements reasonably required to provide care to patients, including the ability to help move or lift them. Candidates must be able to negotiate patient care environments and must be able to move between settings, such as home, remote OR locations like x-ray, GI suites, ER, classrooms and other hospitals.  
**Physical stamina** sufficient to complete the rigorous course of didactic and clinical study is required. Long periods of sitting, standing, or moving are required in classroom, laboratory and clinical settings.
4. **Intellectual:** candidates must be able to measure, calculate reason, analyze, and synthesize both in quiet environments and in areas where distractions, noise, and other stressors are present. Problem solving, one of the critical skills demanded of CRNAs, requires all of these intellectual abilities. In addition, candidates should be able to comprehend graphic displays of physiologic data, distinguish artifact on monitor displays, and understand three dimensional relationships and the spatial relationships of structures. Candidates must be able to read and understand medical and nursing literature.

5. **Behavioral and social attributes:** Candidates must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, and the prompt completion of all academic and patient care responsibilities. The development of mature, sensitive and effective relationships with patients and other members of the healthcare team are essential. The ability to function effectively in the face of uncertainties inherent in clinical practice, flexibility, compassion, integrity, motivation, interpersonal skills, and concern for others are all required.

I attest that I am able to perform all the competencies listed above with or without accommodation.

\_\_\_\_\_  
Signature of applicant

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

The school is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, a specialized accrediting body recognized by the U.S. Department of Education. Students will receive the required number of classes and clinical experiences to establish their eligibility to take the certification examination of the NBCRNA. Proper records will be kept and transcripts will be submitted to the NBCRNA.

While acknowledging that the students make a valuable contribution to the completion of the daily workload, case and time assignments are made primarily on the basis of giving necessary clinical experience in a progressive manner. Clinical supervision and consultation is always available per Policy #1117 DNP Clinical supervision. Enthusiasm and preparation for clinical and didactic assignments is expected of the student.

The Student has the following rights:

1. The right to resign from the program shall be provided to the student at anytime during his/her education, except after dismissal.
2. The right of appeal for penalties placed upon him/her for infractions of aforementioned rules and regulations.
3. The right to be made aware of the policies and procedures of the School that pertain to his/her conduct.
4. The right to know the educational objectives and the minimum standards required for passing in the clinical and didactic areas.
5. The right to timely feedback of his/her performance in the clinical and didactic areas.
6. The right to high quality instruction in both the clinical and didactic areas.
7. The right to expect they will not be exploited relative to time commitment for pay or profit of the conducting institution.
8. The right to confidentiality of his/her academic record, except as is required by the efficient operation of the department and/or accreditation agencies.
9. The right of access to his/her academic records.
10. The right to state his/her views about the total program without fear of retaliation or incrimination.
11. The right to due process.
12. The right to be free from discrimination on the basis of race, religion, sex, national origin, marital status, or sexual preference or any other factor protected by law.
13. The right to have respect from all members of the hospital staff.

**Sexual Harassment and Non - Discrimination**

**A. Introduction:**

The purpose of this statement is to express the position of the Nurse Anesthesia Program on sexual harassment and discrimination and to outline the procedures to follow in the event of a complaint of sexual harassment that occurs during a clinical rotation. The Nurse Anesthesia Program expressly prohibits sexual harassment of or by students, patients, faculty or staff.

Refer to: <http://www.hr.villanova.edu/Policies/sexual;harrasment/process.htm>

**B. Definition Harassment:**

Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

1. submission to such conduct is made either explicitly or implicitly a condition of the student's admission to the School.
2. submission to or rejection of such conduct by an individual is used as a basis of the individual's status within the School.
3. such conduct has the purpose or effect of interfering with an individual's didactic or clinical performance.
4. such conduct has the purpose of creating an intimidating, hostile or offensive working environment.

**C. Procedure to be followed in the event of sexual harassment occurring during a clinical rotation:**

In the event of a complaint of sexual harassment, the Nurse Anesthesia Program Administrator, the Director of the Villanova University's CON Graduate Program are to be notified along with the Department Chairman at the clinical site where the harassment occurred. The Department Chairman will notify Human Resource Department of the clinical site. All complaints will be treated confidentially within the confines of the Law. For a complaint initiated within the Crozer Health System, procedures to be followed are outlined in the Crozer Health System Employee Handbook, located in the Nurse Anesthesia Program Administrator's office and are available to students during normal business hours, Monday through Friday.

**D. Discrimination:**

The Nurse Anesthesia Program prohibits discrimination against members of any group which has been in a position of societal disadvantage. Such groups shall include but are not limited to minorities, women, and the handicapped and disabled veterans. The program's non-discrimination policy also applies to marital status, sexual orientation and age.

The Nurse Anesthesia Program adheres to non-discriminatory practices, as defined by the COA, treating all individuals, including applicants, without regard to race, color, national origin, gender, marital status, sexual orientation, religion, age or disability.

**Procedure to be followed in the event of discrimination:**

In the event of a complaint of discrimination, the Nurse Anesthesia Program Director and the Associate Dean of the Graduate Program, FCON, Villanova University are to be notified, and the clinical agency involved as soon as possible. All complaints will be treated confidentially within the confines of the law. Procedures to be followed are outlined in the Crozer Health System Employee Handbook, located in the Program Administrator's office and are available to students on a daily basis, Monday through Friday. Complaints of discrimination involving Villanova faculty will use the Complaints about Faculty policies found in the Appendix of the administrative and student manuals or may be found at: [http://www.villanova.edu/hr/policies/nondiscrimination\\_nonharass.htm](http://www.villanova.edu/hr/policies/nondiscrimination_nonharass.htm)

Approved by Villanova University - Academic Standing Committee: 5/99; 9/04; 7/06; 04/09;09/13

Rev: 7/86; 7/93; 7/95;7/98; 12/98 5/99;11/99; 6/06 ;02/09; 09/13, minor editorial revisions: 6/00; 7/01;4/03; 7/04; 9/04; 7/07; 02/08, 6/14, 7/16, 9/19 minor revision, 1/21

**Policies affected by changes to this policy: 1110, 1207; 1214; 1215; 1216; 1217; 1223; 1226; 1227;1220**

**Introduction:** Villanova University College of Nursing policies apply to **all** students admitted to the Graduate Nursing Program, however, the following policies apply specifically to students enrolled in the nurse anesthesia track.

The terms **Program Administrators** include the **Program Director** of the Nurse Anesthesia Program and the **Associate Dean for Graduate Programs** at Villanova University, Fitzpatrick College of Nursing. The term **Clinical Coordinator** refers to the individual designated at each clinical site who has responsibilities for the students and to the school and acts as a liaison between the clinical site and the nurse anesthesia program (see Policy #1110 Clinical Coordinator job description).

**Disciplinary action** may be taken against a student for reasons of violation of rules of good conduct, as well as inadequate clinical or didactic performance. Disciplinary action may include clinical probation or clinical suspension (missed clinical time must be made up before graduation, if applicable) with appropriate documentation by program administrators. The following sections will outline these rules, the standards of adequate performance, and procedures to be followed by the student to appeal any disciplinary action.

**Student Code of Ethics and Conduct:** Students are expected to conduct themselves in a reasonable, professional, moral, and ethical manner in their relationship with patients, faculty members, other students, and other hospital personnel. Non-compliance with the following school policies will result in disciplinary actions, as stated below:

**Causes For Immediate Dismissal:**

1. Forgery, alteration, or misuse of possession of school documents, medical records, or instruments of identification, including false statements on his/her application to the program.
2. Refusal to comply with any patient care assignment, excluding religious, moral, or ethical objections.
3. Misconduct, inconsiderate treatment, or neglect of patients.
4. Disclosure of unauthorized information regarding the hospital, patients, personnel, or program materials.
5. Theft of or willful damage to the hospital, program, classroom, or University property, including exams.
6. Use of alcohol or other mind-altering drugs or unauthorized possession of these agents or the effects of the above agents during clinical or class time (refer to VU policy on Drug Free Schools).
7. Gambling on any program or clinical affiliate's property.
8. Lewd or obscene conduct on any program or clinical affiliate's property or at any clinical affiliate's-sponsored activity.
9. Physical/verbal abuse of or threats to any person on any program or clinical affiliate's property or at any clinical affiliate's - sponsored activity or professional meetings where the student is a representative of the program.
10. Acts of negligence or incompetence in the practice of anesthesia. (Refer to Policy # 1226: Professional Standards and Policy #1217: Clinical Grading))
11. Three unauthorized absences (see Policies # 1225 regarding attendance and unauthorized absenteeism).
12. Employment as a nurse anesthetist prior to graduation from the program (refer to Policy #1214).  
***COA DNP standard G8.***

13. Revocation or suspension of the student's state- issued license to practice nursing.
14. Dishonesty, such as cheating, plagiarism, or knowingly furnishing false information to the nurse anesthesia program. (refer to Policy #1216) **COA DNP Standard G5.**
15. Grades of C are considered as failing in 9000 level nurse anesthesia courses (9420-9430), NUR 8910, NUR 8901, NUR 8903, and NUR 8904 and the student may be dismissed from the nurse anesthesia tract. Refer to Policy #1216 for grading policy.
16. More than one semester of a GPA < 3.0
17. Improper handling or documentation of scheduled drugs. (see policy #1223)
18. Conviction of a felony in any state or territory of the US.
19. Unfavorable results on a criminal background check, in the sole judgment of the FCN (see policy #1227)
20. Commission or omission of acts that jeopardize patient safety, including medication errors that have the potential to cause patient harm. (see policy # 2020 Policy Avoiding Drug Errors).
21. Failure to be restored to full status after clinical probation.

**Process for Immediate Dismissal:**

If any of the aforementioned reasons for program dismissal have been met by a student, the Program Administrators will immediately place the student on **clinical suspension for 2 weeks with initiation of the process for dismissal, as follows.** The Clinical Coordinator of the site and Anesthesia Department Chariman will be notified that the student has met criteria for immediate dismissal and has been placed on clinical suspension for 2 weeks.

During the 2-week clinical suspension the student has the following options:

1. The Program Administrators will provide the student with the clinical evaluations and/or documentation that led to the decision for dismissal.
2. The Program Administrators will send a letter to the FCN Academic Standing and Records Committee that the student was placed on clinical suspension for 2 weeks and the Program Administrators' recommendation for dismissal at the conclusion of the 2 weeks clinical suspension.
3. The student may resign during the 2-week clinical suspension. If a student resigns, their transcripts will reflect a resignation.
4. The student may appeal the program dismissal decision during the 2-week clinical suspension. If the student elects this option, and follows the identified appeal process.
5. At the end of the 2-week clinical suspension if the student has not elected to resign or appeal the decision, the student will receive formal notification from the Academic Standing Committee and Records of program dismissal, which will be reflected on the student transcript.

**Didactic and Clinical Performance and Progression:**

**A. Didactic Evaluation:** Please refer to **Policy #1216** DNP Student Academic Integrity and didactic grading

**B: Clinical Evaluation:** Please refer to **Policy # 1217** DNP Student Clinical Grading Policy

**Grievance/Appeal Procedures**

**A. Introduction**

Students may appeal an adverse decision of the Program Administrators that impacts their academic standing, whether for a clinical evaluation/grade or a didactic grade. Students will be advised on how to proceed, using Villanova Fitzpatrick College of Nursing policies and procedures for grievances surrounding a clinical or didactic grade.

For grievances resulting from a clinical action, an **Ad Hoc Grievance Committee** will be formed to hear the complaint. However, it is recommended that all grievances be settled at the lowest possible level. The procedure for handling complaints about academic faculty may be found at:

<http://www.vpaa.villanova.edu/vpaa/office/student-services/policies/gradeappeals.htm>

**B. Ad Hoc Grievance Committee Procedure:** This is an internal grievance committee convened to provide due process to a student who feels he/she has been unfairly evaluated, clinically. This Committee will convene at the request of a student and is considered an academic proceeding, not a legal proceeding. No legal counsel shall be present. Formation of this committee shall be considered as the final phase of the internal due process. Any further appeal shall be directed to the Associate Dean of the Graduate Program of the Fitzpatrick College of Nursing. Membership of the Ad Hoc Grievance Committee will be determined by the Nurse Anesthesia Program Administrators (with the student given the option to choose specific members as outlined below). The Committee will consist of:

1. Either the Nurse Anesthesia Program Administrator or the Associate Program Administrator
2. Student Representative who is not a classmate of the complainant. (may be selected by the student).
3. One Clinical Coordinator **not** from the site(s) where the evaluation occurred.
4. One clinical CRNA or anesthesiologist **not** from the site(s) where the evaluation occurred.
5. One Graduate Program Faculty from Villanova University.

The purpose of the Grievance Committee is twofold: (1) to determine if the process leading up to the adverse action (clinical suspension and move to dismiss) was in conformity with the NAP's policies for clinical evaluation, and (2) to determine if the adverse action (clinical suspension and move to dismiss) was reasonable.

The complainant has the right to challenge a member of the Committee for valid reasons (i.e. personal relationship, involvement in the complaint etc.) as determined by the Program Administrators.

The Committee will elect its own Chairperson to run the meeting. The Chair shall appoint a Recorder. The meeting shall be scheduled within **10 days** of student notice to appeal an adverse decision of the faculty. The meeting place is to be determined by the Program Administrator. All original materials related to the complaint will be kept confidential and stored within the school's offices as permanent records. All materials related to the complaint will be e-mailed to Committee members prior to the meeting date and labeled confidential.

**C. Conduct during the Hearing:**

The involved parties have the right to:

1. Have a copy of the filed grievance and evidence to be reviewed.
2. Present evidence on one's behalf.
3. Request verbal clarification.

**D. Steps**

1. The complainant (student) will describe why he/she brought the complaint. (20-minute limit).
2. The involved clinical faculty member(s) or program administrator will describe the issues/problems that lead to the evaluation or clinical action in question. (20-minute limit).
3. The Committee may request clarification from both parties (10 minutes, total).
4. At the conclusion of the Q & A period, the parties are dismissed, and the Committee begins its deliberations.
5. Each member shall have 1 vote to either (1) **affirm** the dismissal action OR (2) **repeal** the dismissal action. All votes are by secret ballot.
6. The Recorder will count the ballots and a simple majority prevails for the decision.
7. The ballots will be sealed in an envelope and retained as part of the permanent record within the FCN.
8. The decision of the Grievance Committee will be communicated within 48 hours of the hearing to the student and the Academic Standing and Records Committee in the FCN.
9. If the decision of the Grievance Committee is not to the satisfaction of the student, a written appeal may be submitted to the Academic Standing and Records Committee of the Fitzpatrick College of Nursing within 7 days (one week) of the hearing.

**Complaints Against Nurse Anesthesia Programs and Third-Party Presentation Policy:**

If any member of the community of interest wishes to file a complaint or address issues related to the accreditation status of the Nurse Anesthesia Program, the Complaints Against Programs or Third Party Presentation Policies may be used, which are located in the Nurse Anesthesia Program Administrator's Office.

The Council on Accreditation may be contacted directly at: 224-275-9130

Mailing address:

Council on Accreditation

10275 W. Higgins Road, Suite 906

Rosemont, IL 60018-5603

Email: [accreditation@coacrna.org](mailto:accreditation@coacrna.org)

**Notice of Right to Amend:** Student Notification

The Nurse Anesthesia track of the Graduate Program of the Villanova Fitzpatrick College of Nursing reserves the right to amend or add at any time to these policies and to make such changes applicable to current students, as well as new students.

**DISCLAIMER:** These policies can change at the discretion of the Nurse Anesthesia Program Administrators of the VU FCN Graduate Program and by recommendation of any standing committees.

I, \_\_\_\_\_, have read, fully understand, and accept the student code

of ethics and conduct presented to me as an Anesthesia Student in the Villanova University/Crozer Chester Medical Center Program.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Approved by Villanova University - Academic Standing Committee: 5/99; 9/04; 7/06; 04/09;09/13  
Rev: 7/86; 7/93; 7/95;7/98; 12/98 5/99;11/99; 6/06 ;02/09; 09/13  
minor editorial revisions: 6/00; 7/01;4/03; 7/04; 9/04; 7/07; 02/08, 6/14, 7/16, 9/19 minor revision, 1/21,  
update COA address 06/22, removal of CCMC reference  
**Policies affected by changes to this policy:** 1110, 1207; 1214; 1215; 1216; 1217; 1223; 1226; 1227;1220

## **Working Policy**

At no time during the anesthesia training program, shall a nurse anesthesia student be employed as a nurse anesthetist by title or function.

### **Introduction**

Evaluation is an ongoing process to monitor and determine the student's progress in the Program. Each student's performance is reviewed each semester or when unsatisfactory performance warrants an immediate evaluation, and is communicated to the student. The following material provides an explanation of the continuous evaluation of the student.

### **Definition of Terms**

1. **Program Year I** - refers to the didactic coursework and clinical practice which occurs during the first year the student is in the program.
2. **Program Year II** - refers to the didactic coursework and clinical practice which occurs during the second program year (and first clinical year) of a student in the program.
3. **Program Year III** - refers to the didactic coursework and clinical practice which occurs during the third program year (and second clinical year) of a student in the program
4. **Dismissal** - A student may be dismissed from the program for continued evidence of unsatisfactory progress in meeting didactic or clinical requirements or for other causes as specified in the Student's Disciplinary Policies. A student who has been dismissed is not eligible for re-entry into the NA track. Notification will be sent to NBCRNA and to the Villanova University FCN's Academic Standing Committee and copies of the notification will be kept in the student's permanent file. The student has a right to appeal a dismissal decision through the appeal process of the Fitzpatrick College of Nursing, Villanova University. Also, see Nurse Anesthesia Program Policy # 1213: Retention, Progression, Due process.
5. **Leave of Absence** - (LOA) Please refer to Villanova University College of Nursing Graduate Student Handbook and Advisement Guide. The Associate Dean of Graduate Programs and the Program Administrator of the Nurse Anesthesia Track will determine the length of time granted for a LOA with respect to the student's individual circumstance. **Students who are granted an LOA are required to make up all missed clinical and/or class days due to a LOA.** Coursework must be completed to the satisfaction of the Nurse Anesthesia Program Administrators. Each clinical and class day missed by the student during the LOA will be fulfilled day-for-day by the student, before the student is permitted to graduate. This may result in a delay in graduation. No student will be permitted to make up days by doing extra shifts unless the Nurse Anesthesia Program Directors approve the requested clinical schedule that includes call shifts, to the benefit of all parties. The clinical schedule is at the discretion of the program administration. Unused vacation time and comp time may be used to offset LOA days.  
Students will be held responsible for didactic coursework missed or may be required to take missed courses the next semester they are offered, even if the course schedule may prolong the student's graduation date beyond the time needed to make up clinical time missed during the LOA.

Students are required to submit a written request to take a LOA to the Program Director.

Student requesting a LOA will be referred to Greg Hannah in the Office of Disability

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Services, if applicable. The Office of Disability services collaborates with students, faculty, staff, and community members to create diverse learning environments that are usable, equitable, inclusive, and sustainable. The ODS provides students with disabilities the necessary support to successfully complete their education and participate in activities available to all students. If a student has a diagnosed disability and they plan to utilize academic accommodations, they should contact [Gregory.hannah@villanova.edu](mailto:Gregory.hannah@villanova.edu) or 610-519-3209, Advisor to student with disabilities. His office is on the 2<sup>nd</sup> floor of the Connelly Center. A student will register with ODS for temporary accommodations, fill out the necessary information through their database management system, Clockwork, and upload documentation from a medical professional that speaks to why reasonable accommodations are to be considered, make suggestions on those accommodations, and provide reasonable timelines for those accommodations requested.

A student can also click here: <https://www1.villanova.edu/university/student-life/ods/guidelines.html> to learn about how to fill out the intake for Clockwork.

**6. Suspension:** Students may be suspended from the program for 2 weeks by the Associate Dean for Graduate Programs and the Nurse Anesthesia Program Director for violations of patient safety as evidenced by written documentation of clinical errors, omissions or commissions of acts that jeopardize patient safety on a repetitive basis. This is the initial step taken prior to dismissal from the NAP. Please see Policy # 1213 DNP Retention Progression Due Process.

#### 7. Resignation

A student may resign from the Program if he/she decides to discontinue his/her anesthesia education.

In order to resign, the student must provide a written letter or email of resignation notice to the Nurse Anesthesia Program Director and/ or the Associate Dean for Graduate Programs. The date the written notification is received will be considered the effective date of resignation and notice of the resignation will be sent to the NBCRNA with a copy of the letter retained in the student's permanent file.

Resignation terminates all relations with the Nurse Anesthesia Program, permanently. The Associate Dean for Graduate Programs in the FCN at Villanova University may provide the student with other options for graduate study in the FCN.

**8.** If a student leaves a program without informing the Program Administrators or Associate Dean for Graduate Programs in writing or email, after 3 days of unexcused absence, the student will be suspended for 2 weeks as the initial step taken prior to dismissal from the NAP. Please see Policy # 1213 DNP Retention Progression Due Process.

**9. Probation:** A student will be placed on clinical probation if the if criteria in policy # 1217 Clinical Evaluation are met and the procedures are detailed in that policy.

**9. Delay of Graduation –**

A student may be required to delay his/her graduation date if one of the following occurs:

- a. The student fails to proceed at a satisfactory rate to meet all the clinical and/or didactic requirements of the program.
- b. The student has not successfully completed each clinical practicum or not submitted the required number of clinical evaluations for a semester.
- c. The student has not met the Program policy threshold for passing the SEE exam based on the national average for their cohort and has not taken the SEE exam up to 4 times if threshold score was not met. (refer to Policies #1213, #1226.)
- d. The student has been on a LOA and has not satisfied the program's 36-month program requirement.
- e. The student's time off exceeds the amount allotted.
- f. The student fails to meet the minimum number of case requirements or total cases required by the COA.

**10. Academic Standing** - Please refer to Villanova University's College of Nursing Graduate Student Handbook and Advisement Guide and policy #1216 Academic Integrity/Didactic Grading.

**11. Graduation:**

All course work and clinical requirements must be completed, per policies #1221 and #1226.

The DNP degree is awarded by Villanova University.

Also see Villanova University College of Nursing Graduate Student Handbook and Advisement Guide.

**12. Transcription of Grades**

All grades are recorded on an official transcript supplied by NBCRNA. A copy of the student's transcript is kept in their NAP file and by the NBCRNA should the school's copy be lost. In the event the nurse anesthesia program should close, notification will be sent to all alumni. Transcripts and student files will be kept with all school materials and will be available upon contact with the FCN Graduate Program.

Villanova University FCN NAP will also have a transcript of the student's grades that are recorded according to the anesthesia course numbers, which is different from that of the NBCRNA.

Rev: 6/86; 6/93; 6/96; 7/98; 12/98; 5/99; 9/00; 7/01; 7/05; 6/06; 04/09; 07/13; 6/14, 8/19, 01/21

Minor revisions 5/03; 7/04; 9/04; 01/09; 04/2010

Approved by Villanova University - Academic Standing Committee: 5/99; 6/00; 7/04; 9/04; 7/06.04/09, 7/16. 1/2021

Policies affected by revisions to #1215: 1207; 1213, 1216, 1221, 1225; 1226

It is the responsibility of every person in the academic community—a faculty member, students, administrators to ensure that dishonesty is not tolerated. This policy addresses violations in two categories: acts of dishonesty in the **clinical area** and acts of dishonesty in the **classroom**.

I. **Acts of Dishonesty in the Classroom:** The student is referred to the Villanova University's Code of Academic Integrity

<https://www1.villanova.edu/villanova/provost/resources/student/policies/integrity.html>

1. **Plagiarism:** The use of another person's specific words or ideas without acknowledgment. Please refer to the standard manuals of style or reference guides for the methods by which sources are legitimately acknowledged, cited, quoted, paraphrased, and footnoted in oral report or in writing.
2. **Cheating:** The possession, communication or use of information, materials or other devices not authorized by the instructor in an academic exercise, including exams or communication with another person during the exercise.
3. **Multiple submission:** Submission of academic work for which academic credit has already been earned by same or another student.
4. **Misuse of academic materials:** including the possession, distribution, or use of examinations or answer keys.
5. **Complicity in academic dishonesty:** knowingly contributing to another's acts of academic dishonesty, including allowing another to copy an assignment or test, and distributing test questions or info about the materials to be tested. Copying, retaining, or distributing exams and/or discussion of exam questions (including SEE or NCE questions) with other students **will not be tolerated** and is a cause for immediate dismissal from the program. Refer to Policy # 1213.

II. **Acts of Dishonesty in the Clinical Area:** Students perform in the clinical area and as part of the program are required to submit at a minimum, one evaluation per clinical day to the instructor. The student must complete their self- evaluation first and then the evaluation is given to the instructor for completion. The evaluation is then discussed with and returned to the student. After both parties have completed and signed the evaluation, the evaluation is turned into the program by either the student or the instructor (evaluations may be faxed or mailed to the program if the instructor believes it necessary). Each semester the student is provided with a summative evaluation of his/her clinical performance based upon the daily evaluations and faculty commentary.

Specific violations of this policy include, but are not limited to, the following:

- A. Destruction, "losing" or failing to submit to the program administrators an unfavorable evaluation of clinical performance.
- B. Not giving an appropriate evaluation form to the instructor **each** day of clinical.  
Repeated violations of this will lead to sanctions against the student.
- C. Any alteration of an instructor's evaluation of a student by the student himself, or by another student.

- D. Improper handling or documentation of scheduled drugs (refer to policy #1223).

III. **Violations of the above policies** may lead to dismissal from the nurse anesthesia track and possibly from the Graduate Nurse Program of Villanova University College of Nursing. Policies addressing actions to be taken are found in the *Faculty Manual on Academic Integrity* (located in the Administrative Manual in the Anesthesia Program Director's office) and in the Villanova University's *Code of Academic Integrity* (appended in the Student Handbook, link above.)

#### IV. Didactic Evaluation and Grading: Anesthesia Courses (non - clinical)

- A. Please refer to the Academic Policies found in the Villanova University College of Nursing Graduate Student Handbook and Advisement Guide for grades relating to the DNP courses.

Grading System - The conversion of numerical to letter is as follows:

95-100 = A	73-76 = C
90-94 = A-	70-72 = C-
87-89 = B+	67-69 = D+
83-86 = B	63-66 = D
80-82 = B-	60-62 = D-
77-79 = C+	< 60 = F

N = ncomplete    WX = Withdrawal Approved    IP = In Progress

The final grade for each course will be the average of assignments, quizzes, and final exams. The weighing of the component parts is left to the discretion of the instructor and are detailed in each course syllabus. The students are informed of the weight given to the component parts of the course at the beginning of the course.

- B. **A grade of B** is considered a **passing** grade in each of the NUR 9420 -9430 level nurse anesthesia didactic courses. Students must obtain a "B" in each course in order to continue with the 9420- 9430 level sequence in the nurse anesthesia tract. **Students who achieve a grade of B- or C+ may repeat the course the next time it is offered, but may not progress in the interim.** This option will be offered only once throughout the program. This may delay graduation. The student must satisfactorily complete all course objectives and prerequisites of one level to be promoted to the next level. If a student again fails to achieve a B grade in the same or any other anesthesia course, they will be dismissed from the program.  
**Grades of C are considered as failing in 9000 level nurse anesthesia courses, NUR 8910, NUR 8901, NUR 8903 and NUR 8904 and the student may be dismissed from the nurse anesthesia tract. The student may repeat one of these courses one time if failed on the first attempt, provided their overall GPA remains above a 3.0.**

- C. A GPA of < 3.0 in any semester will result in academic warning. A student on academic warning

will normally be allowed only one semester to achieve the required GPA. If the GPA is < 3.0 in more than 1 semester, the student is dismissed.

**D. Appeals for grades may be found at:**

<http://www.vpaa.villanova.edu/vpaa/office/studentsservices/policies/gradeappeals.htm>

The student must satisfactorily complete all course objectives for each clinical and didactic course and prerequisites of each course.

**E. Grading for assignments**

Students will be informed via the course faculty and in the course syllabus the weight which will be given to each course assignment in relation to the final grade of the course and associated due dates. These grades will then be calculated to determine the final course grade.

**F. Procedures For Exams:**

1. Program Administration will determine exam dates.
2. Only under extraordinary circumstances will a student be permitted to take an exam on a date other than when it is scheduled. Permission to do this must be obtained from both the instructor and Program Administrator.
3. Exams must be started on time and completed within the time allotted. A student arriving up to 15 minutes late to an exam will be allowed to take the exam at the discretion of the proctor and only allotted the time remaining to complete the exam.
4. If a student arrives after the fifteen-minute grace period he/she will not be allowed to take the exam. A program administrator and/or the Program Manager will schedule an exam makeup time and the student will forfeit 1 vacation day.
5. Exams are graded by the Anesthesia Program personnel via ExamSoft and each exam undergoes statistical analysis of the exam and each question for assurance of validity and reliability.
6. Records of exams are kept in the program electronic files for reference and student transcripts are kept in his/her files as part of their permanent record.
7. A record of all student grades is kept by the Program Administrator in program electronic files.
8. Instructors are expected to give an examination at the end of each course. This examination should be based on the objectives for the course. Multiple-choice questions are encouraged but remain the individual instructor's prerogative. In lieu of one exam, instructors may use several exams and require that papers be written, or projects carried out to determine a course grade.
9. Exams in the program are administered using ExamSoft and are all electronically saved. Paper exams are considered school property and will be retained in the student's files (if paper) until the graduate passes the NCE. After which, all exams are shredded.
10. ExamSoft prevents students from accessing the internet or other electronic resources during exams and randomizes all questions for each test taker.
11. Exams are administered in a classroom and are proctored by a program administrator or staff.

12. All students must take each scheduled exam on the scheduled date unless prior arrangements have been made with the faculty member. Proper conduct during the exam is expected from all students. Students must adhere to the Academic Integrity Policy of the University. A pattern of absences on exam days will be investigated by Program Officials and may result in exam failures.

**G. DNP Core Courses**

Please refer to the Academic Policies found in the Villanova University Fitzpatrick College of Nursing Graduate Student Handbook and Advisement Guide for grades relating to the DNP courses.

**H. Academic Standing:**

A GPA of < 3.0 in any semester will result in academic warning. A student on academic warning will normally be allowed only one semester to achieve the required GPA. If the GPA is < 3.0 in more than 1 semester, the student is dismissed.

**I. Policies Related to Didactic Assignments:-**

1. Students are required to make up mandatory classroom assignments to the satisfaction of the Program Director(s). All time lost beyond the prescribed time off and holidays allowed (see Policy # 1225 Time off) must be made up at the end of the course. Graduation from Villanova University will be deferred until all requirements for graduation are met.
2. A student who has had one unauthorized absence will be counseled by the Program Administrator. Two unauthorized absences result in a written warning. **Three are cause for dismissal.**
3. Repeated tardiness to class or clinical, in starting any assignments or an unauthorized period of leave may be cause for dismissal.

**J. Appeals for grades may be found at:**

<http://www.vpaa.villanova.edu/vpaa/office/student-services/policies/gradeappeals.htm>

**K. Deferral of Graduation-** Deferral of graduation can result if a student does not meet the entire curricular course requirements, does not pass the SEE (refer to policy #1226), takes excessive time off (refer to Policy 1225 Time off), a LOAs, or a failure to meet clinical or academic requirements. The student will be apprised of the reason for the deferral of graduation. Notification of deferral of graduation shall be submitted to the NBCRNA and the Villanova University Fitzpatrick College of Nursing Graduate Program's Academic standing committee.

Rev: 5/85;6/93;6/96;6/98; 12/98; 5/99; 6/00; 7/01; 7/04; 7/05; 7/07; 09/13;6/14  
01/09 & 04/10 (minor revisions); 03/20, 1/21

Approved by Villanova University - Academic Standing Committee: 5/99; 5/00; 09/13. Policies affected by changes to 1216: policy 1213

### **Policies Related to Clinical Assignments:**

1. Students are **required** to make pre- and post-operative rounds and discuss the anesthesia plan with the CRNA, or M.D. assigned to their room and case. If students do not comply with this, they may be withheld from the clinical area until requirement is met. The day off will be counted against their time off allotment.
2. Call-time is a requirement. If a student fails to report for call, that student may be asked to withdraw from the course. Ample notice (at least 12 hours) must be given to the CRNA or physician on call when a student is unable to report for call.
3. A student who has had one unauthorized absence will be counseled by the Program Administrator. Two unauthorized absences result in a written warning. **Three are cause for dismissal.**
4. Repeated tardiness to class or clinical, in starting any assignments or an unauthorized period of leave may be cause for dismissal or time off allotment may be sacrificed.

### **Objectives for Clinical Evaluation:**

1. Assist the student in identifying his/her progress towards mastery of clinical skills and professional excellence.
2. Assist the student in integrating his/her personal objectives and the clinical objectives of the program.
3. Provide a constructive interaction between the student and the clinical instructors.

### **Clinical Evaluation Procedure:**

Student clinical performance is evaluated by anesthesia staff on a daily basis by the use of a clinical evaluation tool. These evaluations are summarized and presented to the student on a semester basis for a total of seven (7) semesters. The Nurse Anesthesia Program Administrator(s) or faculty advisors will meet with each student on a semester basis to discuss both clinical and didactic performance. Copies of students' clinical summarized evaluations will be a permanent part of each student's file and sent to the clinical coordinator of the student's next rotation site, as appropriate, at the conclusion of the student conference.

### **Daily Evaluation:**

1. A daily evaluation of each student's performance is presented to the student by the MD/CRNA assigned with him/her either immediately following each case/day. When the student is in the clinical area, a record of critical and/or anecdotal incident notations may be made by the instructor. This is to provide the student with more specific direction during the semester in achieving these objectives.
2. Students are required to complete the self evaluation portion of the daily form **before** giving it to the instructor to complete. The clinical instructor (CRNA or physician) who supervises a student will complete the instructor's portion of the daily evaluation sheet.

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The sheet is returned to the student. The student then either returns the completed sheet to the Clinical Coordinator who returns it to the Program Director on a biweekly basis, or the student may upload the completed form. It is expected that each student will have no less than one evaluation per clinical shift. However, it recognized that not all instructors are timely in returning evaluations so therefore there are **minimum** numbers of evaluations that are to be turned in each semester: Semester 1 (5 required / 10 preferred); semesters 2 (25 required / 50 preferred), semester 3 (15 required /30 preferred /semester), semesters 4 (20 required / 40 preferred), semester 5 (20 required, 40 preferred), semesters 6 (15 required, 30 preferred.), semester 7 (10 required, 30 preferred). Students will receive written notice if they are behind the minimum numbers.

If the required number of evaluations is not submitted by the semester due date, the NAR will be penalized 2 vacation days. In order to become compliant with this policy, the NAR can either submit the additional number of the required minimum evaluations for the current semester OR exceed the number of required evaluations for the next semester by the amount deficient. Failure to comply may result in delayed graduation until all clinical evaluations required are submitted. Each semester a NAR is not in compliance, **they will be penalized 2 vacation days**. If the NAR does not have any vacation time remaining all deficits will be made up day-for-day in clinical before the student will be permitted to graduate.

3. The clinical behavior objectives for each semester are on the evaluation forms. Students are to bring the daily evaluation sheets with them for everyday they are in the OR. These must be available at the beginning of each shift. If students fail to bring an evaluation sheet with them, they will be asked to obtain one immediately. If this occurs on a routine basis, a reprimand will be issued as loss of time off.

**Daily Self Evaluation:**

Each student will assess his/her own progress and level of performance according to the semester objectives being evaluated. This will be done by completing the self-evaluation portion of the daily evaluation sheet. This is to be done before the form is completed by the instructor.

**Semester Evaluation:**

1. At the completion of each semester evaluation period, the Program Administrator(s) will review all sheets and tabulate the scores to obtain a summary of the student's daily performance. The completed tallies will be placed on one summary sheet for each student.
2. Each student will meet with a Nurse Anesthesia Program Administrator (or NAP Faculty Advisor) at the completion of each semester to review the accumulated evaluations to determine if the student has met semester objectives, discuss goals for the next clinical semester and address improvements, if needed. Student and Administrator will sign the evaluation.
3. If at any time during a semester, a student's evaluations have unmet objectives, counseling sessions will be held as necessary between the student and Program

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Administrator(s). All efforts by Program Administrators will be made to identify strategies to help the student meet objectives.

4. Any student who fails to meet the clinical objectives for the semester being evaluated (I, II, III, etc.) reflected by 20% or more objectives not met will be placed on **probation**. For example:
  - a) if a student submits 25 clinical evaluations in a semester, and of these 25 evaluations, 4 contain a total of 5 unmet clinical objectives, the student will be placed on probation. ( $5/25 = 20\%$ )
  - b) The policies and procedures for probation will be followed as outlined in Policy #1215 located in the Administrative Manual and Student Handbook.
  - c). Probation and subsequent dismissal actions may also be the result of verbal (transcribed) or written documentation from clinical faculty to program administrators describing unsatisfactory clinical performance. This documentation must describe behaviors that do not meet clinical objectives or indicate the student is not making progress or which have the potential to impact patient/provider safety.
5. Beginning with the 5th semester, there is no “developing skill” category and all objectives are either met or unmet, excluding specialty rotations.
5. The dates for ending the clinical grading for each semester are as follows: (Evaluations are scheduled as soon as possible after the semester ends.)

NUR 9101	November 1 <sup>st</sup> - December 10 <sup>th</sup>	Fall Year 1
NUR 9102	December 11 <sup>th</sup> – May 1 <sup>st</sup>	Spring Year 2
NUR 9103	May 2 <sup>nd</sup> -August 1 <sup>st</sup>	Summer Year 2
NUR 9104	August 2 <sup>nd</sup> to December 10 <sup>th</sup>	Fall Year 2
NUR 9105	December 11 <sup>th</sup> – May 1 <sup>st</sup>	Spring Year 3
NUR 9106	May 2 <sup>nd</sup> – August 1 <sup>st</sup>	Summer Year 3
NUR 9430	August 2 <sup>nd</sup> to November 30 <sup>th</sup>	Fall Year 3

**Probation Procedure:**

1. Student will receive written notification that they have met criteria for clinical probation, typically prior to or during a semester clinical evaluation.
2. Student will receive a letter stating they are on clinical probation for 1 month (4 weeks) from the FCN Academic Standing and Records Committee and a copy will be placed in their permanent file in the NAP.
3. Notification of probationary status will be sent to the Department Chair and Clinical Coordinator and the appropriate clinical site.
4. The clinical probation period is 4 weeks.
5. Students will not be permitted to take call shifts during a probation period and clinical will be under the direct supervision of a CRNA or MD.
6. The student may not advance to the next clinical semester during probation and will receive an IP until the probationary period is complete.
7. The student may request to change clinical sites but final clinical placements are

determined by Program Administrators in consultation with Associate Dean for Graduate Programs, the student, and the Clinical Coordinators from the current and alternate sites.

8. A clinical evaluation form is required for each day.
9. At the conclusion of the probationary period, the student's progress will be evaluated by the same method as previously described, by summarizing clinical evaluations.
10. If 20% or more of clinical objectives are not met (as a % of the 20 clinical evaluations) the student will be dismissed and their IP grade for the clinical semester grade will reflect Unsatisfactory).
11. If the student meets clinical objectives during the probationary month, they will advance to the next clinical semester and be restored to full status. Their IP grade will be changed to a Satisfactory.
12. The conclusion of the probationary period will be communicated to the FCN Academic Standing and Committee and the student will either be restored to full status or dismissed from the program.
13. Only 1 probationary period is permitted in the program. If a student fails to meet clinical objectives or continues to perform unsatisfactorily, the student may be dismissed from the program.

### **Semester Student Self-Evaluation:**

The student will complete the Self Evaluation part of the Semester Summative Evaluation Form prior to the evaluation conference with the program directors. This will be reviewed and discussed during the conference.

### **Review of Clinical Performance:**

A student receiving an unsatisfactory clinical evaluation has the right to meet with the clinical faculty to discuss the clinical evaluation. The Program Director(s) will arrange for the meeting and will be present at the meeting. If the student wishes to appeal an evaluation(s) that he/she believes is unfair, the student will follow the appeal process as defined in Policy #1213 (page 4/7).

**Clinical Practicum Grading and Progression:**

**Policy:** This describes the method of grading for clinical courses that are on the Villanova transcript.

- A. each semester clinical course (NUR 9101-NUR 9106 and NUR 9430 for the final semester) is graded as an **S** or a **U**
- B. **The student must attain an S grade in each clinical practicum to progress to the next semester**
- C. If a student meets criteria for probation, they will receive an IP for the clinical course and then either be removed from probation if they successfully complete the probationary period (see above by daily clinical evaluations) and receive a Satisfactory (S) or be dismissed and receive an unsatisfactory (U).
- D. **ONE (1) period of probation will be allowed per student for the entire program.**
- E. If the student successfully completes the probationary period, they must also submit the minimum required evaluations for all current and subsequent clinical semesters.
- F. The **final** grade for all clinical practicum is either an S or a U.

**NUR 9101: Anesthesia Clinical Practicum I (1 credit).**

Students will register for this course in Fall Semester Program Year 1 (November 1-December 10). The clinical evaluation tool reflective of this course is Semester 1. A minimum of **5** evaluations are required (**10 preferred**).

1. The determination of the S/U grade will include daily clinical evaluations for that semester plus any additional documented commentary from clinical faculty beyond the objectives listed within the semester.
2. Students who receive a U grade at the end of the practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy #1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

**NUR 9102: Anesthesia Clinical Practicum II (1 credit)**

Students will register for this course in the Spring Semester Program Year 2 (December 11-May 1). The clinical evaluation tools reflective of this course are Semester 2. The minimum number of evaluations required for this semester is **25 (50 preferred)**.

1. The determination of the S/ U grade for Practicum II is based on the student meeting all clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester
2. Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

**Manual Loc: A/F/S**

**NUR 9103: Anesthesia Clinical Practicum III (1 credit)**

Students will register for this course in the Summer Semester Program Year 2 (May 2-August 1). The clinical evaluation tools reflective of this course are Semester 3. The minimum number of evaluations required for this semester is **15 (30 preferred)**.

1. The determination of the S/ U grade for Practicum III is based on the student meeting all clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester
2. Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

**NUR 9104: Anesthesia Clinical Practicum IV (1 credit)**

Students will register for this course in the Fall Semester Program Year 2 (August 2-December 10). The clinical evaluation tool reflective of this practicum is Semester 4 and may include specialty rotations such as OB, pediatrics or cardiac. The minimum number of evaluations required for these semesters is **20 (preferred 40)**.

1. The determination of the S/ U grade for Practicum IV is based on the student meeting all clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester
2. Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

**NUR 9105: Anesthesia Clinical Practicum V (1 credit)**

Students will register for this course in the Spring Semester Program Year 3 (December 11-May 1). The clinical evaluation tool reflective of this practicum is Semester 5 and may include specialty rotations such as OB, peds and hearts. The minimum number of evaluations required for these semesters is **20. (preferred 40)**.

1. The determination of the S/ U grade for Practicum IV is based on the student meeting all clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester
2. Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

**NUR 9106: Clinical Anesthesia Practicum VI (1 credit)**

Students will register for this course in the Summer Semester Program Year 3 (May 2-August 1). The clinical evaluation tool reflective of this practicum is Semester 6 and may include specialty rotations such as OB, pediatrics and hearts. The minimum number of evaluations required for these semesters is **15. (preferred 30)**.

1. The determination of the S/ U grade for Practicum IV is based on the student meeting all

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clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester

2. Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

**NUR 9430: Clinical Anesthesia Practicum VI is included in coursework NUR 9430 and does not receive a separate grade.**

Students will register for this course in the Fall Semester Program Year 3 (August 2-November 30). The clinical evaluation tool reflective of this practicum is Semester 7. The minimum number of evaluations required for these semesters is **15 (preferred 30)**.

1. The determination of the S/ U grade for Practicum IV is based on the student meeting all clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester

Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to graduate until they have been removed from probation (probation is 4 weeks).

Rev: 7/86; 7/88; 7/92; 7/96; 7/98; 5/99; 7/01 & 4/03 (minor revisions only); 4/04; 9/04; 7/05; 6/06; 02/09(minor revisions only), 1/21 (minor revision)

Major revision 10/09 Approved by Villanova University CON Academic Standing Committee

Reviewed and approved by the Self Evaluation Committee 04/09

Minor edit 1.2.21 and 1.12.22 (quarters were changed to semesters). 12/22 Section 2. Daily Evaluation

Approved by Villanova University - Academic Standing Committee 5/99; 9/04; 7/06.04/09; 05/11

Policies affected by changes to this policy: 1213, 1215, 1216, 1226

**Evaluation Policy and Procedure**

1. Students are to complete their self evaluation **prior** to the instructor completing the student evaluation. Each clinical instructor who supervises a student will complete the instructor's portion of the daily evaluation sheet. More than one instructor may fill out portions of the sheet, based on what section they were observing.
2. The sheet must be filled out in ink, signed and dated by both the instructor and the student.
3. The instructor must return the sheet to the student.
4. Any student clinical evaluation that the instructor thinks should go to the Program Administrator directly may do so by notifying the Administrator and presenting the evaluation personally or via fax or email. The Administrator (s) will review the evaluation and then the student must see and sign this sheet. If the Clinical Coordinator prefers, the student returns the completed sheet to the Clinical Coordinator who files and returns them to the Program Administrator on a regular basis before the end of the semester.
5. All daily evaluations will be reviewed and tabulated to obtain a grade of the student's clinical performance at the end of each semester evaluation period.
6. Written documentation may accompany an evaluation form or may be returned to the program at any time if a clinical instructor believes: the student's performance warrants immediate notification to the program, the student's behavior jeopardizes patient safety, there is repeated failure to prepare for cases, or there is an inability to relate didactic principles necessary for the clinical management of cases.

**Instructions For Using Evaluation Sheets**

1. Particular consideration should be given to the student's level in the program. The student should show the instructor that the student has the evaluation sheet **prior** to the beginning of the shift or case being evaluated.
2. Review clinical behavior objectives for the student's level. Critical objectives are found on the front side of the sheet under each of the sections to be evaluated. Non -critical objectives are located on the back of the sheet. By the 5<sup>th</sup> semester, all objectives are critical, with the exception of specialty rotations.
3. Scoring should not be based on a single event but rather on a number of observations under a variety of situations. If the instructor will not be with the student for subsequent activities, then that instructor should complete the sheet based on what he/she has observed only.
4. It is the responsibility of both the student and faculty to complete the clinical evaluations..

**Evaluation Procedure:**

1. Each clinical instructor evaluates each scale according to the objectives for that semester. In addition, a written analysis of the student's strengths and areas needing improvement may be made in the appropriate section.
2. At the completion of each semester evaluation period, the sheets will be reviewed and scores will be tabulated to obtain a grade of the student's daily performance. If, before the completion of the semester, a student's evaluations are consistently below average, a counseling session will be held weekly between the student and the Clinical Coordinator and/or the Program Administrator, with the goal of correcting any deficiencies noted before the final semester evaluation process. These sessions will be noted, signed and placed in the student's file.
3. Any student who fails to meet the clinical behavior objectives for the semester being evaluated (I, II, III, etc.), reflected by 20% or more critical behaviors not met, or 40% or more non-critical behaviors not met, will be placed on probation. The policies and procedures for probation will then be followed as outlined in the Administration Manual and Student Handbook.
4. After the 5th semester, all objectives are considered critical with the exception of specialty rotations.
5. A summative evaluation is conducted with each individual student at the end of each semester. The evaluations include a discussion of the student's strengths and weaknesses and how weaknesses can be improved. The student, and the Program Administrator shall sign the summary sheet. A copy of the Summary sheet will be forwarded to the Clinical Coordinators at the student's next clinical rotation.

**CLINICAL YEAR 1 OUTCOMES**

**At the end of the Program Year 2 (Semester 4) the Student will:**

1. Formulate and manage an anesthetic care plan for all adult patients for general surgical cases, excluding cardiac surgery.
2. Administer safe skillful anesthetics, integrating didactic and clinical experience, including regional anesthetics.
3. Exhibit skill in technical procedures involving airway management and invasive monitoring.
4. Perform skilled pre-operative and post-operative assessment.
5. Demonstrate increasing self-confidence in inducing, managing, and terminating anesthetics.
6. Perform well in stressful and emergency situations.
7. Identify anesthetic problems that require consultation and/or help.
8. Report or repair equipment malfunction.
9. Assume responsibility for own behavior in attendance, punctuality, dress, adherence to hospital and school policies and participation in department tasks.
10. Demonstrate interest in growth by seeking new experiences, independent study, and use the research process to generate questions and answers.
11. Seek and accept constructive criticism.
12. Independently conducts pre and post-operative rounds on all patients assigned.

**CLINICAL YEAR II OUTCOMES:**

**At the end of the Program Year 3 (Semester 7), the following outcomes are to be met according to COA DNP Standards D1-51:**

- a. **Patient Safety is demonstrated by the ability of the student 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 and appropriate equipment check
  4. Protect patients from iatrogenic complications
  
- b. **Individualized perianesthetic management is demonstrated by the ability of the student to:**
  5. Provide individualized care throughout the perianesthetic continuum.
  6. Deliver culturally competent perianesthetic care throughout the anesthesia experience
  7. Provide anesthesia services to all patients across the lifespan.
  8. Perform a comprehensive history and physical assessment.
  9. Administer general anesthesia to patients with a variety of physical conditions.
  10. Administer general anesthesia for a variety of surgical and medically related procedures.
  11. Administer and manage a variety of regional anesthetics
  12. Maintain current certification in ACLS and PALS.

**c. Critical thinking is demonstrated by the student's ability to:**

13. Apply knowledge to practice in decision-making and problem solving
14. Provide nurse anesthesia services based upon evidenced-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 anesthesia equipment-related malfunctions.
19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities
20. Calculate, initiate, and manage fluid and blood component therapy.
21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
23. Use science-based theories and concepts to analyze new practice approaches.
24. Pass the National Certification Examination (NCE) administered by the NBCRNA.

**d. Communication skills are demonstrated by the student'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.

**e. Leadership is demonstrated by the student's ability to:**

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

**f. Professional role is demonstrated by the student'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 appropriate legal and regulatory requirements.
37. Accept responsibility and accountability for his or her practice.
38. Provide anesthesia services to patients in a cost-effective manner.
39. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.
40. Inform the public of the role and practice of the CRNA.
41. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
42. Advocate for 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

**Policy Name: Faculty Procedures/Clinical Evaluation Review Date: 07/22, 07/23 Policy No: 1218**  
**Page 5 of 5 COA DNP standard: D 1-51; G1, H1, H1.1-1.3, H2.1-2.4**  
**Manual Loc: A/F/S**

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.

**Please refer to Policy 2008 for DNP NUR 9101-9106 Clinical outcomes.**

**Rev: 6/93; 6/97; 6/98; 7/05; 06/09; 07/11; 7/16, 01/22 (revised language from quarter to semester), 7/22**

**NURSE ANESTHESIA DNP  
 CLINICAL EVALUATION SCHEDULE  
 BY SEMESTER**

<b>CLASS</b>	<b>SEMESTER #</b>	<b>DUE DATE</b>	<b>Minimum # daily clinical evals due each semester</b>	<b>Preferred # of daily clinical Evals Due Each Semester</b>	<b>Minimum # of care plans due each semester</b>
NUR 9101	#1 FALL YR 1	December 20th	5	10	5
NUR 9102	#2 SPRING YR 2	May 1 <sup>st</sup>	25	50	15
NUR 9103	#3 SUMMER YR 2	August 1st	15	30	15
NUR 9104	#4 FALL YR 2	December 20th	20	40	15
NUR 9105	#5 SPRING YR 3	May 1st	20	40	
NUR 9106	#6 SUMMER YR 3	August 1st	15	30	
NUR 9430	#7 FALL YEAR 3	November 1st	10	30	
	<b>HEART ROTATION</b>		5		5*
	<b>OB ROTATION</b>		5		5*
	<b>PEDS ROTATION</b>		10		10*
*		<b>A total of 50 care plans are required by the end of the program. This number includes the minimum of 20 specialty care plans as listed above.</b>			

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance.

**Comment Required on back of this form**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep</b> 1. Prepares a written or verbal care plan. 2. Prepares the operating room for C-Sections 3. Prepares all drugs and drips (appropriately labeled with concentrations and dates) for management of laboring patients or C-sections. 4. Prepares regional equipment (Epidural/spinal) appropriately for scheduled and emergency cases.				
<b>II. PreOp Assessment:</b> Responsibly formulates a culturally competent assessment and corresponding anesthesia care plan for appropriate anesthesia management of the parturient, including any possible complications associated with pregnancy or concomitant diseases for vaginal or surgical deliveries.				
<b>III. Record Keeping</b> Completes a clear and legible comprehensive anesthesia record in a timely manner, including specific obstetrical data				
<b>IV. Induction:</b> Demonstrates anesthesia management of a rapid sequence induction. Successfully places epidural or spinal anesthesia with decreasing guidance and prepares alternate plans based on the pt. co-morbidities, individual assessments and evidence based principles.				
<b>V. Maintenance:</b> Manages the patient's hemodynamics to provide optimum uterine perfusion and fetal stability during the administration of a regional or general anesthetic. Utilizes appropriate anesthesia agents for duration of delivery or anesthesia, rooted in evidence based principles.				
<b>VI: Interpersonal Skills:</b> Arrives in a timely fashion to prepare room and patient. 2. Demonstrates professional behavior towards patients and staff at all times. 3. Appropriately manages the case as appropriate 4. Seeks guidance as appropriate. 5. Communicates effectively with all surgical team members to prevent iatrogenic complications and maintain pt. safety. 6. Completes post operative visits within 48 hours of delivery 7. Prepares operating room for subsequent use or emergencies.				
<b>Faculty Assessment</b>	<b>Exceeds objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives unmet</b>
<b>I. Prep</b> 1. Prepares a written or verbal care plan. 2. Prepares the operating room for C-Sections 3. Prepares all drugs and drips (appropriately labeled with concentrations and dates) for management of laboring patients or C-sections. 4. Prepares regional equipment (Epidural/spinal) appropriately for scheduled and emergency cases.				
<b>II. PreOp Assessment:</b> Responsibly formulates a culturally competent assessment and corresponding anesthesia care plan for appropriate anesthesia management of the parturient, including any possible complications associated with pregnancy or concomitant diseases for vaginal or surgical deliveries.				
<b>III. Record Keeping</b> Completes a clear and legible comprehensive anesthesia record in a timely manner, including specific obstetrical data				
<b>IV. Induction:</b> Demonstrates anesthesia management of a rapid sequence induction. Successfully places epidural or spinal anesthesia with decreasing guidance and prepares alternate plans based on the pt. co-morbidities, individual assessments and evidence based principles.				
<b>V. Maintenance:</b> Manages the patient's hemodynamics to provide optimum uterine perfusion and fetal stability during the administration of a regional or general anesthetic. Utilizes appropriate anesthesia agents for duration of delivery or anesthesia, rooted in evidence based principles.				
<b>VI: Interpersonal Skills:</b> Arrives in a timely fashion to prepare room and patient. 2. Demonstrates professional behavior towards patients and staff at all times. 3. Appropriately manages the case as appropriate 4. Seeks guidance as appropriate. 5. Communicates effectively with all surgical team members to prevent iatrogenic complications and maintain pt. safety. 6. Completes post-operative visits within 48 hours of delivery 7. Prepares operating room for subsequent use or emergencies.				

## **OB: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**ROOM PREPARATION:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**PREANESTHESIA ASSESSMENT:** With consultation, formulate an anesthesia care plan for ASA I and II pts for uncomplicated surgery. Review with instructor before case.

**ANESTHESIA RECORD:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**INDUCTION:** Select, apply & properly use monitoring devices; exhibit knowledge and skill in of proper techniques for IV insertion, mask fit & ventilation, endotracheal intubation, LMAs; Assist or control ventilation appropriately.

**MAINTENANCE and EMERGENCE:** Calculates & manages fluid & blood loss & replacement for uncomplicated cases; Recognizes and reports cardiac dysrhythmias; Recognizes & reports alterations in pt hemodynamic stability; Follows correct procedures for termination of anesthesia; Transports pt safely to PACU & provides complete report; Performs post operative visits on patients as assigned and per Council on Accreditation policy

**INTERPERSONAL BEHAVIOR:** Demonstrates awareness of the responsibilities of an anesthetist in the perioperative arena. Provides effective communication with pts, staff and faculty; Demonstrates adaptability to changes in plans before and during actual administration of anesthesia Demonstrates punctuality and reliability when in the clinical area.

### **Comment Section**

**Student:**

**Faculty:**

**OB**

**Signatures: Student** \_\_\_\_\_

**Faculty** \_\_\_\_\_

**Date** \_\_\_\_\_

**OB**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance.

**Comment Required on back of this form**

<b>Student Self-Assessment</b>	<b>Exceeds Objective</b>	<b>Meets Objective</b>	<b>Developing Skill</b>	<b>Objective unmet</b>
<b>I Prep</b> Prepares a written or verbal care plan. Prepares the heart room for CABG and valve surgery w/ or w/o CPB. Prepares and checks all invasive monitoring equipment and all ancillary equipment available, including pacemakers. Prepares all drugs and drips (appropriately labeled with concentrations and dates)				
<b>II. PreOp Assessment:</b> Formulates and manages care plans for CABG’s; valvular disorders or other heart surgery based upon the patient’s physiological status, current medications surgical procedures and evidence based practice rationales. Identifies pharmacologic effects of patient medications and potential anesthetic interactions. Recognizes, evaluates and manages pt responses to anesthesia and utilizing appropriate critical thinking and problem solving skills. Demonstrates understanding of sterile line placement and corresponding anatomy and observes aseptic techniques to prevent iatrogenic complications.				
<b>III. Record Keeping</b> Maintains a clear and legible anesthesia record in a timely manner, including cardiac specific hemodynamic monitoring.				
<b>IV. Induction:</b> .Demonstrates knowledge of various techniques for induction of unstable and hemodynamically compromised cardiac patients presenting for surgical correction; . Performs a smooth and safe induction with decreasing reminders; Performs all necessary procedures before instituting CPB, while on bypass and when coming off bypass; Positions patient to prevent patient injury and maintain patient safety.				
<b>V. Maintenance:</b> Manages patient responses to anesthesia and the surgical procedure. Manages hemodynamic parameters during all phases of the surgery utilizes evidenced based principles. Maintains vigilance of the operative environment to assure appropriate levels of anesthesia. Demonstrates knowledge of requirements for off pump procedures and communication needs. Prepares for CPB, as needed. Demonstrates appropriate pharmacologic and fluid management as needed to maintain patient pre, intra and post operatively. Provides safe transport and transfer of care. Evaluates pt post-op.				
<b>VI: Interpersonal Skills</b> .Arrives in a timely fashion to prepare room and patient. . Communicates effectively with surgical team and perfusionist as appropriate to coordinate intraoperative care. Demonstrates professional culturally competent behavior towards patients. Maintains vigilance during the case. Seeks guidance as appropriate. Maintains pt confidentiality. Completes post-operative visits within 48 hours of surgery. Prepares heart room for subsequent use				
<b>Faculty Assessment</b>	<b>Exceeds Objective</b>	<b>Meets Objective</b>	<b>Developing Skill</b>	<b>Objective unmet</b>
<b>I Prep</b> Prepares a written or verbal care plan. Prepares the heart room for CABG and valve surgery for either on pump or off pump cases; Prepares and checks all invasive monitoring equipment and all ancillary equipment available, including pacemakers. Prepares all drugs and drips (appropriately labeled with concentrations and dates)				
<b>II. PreOp Assessment:</b> Formulates and manages care plans for CABG’s; valvular disorders or other heart surgery based upon the patient’s physiological status, current medications surgical procedures and evidence based practice rationales. Identifies pharmacologic effects of patient medications and potential anesthetic interactions. Recognizes, evaluates and manages pt responses to anesthesia and utilizing appropriate critical thinking and problem solving skills. Demonstrates understanding of sterile line placement and corresponding anatomy and observes aseptic techniques to prevent iatrogenic complications.				
<b>III. Record Keeping</b> Maintains a clear and legible anesthesia record in a timely manner, including cardiac specific hemodynamic monitoring				
<b>IV. Induction:</b> .Demonstrates knowledge of various techniques for induction of unstable and hemodynamically compromised cardiac patients presenting for surgical correction; . Performs a smooth and safe induction with decreasing reminders; Performs all necessary procedures before instituting CPB, while on bypass and when coming off bypass; Positions patient to prevent patient injury and maintain patient safety.				
<b>V. Maintenance:</b> Manages patient responses to anesthesia and the surgical procedure. Manages hemodynamic parameters during all phases of the surgery utilizes evidenced based principles. Maintains vigilance of the operative environment to assure appropriate levels of anesthesia. Demonstrates knowledge of requirements for off pump procedures and communication needs. Prepares for CPB, as needed. Demonstrates appropriate pharmacologic and fluid management as needed to maintain patient pre, intra and post operatively. Provides safe transport and transfer of care. Evaluates pt post-op.				
<b>VI: Interpersonal Skills</b> .Arrives in a timely fashion to prepare room and patient. . Communicates effectively with surgical team and perfusionist as appropriate to coordinate intraoperative care. Demonstrates professional culturally competent behavior towards patients. Maintains vigilance during the case. Seeks guidance as appropriate. Maintains pt confidentiality. Completes post-operative visits within 48 hours of surgery. Prepares heart room for subsequent use				

## **HEART ROOM: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**ROOM PREPARATION:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**PREANESTHESIA ASSESSMENT:** With consultation, formulate an anesthesia care plan for ASA I and II pts for uncomplicated surgery. Review with instructor before case.

**ANESTHESIA RECORD:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**INDUCTION:** Select, apply & properly use monitoring devices; exhibit knowledge and skill in of proper techniques for IV insertion, mask fit & ventilation, endotracheal intubation, LMAs; Assist or control ventilation appropriately.

**MAINTENANCE and EMERGENCE:** Calculates & manages fluid & blood loss & replacement for uncomplicated cases; Recognizes and reports cardiac dysrhythmias; Recognizes & reports alterations in pt hemodynamic stability; Follows correct procedures for termination of anesthesia; Transports pt safely to PACU & provides complete report; Performs post operative visits on patients as assigned and per Council on Accreditation policy

**INTERPERSONAL BEHAVIOR:** Demonstrates awareness of the responsibilities of an anesthetist in the perioperative arena. Provides effective communication with pts, staff and faculty; Demonstrates adaptability to changes in plans before and during actual administration of anesthesia Demonstrates punctuality and reliability when in the clinical area.

### **Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_

**Faculty** \_\_\_\_\_

**Date** \_\_\_\_\_

**HEARTS**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_ call shift \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level to graduate.

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required on P2.**

Comments encouraged on back of this form

Student Self-Assessment	Exceeds Objectives	Meets Objectives	Objectives Unmet
<b>I. Prep:</b> Prepares a written or verbal care plan for all assigned cases. Is responsible for independently conducting a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Patient is prepared for surgery in a timely fashion. Utilizes appropriate infection control practices. Demonstrates efficiency.			
<b>II. PreOp Assessment:</b> Is responsible for formulating an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience, age, co-morbidities, cultural competency and evidenced based research. Potential problems are identified, and alternative plans are prepared.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Is responsible for formulating the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. 2. Demonstrates skill when establishing an airway and using airway equipment. Performs induction with minimal or no assistance. 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines and regional using US. Positions patient appropriately to prevent injury.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Applies theory to practice in decision making and problem solving. Recognizes and appropriately responds to anesthetic complications that occur during the peri-anesthetic period. Provides case management with minimal guidance and identifies when additional input from anesthesia team is necessary. Provides safe transport and transfer of care. Evaluates pt. post-op. Maintains constant vigilance. Protects pts from iatrogenic complications.			
<b>VI: Interpersonal Skills:</b> Participates in activities that improve anesthesia care; functions within appropriate legal requirements as an RN, accepting responsibility and accountability for his or her performance; Interacts on a professional level with integrity; Assists newer students; participates in continuing education to acquire new knowledge and improve his or her practice.			
Faculty Assessment	Exceeds Objectives	Meets Objectives	Objectives Unmet
<b>I. Prep:</b> Prepares a written or verbal care plan for all assigned cases. Is responsible for independently conducting a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Patient is prepared for surgery in a timely fashion. Utilizes appropriate infection control practices. Demonstrates efficiency.			
<b>II. PreOp Assessment:</b> Is responsible for formulating an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience, age, co-morbidities, cultural competency and evidenced based research. Potential problems are identified, and alternative plans are prepared.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Is responsible for formulating the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. 2. Demonstrates skill when establishing an airway and using airway equipment. Performs induction with minimal or no assistance. 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines and regional using US. Positions patient appropriately to prevent injury.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Applies theory to practice in decision making and problem solving. Recognizes and appropriately responds to anesthetic complications that occur during the peri-anesthetic period. Provides case management with minimal guidance and identifies when additional input from anesthesia team is necessary. Provides safe transport and transfer of care. Evaluates pt. post-op. Maintains constant vigilance. Protects pts from iatrogenic complications.			
<b>VI: Interpersonal Skills:</b> Participates in activities that improve anesthesia care; functions within appropriate legal requirements as an RN, accepting responsibility and accountability for his or her performance; Interacts on a professional level with integrity; Assists newer students; participates in continuing education to acquire new knowledge and improve his or her practice.			

**NUR 9430: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_ **Faculty** \_\_\_\_\_ **Date** \_\_\_\_\_

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep</b> Prepares a written care plan for all assigned cases. Performs comprehensive machine & equipment check before and in-between cases. Can appropriately operate routine equipment and locate drugs and supplies. Prepares a basic work area in preparation for various anesthesia cases and patients.				
<b>II. Pre-Op Assessment.</b> Conducts an individualized preoperative assessment on assigned patients with preceptor consultation. Checks for completed anesthesia consent, corresponding lab values, and diagnostic tests.				
<b>III. Record Keeping:</b> Maintains an accurate and complete anesthesia record with decreasing assistance				
<b>IV. Induction:</b> Beginning to demonstrate ability to follow steps for induction of anesthesia and to establish and maintain a patient airway with recognition of an obstructed airway.				
<b>V. Maintenance:</b> Demonstrates basic knowledge & use of pharmacology including inhalation agents; narcotics, muscle relaxants & reversal agents and MAC anesthesia. Recognizes potential patient responses during emergence that may jeopardize patient safety.				
<b>VI: Interpersonal Skills:</b> Demonstrates appropriate verbal and nonverbal communication within the operating room environment. Functions as a contributory member of the perioperative team.				
<b>Faculty Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written care plan for all assigned cases. Performs comprehensive machine & equipment check before and in-between cases. Can appropriately operate routine equipment and locate drugs and supplies. Prepares a basic work area in preparation for various anesthesia cases and patients.				
<b>II. Pre-Op Assessment:</b> Conducts an individualized preoperative assessment on assigned patients with preceptor consultation. Checks for completed anesthesia consent, corresponding lab values, and diagnostic tests.				
<b>III. Record Keeping:</b> Maintains an accurate and complete anesthesia record with decreasing assistance				
<b>IV. Induction:</b> Beginning to demonstrate ability to follow steps for induction of anesthesia and to establish and maintain a patient airway with recognition of an obstructed airway.				
<b>V. Maintenance:</b> Demonstrates basic knowledge & use of pharmacology including inhalation agents; narcotics, muscle relaxants & reversal agents and MAC anesthesia. Recognizes potential patient responses during emergence that may jeopardize patient safety.				
<b>VI. Interpersonal Skills:</b> Demonstrates appropriate verbal and nonverbal communication within the operating room environment. Functions as a contributory member of the perioperative team.				

## **NUR 9101: Non Critical Objectives**

**ROOM PREPARATION:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY.

**PREANESTHESIA ASSESSMENT:** With consultation, formulate an anesthesia care plan for ASA I and II pts for uncomplicated surgery. Review with instructor before case.

**ANESTHESIA RECORD:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY.

**INDUCTION:** Select, apply & properly use monitoring devices; exhibit knowledge and skill in of proper techniques for IV insertion, mask fit & ventilation, endotracheal intubation, LMAs; Assist or control ventilation appropriately.

**MAINTENANCE and EMERGENGE:** Calculates & manages fluid & blood loss & replacement for uncomplicated cases; Recognizes and reports cardiac dysrhythmias; Recognizes & reports alterations in pt hemodynamic stability; Follows correct procedures for termination of anesthesia; Transports pt safely to PACU & provides complete report; Performs post operative visits on patients as assigned and per Council on Accreditation policy.

**INTERPERSONAL BEHAVIOR:** Demonstrates awareness of the responsibilities of an anesthetist in the perioperative arena. Provides effective communication with pts, staff, and faculty; Demonstrates adaptability to changes in plans before and during actual administration of anesthesia Demonstrates punctuality and reliability when in the clinical area.

### **Comment Section:**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_

**Faculty** \_\_\_\_\_

**Date** \_\_\_\_\_

**Semester #1 Fall / Clinical Year 1**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_ Call shift \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written care plan for all assigned cases. Conducts comprehensive equipment check before and in between cases. Prepares work area, including monitors and equipment, for varied anesthetic cases and patients.				
<b>II. PreOp Assessment:</b> Completes an individualized preoperative patient assessment & chart review on assigned pts prior to surgery, and with increased independence.				
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Skilled in IV placement. Performs all steps for induction of general anesthesia without prompting. Skilled in establishing and maintaining an airway (except peds). Developing RSI techniques on appropriate pts, recognizes, and treats airway obstructions. Applies didactic principles and concepts to the anesthesia plan of care.				
<b>V. Maintenance:</b> Manages pts fluid requirements. Provides appropriate depth of anesthesia; uses, interprets and treats changing hemodynamic variables to maintain pt homeostasis during surgery (except cardiac surgery). Plans for emergence appropriately based on assessment of surgical requirements and patient responses to anesthetics. Provides a safe transport and appropriate transfer of care to PACU or ICU.				
<b>VI: Interpersonal Skills</b> Seeks and utilizes consultation appropriately. Accepts constructive criticism Demonstrates professional, ethical, and appropriate behavior at all times. Functions as a contributory member of the perioperative team. Participates in departmental activities including pre- and post-operative rounds. Functions as a contributory member of the perioperative team.				
<b>Faculty Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written care plan for all assigned cases. Conducts comprehensive equipment check before and in between cases. Prepares work area, including monitors and equipment, for varied anesthetic cases and patients.				
<b>II. PreOp Assessment:</b> Completes an individualized preoperative patient assessment & chart review on all assigned pts prior to surgery, and with increased independence.				
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Skilled in IV placement. Performs all steps for induction of general anesthesia without prompting. Skilled in establishing and maintaining an airway (except peds). Developing RSI techniques on appropriate pts, recognizes, and treats airway obstructions. Applies didactic principles and concepts to the anesthesia plan of care.				
<b>V. Maintenance:</b> Manages pts fluid requirements. Provides appropriate depth of anesthesia; uses, interprets and treats changing hemodynamic variables to maintain pt homeostasis during surgery (except cardiac surgery). Plans for emergence appropriately based on assessment of surgical requirements and patient responses to anesthetics. Provides a safe transport and appropriate transfer of care to PACU or ICU.				
<b>VI: Interpersonal Skills</b> Seeks and utilizes consultation appropriately. Accepts constructive criticism Demonstrates professional, ethical, and appropriate behavior at all times. Functions as a contributory member of the perioperative team. Participates in departmental activities including pre- and post-operative rounds. Functions as a contributory member of the perioperative team.				

**Semester #2 Spring / Clinical Year 1**

## **NUR 9102 Non-Critical Objectives :**

**ROOM PREPARATION:** Assembles and checks all equipment needed for cases.

**PREANESTHESIA ASSESSMENT:** Researches, formulates, and discusses anesthetic care plan for ASA I through III patients for uncomplicated cases.

**ANESTHESIA RECORD:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY.

**INDUCTION:** Demonstrates increasing skill in airway management in regard to: mask fit; oral & nasal airways; LMAs; ETT; Recognizes and corrects obstructed airways; Performs routine intubations with decreasing instruction; Demonstrates knowledge of correct pt positioning; Demonstrates beginning skill in insertion and interpretation of invasive monitoring.

**MAINTENANCE and EMERGENCY:** Recognizes signs & stages of different levels of anesthesia; Demonstrates beginning knowledge of regional techniques and local anesthesia pharmacology; Manages fluid therapy, ventilation with minimal assistance; Provides adequate muscle relaxation, uses the nerve stimulator appropriately; Recognizes and is prepared to treat (with assistance) pts that become unstable.

**INTERPERSONAL BEHAVIOR:** Demonstrates initiative in seeking new experiences and/or refining skills; Demonstrates punctuality and regular attendance at departmental conferences; observes all departmental policies; Provides daily evaluation form to faculty; performs pre and post operative rounds per policy.

## **Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_

**Faculty** \_\_\_\_\_

**Date** \_\_\_\_\_

**Semester #2 Spring / Clinical Year 1**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N call shift \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required**

Student Self-Assessment	Exceeds Objectives	Meets Objectives	Developing Skill	Objectives Unmet
<b>I. Prep</b> Prepares a written care plan for all assigned cases. Prepares in an efficient and cost-effective manner for cases. Identifies, locates, and prepares appropriate anesthesia equipment, drugs & supplies for PS I - IV pts for all types of surgical procedures and anesthetics.				
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt based on didactic knowledge, clinical experience, and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P in a preoperative role.				
<b>III. Record Keeping.</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Formulates the plan for an organized induction, including an RSI with appropriate psychomotor skill and rationales of evidence-based principles. Identifies need for additional guidance, in airway management. Becoming skilled in regional techniques.				
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data obtained from monitoring devices to assess pt. responses and anesthesia needs and implement proper interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary. Maintains vigilance and minimizes distraction.				
<b>VI: Interpersonal :</b> Adapts to changes quickly and functions well under stressful situations; Functions as a contributory member of the anesthesia team. Is a resource to others on the perioperative team.				
Faculty Assessment	Exceeds Objectives	Meets Objectives	Developing Skill	Objectives Unmet
<b>I. Prep</b> Prepares a written care plan for all assigned cases. Prepares in an efficient and cost-effective manner for cases. Identifies locates and prepares all types of anesthesia equipment, drugs& supplies for PS I - IV pts for all types of surgical procedures and anesthetics.				
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience, and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P in a preoperative role.				
<b>III. Record Keeping.</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Formulates the plan for an organized induction, including an RSI with appropriate psychomotor skill and rationales of evidence-based principles. Identifies need for additional guidance, in airway management. Becoming skilled in regional techniques.				
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data obtained from monitoring devices to assess pt. responses and anesthesia needs and implement proper interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary. Maintains vigilance and minimizes distraction.				
<b>VI: Interpersonal:</b> adapts to changes quickly and functions well under stressful situations; Functions as a contributory member of the anesthesia team. Is a resource to others on the perioperative team.				

**Semester #3 Summer / Clinical Year 1**

## **NUR 9103: Non Critical Objectives**

**ROOM PREPARATION:** With minimal assistance, prepares all monitoring equipment (A-lines; PA lines, CVP) and drugs for major cases; leaves room prepared for subsequent cases.

**PREANESTHESIA ASSESSMENT:** Demonstrates in-depth knowledge of all anesthetic agents and adjunct drugs and is prepared for untoward effects due to potential interactions with these drugs and those the pt may also be taking concurrently.

**ANESTHESIA RECORD:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY.

**INDUCTION:** Demonstrates proper technique for managing the difficult airway and full stomach. Prepared to care for the trauma and or emergent patient; Demonstrates knowledge of regional techniques including SABs, epidurals, and peripheral blocks

**MAINTENANCE and EMERGENCE:** Demonstrates increasing self-confidence in managing and decision making for anesthesia for all types of patients for all types of surgery. Performs overall comprehensive post operative visit to pts assigned and per policy.

**INTERPERSONAL BEHAVIOR:** Utilizes consultation appropriately; follows departmental policy; participates in departmental conferences/meetings; Acts in a professional manner at all times; mentors newer students; provides psychological support to pts;

## **Comment Section**

**Student:**

**Faculty:**

**Signatures:** Student \_\_\_\_\_ Faculty \_\_\_\_\_ Date \_\_\_\_\_

**Semester #3 Summer / Clinical Year 1**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N call shift \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep</b> Prepares a written care plan for all assigned cases. Prepares in an efficient and cost-effective manner for cases; Identifies, locates, and prepares appropriate anesthesia equipment, drugs & supplies for PS I - IV pts for all types of surgical procedures and anesthetics.				
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt based on didactic knowledge, clinical experience and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P in a preoperative role.				
<b>III. Record Keeping.</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Formulates the plan for an organized induction, including an RSI with appropriate psychomotor skill and rationales of evidence-based principles. Identifies need for additional guidance, in airway management. Performs induction with minimal or no assistance. Becoming skilled in regional techniques.				
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data obtained from monitoring devices to assess pt. responses and anesthesia needs and implement proper interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides total case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary.				
<b>VI: Interpersonal:</b> Adapts to changes quickly and functions well under stressful situations; Functions as a contributory member of the anesthesia team. Is a resource to others on the perioperative team.				
<b>Faculty Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep</b> Prepares a written care plan for all assigned cases. Prepares in an efficient and cost-effective manner for cases; Identifies locates and prepares all types of anesthesia equipment, drugs & supplies for PS I - IV pts for all types of surgical procedures and anesthetics.				
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P in a preoperative role.				
<b>III. Record Keeping.</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Formulates the plan for an organized induction, including an RSI with appropriate psychomotor skill and rationales of evidence-based principles. Identifies need for additional guidance, in airway management. Performs induction with minimal or no assistance. Becoming skilled in regional techniques.				
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data obtained from monitoring devices to assess pt. responses and anesthesia needs and implement proper interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides total case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary.				
<b>VI: Interpersonal:</b> adapts to changes quickly and functions well under stressful situations; Functions as a contributory member of the anesthesia team. Is a resource to others on the perioperative team.				

**Semester #4 Fall / Clinical Year 2**

## **NUR 9104: Non Critical Objectives**

**ROOM PREPARATION:** With minimal assistance, prepares all monitoring equipment (A-lines; PA lines, CVP) and drugs for major cases; leaves room prepared for subsequent cases.

**PREANESTHESIA ASSESSMENT:** Demonstrates in-depth knowledge of all anesthetic agents and adjunct drugs and is prepared for untoward effects due to potential interactions with these drugs and those the pt may also be taking concurrently.

**ANESTHESIA RECORD:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY.

**INDUCTION:** Demonstrates proper technique for managing the difficult airway and full stomach. Prepared to care for the trauma and or emergent patient; Demonstrates knowledge of regional techniques including SABs, epidurals, and peripheral blocks.

**MAINTENANCE and EMERGENCE:** Demonstrates increasing self-confidence in managing and decision making for anesthesia for all types of patients for all types of surgery. Performs overall comprehensive post operative visit to pts assigned and per policy.

**INTERPERSONAL BEHAVIOR:** Utilizes consultation appropriately; follows departmental policy; participates in departmental conferences/meetings; Acts in a professional manner at all times; mentors newer students; provides psychological support to pts;

### **Comment Section**

**Student:**

**Faculty:**

**Signatures:** Student \_\_\_\_\_ Faculty \_\_\_\_\_ Date \_\_\_\_\_

**Semester #4 Fall / Clinical Year 2**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N call shift \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. Comment required on page 2.

<b>Student Self- Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written or verbal care plan for all assigned cases. Independently conducts a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Prepares all drugs & supplies for PS I - IV pts for all types of surgical procedures and anesthetics.			
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P of a culturally diverse patient population of varied ages and comorbidities in a preoperative role.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Formulates the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. Performs induction with minimal or no assistance. 2. Demonstrates skill when using fiber optic intubation equipment. 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines using US. 5. Demonstrates skill in establishing an airway in all patients.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides total case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary. Calculates, initiates, and maintains fluid and blood replacement appropriately. Plans and manages emergence from anesthesia. Provides safe transport and transfer of care to postoperative area. Evaluates pt. post op and provides effective PONV and pain treatment.			
<b>VI. Interpersonal Skills:</b> 1. Demonstrates cost awareness in the use of anesthetic agents and adjunct therapies. 2. Provides post-operative reports to instructors as needed; 3. Demonstrates consistent attendance and punctuality; 4. Functions well in stressful situations; 5. Completes pre- and post-operative visits; 6. Provides evaluation forms to instructor at the beginning of the day or case.			
<b>Faculty Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written or verbal care plan for all assigned cases. independently conducts a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Prepares all drugs & supplies for PS I - IV pts for all types of surgical procedures and anesthetics.			
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P of a culturally diverse patient population of varied ages and comorbidities in a preoperative role.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Formulates the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. Performs induction with minimal or no assistance. 2. Demonstrates skill when using fiber optic intubation equipment. 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines using US. 5. Demonstrates skill in establishing an airway in all patients.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides total case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary. Calculates, initiates, and maintains fluid and blood replacement appropriately. Plans and manages emergence from anesthesia. Provides safe transport and transfer of care to postoperative area. Evaluates pt. post op and provides effective PONV and pain treatment.			
<b>VI. Interpersonal Skills:</b> 1. Demonstrates cost awareness in the use of anesthetic agents and adjunct therapies. 2. Provides post-operative reports to instructors as needed; 3. Demonstrates consistent attendance and punctuality; 4. Functions well in stressful situations; 5. Completes pre- and post-operative visits; 6. Provides evaluation forms to instructor at the beginning of the day or case.			

**NUR 9105: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_ **Faculty** \_\_\_\_\_ **Date** \_\_\_\_\_

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_ call shift \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. Comment Required on P2.

**Comments encouraged on back of this form**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written or verbal care plan for all assigned cases. Is responsible for independently conducting a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Patient is prepared for surgery in a timely fashion. Utilizes appropriate infection control practices. Demonstrates efficiency.			
<b>II. PreOp Assessment:</b> Is responsible for formulating an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience, age, co-morbidities, cultural competency and evidenced based research. Potential problems are identified, and alternative plans are prepared.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Is responsible for formulating the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. 2. Demonstrates skill when establishing an airway and using airway equipment. Performs induction with minimal or no assistance 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines using US. Positions patient appropriately to prevent injury.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Applies theory to practice in decision making and problem solving. Recognizes and appropriately responds to anesthetic complications that occur during the peri-anesthetic period. Provides case management with minimal guidance and identifies when additional input from anesthesia team is necessary. Provides safe transport and transfer of care. Evaluates pt. post-op. Maintains constant vigilance. Protects pts from iatrogenic complications.			
<b>VI. Interpersonal Skills:</b> Participates in activities that improve anesthesia care; functions within appropriate legal requirements as an RN, accepting responsibility and accountability for his or her performance; Interacts on a professional level with integrity; Assists newer students; participates in continuing education to acquire new knowledge and improve his or her practice.			
<b>Faculty Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Objectives Unmet</b>
<b>I.Prep:</b> Prepares a written or verbal care plan for all assigned cases. Is responsible for independently conducting a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Patient is prepared for surgery in a timely fashion. Utilizes appropriate infection control practices. Demonstrates efficiency.			
<b>II. PreOp Assessment:</b> Is responsible for formulating an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience, age, co-morbidities, cultural competency, and evidenced based research. Potential problems are identified, and alternative plans are prepared.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Is responsible for formulating the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. 2. Demonstrates skill when establishing an airway and using airway equipment. Performs induction with minimal or no assistance 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines using US. Positions patient appropriately to prevent injury.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data d from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Applies theory to practice in decision making and problem solving. Recognizes and appropriately responds to anesthetic complications that occur during the peri-anesthetic period. Provides case management with minimal guidance and identifies when additional input from anesthesia team is necessary. Provides safe transport and transfer of care. Evaluates pt. post-op. Maintains constant vigilance. Protects pts from iatrogenic complications.			
<b>VI. Interpersonal Skills:</b> Participates in activities that improve anesthesia care; functions within appropriate legal requirements as an RN, accepting responsibility and accountability for his or her performance; Interacts on a professional level with integrity; Assists newer students; participates in continuing education to acquire new knowledge and improve his or her practice.			

**NUR 9106: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_ **Faculty** \_\_\_\_\_ **Date** \_\_\_\_\_

**Semester #6 Summer / Clinical Year 2**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance.

**Comment Required on back of this form**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep</b> 1. Prepares a written or verbal care plan. 2. Prepares the operating room for C-Sections 3. Prepares all drugs and drips (appropriately labeled with concentrations and dates) for management of laboring patients or C-sections. 4. Prepares regional equipment (Epidural/spinal) appropriately for scheduled and emergency cases.				
<b>II. PreOp Assessment:</b> Responsibly formulates a culturally competent assessment and corresponding anesthesia care plan for appropriate anesthesia management of the parturient, including any possible complications associated with pregnancy or concomitant diseases for vaginal or surgical deliveries.				
<b>III. Record Keeping</b> Completes a clear and legible comprehensive anesthesia record in a timely manner, including specific obstetrical data				
<b>IV. Induction:</b> Demonstrates anesthesia management of a rapid sequence induction. Successfully places epidural or spinal anesthesia with decreasing guidance and prepares alternate plans based on the pt. co-morbidities, individual assessments and evidence based principles.				
<b>V. Maintenance:</b> Manages the patient's hemodynamics to provide optimum uterine perfusion and fetal stability during the administration of a regional or general anesthetic. Utilizes appropriate anesthesia agents for duration of delivery or anesthesia, rooted in evidence based principles.				
<b>VI: Interpersonal Skills:</b> Arrives in a timely fashion to prepare room and patient. 2. Demonstrates professional behavior towards patients and staff at all times. 3. Appropriately manages the case as appropriate 4. Seeks guidance as appropriate. 5. Communicates effectively with all surgical team members to prevent iatrogenic complications and maintain pt. safety. 6. Completes post operative visits within 48 hours of delivery 7. Prepares operating room for subsequent use or emergencies.				
<b>Faculty Assessment</b>	<b>Exceeds objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives unmet</b>
<b>I. Prep</b> 1. Prepares a written or verbal care plan. 2. Prepares the operating room for C-Sections 3. Prepares all drugs and drips (appropriately labeled with concentrations and dates) for management of laboring patients or C-sections. 4. Prepares regional equipment (Epidural/spinal) appropriately for scheduled and emergency cases.				
<b>II. PreOp Assessment:</b> Responsibly formulates a culturally competent assessment and corresponding anesthesia care plan for appropriate anesthesia management of the parturient, including any possible complications associated with pregnancy or concomitant diseases for vaginal or surgical deliveries.				
<b>III. Record Keeping</b> Completes a clear and legible comprehensive anesthesia record in a timely manner, including specific obstetrical data				
<b>IV. Induction:</b> Demonstrates anesthesia management of a rapid sequence induction. Successfully places epidural or spinal anesthesia with decreasing guidance and prepares alternate plans based on the pt. co-morbidities, individual assessments and evidence based principles.				
<b>V. Maintenance:</b> Manages the patient's hemodynamics to provide optimum uterine perfusion and fetal stability during the administration of a regional or general anesthetic. Utilizes appropriate anesthesia agents for duration of delivery or anesthesia, rooted in evidence based principles.				
<b>VI: Interpersonal Skills:</b> Arrives in a timely fashion to prepare room and patient. 2. Demonstrates professional behavior towards patients and staff at all times. 3. Appropriately manages the case as appropriate 4. Seeks guidance as appropriate. 5. Communicates effectively with all surgical team members to prevent iatrogenic complications and maintain pt. safety. 6. Completes post-operative visits within 48 hours of delivery 7. Prepares operating room for subsequent use or emergencies.				

## **OB: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**ROOM PREPARATION:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**PREANESTHESIA ASSESSMENT:** With consultation, formulate an anesthesia care plan for ASA I and II pts for uncomplicated surgery. Review with instructor before case.

**ANESTHESIA RECORD:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**INDUCTION:** Select, apply & properly use monitoring devices; exhibit knowledge and skill in of proper techniques for IV insertion, mask fit & ventilation, endotracheal intubation, LMAs; Assist or control ventilation appropriately.

**MAINTENANCE and EMERGENCE:** Calculates& manages fluid & blood loss & replacement for uncomplicated cases; Recognizes and reports cardiac dysrhythmias; Recognizes & reports alterations in pt hemodynamic stability; Follows correct procedures for termination of anesthesia; Transports pt safely to PACU & provides complete report; Performs post operative visits on patients as assigned and per Council on Accreditation policy

**INTERPERSONAL BEHAVIOR:** Demonstrates awareness of the responsibilities of an anesthetist in the perioperative arena. Provides effective communication with pts, staff and faculty; Demonstrates adaptability to changes in plans before and during actual administration of anesthesia Demonstrates punctuality and reliability when in the clinical area.

### **Comment Section**

**Student:**

**Faculty:**

**OB**

**Signatures: Student** \_\_\_\_\_

**Faculty** \_\_\_\_\_

**Date** \_\_\_\_\_

**OB**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N

**Criteria:**

Exceeds Objectives: Student presents a rich and complex understanding. Functions above and beyond stated objectives.

Meets Objectives: Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

Developing Skill: Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

Objectives Unmet: Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance.

**Comment Required on back of this form**

Student Self-Assessment	Exceeds Objective	Meets Objective	Developing Skill	Objective unmet
<p><b>I Prep</b> Prepares a written or verbal care plan. Prepares the operating room for a pediatric patient, including appropriately sized airway equipment. Prepares and checks all medications (appropriately labeled with concentrations and dates), machines/monitors, and available ancillary equipment. Displays work area organizational skills and maintains a clutter free workspace.</p>				
<p><b>II. PreOp Assessment:</b> Formulates and manages evidence-based care plans for appropriate anesthetic management of pediatric patients of varying ages and co-morbidities undergoing surgical procedures. Performs a culturally competent assessment of the pediatric patient and interacts appropriately with the patient and their caregiver(s). Discusses anatomy, physiology, pathophysiology, and pharmacology specific to the pediatric patient with CRNA/anesthesiologist prior to the case. Identifies and prepares for any additional concerns.</p>				
<p><b>III. Record Keeping</b> Maintains a clear and legible anesthesia record in a timely manner, including specific pediatric case data.</p>				
<p><b>IV. Induction:</b> Demonstrates knowledge of various techniques for induction of pediatric patients, including Mask and IV induction. Demonstrates knowledge of and identifies stages of anesthesia depth during inhalation or IV induction. Recognizes airway obstruction and reacts appropriately to correct it to maintain child's airway. Utilizes precordial stethoscope appropriately throughout all phases of the case. Verbalizes knowledge of uptake and distribution of anesthetics and utilizes this knowledge to skillfully perform a smooth and safe inhalation induction. Verbalizes knowledge of pharmacokinetics and pharmacodynamics of selected medications with regard to the pediatric population. Demonstrates skill with masking and in placing an artificial airway (LMA, ETT, NTT). Ensures patient safety by utilizing standard precautions and appropriate infection control measures. Demonstrates skills in placement of IV's, arterial lines, regional anesthesia. Positions patient to prevent patient injury and maintain patient safety.</p>				
<p><b>V. Maintenance:</b> Manages patient responses to anesthesia and the surgical procedure. Monitors and manages hemodynamic parameters during all phases of the surgery utilizing evidenced based principles. Maintains vigilance during all phases of the case. Demonstrates appropriate pharmacologic and fluid management for the pediatric patient. Anticipates, identifies, and manages anesthetic and airway complications intra- and post-op. Provides safe transport and transfer of care and evaluates patient post-op.</p>				
<p><b>VI: Interpersonal Skills</b> Arrives in a timely fashion to prepare room and meet with patient and caregiver. Demonstrates professional culturally competent behavior towards patients and caregivers. Demonstrates positive attitude and effective communication with OR staff, anesthesia team members, surgeons and fellow SRNAs. Demonstrates a receptive attitude towards learning and accepts constructive criticism of clinical performance. Demonstrates the ability to perform effectively during stressful anesthesia situations. Demonstrates flexibility with changes in case assignments and anesthesia plan. Seeks guidance as appropriate. Maintains patient confidentiality.</p>				
Faculty Assessment	Exceeds Objective	Meets Objective	Developing Skill	Objective Unmet
<p><b>I Prep</b> Prepares a written or verbal care plan. Prepares the operating room for a pediatric patient, including appropriately sized airway equipment. Prepares and checks all medications (appropriately labeled with concentrations and dates), machines/monitors, and available ancillary equipment. Displays work area organizational skills and maintains a clutter free workspace.</p>				
<p><b>II. PreOp Assessment:</b> Formulates and manages evidence-based care plans for appropriate anesthetic management of pediatric patients of varying ages and co-morbidities undergoing surgical procedures. Performs a culturally competent assessment of the pediatric patient and interacts appropriately with the patient and their caregiver(s). Discusses anatomy, physiology, pathophysiology, and pharmacology specific to the pediatric patient with CRNA/anesthesiologist prior to the case. Identifies and prepares for any additional concerns.</p>				
<p><b>III. Record Keeping</b> Maintains a clear and legible anesthesia record in a timely manner, including specific pediatric case data.</p>				
<p><b>IV. Induction:</b> Demonstrates knowledge of various techniques for induction of pediatric patients, including Mask and IV induction. Demonstrates knowledge of and identifies stages of anesthesia depth during inhalation or IV induction. Recognizes airway obstruction and reacts appropriately to correct it to maintain child's airway. Utilizes precordial stethoscope appropriately throughout all phases of the case. Verbalizes knowledge of uptake and distribution of anesthetics and utilizes this knowledge to skillfully perform a smooth and safe inhalation induction. Verbalizes knowledge of pharmacokinetics and pharmacodynamics of selected medications with regard to the pediatric population. Demonstrates skill with masking and in placing an artificial airway (LMA, ETT, NTT). Ensures patient safety by utilizing standard precautions and</p>				

appropriate infection control measures. Demonstrates skills in placement of IV's, arterial lines, regional anesthesia. Positions patient to prevent patient injury and maintain patient safety.				
<b>V. Maintenance:</b> Manages patient responses to anesthesia and the surgical procedure. Monitors and manages hemodynamic parameters during all phases of the surgery utilizing evidenced based principles. Demonstrates appropriate pharmacologic and fluid management for the pediatric patient. Anticipates, identifies, and manages anesthetic and airway complications intra- and post-op. Provides safe transport and transfer of care and evaluates patient post-op.				
<b>VI: Interpersonal Skills</b> Arrives in a timely fashion to prepare room and meet with patient and caregiver. Demonstrates professional culturally competent behavior towards patients and caregivers. Demonstrates positive attitude and effective communication with OR staff, anesthesia team members, surgeons and fellow SRNAs. Demonstrates a receptive attitude towards learning and accepts constructive criticism of clinical performance. Demonstrates the ability to perform effectively during stressful anesthesia situations. Demonstrates flexibility with changes in case assignments and anesthesia plan. Seeks guidance as appropriate. Maintains patient confidentiality.				

**PEDIATRICS: ALL OBJECTIVES ARE CRITICAL: There are no Non-Critical Objectives**

**ROOM PREPARATION:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY

**PREANESTHESIA ASSESSMENT:** With consultation, formulate an anesthesia care plan for ASA I and II pts for uncomplicated surgery. Review with instructor before case.

**ANESTHESIA RECORD:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY

**INDUCTION:** Select, apply & properly use monitoring devices; exhibit knowledge and skill in of proper techniques for IV insertion, mask fit & ventilation, endotracheal intubation, LMAs; Assist or control ventilation appropriately.

**MAINTENANCE and EMERGENCE:** Calculates & manages fluid & blood loss & replacement for uncomplicated cases; Recognizes and reports cardiac dysrhythmias; Recognizes & reports alterations in pt hemodynamic stability; Follows correct procedures for termination of anesthesia; Transports pt safely to PACU & provides complete report; Performs post-operative visits on patients as assigned and per Council on Accreditation policy

**INTERPERSONAL BEHAVIOR:** Demonstrates awareness of the responsibilities of an anesthetist in the perioperative arena. Provides effective communication with pts, staff, and faculty; Demonstrates adaptability to changes in plans before and during actual administration of anesthesia Demonstrates punctuality and reliability when in the clinical area.

**Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_

**Faculty** \_\_\_\_\_

**Date** \_\_\_\_\_

**PEDIATRIC**

VU DNP Nurse Anesthesia Program  
Semester Summative Evaluation

Date:

Student:

TOTAL EVALS:

Criteria:

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required**

<u>SECTION/CRITICAL OBJECTIVES</u>	<u>Exceeds Objectives</u>	<u>Meets Objectives</u>	<u>Developing Skill</u>	<u>Objectives Unmet</u>
<b>I. Room Preparation</b>				

COMMENTS

See policy 1219A for objectives by semester

<b>II. Preanesthesia assessment</b>				
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See policy 1219A for objectives by semester

<b>III. Record Keeping</b>				
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See policy 1219A for objectives by semester

<b>IV. Induction</b>				
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See policy 1219A for objectives by semester

<b>V. Maintenance &amp; Emergence</b>				
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See policy 1219A for objectives by semester

<b>VI. Interpersonal Behavior</b>				
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See policy 1219A for objectives by semester

**\* At Spring Year 3 Semester, all objectives are critical**

Villanova University DNP Nurse Anesthesia Program

Semester:

Comments made during Semester Summative Evaluation Conference:

has met all objectives this semester.

Rotation sites this semester:

Rotation site(s) next semester:

Cases:

Specialty Evals:

Specialty Care Plans:

Total cases as of:

Minimum Required Cases: 600

Minimum Required: Peds 40, Labor 10, Cranis 5, Hearts 5, Lungs 5, Intubations 250, Spinals 10,

Epidurals 10, PNBs 10, Alines 25, CVPs 10.

Strengths:

Areas for improvement:

Academic Progression:

Other comments:

Student may progress to next clinical semester \_\_\_\_\_

Student is on clinical probation and may not proceed to next semester \_\_\_\_\_

Student returned insufficient number of evaluations (less than 15) and may not proceed to next semester \_\_\_\_\_

I have read and participated in the Semester Summative Evaluation

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Faculty signature

**Student Self Evaluation, page 1**

**Semester** \_\_\_\_\_

Student Name: \_\_\_\_\_

- Key: 5 = Able to accomplish independently  
4 = Able to accomplish with minimal instruction/assistance  
3 = Able to accomplish with instruction/assistance  
2 = Unable to accomplish  
1 = Not applicable at this level of training

1. Room Preparation and set-up/equipment	1	2	3	4	5
2. Pre anesthesia Assessment/Care Plan development	1	2	3	4	5
3. Documentation/Record Keeping	1	2	3	4	5
4. Induction/IV placement Skills/Positioning (NUR9101)	1	2	3	4	5
Induction/Airway Mgmt Skills/Invasive Monitoring Placement (NUR9102, 9103, 9104, 9105, 9106, 9430)	1	2	3	4	5
5. Maintenance/Monitoring/ Emergency preparedness and techniques/Post Op visits Comments	1	2	3	4	5
6. Interpersonal Skills working with faculty	below average; average; significant strength				
patient communication	below average; average; significant strength				
adaptability	below average; average; significant strength				

7. Wellness:

What strategies are you using to manage stress?

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What could you do to improve your stress management and better attend to your wellness?

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What strategies can the program implement to improve your well-being?

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Student Self Evaluation: Page 2

Name: \_\_\_\_\_

Semester \_\_\_\_\_

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

We want your feedback to identify opportunities for improvement and recognize progress to date. Your responses will be discussed during your evaluation. If you need additional space to elaborate on issues presented, please attach a separate sheet. Please bring your completed form with you to your evaluation meeting.

1. Summarize in two or three lines your major accomplishments since your last evaluation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List your three (3) major performance strengths:

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

3. Establish your own professional development objective(s) for the next semester.

Areas to be developed (check all that apply):

Technical

IV's \_\_\_\_\_

Spinals \_\_\_\_\_ Epidurals \_\_\_\_\_

Arterial lines \_\_\_\_\_ Central lines \_\_\_\_\_

PNBs \_\_\_\_\_

Organizational (planning of cases and follow-up of patients) \_\_\_\_\_

Work methods (time management, efficiency, study habits) \_\_\_\_\_

Wellness Goal: \_\_\_\_\_

4. Complete the following statement: *Next semester, I will be better able to:*

A. \_\_\_\_\_

B. \_\_\_\_\_

5. What step(s) do you plan to take to achieve your objectives during the next semester?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

6. How can the school help you reach your goals?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

Student Signature \_\_\_\_\_

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

**Anesthesia Care Plan**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_ OR#: \_\_\_\_\_ Consent: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Clinical Site: \_\_\_\_\_ Check if Specialty: OB: \_\_\_\_\_ Pediatrics: \_\_\_\_\_ Cardiac: \_\_\_\_\_

Age \_\_\_\_\_ Wt \_\_\_\_\_ M/F \_\_\_\_\_ ASA: \_\_\_\_\_ Procedure: \_\_\_\_\_

Med Hx: \_\_\_\_\_ Surg Hx: \_\_\_\_\_

Social Hx: \_\_\_\_\_ Medications: \_\_\_\_\_

Pre-op testing: \_\_\_\_\_ COVID +/- \_\_\_\_\_

Labs: \_\_\_\_\_

Pre-Anesthetic Assessment (notable): \_\_\_\_\_

Airway: I II III IV; TMD: \_\_\_\_\_; Teeth: \_\_\_\_\_ NPO: \_\_\_\_\_

Pre Med: \_\_\_\_\_ Pre-op ABX: \_\_\_\_\_

PLAN: General / MAC / Regional / Type – Spinal / Epidural: thoracic \_\_\_\_\_ lumbar \_\_\_\_\_ / Caudal / CSE  
Other Regionals: Bier / Scalene / Axillary / Other \_\_\_\_\_

POSTITONING: Supine Prone Lateral R/L Lithotomy Sitting Arms: Abducted < 90 degrees/Tucked

MONITORING: IV / A-line / CVP / PA cath / Esoph / Other

Standard monitors: NGT/OGT / Foley / TOF / Bair Hugger / Hot line / Warmer / BIS

**INDUCTION:**

Propofol (2-2.5 mg/kg) \_\_\_\_\_ mg Etomidate (0.2-0.5 mg/kg) \_\_\_\_\_ mg

Versed (0.1-0.2 mg/kg) \_\_\_\_\_ mg Fentanyl (intra-op 2-150 mcg/kg) \_\_\_\_\_ mcg

Ketamine (1-2 mg/kg) \_\_\_\_\_ mg Lidocaine (1 mg/kg) \_\_\_\_\_ mg

Others: Sufenta / Alfenta / Morphine / Remifentanyl: Drug \_\_\_\_\_

**MUSCLE RELAXANTS: mg/kg**

Succ (Anectine) (1-1.5 mg/kg) \_\_\_\_\_ mg Rocurnium (Zemuron) (0.45-0.6 mg/kg) \_\_\_\_\_ mg

Atracurium (Tracurium) (0.5-0.8 mg/kg) \_\_\_\_\_ mg Cisatricurium (Nimbex) (0.1-0.2 mg/kg) \_\_\_\_\_ mg

Vecuronium (Norcuron) (0.08-0.12 mg/kg) \_\_\_\_\_ mg

AIRWAY: ETT \_\_\_\_\_ Mask / LMA \_\_\_\_\_ / Fiberoptic / DL with MAC or Miller: Blade size \_\_\_\_\_

MAINTENANCE: Agent – Only O2 O2/N20 with Sevo (MAC 2%) Iso (MAC 1.15%) Des (MAC 6)

Other drug therapy: TIVA / MAC

**FLUID REPLACEMENT**

EBV = EBW x KG (EBW = Male 70 cc/kg; Female 65 cc/kg; Obese 55 cc/kg)

Maintenance – 1<sup>st</sup> 10 kg = 4cc/kg/hr

2<sup>nd</sup> 10 kg – 2cc/kg/hr

3<sup>rd</sup> 10 kg – 1cc/kg/hr

Pt EBV \_\_\_\_\_ cc

Pt. maintenance \_\_\_\_\_ cc

Pt. deficit \_\_\_\_\_ cc

Insensible loss – Minimum = 4cc/kg/hr Moderate = 6cc/kg/hr Extreme = 8cc/kg/hr

Thus, pt. hourly insensible loss = \_\_\_\_\_ cc

Allowable blood loss (ABL) – EBV x  $\frac{(\text{init Hgb} - \text{Hg allowable})}{\text{Hgb initial}}$

Pt ABL before blood products needed = \_\_\_\_\_ cc Type & Screen Y/N

Products Administered: RBC \_\_\_\_\_ FFP \_\_\_\_\_ PLT \_\_\_\_\_ CRYO \_\_\_\_\_ Cell Saver \_\_\_\_\_ Other \_\_\_\_\_

**FLUID CHART**

	Deficit	Maintenance	Insensible	Blood Loss	Total Hourly Requirements
1 <sup>st</sup> hour				na	
2 <sup>nd</sup> hour				na	
3 <sup>rd</sup> hour				na	
4 <sup>th</sup> hour	N/A			na	

**Procedure Specific Information:**

**Patient Specific Information:**

**Other Considerations:**

While transferring out of the program is strongly discouraged, it is recognized that under extreme circumstances a student may request a transfer.

Student Transfer Procedure:

- 1) The student shall notify their current program director in writing of the reason for the transfer.
- 2) The program director to which the student is making application shall request a transcript of all experiences.
- 3) The current program director shall remit the transcript and other appropriate data within 30 days.
- 4) The accepting program shall determine the transfer credit and will notify the transferring student and the Council On Accreditation and the NBCRNA in writing of its decision within 30 days.

The CCMC/VU nurse anesthesia program does not accept transfers into the nurse anesthesia track. All applicants are required to complete the entire admission procedure and if accepted into the program, begin the nurse anesthesia track as a new student. No credits will be transferred into the program for anesthesia courses taken at another anesthesia program. The Assistant Dean and Graduate Program Director may allow up to 6 nursing core credits to be transferred. Any other completed courses may be considered on a case by case basis at the sole discretion of the Assistant Dean and Graduate Program Director at Villanova University.

The CCMC/VU nurse anesthesia program will NOT accept any student who was dismissed from another Nurse Anesthesia Program.

The CCMC/VU nurse anesthesia program does not usually accept a student who has resigned from another nurse anesthesia program; however, under unusual circumstances, a case-by-case evaluation will be made of such an applicant by program administrators.

**Policy Name: Student Transfers**  
**Page 2 of 1**  
**Manual Loc: A/S**

**Review Date: 08/21, 8/23**  
**COA DNP Standard: A4, C1**

**Policy No: 1220**

## **POLICIES & PROCEDURES - GRADUATION**

### **Exit Conference - Out-Processing Procedure**

As part of NUR 9430 Advanced dimensions V (Professional Aspects of NA IV) in the Fall of Program Year 3, each student will have an exit interview with the Program Administrator(s). The objective of this interview is to help the student develop an awareness of his/her potential abilities and achievements, so that he/she may set realistic professional goals considering strengths and weaknesses along with interests and professional opportunities. During the months of September and October, graduating senior students will complete the Villanova Graduate Summary Evaluation.

During exit conference, each student reviews his/her final transcripts and grades and clinical evaluations received while in the Program. A summary of the interview is placed in the student's permanent record folder following the interview.

In addition to this, during this conference, senior students review the Semester 7 clinical evaluation (Fall Year 3) summary of their clinical performance throughout the program and are given the opportunity to comment on or question the content. Previous summative evaluations and this summary is retained as part of the graduate's permanent records and is used for reference purposes. A copy of this summary is available to the student upon request.

This interview takes place during the student's last three weeks in the Program.

### **Requirements to sit for NCE certifying exam**

1. All students must:
  - A. attend the Program a full **36** months
  - B. Students losing time due to illness, personal absences, probationary suspension, leave of absence, or maternity leave who subsequently does not meet the required 36 months in the program, will be required to remain a student in the program, until the deficiency is corrected.
  - C. Pass the SEE as per Policy # 1213 and 1226
  - D. Not work as an employed anesthetist prior to the official date of graduation;
  - E. Meet the minimum clinical and didactic hours (see Section II);
  - E. Satisfactorily complete all the Villanova University College of Nursing Nurse Anesthesia DNP program clinical and didactic requirements for graduation.

F. Satisfactorily complete the DNP Scholarly Portfolio requirements according to Policy 2009-A DNP Scholarly portfolio requirements.

### **Graduation Ceremonies**

Students who satisfactorily complete all of the School's objectives are eligible receive the DNP Degree and Diploma which are issued and awarded by Villanova University. A Program Completion celebration is held each year where the Nurse Anesthesia Program honors each student. Senior students are invited to participate in the Villanova University College of Nursing's Convocation Ceremony and the University's Graduation Ceremony, held in May each year.

### **Administrative Procedure**

Prior to graduation, the Director will:

1. Ask each student how they would like their name to read on their diploma. Complete purchase requisition and send through interdepartmental mail to Purchasing.
2. This should be completed at least two months prior to date of graduation dinner.
3. Have students sign completed transcripts and application for the NCE.
4. Complete students' final transcripts via the online application provided by the NBCRNA.
5. Place a photocopy copy of students' final University transcripts and NCE application in students' files.
6. Have students complete program evaluation and participate in the exit out conference with the Program Director and the Graduate Program Director of the College of Nursing.

Villanova University  
Fitzpatrick College of Nursing  
Graduate Nursing Program  
Substance Abuse Policy

Applicants who voluntarily disclose a history of substance abuse must provide documentation that they have been in a Voluntary Recovery Program (VRP) for no less than three years and have been drug and/or alcohol free for that period of time. Once admitted to the program, these students will be subjected to random testing for illegal substances without prior notification throughout their stay in the program.

Students who are involved in substance abuse while in the program will be evaluated for possible termination from the program. Students seeking readmission will be expected to enter a Voluntary Recovery Program (VRP) at their own expense.

The candidate will be considered for readmission contingent upon the following:

- a. The candidate provides documentation that he/she has been in VRP for no less than three years and has been drug and or alcohol free for that period of time.
- b. The candidate agrees that the University can notify all clinical agencies to which the candidate is assigned regarding the VRP and drug and /or alcohol-free status.
- c. The candidate will agree to random testing for illegal substances without prior notification throughout his/her stay in the program.

Readmission is not automatic. Readmission decisions are at the discretion of the Program Director. It is conceivable that students may be required to repeat courses taken prior to rehabilitation in order to update knowledge and skills

Reviewed/Revised and Approved: 06/07 by Villanova University Legal Department and CON.

Letter to Impaired NAR

Dear \_\_\_\_\_

This letter is to summarize the status of your enrollment into the Villanova University DNP Nurse Anesthesia Program (the school).

In order for you to be admitted/returned to the Program, the following conditions have been agreed upon:

1. You will agree to promptly inform your Clinical Coordinator of your history of chemical dependency and of the conditions of this contract, at each clinical site you rotate for the first time.
2. You will completely abstain from all controlled substances and alcohol while a student in this program.
3. You will notify the Nurse Anesthesia Program Director or Associate Director or Associate Dean for Graduate Programs and treating physician within 72 hours of being prescribed mood-altering substances by a licensed practitioner. You will provide the name, address and phone number of the licensed practitioner prescribing the medication, the nature of the illness or medical condition, the type, strength, dosage, specific directions for the use of the medication and the expected duration of therapy. You authorize the release of your medical records by the licensed practitioner to the Program when requested.
4. You will report to your clinical/classes free from the influence of any controlled substance and/or alcohol.
5. You will report relapses immediately and will voluntarily cease the study/practice of anesthesia and enter into a VRP.
6. You will submit a detailed report and verifiable documentation of any absences not previously approved by the Program Administrators or delegates.

7. You will be subject to thirty-six (36) months of random (unannounced) drug/alcohol testing by providing blood and urine specimens upon request. Such testing will be conducted by the Commonwealth of Pennsylvania Impaired Professional Program.
8. If I, as your Program Director, determine at any time that you are not in compliance with the agreement outlined above, your enrollment will be terminated immediately.

This document represents a full and final settlement of this matter, and the terms will not be subject to the Grievance Process in your Student Handbook.

Your signature below indicates your acceptance and agreement with the above conditions of enrollment.

Sincerely,

Jodie Szlachta PhD, CRNA  
Program Director VU DNP  
Nurse Anesthesia Program

\_\_\_\_\_  
Agreed by: ( date)

All students enrolled in the Villanova University DNP Nurse Anesthesia Program are permitted to obtain scheduled and controlled drugs from the pharmacy for their cases and any clinical site that provides them appropriate access. They must wear their ID badges and become familiar with each Department of Anesthesia's Practice Policy for the site where they are rotating.

Students, as part of the anesthesia department, are subject to the same audits to which all other anesthesia providers are subject.

Violations by the student of any departments' practice policy on documentation and handling of these drugs will be addressed by the Program administrator, immediately. The first offense will result in a written reprimand, citing the specific incident. The student will be required to review the policy and to state future adherence to the policy to either the school's administration or to the department chair.

A second violation will result in the student being suspended from clinical practice for a week. Graduation will be delayed accordingly. A written reprimand will be placed in the student's permanent file.

Any additional violations will result in the dismissal of the student.

The student has the right to appeal any of the above sanctions.

I have read the above policy and agree to its terms.

Print Name:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## *ON-CALL PROCEDURE FOR* CROZER-CHESTER MEDICAL CENTER ANESTHESIA DEPARTMENT

### Reporting

1. If you have CALL on a normally scheduled **clinical day**, you are to report at **3:00 pm**
2. If you have CALL on a **class day**, you are to report at **5:00 pm**, after class.
3. If you have CALL on a **weekend** (Saturday or Sunday), call is scheduled 12 hours and you are to report at **7:00 am or 7pm, as scheduled.**
4. If you have CALL on a **holiday**, call is 12 hours and you are to report at **7:00 am or 7pm, as scheduled.**
5. **If you are scheduled for a call shift and are ill, you are required to actively seek classmate coverage for a shift you are unable to cover. At least 12 hours' notice to Matt McCoy (by phone or text message), and email to Denise Lamb are required if you cannot cover a call shift and are unable to find coverage.**  
**If you do not find coverage or do not report for a call shift, it may (at the discretion of the program administrators) be recorded as an unexcused absence (see policy # 1207). Acute illness situations will be considered on a case-by-case basis, and may require documentation of medical attention.**

### Entitlements

1. Taking **16 hour CALL** on a **WEEKDAY (Monday thru Thursday)**, you will receive the next day off as a **POST-CALL day**.
2. Taking **14 hour Call** on a **WEEKDAY (Monday – Thursday)** after a **CLASS DAY**, you will receive the next day off as a **POST-CALL day** and **1 comp day assigned to another clinical day that week/month**. Every effort will be made to not assign students to call after a class day.
3. Taking 16 hour CALL on a **FRIDAY (non-holiday, non-class day)** you will receive 1 day off pre-call **or**, 1 post-call day the following week.
4. Taking call on a **FRIDAY after a CLASS DAY**, you will receive 1 day off pre-call **or**, 1 post-call day the following week **and** 1 comp day the following week.
5. Taking 12 hour CALL on a **SATURDAY 7a-7p or 7p-7a** you will receive 1 comp day to be assigned to a clinical day that week
6. Taking 12 hour call 7am-7pm; you will receive 1 comp day to be assigned to a clinical day that week. Taking 12-hour **7pm-7am CALL** on a **SUNDAY** you will receive Monday as your **POST-CALL day**.

**Manual Loc: A/F/S**

7. Students will be **NOT** be assigned a Sunday night call 7pm-7am if they have a class scheduled on Monday unless extenuating circumstances otherwise permit. If this should occur, the student is to report to class at his/her discretion but will remain responsible for all covered material. In addition, the comp day will be assigned to the next available clinical day that week.
  
8. Taking **CALL** on a **HOLIDAY**, you will receive one (1) **POST-CALL DAY** and one (1) **COMP DAY** the following week, for a 12 hour call shift.

### **Comp time Banking**

If you are rotating to a site other than CCMC and you volunteer for a **FRIDAY or SATURDAY** call at CCMC, you will receive **2 comp days for a 16 hour Friday call** and **1 comp day for a 12 hour Saturday call shift**, which will be added to your bank. This applies only when you work a Weekend call shift.

POLICY DATED: 7/2/09; other policies affected by change of 1224: 2017

POLICY REVISED: 5/28/15, 08/2019, 3/1/23

CROZER-CHESTER MEDICAL CENTER SCHOOL OF NURSE ANESTHESIA

**CALL SWITCH REQUEST FORM**

TEL: 610-938-6765

FAX: 610-938=6766

REQUESTER NAME: \_\_\_\_\_

SCHEDULED CALL: \_\_\_\_\_  
(Day, Date, Shift)

WILL BE COVERED BY: \_\_\_\_\_

<b>EXPLANATION FOR SWITCH:</b>	
I AGREE TO COVER CALL FOR _____ AND HE/SHE WILL COVER MY CALL ON _____	

**Requesting NAR Signature & Date:**

--

**Substitute NAR Signature & Date**

--

**Approved by Dr. Li:  
(or Designee) Sign & Date**

--

**Approved by NAP Administration**

--

## TIME OFF

Attendance at scheduled classes and clinical are required. Time off must be used for any clinical or class day that is missed.

### TIME OFF

#### FIRST CLINICAL YEAR: (September to August)

5 days – scheduled by the student anytime between June and August 31<sup>st</sup> of the 1<sup>st</sup> clinical year. These 5 days may be taken individually or together at the discretion of the NAR, subject to approval by the Program Director and clinical site. Unused days **CANNOT** be carried over to the 2<sup>nd</sup> clinical year. No time off is permitted from September through May of the first clinical year.

#### HOLIDAY BREAKS (FIRST YEAR ONLY):

Winter break (5 days) – scheduled between Christmas Day and New Year's Day.

Spring break (5 days) – scheduled the week before Easter.

#### SECOND CLINICAL YEAR: (September to August)

Students will receive 3 weeks of time off (total) in the second clinical year.

Second year students will be assigned one week of time off as follows:

1. 1/3 (10) NARs will be assigned vacation the 3<sup>rd</sup> full week in June
2. 1/3 (10) NARs will be assigned vacation the 2<sup>nd</sup> full week in July
3. 1/3 (10) NARs will be assigned vacation the 1<sup>st</sup> full week in August.

In addition to the assigned week of time off, students must take, in succession, Monday through Friday, one (1) week of time off at a time they choose, subject to approval by the Program Director and clinical site.

If a designated holiday occurs during a student's time off "week", holiday will be recorded, and the student will not be charged a time off day.

Remaining time off may be taken individually or together at the discretion of the NAR subject to approval by the Program Director and clinical site.

Unused time off from 2<sup>nd</sup> clinical year will be carried over to the 3<sup>rd</sup> clinical year.

#### THIRD CLINICAL YEAR: (September to Graduation)

**ALL unused time off** carried over from 2<sup>nd</sup> clinical year must be used by SEPTEMBER 30<sup>th</sup> of the Graduation Year.

**NO MORE THAN ONE (1) WEEK AT A TIME MAY BE TAKEN UNLESS APPROVED BY THE PROGRAM DIRECTOR(S) AND CLINICAL SITE.**

**STUDENTS ARE REQUIRED TO BE PRESENT ON SPECIFIC DATES RELATED TO FINAL COURSE PRESENTATIONS.**

### SICK TIME

Sick time is included in the time off allotment per year of the program and will be deducted from the allotted 5 individual days. We strongly discourage students from calling out of a clinical obligation.

**Sick Call Out Procedure:** Notification of a member of the Anesthesia Department is required if a student calls out sick or will be late. The procedure for this is to call the Anesthetist or MD in charge of the schedule.

**Notification must be made no later than 7:00 am.**

Refer to the Clinical Site Contact Information in Typhon.

**A STUDENT CALLING OUT SICK MUST ALSO NOTIFY THE PROGRAM DIRECTOR and PROGRAM MANAGER via EMAIL at [Jodie.szlachta@villanova.edu](mailto:Jodie.szlachta@villanova.edu) and [denise.lamb@villanova.edu](mailto:denise.lamb@villanova.edu) Failure to notify both the Clinical Site and Program Administrators will be considered an Unauthorized Absence.**

Any student calling out three times in a semester will be counseled regarding this behavior. The second time a student calls out more than three times in a semester, documentation of the illness may be required by the Program Director(s). The student will be counseled and will be subject to disciplinary action at the discretion of the Program Directors. This may include clinical probation and/or the student may be required to make up the missed time at that clinical site. A third offense may result in dismissal from the program at the discretion of the Program Directors and Director of the Graduate Program Villanova University.

**UNAUTHORIZED ABSENCES: An Unauthorized Absence is defined as follows:**

- A. A student fails to notify both the clinical site and the program administrators when he/she calls out sick either to clinical or class.
- B. A student fails to show up for class.
- C. Inaccurate documentation of time off.
- D. Inability to cover a scheduled call shift, without 12 hours' notice, per the discretion of the program administrator.

**THREE (3) UNAUTHORIZED ABSENCES WILL RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM.**

**IF TIME OFF EXCEEDS ALLOTTED TIME, THIS WILL BE MADE UP AFTER GRADUATION, DAY FOR DAY.**

If a student becomes ill during the day, he/she must notify the anesthesiologist(s) in charge of the schedule and the Program Manager.

**EDUCATION DAYS AND PROFESSIONAL MEETINGS:**

Students are required to complete eight (8) hours of professional practice meeting/conference time in Clinical Year 1 and Clinical Year 2. Meeting/Conference time is defined as onsite clinical morning meetings, local, state or national professional anesthesia conferences and is to be documented in Typhon by the student. ACLS, BLS and PALS does NOT qualify for meeting/conference time.

Time off education days are allowed for the student to attend local, state, or national professional anesthesia conferences. Time off requests to attend conferences must be submitted using the time off request form. All conference time off must be approved by the Program Manager and the Clinical Coordinator at the site **where the student is located during the planned conference.** The student generally incurs all costs of attendance. **One travel day prior to the conference and one travel day following the conference is allowed for attending conferences outside of the tri-state (PA, NJ, DE) area. Travel time must be included in the request for time off and designated as such. PROOF OF REGISTRATION AND ATTENDANCE IS REQUIRED.**

Education days may also be used when a student is planning a Shadow Day (prior to the next clinical site) or taking the SEE exam.

A Comp Day can be earned by volunteering for a service project and banked for use at a later time. Only one Comp Day can be earned in Clinical Year 1 and Clinical Year 2.

**TIME OFF DURING SPECIALTY ROTATIONS**

**Hearts and OB:** Time off is **NOT** permitted, except for extenuating circumstances during the one (1) month specialty rotations.

**Pediatrics:** Please reference each specific site's policy regarding requests for vacation and conference time off.

- a. Al DuPont (up to 90) Day Rotation

Manual Loc: A/F/S/App

- Vacation/Time off:
  - Requests are not permitted for time off. During this rotation, students have three clinical days/week (sometimes less if on call). Individual needs will be addressed as they arise.
  - Students may pick ONE educational conference (Valley, PANA, etc.) to attend during their rotation. However, conference time is not permitted during the first two weeks or last week of the rotation
  - SNOW DAYS: our expectation is for the students to follow their Programs' snow policy. We ask students to notify us if their school has closed due to weather.
  
- b. St. Christopher's Hospital (up to 90) Day Rotation
  - Time off:

Students will not be able to schedule time off while assigned to the pediatric rotation. If students need time off for a conference or orientation for an alternate site, those dates must be provided prior to rotation start date.
  - St. Chris has implemented a 5 clinical day in every 2 weeks such that students will be rotating 2 days one week and 3 days the following week (or the equivalent if scheduled for a call shift. Every Thursday the students will not be scheduled at St. Chris and they will be scheduled at another clinical site to which they have already rotated. This will be coordinated by the Program Director.

**BEREAVEMENT LEAVE:**

The Nurse Anesthesia Program follows Crozer Chester Medical Center's Policy #: ADM 4-11 regarding time off for the following family members:

1. Three (3) days will be given without taking away from your allotted time off for the death of a parent, stepparent, spouse, child, brother, sister, stepbrothers, stepsisters, legal guardian, relatives residing in the same household or same-sex domestic partner.
  
2. One (1) day will be given without taking away from your allotted time off for the death of a parent-in-law; brother-in-law; sister-in-law; grandparent or grandchild.

**REQUESTS:**

All requests for any time off with the exception of sick time must be submitted to the Program Administrator(s) on the attached form at least 30 days prior to the requested time off. The student can notify the administration of his/her intent to take the time off via email and wait for a response; then depending on the response, the student can proceed with completing the formal documents. No requests for time off will be accepted without the formal approval of the clinical site coordinator on the attached form. An exception to this policy would be an extreme family or personal emergency, which would require the student to speak directly to the Program Administrator.

The student will take or send via email the completed time off request form to the Clinical Coordinator for his/her approval and signature. Then the form MUST be faxed, scanned or handed personally to the Program Manager. Upon receipt and review, the request will be either approved or denied by the Program Director and the Clinical Coordinator. The student's attendance record will be adjusted by the Program Manager.

Remember the following rules regarding use of time off:

- A. Time off may NOT be taken from September through May of the first clinical year in the program unless approved under special circumstances by the Program or Associate Program Director
- B. No time off may be carried from first to second clinical year, except by written request of the student to the Program Director

**Manual Loc: A/F/S/App**

- C. Time off may NOT be taken the first week of a new rotation.
- D. Students must abide by the specific site's policy regarding time off.
- E. Repeated requests for time off on class days will be denied.
  
- F. On-site and Off-site Class days are part of scheduled time and will be recorded as time off while a student is on a Monday through Friday vacation. If, however a student attends class virtually (if offered) or in person the student will not be charged a time off day.
- G. NARs are not required to be in clinical on the day of Graduation.

Approval is not guaranteed for time off requests and may be denied based on scheduling.  
No more than 2 students will be approved for time off at each clinical site.

Created 12/06;

Rev: 6/07; 06/09, 11/10; 7/11; 11/11; 7/12, 7/13, 6/14, 8/14; 8/15, 8/18, 03/19, 08/19, 07/21, 12/21, 7/22, 05/23



### TIME OFF REQUEST FORM

TEL: 610-938-6765

FAX: 610-938-6767

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Type of Request	Clinical/Class Dates Requested	
	Start Date	End Date
Vacation		
Week #1: (Mon-Fri)	—	
Week #2: (Mon-Fri)	—	
Individual Day(s) (Max 5)		
Continuing Education		
Comp Day(s)		
Total # of Days		

Clinical Site (where days will be taken): \_\_\_\_\_

Signature/Date  
Approved by Clinical Site:

EXPLANATION:

Signature/Date  
Approved by Program:

Office Notes:

**Policy Name: Professional Standards for Progression    Review Date: 8/21, 12/21, 07/23    Policy No: 1226**

**And Graduation; Student Responsibilities**

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**COA DNP standard C4, D4, 5, 6, 8, 9, 10, 13, 14, 19, 23, 25-27, 34, 36, 37, F5, 7, G1, H1.2.1-H1.2.8, H 1.4**

**Manual Loc: A/F/S**

### **Professional Standards for Progression and Graduation**

This document delineates the essential sensory, motor, cognitive, and behavioral attributes that individuals must possess to successfully participate in and complete the Villanova University DNP Nurse Anesthesia Program.

This document is prepared so that persons interested in applying for the Villanova University DNP Nurse Anesthesia Program will have a better understanding of the physical, mental, emotional and behavioral requirements necessary to function as a nurse anesthetist. The Fitzpatrick College of Nursing's Graduate Program for Nurse Anesthesia acknowledges the requirements of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

The faculty recognizes that the practice of nurse anesthesia is physically, mentally and emotionally challenging. The provision of safe, competent anesthesia services requires that the practitioners demonstrate cognitive, technical, observational, and behavioral skills. Students need to have the physical and emotional endurance to adapt to a demanding nurse anesthesia DNP program.

**Successful progression through the DNP nurse anesthesia program requires the following abilities:**

#### **Sensory:**

- Discriminate variations in human responses to disease using visual, auditory, tactile, and other sensory perceptions.
- Recognize and interpret data obtained from invasive and non-invasive monitoring devices and alarms using visual and auditory senses.
- Comprehend written and verbal communications in English through oral and written methods in order to communicate clearly and effectively with other healthcare providers and patients of all ages.
- Utilize interpersonal and communication skills that result in the effective exchange of information and productive collaboration with patients, their families and other healthcare professionals.

#### **Motor:**

- Coordinate gross and fine motor movements and the senses of touch and vision to perform physical assessment, insert intravascular access, administer regional anesthetic techniques, and perform airway management.
- Demonstrate sufficient physical strength to perform airway management, move and position patients and equipment.
- Sufficient stamina to stand or sit for prolonged periods of time
- Safely maneuver in areas with limited space and physical obstructions
- Respond appropriately to alarms and changes in patient conditions that require physical interventions.

#### **Cognitive:**

- Use reason, analysis, calculations, problem solving, critical thinking, self-evaluation, and other learning skills to acquire knowledge, comprehend scientific principles, and synthesize complex concepts.

**Policy Name: Professional Standards for Progression    Review Date: 8/21, 12/21, 07/23    Policy No: 1226**

**And Graduation; Student Responsibilities**

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**COA DNP standard C4, D4, 5, 6, 8, 9, 10, 13, 14, 19, 23, 25-27, 34, 36, 37, F5, 7, G1, H1.2.1-H1.2.8, H 1.4**

**Manual Loc: A/F/S**

- Interpret information derived from auditory, written, and other visual data to determine appropriate anesthetic management plans.
- Apply theoretical knowledge and science-based principles to practice to provide safe anesthetic care and analyze new practice approaches.

**Behavioral:**

- Demonstrate responsible and ethical professional behaviors, as well as tactfulness, sensitivity, compassion, honesty, integrity, empathy, and respect in the clinical and didactic areas. **(COA DNP standard D. 33, 34, 35, 37).**
- Exhibit flexibility and equanimity in stressful and rapidly changing situations, including emergencies.
- Cooperate with other members of the healthcare team to provide a therapeutic environment and safe patient care.
- Accept constructive criticism and respond by appropriate behavior modification toward the goal of self-improvement.

**Student Responsibilities: in addition to those above:**

- Students are expected to maintain a professional attitude and appearance while in the clinical areas.
- Students are expected to treat patients with dignity and respect. HIPAA policies are to be adhered to at all times. **(COA DNP STD. D 27)**
- Students are expected to function within the legal and regulatory requirements for NARs (AKA SRNAs) and RNs. **(COA DNP standard D.36)**
- Students are not to leave the Operating Room without permission of the individual running the schedule, and without informing him/her of how the student may be contacted.
- Additional departmental policies are recorded in a manual kept in the Anesthesia office of each clinical site. The student is advised to seek faculty or Clinical Coordinator advice/guidance for any questions related to a departmental policy. Students are expected to adhere to all policies of all clinical agencies.

**DRESS CODE:**

1. Students are to wear proper attire to and from the clinical sites and in the clinical area. A clean scrub suit or gown and a clean hat should be worn each day. Masks must be changed per hospital policy. Clinical site dress code policies are to be strictly followed. All hair must be covered at all times in the OR suite. Wedding bands and small snugly fitting watches are the only visible jewelry permitted. Artificial nails or nail extenders are not permitted as they may be a source of infection to our patients.
2. As professional graduate students and representatives of the Nurse Anesthesia Program, students are to wear business casual attire to and from class and clinical, or a full set of matching scrubs, preferably those that identify the Nurse Anesthesia Program. NO flip-flops, athletic shorts,

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**And Graduation; Student Responsibilities**

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**COA DNP standard C4, D4, 5, 6, 8, 9, 10, 13, 14, 19, 23, 25-27, 34, 36, 37, F5, 7, G1, H1.2.1-H1.2.8, H 1.4**

**Manual Loc: A/F/S**

halter tops, spaghetti straps, or other inappropriate attire is permitted. IF a student wears inappropriate attire to class or clinical, they will be sent home and they will be charged one vacation day.

3. ID Badges are to be displayed AT ALL TIMES in the clinical area and when walking throughout any clinical site or campus.

### **Records (COA DNP standard C4, G1)**

Students are required to complete their clinical anesthesia records on Typhon and in a timely fashion. These records are reviewed monthly by the Program Director and /or NAP Faculty to assure adequacy of each student's clinical experience and accuracy of data entry.

### **Equipment:**

Each student is expected to leave his/her equipment in order at the end of the day. No one is exempt from cleaning and restocking operative suites. Students are not to attempt internal repairs on any machinery. Instead, students are directed to ark and report any defective machinery.

### **Safety Policies:**

Policies of the anesthesia department that are concerned with safety are written in anesthesia departmental manuals. It is the responsibility of every member of the department to be familiar with these policies.

### **Attendance Policy:**

Students are expected to attend each scheduled class and to be prepared for each clinical experience as assigned. Students are required to be punctual for classes and clinical.

A record of all absences will be kept by the Program Manager. In the event this record shows a pattern of repeated absences, the student's status will be evaluated to determine whether or not he/she should consider Requesting a leave of absence or be referred to the EAP until his/her problem is corrected. If any pattern of absences suggests a failure to meet his/her responsibilities (i.e., repeated absence before and/or on the day of an exam; repeated absences before or after a weekend or holiday), a warning will be issued to the student. Please refer to Policies #1207, #1213 and #1225 for further clarification.

### **Student Preparation: (COA DNP standard D5, 6, 8, 9, 10)**

Students are expected to be prepared for both clinical and didactic assignments. All patients to which the student is assigned shall have a pre-operative visit and written or oral care plan developed by the student prior to administration of the anesthetic. The only exception to this is when the student is relieving on a case. Preoperative visits are defined as an assessment of the patients PMH, PSH, VS, Lab data, physical assessment of patient, including airway and all other systems, and all current medications including OTCs. The care plan should be culturally competent and based upon the patient's physical status, the type of surgery, the surgical procedure, and the patient's comfort, safety and co-morbidities. Students are required to perform a postoperative visit on all of their patients that are **inpatients** after surgery. Students may be required to perform postoperative visits on any patients following surgery as directed by the anesthesiologist/CRNA running the schedule.

**Policy Name: Professional Standards for Progression** Review Date: 8/21, 12/21, 07/23 Policy No: 1226

**And Graduation; Student Responsibilities**

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**Manual Loc: A/F/S**

**Didactic Grading & Assignments:** Refer to Policy #1216

**Program Evaluations: (COA DNP standard H 1.2, 1.2.1-1.2.8., H 1.4)**

All students are expected to participate in program evaluations. These evaluations are data sources utilized by the program to ensure quality improvement. Students are required to complete course and instructor evaluations. Clinical sites, Clinical instructor, and Clinical Coordinator evaluations occur at the end of a rotation. Overall Program Evaluation occurs bi-annually in advance of the Spring and Fall Faculty and Curriculum meetings. These evaluations are on Typhon® for student completion. Employer and Graduate follow up evaluations are conducted at 1-year post-graduation.

**Student Supervision (COA DNP standard F5, 7)**

Students will be supervised by both CRNA's and Anesthesiologists. Please refer to Policy # 1117 for further clarification. The ratio of supervision is never greater than 2 students/faculty member. The instructor has the right to determine the amount of participation by the student in the case. The instructor is also responsible for evaluating the student's performance. Each student is to give his instructor a daily clinical evaluation form after first completing the self-evaluation portion

**Consultation:**

The student at any time is free to request consultation from the faculty. Each student's supervisor is to be immediately available if the need for consultation arises.

**Self Evaluation Exam (SEE):**

First Clinical Year - Each student will register, pay, and take the SEE (Self Evaluation Exam) no later than September 30<sup>th</sup> of the first clinical year and is required to meet the Program Administrator's threshold for passing based on the national average for their cohort on the first attempt. If the student is not successful in meeting the threshold, they are required to re-take the exam no later than December 31<sup>st</sup> of the same year.

Second Clinical Year - Each student will register, pay and take the SEE (Self Evaluation Exam) no later than September 30<sup>th</sup> of the second clinical year and is required to meet the Program Administrator's threshold for passing based on the national average for their cohort on that attempt. If the student is not successful in meeting the threshold, they are required to re-take the exam by October 31<sup>st</sup> of the same year.

A student is required to meet the Program Administrator's threshold for passing the SEE based on the national average for their cohort in the second clinical year or re-take the SEE examination until the threshold is met or the student has taken the SEE exam for a maximum of 4 times while in the program. Graduation may be delayed if either requirement is not met.

It is each student's responsibility to schedule the exam immediately after receiving the registration materials from the NBCRNA.

Villanova University  
M. Louise Fitzpatrick Fitzpatrick College of Nursing

Policy on Criminal Background Check for Matriculating Students

**PURPOSE:**

To establish a policy and standardized procedure for conducting criminal background checks on students matriculating into the Fitzpatrick Fitzpatrick College of Nursing at Villanova University.

**RATIONALE:**

Current policies and regulations of health care facilities and regulatory bodies now require that students participating in clinical experiences as part of their educational program have satisfactorily completed a criminal background check prior to engaging in clinical activities in order to help ensure patient safety. Clinical experiences are a required part of the educational program at the Fitzpatrick Fitzpatrick College of Nursing.

**APPLICABILITY:**

This policy shall apply to all Fitzpatrick Fitzpatrick College of Nursing students who matriculate into Fitzpatrick College of Nursing clinical courses and programs. The criminal background check required by this policy must be completed satisfactorily, as determined in the sole judgment of the Fitzpatrick College of Nursing, prior to beginning any clinical experiences. Failure to complete a criminal background check satisfactorily in the sole judgment of the Fitzpatrick College of Nursing will result in a student not being allowed to matriculate into any clinical nursing course or program. Completion of a criminal background check deemed satisfactory by the Fitzpatrick College of Nursing does not guarantee that every clinical facility will accept this assessment and allow the student to participate in clinical activities at this facility or that every state will accept the individual as a candidate for registration, permit or licensure.

**PROCEDURES:**

All students matriculating into Fitzpatrick College of Nursing clinical courses or programs will be required to complete a Criminal Background check, FBI Fingerprint, PA Child Abuse and Drug Screen, deemed satisfactory, in the sole judgment of the Fitzpatrick College of Nursing, as a condition of their acceptance into the nursing program or enrollment in clinical courses in the nursing program. An offer of acceptance or enrollment into any Fitzpatrick College of Nursing clinical programs is not considered final until the completion of the background check with results deemed satisfactory in the sole judgment of the Fitzpatrick College of Nursing. Acceptance into Fitzpatrick College of Nursing programs may be denied or rescinded, or enrollment terminated at the

discretion of the College based on the results of a criminal background check. A clear background check must be submitted to the FCON within 3 months of receiving the dated FCON contingent acceptance letter, **AND** no later than the first day of the Fall semester prior to the January cohort matriculation date, and annually, thereafter.

Students must sign a form authorizing completion of a criminal background check performed by a consumer reporting agency authorized by the Fitzpatrick College of Nursing to perform such checks and must complete a Student Disclosure Form requiring information about previous convictions and/or guilty or no contest pleas to crimes, misdemeanors or other offenses.

Omission of required information or false or misleading information provided by the individual on the Student Disclosure Form or in any other communication with the College may result in denial or rescission of acceptance or enrollment, disciplinary action or dismissal at the sole discretion of the College without the need for any proceedings under the Code of Conduct or other University policies.

The Fitzpatrick College of Nursing will inform potential applicants and accepted students that criminal background checks are required by means of an announcement in the College Catalog, Student Handbook, College website or any other pertinent informational materials.

If the background check report reveals information of concern which the College may deem not to be satisfactory, the College will provide the student with a copy of the report and the document "A Summary of Your Rights Under the Fair Credit Reporting Act", and require the individual to provide a detailed written description and explanation of the information contained in the report along with appropriate documentation, including, without limitation, police reports. This information must be returned to the College within 10 working days of the date of the communication sent to the individual.

The College, as represented by the Associate Dean for Graduate Programs and the Vice Dean for Academic Affairs will review the report, the student's explanation, and any supplementary information and will consider factors such as: the nature and seriousness of the offense, the circumstances under which the offense occurred, the relationship between the duties to be performed as part of the educational program and the offense committed, the age of the person when the offense was committed, whether the offense was an isolated or repeated incident, the length of time that has passed since the offense, past employment and history of academic or disciplinary misconduct, evidence of successful rehabilitation, and accuracy of the information provided by the student. The College may consult the University's General Counsel's Office for advice and counsel.

If the College deems the background check information **not** to be satisfactory, acceptance or enrollment into the College's clinical courses or programs may be denied or an offer of acceptance rescinded. If a student's acceptance or enrollment is denied or rescinded

based on the information obtained from a criminal background check report, the student will be advised of the name and address of the consumer reporting agency that furnished the report, and of the right to dispute the accuracy and completeness of any information contained in the report by contacting the consumer reporting agency directly.

If the College decides, based upon the individual's written description, explanation and documentation about information obtained in the criminal background check, that the results of the check are deemed to be satisfactory, the individual shall be informed that the College's positive decision is not a guarantee that every clinical facility will permit the student to participate in educational clinical experiences at that facility or that any state will accept the individual as a candidate for registration, permit or licensure.

Several clinical sites require current background checks. If a student is to rotate to one of these sites and their background check is considered out of date by that site, they will be required to have it redone at their own expense prior to beginning their rotation to that site.

### **CLINICAL SITE REQUIREMENTS:**

In addition to the requirements requested by Villanova University, each clinical site requires the program to send current drug and criminal background check information for their credentialing-for each student that will rotate to that clinical site. In addition, some clinical sites require drug screens be completed within 30 days of starting the rotation. Students must comply with these requirements at their own cost.

**VILLANOVA UNIVERSITY  
DNP NURSE ANESTHESIA PROGRAM**

**CONSENT AND RELEASE of  
HEALTH HISTORY INFORMATION AND SCREENINGS**

I consent to the release of information about my health history and immunizations from the Villanova University DNP Nurse Anesthesia Program to any and all of the clinical sites used by the Program while I am enrolled as a student in the program.

Print Name \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Villanova University DNP Nurse Anesthesia Program**  
**Procedure for Blood Borne Pathogen and Communicable Disease Exposure Incidents**

**PURPOSE:**

To establish a standardized procedure to protect students from exposure to blood borne pathogens and to manage any unanticipated or inadvertent exposure to blood borne pathogens and/or communicable diseases during educational experiences in the Villanova University DNP Nurse Anesthesia Program.

**RATIONALE:**

Students enrolling in academic nursing programs participate in invasive or exposure prone procedures, such as the provision of clinical care to patients in health care facilities. The educational program prepares students to practice in the safest possible manner to prevent exposure. However, in the event of an unanticipated or inadvertent exposure the procedures outlined here will provide the most current approach to the protection of student health.

Blood borne pathogens are potentially infectious materials, including Hepatitis B virus (HBV), Human immunodeficiency virus (HIV) and hepatitis C virus (HCV). Such infectious materials may be found in all human body fluids, secretions, and excretions, except sweat. Communicable diseases are contagious diseases including Tuberculosis bacteria. TB bacteria may be found in the air when a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings.

Exposure to blood borne pathogens and communicable diseases may be unanticipated or inadvertent exposure via eye, mouth, other mucous membrane, non-intact skin, or parenteral contact (such as a needle stick) with blood or other potentially infectious materials.

**PROCEDURES:**

All students enrolled in the VU DNP Nurse Anesthesia program with a clinical component are required to be immunized against Hepatitis B Virus (HBV).

All students are required to practice standard precautions when caring for patients and take reasonable precautions to prevent exposure to blood borne pathogens and communicable diseases through the use of standard precautions and personal protective equipment, such as gloves, masks, gowns, etc.

Management of exposure incidents will conform to the following standards:

1. Following a suspected or known exposure incident, the student should immediately report the incident to the Clinical Coordinator or clinical preceptor at the clinical site where the exposure incident occurred. The student should immediately report the incident to a Program Administrator :
  - a. Jodie Szlachta CRNA, PhD, Program Director. 610-519-6852  
Email: [jodie.szlachta@villanova.edu](mailto:jodie.szlachta@villanova.edu)
  - b. Denise Lamb, Program Manager. 610-519-6310  
Email: [denise.lamb@villanova.edu](mailto:denise.lamb@villanova.edu)
2. Testing of the exposed student should be done via drawing a blood sample immediately after an exposure incident by the Emergency Room **at the clinical site where the exposure occurred**. Testing is at the option of the exposed individual and will be done only after obtaining written informed consent in accordance with the procedure of the agency or institution. It is recommended that a blood sample for testing be drawn immediately after the exposure incident and follow up testing performed 10-12 weeks after exposure or suspected exposure of Tuberculosis, even if a decision to consent to testing of the sample has not been made.
3. The initial exposure should be managed according to the exposure control plan and procedures in place at the clinical site. This may include sending the student to the Emergency Room or contacting the infection control office at the particular clinical site. An incident or adverse event report should be completed in keeping with clinical site's policy. A copy of the incident or adverse event report should be forwarded to Program Administrator's and program manager's email listed above.
4. The exposed student can request that the Source Individual be tested (with consent) for Blood Borne Pathogens and/or communicable diseases per the policy of the clinical site.

A student's personal health insurance policy will be considered primary insurance. Any costs incurred and not covered by the student's health insurance are the responsibility of the student. The VU Student Health Center may be an option for lab work and /or follow up care. 610-519-7777, **Phone: 610-519-4070**  
**Email: [studenthealthcenter@villanova.edu](mailto:studenthealthcenter@villanova.edu)**

<https://www1.villanova.edu/university/student-life/health-services/health-center.html>

Policy Name: Body Substance  
Exposure Procedures

Review Date: 08/21, 08/23 Policy No: 1229  
COA DNP standard: A 10.6, A 12, G4

Page 3 of 3

Manual Loc: A/F/S

02/2007; 10/2015; 7/16; 12/18; updated with AXIS insurance info 2019

Policies affected by a change in this policy: #1207

Policy Name: COVID 19                      Review Date: 08/21, 07/22, 7/23                      Policy No: 1229-C  
Exposure Procedures & Clinical Re-Entry                      COA DNP standard: A 10.6, A 12, G4  
Page 1 of 2  
Manual Loc: A/F/S

This policy was generated with information available on July 13,, 2023.

All nurse anesthesia students are required to be fully vaccinated against COVID before the Fall semester of their first year in the program, prior to the start of clinical rotations.

The Current CDC guidelines included in this policy were obtained from the following website.  
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

The purpose of this policy is to protect the health of NA students, patients, colleagues, and the community. The program will provide that students are educated, trained, and have practiced the appropriate use of PPE prior to care for patients, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment. In addition, with respect to our diverse 30+ clinical facilities, students are expected to know and adhere to the policies of the clinical facility to which they are assigned and anesthesiology department's established processes for infection control and prevention strategies, reporting, communicable disease exposure responses, performance improvement and risk management.

The ~~Prospect-Crozer-Chester Medical Center / Villanova University DNP Nurse Anesthesia Program, in conjunction with our clinical partners and Villanova University's Fitzpatrick College of Nursing~~ is committed to providing our students with a safe educational experience. The COVID19 pandemic has presented many new challenges to the health care community and community at large. Student engagement in this clinical educational program, is voluntary. If a student elects to stop progressing in the program, NAP administrators, faculty, and staff are available to assist the student to seek an alternative educational track. Additionally, students are expected to communicate to program administration, clinical coordinators, and/or clinical instructors any concerns they have related to the ability to deliver safe and competent anesthesia services at any of the clinical facilities. The faculty and administration are here to support and assist you.

If students are experiencing symptoms of COVID19, including a fever, cough, or shortness of breath, the student **must** notify their program Administrator **and** Clinical site, **and** self-quarantine for 5 days from symptom onset or positive covid test (first day of symptom onset is counted as day zero). Students may return to clinical after the quarantine period as long as symptoms are improving and must wear a mask for the next 5 days when around others.

Any student experiencing symptoms should also seek testing through one of the following sources:

1. Their primary care provider
2. their clinical site
3. PA DOH
4. the VU student health center

Please note that required Quarantine time will **not** be counted against the student's accrued time off.

Additional resources are available through the AANA. Students should review and adhere to the ***Essential Resources*** practice-related documents provided by the AANA when providing care to patients during the COVID-19 pandemic. These resources are available to you through the AANA at: <https://www.aana.com/aana-covid-19-resources>.

*\*\*\*\*\*This Policy is subject to change as the COVID19 pandemic evolves and students are required to adhere to clinical site policies, which supersede individual program policies.*

JBS 4.29.2020, edited to 10 days 6.4.2020, edited to 5 days quarantine 4.2022, JBS edited to include covid vaccination requirement. 07.23 edited for transition to VU sole ownership and control of the NA Program



### **Clinical Affiliation Student Scheduling Guidelines**

1. **Students clinical assignments:** Students may be assigned to regular departmental shifts and call schedules with the following stipulations:
  - a. Call: 16 hours on weekdays with the day off after call.
  - b. Weekend call (in-house call): 12 hours with 1 day off.
  - c. Holiday call: Scheduled for 12 hours and student receives a total of 2 days off.
  - d. A student is not to be scheduled for call the day before a scheduled class, unless approved by the Program Administrator.
  - e. A student may be scheduled for call after a scheduled class if approved by the Program Administrator, or requested by the student.
  - f. At no time can a student be administering anesthesia or involved in direct patient care for longer than 16 hrs consecutively without a break. **(COA DNP standard F9.)**
  - g. There must be at a minimum an 8 to 10 hr break between scheduled shifts. **(COA DNP standard F9.)**
  
2. **Late Shifts:**

(For ex. 7 AM to 6 PM or 7 AM to 7 PM ) students may be scheduled for late shifts if combined, they are equivalent to the hours in their normally scheduled rotation (4 x 8-hour shifts or 3 x 8-hour shifts). Students are scheduled for 3 long shifts (10-12 hours) at AIDuPont Hospital for Children, instead of 4 8-10 hour shifts. Student hours are not to exceed 64 hours per week of combined clinical and class time, as defined by the COA, averaged over 4 weeks. **(COA DNP standard F9 and glossary definition of “reasonable time commitment”.**
  
3. **Class time:**
  - a. Students are not to be assigned clinical duty when they are scheduled for a class during the day (8am to 4pm).
  - b. Call is not to be scheduled the night before or the day of class, but may be scheduled after class, per approval of the Program administrator or at the request of the student.
  
4. **“Super Seniors”** (i.e. The Final Clinical rotation during the Board Prep phase in the last 3 months in the program).
  - a. Students are to have 1 class day per week for organized, scheduled senior review.
  - b. Students are to have 1 study day per week arranged with the clinical site for board preparation.
  - c. Students may be assigned call shifts with the appropriate comp time allotted.
  - d. All other clinical times remain as described above.

### **POLICIES & PROCEDURES –Electronic Exam Policy**

1. Students are allotted 72 hours prior to the scheduled exam date to download the exam from Examssoft.
2. Students are allotted 72 hours after the scheduled exam date to upload exam to Examssoft for grading.
  - a. If a student fails to upload exam at the end of 72 hours, the offending student will forfeit one (1) vacation day.
3. Other than the exam laptop, the use of electronic devices of any kind (cell phone, iPod, etc.) is not permitted during **ANY** electronic examination.
  - a. An electronic calculator will be enabled through Examssoft if needed.
  - b. All electronic devices, other than the computer used for testing, must be deactivated upon entering the testing area and must not be re-activated until the allotted exam time has expired.
4. The students' desk area must be clear of all books, papers, book bags, etc.
  - a. A student may request to use 1 piece of blank white scrap paper during the electronic exam which must be turned into the proctor at the completion of the exam.
5. Cheating on exams, photocopying or retaining of exam material and/or discussion of exam questions with other students **will not be tolerated** and is a cause for immediate dismissal from the program. Refer to Policy # 1216.
6. Talking and other disruptive behavior (i.e., loud gum chewing) during the exam is not permitted.
7. Students are permitted a 15-minute review of incorrect responses immediately following the completion of an electronic exam with-in the testing area.
  - a. Students are not permitted to discuss or argue exam questions/answers with each other or the proctor immediately following the exam.
  - b. If a student feels that a question/answer used in creating the exam is incorrect, the student must send the NA Program Faculty an email with a detailed rationale of why the question is erroneous and include supporting literature.
  - c. If the class would like to challenge a question collectively, the student representative may submit questions or issues to the NA Program Faculty.

8. Students must be on time for all scheduled exams. A fifteen-minute grace period will be allotted.
  - a. If a student arrives within the fifteen-minute grace period, the student may sit for the exam but only with the proctor's approval.
  - b. If a student arrives after the fifteen-minute grace period, he/she will not be allowed to take the exam. The NA Program Faculty and/or the Program Manager will schedule an exam makeup time and the student will forfeit 1 vacation day.
  - c. If the student is unable to take the exam on the scheduled date for any reason (i.e., vacation time), the student **MUST** inform the Program Manager **PRIOR** to the scheduled exam date.
  
9. Once a student leaves the examination room, they are not permitted to return to the testing room until the examination period is over.
  - a. Loud talking or other disruptive behavior is not permitted outside of the exam room.
  - b. Laptops and computers are not permitted to be removed from the testing area during testing hours.
  
10. Once a thorough item analysis is completed by the course faculty, the exam results will be posted directly from Examsoft to the students registered email account.

Rev: 7/22



College of Nursing recognizes that students may routinely be utilizing social media and has instituted this Policy to remind students of their responsibilities as nursing students.

The definition of “social media” is media for social interaction, using highly accessible and scalable communication techniques. The goal of social media is to use web-based and mobile technologies to turn communication into interactive dialogue. Outlets within social media include but are not limited to online social networks such as Facebook, Twitter, LinkedIn, Wikipedia, Second Life, Instagram, Flickr, blogs, Foursquare, podcasts, discussion forums, RSS feeds, Allnurses.com, video sharing such as YouTube, iTunes, interactive geo-location, online collaborative information and publishing systems that are accessible to internal and external audiences (i.e., Wikis).

When using social media, students must conduct themselves in accordance with University policy. These policies include, but are not limited to, the policies contained within the Fitzpatrick College of Nursing Handbook, the Student Handbook and the Code of Student Conduct. In addition, students should understand that clinical agencies may take independent disciplinary action against students for violating agency policies. These actions may affect the completion of 45 your placement or course, your course grade and, potentially, your successful completion of your nursing degree. Students and their personal social media accounts may not in any way represent themselves as sanctioned by Villanova University, and are not permitted use of the University’s intellectual property (logos, wordmarks, badges, symbols or any materials protected by copyright or trademark laws) to identify themselves or hold themselves out as officially recognized and/or supported by the University.

Fitzpatrick College of Nursing students may not discuss or distribute sensitive, confidential, or proprietary information about Villanova University, its students, faculty, clinical agencies, clinical agency employees or patients.

- HIPAA (Health Insurance Portability and Accountability Act). Federal guidelines protect confidential patient information. Disclosures by any means of patient information are a federal offense and may subject students to substantial monetary fines and/or criminal penalties in addition to University disciplinary action.

- FERPA (Family Educational Rights and Privacy Act). Student educational records or any personal information about a student which is disclosed without the permission of the student is a federal violation and subject to disciplinary action.

### **Social Media Tips**

- Protect patient information in all forms of communication. No photos, videos or other forms of recording or disclosing patient information.
- Posting confidential information about students, employees or alumni of Villanova University and/or Fitzpatrick College of Nursing is prohibited.
- Think twice before posting. If hesitant, don’t post!
- It is a violation of University policy and contrary to the Mission of the University to defame anyone’s character, embarrass, harass, abuse or use obscenity or profanity when using social media.

- Social media is public information and students should have no expectation of privacy in the information they post in these forums.
- It is inappropriate to “friend” patients or their family members on social networking sites.
- Maintain your professional image on all media sites. University personnel, corporate administrators, employers and law enforcement agencies are utilizing media for formal and information background checks and searches.

The Fitzpatrick College of Nursing expects its students to be thoughtful about how they present themselves and to respect their audience, peers, faculty, the University, and all clinical agencies. Students need to remember that content contributed on all social media platforms becomes immediately searchable by the public at large and forwarded to others without your knowledge or consent. Once your message is sent, or you post information, this information forever leaves your control.

Students are reminded that all University Policies are applicable to students’ conduct on social media and, any conduct which violates University Policy, may subject the student(s) to University disciplinary action, up to and including, expulsion.

Added 8/2015.



**Nurse Anesthesia Program  
Clinical Site Orientation Checklist**

**Student:** \_\_\_\_\_ **Clinical Site** \_\_\_\_\_

**Date** \_\_\_\_\_

- Introduction to the Clinical Coordinator, contact information exchanged (office phone #s, email, cell phone #s.)
- Parking, ID badges, scrub access and dress code addressed.
- Physical tour of anesthetizing areas, PACUs, storage area, lockers, office & lounge.
- Pharmacy access & process for reconciliation of controlled substances reviewed.
- Documentation and record keeping process reviewed (pre-anesthetic evaluation, intra-op & post-op charting.
- Orientation to anesthesia machines & monitors, IV pumps, warmers and tubing & specialized equipment, anesthesia cart inventory and supplies.
- Clinical schedule/assignment process reviewed
- Procedure for notification in the event of the NAR's absence, reviewed.
- Review of system for in-house communication.
- Departmental policies/procedure manual location reviewed.
- Goals for rotation reviewed.

**NAR signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Please return to Denise.Lamb@villanova.edu**

Policy Name: Master Class Schedule		Review date: 8/21; Revised 8/2021		Policy No 2000		
Page 1 of 8		COA DNP Standard: E1,2,2.1-2.3,3-6,8,9,11, F9, G4,5				
Manual location		A/F/S/APP				
Spring semester	Summer semester	Fall semester				
semester		course #	CR	course title	course topics	hours
<b>SP Year 1</b>	NA Courses	none	0			0
	DNP Courses	NUR 8904	3	Nursing Research	Core Course	45
		NUR 9405	1	Innovation in Healthcare	Core Course	16
		NUR 9406	3	Transformational Leadership	Core Course	32
		NUR 8903	3	Advanced Pharmacology	Core Course	45
	Clinical	none	0			0
<b>SU Year 1</b>	NA Courses	none	0			0
	DNP Courses	NUR 8910	4	Advanced Physical Assessment	Core Course	60
		NUR 9407	3	Quality Improvement	Core Course	32
		NUR 9412	3	Ethics and the Law	Core Course	32
	Clinical	none	0			
<b>Fall Year 1</b>	NA Courses	NUR 9420	2	Introduction to NA	Program, Hospital Orientation, Prof Aspects I, Intro Simulation	84
		NUR 9421	2	Foundational Science of NA I	Chemistry and Physics, Advanced A and P I	80
		NUR 9422	2	Fundamentals of NA Practice	Pharm I & Fundamentals	70
	DNP Courses	NUR 8901	3	Advanced Pathophysiology	Core Course	45
	Clinical	NUR 9101	1	Clinical Practicum I		128
<b>SP Year 2</b>	NA Courses	NUR 9423	2	Foundational Science of NA II	Advanced Anatomy and Physiology II, Pharm II	67
		NUR 9424	2	Advanced Dimensions in NA I	Adv Dimensions and Professional Aspects of Nurse Anesthesia II	72
	DNP Courses	NUR 9408	3	Evidenced Based Practice	Core Course	32
		NUR 9400	1	DNP Project Seminar Introduction	Intro to DNP Project	16
	Clinical	NUR 9102	1	Clinical Practicum II		384
<b>SU Year 2</b>	NA Courses	NUR 9425	2	Advanced Dimensions in NA II	Advanced Dimensions II & Specialty Practice Using HFPS	74
		NUR 9426	2	Foundational Science of NA III	Advanced Anatomy and Physiology III, Pharm III	36
		NUR 9401	2	DNP Project Seminar I	Review of Literature	32
	Clinical	NUR 9103	1	Clinical Practicum III		416
<b>Fall Year 2</b>	NA Courses	NUR 9427	3	Case Studies in NA	Problem Based Learning, Peer Mentor, Journal Club	85
		NUR 9402	2	DNP Project Seminar II	Methods and Project Design	32
	Clinical	NUR 9104	1	Clinical Practicum IV		480
<b>SP Year 3</b>	NA Courses	NUR 9428	3	Advanced Dimensions in NA III	Prof Aspects in NA III, Crisis Resource and Adv Airway & Pain Mgmt.	46
	DNP Courses	NUR 9410	3	Health Care Finance	Core Course	32
		NUR 9403	2	DNP Project Seminar III	Implementation, Analysis, and Evaluation	32
	Clinical	NUR 9105	1	Clinical Practicum V		480
<b>SU Year 3</b>	NA Courses	NUR 9429	1	Advanced Dimensions in NA IV	Anesthesia for the Complex PT with Co-existing Disease	24
	DNP Courses	NUR 9409	3	Health Policy	Core Course	32
		NUR 9404	1	DNP Project Seminar IV	Dissemination of Findings	16
	Clinical	NUR 9106	1	Clinical Practicum VI		480
<b>Fall Year 3</b>	NA Courses	NUR 9430	3	Advanced Dimensions in NA V	Board Preparation	96
	DNP Courses	NUR 9411	3	Epidemiology	Core Course	32
	Clinical	none	0			288
		<b>total</b>	<b>73</b>		<b>total hours</b>	<b>3953</b>

Policy Name: Master Class Schedule Review Date: 06/2016, 07/16, 08/19, 03/20,6/20				Policy No 2000		
Page 2 of 8		COA DNP Standard: E1,2,2.1-2.3,3-6,8,9,11, F9, G4,5				
Manual location A/F/S/APP						
Fall Year 1		course	course topics	course content	hours	
<b>NA courses</b>	<b>NUR 9420</b>	2	Introduction to NA	Program Orientation	Policy Manual /Student Handbook	4
					Typhon Logs, ExamSoft	4
					Infection Control	2
			Hospital Orientation		Policies and Procedures	4
					TOTAL	14
			Professional Aspects of Nurse Anesthesia I		Chemical Dependency	6
					Wellness	2
					History of Anesthesia	6
					AANA Role and Function	4
					Cultural Competence	4
					TOTAL	22
			Introduction to Clinical Practice Using HF Patient Simulation		Introduction to Simulation	8
					Introduction to Anesthesia Practice	40
					TOTAL	48
					<b>NUR 9420 COURSE TOTAL</b>	<b>84</b>
<b>NUR 9421</b>	2	Foundational Science of NA 1	Chemistry and Physics		Inorganic and Organic Chemistry	6
					Applied Physics	6
					Anesthesia Machine	12
					TOTAL	24
			Advanced Anatomy and Physiology I		Respiratory I	12
					Cardiovascular I	26
					Nervous system : CNS & ANS	12
					Renal	6
					TOTAL	56
					<b>NUR 9421 COURSE TOTAL</b>	<b>80</b>
<b>NUR 9422</b>	2	Fundamentals of NAP Practice	Pharm I		Introduction to Pharm	6
					Inhalation Anesthetic Agents	6
					Intravenous Agents	6
					Muscle Relaxants	6
					TOTAL	24
			Fundamentals of Nurse Anesthesia		Introduction to Anesthetic Principles	12
					Mathematic Principles	4
					Preoperative Assessment Principles	6
					Monitoring Principles	6
					Airway Management Principles	6
					Fluid and Electrolyte Principles	6
					Principles of Patient Positioning	6
					TOTAL	46
					<b>NUR 9422 COURSE TOTAL</b>	<b>70</b>
<b>DNP Courses</b>	<b>NUR 8901</b>	3 cr	Advanced Pathophysiology			45
<b>Clinical Course</b>	<b>NUR 9101</b>	1 cr	Clinical Practicum I			128
					total semester classroom lhours	279
					total semester study hours (20 hours per week x 16)	320
					TOTAL semester time comittment	727
					estimated hours per week	45.4

<b>SP Year 2</b>			<b>Course</b>	<b>Course topics</b>	<b>course content</b>	<b>Hours</b>	
<b>NA Courses</b>	<b>NUR 9423</b>	2	Foundational Science of NA II	Advanced Anatomy and Physiology II	Respiratory II	12	
						27	
						6	
						12	
						6	
						4	
						<b>NUR 9423 COURSE TOTAL</b>	<b>67</b>
	<b>NUR 9424</b>	2	Advanced Dimensions in NA I	Advanced Dimensions	Pediatrics	12	
						6	
						6	
						6	
						6	
						6	
						6	
						6	
						12	
						6	
						<b>NUR 9424 COURSE TOTAL</b>	<b>72</b>
<b>DNP Courses</b>	<b>NUR 9408</b>	3 cr	Evidenced Based Practice	Core Course		<b>32</b>	
	<b>NUR 9400</b>	1cr	DNP Project Seminar Intro	Intro to DNP Project		<b>16</b>	
<b>Clinical Course</b>	<b>NUR 9102</b>	1 cr	Clinical Practicum II	48 days x 8 hours		<b>384</b>	
						total semester classroom hours	<b>203</b>
						total semester study hours ( 20 hours per week x 16)	<b>320</b>
						TOTAL semester time comittment	<b>907</b>
						estimated hours per week	<b>56.7</b>

<b>SU YEAR 2</b>			<b>Course</b>	<b>Course topics</b>	<b>course content</b>	
<b>NA Courses</b>	<b>NUR 9425</b>	2	Advanced Dimensions in NA II	Advanced Dimensions II	Regional Anesthesia	6
					Peripheral Nerve Blocks and Acute Pain Principles	6
					Principles of Anesthesia for Trauma	6
					Principles of Anesthesia for GI/Bariatrics/PONV	6
					Neuroanesthesia Principles	12
					Obstetrical Principles of Anesthesia	6
				Specialty Clinical Practice Using HF Patient Simulation	Obstetrical Simulation	8
					Pediatric Simulation	8
					PNB Simulation	8
					Cardiac Simulation	8
					<b>NUR 9425 COURSE TOTAL</b>	<b>74</b>
	<b>NUR 9426</b>	2	Foundational Science of NA III	Advanced Anatomy and Physiology III	Endocrine	18
					Xray Interpretation	6
				Pharm III	Hemostasis Principles / Anticoagulants	6
					Antibiotic Principles	6
					<b>NUR 9426 COURSE TOTAL</b>	<b>36</b>
<b>DNP Courses</b>	<b>NUR 9401</b>	2 cr	DNP Project Seminar I	Review of Literature		<b>32</b>
<b>Clinical Course</b>	<b>NUR 9103</b>	1 cr	Clinical Practicum III	52 days x 8 hours		<b>416</b>
					total semester classroom hours	<b>142</b>
					total semester study hours (20 hours per week x 16)	<b>320</b>
					TOTAL semester time comittment	<b>878</b>
					estimated hours per week	<b>54.9</b>

<b>Fall Year 2</b>			<b>course</b>	<b>course topics</b>	<b>course content</b>	<b>hours</b>
<b>NA courses</b>					Problem Based Learning: Paper and Presentation of Advanced Anesthesia Management of the Complicated Clinical Scenario, Peer Mentor to 1st CY students, Journal Club	
	<b>NUR 9427</b>	3 cr	Case Studies in Nurse Anestheisa	Problem Based Learning, Peer Mentor, Journal Club		85
					<b>NUR 9427 COURSE TOTAL</b>	<b>85</b>
<b>DNP Courses</b>	<b>NUR 9402</b>	2 cr	DNP Project Seminar II	Methods and Project Design		<b>32</b>
<b>Clinical Course</b>	<b>NUR 9104</b>	1 cr	Clinical Practicum IV	15 weeks x 4 days x 8 hours		<b>480</b>
					total semester classroom lhours	<b>117</b>
					total semester study hours (20 hours per week x 16)	<b>320</b>
					TOTAL semester time comittment	<b>917</b>
					estimated hours per week	<b>57</b>

Policy Name: Master Class Schedule Review Date 7/2016 Rev. 8/19, 3/20, 6/20				Policy No 2000		
Page 6 of 8		COA DNP Standard E1,2,2.1-2.3,3-6,8,9,11, F9, G4,5				
Manual locatic		A/F/S/APP				
<b>SP Year 3</b>		<b>Course</b>	<b>Course topics</b>	<b>course content</b>	<b>Hours</b>	
<b>NA Courses</b>	<b>NUR 9428</b>	3 cr Advanced Dimensions in NA III	Professional Aspects of NA III	AANA Structure / Function/ CQI	2	
				Senior Seminar	6	
			Crisis Resource Management in Anesthesia	Simulation Lab	20	
			Advanced Airway Management	Simulation Lab	6	
			Acute and Chronic Pain Management		12	
				<b>NUR 9428 COURSE TOTAL</b>	<b>46</b>	
<b>DNP Courses</b>	<b>NUR 9410</b>	3 cr Health Care Finance	Core Course		32	
	<b>NUR 9403</b>	2 cr DNP Project Seminar III	Implementation, Analysis & Evaluation		32	
<b>Clinical Course</b>	<b>NUR 9105</b>	1 cr Clinical Practicum V	15 weeks x 4 days x 8 hours		480	
					total semester classroom hours	110
					total semester study hours (20 hours per week x 16)	320
					TOTAL semester time comittment	910
					estimated hours per week	56.9

<b>SU Year 3</b>			<b>Course</b>	<b>Course topics</b>	<b>course content</b>	
<b>NA Courses</b>	<b>NUR 9429</b>	1	Advanced Dimensions in NA IV	Anesthesia for the Complex Patient with Co-existing Disease	Co-existing Disease	<b>24</b>
<b>NUR 9429 COURSE TOTAL</b>						<b>24</b>
<b>DNP Courses</b>	<b>NUR 9409</b>	3 cr	Health Policy	Core Course		<b>32</b>
	<b>NUR 9404</b>	1 cr	DNP Project Seminar IV	Dissemination of Findings		<b>16</b>
<b>Clinical Course</b>	<b>NUR 9106</b>	1 cr	Clinical Practicum VI	15 weeks x 4 days x 8 hours		<b>480</b>
total semester classroom hours						<b>72</b>
total semester study hours (20 hours per week x 16)						<b>320</b>
TOTAL semester time commitment						<b>872</b>
estimated hours per week						<b>54.5</b>

<b>Fall Year 3</b>			<b>course</b>	<b>course topics</b>	<b>course content</b>	<b>hours</b>
<b>NA courses</b>			<b>Advanced Dimensoins in Nurse Anesthesia V</b>	<b>Board Preparation</b>	Board Review Lecture/ APEX Review	96*
	<b>NUR 9430</b>	3 cr				
					<b>NUR 9430 COURSE TOTAL</b>	<b>96</b>
<b>DNP Courses</b>	none	0				
	<b>NUR 9411</b>	3 cr	Epidemiology	Core Course		<b>32</b>
<b>Clinical Course</b>	none	0	12 weeks x 3 days x 8 hours			<b>288</b>
					total semester classroom hours	<b>128</b>
					total semester study hours (20 hours per week x 16)	<b>320</b>
					TOTAL semester time comittment	<b>736</b>
					estimated hours per week	<b>46</b>

\*Hours calculated for course NUR9430 are based on in-class and mandatory at home study hours. In 2020 board review began earlier as students were not in clinical due to Covid-19

### Villanova University DNP Nurse Anesthesia Courses

semester	course #	CR	course title	course content	hours	course description
Fall Year 1	NUR 9420	2	Introduction to NA	ProgramOrientation	10	
				Hospital Orientation	4	
				Professional Aspects of Nurse Anesthesia I	22	
				introduction to Clinical Practice using HF Patient Simulation	48	
	NUR 9421	2	Foundational Science of NA I	Chemistry and Physics	24	
				Advanced Anatomy and Physiology I	56	
	NUR 9422	2	Fundamentals of NA Practice	Pharm I	24	
				Fundamentals of Nurse Anesthesia	46	
<b>total</b>		6			234	
SP Year 2	NUR 9423	2	Foundational Science of NA II	Advanced Anatomy and Physiology II	45	
				Pharm II	22	
	NUR 9424	2	Advanced Dimensions in NA I	Advanced Dimensions	66	
				Professional Aspects of Nurse Anesthesia II	6	
<b>total</b>		4			139	
SU Year 2	NUR 9425	2	Advanced Dimensions in NA II	Advanced Dimensions II	42	
				Specialty Clinical Practice using HF Patient Simulation	32	
	NUR 9426	2	Foundational Science of NA III	Advanced Anatomy and Physiology III	24	
			Pharm II	12		
<b>total</b>		4			110	
Fall Year 2	NUR 9427	3	Case Studies in NA	Problem Based Learning , Peer Mentor,Journal Club	85	
<b>total</b>		3			85	
SP Year 3	NUR 9428	3	Advanced Dimensions in NA III	Professional Aspects in NA III	8	
				Crisis Resource Management in Anesthesia	20	
				Advance Airway Management	6	
				Acute and Chronic Pain Management	12	
<b>total</b>		3			46	
SU Year 3	NUR 9429	1	Advanced Dimensions in NA IV	Anesthesia for the Complex Patient with Co-existing Disease	24	
<b>total</b>		1			24	
Fall Year 3	NUR 9430	3	Advanced Dimensions in NA V	Board Preparation	96	
<b>total</b>		3			96	
<b>total</b>		<b>24</b>				

Policy Name: Curriculum Sequence Summary			Review Date: 8/21; revision 8/21		Policy
Page 2 of 2		COA DNP standard: E 1-6, 8-11			2001
Manual location		A/F/S/APP			
<b>Villanova University DNP CORE Courses</b>					
semester	course #	CR	course title	course content	hours
Spring Year 1	NUR 8904	3	Nursing Research		45
	NUR 9405	1	Innovation in Healthcare		16
	NUR 9406	3	Transformational Leadership		32
	NUR 8903	3	Advanced Pharmacology		45
Summer Year 1	NUR 8910	4	Adv. Physical Assessment		60
	NUR 9407	3	Quality Improvement		32
	NUR 9412	3	Ethics and the Law		32
Fall Year 1	NUR 8901	3	Adv Pathophysiology		45
Spring Year 2	NUR 9408	3	Evidenced Based Practice		32
Summer Year 2	none	0			0
Fall Year 2	none	0			0
Spring Year 3	NUR 9410	3	Health Care Finance		32
Summer Year 3	NUR 9409	3	Health Policy		32
Fall Year 3	none	0			0
	NUR 9411	3	Epidemiology		32
	<b>TOTAL</b>	<b>35</b>		<b>total</b>	<b>403</b>
<b>Villanova University DNP PROJECT Courses</b>					
semester	course #	CR	course title	course content	hours
Spring Year 1	none	0			0
Summer Year 1	none	0			0
Fall Year 1	none	0			0
Spring Year 2	NUR 9400	1	DNP Project Seminar Intro	Introduction to DNP Project	16
Summer Year 2	NUR 9401	2	DNP Project Seminar I	Review of Literature	32
Fall Year 2	NUR 9402	2	DNP Project Seminar II	Methods and Project Design	32
Spring Year 3	NUR 9403	2	DNP Project Seminar III	Implementation, Analysis, and Evaluation	32
Summer Year 3	NUR 9404	1	DNP Project Seminar IV	Dissemination of Findings	16
Fall 2021	none	0			0
	<b>TOTAL</b>	<b>8</b>		<b>total</b>	<b>128</b>
<b>Villanova University Clinical Courses</b>					
semester	course #	CR	course title	course content	hours
Spring Year 1	none	0			
Summer Year 1	none	0			
Fall Year 1	NUR 9101	1	Clinical Practicum I		128
Spring Year 2	NUR 9102	1	Clinical Practicum II		384
Summer Year 2	NUR 9103	1	Clinical Practicum III		416
Fall Year 2	NUR 9104	1	Clinical Practicum IV		480
Spring Year 3	NUR 9105	1	Clinical Practicum V		480
Summer Year 3	NUR 9106	1	Clinical Practicum VI		480
Fall Year 3	none	0	Clinical Hours (non credit)		288
	<b>TOTAL</b>	<b>6</b>		<b>total</b>	<b>2656</b>

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9420 – Introduction to Nurse Anesthesia

**CREDITS:** 2

**DATE/TIME:** 1st Year Fall Semester

**PREREQUISITES:** None

**COURSE**

**DIRECTOR:** TBD

**INSTRUCTORS:** See Syllabus

**OVERVIEW:** This course will focus on a broad orientation into the Nurse Anesthesia Program and the professional role of nurse anesthesia. This initial introduction will provide students with a foundation of the professional aspects of nurse anesthesia by providing a general orientation to the program, historical context of nurse anesthesia, and relevant professional issues, such as substance abuse, wellness, infection control, and cultural competence. Introductory concepts are reviewed utilizing the high-fidelity patient simulation lab.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Demonstrate a thorough understanding of the student handbook and all necessary program policy and procedures.
2. Demonstrate knowledge of universal precautions, as well as the policies and proper procedures necessary to prevent contamination of medications, prevent nosocomial infections in patients, prevent infection during insertion and maintenance of invasive monitoring devices, and the proper management of an immunocompromised patient.
3. Discuss the risks and treatments of occupational transmission of infection to healthcare personnel, the proper procedures when a body fluid exposure has occurred, the hazards of working with lasers, and measures for prevention of development of latex allergy in populations at increased risk.
4. Examine the development of the anesthesia agents, machinery, and techniques used since the beginning of modern-day anesthesia.
5. Demonstrate knowledge of the development of nursing anesthesia and the early pioneers.
6. Identify past leaders of the AANA and discuss their accomplishments and contributions to the profession of nurse anesthesia.
7. Analyze the historic events that have led to substance abuse.
8. Critically evaluate the legislative changes that have occurred that have affected substance abuse in the United States.

9. Synthesize an appropriate, culturally competent anesthetic care plan and integrate this knowledge within the simulation environment.
10. Demonstrate the appropriate cognitive and psychomotor skills to perform an anesthetic induction and basic airway management in the high-fidelity patient simulation lab.

**MAJOR TOPICS:**

1. Program orientation
2. Policy manual/student handbook
3. Typhon logs, examssoft
4. Infection control
5. Hospital orientation
6. Professional aspects of nurse anesthesia I
7. Chemical dependency
8. Wellness
9. History of anesthesia
10. AANA role and function
11. Cultural competence
12. Introduction to clinical practice using HF patient simulation

**GRADUATE PROGRAM****TITLE:** NUR 9421 – Foundational Science for Nurse Anesthesia I**CREDITS:** 2**DATE/TIME:** 1st Year Fall Semester**PREREQUISITES:** None**COURSE****DIRECTOR:** Jodie Szlachta PhD, CRNA**INSTRUCTORS:** Alex Skiadas MSN, CRNA  
Aric Bunch MSN, CRNA  
Dana Rodgers MSN, CRNA  
Jodie Szlachta PhD, CRNA  
Kevin Everett MSN, CRNA  
Trish McFarlane DNP, CRNA

**OVERVIEW:** This course will introduce the first-year nurse anesthesia student to the scientific principles of chemistry, biochemistry, and physics, and prepare students to apply pertinent scientific laws and principles to the practice of nurse anesthesia. Students will also be exposed to advanced anatomy and physiology principles, which provide a critical foundation for appropriate anesthetic management of select patient populations of various cultural origins, across the lifespan.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Analyze principles of organic and inorganic chemistry, biochemistry, and physics, and apply to the clinical practice of nurse anesthesia.
2. Critically examine the anesthesia machine and related equipment, and demonstrate a comprehensive equipment check.
3. Analyze and assess the major anatomical structures and physiological functions of each system presented (Respiratory, Cardiovascular, Renal, and Nervous System).
4. Compare and contrast the effects of varied anesthetic modalities on each physiologic system presented and integrate this information with the anesthetic management of select patient populations.

**MAJOR TOPICS:**

1. Anesthesia Machine
2. Inorganic and Organic Chemistry
3. Biochemistry
4. Applied Physics
5. Respiratory I

6. Cardiovascular I
7. Nervous System
8. Renal

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9422- Fundamentals of NA Practice I

**CREDITS:** 2

**DATE/TIME:** 1<sup>st</sup> Year Fall Semester

**PREREQUISITES:** None

**COURSE**

**DIRECTOR:** TBD

**INSTRUCTORS:** Alex Skiadas MSN, CRNA  
Catherine Rowand MSN, CRNA  
Colleen Danese MSN, CRNA  
Jennifer String MSN, CRNA  
Jodie Szlachta PhD, CRNA  
Kate Freedman MSN, CRNA  
Lew Bennett DNP, CRNA  
Michael Scully DNP, CRNA

**OVERVIEW:** This course is designed to provide students with the fundamental scientific principles requisite to manage a safe anesthetic. Students will be provided a broad orientation to multiple anesthetic topics including pharmacology of inhaled and IV anesthetic agents, as well as concepts in safe patient positioning, perioperative fluid and electrolyte management, introduction to airway management, and the science and technology of intraoperative anesthetic monitoring. Students will be exposed to an initial introduction to the scientific underpinnings in the pharmacologic and clinical responsibilities of nurse anesthesia.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine airway anatomy and demonstrate appropriate use of different airway devices used in anesthesia.
2. Identify appropriate patient positioning for a wide variety of surgical procedures considering relevant anatomy and possible complications.
3. Synthesize the scientific principles of pharmacology for the development of an appropriate anesthetic care plan for varied patients across the lifespan.

4. Develop an appropriate anesthesia care plan using learned fluid calculations for the anesthetic management of a wide variety of patient and surgical procedures.
5. Research the history of modern anesthesia and compare historic influences.
6. Identify and appraise appropriate monitoring modalities used during anesthesia management and interpret the data to utilize in anesthetic delivery.

**MAJOR TOPICS:**

1. Introduction to anesthetic pharmacology.
2. Inhaled anesthetic agents.
3. Intravenous anesthetic agents.
4. Muscle relaxants.
5. Introduction to anesthetic principles.
6. Mathematic principles.
7. Preoperative assessment principles.
8. Anesthetic monitoring principles.
9. Airway management principles.
10. Fluid and electrolyte principles.
11. Principles of patient positioning.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9423 – Foundational Science of NA II

**CREDITS:** 2

**DATE/TIME:** 1<sup>st</sup> Year Spring Semester

**PREREQUISITES:** NUR 9420, 9421, 9422

**COURSE**

**DIRECTOR :** TBD

**INSTRUCTORS:**

Carlene McLaughlin PhD, CRNA

Jodie Szlachta PhD, CRNA

**OVERVIEW:** This course will build upon anesthetic concepts and techniques learned in Foundational Sciences I. The first-year nurse anesthesia student will be introduced to advanced pharmacologic principles necessary to the safe and effective practice of anesthesia with an emphasis on local anesthetics and cardiac pharmacology. Students will also be exposed to advanced anatomy and physiology principles, which provide a critical foundation for appropriate anesthetic management of select patient populations.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Outline and discuss the major anatomical structures of each system presented.
2. Explore and appraise the major physiologic functions of the Respiratory, Cardiovascular, Renal and Hepatic system.
3. Analysis the effects of multiple anesthetic modalities on each physiologic system discussed and integrate this information with the anesthetic management of select patient populations.
4. Critically examine the pharmacologic principles of medications utilized in the administration of anesthesia with particular emphasis on local anesthetics and cardiac medications, including antidysrhythmics, vasoactive agents, and antihypertensives.

**Major Topics:**

1. Respiratory II
2. Cardiovascular II
3. Hepatic
4. Cardiovascular Pharmacology
5. Local Anesthetics
6. Pharm potpourri and Autocoids



**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9424 – Advanced Dimensions of NA I

**CREDITS:** 2

**DATE/TIME:** 1<sup>st</sup> Year Spring Semester

**PREREQUISITES:** NUR 9420, 9421, 9422

**COURSE**

**DIRECTOR :** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:**

Kevin Everett MSN, CRNA  
Linda Ramsey Esquire, ARM, CPHRM, CHC  
Dana Rodgers MSN, CRNA  
Alex Skiadas MSN, CRNA  
Faith Stefan MSN, CRNA  
Jennifer String MSN, CRNA  
Jodie Szlachta PhD, CRNA

**OVERVIEW:** This course is designed to introduce first-year nurse anesthesia students to advanced concepts for the anesthetic management for special patient populations undergoing specialty surgical procedures. These specialties include pediatrics, orthopedics, geriatrics, ENT/head and neck, cardiac surgery/perfusion, and thoracic/vascular procedures, with attention to the genetic influence of the particular patient pathophysiology, and anesthetic considerations throughout the perioperative process. Learning environments include both the classroom and simulation lab settings. Students will also be exposed to the legal and professional aspects of the practice of nurse anesthesia.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine the anatomy and physiology of select patient/surgical populations.
2. Analyze the pharmacologic considerations for specific patient populations undergoing select, specialized surgical procedures.
3. Develop an appropriate anesthetic care plan for patients with unique surgical/anesthetic considerations including those listed below.
4. Identify alterations in physiology and pharmacokinetics in aging patients and apply best practice recommendations from current literature to optimize their anesthetic care.

5. Examine the legal aspects inherent to the professional practice of nurse anesthesia.

**MAJOR TOPICS:**

1. Pediatrics
2. Orthopedics
3. Geriatrics
4. ENT/Head/Neck Surgery
5. Principles of Cardio-pulmonary Bypass
6. Principles of Anesthesia for Burns
7. Principles of Thoracic Anesthesia
8. Principles of Vascular Anesthesia
9. Anesthesia for Cardiac Surgery
10. Legal Aspects of Nurse Anesthesia

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9425 – Advanced Dimensions in Nurse Anesthesia II

**CREDITS:** 2

**DATE/TIME:** Summer Semester Year 2; May 27, 2020- July 30, 2020

**PREREQUISITES:** NUR 9420, NUR 9421, NUR 9422, NUR 9423, NUR 9424

**COURSE**

**DIRECTOR :** TBD

**INSTRUCTORS:** Aric Bunch MSN, CRNA  
Nicole Fanelli MSN, CRNA  
Trish McFarlane DNP, CRNA  
Carlene McLaughlin PhD, CRNA

**OVERVIEW:** This course is designed to build upon concepts learned in Advanced Dimensions of Nurse Anesthesia I. Students will be exposed to a variety of topics focusing on advanced anesthesia concepts for the management of surgical specialties, as well as patient populations presenting for procedures in these specialty areas. Students will also explore advanced anesthetic techniques, such as peripheral nerve blocks and regional anesthesia. Students will be exposed to advanced concepts of anesthetic management of the neurosurgery, trauma, bariatric, and obstetrical patients. Relevant preoperative, perioperative, and postoperative considerations and assessments for each population and surgical procedure are reviewed. Learning environments include both the classroom and simulation lab settings.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine the anatomy and physiology of select patient/surgical populations.
2. Analyze the pharmacologic consideration for patients undergoing select surgical procedures.
3. Develop an appropriate anesthetic care plan for patients with unique surgical/anesthetic considerations.
4. Compare and contrast the different regional anesthetic techniques.
5. Examine the different pharmacologic medications administered during regional anesthesia.

6. Demonstrate an understanding of regional anesthetic principles, techniques, and equipment using the high-fidelity patient simulation lab.
7. Analyze current peer-reviewed literature related to specific course topics to identify best evidence-based practices for optimal anesthetic management.

**Major Topics:**

1. Regional Anesthesia
2. Peripheral Nerve Blocks and Acute Pain Principles
3. Principles of Anesthesia for Trauma
4. Principles of Anesthesia for GI/Bariatrics/PONV
5. Neuroanesthesia Principles
6. Obstetrical Principles of Anesthesia
7. Specialty Simulations
  - a. Obstetrical
  - b. Pediatric
  - c. Peripheral Nerve Blocks
  - d. Cardiac

**GRADUATE PROGRAM**

**TITLE:** NUR 9426 – Foundational Science of Nurse Anesthesia III

**CREDITS:** 2

**DATE/TIME:** Summer Semester 2<sup>nd</sup> year; May 27, 2020- July 31, 2020

**PREREQUISITES:** NUR 9420, NUR 9421, NUR 9422, NUR 9423, NUR 9424

**COURSE**

**DIRECTOR :** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** Jennifer Coates MSN, ACNPC-BC  
Colleen Boland-Danese MSN, CRNA  
Jodie Szlachta PhD, CRNA

**OVERVIEW:** This course builds upon anesthetic concepts and techniques learned in Foundational Sciences I & II. Students will continue to explore and critically examine advanced principles of anatomy and physiology unique to specific patient populations, with a focus on the endocrine and hemostatic systems. In addition, advanced pharmacologic principles will be covered with a focus on antibiotic selection and management for various patients undergoing anesthesia for a broad range of surgical procedures.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine the anatomy and physiology of the endocrine and hemostatic system.
2. Analyze the pharmacologic considerations for patients undergoing procedures of the endocrine or hemostatic system, or for patients with disorders of the endocrine or hemostatic systems.
3. Develop an appropriate anesthetic care plan for patients with disorders of the endocrine and hemostatic systems.
4. Compare and contrast the available antibiotic therapies and their administration during the perioperative period.
5. Examine the different pharmacologic indications and contraindications for the administration of specific antibiotics.
6. Examine and interpret Xrays pertinent to patients undergoing anesthesia.
7. Analyze current peer reviewed literature related to specific course topics to identify best evidence-based practices for safe anesthesia care.

**MAJOR TOPICS:**

1. Hemostasis: medications



**M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9427 – Case Studies in Nurse Anesthesia

**CREDITS:** 3

**DATE/TIME:** Fall Year 2; September 14, 2020- December 21, 2020

**PREREQUISITES:** NUR 9425, NUR 9426

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** Nicole Fanelli MSN, CRNA  
Carlene McLaughlin PhD, CRNA

**OVERVIEW:** This course is designed to facilitate the critical thinking of second-year nurse anesthesia students about the advanced concepts in anesthetic management of complex intraoperative patient situations, integrating learned scientific principles of pharmacology, anatomy, and physiology. Students will prepare and deliver evidence-based presentations using the Socratic teaching method on the anesthetic management of patients with a variety of co-existing diseases. A scholarly paper of the same is required, following the publication guidelines of the International Journal of Student Nurse Anesthesia.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine the current evidence regarding the anesthetic management of patients across the lifespan with co-existing diseases, undergoing complex surgical procedures.
2. Prepare and deliver an evidence-based presentation using the Socratic teaching method.
3. Prepare a scholarly paper following the publication guidelines of the International Journal of Student Nurse Anesthesia.

**MAJOR TOPICS:**

1. PBL Presentations
2. PBL Scholarly Paper
3. Peer Mentor to 1<sup>st</sup> year NA students in Simulation

**M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9428 – Advanced Dimensions in Nurse Anesthesia III

**CREDITS:** 3

**DATE/TIME:** Spring Semester 3<sup>rd</sup> Year; January 11, 2021- May 10, 2021

**PREREQUISITES:** NUR 9427

**COURSE**

**DIRECTOR:** TBD

**INSTRUCTORS:** Kevin Everett MSN, CRNA  
Nicole Fanelli MSN, CRNA  
George Haritos DNP, CRNA  
Carlene McLaughlin PhD, CRNA

**OVERVIEW:** This course continues to build upon concepts learned in Advanced Dimensions I & II. Students will be exposed to advanced clinical and professional topics, with a primary professional focus on AANA structure and function, as well as the current nurse anesthesia standards of practice. Students will be exposed to the concepts of advanced crisis resource management principles during anesthetic and intraoperative emergencies in both a classroom setting reviewing didactic principles of crisis resource management, and in the high-fidelity patient simulation lab demonstrating these leadership principles. Student will also be exposed to the concepts of advanced airway and difficult airway management using high-fidelity patient simulation technology and teaching resources. Students will examine techniques, procedures, and culturally appropriate management of patients with acute and chronic pain conditions.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Analyze the structure and function of the AANA.
2. Critically examine the current nurse anesthesia standards of practice.
3. Synthesize an anesthesia care plan and demonstrate leadership in the execution of the principles incorporated in crisis resource management of emergency scenarios in the perioperative environment.
4. Demonstrate leadership in the management of difficult airway scenarios utilizing appropriate airway equipment in the high-fidelity simulation lab.
5. Examine the appropriate techniques, procedures, and management for patients with acute and chronic pain conditions.





## GRADUATE PROGRAM

**TITLE:** NUR 9430 – Advanced Dimensions in Nurse Anesthesia V

**CREDITS:** 3

**DATE/TIME:** Fall Semester 3<sup>rd</sup> Year

**PREREQUISITES:** NUR 9429

### COURSE

**DIRECTOR:** TBD

**INSTRUCTORS:** Miranda Beach MSN, CRNA  
Yori Cozen MSN, CRNA  
Kevin Everett MSN, CRNA  
Trish McFarlane DNP, CRNA  
Carlene McLaughlin PhD, CRNA  
Richard Mensik MSN, CRNA

**OVERVIEW:** This course builds upon anesthetic concepts learned in Advanced Dimensions I-IV and reviews all principles and techniques learned over the course of the NA program. Students will be exposed to a detailed board review in preparation for the national certification examination as described by the National Council on Certification and Recertification of Nurse Anesthetists in the following categories: 1.) Basic Sciences; 2.) Equipment, Instrumentation, and Technology; 3.) Basic Principles of Anesthesia Practice; and 4.) Advanced principles of Anesthesia Practice.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine the basic sciences with focus on anatomy and physiology.
2. Demonstrate an understanding of the basic and advanced principles of anesthesia and critically apply to a standardized board examination.
3. Synthesize appropriate anesthetic care plan for each unique patient population.
4. Critically examine the use and care of anesthesia equipment and technology.

### MAJOR TOPICS:

1. Basic Sciences
2. Pharmacology
3. Equipment, Instrumentation, and Technology
4. Basic and Advanced Principles of Nurse Anesthesia

**Nurse Anesthesia Course Descriptions:****NUR 9420      Introduction to Nurse Anesthesia****2 CR**

This course will focus on a broad orientation into the Nurse Anesthesia Program and the professional role of nurse anesthesia. This initial introduction will provide students with a foundation of the professional aspects of nurse anesthesia by providing a general orientation to the program, historical context of nurse anesthesia, and relevant professional issues, such as substance abuse, wellness, infection control, and cultural competence. Introductory concepts are reviewed utilizing the high-fidelity patient simulation lab.

**NUR 9421      Foundational Science of Nurse Anesthesia I****2 CR**

This course will introduce the first-year nurse anesthesia student to the scientific principles of chemistry, biochemistry, and physics, and prepare students to apply pertinent scientific laws and principles to the practice of nurse anesthesia. Students will also be exposed to advanced anatomy and physiology principles, which provide a critical foundation for appropriate anesthetic management of select patient populations of various cultural origins, across the lifespan.

**NUR 9422      Fundamentals of NA Practice I****2 CR**

This course is designed to provide students with the fundamental scientific principles requisite to manage a safe anesthetic. Students will be provided a broad orientation to multiple anesthetic topics including pharmacology of inhaled and IV anesthetic agents, as well as concepts in safe patient positioning, perioperative fluid and electrolyte management, introduction to airway management, and the science and technology of intraoperative anesthetic monitoring. Students will be exposed to an initial introduction to the scientific underpinnings in the pharmacologic and clinical responsibilities of nurse anesthesia.

**NUR 9423      Foundational Science for Nurse Anesthesia II****2 CR**

This course will build upon anesthetic concepts and techniques learned in Foundational Sciences I. The first-year nurse anesthesia student will be introduced to advanced pharmacologic principles necessary to the safe and effective practice of anesthesia with an emphasis on local anesthetics and cardiac pharmacology. Students will also be exposed to advanced anatomy and physiology principles, which provide a critical foundation for appropriate anesthetic management of select patient populations.

**NUR 9424      Advanced Dimensions in Nurse Anesthesia Practice I****2 CR**

This course is designed to introduce first-year nurse anesthesia students to advanced concepts for the anesthetic management for special patient populations undergoing specialty surgical procedures. These specialties include pediatrics, orthopedics, geriatrics, ENT/head and neck, cardiac surgery/perfusion, and thoracic/vascular procedures, with attention to the genetic influence of the particular patient pathophysiology, and anesthetic considerations throughout the perioperative process. Learning environments include both the classroom and simulation lab settings. Students will also be exposed to the legal and professional aspects of the practice of nurse anesthesia.

**NUR 9425****Advanced Dimensions in Nurse Anesthesia II****2 CR**

This course is designed to build upon concepts learned in Advanced Dimensions of Nurse Anesthesia I. Students will be exposed to a variety of topics focusing on advanced anesthesia concepts for the management of surgical specialties, as well as patient populations presenting for procedures in these specialty areas. Students will also explore advanced anesthetic techniques, such as peripheral nerve blocks and regional anesthesia. Students will be exposed to advanced concepts of anesthetic management of the neurosurgery, trauma, bariatric, and obstetrical patients. Relevant preoperative, perioperative, and postoperative considerations and assessments for each population and surgical procedure are reviewed. Learning environments include both the classroom and simulation lab settings.

**NUR 9426****Foundational Science of Nurse Anesthesia III****2 CR**

This course builds upon anesthetic concepts and techniques learned in Foundational Sciences I & II. Students will continue to explore and critically examine advanced principles of anatomy and physiology unique to specific patient populations, with a focus on the endocrine and hemostatic systems. In addition, advanced pharmacologic principles will be covered with a focus on antibiotic selection and management for various patients undergoing anesthesia for a broad range of surgical procedures.

**NUR 9427****Case Studies in Nurse Anesthesia****3 CR**

This course is designed to facilitate the critical thinking of second-year nurse anesthesia students about the advanced concepts in anesthetic management of complex intraoperative patient situations, integrating learned scientific principles of pharmacology, anatomy, and physiology. Students will prepare and deliver evidence-based presentations using the Socratic teaching method on the anesthetic management of patients with a variety of co-existing diseases. A scholarly paper of the same is required, following the publication guidelines of the International Journal of Student Nurse Anesthesia.

**NUR 9428****Advanced Dimensions in Nurse Anesthesia III****3 CR**

This course continues to build upon concepts learned in Advanced Dimensions I & II. Students will be exposed to advanced clinical and professional topics, with a primary professional focus on AANA structure and function, as well as the current nurse anesthesia standards of practice. Students will be exposed to the concepts of advanced crisis resource management principles during anesthetic and intraoperative emergencies in both a classroom setting reviewing didactic principles of crisis resource management, and in the high-fidelity patient simulation lab demonstrating these leadership principles. Student will also be exposed to the concepts of advanced airway and difficult airway management using high-fidelity patient simulation technology and teaching resources. Students will examine techniques, procedures, and culturally appropriate management of patients with acute and chronic pain conditions.

**NUR 9429****Advanced Dimensions in Nurse Anesthesia IV****1 CR**

This course continues to build upon concepts learned in Advanced Dimensions in Nurse Anesthesia I, II, & III. Students will be exposed to advanced topics with a primary focus on patients with complex co-existing morbidities and diseases and their anesthetic management. Students will examine varied pathophysiology and demonstrate the synthesis

of appropriate care plans for anesthetic management of patients with these conditions, including the preoperative assessment, intraoperative management, post-operative management, and readiness to discharge.

**NUR 9430**

**Advanced Dimensions in Nurse Anesthesia V**

3 CR

This course builds upon anesthetic concepts learned in Advanced Dimensions I-IV and reviews all principles and techniques learned over the course of the NA program. Students will be exposed to a detailed board review in preparation for the national certification examination as described by the National Council on Certification and Recertification of Nurse Anesthetists in the following categories: 1.) Basic Sciences; 2.) Equipment, Instrumentation, and Technology; 3.) Basic Principles of Anesthesia Practice; and 4.) Advanced principles of Anesthesia Practice.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9400 – DNP Project Seminar Introduction

**CREDITS:** 1

**DATE/TIME:** Spring Semester 2<sup>nd</sup> Year

**PREREQUISITES:** None

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** See Syllabus

**DNP**

**FACULTY**

**ADVISORS:** TBD

**OVERVIEW:** This course will provide an introduction to the DNP project concept and academic process. The course will review the steps required to develop the scholarly DNP Project. The course will review DNP NUR 9401-9404 course requirements and identify key components of each subsequent course in the process. Applicable terminology will be defined, such as needs assessment, systematic investigation, clinical issue, theoretical framework, PICOT and SWOT assessment. Analysis of academic work will be achieved through student's review and critical evaluation of completed DNP projects. Students will identify the required components of the DNP project as well as critically examine completed works. This course requires 50 clinical practicum hours.

**OBJECTIVES:** Upon conclusion of this course, the student will be able to:

1. Define a needs assessment, systematic evaluation of a clinical issue, a SWOT analysis and PICOT question, and provide examples.
2. Identify potential practice setting of a DNP project, associated stakeholders, resources required, potential measurable outcomes, and cost and benefits of possible DNP projects.
3. Analyze how several identified theoretical frameworks that are applicable to the clinical DNP projects may be used to guide and support a DNP project.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9401 – DNP Project Seminar I

**CREDITS:** 2

**DATE/TIME:** Summer Semester 2<sup>nd</sup> Year

**PREREQUISITES:** NUR 9400

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** See Syllabus

**DNP PROJECT** See Syllabus

**FACULTY**

**ADVISORS:**

**OVERVIEW:** This course will provide the foundation for development of the scholarly DNP Project. The focus is on identification of a clinical problem in the student's practice setting. In collaboration with the faculty and clinical mentor, the student will conduct a needs assessment in the practice setting and begin analysis of the scientific evidence related to potential solutions of the problem. The student will begin to design the project with attention to the scope and significance of the problem, identification of an evidence-based strategy to address the problem, development of a needs assessment, and identification of strategies for assessment of the project outcomes. This course requires 50 clinical practicum hours.

**OBJECTIVES:** Upon conclusion of this course, the student will be able to:

1. Conduct a systematic investigation of a clinical issue in the practice setting that is congruent with the cohort theme.
2. Develop a needs assessment with particular attention to the practice setting, stakeholders, resources, desired outcomes, and cost benefit analysis to determine the scope and significance of the problem.
3. Analyze the scientific evidence related to potential solutions to the problem.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9402 – DNP Project Seminar II

**CREDITS:** 2

**DATE/TIME:** Fall Semester 2<sup>nd</sup> Year

**PREREQUISITES:** NUR 9401

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** See Syllabus

**DNP PROJECT**

**FACULTY**

**ADVISORS:** See Syllabus

**OVERVIEW:** This course will focus on refinement of the scholarly DNP Project design with particular attention to implementation logistics and measurement of outcomes. The review and synthesis of relevant existing scientific evidence upon which the project design is based will be continued. Theoretical underpinnings and implications of the project will be explored. The student will apply for relevant human subjects and institutional approvals and will begin implementation of the project in the practice setting in collaboration with the faculty and clinical mentor. This course requires 80 clinical practicum hours.

**OBJECTIVES:** Upon conclusion of this course, the student will be able to:

1. Expand the review of relevant existing scientific evidence upon which the project design is based.
2. Identify relevant theoretical underpinnings and implications of the project.
3. Refine the design of the scholarly DNP Project with particular attention to implementation logistics and measurement of outcomes.
4. Submit applications for relevant human subjects and institutional approvals.
5. Develop a beginning plan for implementation of an evidence-based solution to the clinical problem and assessment of project outcomes.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9403- DNP Project Seminar III

**CREDITS:** 2

**DATE/TIME:** Spring Semester 3<sup>rd</sup> year

**PREREQUISITES:** NUR 9402

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** See Syllabus

**DNP PROJECT**

**FACULTY**

**ADVISORS:** See Syllabus

**OVERVIEW:** This course will focus on implementation of the scholarly DNP Project in the student's practice setting in collaboration with the faculty and clinical mentor. The student is expected to demonstrate project management skills and effective communication and collaboration with diverse personnel. This course requires 70 clinical practicum hours.

**OBJECTIVES:** Upon conclusion of this course, the student will be able to:

1. Implement the DNP project in the practice setting.
2. Evaluate progress in implementation of the project design with attention to divergence from the project plan.
3. Assess stakeholders' response to the process of change.
4. Collect data relevant to assessment of the project outcomes.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9404- DNP Project Seminar IV

**CREDITS:** 1

**DATE/TIME:** Summer Semester 3<sup>rd</sup> Year

**PREREQUISITES:** NUR 9403

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** See Syllabus

**DNP PROJECT  
FACULTY**

**ADVISORS:** See Syllabus

**OVERVIEW:** This course will focus on completion and evaluation of the scholarly DNP Project in collaboration with the faculty and clinical mentor. The final product will reflect the student's ability to assume a leadership role, employ effective communication and collaboration skills, evaluate practice, and successfully negotiate change in health care delivery outcomes for individuals, families, populations, communities or systems. This course requires 60 clinical practicum hours.

**OBJECTIVES:** Upon conclusion of this course, the student will be able to:

1. Analyze data collected to assess project outcomes.
2. Assess transformation in the practice setting related to the project in terms of expected and unexpected change, resistance to change, and change that may be on going.
3. Prepare a scholarly document that describes the project and its outcomes.
4. Present project outcomes to the faculty, clinical mentor and practice site.

**Nurse Anesthesia Projects Course Descriptions:**

- NUR 9400**      **DNP Project Seminar Introduction**  
**1 CR**      This course will provide an introduction to the DNP project concept and academic process. The course will review the steps required to develop the scholarly DNP Project. The course will review DNP NUR 9401-9404 course requirements and identify key components of each subsequent course in the process. Applicable terminology will be defined, such as needs assessment, systematic investigation, clinical issue, theoretical framework, PICOT and SWOT assessment. Analysis of academic work will be achieved through student's review and critical evaluation of completed DNP projects. Students will identify the required components of the DNP project as well as critically examine completed works.
- NUR 9401**      **DNP Project Seminar I**  
**2 CR**      This course will provide the foundation for development of the scholarly DNP Project. The focus is on identification of a clinical problem in the student's practice setting. In collaboration with the faculty and clinical mentor, the student will conduct a needs assessment in the practice setting and begin analysis of the scientific evidence related to potential solutions of the problem. The student will begin to design the project with attention to the scope and significance of the problem, identification of an evidence-based strategy to address the problem, development of a needs assessment, and identification of strategies for assessment of the project outcomes. This course requires 50 clinical practicum hours.
- NUR 9402**      **DNP Project Seminar II**  
**2 CR**      This course will focus on refinement of the scholarly DNP Project design with particular attention to implementation logistics and measurement of outcomes. The review and synthesis of relevant existing scientific evidence upon which the project design is based will be continued. Theoretical underpinnings and implications of the project will be explored. The student will apply for relevant human subjects and institutional approvals and will begin implementation of the project in the practice setting in collaboration with the faculty and clinical mentor. This course requires 80 clinical practicum hours.
- NUR 9403**      **DNP Project Seminar III**  
**2 CR**      This course will focus on implementation of the scholarly DNP Project in the student's practice setting in collaboration with the faculty and clinical mentor. The student is expected to demonstrate project management skills and effective communication and collaboration with diverse personnel. This course requires 70 clinical practicum hours.
- NUR 9404**      **DNP Project Seminar IV**  
**1 CR**      This course will focus on completion and evaluation of the scholarly DNP Project in collaboration with the faculty and clinical mentor. The final product will reflect the student's ability to assume a leadership role, employ effective communication and collaboration skills, evaluate practice, and successfully negotiate change in health care delivery outcomes for individuals, families, populations, communities or systems. This course requires 60 clinical practicum hours.

























### **Nurse Anesthesia Core Course Descriptions:**

**NUR 8901    Advanced Pathophysiology**

**3 CR**

This is an advanced pathophysiology course which focuses on common disorders affecting clients across the life span in the clinical setting. The dysfunction of cellular, tissue, organ and systemic regulatory mechanisms is described. The various effects of pathogens, environmental factors, genetics, human behaviors, aging and stress on human physiologic processes are elucidated. Clinical manifestations and functional alterations which result from the dysfunction of physiological conditions are presented from a holistic perspective. Pathophysiological principles and mechanisms are studied through the use of various resources ie. textbook, current journal articles, and internet resources. Detailed analysis of patient case studies enable the learner to think critically, develop clinical decision-making skills, and plan competent clinical management of the disorders which commonly affect patients across the lifespan.

**NUR 8903    Advanced Pharmacology**

**3 CR**

This course provides an intensive study of the principles of pharmacodynamics, pharmacokinetics, and pharmacotoxicology. Emphasis will be placed on the mechanisms of drug actions with a focus on how these effects results in the therapeutic and adverse effects of a drug. Determination of appropriate drug regimens for use in the treatment of disease states, as seen in special populations across the life span, will be reviewed. Consideration will also be given to specific problems in prescribing medications for special populations as well as the problems of multiple drug therapy. Cost, indication for use, action, dosage, common side effects, toxicity, and food/drug interaction will be reviewed for each drug category reviewed in this course. A reserved copy of this textbook can be found in Falvey Library.

**NUR 8904    Nursing Research**

**3 CR**

This course is designed to promote an evidence-based approach to nursing practice. The existing evidence base on clinical problems will be critiqued. Published nursing research studies will be evaluated for scientific merit and readiness for application in clinical practice. Research designs will be used to develop strategies to test findings in clinical practice settings and to develop studies to strengthen the evidence. Clinical issues relevant to conducting studies relevant to nursing practice and health care will be discussed.

**NUR 8910    Advanced Physical Assessment**

**4 CR**

This seminar/laboratory course promotes acquisition of knowledge and skills necessary for the delivery of primary care to adult and pediatric patients. Nurse/patient/family communication, data collection, advanced physical assessment skills and problem solving is emphasized. Students practice history taking and physical assessment on one another in the laboratory and on standardized patients.

**NUR 9405      Innovation in Healthcare**

**1 CR**

This course emphasizes the roles of the advanced practice nurse as a clinical scholar, clinical expert, and as leader in evidence-based practice and transformation of health care. Theories of leadership change and transformation, and innovation diffusion will be introduced.

**NUR 9406      Transformational Leadership**

**3CR**

This course provides a foundation for understanding complex systems within a socioeconomic and political context. Theories and concepts related to transformational leadership will be analyzed in relation to achievement of significant change in health care organizations. Interprofessional collaboration will be emphasized. The importance of spiritual values and emotional intelligence in transformational leadership will be examined. Classic and contemporary theories will be related to strategies for implementation of change and minimization of risk. This course requires 20 clinical practicum hours.

**NUR 9407      Quality Improvement**

**3 CR**

This course examines the design, implementation and evaluation of evidence-based health care quality improvement practices related to anesthesia. Emphasis is placed on the relationship among transformational leadership, organizational change and a culture of safety within health systems. The process of designing and evaluating quality improvement plans will be analyzed. This course draws on the dynamic forces of economics, health policy, quality improvement and standards of care in the delivery of health care services to optimize patient outcomes. This course requires 20 clinical practice hours.

**NUR 9408      Evidence Based Practice**

**3 CR**

This course focuses on the relationships among basic and applied research, translational science, and evidence-based practice in health care systems. Translational research strategies are identified and the theoretical and practical challenges of translating evidence into practice will be addressed. This course requires 30 clinical practicum hours.

**NUR 9409      Health Policy**

**3 CR**

This course synthesizes the principles of political action as related to the structure of health care delivery and finances. The interplay among local, state, federal and global structures and processes, and the role of major policy institutions in the process and outcome of health policy formulation will be examined. Theories of policy formation, political socialization, community organization, citizen participation, ethics, and political action are analyzed and applied to emergent developments in health policy. Emphasis is placed on the role of the advanced practice nurse in influencing the development of policy change to improve health care delivery at institutional, local, state, federal, and global levels. This course requires 30 clinical practicum hours.



<b>REQUIRED PRIOR TO FALL YEAR 1</b>		
	<b>AUTHOR &amp; TITLE</b>	<b>ISBN</b>
1	Barash, P., Cullen, B., Stoelting, R., Cahalon, M., Stock, C., Ortega, R. (2018), <i>Clinical Anesthesia</i> . 8 <sup>th</sup> Ed. Lippincott Williams & Wilkins	9781496337009
2	Stoelting's <i>Pharmacology and Physiology in Anesthetic Practice</i> . 6 <sup>th</sup> Edition (2022). Lippincott Williams & Wilkins	9781975126896
3	Jaffe, R., & Samuels, S. <i>Anesthesiologist's Manual of Surgical Procedures</i> , 6 <sup>th</sup> Edition, (2020). Lippincott Williams & Wilkins	9781496371256
4	Pardo, M. (2023). <i>Basics of Anesthesia 8<sup>th</sup> edition</i> . New York: Churchill-Livingstone, Inc.	9780323796774
5	Butterworth, J., Mackey, D., Wosnick, J., (2022). <i>Morgan &amp; Mikhail's Clinical Anesthesiology 7<sup>th</sup> Edition</i> , McGraw-Hill	9781260473797
6	Nagelhout, J. & Elisha, S. (2023). <i>Nurse Anesthesia</i> , 7 <sup>th</sup> Edition, Saunders.	9780323711944
7	Hines, R. (2022). <i>Stoelting's Anesthesia and Co-Existing Disease</i> , 8 <sup>th</sup> Edition,	9780323718608
<b>(RECOMMENDED)</b>		
8	Guyton & Hall. (2021). <i>Textbook of Medical Physiology</i> . Elsevier/Saunders 14 <sup>th</sup> Edition	9780323597128
9	Hensley, Martin & Gravlee. <i>A Practical Approach to Cardiothoracic Anesthesia</i> , 6 <sup>th</sup> Edition, 2019	9781496372666
10	West, John B., <i>Respiratory Physiology</i> , 11 <sup>th</sup> Edition, (2021), Lippincott Williams & Wilkins.	9781975139186
11	Cote: <i>A Practice of Anesthesia for Infants and Children</i> . W.B. Saunders Co. 6 <sup>th</sup> Edition, 2019	9780323429740
12	<i>Chestnut's Obstetric Anesthesia: Principles and Practice: Expert Consult</i> 6 <sup>th</sup> Edition, 2020	9780323566889
13	McCance & Huethner, <i>Understanding Pathophysiology</i> , 7 <sup>th</sup> Edition, 2020	9780323639088
14	Klabunde, Richard E., <i>Cardiovascular Physiology Concepts 3rd Edition</i> , 2022. Lippincott Williams & Wilkins	9781975150075
15	Shubert, Leyba & Niemann, <i>Chemistry &amp; Physics for Nurse Anesthesia: A Student-Centered Approach</i> , 3rd Edition, 2017	9780826107824
16	<b>John T. Hansen, PhD &amp; David R. Lambert, MD, <i>Netter's Clinical Anatomy – netterimages.com Edition 5 - 2023</i></b>	9780323826624

## \*SUMMER READING ASSIGNMENTS

1. Nagelhout J, Elisha, S. *Nurse Anesthesia 7<sup>th</sup> Edition*. 2023- Please read Chapters 5-13.
2. Infection Control Guide – Read entire document. Material can be found on the website: [www.aana.com](http://www.aana.com) – click on Practice>Professional Practice Manual>Guidelines>Infection Prevention & Control Guidelines for Anesthesia Care (2015)

**Reading Assignment**

**Objectives**

1. Describe the development of AANA.
2. Describe the formation of anesthesia as a nursing specialty.
3. Describe the characteristics of an ideal anesthetic agent.
4. Describe how the Nurse Practice Act governs the practice of CRNA's.
5. Discuss the following terms:
  - a. Res Ipsa Loquitor
  - b. malpractice
  - c. duty, standard of care, causation, and damages.
6. Define: Informed Consent.
7. Discuss legal implications of regional vs general anesthesia.
8. Discuss methods to prevent lawsuits.
9. Define: Pharmacokinetics, Pharmacodynamics, Receptors.
10. Differentiate between an agonist, antagonist, competitive and non-competitive antagonism.
11. Define the following terms: hyperreactive, hyporeactive, hypersensitivity, tolerance, tachyphylaxis, idiosyncrasy, additive, synergistic.
12. Describe how the 2 compartment models may affect drug cumulation.
13. Differentiate between the alpha and beta phases of plasma decline of a drug.
14. Define elimination half-time.
15. Define elimination half-life.
16. Calculate elimination half-life.
17. Define the relationship of  $T_{1/2}$  to  $V_d$  and  $CL$ .
18. Discuss factors important to drugs given orally.
19. Define: 1st pass effect, when it occurs & when it does not.
20. Differentiate body mass and blood flow between the body tissue compartments.
21. Explain the impact that tissue blood flow would have in distribution and duration of drugs.
22. Discuss the factors that determine tissue uptake and storage of drugs.
23. Define what characteristics will make a drug diffusible.
24. Discuss drug distribution into the CNS.
25. Define  $V_d$  & give examples of drugs that have large  $V_d$ 's and small  $V_d$ 's.
26. Define ionization and relate this to diffusibility.
27. Discuss how protein binding affects distribution,  $V_d$  and  $CL$ .
28. Discuss what factors influence the amount of protein binding.
29. Discuss how a steady state of plasma concentration can be achieved.
30. Explain the concept of hepatic clearance, biliary clearance and renal clearance.
31. Define the role of metabolism.
32. Differentiate between 1st order and zero order kinetics.
33. List and discuss the four basic pathways of metabolism.
34. Discuss the influence of the P450 system on drug metabolism.
35. Define non-microsomal induction.
36. Define the following terms in relation to the dose response curve: potency, efficacy, therapeutic index, effective doses, slope.

**Reading Assignment**

**Page 2 of 2**

**Standard/Criteria: III C.14**

**Manual Loc: A/S/APP**

37. Discuss how bioavailability, renal function, liver and cardiac disease and age can influence a pt.'s response to a drug.
38. List receptor subtypes.
39. Discuss the concept of "second messenger".
40. Differentiate between up and down regulation and how one influences the amount of the other.
41. Discuss the determinants of alveolar partial pressure.
42. Identify the factors that determine partial pressure gradients.
43. Define concentration and second gas effect.
44. Discuss how alveolar ventilation influences rate and depth of anesthesia.
45. Define partition coefficient
46. Discuss the differences between B-G, tissue-blood and oil-gas partition coefficients and their impact upon induction and emergence from anesthesia.
47. Explain the complications that may occur with using N<sub>2</sub>O in a patient with a pneumothorax.
48. Explain what is meant by the following statement:  
"A change in cardiac output is analogous to the effect of a change in solubility of an inhalation agent."
49. Define the following: diffusion hypoxia, MAC.
50. Discuss: mechanisms of anesthesia theories.
51. Differentiate between the anatomic locations of the sympathetic and parasympathetic nervous systems.
52. Describe the sympathetic receptors.
53. Describe the parasympathetic receptors.
54. Discuss the effects of the three naturally-occurring catecholamines and what receptors they stimulate
55. Discuss common infection control practices presented in the AANA's Infection Control Guide

Revised: 6/93, 6/95, 7/97, 7/98; 07/04; 06/09

The following classes, clinical experiences and projects will be scheduled beginning in the Spring I and Summer I semesters: The remaining Adv. Dimension Courses will be scheduled in the Fall II and Spring II semesters.

1. Classes

a.	Pediatrics	-	12 hours
b.	Orthopedics	-	6 hours
c.	OB Anesthesia	-	6 hours
d.	Geriatrics	-	6 hours
e.	Cardiac Surgery	-	12 hours
f.	Perfusion	-	6 hours
g.	Bariatric surgery	-	6 hours
h.	Trauma	-	12 hours
i.	HEENT	-	6 hours
j.	PNBs	-	12 hours

2. Clinical Experience

- a. Students begin rotations to other sites in late spring or early summer. Call experience begins in late April. Heart room experience begins in August or earlier depending on the clinical site. Pediatric rotations begin in June and conclude the following August.

3. Professional Adjustments

- a. To demonstrate scholarly inquiry and graduate level work, the student will write and present a case study. The student is to select an area of anesthesia that is of interest to him/her and develop a written case scenario. It is expected that a thorough literature review will be included. The case is to be developed and presented following the Problem Based Learning format in order for all classmates to participate in the exercise.

4. Specialty Rotations:

a. Pediatric Rotation - St. Christopher's Hospital/A.I. DuPont Hospital for Children

- (1). Those students who rotate to St. Christopher's Hospital or A.I. DuPont Hospital for Children will go for 2 or 3 months, respectively. Students located at LGH may obtain their pediatric experience at AI Dupont. LVHN NARs will have a 1 month pediatric rotation at LVHN and the same for HMC. CHOP provides 4 primary peds spots for 2 months.
- (2). Any requests for time off must be compliant with the specific pediatric site's policy.

b. OB Rotation:

(1). OB experience is for 1 month, no vacation time is to be taken during this month. Single days off may be permitted for extenuating circumstances.

(2). At CCMC, OB experiences will be assigned as a block during the day shift or in the evenings as a separate call shift (i.e. 16 hrs). Schedule is arranged between the student and the anesthesia Chair or Chief CRNA.

(3) All other OB sites, the shift worked may vary to provide the student with the best opportunities to administer regional anesthesia for labor and delivery.

c. Heart Rotation

(1). Heart room experience is for 1 month, no vacation days are to be taken during this month. Single days off may be permitted for extenuating circumstances

General Objectives:

1. Critically examine and integrate current literature related to selected themes for discussion
2. Analyze strength of evidence to critically appraise literature based on causation, prognosis and treatment strategies

Evidenced- based Journal Club:

1. Select a problem or question in anesthesia practice, the intervention(s) used and the outcomes of the studies reviewed.
2. Discuss current methods used in clinical practice to address the clinical problem.
3. Use a hierarchy to determine the quality of evidence presented in the literature. This hierarchy in descending order consists of results of systematic reviews of well-designed clinical trials (meta-analysis); results of randomized, controlled trials, cohort studies; results of large case series and case reports; editorials, expert opinions; animal research; and in vitro studies.
4. Identify resources available to adequately implement any proposed changes to clinical practice to help differentiate which evidence will be applicable to the current clinical setting.
5. Appraise the validity of the research: did the clinical trials under question use the basic elements (randomization, adequate power and statistical analysis)? Were the results clinically relevant? Were the results reported clinically feasible? Were all patients enrolled in the study accounted for at the end of the study?
6. Discuss strategies to implement these findings into clinical practice.

Procedure:

1. The Instructors will select themes (problems) to research: ideas might include questions related to: transfusions: appropriate hemoglobin levels; Propofol infusions; drug-eluting stents; Off-site anesthesia; OR fires.
2. Journal Clubs will meet on a class day each month during the senior year for at least 1 hour. There will be two presenters at each meeting.
3. Each presenter will provide a discussion of the problem or theme selected and copies of relevant articles to the class.
4. During the Journal Club, the presenter functions as a seminar leader and elicits group discussion.
5. Journal Article presentations are often required during select course, particularly during the endocrine and Co-existing courses.

**Policy Name: Senior Review**  
**Page 1 of 1**  
**Manual Loc: A/F/S**

**Review Date: 2/20, 08/21, 07/23**  
**DNP Standard/Criteria: D24; E1; 2; 3**

**Policy No: 2007**

OVERVIEW:

Seminar approach to systematic review of clinical and didactic educational objectives. Emphasis is placed on preparation for board certification exams in nurse anesthesia.

PLACEMENT:

Senior Year – Summer II and Fall III.

TIME ALLOTMENT:

108 study hours.

TEACHING PERSONNEL:

Various

METHODS OF INSTRUCTION:

instructor led review, individual study, group study, workbook assignments; comprehensive examinations.

GRADING:

Mandatory attendance.

ASSIGNMENT:

Attend scheduled in-class study for the full day; sign in/out is required.

INSTRUCTIONAL OBJECTIVES:

1. Critically examine all areas of anesthesia taught in 36-month program as defined in course outline.
2. 3<sup>rd</sup> Clinical Year student will demonstrate preparedness for qualifying exam in nurse anesthesia.

Format is subject to change per class and Director's decision.

Rev: 7/97; 09; 06/14, 6/16, 2/20

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE PROGRAM**

**TITLE:** NUR 9101- Anesthesia Clinical Practicum I

**CREDITS:** 1

**DATE/TIME:** Fall Year 1

**PREREQUISITES:** None

**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** See Syllabus

**OVERVIEW:** The introductory practicum will provide gradual integration to the clinical setting where students will apply theoretical knowledge to clinical practice. Emphasis is given to independent patient assessment and formation of an appropriate anesthesia care plan. Students are introduced to anesthetic systems, monitoring equipment, pharmacologic agents, and pre and post-operative care with attention to cultural competence.

**OBJECTIVES:** At the completion of NUR9101, the student is expected to be able to:

1. Perform a comprehensive history and physical assessment (COA D. 8).
2. Perform a pre-anesthetic assessment before providing anesthesia services (COA D. 15).
3. Formulate an anesthesia plan of care before providing anesthesia services (D17).
4. Maintain comprehensive, timely, accurate and legible healthcare records (COA D. 28).
5. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities (COA D. 19).
6. Demonstrate vigilance in the delivery of patient care (COA D1).
7. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (reading, texting, emailing, etc.) (COA D. 2).
8. Demonstrate a comprehensive equipment check (COA D 3).
9. Demonstrate infection control practices that prevent patients from iatrogenic complications (COA D. 4).
10. Calculate fluid therapy (COA D. 20)
11. Demonstrate the respect of patient dignity and privacy by maintaining confidentiality in the delivery of interprofessional care. (COA D. 27).
12. Maintain ACLS, BLS and PALS certification (COA D 12).
13. Function within legal and regulatory requirements (COA D. 36).
14. Demonstrate responsibility for his or her own clinical practice (COA D. 37).
15. Adhere to the Code of Ethics for Certified Registered Nurse Anesthetists and apply ethically sound decision –making (COA D. 33 & 35).
16. Interact on a professional level with integrity (COA D. 34).

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE PROGRAM**

**TITLE:** NUR 9102- Anesthesia Clinical Practicum II  
**CREDITS:** 1  
**DATE/TIME:** Spring Year 2  
**PREREQUISITES:** NUR 9101  
**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA  
**INSTRUCTORS:** See Syllabus

**OVERVIEW:** The 2<sup>nd</sup> clinical practicum will provide continued integration to the clinical setting so students may refine basic anesthetic skills. Emphasis is given to furthering the student's clinical expertise in areas of physical assessment and formulation of complex anesthesia care plans for surgical cases or procedures with increased complexity. Orientation to the pediatric, cardiac anesthesia, obstetric, and advanced regional anesthesia specialty rotations via high-fidelity simulation lab workshops are held in the late Spring. The clinical "on-call" experience also begins in late Spring (April) to expose students to clinical experiences in multi-system trauma, CPR, emergency cases, and critically ill patient populations.

**OBJECTIVES:** At the completion of NUR 9102, the student is expected to be able to:

1. Calculate, initiate, and manage fluid and blood component therapy (COA D. 20).
2. Identify and take appropriate action when confronted with anesthetic equipment –related malfunctions (COA D. 18).
3. Apply knowledge to practice in decision making and problem solving (COA D. 13)
4. Transfer the responsibility for care of the patient to other qualified providers in a manner that assured continuity of care and patient safety (COA D. 29).
5. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families (COA D. 25).
6. Maintain certification in PALS, BLS, and ACLS (COA D.12).
7. Assemble all anesthesia equipment, supplies and pharmacologic agents necessary to administer anesthesia for ASA I and II category patients for all surgical cases, per Department Policy at Clinical Site.
8. Provide general/regional anesthesia care to ASA I-II patients for complex procedures, including emergency and trauma cases under direct supervision by clinical faculty.
9. Complete a culturally competent assessment on all patients assigned.

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE PROGRAM**

**TITLE:** NUR 9103 – Anesthesia Clinical Practicum III

**CREDITS:** 1

**DATE/TIME:** Summer Year 2

**PREREQUISITES:** NUR 9102

**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** See Syllabus

**OVERVIEW:** The 3rd clinical practicum will provide continued integration to the clinical setting so students may refine basic anesthetic skills. Emphasis is given to furthering the student's clinical expertise in areas of physical assessment and formulation of complex anesthesia care plans for surgical cases or procedures with increased complexity. Orientation to the pediatric, cardiac anesthesia, obstetric, and advanced regional anesthesia specialty rotations via high-fidelity simulation lab workshops are held in the late Spring. The clinical "on-call" experience also begins in late Spring (April) to expose students to clinical experiences in multi-system trauma, CPR, emergency cases, and critically ill patient populations. This course is the start of pediatric and OB rotations and continuation of heart room experience.

**OBJECTIVES:** At the completion of NUR 9103, the student is expected to be able to:

1. Assemble all anesthesia equipment, supplies and pharmacologic agents necessary to administer anesthesia for ASA I–III category patients for all surgical cases, per Department Policy at Clinical Site.
2. Provide general/regional anesthesia care to ASA I-III patients of all age groups for routine and complex procedures, including emergency and trauma cases under direct supervision by clinical faculty.
3. Complete a culturally competent assessment on all patients assigned.
4. Calculate, initiate, and manage fluid and blood component therapy (COA D. 20).
5. Identify and take appropriate action when confronted with anesthetic equipment –related malfunctions (COA D. 18).
6. Apply knowledge to practice in decision making and problem solving (COA D. 13)
7. Transfer the responsibility for care of the patient to other qualified providers in a manner that assured continuity of care a patient safety (COA D. 29).
8. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with other patients and their families (COA D. 25).
9. Maintain certification in PALS, BLS, and ACLS (COA D.12).

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9104 – Anesthesia Clinical Practicum IV

**CREDITS:** 1

**DATE/TIME:** Fall Year 2

**PREREQUISITES:** NUR 9103

**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** See Syllabus

**OVERVIEW:**

The 4th clinical practicum will provide clinical anesthesia experiences in a wide variety of surgical environments to allow the student to incorporate theoretical concepts and basic principles of practice toward the successful planning and management of the more pathologically complex patients with diverse cultural origins undergoing a surgical procedure. Pediatric, cardiac and trauma experiences begin in the summer per clinical rotation grids.

**OBJECTIVES:** At the completion of NUR 9104, the student is expected to be able to:

1. Complete a culturally competent assessment on all patients assigned.
2. Serve in a mentorship role to first year students
3. Demonstrate advanced application of didactic knowledge to practice in decision making and problem solving in specialty rotations (COA D. 13)
4. Provide nurse anesthesia services based on evidence-based principles (COA D. 14).
5. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals (COA D. 26).
6. Recognize and appropriately manage patient responses and complications that occur during the provision of anesthesia services (COA D. 21 & 22).
7. Administer and manage general anesthesia for a variety of surgical and medically related procedures (COA D. 10).
8. Administer and manage variety of regional anesthetics for surgical and medically related procedures (COA D.11).
9. Maintain certification in PALS, BLS, and ACLS (COA D.12).

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE PROGRAM**

**TITLE:** NUR 9105 – Anesthesia Clinical Practicum V

**CREDITS:** 1

**DATE/TIME:** Spring Year 3

**PREREQUISITES:** NUR 9104

**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** See Syllabus

**OVERVIEW:**

Clinical anesthesia practice devoted to advanced surgical procedures and care for critically ill patients with multiple co-morbidities or emergency procedures. The student will be required to independently execute all phases of anesthetic planning and management under the supervision of a licensed anesthesia practitioner. Completion of all clinical rotations. Pediatric, OB, Heart and Trauma rotations continue.

**OBJECTIVES:** At the completion of NUR 9105 the student is expected to be able to:

1. Develop the ability to utilize science-based theories and concepts to analyze new practice approaches (COA D. 23).
2. Develop the ability to diagnose complications during and responses to the administration of anesthesia across the lifespan for various surgical procedures (COA D. 7 & 16).
3. Deliver individualized, culturally competent care throughout the perianesthesia continuum (COA D. 5 & 6).
4. Provide cost-effective anesthesia services (COA D. 38).
5. Provide leadership that facilitates intraprofessional and interprofessional collaboration (COA D. 32).
6. Apply research evidence to the clinical area (COA D. 48).
7. Maintain certification in PALS, BLS, and ACLS (COA D.12).

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE PROGRAM**

**TITLE:** NUR 9106 – Anesthesia Clinical Practicum VI

**CREDITS:** 1

**DATE/TIME:** Summer Year 3

**PREREQUISITES:** NUR 9105

**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** See Syllabus

**OVERVIEW:**

Clinical anesthesia practice devoted to advanced surgical procedures and care for critically ill patients with multiple co-morbidities or emergency procedures. The student will be required to independently execute all phases of anesthetic planning and management under the supervision of a licensed anesthesia practitioner. Completion of all clinical rotations.

**OBJECTIVES:** At the completion of NUR 9106 the student is expected to be able to:

1. Develop the ability to utilize science-based theories and concepts to analyze new practice approaches (COA D. 23).
2. Develop the ability to diagnose complications during and responses to the administration of anesthesia across the lifespan for various surgical procedures (COA D. 7 & 16).
3. Deliver individualized, culturally competent care throughout the perianesthesia continuum (COA D. 5 & 6).
4. Provide cost-effective anesthesia services (COA D. 38).
5. Provide leadership that facilitates intraprofessional and interprofessional collaboration (COA D. 32).
6. Apply research evidence to the clinical area (COA D. 48).
7. Maintain certification in PALS, BLS, and ACLS (COA D.12).

Revisions: 2002; 2005; 2007; 2009; 2012; 2017, 2020

**Nurse Anesthesia Clinical Outcomes Course Descriptions:**

**NUR 9101 Clinical Practicum I**

**1 CR**

The introductory practicum will provide gradual integration to the clinical setting where students will apply theoretical knowledge to clinical practice. Emphasis is given to independent patient assessment and formation of an appropriate anesthesia care plan. Students are introduced to anesthetic systems, monitoring equipment, pharmacologic agents, and pre and post-operative care with attention to cultural competence.

**NUR 9102 Clinical Practicum II**

**1 CR**

The 2<sup>nd</sup> clinical practicum will provide continued integration to the clinical setting so students may refine basic anesthetic skills. Emphasis is given to furthering the student's clinical expertise in areas of physical assessment and formulation of complex anesthesia care plans for surgical cases or procedures with increased complexity. Orientation to the pediatric, cardiac anesthesia, obstetric, and advanced regional anesthesia specialty rotations via high-fidelity simulation lab workshops are held in the late Spring. The clinical "on-call" experience also begins in late Spring (April) to expose students to clinical experiences in multi-system trauma, CPR, emergency cases, and critically ill patient populations.

**NUR 9103 Clinical Practicum III**

**1 CR**

The 3<sup>rd</sup> clinical practicum will provide continued integration to the clinical setting so students may refine basic anesthetic skills. Emphasis is given to furthering the student's clinical expertise in areas of physical assessment and formulation of complex anesthesia care plans for surgical cases or procedures with increased complexity. Orientation to the pediatric, cardiac anesthesia, obstetric, and advanced regional anesthesia specialty rotations via high-fidelity simulation lab workshops are held in the late Spring. The clinical "on-call" experience also begins in late Spring (April) to expose students to clinical experiences in multi-system trauma, CPR, emergency cases, and critically ill patient populations. This course is the start of pediatric and OB rotations and continuation of heart room experience.

**NUR 9104 Clinical Practicum IV**

**1 CR**

The 4<sup>th</sup> clinical practicum will provide clinical anesthesia experiences in a wide variety of surgical environments to allow the student to incorporate theoretical concepts and basic principles of practice toward the successful planning and management of the more pathologically complex patients with diverse cultural origins undergoing a surgical procedure. Pediatric, cardiac and trauma experiences begin in the summer per clinical rotation grids.

**NUR 9105 Clinical Practicum V**

**1 CR**

Clinical anesthesia practice devoted to advanced surgical procedures and care for critically ill patients with multiple co-morbidities or emergency procedures. The student will be required to independently execute all phases of anesthetic planning and management under the

**Policy Name: Clinical Outcomes Course Descriptions Review Date: 6/21, 07.23 Policy No: 2008A**

**Page 2 of 2**

**DNP Standard/Criteria: E1, 2, 5, 6, 9, 10**

**Manual Loc: A/F/S**

supervision of a licensed anesthesia practitioner. Completion of all clinical rotations. Pediatric, OB, Heart and Trauma rotations continue.

**NUR 9106**

**Clinical Practicum VI**

**1 CR**

Clinical anesthesia practice devoted to advanced surgical procedures and care for critically ill patients with multiple co-morbidities or emergency procedures. The student will be required to independently execute all phases of anesthetic planning and management under the supervision of a licensed anesthesia practitioner. Completion of all clinical rotations.

Revisions: 2002; 2005; 2007; 2009; 2012; 01/2017, 06/2020



**DNP SCHOLARLY PORTFOLIO REQUIREMENTS**

Final Paper Outline	Villanova University College of Nursing DNP Project Seminar Intro-IV		
Cover Page			
Table of Contents			
Abstract (DNP IV)			
Heading Ch1: Subtitle:	<b>Introduction</b> Clinical problem discussion and examples Purposes of the project, goals, and objectives Student dyad selection, Academic Advisor form DNP completed project review and analysis x 2 CITI training certificate	<b>DNP Intro: 9400</b> <b>Introduction to DNP project</b>	<b>Class time:</b> Jan- April Wednesday 2 hours total: 16 hrs
Heading Ch2:	<b>Literature Review: Quantitative &amp; Qualitative</b> Conflict of Interest form Theoretical framework support analysis Practice hours log Reflection log	<b>DNP I: 9401</b> <b>Review of Literature</b>	<b>Class time:</b> May- Aug Friday 4 hours total: 32 hrs
Heading Ch 3:	<b>Methodology &amp; Project Design</b> PICOT analysis & SWOT analysis Project objectives and timeline Data collection tools: survey instruments, questionnaires, educational lessons Plan for data management and analysis Protection of human subjects and IRB application Resources and cost analysis Practice hour log and reflection log	<b>DNP II: 9402</b> <b>Methods Project Design</b>	<b>Class time:</b> Sept- Dec Friday 4 hours total: 32hrs
	<b>Implementation Summary</b> Data collection Results summary Evaluation summary Practice hour log and reflection log	<b>DNP III: 9403</b> <b>Implement Clinical Project</b>	<b>Class time:</b> Jan-April Friday 4 hours total: 32 hrs
	<b>Results</b> Discussion of results & implications for practice Leadership response to the DNP project DNP essentials Plan to disseminate the DNP project Reflection log of the DNP journey and path for future scholarship Practice hour log Poster presentation Final scholarly paper	<b>DNP IV: 9404</b> <b>Results, Evaluation, and Dissemination of Findings</b>	<b>Class time:</b> May- Aug Wednesday 2 hours total: 16 hrs
	Appendices References		

**DNP SCHOLARLY PORTFOLIO REQUIREMENTS**

Edited 10/2021 by CM, DNP Project Director. Reviewed by COA during accreditation visit 2021.

**DNP SCHOLARLY PORTFOLIO REQUIREMENTS**

DNP Scholarly Coursework Portfolio Requirements				criteria met
Course	Title	credits	Scholarly course requirement	
NUR 9405	Innovation in Healthcare	1	Scholarly paper addressing impact of DNP on healthcare. Practice log	
NUR 9406	Transformational Leadership	3	Scholarly paper comparing and contrasting leadership approaches. Practice & reflection log	
NUR 8904	Nursing Research	3	Scholarly paper of research proposal	
NUR 9407	Quality Improvement	3	Scholarly paper of QI analysis and draft proposal. Practice & reflection log	
NUR 9408	Evidenced Based Practice	3	Scholarly paper of evidence-based literature review of clinical issue. Practice & reflection log	
NUR 9409	Health Policy	3	Scholarly paper identifying at least 3 legislative or regulatory policies that may relate to student DNP Project with associated impact analysis. Practice & reflection log	
NUR 9410	Health Care Fianance	3	Scholarly paper addressing structured interrogatories related to current issues in Health Care Finance. Practice & reflection log	
NUR 9411	Epidemiology	3	Scholarly paper analyzing an epidemiologic issue's research, statistical and population impacts, and synthesis of relevance to nurse anesthesia practice. Practice & reflection log	
NUR 9412	Ethics and the Law	3	Scholarly paper analyzing an ethical health care issue and legal ramifications surrounding issue. Practice & reflection log	
NUR 9427	Case Studies in Nurse Anesthesia	3	Problem Based Learning scholarly paper to the requirements of the International Student Journal of Nurse Anesthetists	
NUR 9429	Advanced Dimensions in NA IV	3	Power point presentation of coexisting disease process with corresponding evidence-based considerations for the nurse anesthetist	

STUDENT 1 \_\_\_\_\_

STUDENT 2 \_\_\_\_\_

STUDENT 3 \_\_\_\_\_

COHORT \_\_\_\_\_

DNP COORDINATOR \_\_\_\_\_

DNP Project Academic Advisor \_\_\_\_\_

**ATTESTATION STUDENT HAS MET ALL DNP PROJECT REQUIREMENTS:**  
**DNP COORDINATOR'S SIGNATURE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DNP Project Scholarly Work Portfolio Requirements				CLINICAL PROJECT OPTION			CLINICAL CASE REPORT OPTION			SINGLE NAR PROJECT OPTION	SINGLE NAR CASE REPOR
Course	Title	Credits	Scholarly Course Requirement	DYAD Stud #1	DYAD Stud #2	DYAD Stud #3	DYAD Stud #1	DYAD Stud #2	DYAD Stud #3	SINGLE NAR	SINGLE NAR
NUR 9400	DNP Project Introduction	1	Practice hours log								
			Reflection log								
			DNP Project Academic Advisor Form								
			Student dyad form								
			Citi training certificates								
			Review and analysis of completed DNP Project 1								
			Review and analysis of completed DNP Project 2								
NUR 9401	DNP Project I	2	DNP Progress Reports								
			15 care plans								
			Practice hours log								
			Reflection log								
			Topic identification/Final PICOT question presentation								
			Conflict of Interest Form								
			Written analysis of supporting theoretical base for DNP project								
NUR 9402	DNP Project II	2	Formal paper of literature review (quantitative)								
			Formal paper of literature review (qualitative)								
			DNP Progress Reports								
			15 care plans								
			Practice hours log								
			Reflection log								
			DNP Project Objectives summary								
NUR 9403	DNP Project III	2	Methods summary								
			IRB application								
			PICOT analysis								
			SWOT analysis								
			Timeline of implementation proposal								
			DNP Progress Reports								
			10 care plans (specialty)								
NUR 9404	DNP Project IV	1	Results summary								
			Evaluation summary								
			DNP Progress Reports								
			Clinical Case Report #1								
			10 care plans (specialty)								
			Practice hours log								
			Reflection log								
<b>Other</b>											
			Typhon logs								
	Not required in this option		Academic transcripts								
			ACLS certification								
			PALS certification								
			Total of 50 care plans								

<b>Final Paper Outline</b>	<b>Villanova University College of Nursing</b> <b>DNP Project Seminar Intro-IV</b>		
<b>Cover Page</b> <b>Table of Contents</b> <b>Abstract (DNP IV)</b>			
<b>Heading Ch1:</b> <b>Subtitle:</b>	<b>Introduction</b> Clinical problem discussion and examples Purposes of the project, goals, and objectives Student dyad selection, Academic Advisor form DNP completed project review and analysis x 2 CITI training certificate	<b>DNP Intro: 9400</b> <b>Introduction to DNP project</b>	<b>Class time:</b> Jan- April Wednesday 2 hours total: 16 hrs
<b>Heading Ch2:</b>	<b>Literature Review: Quantitative &amp; Qualitative</b> Conflict of Interest form Theoretical framework support analysis Practice hours log Reflection log	<b>DNP I: 9401</b> <b>Review of Literature</b>	<b>Class time:</b> May- Aug Friday 4 hours total: 32 hrs
<b>Heading Ch 3:</b>	<b>Methodology &amp; Project Design</b> PICOT analysis & SWOT analysis Project objectives and timeline Data collection tools: survey instruments, questionnaires, educational lessons Plan for data management and analysis Protection of human subjects and IRB application Resources and cost analysis Practice hour log and reflection log	<b>DNP II: 9402</b> <b>Methods Project Design</b>	<b>Class time:</b> Sept- Dec Friday 4 hours total: 32hrs
	<b>Implementation Summary</b> Data collection Results summary Evaluation summary Practice hour log and reflection log	<b>DNP III: 9403</b> <b>Implement Clinical Project</b>	<b>Class time:</b> Jan-April Friday 4 hours total: 32 hrs
	<b>Results</b> Discussion of results & implications for practice Leadership response to the DNP project DNP essentials Plan to disseminate the DNP project Reflection log of the DNP journey and path for future scholarship Practice hour log Poster presentation Final scholarly paper Appendices References	<b>DNP IV: 9404</b> <b>Results, Evaluation, and Dissemination of Findings</b>	<b>Class time:</b> May- Aug Wednesday 2 hours total: 16 hrs

Beginning the first semester and continuing throughout the program, the student will gain experience in all related clinical areas. During this period, the student will acquire skill and expertise in administering anesthesia to patients of all ages and cultural origins, undergoing surgery for the following anatomical categories and surgical services:

- A.    Anatomical Categories
  - 1.    Head
  - 2.    Neck
  - 3.    Intrathoracic
  - 4.    Extrathoracic
  - 5.    Abdominal
  - 6.    Extremities
  - 7.    Vascular
  - 8.    Neuroskeletal
  - 9.    Recto-vaginal.
  
- B.    Surgical Services
  - 1.    Neurosurgery
  - 2.    Eye, ear, nose and throat
  - 3.    General Surgery
  - 4.    Obstetrics/Gynecology
  - 5.    Orthopedics
  - 6.    Cardiovascular and Thoracic
  - 7.    Emergency
  - 8.    Pediatrics.
  
- C.    Non-Surgical Services or surgical techniques
  - 1.    Pre operative Evaluation/post op management
  - 2.    IV placement (If needed)
  - 3.    Arterial and central line placement
  - 4.    PNB placement
  - 5.    ultrasound use for vascular and PNB placement.
  - 6.    robotic and/or laparoscopic surgical procedures.

**Objective:**

At the completion of these experiences, the student will demonstrate clinical competency in how to administer physiologically sound, culturally sensitive, anesthesia with continuous monitoring, recording and interpretation of data derived of patient's physical condition, drugs and anesthetic methods used as appropriate for each case based upon surgical and patient needs.

Objectives

Following class discussion, self-directed learning, and clinical experience with neurosurgical procedures, the student will be able to:

1. Critically examine the considerations of the condition of the neurosurgical patient pre-operatively.
2. Develop a preanesthesia assessment for a neurosurgical patient.
3. Develop an anesthetic care plan for various neurosurgical patients.
4. Demonstrate appropriate verbal, nonverbal and written communication with all perianesthesia team members in the care of the neurosurgical patients.
5. Demonstrate appropriate professional behavior when caring for neurosurgical patients.
6. Identify correct positioning for prone, sitting, and supine neurosurgical procedures and the anesthesia implications of each.
7. Examine the potential for post-operative vision loss for patient in the prone position.
8. Administer anesthesia for a variety of neurosurgical procedures, including craniotomies, spine cases, neurovascular cases, and laminectomies.
9. Discuss the anesthetic considerations for neurological diagnostic procedures.
10. Describe the anesthetic induction options of a patient with increased ICP.
11. Examine the importance of intracranial pressure, including the signs and symptoms of increased intracranial pressure and strategies employed intraoperatively to decrease intracranial pressure.
12. Manage patients with pre-operative and/or intraoperative increased intra-cranial pressure.
13. Manage patients with pre-operative and/or intraoperative hemodynamic changes for a neurosurgical procedure.
14. Describe the use of controlled hypotension in the anesthesia management of a variety of neurosurgical procedures.
15. Examine hypotensive anesthesia technique for neurosurgery.
16. Examine the dangers of intraoperative hypotension and air embolism with the patient in the sitting position.
17. Discuss the monitoring, diagnosis, and treatment of air embolism.
18. Evaluate and discuss the management of intraoperative blood loss in a neurosurgical case.
19. Communicate post-anesthesia report and transfer of care to appropriate personnel (PACU or ICU.)
20. Deliver culturally competent perianesthetic care to neurosurgical patients.



**Policy Name: Clinical Objectives: EENT    Review Date: 8/19, 08/21, 7.23    Policy No: 2012**

**Page 2 of 2**

**DNP Standard/Criteria: E2; E6; E9**

**Manual Loc: A/F/S**

and esophagoscopy.

16. Compare and contrast the anesthetic management plan for EENT cases including bronchoscopy, mediastinoscopy and esophagoscopy.
17. Assess and describe the anesthetic considerations positioning the patient for EENT procedures.
18. Demonstrate post-anesthesia report of the EENT patient during the transfer of care to the appropriate PACU or ICU personnel.
19. Integrate and deliver culturally competent perianesthetic care to EENT patients.

Rev 7/97; 07/08; 8/09, 6/16



### **Clinical Rotation - Obstetrics/Gynecology**

#### Objectives

Following class discussion, self-directed learning, and clinical experience through this service, the student will be able to:

1. Discuss the physiological changes which occur during pregnancy.
2. Describe the preanesthetic considerations associated with the physiologic changes that affect both mother and fetus.
3. Perform a preanesthesia assessment for an obstetric patient.
5. Formulate an anesthetic care plan for various obstetric patients.
6. Utilize appropriate verbal, nonverbal and written communication with all perianesthesia team members in the care of the obstetric patients.
7. Demonstrate appropriate professional behavior when caring for obstetric patients.
8. Discuss the anesthetic management of the obstetric patient, including the pharmacologic effects of anesthetic agents on the fetus.
9. Identify when a rapid sequence induction is necessary in an obstetric patient.
10. Describe the anesthetic management of the pregnant patient with co-morbidities.
11. Demonstrate the correct administration of: a rapid sequence induction and regional anesthetic techniques
12. Management analgesia, general, and regional anesthetics for obstetric patients.
13. Discuss the pharmacology of local anesthetics and their effects on the parturient and the fetus.
14. Discuss the management of obstetrical complications, including supine hypotension, preeclampsia, placental accretia, placental rupture, placenta previa, placental abruption, and amniotic fluid embolism.

**Policy Name: Clinical Objectives OB/GYN Review Date: 08/19, 08/21, 7/23 Policy No: 2014**

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**Standard/Criteria: III C16; C17**

**Manual Loc: A/F/S**

15. Manage obstetric complications under anesthesia, including hemodynamic instability, placental accretia, placental rupture, placenta previa, placental abruption preeclampsia and amniotic fluid emboli.
  
16. Communicate post-anesthesia report and transfer of care to appropriate personnel (OB RN, PACU, ICU.)
  
17. Deliver culturally competent perianesthesia care to obstetric patients.

Rev 7/97; 07/08; 8/09

### **Clinical Rotation - Orthopedics**

#### **Objectives**

Following class discussion, self-directed learning, and clinical experience on this service, the students will be able to:

1. Note pre-operative consideration specific to patients undergoing orthopedic surgery.
2. Perform a pre-anesthesia assessment for an orthopedic patient.
3. Formulate an anesthetic care plan for various orthopedic patients.
4. Utilize appropriate verbal, nonverbal and written communication with all perianesthesia team members in the care of the orthopedic patients.
5. Demonstrate appropriate professional behavior when caring for orthopedic patients.
6. Discuss anesthesia management of the following orthopedic surgical procedures:
  - Repair of fractures
  - Repair of dislocations
  - Spinal procedures
  - Prosthesis insertion
  - Corrective procedures
  - Total joint replacements
7. Manage a variety of orthopedic surgical procedures.
8. Discuss the fluid management for orthopedic surgical procedures and blood salvaging techniques used for patients undergoing orthopedic procedures.
9. Discuss the various positions utilized for orthopedic surgical procedures, including necessary anesthetic precautions for each.
10. Demonstrate the correct positioning for a variety of orthopedic procedures.
11. Manage the physiologic and hemodynamic changes in patients undergoing orthopedic surgical procedures.

12. Discuss the anesthetic implications of the use of methylmethacrylate and other polymer or acrylic glues used in orthopedic procedures.
13. Discuss post-operative anesthetic considerations of patients undergoing orthopedic procedures.
14. Communicate post-anesthesia report and transfer of care to appropriate personnel ( PACU, ICU.)
15. Deliver culturally competent perianesthesia care to orthopedic patients.
16. Management general and/or regional anesthetics for obstetric patients including PNBs with or without ultrasound.

Clinical Rotation - Cardiovascular and Thoracic Service

Objectives

Following heart room orientation, self-directed learning, and clinical experience on this service, the student will be able to:

1. Describe the physiologic effects of opening the chest to atmosphere.
2. Perform a pre-anesthesia assessment for an intrathoracic/cardiac surgery patient.
3. Formulate an anesthetic care plan for various intrathoracic/cardiac surgery patients.
4. Utilize appropriate verbal, nonverbal and written communication with all perianesthesia team members in the care of the intrathoracic/cardiac surgery patients.
5. Demonstrate appropriate professional behavior when caring for intrathoracic/cardiac surgery patients.
6. Discuss and place the appropriate invasive and non-invasive monitoring of the patient undergoing intrathoracic or cardiac procedures.
7. Prepare the operating room with requisite equipment to place a double-lumen ETT
8. Interpret and apply data obtained from intravascular monitoring devices and TEEs to optimize pt's hemodynamic status.
9. Discuss the management of anesthesia for a variety of intrathoracic/cardiac surgical procedures.
8. Administer anesthesia for a variety of intrathoracic/cardiac surgical procedures.
9. Discuss the various physiologic and hemodynamic changes which may occur during the surgical procedure that may temporarily alter anesthesia management.
10. Discuss the indications and procedure for one lung anesthesia.
11. Insert double lumen tubes and bronchial blockers.
12. Communicate post-anesthesia report and transfer of care to appropriate personnel ( PACU, ICU.)
13. Deliver culturally competent perianesthesia care to intrathoracic/cardiac patients.

## Clinical Rotation - Emergency/On Call

### Emergency Objectives

Following class discussion, self-directed learning, and clinical experience on call, the student will be able to:

1. Discuss in depth the following situations requiring anesthesia management:
  - full stomach
  - hypotension
  - respiratory distress
  - cardiac tamponade
  - head, neck, abdominal, pelvic and extremity injuries
  - burns, GSW, penetrating trauma
  - respiratory arrest / distress
  - cardiac arrest
  - malignant hyperthermia
  - emergent intubation
  - obstetric emergencies
  - trauma activations / responses
  - emergency c-sections
  - emergency laparoscopies and laparotomies
  
2. Describe the management of the following emergencies:
  - air embolism
  - aspiration
  - bronchospasm
  - cardiac arrest
  - respiratory arrest
  - cardiac tamponade
  - spinal cord trauma
  - laryngospasm
  - malignant hyperthermia
  - pneumothorax and pleural effusion
  - transfusion reaction
  - rapidly increasing intracranial pressure
  - uncontrolled hemorrhage, major vascular injuries
  - blunt trauma & penetrating injuries
  - acute MI's and the "re-do" heart.
  - emergency c-sections
  - trauma patient management (exploratory laparotomies and laparoscopies)
  - Massive transfusion protocols

3. State implications for general anesthesia versus induction anesthesia for emergency procedures.
4. Describe anesthesia management of the patient in shock.
5. Perform CPR, including intubation of the patient in respiratory and cardiac arrest.
6. Perform RSI for emergency c-sections.
7. Perform emergency intubations in code situations.
8. Respond to trauma activations and perform airway management of the trauma patient.
9. Perform a pre-anesthesia assessment for an obstetric patient. Formulate an anesthetic care plan for various obstetric patients. Discuss the anesthetic management of the obstetric patient, including the pharmacologic effects of anesthetic agents on the fetus. Management analgesia, general, and regional anesthetics for obstetric patients. Refer to Policy #2014 for clinical objectives of OB rotation.

**On-Call Objectives:**

1. To administer anesthesia to patients after normal working hours.
2. To administer anesthesia to individuals suffering from acute disease processes or as a result of trauma.
3. To administer anesthesia for obstetric patients.
4. To participate actively as a member of the Cardiopulmonary Resuscitation Team.
5. To make decisions and use sound judgment under the most stressful situations.
6. Perform a pre-anesthesia assessment for the emergency surgery patient.
7. Formulate an anesthetic care plan for various emergency surgery patients.
8. Utilize appropriate verbal, nonverbal and written communication with all perianesthesia team members in the care of the emergency surgery patients.
9. Demonstrate appropriate professional behavior when caring for emergency surgery patients.
10. Communicate post-anesthesia report and transfer of care to appropriate personnel (PACU, ICU)
11. Deliver culturally competent perianesthesia care to emergency patients.
12. To manage the anesthesia care of patients having emergency surgical procedures.

**Procedure: (Reference policy #1021)**

- 1. Placement:** Student call availability is determined on a monthly basis by the Program Administrator(s) and Clinical Coordinators. Students may be assigned to call the day before class or the evening after class only in unavoidable emergency call situations.
2. Hours: (16 hours) 3:00 p.m.-7:00 a.m., Monday thru Friday. A post call day off from clinical is provided. Holiday and weekend call is scheduled for 12 hours (7:00 a.m.-7:00 p.m. or 7pm-7am), with 1 day off following the 12 hour call. Two days off will be provided for working a 12 hour Holiday call. Three days off will be provided for working a 24 hour Holiday Call shift.
3. In-house call may be taken in hospitals with on-call facilities. Call may include staying late for a rare or unusual case. Clinical Coordinators may assign a comp day the following day. At all facilities, call experience is under the direct supervision of a CRNA and /or an anesthesiologist.
4. Assignments will be made on the basis of best learning experience, at the student's level, or the need to fulfill requirements as set forth by the Council on Accreditation.
5. If scheduled for call the evening after a class day, the Student is required to attend class and will receive 2 days off. Class attendance immediately following a call shift is at the discretion of the student.
6. Students on call will act under the supervision of the CRNA or Anesthesiologist.

Revised: 7/97; 7/98; 6/99; 10/99; 8/01; 7/03; 07/08; 8/09; 07/12; 5/15, 08/19, 07/22

All students are **required** to participate in pre- and post-operative rounds and will complete an anesthetic care plan on those patients who come under their care. A preoperative assessment includes seeing the patient prior to surgery in the preoperative area.

### **Purpose**

During the pre-operative assessment class, the following techniques and skills will be learned, practiced and evaluated.

1. Interview techniques.
2. Chart evaluation.
3. Physical assessment of the patient.

### **Objectives**

The student will be able to:

1. Describe the importance of a preoperative assessment.
2. Evaluate the patient's past medical, surgical and anesthetic history,
3. Obtain a family anesthetic history.
4. Determine the effects of current medications on the anesthetic plan.
5. Assess physical status, including airway, cardiovascular system, respiratory system and renal system.
6. Classify patient's physical status using the American Society of Anesthesiologist's Classification of Risks.
7. Develop a care plan with attention to patient's cultural health care practices as appropriate

Case assignments will generally be made in advance so that the student can properly prepare to visit the patient and carry on activities described above, as well as the following tasks:

1. Plan technique and agent.
2. Study or research anticipated problems and complications.
3. Seek appropriate consultation and advice.

## **POLICY: PREOP EVALUATIONS**

Students assigned to participate in the anesthesia care of a particular patient are to conduct a pre-operative visit and/or review of the patient's hospital records whenever possible and must document these activities on their anesthesia care plans.

### **PROCEDURES**

Students are expected to conduct a pre-anesthetic visit on patients assigned to them **the day before** surgery if the patient is in-house and complete an anesthetic care plan. This does not apply when the student is not present in the hospital (ie post call, vacation days). The student is still responsible for evaluating the patient prior to anesthetizing the patient (see below).

Students assigned to patients admitted to the Short Procedure Unit or Same Day Surgery Unit will conduct a preoperative visit in the particular unit (if their OR assignment permits), or will conduct the visit and review their chart in the operating room. Under no circumstances shall students become involved with the anesthetic care of a patient without having the opportunity to either first review the patient's hospital records or receive a complete report if relieving on a case (or both) or during an emergency where a patient requires multiple caregivers, as in the case of a massive transfusion protocol.

If students are unable to see their in-house patients, they are to employ the Same Day Surgery/Short Procedure Unit pre-operative protocol.

Students should use either the EMR or appropriate form at each clinical site to complete the pre-anesthesia evaluation. All pertinent areas are to be appropriately completed. At the completion of the interview and evaluation, the student nurse shall thoroughly discuss the anesthesia plan with the preceptor and or patient, as appropriate. Students may obtain anesthesia consent following applicable state and department regulations that pertain to consent with the co-signature of another anesthesia provider.

## **POLICY: POST OPERATIVE ROUNDS**

All patients receiving **any** anesthesia service shall be seen by at least one member of the anesthesia care team, preferably within twenty-four hours and no later than 48 hours. This includes non-OR cases, including epidurals for vaginal delivery, endoscopy, interventional radiography, interventional pain, and electrophysiologic studies. A note shall be placed in the patient's progress notes documenting that this visit has occurred.

All students shall make at least one post anesthesia visit on all admitted patients to whom they have provided anesthesia care and have remained admitted on the student's next clinical day except for SPU and early discharge patients.

Students are expected to participate in completing post operative visits on any other patients assigned to them.

### PROCEDURES

1. Post anesthesia notes are to be written within 48 hours of the procedure for which anesthesia care was provided.
2. These notes are to be written on the Progress Sheet of the patient's hospital record.
3. The patient must be visited and interviewed and the chart reviewed for pertinent post-operative data.
4. The post-operative note should be written under the title "post-anesthesia note" and should contain at least the following information:
  - a. date and time of visit
  - b. state of consciousness
  - c. Satisfactory anesthesia recovery **OR** if not satisfactory, e.g. 'protracted nausea and vomiting lasting longer than 24 hours now resolving'.
  - d. **No apparent** anesthetic complications or if complications, e.g., "IV started in OR infiltrated, being treated with elevation and warm compresses".
  - e. Pertinent laboratory/medical/x-ray findings which relate to anesthesia recovery or complications associated/caused by anesthesia
  - f. Patient's satisfaction/dissatisfaction with anesthesia care
  - g. Remedial actions taken (if appropriate)
5. The postoperative note must be signed by name and title.
6. Abnormal findings are to be reported immediately to either the anesthesiologist or CRNA who was involved in the case. If they are unavailable, the student should report to the chairman of the department of anesthesiology or his/her designee that day.
7. Students will follow site-specific departmental policies.

**Subject: Anesthesia Care Plan: General Policy for All Students**

**Rationale:**

- 1) Demonstrate responsiveness to the community of interest that the learner is capable of developing strategies for administering/managing anesthesia care congruent with the patient's physiologic/pathophysiologic/pharmacologic needs;
- 2) Communicate that both process and outcome criteria are used to demonstrate learner competence in planning perioperative anesthesia care;
- 3) Provide opportunities for student/instructor interaction that support development of an appropriate anesthesia care plan using EBP as appropriate.
- 4) Evaluate the learner's total participation in planning and communicating perioperative anesthesia care.

**Instructional Goal:**

To emphasize the value of formal research and informal inquiry into the relevant pathophysiology, pharmacology, and the varying anesthesia techniques used to design an appropriate anesthesia care plan; to provide opportunities for the learner to develop problem-solving skills.

**Policy:**

Students shall develop an anesthesia care plan for each patient to whom they are assigned to administer or manage anesthesia. This must be the student's own work and not cut and pasted from an external website. This amounts to plagiarism.

**Methodology:**

There are two types of acceptable care plans: (1) written care plans and (2) verbal care plans. The use of a written care plan is the preferred methodology and required to be submitted to the program in Semesters 1-4 and specialty rotations. A student who utilizes a verbal care plan must then eventually produce a written care plan specific for the case/patient. Verbal plans are acceptable in cases of emergency where time is crucial to the patient's safety and during the 3<sup>rd</sup> clinical year. Any case that is new to a student requires a written care plan.

Students should use the templates provided in the Typhon system or a care plan template specified by their clinical site. Students are NOT permitted to copy and paste care plans found on websites from other programs and submit them as their own work. This constitutes plagiarism and will not be tolerated. Care plans should include information specific to the patient with respect to the procedure being performed.

**General Policy for All Students**

1. Pre-op rounds will be made by the student on assigned patients upon completion of the day's responsibility in the classroom and/or O.R.
2. A care plan will be formulated for each patient. This care plan is to be discussed with the faculty member assigned to the case.
3. Post-op rounds are to be completed on all patients the student anesthetizes, if possible before pt discharge . These are to be completed after the patient is discharged from the recovery room, but within 48 hours of the procedure, except for early discharges. A note is to be written on the patient's chart, including vital signs, reactivity, airway assessment and any anesthetic complications. This must be dated and signed by the student.
4. Each evaluation form will contain pre and post-op rounds under the Behavioral Criteria.
5. The student will attach care plans to their daily evaluation form for Semesters 1-4 and for all specialty rotations. These care plans will be turned into the NA program office in the FCN and will be placed in the student's file as part of the student's DNP portfolio.

1. The 8-week Pediatric Rotation/Affiliation with the St. Christopher's Hospital begins per the schedule provided by St. Christopher's Hospital for Children.
2. The three-month Pediatric Rotation with A.I.duPont Hospital for Children begins the first Monday of the assigned month.
3. The 2-month CHOP primary pediatric rotation begins the first Monday of the assigned month.
4. The one-month optional pediatric rotation at Children's Hospital of Philadelphia begins the first Monday of the assigned month.
5. The pediatric rotation at LVHN and HMC are 1 month in length and begins the first Monday of the assigned month.
6. Students are to park in the hospital parking lot and report to the clinical site per the directions of the Clinical Coordinator.
7. Students are to bring their own lab coat and OR shoes. OR scrubs, hats and masks are provided.
8. Students will be oriented to the hospital parking facilities, scheduling, OR suite, including the locker room where the student will be provided with a locker.
9. The Clinical Coordinator will inform the student of clinical and didactic (i.e. morning conferences) requirements.
10. The Program Director confers with Division Director or Clinical Coordinator regarding the student's progress and any other problems regarding the affiliation. Students are expected to complete a clinical site/clinical instructor evaluations upon completion of the rotation.

I. Purpose

The purpose of the pediatric rotations for the nurse anesthesia students from Villanova University DNP Nurse Anesthesia Program is to further enrich the student's didactic knowledge and to enhance his/her clinical skills in the field of pediatric anesthesia.

II. Objectives

Upon completion of the pediatric rotations, the students should complete the following general and specific learning objectives:

General Learning Outcome I

Understand facts and principles governing the anesthetic management of a wide variety of surgical procedures for children ranging from the newborn up to and including patients 21 years of age.

Specific Learning Outcomes:

1. Identify and discuss the anatomical and physiological differences between the neonate, infant, child, and adult.
2. Differentiate between the psychological problems encountered in relation to the administration of anesthesia to the child as opposed to the adult.
3. Discuss a variety of pathological conditions found only in children.
4. Formulate and discuss an anesthesia care plan for the neonate, newborn, infant and child.
5. Describe alterations of response to drugs in children as compared to adults.
6. Relate prescribed formulas for pediatric drug dosages.
7. Discuss prescribed formulas for pediatric fluid replacement.
8. Discuss a variety of anesthetic techniques peculiar to pediatric anesthesia.
9. Describe anesthesia equipment utilized specifically for the administration of pediatric anesthesia.
10. List and discuss several intra- and post-operative anesthetic complications.
11. Formulate and discuss an anesthesia care plan for emergency pediatric surgery.

General Learning Outcome II

Apply concepts and principles of the basic study of anesthesia practice to administration of anesthesia for children ranging from the neonate to the patient 21 years of age.

1. Identify a variety of pathological conditions peculiar to children and discuss their anesthetic implications.
2. Conduct a pre-operative assessment combining the patient and/or family interview with the patient's age and weight and the evaluation of the laboratory, physical and diagnostic studies.
3. Utilize results of pre-operative assessment to assign appropriate ASA physical status.
4. Use results of pre-operative assessment to write pre-op medication order.
5. Select correct intravenous catheter size, infusion site, and means of immobilization for a variety of pediatric patients.
6. Modify anesthetic management to meet the needs of a variety of pediatric pathological conditions.
7. Integrate knowledge of anatomical and physiological differences between the neonate, infant, child and adult during planning, implementing, assessing, and evaluating anesthesia management.
8. Manage pediatric airway correctly.
9. Select correct size oral airway for each patient.
10. Choose correct size endotracheal tube for intubation.
11. Correctly intubate pediatric patients.
12. Select proper agents and accessory drugs for children.
13. Calculate the correct pediatric dosage of drugs pre-, intra-, and post-operatively.
14. Administer the correct pediatric dosage of drugs during anesthetic management.
15. Correctly select type of intra-operative fluid replacement for a variety of pediatric procedures.
16. Alter fluid replacement regime according to signs and symptoms of dehydration and/or hypovolemia.
17. Calculate pediatric patient's total blood volume, acceptable blood volume deficit, and blood replacement.
18. Correctly monitor the pediatric patient's temperature intra-operatively.
19. Assess ventilatory status to establish criteria for extubation.
20. Plan and manage anesthesia for the emergency surgical procedure.

III. Policies and Procedures

The following policies and procedures have been defined to facilitate the fulfillment of the preceding learning objectives:

A. Policy #1

The faculty at the Pediatric Rotational Sites will provide the student nurse anesthetist with a wide variety of pediatric surgical experiences.

Procedure #1

1. The student will be assigned to cases according to his/her technical and theoretical abilities on a daily basis.
2. As the student's abilities improve, he/she will be assigned to a variety of more difficult cases, if such cases are available and at the discretion of the staff anesthesiologists.
3. The student will be encouraged to assist other anesthetists while he/she is starting his/her cases to further augment his/her knowledge and/or skill through the implementation of basic techniques and procedures specific to caring for pediatric patients.

B. Policy #2

The affiliating faculty will provide an environment conducive to the further enrichment of the student's didactic knowledge as well as to the enhancement of his/her clinical skills.

Procedure #2

1. The student will be expected to do pre- and post-operative visits on his/her patients each day and/or other patients as assigned.
2. Pediatric conferences covering a variety of pediatric topics will be presented by the affiliating faculty at a time designated by the Department Chairman or the Clinical Coordinator.
3. The student will be relieved of clinical responsibilities to attend class at Villanova University.

IV. Rights and Responsibilities

- A. Students on affiliation have the right to expect the faculty to accept their responsibilities as defined in Section IV, E.
- B. Students on affiliation have the responsibility to do the following:
  - 1. administer anesthesia for a variety of pediatric procedures to the best of his/her ability and in agreement with his/her technical and/or theoretical skills.
  - 2. follow the directions of the Department Chairman or anyone designated by him as being in authority in his absence.
  - 3. be adequately prepared for induction and administration of anesthesia by having all necessary equipment in readiness, by reviewing the patient's chart, and by discussing the anesthetic management with the MD and/or CRNA faculty member in charge of the administration of anesthesia.
  - 4. request assistance from MD and/or CRNA faculty when questions arise in the clinical area.
  - 5. conduct him/herself in a professional manner with respect to the patient as well as to other members of the health care team.
  - 6. be aware of the daily work schedule and times designated thereon.
  - 7. report to the clinical area on appointed days and times designated by weekly time schedule.
  - 8. report to the anesthesia personnel running the schedule and/or to check the OR schedule daily for patient's assignments.
  - 9. report to the individual running the schedule either directly or via other responsible personnel when unable to be in clinical area at assigned time due to illness or other extenuating circumstances.
  - 10. report to person running schedule before leaving OR suite.
  - 11. be available when scheduled for call experience.
  - 12. attend pediatric conferences when presented by affiliating faculty members
  - 13. visit his or her patient's pre-operatively and post-operatively whenever possible, and to include documentation of said visit by note on patient's chart.

14. not to take or request any vacation time during rotation (except to attend the AANA Annual Congress).

C. The Faculty of the Affiliating Institution has the right to expect the student to fulfill his/her responsibilities as listed above in Section IV, B.

D. The Faculty of the Affiliating Institution has the right to:

1. be informed of student's names and dates of affiliation at least one month (30 days) prior to affiliation date.
2. be invited to all Faculty Meetings when matters concerning the affiliating institution is on the agenda.
3. communicate with School Director and/or Associate Director concerning any affiliation-related problems.
4. request that a student return to the home institution if for any reason he/she is found to be unsatisfactory.

E. The Faculty of the affiliating institution has the responsibility to:

1. accept nurse anesthesia students on a rotating basis from VU DNP Nurse Anesthesia Program for a period of 1, 2, or 3 months (1 month advanced rotation at Children's Hospital) as determined by the clinical site.
2. provide the student with a wide variety of learning experiences related to the management of pediatric anesthesia and surgical procedures in accordance with his/her technical and/or theoretical procedure abilities.
3. provide an environment conducive to learning by being open to questions from students and by providing instruction in the clinical area.
4. provide a safe anesthetic environment through the provision of educational direction in the clinical area.
5. provide assistance and/or guidance in the clinical area upon student's request whenever applicable.
6. provide guidance to student if he/she is experiencing anesthesia and/or education-related problems while on affiliation
7. inform the student of less than average performance.
8. encourage students to read anesthesia literature when not assigned to case and/or to pre-operative and/or post-operative rounds.
9. post OR schedule with clinical assignments for the following day to enable the student to make pre-operative

rounds on his/her patients.

10. relieve the student's of clinical responsibilities to attend scheduled classes at Villanova University.

F. The Faculty of the home institution has the right to expect the affiliating institution to fulfill its responsibilities as listed above in Section IV, E.

G. The Faculty of the home institution has the responsibility to:

1. provide the Affiliating Institution with nurse anesthesia students on a rotating basis for a period of 1,2, or 3 months as determined by the clinical site (one month at Children's Hospital as requested by students)
2. provide students who possess basic anesthetic knowledge.
3. acquaint each student with his/her rights and responsibilities while on affiliation prior to each student's affiliation.

V. Definition of Quality of Services Expected of the Following:

A. Students

1. Students will be expected to administer safe anesthesia under the direction of a qualified anesthesiologist and/or CRNA.

B. Faculty or personnel employed by the affiliating institution.

1. The affiliating faculty will be expected to provide the student with theoretical and technical direction in the clinical area with the ultimate goal being the administration of safe anesthesia to pediatric patients.

VI. Communication Between home institution and affiliating institution:

1. The affiliating institution shall be kept informed of any changes in the educational program which may affect the affiliating institution or the rotation.
2. The affiliating institution shall receive notification of name and credentials of students being sent to the affiliating institution. All pertinent documentation related to the student must be sent at least 3 weeks in advance in order to credential the student and allow them to affiliate at the site.
4. In case of any changes pertaining to projected date of affiliation of a student, the affiliating agency shall be notified as soon as possible.

## **Standard Policy for avoiding Drug Errors in the Clinical Setting**

- A. Introduction:** Adverse drug errors are among the most frequent problems resulting in harm to patients in the hospitalized setting. As an anesthesia provider we regularly administer rapid acting, highly potent, and highly concentrated bolus doses of drugs to our patients. This frequent administration of potentially harmful medications puts the anesthesia provider at risk for harmful drug errors. Studies on the frequency of drug errors in our profession show that accurate results are hard to obtain due to the voluntary “self report” method of reporting drug errors. Also, if you don’t know you committed an error, how could you report the error? Therefore, the true incidence, and cause and effect of anesthetic drug errors are unknown. As stated by the American Society of Anesthesia (ASA) and supported by multiple studies, human error is frequently (>70% of the time) the cause of “wrong drug” errors. Human error is often avoidable with the right system of checks and balances. The problem of “human” related drug error is potentiated by lack of standardization of drug packaging, concentrations and a universal labeling system along with the fact that preparation and labeling of the drugs is commonly done some time period before they are to be used. So the potential to error is doubled, you could choose the wrong ampoule or you could pick up the wrong syringe after it’s been prepared. The following will discuss, drug/room preparation techniques, common errors, and how to avoid them.
- B. Drug/Room preparation:** Using a set routine for room setup can help avoid common mistakes as well as omission of an essential part of your room setup. This acronym is commonly used: SOAP TIM. If you walk into an OR every day and repeat this to yourself, it will decrease the chances of missing a critical component of your setup.

**Suction**

**Table**

**Oxygen**

**IV**

**Airway**

**Machine/Monitors**

**Pharmacology**

**C. Common Errors:** Preparation (labeling, misidentifying medication ampoules) often go unnoticed until unexpected complications occur, Right drug (wrong dose or wrong route), Wrong drug (most commonly from a correctly labeled syringe, aka syringe swaps)

**1. Labels/ Look-alike syringes:** example. Manufacturer prepared Epinephrine syringe: Lidocaine Syringe have similar size, shape, and labeling.

**2. Labels/ Look-alike colors:** Muscle relaxant labels are commonly orange or red, vasopressors are commonly purple. Be sure to read the label and drug ampoule you are drawing the medication from three times when preparing syringes. When pulling the label, when placing it on the syringe, and finally verify proper label as you time/date/initial the syringe.

**i.e. VASOPRESSORS:** ephedrine/phenylephrine/epinephrine are commonly purple labels, it is especially important to maintain vigilance while drawing up/reconstituting medications with potent vasoactive effects. Phenylephrine and ephedrine both come in 1ml vials and can easily be mistaken for one another if preparing medications in a rush. Epinephrine and Ephedrine labels can be swapped be sure to employ the preventative strategies listed below.

**3. Concentration variations:** Be aware that drugs may come in variable concentrations and still be in the same sized vial. i.e. Midazolam 2mg/ml and 10mg/ml, Ketoralac 30 mg/ml and 60 mg/ml, **Heparin 1,000 units/ml, 5,000 units/ml, and 10,000 units/ml!**

**D. Preventative Strategies:** It is important to keep in mind that Anesthetic drug errors are totally or partially attributed to human error. To error is part of being human and incidence rate, theoretically, can only be reduced, not eliminated. Inattention, haste, communication problems, and fatigue are examples of human factors which increase the chances of error. Preventative strategies should be directed at controlling these dependent variables. The environment or system in which the anesthesia provider works in affects the incidence of error, i.e. syringe sizes, inadequate standardization of labeling (color coding variations between facilities), Manufacturer differences in packaging, production pressure causing rushed procedures and communication lapses in the anesthetic team or between surgeon and the anesthesia provider, etc. This means that the anesthesia provider must also be aware of

these discrepancies by remaining vigilant and focus on forming strategies against environmental/system related error as well. It is important to be proactive in prevention of error. When you let your guard down by becoming lax or comfortable is when an error is most likely to occur.

**1. Five R's: Right DRUG, Right DOSE, Right ROUTE, Right PATIENT, Right TIME**

- a. Right DRUG: Preparation of syringes:** Label, date, and time your syringe  
AT THE SAME TIME AS YOU ARE DRAWING UP THE MEDICATION.

Check the vial when drawing up the drug, after the medication is drawn up, and recheck the vial and syringe label before discarding the vial.

**1). Recheck syringe before administering drug 3 times:**

~Verify the correct drug **label** when picking up syringe

~Verify the correct drug when attaching syringe to injection port

~Verify the correct drug prior to administering drug

- b. Right Dose:** Be sure to recalculate the appropriate dose for the patient on a weight based ratio, i.e. Propofol 10 mg/ml, patient weight 70 kg, plan to administer intubation dose of 2 mg/kg IV.  $70\text{kg} \times 2\text{mg/kg} = 140\text{ mg}$  or 14ml  
Remember the preparation is 2mg/ml.

- c. Right Route:** Verify the route is truly an IV access device and not an A-Line/epidural port/intraventricular port. Check the drug label, those meant for particular routes (sub Q, subarachnoid, epidural) are typically labeled as such.

- 1.** Example: Preservative free morphine, aka Duramorph for addition to spinals. Standard morphine cannot be given via the sub arachnoid route due to the irritation of the spinal cord secondary to the preservatives in the morphine.

- d. Right Patient:** Verify correct patient upon introduction during the preoperative interview stages by checking ID band.

- e. Right Time:** Verify it is the appropriate time in the case to give a drug.

- 1.** Example: It would be inappropriate to administer a non-depolarizing muscle relaxant in the pre-op holding area.

**FATAL TIME- RELATED DRUG ERROR:** Protamine Sulfate during cardiovascular surgery when the patient is “ON PUMP” meaning on the heart lung machine. If the protamine is given early, while still on pump a fatal clotting of blood throughout the heart lung machine can occur. To avoid this from occurring it is good practice to keep the protamine away from the anesthesia machine, medication cart and other easily accessible drugs. Also, do not mix protamine until the surgeon asks for it to be mixed and given.

- 2. Routine:** Form a routine to drug preparations and stick to it each time. Routine will help reduce errors. i.e. always draw up and label your Phenylephrine in a 10ml syringe, have your Ephedrine drawn and labeled in a 5 ml syringe. By physically varying the size of syringe of the two medications you provide yourself a second feature for recognition of correct medication.
- 3. Communication:** Be sure to communicate with the other members of the operating room team using closed-loop communication or circle communication. For example, when the surgeon states, ”10,000 units heparin please” be sure to repeat the order out loud, “10,000 units heparin IV?” before administering the medication.
- 4. Reporting:** Self reporting of medication errors is a necessary component in reducing future errors of the same kind by increasing awareness and allowing a learning experience to take place for not only the parties involved, but other providers.
  - a. Clinical Drug Error Reporting Process:**
    - i. Report the drug error to the CRNA or MDA clinical preceptor immediately upon recognition of error.**
    - ii. Report the drug error to the Clinical Coordinator at the Clinical site as soon as possible, but no later than the end of the clinical day on which the error occurred (by phone, email or text message.)**
    - iii. Report the drug error to the Program Administrator as soon as possible, but no later than the end of the clinical day on which the error occurred (by phone, email or text message.)**
    - iv. Record the facts of the incident and submit in writing to the clinical coordinator and Program Administrator within 24 hours of the incident.**

- v. **Failure to complete 1-4 may result in clinical probation (see policy #2013 Retention, Progression, Due Process; Causes for immediate dismissal, #20.)**

### **5. Vigilance, Vigilance, Vigilance!**

#### **Anesthesia Cart Set-up**

<b><u>Drugs</u></b>	<b><u>Concentration</u></b>	<b><u>Syringe size</u></b>	<b><u>Drug class</u></b>
<b>Atropine</b>	<b>0.1 mg /ml</b>	<b>10 ml</b>	<b>anti cholinergic Anti / muscarinic agent</b>
<b>Etomidate</b>	<b>2 mg/ ml</b>	<b>10 ml</b>	<b>induction agent</b>
<b>Succinylcholine</b>	<b>20mg/ml</b>	<b>10 ml</b>	<b>depolarizing muscle relaxant</b>
<b>Propofol</b>	<b>10 mg/ml</b>	<b>20 ml</b>	<b>induction agent</b>
<b>Rocuronium</b>	<b>10 mg/ml</b>	<b>5 ml</b>	<b>non-depolarizing muscle relaxant</b>
<b>Fentanyl</b>	<b>50 mcg/ml</b>	<b>5 ml</b>	<b>narcotic</b>
<b>Midazolam (versed)</b>	<b>1 mg/ml</b>	<b>2 ml</b>	<b>benzodiazepine</b>
<b>Lidocaine</b>	<b>20 mg/ml</b>	<b>5 ml</b>	<b>local anesthetic</b>
<b>Ephedrine</b>	<b>comes 50 mg/ml Dilute to 10 mg/ml</b>	<b>5 ml</b>	<b>mixed alpha and beta adrenergic agonist</b>
<b>Neosynephrine</b>	<b>comes 10 mg/ml Dilute to 100mcg/ml</b>	<b>100 ml bag and 10 ml syringe</b>	<b>alpha adrenergic agonist vasoconstrictor (direct acting)</b>

#### **Airway Equipment**

**ETTs: 7.0, 7.5, 8.0 with stylettes**

**Laryngoscopes: Mac 3, 4 and Miller 3, 4 blades**

**Oral airways: 2 sizes with tongue blades**

**OGT**

**Esophageal temp probe**

**Other:**

**SOAP TIM: suction, oxygen, airway, pharmacy, table, IV, monitors**

**IVs: LR 1000ml with macrodrip tubing (15 drops per ml), 22g,20g,18g angiocaths, tegaderm, alcohol swabs, tourniquet, lidocaine (if you'd like to use local: a TB syringe with 0.25ml of 1% or 2% lidocaine with a 25 guage needle.)**

**Machine Checked**

**Suction canister with tubing and Yankaur suction tip**

**Monitors: EKG cable and leads, pulse oximetry cable and non-invasive BP cuff**

**2 IV poles with drape clips**

**Oxygen facemasks and nasal cannula**

I, \_\_\_\_\_, have read, fully understand, and agree to follow the avoiding drug errors policy presented to me as an Anesthesia Student in the Villanova University/Crozer Chester Medical Center Program.

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

- (1) Prospective students have a right to expect:
  - (a) that materials and conferences aimed at recruitment shall be factual, fairly presented and contain detailed information pertaining to the program content, graduation requirements and student rights and responsibilities in clearly worded
  - (b) fair, non-discriminatory practices in the selection process of the program.
  - (c) that tuition remission processes are fair and equitable and that sufficient explanation relative to these has been provided to insure understanding before they are paid.
  - (d) that upon acceptance into an accredited program of nurse anesthesia, they will be provided that quality of education necessary to fulfill the objectives of the program to prepare competent nurse anesthetists capable of:
    1. integrating theory underlying the practice of anesthesia with the actual practice.
    2. providing anesthetic management to all categories of patients for most or all varieties of diagnostic or therapeutic intervention utilizing consultation as required.
    3. functioning independently in all sizes and/or locations of hospitals or agencies.
    4. assuring patient comfort and safety within the confines of those aspects of care over which a CRNA has control or can influence through consultation, advice, or other actions.
    5. incorporating sound ethical and moral practices into his/her own personal value system.
- (2) Students have a right to expect:
  - (a) that they will not be exploited relative to time commitment or pay-for-profit of the conducting institution or corporation.
  - (b) that enrollment in a program of nurse anesthesia is equivalent to the signing of a contract between the student and the program and that the rights and responsibilities of each party of the contract are fully understood and complied with, and student failure to achieve the goal within the time frame expected for which he/she enrolled is based on valid, reliable data and information from evaluations, viewed objectively and fairly, and reviewed as may be required by due process mechanisms when contested.
  - (c) fair and accurate evaluations of their progress in the educational program and to be kept informed of the status of that progress.
- (3) Students and graduates have the right to have access to transcripts of their academic and clinical achievements and upon their request have verified copies furnished to institutions, agencies, other programs of nurse anesthesia, or others specified by the student or graduate.

- (4) Graduates have the right to expect that an official Transcript of Student Record and all other application materials will be forwarded to the NBCRNA in a timely fashion upon satisfactory completion of all programmatic, course, and clinical requirements
  
- (5) Students will be held accountable for:
  - (a) the quality of preparation, completion and performance of assignments.
  - (b) complying with the policies and regulations pertaining to the program of nurse anesthesia.
  - (c) fulfilling all responsibilities connected with the program defined at the time of enrollment in the program, or made a part of the educational contract during the period of enrollment.

- (1) Patients have a right to know who is administering their anesthesia, who will be supervising the administration of the anesthetic and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard.
- (2) Patients have a right to expect that those anesthesia services provided by nurse anesthesia trainees will be under the supervision of a CRNA or an anesthesiologist, consistent with the anesthesia risk of the patient, the magnitude and complexity of the anesthesia and surgery, and the educational level of the student. At all times, a CRNA or anesthesiologist shall be immediately available in all anesthetizing areas where students are performing anesthesia.
- (3) Patients have a right to expect that the student and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions.
- (4) The patient's surgeon, or responsible physician, shall be kept informed of the anesthetic management and any complications arising from that management.

Revised: 12/02; 06/04; 07/07

**A. GENERAL SAFETY**

1. Be sure you understand the safest way to perform your job. There is a right way and a wrong way... if in doubt, ask your supervisor.
2. A hospital is no place for joking. Serious injuries often result. Use every safeguard to protect your own health.
3. Know your hospital Fire Safety Plan, Disaster Plan and other emergency plans and your duties for each plan.
4. Report any unsafe conditions immediately to your supervisor.
5. All accidents, no matter how minor, will be reported and an incident report filled out.
6. If an accident requires immediate treatment, proceed directly to your supervising CRNA or physician. They may recommend in extreme emergency, proceed directly to the Emergency Room.

**B. WALKING AND WORKING SURFACES**

1. Good housekeeping is to be practiced in all areas. Corridors and stairways are to be kept free of obstructions.
2. All spills are to be cleaned immediately.
3. Electrical cords should be placed so that trips or falls are eliminated.
4. Walk, never run. Take time to be safe.
5. Approach corridor intersections carefully. Always keep to the right to avoid personal collision.
6. If doors have vision panels, always make sure the other side is clear before proceeding through. If no vision panel, open door slowly, making sure traffic is clear and then proceed.
7. Do not overreach. Always use an approved ladder or step stool. Never use a box or chair.
8. Keep all exitways clear. If for some reason an exitway must be blocked for a short period, make sure signs are placed and show alternate routes.

9. Approved Exit signs will be placed at all exitways.
10. If it is necessary to place materials, charts or other obstacles in a corridor or hallway for a short period, place everything on the same side, so that there is a clear passage.

**C. PERSONAL PROTECTION**

1. Always use proper technique for lifting and carrying
2. Heavy bulk containers should always be placed on lower shelves in storage areas.
3. Do not pick up broken glass with bare hands. Dispose of all sharp objects, broken plastic or glass in proper containers.
4. Keep your work area clean. Good housekeeping makes for a safe workplace.
5. Warn others of chemical spills. Be careful of inhaling noxious fumes.
6. Read instructions on containers for proper disposal methods.
7. Never leave equipment unattended or standing in the flow of pedestrian traffic. Return all equipment to its proper location after use.
8. Wear proper footwear for your job.

**D. HAZARDOUS MATERIALS**

1. Secure all gas and oxygen cylinders in an upright position. If it is necessary to lay a cylinder flat, then it must be blocked in place.
2. Cylinder caps must be securely in place when cylinder is not in place.
3. All cylinders must be stored in a definite assigned location, where it is cool, dry, well ventilated and above ground, if possible.
4. A separate storage area will be provided for flammable gases.
5. Cylinders will be moved only in the prescribed safe method of transportation.
6. Proper clothing for the job is to be worn...including safety items if the job so requires.

D. HAZARDOUS MATERIALS (cont'd.)

7. Warning signs will be posted and observed in any place where work being performed might create a hazard.
8. Sanitary conditions will be maintained at all times including the proper disposal of trash and waste materials.

## **VILLANOVA UNIVERSITY MISSION STATEMENT**

Villanova University is a Catholic Augustinian community of higher education, committed to excellence and distinction in the discovery, dissemination, and application of knowledge. Inspired by the life and teaching of Jesus Christ, the University is grounded in the wisdom of the Catholic intellectual tradition and advances a deeper understanding of the relationship between faith and reason. Villanova emphasizes and celebrates the liberal arts and sciences as foundational to all academic programs. The University community welcomes and respects members of all faiths who seek to nurture a concern for the common good and who share an enthusiasm for the challenge of responsible and productive citizenship in order to build a just and peaceful world.

### **Enduring Commitments**

In pursuit of this mission, we commit ourselves to academic excellence, to our values and traditions, and to our students, alumni and the global community.

#### **To foster academic excellence, we:**

- Create a diverse community of scholars, united and dedicated to the highest academic standards;
- Emphasize the liberal arts and sciences as our foundation and foster in our students active engagement, critical thinking, life-long learning and moral reflection;
- Concern ourselves with developing and nurturing the whole person, allowing students, faculty and staff to grow intellectually, emotionally, spiritually, culturally, socially and physically in an environment that supports individual differences and insists that mutual love and respect should animate every aspect of university life;
- Encourage interdisciplinary research, teaching and scholarship;
- Affirm the intrinsic good of learning, contemplation, and the search for truth in undergraduate and graduate education.
- Support a curriculum that encourages both a global perspective and an informed respect for the differences among peoples and cultures.

#### **To serve our students, alumni and global community, we:**

- Encourage students, faculty and staff to engage in service experiences and research, both locally and globally, so they learn from others, provide public service to the community and help create a more sustainable world;
- Commit to the common good, and apply the knowledge and skills of our students and faculty to better the human condition;
- Encourage our students and faculty to pursue virtue by integrating love and knowledge, and by committing themselves to research and education for justice, with a special concern for the poor and compassion for the suffering;
- Respect a worldview that recognizes that all creation is sacred and that fosters responsible stewardship of the environment;
- Include our alumni as an integral part of the Villanova community;













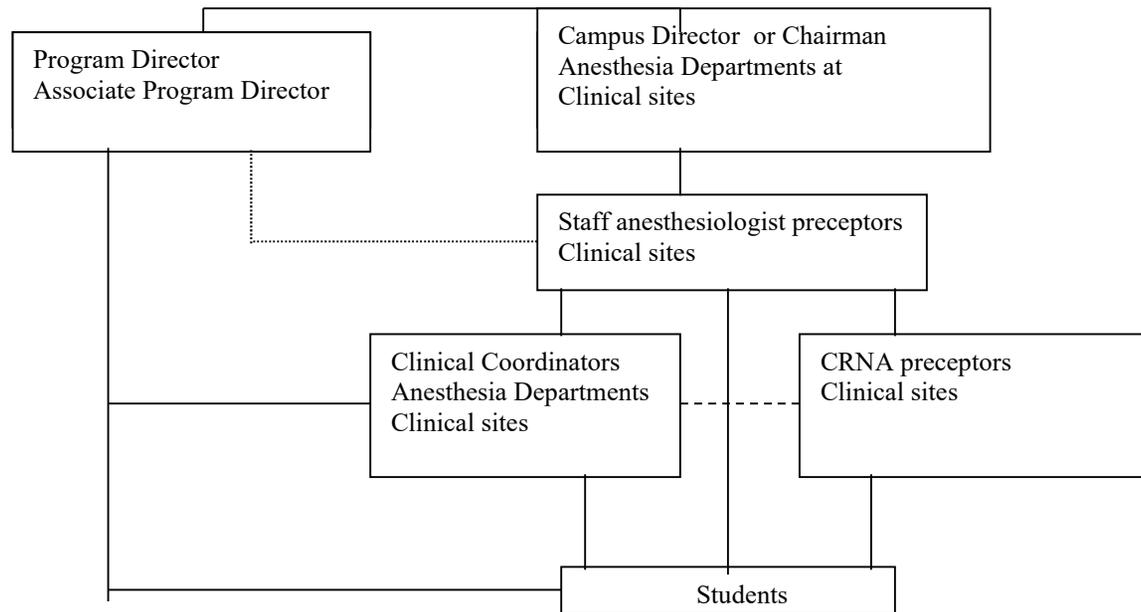


Purpose

The organizational charts described below have been devised to reflect the lines of authority and communication within Villanova University FCN DNP Nurse Anesthesia Program, clinical and academic affiliates, committees, and students.

1. Clinical Reporting Chart: Demonstrates the reporting and functional lines of authority for students and staff within the clinical arenas. (#1004)
2. Organizational Chart, Villanova College of Nursing: The nurse anesthesia track is within the Graduate Program. The Program Administrators are members of the Graduate Nursing Faculty. (#1006)
3. Demonstrates the relationship, membership and lines of authority of the nurse anesthesia track and personnel to the Graduate Programs of the College of Nursing. It also demonstrates the committee structure, relationship and membership within both programs (Graduate & nurse anesthesia)(#1007)

Clinical Organization: Students and Clinical Faculty reporting lines



Functional Lines of Reporting For Clinical Experience.

———— Direct Reporting  
----- As Necessary



**GENERAL SUPPORT STAFF**

Sr. Administrative Asst.  
Tee Nole

Sr. Administrative Asst.  
(Vice Dean for Academic Affairs and Assistant Dean for College & Student Services)  
Dani Kennedy

Assistant Director of the Undergraduate Program  
Open

Continuing Education Program Coordinator  
Louisa Zullo

Enrollment Specialist, Second Degree BSN Track  
Kristin Bardsoll

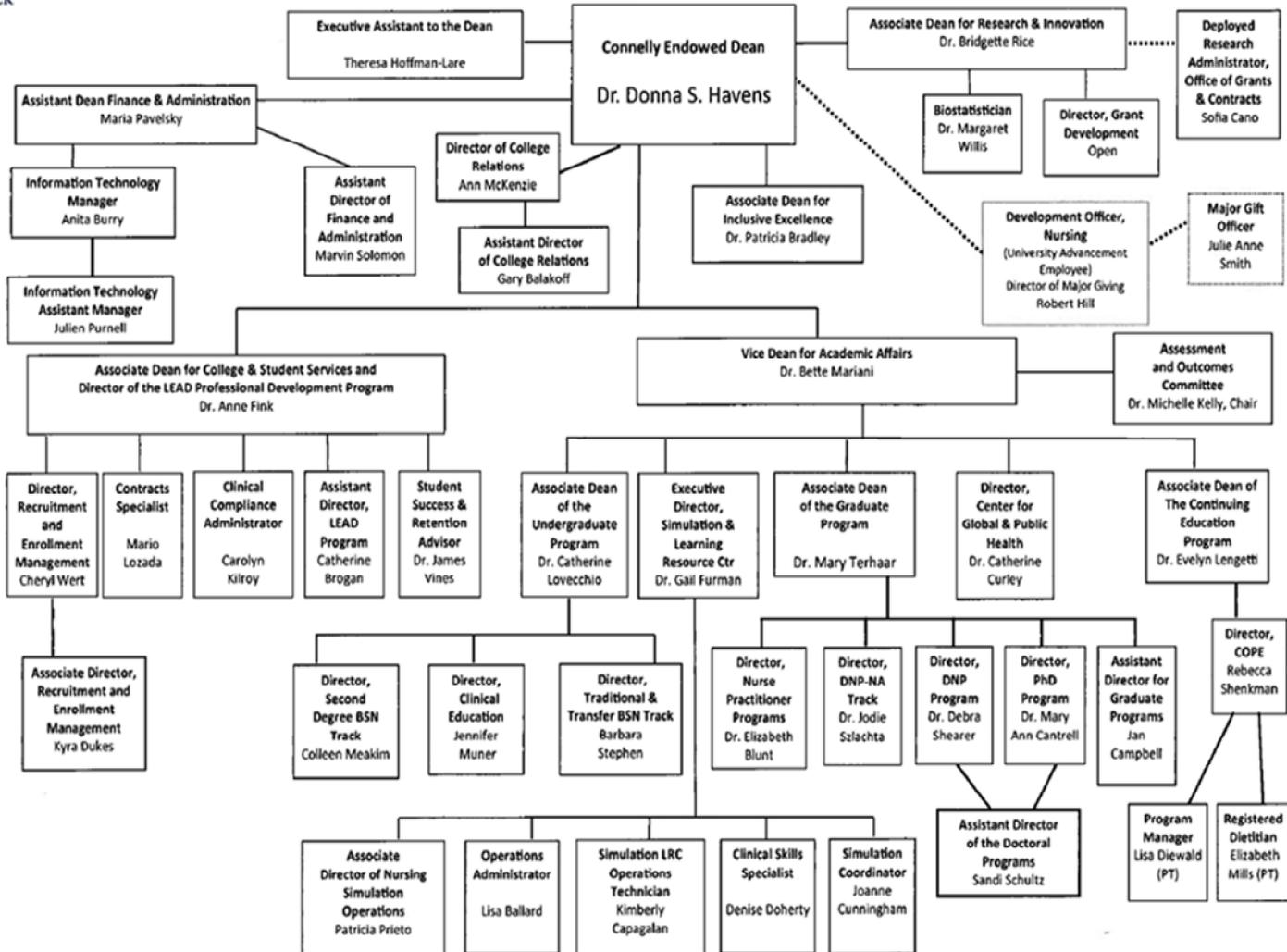
Operations Specialist, Second Degree BSN Track  
Cathleen Miller

Sr. Administrative Asst. (for all faculty)  
Amy Ellis

Clinical Operations Specialist  
Marie Paolucci

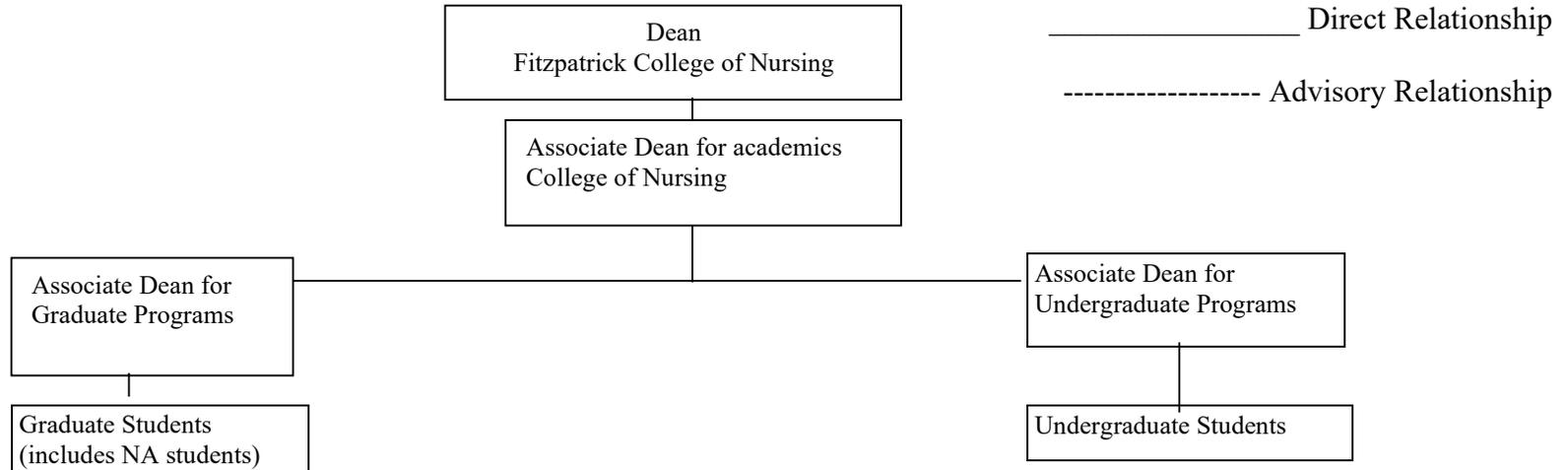
Research, Innovation and Global Health Initiatives Coordinator  
Open

Coordinator, Nursing Programs  
Colleen Tuzio

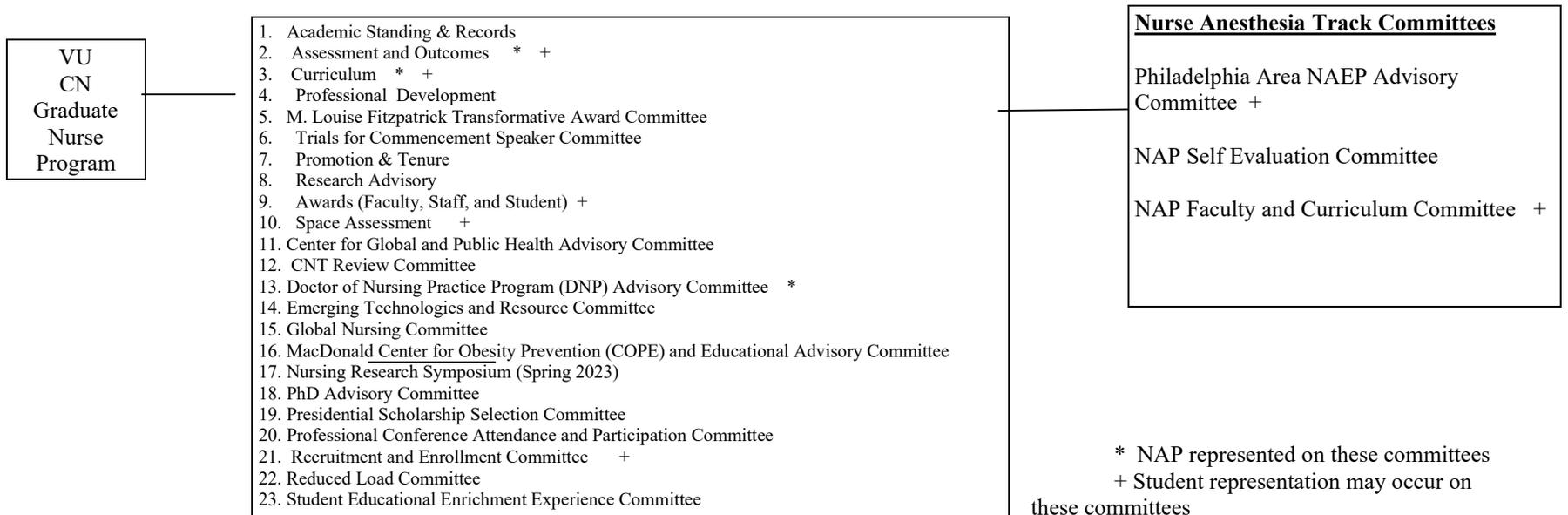


As of April 2023

**Organizational Structure**



**Coordinating Structure**  
**VU FCN Committees**



### Faculty Organization

The **clinical** faculty organization for the Nurse Anesthesia Program is composed of the Clinical Coordinators, Assistant Program Administrator, Program Faculty, and the Program Administrator (Clinical Faculty);

The **didactic** faculty is composed of the Program Administrator, Assistant Administrator, NA Faculty, DNP Project Coordinator(s) and DNP Project Advisors from Villanova University/CCMC and the anesthesia didactic instructors.

The faculty organization for the FCN includes the Dean, the Vice Dean for Academic Affairs, the Associate Dean of Graduate Programs and the Associate Dean for Undergraduate Program, professors, associate professors, assistant professors, clinical professors, and instructors in the College of Nursing.

Through committee reports and faculty participation, the goal of this organization is to:

1. Consistently and continually evaluation the Nurse Anesthesia Program.
2. Address and solve problems as they become apparent.
2. Maintain academic excellence.
3. Review student's progress and counseling needs.

Groups and Committees Specific to the Nurse Anesthesia Program:

### **Philadelphia Area Nurse Anesthesia Educational Programs Advisory Committee**

This committee is composed of the Nurse Anesthesia Program and Associate Program Administrators from Villanova University, Drexel University, University of Pennsylvania, LaSalle University/ Einstein Medical Center/Montgomery, and Jefferson University. A public member, and students are also members of this committee. A university representative is invited to attend.

The purpose of this multidisciplinary committee is to consider current nurse anesthesia practice and educational trends and those issues requested for review by the Program Administrators. Program issues are reviewed at every meeting and appropriate recommendations regarding the resources available to assist programs are discussed with the ultimate goal of suggesting methods of enriching the anesthesia programs and developing long-range goals. In addition, this committee plans for faculty development for each of the programs.

### **CC/ York / Scranton/ Drexel / Bloomsburg /Jefferson NAP Advisory Council**

This is a new committee started by the new Cedar Crest College Program and mirrors the Philadelphia Advisory committee in that there are student members, public member and University representative are invited as well. The purpose of this multidisciplinary committee is to consider current nurse anesthesia practice and educational trends germane to all programs.

### **Faculty and Curriculum Evaluation Committee**

This committee is composed of the Program Administrator and Associate Administrator of the Nurse Anesthesia program at Villanova University, NA faculty, 4 students from the program

(2 from each clinical cohort) and didactic faculty members. The goal of this committee is to plan, develop, implement, and evaluate the educational structure of the program. The committee evaluates the teaching plan, courses, and instructors semi-annually and reviews student evaluation of the above. Outcome criteria such as NCE and SEE scores are examined. This committee reports to the VU FCN Curriculum Committee and Assessment and Outcomes Committee, as needed.

### **Self - Evaluation Committee (Clinical Coordinator)**

This committee is composed of the Villanova University Nurse Anesthesia Program Administrator, Associate Program Administrator, NA faculty, and the Clinical Coordinators from each of the clinical affiliates. The Department Chairs are also always invited. The purpose of this committee is to review student clinical evaluations, student evaluations of clinical sites and instructors, NCE and SEE results, graduate and employer and semi-annual program evaluation and evaluate evaluation policies and procedures. The recommendations from this committee are implemented by the committee or forwarded to the appropriate clinical department chairs for review and implementation. Recommendations on student status will be forwarded to the Graduate Program Director and the Academic Standing Committee of the College of Nursing on an as needed basis. Due to the sensitive nature of items generally discussed, students are not members of this committee. This Committee reports to the VU FCN Curriculum Committee and Assessment and Outcomes Committee as needed.

### **Membership On Committees**

#### **For all committees within the College of Nursing, the following will apply:**

Membership on the committee will be for a period of at least 2 years.

The Dean of the College of Nursing shall make appointments to all standing committees.

Ad Hoc committees shall be formed as special needs arise.

All committees shall be responsible to the Faculty of the College of Nursing and report to the Dean; and

The Dean of the College of Nursing shall serve as an ex-officio member of the committees.

The Graduate Nurse Network of the CON makes students aware of service opportunities to committees.

#### **For all committees within the nurse anesthesia program, the following will apply:**

Faculty membership on a committee is for the duration of the faculty's position as a faculty member.

Student membership is voluntary and is for one year on the Curriculum & Evaluation Committee; two years for the Advisory Committee.

Standing Committees of the College Of Nursing

1. Academic Standing & Records
2. Assessment and Outcomes
3. Curriculum
4. Professional Development
5. M. Louise Fitzpatrick Transformative Award Committee
6. Trials for Commencement Speaker Committee
7. Promotion & Tenure
8. Research Advisory
9. Awards (Faculty, Staff, and Student)
10. Space Assessment
11. Center for Global and Public Health Advisory Committee
12. CNT Review Committee
13. Doctor of Nursing Practice Program (DNP) Advisory Committee
14. Emerging Technologies and Resource Committee
15. Global Nursing Committee
16. MacDonald Center for Obesity Prevention (COPE) and Educational Advisory Committee
17. Nursing Research Symposium (Spring 2023)
18. PhD Advisory Committee
19. Presidential Scholarship Selection Committee
20. Professional Conference Attendance and Participation Committee
21. Recruitment and Enrollment Committee
22. Reduced Load Committee
23. Student Educational Enrichment Experience Committee

The Nurse Anesthesia Program Administrator is a member of the Academic Standing & Records, and Curriculum Committee. The Associate Administrator is a member of the Curriculum Committee and Research and Evaluation Committee. Both the Director and Associate Administrators participate in the Graduate Program faculty meetings and the CON Faculty meetings

Students serve on committees at Villanova when the Graduate Nurse Network initiates invitations for volunteers. Students can serve on the following Committees: Academic Standing & Record; Admissions & Recruitment; Curriculum; Learning Resources; Research & Evaluation; Awards.

Student representation on the committees and groups specific to the Nurse Anesthesia program include the Faculty and Curriculum Committee, the Philadelphia Area Nurse Anesthesia Advisory Committee, and the Cedar Crest NAP advisory council.

Revised: 6/93, 7/95, 7/96, 7/98, 6/99 ;10/99;12/02 ;7/04; 7/05;6/07; 7/08; 10/09; 4/13; 8/15; 5/20, 7/23

Policies affected by revisions to this policy: 1007A; 1009-1014;

## **I. Membership**

Program Administrator, Associate Program Administrator, NA Faculty, and Director of Simulation from Villanova University, didactic faculty members, and two students from the nurse anesthesia program. The Program Manager is also a member of this committee.

## **II Purpose**

This committee plans, develops, implements and evaluates the anesthesia curriculum of the programs. The committee evaluates the teaching plan, courses and instructors bi- annually. (Evaluation standard H 1.2 (1.2.1, 1.2.2, 1.2.5, 1.2.6), H1.2.8 (1.2.8.1, 1.2.8.2, 1.2.8.3), H 1.3 (1.3.1-1.3.3)).

## **III Functions**

1. Reviews and evaluates curricular academic content, plans, develops and implements didactic schedules.
2. Obtain instructors for lecturing. Orient and provide instruction to faculty new to Educational strategies; observe new faculty lectures. Evaluate didactic instructor teaching ability.
3. Coordinate the fall, spring and summer semesters for didactic schedule.
4. Assure that all course syllabi are current and that each course has objectives.
5. Assure that the curriculum has overarching focus on the full scope of nurse anesthesia practice.
6. Develop faculty policies regarding payment, exams and evaluations.
7. Conduct student evaluations of courses and instructors.
8. Review evaluations and make recommendations for improvement:
  - i. student evaluations of course and teacher (CAT)
  - ii. student evaluations of course and instructors
  - iii. schools' performances on the SEE and NCE
9. Evaluate program resources and identify areas for improvement. (*evaluation standard H 1.3*).
10. Assess the sequential and integrated course design to facilitate the achievement of the programs' terminal objectives (*Curriculum standard E 5*.)

## **IV Meetings**

This committee shall meet at least twice a year (fall, spring).

This committee shall report to the VU FCN Curriculum Committee, when appropriate.

## **V. Voting**

All members have one vote each, a majority shall rule.

**Manual Loc: A/F/S**

**Philadelphia Area NAEP Advisory Committee**

**Villanova:** Jodie Szlachta PhD, CRNA / Alice Jurski EdD, CRNA, APRN

**LaSalle/Montgomery:** Mike Kost DNP, CRNA /C. Betron DNP, CRNA

**Drexel:** Lew Bennett MS, CRNA /F. Cohen EdD, CRNA

**UPENN:** Dawn Bent DNP, CRNA / Angela DiDonato DNP, CRNA

**Thomas Jefferson:** Jacqueline Mainwaring DNP, CRNA

**Cedar Crest:** Bebe Adenusi, DNP, CRNA

Student Representatives

University Representatives are invited.

Public Member: Derrick J.V. Sawyer, MS [dsone@verizon.net](mailto:dsone@verizon.net)

**Faculty Curriculum and Evaluation Committee**

Jodie Szlachta PhD, CRNA

Carlene McLaughlin PhD, CRNA, CHSE

Alice Jurski, EdD, APN-A, CRNA

Students: (4) two from each clinical cohort class

Denise Lamb, SPHR, SPC, Program Manager

Didactic Faculty:

Aric Bunch PhD, CRNA

Kristi Leonhard, MSN, CRNA

Nicole Fanelli, DNP, CRNA

**Self-Evaluation Committee (Clinical Coordinator)**

Jodie Szlachta PhD, CRNA

Alice Jurski EdD, CRNA, APRN

Mora O'Neill MSN, CRNA (St Chris)

Megan Scott CRNA, MSN, Jeffrey Nachman, MD (Springfield Hospital), Larry Levit, MD (Taylor Hospital)

Dr James Li, MD (Crozer-Chester /Brinton Lake/Children's Surgery Center)

Aric Bunch PhD, CRNA (Chief CRNA, CCMC)

Kevin Harrison MSN, CRNA (Kent General)

Laura Carter MSN, CRNA and Hayley Boyer, MSN, CRNA (Hershey Medical)

Dena DeLuca MSN, CRNA (AI DuPont), Kate Freedman MSN, CRNA

Nathan Blatt MSN, CRNA (Lehigh Valley, Muhlenberg Campus & 17<sup>th</sup> St.)

Jason Makin MSN, CRNA (LVH, CC)

Mary McGeever MSN, CRNA (Muhlenberg)

Richard Smith CRNA, MSN, Tilghman site LVHN)

Drew Chapman MSN, CRNA (Phoenixville)

Grant Thorell MSN, CRNA, Andrea Hartwell MS, CRNA (Abington)

Les Havard, MSN, CRNA (Pottstown Memorial Hospital)

Julie Nace MSN, CRNA (Chestnut Hill Hospital)

Jennifer Wenner MSN, CRNA & Maura Hiatt MSN, CRNA (LGH)

Stephen Mullarkey MSN, CRNA (St Francis)



**Nurse Anesthesia Clinical Doctorate Program Goals:**

The specific goals of the Doctor of Nurse Practice program in the College of Nursing at Villanova University are to:

1. Develop nurse educators, nurse administrators, nurse practitioners and nurse anesthetists with the expertise to address the evolving issues for the health care system.
2. Consider, interpret, analyze and communicate substantive knowledge with the aim of generating new questions and new knowledge.
3. Provide a foundation for clinical leadership.

**Clinical Doctorate Program Outcomes**

The DNP students are prepared to manage effectively the health of individuals, families and populations by translating research and other evidence into clinical practice to improve the safety and quality of health care and solve health care problems. DNP graduates will be clinical leaders in influencing health care organizations and implementing health policy. Consistent with the AACN’s specifications in the Essentials of Doctoral Education for Advanced Practice Nursing, the following outcomes of the DNP program have been identified.

Upon completion of the DNP program, the graduate will be able to:

<b>DNP Program Outcomes</b>	<b>DNP Essentials</b>
1. Integrate nursing science with advanced levels of systems thinking and accountability in designing, delivering, and evaluation evidence-based practice to improve healthcare quality, safety and outcomes.	<b>I.</b> Scientific Underpinning for Practice <b>III.</b> Clinical Scholarship and Analytical Methods for Evidence-Based Practice <b>IV.</b> Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
2. Provide leadership in the development and implementation of patient-centered, institutional, local, state, federal and/or global health policy in a select content/specialty area.	<b>II.</b> Organizational and Systems Leadership for Quality Improvement and Systems Thinking <b>V.</b> Health Care Policy for Advocacy in Health Care
3. Use leadership skills to design, direct, implement, communicate and execute a scholarly project.	<b>II.</b> Organizational and Systems Leadership for Quality Improvement and Systems Thinking
4. Effectively collaborate with nursing and other disciplines in clinical practice.	<b>VI.</b> Interprofessional Collaboration for Improving Patient and Population Health Outcomes
5. Promote cultural competence in response to the healthcare need and concerns of society.	<b>VII.</b> Clinical Prevention and Population Health for Improving the Nation's Health
6. Provide guidance, mentorship and support to other nurses to achieve excellence in nursing practice.	<b>VIII.</b> Advanced Nursing Practice
7. Demonstrate competency in full scope of nurse anesthetist clinical practice.	<b>VIII.</b> Advanced Nursing Practice

**Outcome Competencies for Nurse Anesthetists:** These outcomes conform with the mission and philosophy of Villanova University College of Nursing and with the Mission Statement of Crozer Chester Medical Center. At the completion of this track, the graduate will be able to:

1. Integrate scholarship and clinical experience based upon evidence to support best practices of nurse anesthesia.
2. Manage the complexities of anesthesia care from preoperative assessment through the post anesthesia period using all available technologies.
3. Analyze issues and trends in healthcare for their impact on the practice of nurse anesthesia
4. Implement the role of nurse anesthetist to ensure continuity of care and safe effective practice.
5. Implement quality improvement initiatives that conform to AANA's Professional Practice Standards.
6. Analyze the broad context or system within which nurse anesthesia is practiced.

Revised: 6/93, 7/96, 7/97, 6/98 6/99; 04/03;08/08; 06/09; approved by Curriculum Committee VU CON 09/2016

### **OUTCOME CRITERIA REQUIRED BY THE COUNCIL ON ACCREDITATION**

**Patient Safety: The graduate must demonstrate the 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: The graduate must demonstrate the ability 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: The graduate must demonstrate the 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: The graduate must demonstrate the ability to:**

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

**Manual Loc: A/F/S**

**Leadership: The graduate must demonstrate the 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: The graduate must demonstrate the 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 chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency (see Glossary, "Chemical dependency and wellness").
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.

**VILLANOVA UNIVERSITY COLLEGE OF NURSING GRADUATE PROGRAMS**

**NURSE ANESTHESIA STUDENT COURSE OF STUDY**

<b>Spring - YEAR I</b>			
**NUR 8904	Nursing Research	3	_____
NUR 9405	Innovation in Nursing	1	_____
**NUR 8903	Advanced Pharmacology	3	_____
NUR 9406	Transformational Leadership	3	_____
<b>Summer – YEAR 1</b>			
NUR 8910	Advanced Physical Assessment	4	_____
NUR 9407	Quality Improvement	3	_____
NUR 9412	Ethics and the Law	3	_____
<b>Fall – YEAR 1</b>			
NUR 9420	Introduction to Nurse Anesthesia	2	_____
NUR 9421	Foundational Science of Nurse Anesthesia I	2	_____
NUR 9422	Fundamentals of Nurse Anesthesia Practice I	2	_____
**NUR 8901	Advanced Pathophysiology	3	_____
NUR 9101	Anesthesia Clinical Practicum I	1	_____
<b>Spring – YEAR 2</b>			
NUR 9423	Foundational Science of Nurse Anesthesia II	2	_____
NUR 9424	Advanced Dimensions in Nurse Anesthesia Practice I	2	_____
NUR 9408	Evidence Based Practice	3	_____
NUR 9400	DNP Project Seminar Intro	1	_____
NUR 9102	Anesthesia Clinical Practicum II	1	_____
<b>Summer –YEAR 2</b>			
NUR 9425	Advanced Dimensions in Nurse Anesthesia Practice II	2	_____
NUR 9426	Foundational Science of Nurse Anesthesia III	2	_____
NUR 9401	DNP Project Seminar I	2	_____
NUR 9103	Anesthesia Clinical Practicum III	1	_____
<b>Fall – YEAR 2</b>			
NUR 9427	Case Studies in Nurse Anesthesia	3	_____
NUR 9402	DNP Project Seminar II	2	_____
NUR 9104	Anesthesia Clinical Practicum IV	1	_____
<b>Spring– YEAR 3</b>			
NUR 9428	Advanced Dimensions in Nurse Anesthesia III	3	_____
NUR 9410	Health Care Finance	3	_____
NUR 9403	DNP Project Seminar III	2	_____
NUR 9105	Anesthesia Clinical Practicum V	1	_____
<b>Summer –YEAR 3</b>			
NUR 9429	Advanced Dimensions in Nurse Anesthesia Practice IV	1	_____
NUR 9409	Health Policy	3	_____
NUR 9404	DNP Project Seminar IV	1	_____
NUR 9106	Anesthesia Clinical Practicum VI	1	_____
<b>Fall – YEAR 3</b>			
NUR 9411	Epidemiology	3	_____
NUR 9430	Advanced dimensions in Nurse Anesthesia V	3	_____

COLLEGE OF NURSING GRADUATE PROGRAMS

**\*\*Pre Matriculation Courses:** The following nursing core courses may be taken ahead of matriculation into the anesthesia portion of program with the approval of the student's advisor: Financial aid: credits/semester must be taken into consideration. All courses not taken as pre-matriculation will be taken during the anesthesia program.

NUR 8903 Advanced Pharmacology \_\_\_\_\_

NUR 8904 Nursing Research \_\_\_\_\_

NUR 8901 Advanced Pathophysiology \_\_\_\_\_

REV: 6/98; 6/99; 8/2001; 01/09; 05/11, 6/16, 01/21 (remove post masters and update semester courses)



# GUIDELINES FOR COUNTING CLINICAL EXPERIENCES

Council on Accreditation of  
Nurse Anesthesia Educational Programs  
October 15, 2015  
Revised January 2021

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222 S. Prospect Avenue, Park Ridge, Illinois, 60068-4037

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) recently published revised standards for nurse anesthesia educational programs offering masters and doctoral degrees. These new standards included revisions to the required clinical experiences that each graduate must attain within the program. The COA received feedback indicating a need to provide an authoritative reference for all student registered nurse anesthetists (SRNAs) and program administrators. The document is also available for use by any Certified Registered Nurse Anesthetist (CRNA) advising student nurse anesthetists about recording clinical experiences. While SRNAs are responsible for accurately recording clinical learning experiences, all participants in the process must realize the final authority for quantifying clinical experiences rests with the Program Administrator who must affirm the accuracy of the clinical experience record. The purpose of the *Guidelines for Counting Clinical Experiences* is to enhance consistency in how nurse anesthesia students quantify their clinical learning experiences by providing interpretive guidelines and examples for the clinical experiences. These guidelines cannot anticipate all possible scenarios, nor can they foresee future developments in surgical/procedural care or other emerging technologies. Therefore, students must consult the program administrator when questions arise regarding how clinical experiences should be counted. Program administrators are encouraged to consult the COA regarding these matters, as needed.

#### General Guidelines on Counting Clinical Experiences:

Nurse anesthesia students must have the opportunity to develop into competent, safe, nurse anesthetists capable of engaging in full scope of practice as defined in the AANA's *Scope of Nurse Anesthesia Practice and Standards for Nurse Anesthesia Practice*. To ensure nurse anesthesia students develop the knowledge, skills and abilities for entry into practice, students must participate in all phases of their clinical cases including preoperative, intraoperative and postoperative anesthesia care. While it may not be possible for students to participate in all phases of care on every case, students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., CVL placement, regional block, etc.) that he or she actually performs. Students can take credit for an anesthetic case only if they are personally involved with the implementation and management of the anesthetic. Students cannot take credit for an anesthetic case in which they observe another anesthesia provider manage a patient's anesthetic care.

The COA published the following definition in the glossary section of both the *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* and *2004 Standards for Accreditation of Nurse Anesthesia Educational Programs*.

**Counting clinical experiences**-Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., central venous catheter placement, regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the management of the anesthetic or only observe another anesthesia provider manage a patient's anesthetic care. Two learners should not be assigned to the same case, except when the case provides learning opportunities for 2

students, and 2 anesthesia providers are necessary due to the acuity of the case. The program will need to justify any deviation from this requirement.

Developing comprehensive guidelines addressing all possible situations where programs/students may count clinical learning experiences is difficult. In order to provide clarity, consideration should be given to the following general principles.

1. Clinical learning experiences must provide educational value.
  - a. Experiences lacking value might include:
    - 1) Student provides temporary relief (e.g., morning/lunch breaks) to the primary anesthetist in a case, where the student neither begins nor finishes a case and is only in the case for a short period of time (e.g., ≤30 minutes).
    - 2) Student is in an observation-only role (e.g., not involved in decision-making processes nor actively engaged in developing or implementing the anesthetic plan).
    - 3) Student role is limited to recording the anesthetic (i.e., charting only).
    - 4) Two students share a routine case (e.g., laparoscopic cholecystectomy, orthopedic case).
  - b. Experiences with value might include:
    - 1) Student provides temporary relief (e.g., morning/lunch breaks) and a significant event occurs requiring the student to develop/implement anesthesia management (e.g., air embolus develops, major hemorrhage occurs, aortic clamping/unclamping, new onset myocardial ischemia, cardiac arrest, intense resistant bronchospasm, unintentional extubation, etc.)
    - 2) Two students share a complex case where there is opportunity for both learners to have significant learning (e.g., liver transplants, rare cases, massive trauma, complicated cases requiring two anesthesia providers)
2. Students cannot count any procedure unless they personally perform the procedure.
3. The program will need to justify any questionable counting of cases by identifying the student's level of participation and learning outcomes achieved.

#### How to Use This Document:

Students and program administrators are encouraged to read the document in its entirety. The "Interpretive Guidelines" column includes language intended to amplify and clarify the intent of the clinical learning experience. When the Interpretive Guidelines reflect definitions found in the glossary of COA accreditation standards, it will be so indicated. For example, (*see Glossary, "Clinical hours"*).

Examples may be included in more than one Clinical Experience category for increased clarity. For example, information regarding regional techniques used in obstetric management may be found in obstetric management, pain management encounters, and regional techniques. This underscores the need to read the entire document for maximum clarity.

The COA standards no longer include an exhaustive list of anatomical categories. Several anatomic categories were eliminated in the current standards because the experiences are common across all programs. Therefore, some clinical learning experiences will not have an appropriate anatomic category (e.g., extremities, extrathoracic, perineal (e.g., colonoscopy), extracranial (e.g., ECTs), and routine pacemaker insertions. Some cases will appropriately be recorded in two anatomic categories. A single case may be counted in one anatomic category, more than one anatomic category, or no anatomic category at all. All anesthetic cases are considered valuable learning experiences, and therefore should be counted regardless of whether they are assigned to an anatomic category. Therefore, the total number of cases recorded in anatomical categories may not add up to the total number of cases.

Program administrators are encouraged to contact the COA with any questions regarding the appropriateness of students counting specific clinical learning experiences and the NBCRNA regarding the reporting of required clinical learning experiences on the NBCRNA transcript. This will allow the COA and the NBCRNA to promote consistency in how clinical learning experiences are counted and reported respectively, and further develop these guidelines.

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Total Clinical Hours <b>(2000)</b>	Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time. (see <i>Glossary</i> , “ <i>Clinical hours</i> ”)	Examples of other clinical time would include in-house call, preanesthesia assessment, postanesthesia assessment, patient preparation, OR preparation, and time spent participating in clinical rounds.
<b>Patient Physical Status</b>	Each patient must have only one physical status.  The Patient Physical Status categories are to be used only for learning experiences where the student administers an anesthetic. They are not to be used for other learning situations that cannot be counted as a case.	Students would not include the Patient Physical Status category for code blue responses, intubations outside the OR, vascular access consultations, and other situations where an actual anesthetic is not being administered.
Class I		
Class II		
Classes III – VI (total of a, b, c & d) <b>(200)</b> [300]		
a. Class III <b>(50)</b> [100]		
b. Class IV <b>(10)</b> [100]		
c. Class V <b>(0)</b> [5]		
d. Class VI		
Total Cases <b>(650<sup>+</sup>)</b> [700]		
<b>Patient Assessment<sup>†</sup></b>		
Initial preanesthetic assessment <sup>†</sup> <b>(50)</b> [100]	The initial preanesthetic assessment is one in which the student personally conducts the assessment by reviewing the patient’s medical history, conducting an anesthesia-focused physical assessment, and evaluating pertinent laboratory findings/diagnostic testing. This is an original assessment, not a review of or reference to a preanesthetic assessment previously conducted by another anesthesia provider. The preanesthetic assessment is evaluated by a faculty member (defined as a body of individuals entrusted with instruction, including the teaching staff, both clinical and academic, and any individuals involved in teaching or supervising the educational experiences/activities of students on a part-time or full-time basis). Clinical experiences cannot be obtained by simulation alone.	A student is assigned to the preanesthetic testing (PAT) clinic. The student conducts and documents the preanesthetic assessment of preoperative patients presenting to the PAT clinic and their performance is evaluated by the faculty member.  A patient presents for surgery and had not had a preanesthetic assessment. The student conducts and documents the preanesthetic assessment and their performance is evaluated by the faculty member.  The following example does is NOT an initial preanesthetic assessment: A patient presents for surgery. The patient has had a preanesthetic assessment performed in a PAT clinic or in the

		preoperative holding area by an anesthesia provider, another SRNA or by an anesthesia resident. The SRNA performing the anesthetic reviews that preanesthetic assessment and documents that review.
<p>Postanesthetic assessment† (50)[150]</p>	<p>A postanesthetic assessment is the review by the student of all pertinent patient data and evaluation of anesthesia outcomes. This may occur anytime during the post-operative period. The student implements needed interventions or makes appropriate referrals, if indicated, based on the assessment. This is not the postanesthetic assessment required by health care facility accreditors. Due to many factors beyond the control of the student, each patient the student anesthetizes is not required to have a postanesthetic assessment performed by the student.</p> <p>The program must have a process of validating postanesthetic assessments if not documented in the patient’s medical record. Documentation may be solely the student case log, recognizing the fact that the student may not be able to document the encounter in the patient’s medical record. The postanesthetic assessment can be accomplished telephonically. Clinical experiences cannot be obtained by simulation.</p>	<p>The SRNA is assigned to the postanesthesia care unit (PACU) under the supervision an appropriately credentialed provider. The SRNA manages (such as pain, fluids, ventilation, circulation) these patients and may determine their readiness for discharge. If allowed by the facility, the SRNA makes an entry into the patient’s medical record. Regardless of making an entry in the medical record, the SRNA notes in their case log that a postanesthetic assessment was performed. Each patient cared for in the PACU is a “case” (a “postanesthetic assessment”).</p> <p>The SRNA visits their patient(s) from the previous day (or cases performed by other anesthesia providers). The SRNA reviews the medical record, interview and, if indicated, examines the patient to detect any anesthesia-related complications and assess the patient’s satisfaction with the perioperative experience. If allowed by the facility, the SRNA makes an entry into the patient’s medical record. Regardless of making an entry in the medical record, the SRNA notes in their case log that a postanesthetic assessment was performed. Each patient assessed is a “postanesthetic assessment.”</p> <p>The SRNA calls their patients from the previous day. The patient is assessed telephonically for postanesthetic complications and satisfaction with the perianesthetic experience. If allowed by the facility, the SRNA makes an entry into the patient’s medical record. Regardless of making an entry in the medical record, the SRNA notes in their case log that a postanesthetic assessment was performed. Each patient assessed is a “postanesthetic assessment.”</p>

<p>Comprehensive history and physical†</p>	<p>Comprehensive history and physical assessment includes the history, physical, and psychological assessment of signs and symptoms, pathophysiologic changes, and psychosocial variations of a patient. The assessment includes an evaluation of the body and its functions using inspection, palpation, percussion, auscultation, and advanced assessment techniques, including diagnostic testing, as appropriate. A complete physical assessment should incorporate cultural and developmental variations and needs of a patient. The results of a comprehensive history and physical assessment are used to establish a differential diagnosis based on assessment data and develop an effective and appropriate plan of care for a patient. Specific assessment related to anesthesia should be stressed in the practical experience of nurse anesthesia students. This experience can be obtained by simulation alone.</p>	<p>A comprehensive history and physical is not a preanesthetic assessment.</p> <p>A comprehensive history and physical is often required by facilities for patients presenting for surgery or a procedure. This comprehensive history and physical is often performed by the surgeon or primary care provider. It may be performed by a physician anesthesiologist or CRNA.</p> <p>This is <b>not</b> an example of a comprehensive history and physical: A student is assigned to the preanesthetic testing (PAT) clinic. The student conducts the preanesthetic assessment of preoperative patients presenting to the PAT clinic and their performance is evaluated by the faculty member.</p> <p>This <b>is</b> an example of a comprehensive history and physical: A SRNA is assigned to the preanesthetic testing (PAT) clinic. The SRNA conducts the preanesthetic assessment of a preoperative patient presenting to the PAT clinic. The student also performs a comprehensive history and physical on that patient. This comprehensive history and physical assessment includes the history, physical, and psychological assessment of signs and symptoms, pathophysiologic changes, and psychosocial variations of a patient. The assessment includes an evaluation of the body and its functions using inspection, palpation, percussion, auscultation, and advanced assessment techniques, including diagnostic testing, as appropriate. A complete physical assessment should incorporate cultural and developmental variations and needs of a patient. Their performance is evaluated by the faculty member.</p>
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		<p>A comprehensive history and physical is often performed periodically by a primary care provider to aid in detection of health problems.</p> <p>Deferring the breast, genitourinary, and rectal examinations is acceptable.</p>
a. Actual <sup>†</sup>		
b. Simulated <sup>†</sup>		
<b>Special Cases</b>		
Geriatric 65+ years <b>(100)</b> [200]		
Pediatric		
Pediatric 2 to 12 years <b>(30)</b> [75]		
Pediatric (less than 2 years) <b>(10)</b> [25]		
Neonate (less than 4 weeks) [5]		

<p>Trauma/Emergency (E)</p>	<p><b>(30)</b> [50] An emergency case allows the student the opportunity to provide anesthesia under one or more of the following conditions:  1) there is an urgency/continued threat to patient well-being; 2) there are fewer resources available than during regular operating hours; and/or 3) there is limited assessment and planning time allowed for the unscheduled case.  When a case is deemed an emergency based on the professional opinion of the operating practitioner (i.e., surgeon, proceduralist), the case may be counted as an emergency case.</p>	<p><u>An emergency case:</u>  A student is notified that a case is being brought to the OR on an emergent basis, as deemed by the surgeon. The patient has a newly diagnosed kidney stone and is rapidly moving into a septic state. The patient has not been NPO. Due to time constraints, the preanesthetic evaluation is limited.</p> <p><u>Not an emergency case:</u>  It is 1:40 p.m. Wednesday and the orthopedic surgeon has a patient with a fracture hip who has been in the hospital for 36 hours to stabilize her cardiac and hemodynamic status. The patient is NPO, has been fully assessed, and her physical status optimized. The surgeon wishes to do this case at this time instead of waiting to schedule it for the following day. This would not be considered an emergency case as it meets none of the three conditions that define an emergency case.</p>
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CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Obstetrical management (total of a & b) <b>(30)</b> [40]	<p>This category is intended to ensure students have adequate clinical experiences during all stages of labor and delivery. Students may count clinical experiences in this category <u>only</u> if the procedure being performed is intended to facilitate delivery of the fetus.</p>	<p>A student performs an anesthetic for an appendectomy on a patient whose fetus is at 18 weeks gestation. Since the procedure is not intended to result in delivery of the fetus, the procedure cannot be counted as an obstetrical management experience.</p> <p>A student performs an anesthetic for a cervical cerclage on a patient with cervical insufficiency. Since the procedure is not intended to result in delivery of the fetus, the procedure cannot be counted as obstetrical management experience.</p>
	<p>The COA is aware the number of required cesarean deliveries (10) and analgesia for labor cases (10) do not equal the total number of required Obstetrical Management cases (30). Obstetrical patient populations are unpredictable during students' OB rotations. Requiring students to have a greater number of Obstetrical Management experiences assures that the total number of required OB case experiences is greater without being too prescriptive.</p>	<p>A student who has completed sixty (60) OB anesthesia experiences, eight (8) of which are cesarean deliveries. The student would not meet the minimum case requirements for graduation. Although the student with sixty (60) obstetrical management experiences far exceeds the minimum number required for obstetrical management, the student fails to meet the minimum number of ten (10) cesarean deliveries. The student would need to administer two (2) additional anesthetics for cesarean deliveries in order to meet the required minimum.</p>
a. Cesarean delivery <b>(10)</b> [15]	<p>When anesthesia is delivered for a cesarean delivery, regardless of whether it is a continuation of a labor epidural, it is counted in this category.</p>	<p>A student places an epidural catheter for pain management during labor. Following a trial of labor, the patient proceeds to cesarean delivery. The student records the experience as ONE case, for ONE patient. This case is recorded in the following categories:</p>

		<ul style="list-style-type: none"> <li>• Pain Management Encounter</li> <li>• Obstetrical management <ul style="list-style-type: none"> <li>○ Cesarean delivery</li> <li>○ Analgesia for labor</li> </ul> </li> <li>• Anatomic category-abdominal</li> <li>• Regional techniques <ul style="list-style-type: none"> <li>○ Management</li> <li>○ Actual Administration <ul style="list-style-type: none"> <li>▪ Epidural <ul style="list-style-type: none"> <li>◆ Pain Management</li> <li>◆ Anesthesia</li> </ul> </li> </ul> </li> </ul> </li> </ul> <p>Anesthesia time for the case should include the patient assessment and preparation, subsequent epidural catheter placement, and any other face-to-face time with the patient. The cumulative anesthesia time would include both the labor epidural face-to-face time and the intra-operative time during the cesarean delivery. If the case proceeds to emergent cesarean delivery, it would also count as an emergency case.</p>
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CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
		<p>A student administers a spinal anesthetic for cesarean delivery and remains for the management of the case. This case is recorded in the following categories:</p> <ul style="list-style-type: none"> <li>• Obstetrical management <ul style="list-style-type: none"> <li>○ Cesarean delivery</li> </ul> </li> <li>• Anatomic category-abdominal</li> <li>• Regional techniques <ul style="list-style-type: none"> <li>• Management <ul style="list-style-type: none"> <li>• Anesthesia</li> </ul> </li> <li>• Actual administration <ul style="list-style-type: none"> <li>• Spinal <ul style="list-style-type: none"> <li>• Anesthesia</li> </ul> </li> </ul> </li> </ul> </li> <li>• If the case is an emergent cesarean delivery, it would also count as an emergency case.</li> </ul>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
b. Analgesia for labor (10) [15]	Students performing a pre-anesthetic assessment, developing a plan of care, performing an intervention (e.g., epidural catheter placement), and providing care following the intervention, should count the experience as a case. The case is counted as a SINGLE case, and a SINGLE pain management encounter even if the student periodically returns to evaluate the patient and adjust the epidural dosing.	A student places an epidural catheter for labor pain management. The student provides care after placing the epidural for a period of time and periodically reassesses the patient, adjusting the dosing as indicated. This case is recorded as ONE case in the following categories: <ul style="list-style-type: none"> <li>• Obstetrical management               <ul style="list-style-type: none"> <li>○ Analgesia for Labor</li> </ul> </li> <li>• Pain management encounter</li> <li>• Regional techniques               <ul style="list-style-type: none"> <li>○ Management                   <ul style="list-style-type: none"> <li>▪ Pain management</li> </ul> </li> <li>○ Actual administration                   <ul style="list-style-type: none"> <li>▪ Epidural                       <ul style="list-style-type: none"> <li>◆ Pain management</li> </ul> </li> </ul> </li> </ul> </li> </ul>
	If the student only performs the intervention (i.e., another provider has performed the assessment and developed the plan of care), the student <u>does not</u> count the experience as a case, but <u>does</u> count the skills performed (e.g., epidural administration).	A student places an epidural catheter for labor pain management. Another anesthesia provider performed the preanesthetic assessment and patient preparation. The student's involvement was limited to performance of the procedure. The student would count this as neither an anesthetic case nor a pain management encounter, but would take credit for the clinical skills performed. The experience would be recorded in the following categories: <ul style="list-style-type: none"> <li>• Regional techniques               <ul style="list-style-type: none"> <li>○ Actual administration                   <ul style="list-style-type: none"> <li>▪ Epidural                       <ul style="list-style-type: none"> <li>◆ Pain management</li> </ul> </li> </ul> </li> </ul> </li> </ul>

	<p>When a student performs a combined spinal/epidural catheter placement, the student counts both procedures (i.e., spinal and epidural).</p>	<p>A student places a combined spinal/epidural catheter for labor pain management. This case is recorded in the following categories:</p> <ul style="list-style-type: none"> <li>• Obstetrical management <ul style="list-style-type: none"> <li>○ Analgesia for Labor</li> </ul> </li> <li>• Pain management encounter</li> <li>• Regional techniques <ul style="list-style-type: none"> <li>○ Management <ul style="list-style-type: none"> <li>▪ Pain management</li> </ul> </li> <li>○ Actual administration <ul style="list-style-type: none"> <li>▪ Epidural <ul style="list-style-type: none"> <li>◆ Pain management</li> </ul> </li> </ul> </li> <li>○ Actual administration <ul style="list-style-type: none"> <li>▪ Spinal <ul style="list-style-type: none"> <li>◆ Pain management</li> </ul> </li> </ul> </li> </ul> </li></ul>
<p>Pain Management Encounters (<i>see Glossary “Pain Management Encounters”</i>) <b>(15)</b> [50]</p>	<p>Pain management encounters are <b>individual</b> one-on-one patient interactions for the express purpose of intervening in an acute pain episode or a chronic pain condition. Pain management encounters must include a patient assessment prior to initiating a therapeutic action.</p> <p>Pain management encounters include, but are not limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Initiation of epidural or intrathecal analgesia.</li> <li>2. Facilitation or initiation of patient controlled analgesia.</li> <li>3. Initiation of regional analgesia techniques for post-operative pain or other non-surgical pain conditions, including but not limited to, plexus blocks, local anesthetic infiltration of incisions, intercostal blocks, etc.</li> <li>4. Adjustment of drugs delivered, rates of infusion, concentration or dose parameters for an existing patient controlled analgesia or patient controlled epidural analgesia.</li> <li>5. Pharmacologic management of an acute pain condition in PACU.</li> <li>6. Trigger point injections.</li> <li>7. Electrical nerve stimulation. (<i>see Glossary, “Pain management encounters”</i>)</li> </ol>	<p>A student is called to labor and delivery to assess a patient for labor pain. The patient has a pre-existing lumbar epidural catheter.</p> <p>The student formulates a plan that includes increasing the dose of the analgesic being delivered by PCEA (patient-controlled epidural analgesia). The student would not count this as an anesthetic case. The experiences would be recorded in the following categories:</p> <ul style="list-style-type: none"> <li>• Obstetrical management <ul style="list-style-type: none"> <li>○ Analgesia for labor</li> </ul> </li> <li>• Pain management encounter</li> <li>• Regional Techniques <ul style="list-style-type: none"> <li>○ Management <ul style="list-style-type: none"> <li>▪ Pain Management</li> </ul> </li> </ul> </li> </ul>

	<p>Administering an epidural for an esophagectomy for postoperative pain management may count as a regional technique-pain management and a pain management encounter.</p>	<p>The student is providing anesthesia for an esophagectomy, and places an epidural catheter for post-op pain management prior to induction of general anesthesia. Toward the end of the procedure, the student initiates the post-operative analgesia plan utilizing the epidural. The student records all typical case activities for the esophagectomy, and the following categories:</p> <ul style="list-style-type: none"> <li>• Pain management encounter</li> <li>• Regional Techniques <ul style="list-style-type: none"> <li>○ Actual Administration <ul style="list-style-type: none"> <li>▪ Epidural <ul style="list-style-type: none"> <li>◆ Pain Management</li> </ul> </li> </ul> </li> <li>○ Management <ul style="list-style-type: none"> <li>▪ Pain Management</li> </ul> </li> </ul> </li> </ul>
	<p>Administering a spinal anesthetic for a cesarean delivery does not count as a pain management encounter.</p> <p>If the administration of regional anesthesia is the primary anesthetic technique for a surgical procedure, it does not constitute an acute pain management encounter. If a regional technique is used post-operatively for analgesia/acute pain management, and the student's participation meets the definition of a pain management encounter, then the experience may be counted as both a pain management encounter and a regional management- pain management experience.</p>	<p>The student administers a spinal anesthetic for cesarean delivery. The spinal drugs include a local anesthetic for surgical anesthesia and a long-acting opioid for post-operative analgesia. This would not count as a pain management encounter because it does not meet the definition of a pain management encounter. The long-acting opioid is part of the intraoperative anesthesia plan. However, three hours after the patient is discharged from the PACU, the student performs a post-operative patient assessment for pain management and determines the need for supplemental IV opioid (or any other intervention including no change in the plan). This interaction would be counted as a pain management encounter, but not an anesthetic case.</p>

		<p>A student provides moderate sedation to a patient having a facet joint injection being performed by a physician anesthesiologist. The student is supervised by a CRNA or another physician anesthesiologist. This does not count as a pain management encounter. It does count as an anesthetic case.</p>
	<p>The administration of intravenous analgesics as an adjunct to a general or regional anesthesia technique does not constitute a pain management encounter for purposes of meeting minimal COA required clinical experiences. (see <i>Glossary, "Pain management encounters"</i>)</p> <p>The administration of analgesics (e.g., fentanyl) upon arrival in the PACU does not constitute a pain management encounter.</p>	<p>The student has transported the patient to the PACU, and is transferring care to the PACU nurse. The student administers an opioid before leaving the bedside in response to the patient's complaints of pain. This <u>does not</u> count as a pain management encounter because the plan for immediate postoperative pain management is integral to all anesthetic plans.</p> <p>The student turns over the care of a patient to the PACU nurse. Following appropriate recovery from the anesthetic, the patient is transferred to the nursing unit. Two hours later, the acute pain service is consulted for pain management. The same student who administered the intraoperative anesthetic is now asked to respond to the acute pain service consult request. The student evaluates the patient, develops a plan of care, and executes the plan. The student <u>does</u> count this as a pain management encounter.</p>
	<p>The administration of regional anesthesia as the primary anesthetic technique for a surgical procedure does not constitute an acute pain management encounter.</p>	<p>The student administers a spinal anesthetic in a patient undergoing a transurethral resection of the prostate. This does not constitute a pain management encounter.</p>

	<p>Placement and/or initiation of a regional technique (e.g., epidural catheter, instillation of intrathecal opioids, peripheral nerve block) <u>not</u> being used as the primary anesthetic is counted as a regional technique, administration (if the student performs the procedure), and pain management (if the student initiates pain management care using a catheter placed by another provider). This would also be counted as a pain management encounter if the postoperative plan for analgesia is different than the intraoperative anesthesia plan.</p>	<p>The student places an epidural catheter for intraoperative anesthesia in a patient undergoing femoral-popliteal bypass. Toward the end of the procedure, the student initiates the post-operative analgesia plan utilizing the epidural by changing the epidural solution to a weak local anesthetic plus an opioid. The experiences would be recorded in the following categories:</p> <ul style="list-style-type: none"> <li>• Pain management encounter</li> <li>• Vascular</li> <li>• Regional Technique <ul style="list-style-type: none"> <li>○ Actual Administration <ul style="list-style-type: none"> <li>▪ Epidural <ul style="list-style-type: none"> <li>◆ Anesthesia</li> </ul> </li> </ul> </li> <li>○ Management <ul style="list-style-type: none"> <li>▪ Anesthesia</li> <li>▪ Pain Management</li> </ul> </li> </ul> </li> </ul> <p>This counts as a pain management encounter because the plan for immediate postoperative pain management is different than the intraoperative anesthetic plan. The student assesses the patient’s pain throughout the intraoperative phase, and develops the postoperative pain management based on that assessment. The student initiates the postoperative pain management plan, and assesses its effectiveness postoperatively.</p>
<p><b>Anatomical Categories<sup>1</sup></b></p>	<p>The total number cases recorded in anatomical categories will not add up to the total number of cases. Some cases will appropriately be recorded in two anatomic</p>	<p>Examples of cases that do not have a designated anatomical category include</p>

<sup>1</sup> Count all that apply.

		categories where other cases may have no category at all. The list of anatomic categories is not an exhaustive list.	extremities, extrathoracic, perineal (e.g., colonoscopy), extracranial (e.g., ECTs), and routine pacemaker insertions.
Intra-abdominal	<b>(75)</b>	Abdominal procedures are defined as cases where the abdomen is entered via open or laparoscopic procedures.	Examples of intra-abdominal cases include total abdominal hysterectomy and radical prostatectomy. ERCP and other intestinal endoscopy cases would not be counted as intra-abdominal.
Intracranial (total of a & b)	<b>(5) [20]</b>	Intracranial procedures are defined as cases where a procedure occurs within the brain.	An example of a closed case is anesthesia administered for a gamma knife procedure.
a. Open	<b>(3) [10]</b>	Open intracranial procedures are when the brain is accessed through the skull, or an incision from another anatomical area.	Open procedure examples include: Burr hole decompression and intracranial procedures via transphenoidal approach.
b. Closed		Closed intracranial procedures are when the brain is accessed percutaneously via catheter.	Examples of closed intracranial procedures include gamma knife procedures and percutaneous aneurysm coiling.

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Oropharyngeal (20)	Oropharyngeal procedures are defined as any procedure that is performed within or via the oral cavity, including the oropharynx. Programs are expected to ensure students obtain a variety of cases within this category. While a student could technically meet the requirements by providing anesthesia for 20 patients having the same procedure (e.g., bronchoscopy), that would not meet the spirit or intent of this category.	Bronchoscopy, esophagoscopy, ERCP, oral procedures (e.g., orthodontic/dental, tongue, uvula, palate, pharynx, tonsils, adenoids, bony fractures), trans oral cervical spine, odontectomy.
Intrathoracic (total of a, b, & c) (15) [40]	Intrathoracic procedures are defined as a procedure within the thorax where the thorax is surgically open or entered via laparoscope.	
a. Heart		
1. Open Heart Cases (total of a & b) (5) [10]		
a) With Cardiopulmonary Bypass		
b) Without Cardiopulmonary Bypass	Open heart procedures performed without cardiopulmonary bypass	Examples include off-pump coronary artery bypass and minimally invasive direct coronary artery bypass.
2. Closed Heart Cases [10]		Examples of closed heart cases include cardiac ablation, implanted cardioverter- defibrillator, transcatheter aortic valve replacement/implantation, transcatheter pulmonary valve replacement, perivalvular leak closure, percutaneous mitral valve repair, pacemaker lead extraction (lead over 1 year old), pulmonary artery/vein stent, and left atrial appendage closure device, and Lariat procedure. Cases that are not appropriate to count in this category are routine cardiac catheterizations and routine pacemaker insertions.
b. Lung (5)	Includes procedures on the lung via open thoracotomy and via thoroscope.	Pulmonary artery thrombectomy, Video-assisted thoracic surgery (VATS) involving the lung. Simple insertion of a chest tube to treat pulmonary conditions is not counted as an intrathoracic procedure.

c. Other	Includes intrathoracic procedures performed either via open thoracotomy, thoroscope, or percutaneous approaches that are not appropriate to count in other intrathoracic categories.	Examples include: mediastinoscopy; procedures on the esophagus, thymus, and diaphragm; and procedures on great vessels including the thoracic aorta (e.g., thoracic aneurysm repair via open thorax or endovascular stent placement) or vena cava (e.g., open repair of vena cava or Greenfield filter placement).
Neck	(5) [10]	Tracheostomy
Neuroskeletal	(20)	
Vascular	(10) [30]	Examples include endovascular aortic stents and other open or percutaneous procedures performed on vascular structures.
<b>Methods of Anesthesia</b>		
General anesthesia	(400)	
Perform a general anesthetic induction with minimal or no assistance†	(50)[100]	<p>The student is provided the opportunity to conduct a general anesthetic induction, including applying standard monitoring, preoxygenating, selecting and administering induction medications, and managing the airway and ventilation with minimal or no assistance from the supervising CRNA or physician anesthesiologist. The plan of care is always approved by the supervising CRNA and/or physician anesthesiologist.</p> <p>The program establishes how to verify the student was given the opportunity to perform a general anesthetic induction with minimal or no assistance from the supervising CRNA or anesthesiologist. “Minimal” assistance is considered limited verbal advice or reinforcement from the supervising CRNA or physician anesthesiologist. One method is for the student to note this on the daily evaluation and the supervising CRNA or physician anesthesiologist indicates agreement by their signature on the daily evaluation.</p> <p>Note that students cannot count any procedure unless they personally perform the procedure. The program will need to justify any questionable counting of cases by identifying the student’s level of participation and learning outcomes achieved.</p>
		<p>The student is performing an induction and is having trouble maintaining a seal of the face mask on the patient's face. The instructor provides verbal guidance to the student on mask management, and the student then makes an adjustment and continues with the induction.</p> <p>The student may require multiple verbal interventions and the student may be rated as not meeting clinical expectations in performing a general anesthetic induction. The student was still provided the OPPORTUNITY to conduct the general anesthetic induction and this would still be counted as a “case” (Perform a general anesthetic induction with minimal or no supervision).</p> <p>As with all clinical case requirement, the requirement offers the student an opportunity to learn and be evaluated in a number of settings and contexts. The faculty evaluates their performance. Simply satisfying</p>

		a clinical case requirement does not indicate the student's level of performance regarding that clinical case requirement. The faculty must evaluate the student's level of performance consistent with the program's evaluation process.
Inhalation induction (25) [40]		
Mask management <sup>2</sup> (25) [35]	A general anesthetic that is administered by mask, exclusive of induction. Mask management should be counted when it is used for induction <u>and</u> maintenance of anesthesia. Mask management should <u>not</u> be counted when it is just used only for induction.	A student induces general anesthesia and subsequently administers a non-depolarizing muscle relaxant. The student ventilates the patient via facemask awaiting onset of the muscle relaxant. Following onset of the muscle relaxant, the student places an endotracheal tube. This does not count as mask management.  A student induces general anesthesia using a total intravenous anesthesia technique for a short procedure (e.g., ECT, cardioversion). The airway is managed via facemask, with or without an oral airway. This <u>does</u> count as mask management.
Supraglottic airway devices (total of a & b) (35) [50]		
a. Laryngeal Mask		A student inserts a laryngeal mask and then performs a laryngeal mask-guided endotracheal intubation. The experiences would be recorded in the following categories. <ul style="list-style-type: none"> <li>• Supraglottic airway devices <ul style="list-style-type: none"> <li>○ Laryngeal mask</li> </ul> </li> <li>• Tracheal intubation <ul style="list-style-type: none"> <li>○ Oral</li> </ul> </li> <li>• Alternative tracheal intubation techniques</li> </ul>

<sup>2</sup> A general anesthetic that is administered by mask, exclusive of induction.

		o Other techniques
b. Other		Includes but not limited to: cuffed oropharyngeal tubes with esophageal cuffs, cuffed oropharyngeal tubes without esophageal cuffs, and cuffless anatomically shaped pharyngeal tubes.
Tracheal intubation (total of a & b) <b>(250)</b>	Tracheal intubation may only count towards case number requirements if the student is successful at placing the endotracheal tube. Unsuccessful attempts at intubation may not be counted.	
a. Oral		A student performs a direct laryngoscopy and is unable to pass the endotracheal tube, or inadvertently intubates the esophagus. This experience may not be counted as a tracheal intubation. A student successfully places an endotracheal tube using an alternative method such as a videolaryngoscope. The experiences would be recorded in the following categories: <ul style="list-style-type: none"> <li>• Tracheal intubation <ul style="list-style-type: none"> <li>o Oral</li> </ul> </li> <li>• Alternative tracheal intubation techniques <ul style="list-style-type: none"> <li>o Other techniques</li> </ul> </li> </ul>
b. Nasal [5]		
Alternative tracheal intubation/endoscopic techniques <sup>3</sup> <b>(25) [50]</b> (total of a & b) ( <i>see Glossary “Alternative tracheal intubation techniques”</i> )	Alternative tracheal intubation techniques include, but are not limited to fiberoptic intubation, light wand, retrograde tracheal intubation, transtracheal jet ventilation, gum elastic bougie/tracheal tube changer, LMA guided intubation, cricothyroidotomy, video assisted laryngoscopy, etc.	The student uses a video laryngoscope (e.g., GlideScope, McGrath), to insert an endotracheal tube. Since the GlideScope and McGrath are both rigid, these experiences would be recorded under b. Other Techniques.
a. Endoscopic techniques <sup>4</sup> (total of 1 & 2) <b>(5) [15]</b>	Airway endoscopy is the skillful manipulation of a flexible endoscopic instrument into the airway cavity. It requires familiarity with the anatomy of the airway and is	

<sup>3</sup> Tracheal intubations accomplished via alternative techniques should be counted in both tracheal intubation and the alternative tracheal intubation categories.

<sup>4</sup> Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

	performed for purposes of preoperative evaluation or airway management. Devices utilized for airway endoscopy include but are not limited to fiberoptic bronchoscopes, non-fiberoptic bronchoscopes, flexible fiberoptic and non-fiberoptic videoscopes.	
1. Actual tracheal tube placement	Placement of a tracheal tube in a human patient using a flexible endoscope.	
2. Simulated tracheal tube placement	Placement of a tracheal tube in simulated patient (i.e., human patient simulator or task trainer). Simulated experiences may satisfy part, but not all, of the required five (5) experiences in endoscopic techniques.	
3. Airway assessment	Airway assessment via flexible endoscopic bronchoscopy may be performed to evaluate the anatomy of the airway for patency and/or assure optimal ventilatory mechanics. Airway assessment with a flexible endoscope via an <i>in situ</i> endotracheal or endobronchial tube does not count toward the required five (5) endoscopic techniques.	Examples of experiences that may be counted in this category include: <ul style="list-style-type: none"> <li>• Verification of proper placement of an endotracheal tube, endobronchial tube, or bronchial blocker.</li> <li>• Determination of the patency of airway devices and the need for repositioning or replacement.</li> <li>• Airway assessment for: <ul style="list-style-type: none"> <li>○ Vocal cord function</li> <li>○ Presence of airway injury or disease (e.g., perforation, stenosis)</li> <li>○ Readiness for extubation</li> <li>○ Removal of a foreign body or other tracheal debris (e.g., mucous plug)</li> </ul> </li> </ul>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
b. Other techniques (5) [25]	The placement of supraglottic airway devices is not included in this category because it is counted in the Supraglottic airway devices category. However, if a tracheal tube is advanced into the trachea via the supraglottic airway device, the experience would be counted in this category.	Examples of experiences that may be counted in this category include; light wand, retrograde tracheal intubation, transtracheal jet ventilation, gum elastic bougie/tracheal tube changer, laryngeal mask airway guided intubation, cricothyroidotomy, and video assisted laryngoscopy.
Emergence from anesthesia (300)		
Regional techniques	<p>A minimum number of regional anesthetics is required to ensure all graduates have experience with each regional anesthetic technique. While a minimum number of experiences is required in each regional technique sub-category, the total number of regional techniques can include a variety of combinations provided they meet both the requirement for the subcategory and the total required regional techniques.</p> <p>As long as students administer no fewer than ten (10) spinals, ten (10) epidurals and ten (10) peripheral blocks, the remaining five additional techniques required can be all of one technique or any combination of techniques totaling thirty- five (35).</p>	<p>A student who administers ten (10) spinals, ten (10) epidurals and fifteen (15) peripheral blocks would meet the required case numbers [10+10+15=35].</p> <p>A student who administered fourteen (14) spinals, sixteen (16) epidurals and five (5) peripheral blocks would not meet the required case numbers [14+16+5=35]. The student would need 5 more peripheral blocks to meet the required case numbers.</p> <p>A student who administers 38 spinals, 42 epidurals, and 9 peripheral blocks would <u>not</u> meet the required case numbers</p>

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
		[38 + 42 + 9 = 89]. The student would need 1 more peripheral block to meet the required case numbers. Remember that simulation can be used to meet some, but not all, of the required peripheral blocks.
Actual Administration (total of a, b, c, & d) <b>(35)</b>		
a. Spinal (total of 1 & 2) <b>(10)</b> [50]		
1. Anesthesia		
2. Pain management		
b. Epidural (total of 1 & 2) <b>(10)</b> [50]		
1. Anesthesia		
2. Pain management		
c. Peripheral <sup>5</sup> (total of 1&2) <b>(10)</b> [50]		
1. Anesthesia		
Upper		
Lower		
2. Pain management		
Upper		
Lower		
d. Other <sup>6</sup> (total of 1 & 2)		
1. Anesthesia		
2. Pain management		
Management (total of 1 & 2) <b>(35)</b> [50]		
1. Anesthesia		
2. Pain management		
Moderate/deep sedation <b>(25)</b> [50]	<b>“Monitored Anesthesia Care, or MAC Anesthesia” is not synonymous with moderate/deep sedation.</b> MAC Anesthesia describes an anesthesia service in which	If a student provides anesthesia care (e.g., preanesthetic evaluation, intraoperative

<sup>5</sup> Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

<sup>6</sup> Examples include truncal, cutaneous, head, and neck blocks (e.g., transversus abdominis plane, rectus sheath, ilioinguinal, iliohypogastric, oral, and maxillofacial blocks).

	<p>a licensed anesthesia provider participates in the care of a patient undergoing a procedure. The term MAC is not included in the standards because it does not define any particular level of sedation. The American Society of Anesthesiologists, in their “Continuum of Depth of Sedation,” publishes the following definitions.</p>	<p>monitoring), but does not administer any medications, the experience will count as an anesthetic case, but does not count as moderate/deep sedation.</p>
	<p><b>Minimal sedation/anoxiolysis</b> is a drug- induced state of anoxiolysis in which patients are able to respond normally to verbal commands.</p>	<p>If a student administers oral midazolam or perhaps nitrous oxide for IV placement, or intravenous midazolam for removal of external fixation device, and the patient remains able to respond normally to verbal commands. The experience will count as an anesthetic case, but does not count as moderate/deep sedation.</p>
	<p><b>Moderate sedation/analgesia (“Conscious Sedation”)</b> refers to a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by minimal tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate.</p>	<p>A student administers a sedative, narcotic and/or anoxiolytic medication for an inguinal hernia repair. The patient has decreased level of consciousness, but awakens either to voice command or when touched lightly on the shoulder. The patient appropriately follows verbal commands. The airway is patent and ventilation is adequate. This experience is counted in this category.</p> <p>Administering sedative, narcotic and/or anoxiolytic medication for a patient receiving a forearm surgery with a regional block in place. The patient has decreased level of consciousness, but awakens either to voice command or when touched lightly on the shoulder. The patient appropriately follows verbal commands. The airway is patent and ventilation is adequate. This experience is counted in this category.</p>
	<p><b>Deep sedation</b> is a drug-induced depression of consciousness during which</p>	<p>A student is administering midazolam and</p>

	<p>patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Reflex withdrawal from a painful stimulus is not considered a purposeful response.</p>	<p>liberal doses of fentanyl in preparation for flexible videoscopic intubation. The patient requires a jaw lift to achieve a respiratory rate of 6 per minute, and responds purposely to deep tactile stimulation (i.e., does not respond to verbal or light tactile stimuli). This experience is counted in this category.</p>
	<p><b>General Anesthesia</b> is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.</p>	<p>A student is administering propofol for a colonoscopy. The patient requires a jaw lift to achieve a patent airway, has a respiratory rate of 6 per minute, and is not responsive to deep painful stimulation. The patient does not respond as the proceduralist performs the colonoscopy. The patient is under general anesthesia. This clinical experience is not counted in the moderate/deep sedation category; rather, it is counted as a general anesthetic.</p>
<b>Arterial Technique</b>		
Arterial puncture/catheter insertion (25)		
Intra-arterial blood pressure monitoring (30)	<p>This category is used anytime an arterial catheter is used to monitor arterial waveforms and other clinical variables.</p>	<p>Examples include standard arterial lines, as well as newer technologies that employ arterial lines such as FloTrac sensor (with either Vigileo or EV1000 platform), VolumeView sensor (with TruWave transducer and EV1000 platform), LiDCOplus, PiCCO.</p>
<b>Central Venous Catheter</b>	<p>Insertion of a central venous catheter is distinctly different from inserting a pulmonary artery catheter. These experiences are recorded in separate categories.</p>	
Placement <sup>7</sup> – Non-PICC (total of a & b) (10)[15]		
a. Actual [5]	<p>The placement of an introducer qualifies as a central venous catheter insertion. If</p>	

<sup>7</sup> Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone. Insertion of Peripherally-Inserted Central Catheters (PICC) do not meet the requirements for Central Line Placement.

		the student also floats a pulmonary artery catheter, the student would count it as both a central venous catheter insertion and a pulmonary artery catheter insertion. The student should perform the procedure including insertion and directing of the needle. Assistance can be provided, but the procedure must be performed by the student.	
b. Simulated		Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone.	
Placement – PICC (total of a & b)		Insertion of a Peripherally-Inserted Central Catheters (PICC) does not meet the requirement for Central Venous Catheter Placement.	
a. Actual			
b. Simulated			
Monitoring	<b>(15)</b>	This category is used anytime a central venous catheter is used to monitor central venous waveforms and other clinical variables. Monitoring right atrial pressure with a pulmonary artery catheter is counted under pulmonary artery catheter monitoring, not under this category.	Examples include standard central venous catheters, as well as newer technologies that employ central venous lines such as VolumeView sensor (with TruWave transducer and EV1000 platform) and PiCCO. It is anticipated that others will be available in the future.
<b>Pulmonary Artery Catheter</b>			
Placement	[5]		

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Monitoring [10]	This category includes invasive monitoring using a pulmonary artery catheter.	
<b>Other</b>		
Ultrasound guided techniques (total of a & b) (20) <sup>†</sup>		
a. Regional (10) <sup>†</sup>	Regional includes neuraxial, truncal, and peripheral nerve blocks. No clinical experiences can be obtained by simulation alone.	
1. Actual regional <sup>†</sup>		
2. Simulated regional <sup>†</sup>		
b. Vascular (10) <sup>†</sup>	This includes both central and peripheral vascular structures. Vascular includes arterial, peripherally inserted central catheters, central venous, and peripheral access. No clinical experiences can be obtained by simulation alone.	
1. Actual vascular <sup>†</sup>		
2. Simulated vascular <sup>†</sup>		
Point of Care Ultrasound (POCUS) <sup>†</sup>	Refers to the use of portable ultrasonography at a patient's bedside for diagnostic (e.g., symptom or sign-based examination) purposes. This is exclusive of using ultrasound for image-guidance purposes such as for regional anesthesia or vascular access.	Under appropriate supervision, the student uses ultrasound to assess cardiac function and/or gastric volume preoperatively.  Under appropriate supervision, the student uses transesophageal ultrasound intraoperatively to assess fluid status and/or cardiac function.
a. Actual <sup>†</sup>		
b. Simulated <sup>†</sup>		
Intravenous catheter placement (100)		If an intravenous catheter is placed using ultrasound, the procedure would be counted in this category, and also in: <ul style="list-style-type: none"> <li>• Other <ul style="list-style-type: none"> <li>○ Ultrasound guided</li> <li>    b. Vascular</li> </ul> </li> </ul>
Advanced noninvasive hemodynamic monitoring	Newer <u>non-invasive</u> technologies have emerged as reliable methods to monitor cardiac output and other hemodynamic variables. The data derived from the various technologies are useful in determining appropriate patient management.	Examples include the Venus 1000, NiCO <sub>2</sub> , BioZ CardioProfile, NICOM, ClearSight, and USCOM. It is anticipated that others will be available in the future.

<p>Assessment of chest X-ray<sup>†</sup></p> <p><b>(5) [10]</b></p>	<p>The expectation is that the student accurately recognizes normal and abnormal findings on chest x-rays that may have immediate perianesthetic implications (e.g., pneumothorax, pulmonary edema) along with evaluating proper positioning of various tubes (e.g., endotracheal tubes, chest tubes) and invasive vascular access lines (e.g., central venous catheters).</p> <p>One “case” should be counted as the evaluation of one chest x-ray and student’s evaluation is assessed. The chest x-ray source can be a current or past patient or from an institutional or commercial library of chest x-rays. This experience can be gained in a healthcare institution, classroom, simulation center, or by using online resources.</p>	<p>The student completes an online learning module where the approach to evaluating chest x-rays is presented. The module also asks the student to evaluate a number of chest x-rays. A faculty member assesses the student’s evaluation of the chest x-rays. This may be done by the faculty reviewing the student’s score on a post-test.</p> <p>The student is assigned to the postanesthesia care unit. Under appropriate supervision, the student intubates a patient in respiratory distress. A chest x-ray is done post-procedure. The supervising provider and the student evaluates the chest x-ray. The supervising provider asks the student about their evaluation of chest x-ray such as if the endotracheal tube is properly placed and if there are any other findings with peri-anesthetic implications.</p> <p>Students are asked in the classroom or in the simulation laboratory to evaluate chest x-rays obtained from private or public sources.</p>
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<sup>†</sup> Effective for all students matriculating into an accredited program on or after January 1, 2022.

The Typhon Student Tracking System is used to record student clinical data, to prepare the NBCRNA transcript and to upload the transcript to the NBCRNA. This is in adherence with the COA's Guidelines for Counting Clinical Cases. Accurate records are mandatory because the records certify that the COA criteria have been met allowing students to schedule their board certification exam.

Students are oriented to the use of Typhon for their clinical data entries and to complete program and instructor evaluations. The COA Guidelines for counting cases are reviewed with students during orientation and during their semester clinical summative evaluation conferences with program administrators. COA Guidelines are followed by students and clarified by program administrators, when necessary.

Some areas of the clinical data form require clarification. Each new class is instructed on committed time and how to count it and referral is directly made to the Guidelines for Counting Clinical Cases by COA, attached to policy 1025:

#### I. Committed Time

A: Conference includes all departmental meetings, seminars, conferences, and journal clubs

B. Anesthesia Time: The actual time of administering anesthesia, preparing the patient until patient is sent to PACU.

C. Clinical Time: hours spent in clinical, includes anesthesia time, call, pre and post op rounds. This time must equal or exceed anesthesia time.

Students are expected to make a reasonable time commitment to the program. The COA accreditor defines a reasonable time commitment as not exceeding 64 hours of class and clinical per week averaged over 4 weeks. Typhon records are checked routinely for accuracy and the Bi-Annual Program Evaluation form requires students to complete a time analysis. If this is found to be out of the ordinary, a Time Study will be initiated by the Program Director.



	Clinical Site	Gen	OB	heart	PNBs	peds	neuro	trauma	call	lungs	IA
LVH	Hecktown Oaks	x			x						
LVH	Tilghman	x			x						
OLOlob	Our Lady Of Lourdes Medical Ctr	x	x	x	x		x		x	x	
PAH	Pennsylvania Hospital	x	x				x		x	x	
Presby	Penn Presbyterian Hospital	x		x			x	x	x	x	
PH	Phoenixville Hospital	x		x						x	
PDental	Pittsburgh Oral Surgery					x					
PHosp	Penn Highlands Health	x			x						
PSWSC	Pittsburgh Southwest Surgery Center	x			x	x					
PMH	Pottstown Memorial hospital	x			x						
RSC	Reading Surgery Center	x			x	x					
SIRS	Surgical Institute of Reading	x			x	x					
SC	St Christopher's Hospital for Children	x				x	x	x	x		
SPAR	Spartan Health	x			x						
ST F	St. Francis Hospital, Wilmington	x	x								
ST JOE	St. Joseph's Medical Center, Reading	x	x	x	x		x				
St. Luke's B	St. Luke's Allentown	x	x		x						
Taylor	Taylor Hospital	x			x						
Spring	Springfield Hospital	x			x						x
Summit SC	Summit SC NJ	x				x					
Vantage SC	Vantage SC NJ	x			x						
UPMC Sus	UPMC Susquehanna	x		x							
VA DEL	VA Wilmington	x			x						
VA	VA Medical Center, Phila	x								x	
York	York Regional Medical Center	x	x	x	x	x	x	x		x	
York RSH	York surgical and rehab hospital	x			x						

 = 2023 cohort

 = 2024 cohort

NA DNP Faculty	Role	Cohort
Nicole Fanelli, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
David Krasucki, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Matthew McCoy, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Alice Jurski, EdD, APN-A, CRNA	DNP Project Faculty Advisor	2021-2023
Candace Ghaul, DNP, APN-A, CRNA	DNP Project Faculty Advisor	2021-2023
Trisha McFarlane, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Rachel Landgraf, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Jessica Poole, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Heather Towers, DNP, CRNA	DNP Project Faculty Advisor	2021-2023
Nicole Fanelli, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Alice Jurski, EdD, APN-A, CRNA	DNP Project Faculty Advisor	2022-2024
Bartosz Kawalec, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Kristi Leonhard, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Jessica Poole, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Kimberly Russo, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Katlyn Schieler, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Kelly Stillwell, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Melissa Taylor, DNP, CRNA	DNP Project Faculty Advisor	2022-2024
Heather Towers, DNP, CRNA	DNP Project Faculty Advisor	2022-2024

**CLINICAL SUPERVISION POLICY FOR REGISTERED NURSE ANESTHESIA STUDENTS  
OF THE VILLANOVA UNIVERSITY DNP-NURSE ANESTHESIA PROGRAM**

**PURPOSE:**

1. To promote the clinical education of nurse anesthesia students at the clinical affiliates of the Villanova University DNP Nurse Anesthesia Program (the Program).
2. To provide guidance to the clinical affiliates as to the nature of the level of clinical supervision required by the Council on Accreditation of Nurse Anesthesia Educational Programs (the Council) Villanova University DNP Nurse Anesthesia Program.
3. To promote the achievement of the desired outcomes of the Program and the Council.
  - a. The clinical curriculum provides students with experiences in the perioperative process that are unrestricted, and promote their development as competent nurse anesthetists  
(See: *COA DNP Standards for Accreditation; Standard E9*).
  - b. The clinical curriculum prepares the graduate student for the full scope of current practice in a variety of work settings and requires a minimum of 600 clinical cases (650 clinical cases for students matriculating into nurse anesthesia programs on or after 1/1/2022), including a variety of procedures, techniques and specialty practice (See attached appendix).

The clinical site where applicable, provides opportunities for students to obtain clinical experiences outside the regular clinical schedule by a call experience or other mechanism. (See: *COA DNP Standards for Accreditation; Standard E10*).

To develop an educational environment that fosters student learning and professional socialization (See: *COA DNP Standards for Accreditation; Standard F4*).

**DEFINITIONS:** All of the following definitions are found in the glossary of the Council on Accreditation's *Standards for Accreditation*

1. **Clinical hours:** Clinical hours include time spent in the actual administration of anesthesia (i.e. anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, pre-anesthesia assessment, post-anesthesia assessment, patient preparation, operating room preparation, and time spent participating in clinical rounds. Total clinical area is inclusive of total house anesthesia time; therefore, this number must be equal or greater than the total number of hours of anesthesia time.
2. **Clinical Faculty:** The CRNA or anesthesiologist who is responsible for teaching graduate students during the perioperative period and for evaluating their clinical progress. When students are administering anesthesia, such instructors must be CRNAs or anesthesiologists with staff privileges in anesthesia.

3. **Clinical Supervision:** Clinical oversight of graduate students in the clinical area must not exceed two graduate students to one CRNA or two graduate students to one anesthesiologist, if no CRNA is involved. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g. life-threatening situation); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g. additional CRNA or anesthesiologist called in , hospital diverts emergency cases to maximize patient safety).
4. **Credentialed expert:** An individual awarded a certificate, letter or other testimonial to practice a skill at an institution. The credential must attest to the bearer's right and authority to provide services in the area of specialization for which he or she has been trained. Examples are: a pulmonologist who is an expert in airway management; an emergency room physician authorized by an anesthesia department to assume responsibility for airway management; or a neonatologist who is an expert in airway management.
5. **Immediately available:** A CRNA or physician anesthesiologist must be present in the anesthetizing location where a graduate student is performing/ administering an anesthetic and available to be summoned by the graduate student.
6. **Nurse anesthesia graduate student:** A registered professional nurse who is enrolled in an educational program that is accredited by the Council for the purpose of acquiring the qualifications necessary to become certified in the specialty of nurse anesthesia.
7. **Outcomes:** Evidence that demonstrates the degree to which a program's purposes and objectives have been achieved, including the attainment of knowledge, skills and competencies by students.
8. **Perianesthetic management:** Anesthesia care and management of patients, including preoperative, intraoperative, and postoperative care. Preoperative care includes the evaluation of patients through interview, physical assessment, and a review of records. Intraoperative care includes the administration of anesthetics, decision making, and record keeping. Postoperative care includes evaluation, monitoring of physiological functions, and appropriate intervention when a patient is emerging from anesthesia and surgery.
9. **Call experience:** A planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 p.m. and before 7 a.m., Monday through Friday and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experiences with emergency cases. The student is to be given the day off after call, whether the call is in house or from a beeper (at home, but called in).

**POLICIES:**

1. This policy is considered as the minimum standard to be followed by each clinical affiliate. Sites may create a higher level of supervision to remain in compliance with hospital by laws and department guidelines, provided that the students are not deterred from clinical development, or such supervision affects the Program's accreditation status.
2. The clinical site restricts clinical supervision in anesthetizing areas to CRNAs and/or anesthesiologists with institutional staff privileges who are immediately available in all clinical areas. Instruction by nurse anesthetists who have not attained initial certification or recertification status or physician residents is never appropriate if they act as the sole agents responsible for the student. **(COA DNP standard B18).**
3. Clinical supervision in non-anesthetizing areas is restricted to credentialed experts who are authorized to assume responsibility for the student. **(COA DNP standard B20).**
4. The clinical supervision ratio of students to instructors must be coordinated to insure patient safety by taking into consideration: the student's knowledge and ability; the physical status of the patient; the complexity of the anesthetic and or surgical procedure; and the experience of the instructor. **(COA DNP standard F7).**
5. Call experience usually begins the first week of April in the first clinical year of a student's program. The same supervision policies (see below, item b through e) are to be applied to students while on call.
6. The following are minimum requirements: a site may apply a more stringent policy but not one that is less stringent.
  - a. First clinical year students (juniors) through April shall be supervised on a 1:1 ratio by either a CRNA or anesthesiologist who is physically available at all times. This may change to item b (below) if student progression indicates less supervision is required. This is strictly up to each clinical site/faculty member.
  - b. From April of the first clinical year through graduation, the ratio of student to instructor shall be 2:1 or 1:1, taking into consideration Item Four above. The clinical faculty must at all times be immediately available for consultation by the student and when summoned by any person in the operating suite.
  - c. The CRNA and/or anesthesiologist must be present for all key portions of the case and monitors the course of anesthesia administration at frequent intervals.
  - d. It is expected that by the time students' progress into the second clinical year (seniors) that they be afforded every opportunity to obtain experiences in the perioperative area that will promote their development into competent, safe practitioners, able to administer all anesthetic agents and techniques, and to make sound judgments regarding the anesthesia care of the patient. **(COA DNP standard E9).**

**Policy Name: Clinical Supervision of NARs**    **Review Date: 08/21, 03/23, 7/23**    **Policy No: 1117**  
**Page 4 of 4**                      **COA DNP standard: A 10.3, E9, 10, F4, 5, 7, 8, 9**  
**Manual Loc: A/F/S**

- e. It is expected that by the time students progress into their final three months (third clinical year) of the program (super seniors) that they be afforded the opportunity to function as independently as possible, usually under the supervision of an anesthesiologist who may be directing other rooms, as described under *(COA DNP standard F7 and definition Clinical Supervision)*.
- f. An anesthesiologist can supervise no more than 2 students at a time when he/she is their sole supervisor. The anesthesiologist cannot devote less than 50% of his/her attention to students at a time.

Approved and Adopted by the Self Evaluation Committee: 4/9/03

Revised: 07/13, 7/16, 01/21. 03/23 (minimum case for students matriculating on or after 1/1/22)

### **Enrollment Procedure**

1. The Nurse Anesthesia Program Administrators makes the initial decision to interview a candidate based upon their credentials. If the NAP Administrators determine the candidate to be acceptable for admission into the NA track, the Villanova University College of Nursing Admission Committee will be notified and then will make the determination of acceptance into the graduate nursing program. The Dean issues a letter of acceptance into the CON. The Nurse Anesthesia Program Director issues a letter of acceptance into the nurse anesthesia track. A non-refundable fee is charged by the school to reserve the position. This fee is subject to change.
2. Completion of a pre-matriculation Health Evaluation scheduled by the student through Crozer Health Centers for Occupational Health at Crum Lynne. The student is responsible for any costs associated with this evaluation.
  - This must be done by August 15<sup>th</sup> of the 1<sup>st</sup> year in the program.
3. The school will provide a copy of the Student Handbook which will be reviewed with the students during the first week of class.
4. Completion of a Criminal Background Check, FBI Fingerprint, PA Child Abuse Clearance and Urine Drug Screen deemed satisfactory, in the sole judgment of the College of Nursing. See Policy # 1227.

### **Matriculation Procedure**

1. An orientation to Villanova University College of Nursing is held the 1<sup>st</sup> week in January. Classes begin at the University the 3<sup>rd</sup> week in January. The anesthesia track orientation begins at the hospital. The first week of the nurse anesthesia track in the Fall of year 1 will be spent in hospital/program orientation, review of Student Handbook, and dissemination of class schedules, course outlines and objectives and other materials, as necessary.
2. Notification of enrollment of students is sent to the NBCRNA within 45 days, following the student's matriculation into the program, by the Director. (Forms available from the NBCRNA)
  - Following notification of student enrollment, the NBCRNA provides each student an identification number, which is kept on file both in the NBCRNA office and by the Program.

3. Students are required to complete the application for Associate Membership in the AANA. The fee is \$200.00 (subject to change) and entitles the student to the following benefits:

- Associate membership status to the AANA & PANA.
- Subscription to national and local association publications.
- A card designating Associate Membership.
- Privilege to attend Association meetings as a non-voting participant.
- Reduced fees when attending CRNA and MD professional anesthesia meetings.

4. Licensure as RN: Must have current PA State License by August 1<sup>st</sup> of the 1<sup>st</sup> year in the program. Students will also need additional state licensures (DE and/or NJ) by the Fall of the first clinical year.

5. Students are required to be ACLS/BLS Certified. Students are required to obtain PALS certification by September 1<sup>st</sup> of the first program year. All certifications must be maintained while in the program and be valid upon taking the NCE. Certification classes will be coordinated and administered to the class.

6. Refund Policy - Refer to Villanova University policies.

**Policy Name: Student Benefits** Review Date: 08/21, 03/23, 8/20/23  
Page 1 of 2 COA DNP standard: F9, E2, E3, G1, G2, G4  
Manual Loc: A/F/S/App

**Policy No: 1207**

## Student Benefits

### TIME OFF:

Refer to Policy #1225 for TIME OFF for Holidays, vacation, education and professional meetings, sick time, comp time, vacation during specialty rotations, bereavement time and the time off request form.

## GRADUATE STUDENTS BENEFITS AT VILLANOVA UNIVERSITY:

### STUDENT AND FINANCIAL AID

Financial aid is available. Application is to be made through Villanova University and is the student's responsibility. Nathan Walch is the University representative in the financial aid office for nurse anesthesia students. Contact information: email: [Nathan.Walch@villanova.edu](mailto:Nathan.Walch@villanova.edu) phone: 610-519-3305.

### LIABILITY AND HEALTH INSURANCE

Liability insurance for student nurse anesthetists is provided by the University. Students must maintain their own health insurance coverage. Student health insurance is available through Villanova University.

### BLOOD/ BODY FLUID EXPOSURE:

Should any student suffer blood/body fluid exposures they are to go to the ER, at their clinical site and follow the protocols of that site. Students should present their personal health insurance identification card at the facility where medical services are received. The student must also notify the Program Administrator and the Program Manager. A copy of the explanation of benefits received from the student's health insurance provider should be submitted to the Program Administrator and Program Manager.

Reference Policy #1229.

### HEALTH CENTER AT VILLANOVA UNIVERSITY

The Student Health Center at Villanova University provides a safe, caring, respectful, and confidential environment and advocates healthy behaviors and lifestyle choices.

Located in the Health Services Building at the Villanova University main entrance on Ithan Avenue, across from The Pavilion and Bartley Hall, the Health Services Building also houses the Counseling Center and the Office of Health Promotion. For an appointment, please contact the **Student Health Center at 610-519-4070**.

### Hours of operation:

Academic School Year: **24 hours a day, 7 days a week**  
Exceptions include holidays and scheduled breaks

Summer Hours : **8 a.m. - 4 p.m** Monday through Thursday & **8 a.m. - 12 noon** Friday

<https://www1.villanova.edu/villanova/studentlife/health/center.html>

### PHYSICALS

Pre-Admission physical examinations are done by the CKHS Health System's Centers for Occupational Health at one (1) location: 1553 Chester Pike, Suite 204, Crum Lynn, PA 19022 (610-595-6811) prior to the beginning of the Fall semester of the first year. Any costs associated with this evaluation are the responsibility of the student.

**OTHER BENEFITS:**

Once the candidate is accepted into the Fitzpatrick College of Nursing Graduate Program, they are entitled to all the support services of any Villanova University student. These include orientation before classes begin, advisement, grievance and leave of absence procedures, use of the Falvey Library and the Learning Resource Center, the student Counseling Center, and other University support services, including writing and study skills development.

Villanova's exercise facilities and financial aid office. Descriptions of student support services offered through the University can be found in the *Graduate Student Handbook*.

The Graduate Nurse Network (GNN) is the graduate student organization of the College of Nursing, and all students who are enrolled in the Graduate Nursing Program are members of the GNN. All masters and doctoral degree students are members of the organization and therefore, eligible for membership on college committees.

Alpha Nu is the Villanova Chapter of Sigma Theta Tau, the International Nursing Honor Society.

In addition, the Fitzpatrick College of Nursing sponsors The Annual Distinguished Lectureship, where each year an outstanding nurse leader is invited to present a timely issue in nursing for the students, faculty, alumni and Friends of the College of Nursing.

The Fitzpatrick College of Nursing developed the Health and Human Value Series to promote knowledge and understanding of ethics and values in health care and health care delivery. Experts in the field serve as lecturers or panelists.

The Fitzpatrick College of Nursing also offers a Continuing Education Program that is accredited by the ANA Credentialing Center's Commission on Accreditation.

Faculty Research forums are sponsored by the Research Committee and graduate students are invited to attend. These forums provide the faculty the opportunity for feedback and to share their research activities.

The program also registers each student for Self-Evaluation Examinations through the NBCRNA website. The exams are required and are paid for by the students at time of registration.

**EMPLOYMENT OPPORTUNITIES**

Employment advertisements and requests are posted on a bulletin board in the school office/suite. The program administrator when requested will provide letters of references. Transcript requests are filled within a few days of the request. There is no charge for this service. Resume writing and interview techniques are presented during the Senior Seminar which is held every year during the spring semester.

**COPYING SERVICES:**

Photocopiers are available to students in the anesthesia school office and in the FCN at Villanova University.

Other policies affected by changes in this policy: #1229

Rev: 7/97; 7/98, 6/99, 9/00; 7/01; 4/03; 7/04; 7/05; 5/06; 6/07; 1/08; 6/09; 11/11, 7/13, 6/14, 7/14; 8/15; 1/16, 7/16, 03/23

### **Villanova University Student Health Center**

The Student Health Center is located on the top floor of the Health Services Building on the Villanova University campus. It is staffed by a Nurse Practitioner. The medical director arranges for physician coverage at the Center. The Center is open 24/7 during school sessions. The phone number is 610-519-4070

### **Villanova University Student Counseling Center**

The Counseling Center is designed to help any student, graduate or undergraduate, explore personal concerns and difficult decisions. Except in emergencies, appointments are required, and can be scheduled either by telephone (610-519-4050) or by going to the Counseling Center (Room 206 in Health Services Building). Students may request a specific counselor or use the counselors available for the following services:

#### **Individual Counseling for Personal Development**

Counseling assists one to define problem areas, provides emotional support during difficult periods, offers an outsider's perspective on family difficulties, helps people to change self-defeating habits and attitudes, and increases awareness of alternative, productive behaviors. Such services are available through the Center.

### **Villanova University Student Writing Center**

Writing Center appointments are scheduled for **50 minutes**. For lengthy papers (generally over ten pages), we suggest you schedule a block of 2 sessions for your appointment.

The Writing Center is located in 210 Falvey Library. Our hours of operation for the Fall 2022 semester are:

- **Monday-Thursday:** 11:30 a.m. - 7:30 p.m.
- **Friday:** 11:30 a.m. - 3:30 p.m.
- **Sunday:** 3:30 p.m. - 7:30 p.m.

Appointments can be made [online](#), in person (210 Falvey Library) or by phone (610-519-4604). When making an appointment by phone, please provide the receptionist with your name, the name of the class, and the professor's name.

[Villanova Writing Center | Villanova University](#)

### **Villanova's Emergency Medical Services**

Located on the ground floor of the Student Health Center, staffed by student volunteer EMTs, is the first contact for community members who may need emergency treatment. VEMS works closely with Public Safety, Radnor Police, Bryn Mawr Hospital and the Narberth Paramedics. The direct line is 610 519 6808. Emergencies should be directed to 610 519 4444.

[Villanova EMS \(VEMS\) | Villanova University](#)

**OFFICE OF DISABILITY SERVICES**

A student seeking an accommodation for a diagnosed disability may contact Greg Hannah in the Office of Disability Services. The student can register with ODS for temporary accommodations, fill out the necessary information through their database management system Clockwork and upload documentation from a medical professional that speaks to why reasonable accommodations are to be considered, make suggestions on those accommodations, and provide reasonable timelines for those accommodations requested. Greg can be reached at [Gregory.hannah@villanova.edu](mailto:Gregory.hannah@villanova.edu) or here: <https://www1.villanova.edu/university/student-life/ods/guidelines.html> to learn about how to fill out the intake form for Clockwork.

\*\*\*\*\*Snow Policy : This NAP Policy supersedes the VU FCN policy.

Students are entitled to use a vacation day in the event that they are unable to get to clinical or class unless:

1. **Class Days**—In the event of a snow emergency or winter storm warning, the Program Administrator, or designee, will decide whether the school will cancel classes **the night before** a scheduled morning class. Once this decision is made, notification will then be sent via email to all students or via text message. Students will not be charged with a vacation day in the event that a state has declared a “snow emergency,” which has prevented class.
2. **Clinical Days**—In the event of a state-declared “state-of-emergency” due to inclement weather, students are excused from clinical duties. In the event of significant inclement weather, students are responsible for contacting their individual Department Chairman or Clinical Coordinators at their clinical rotation. In the event that the Anesthesia Department determines that only “in house” or emergency anesthesia care will be provided, then the student has an excused absence and **will not** be charged a vacation day for the absence.

If, however, the Department will continue to provide anesthesia care as scheduled, **or if the student is on call**, the student will need to make the determination whether to report for duty. This decision should be based on the safety of the student, taking into account the route to be traveled, the distance from the clinical site, the student’s experience driving in hazardous snow conditions, and any other factors the student deems necessary to make an informed decision. Students are not expected to jeopardize their own safety, which is an individual decision. These students will have an excused absence, but they **will** be charged a vacation day for their absence.

3. **Students from outside the local region**—We realize that many of our students will experience weather related problems that do not directly involve the school or clinical site areas. We expect our students to make reasoned decisions related to travel and to use their best judgment in determining whether to drive to class or clinical sites. In the event that those students must call out, they are expected to follow the appropriate call out procedures. These students will receive an excused absence but **will** be charged a vacation day for their absence.
4. **In all instances, proper call out procedures must be followed by the student. They are to notify both the department and the school before 7AM, or they will be charged with an unauthorized absence.**

**Policy Name: Snow Policy**

**Review Date: 08/21, 8/23**

**Policy No: 1209**

**Page 2 of 2**

**COA DNP standard: G4**

**Manual Loc: A/F/S**

Reviewed and approved by Self Evaluation Committee April 03; revised July 2014, revised 8/21 to reflect notification for class the night before class.

### **Non-Refundable Deposit**

A \$3,000.00 non-refundable deposit is charged to maintain the candidate's position in the incoming class. Fees are used to offset the educational and administrative costs of the program including maintenance of the program's library, graduation expenses, etc. This fee is **Non Refundable** under any circumstances (i.e. family problems, reconsideration of attending program, etc). The only exception is in the event of the student's death prior to the start of the program; then the deposit will be returned to the student's spouse, parents or next of kin.

### **Professional Organizations**

Enrollment as an associate member of the AANA is required. The fee is \$200.00. (Subject to change)

### **Texts**

Students will be required to purchase their own books. A list of required and recommended texts will be sent to the student prior to matriculation.

### **Housing and Meals**

The student incurs both items. While on duty in the evening and night, an "on call" room for sleeping is available.

Because many people share these rooms on different nights, care must be taken to keep them neat and clean. A refrigerator is provided for keeping lunches or food for use on call.

**Health and Life Insurance** - These are the student's responsibility. Documentation of health insurance is required upon matriculation and must be continued while a student in the program.

### **Laundry**

Each clinical site provides scrubs. Students are required to provide their own OR shoes. White lab coats may be required by a clinical site and it is the student's responsibility to purchase and launder their white lab coats.

### **Tuition**

Subject to change. All tuition is paid to Villanova University at their current DNP rate. All fees must be satisfied prior to graduation. Refunds of tuition are in accordance with Villanova's policies as outlined in the Villanova Graduate Student Catalog.

### **SEE**

The program will register each student via the NBCRNA website. Students will pay separately for the SEE (online payment only) while in the program. Students are required to take this exam a **minimum** of two times and a **maximum** of four times while in the program. (See policy #1226 for details).

### **Technology Fees**

Each student is charged a technology fee to support the Nurse Anesthesia Program and all its initiatives, which may include but not be limited to: on-line exams, distance education, student data tracking systems, additional educational items such as projectors, microphones, classroom PC's etc.

The Administrative Fee will be refunded if a student withdraws within the first semester as follows:

Up to first week: 80%

Up to second week: 60%

Up to third week: 40%

Up to fourth week: 20 %

Beyond fourth week: no refund

## **Applicant Rights and Responsibilities**

Skills and abilities applicants must demonstrate:

A graduate of the program must be able to fulfill the job description and duties of a CRNA. Therefore, a candidate for the program must have abilities and skills in five categories: observation, communication, motor, intellectual, and behavioral/social. In order to complete the degree, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely and often critical fashion in problem-solving and patient care. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis, but a candidate must be able to perform in an independent manner. The following skills are required, with or without accommodation:

1. **Observation:** Candidates must have sufficient sensory capacity to observe in the classroom, the laboratory, the outpatient setting, and the patient's bedside. Sensory skills adequate to perform a physical examination are required. Functional vision, hearing and tactile sensation must be adequate to observe a patient's condition and to elicit information from computerized monitors, and through procedures regularly required in a physical examination, such as inspection, auscultation, and palpation.
2. **Communication:** Candidates must be able to communicate effectively in English in both the academic and health care environments. Candidates must show evidence of effective written and verbal communication skills and comprehension of the English language.
3. **Motor:** the ability to participate in basic diagnostic and therapeutic maneuvers and procedures (e.g. palpation, auscultation, drawing blood, and/or starting IVs) is required. Candidates must have sufficient motor function to execute movements reasonably required to provide care to patients, including the ability to help move or lift them. Candidates must be able to negotiate patient care environments and must be able to move between settings, such as home, remote OR locations like x-ray, GI suites, ER, classrooms and other hospitals.  
**Physical stamina** sufficient to complete the rigorous course of didactic and clinical study is required. Long periods of sitting, standing, or moving are required in classroom, laboratory and clinical settings.
4. **Intellectual:** candidates must be able to measure, calculate reason, analyze, and synthesize both in quiet environments and in areas where distractions, noise, and other stressors are present. Problem solving, one of the critical skills demanded of CRNAs, requires all of these intellectual abilities. In addition, candidates should be able to comprehend graphic displays of physiologic data, distinguish artifact on monitor displays, and understand three dimensional relationships and the spatial relationships of structures. Candidates must be able to read and understand medical and nursing literature.

5. **Behavioral and social attributes:** Candidates must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, and the prompt completion of all academic and patient care responsibilities. The development of mature, sensitive and effective relationships with patients and other members of the healthcare team are essential. The ability to function effectively in the face of uncertainties inherent in clinical practice, flexibility, compassion, integrity, motivation, interpersonal skills, and concern for others are all required.

I attest that I am able to perform all the competencies listed above with or without accommodation.

\_\_\_\_\_  
Signature of applicant

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

The school is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, a specialized accrediting body recognized by the U.S. Department of Education. Students will receive the required number of classes and clinical experiences to establish their eligibility to take the certification examination of the NBCRNA. Proper records will be kept and transcripts will be submitted to the NBCRNA.

While acknowledging that the students make a valuable contribution to the completion of the daily workload, case and time assignments are made primarily on the basis of giving necessary clinical experience in a progressive manner. Clinical supervision and consultation is always available per Policy #1117 DNP Clinical supervision. Enthusiasm and preparation for clinical and didactic assignments is expected of the student.

The Student has the following rights:

1. The right to resign from the program shall be provided to the student at anytime during his/her education, except after dismissal.
2. The right of appeal for penalties placed upon him/her for infractions of aforementioned rules and regulations.
3. The right to be made aware of the policies and procedures of the School that pertain to his/her conduct.
4. The right to know the educational objectives and the minimum standards required for passing in the clinical and didactic areas.
5. The right to timely feedback of his/her performance in the clinical and didactic areas.
6. The right to high quality instruction in both the clinical and didactic areas.
7. The right to expect they will not be exploited relative to time commitment for pay or profit of the conducting institution.
8. The right to confidentiality of his/her academic record, except as is required by the efficient operation of the department and/or accreditation agencies.
9. The right of access to his/her academic records.
10. The right to state his/her views about the total program without fear of retaliation or incrimination.
11. The right to due process.
12. The right to be free from discrimination on the basis of race, religion, sex, national origin, marital status, or sexual preference or any other factor protected by law.
13. The right to have respect from all members of the hospital staff.

**Sexual Harassment and Non - Discrimination**

**A. Introduction:**

The purpose of this statement is to express the position of the Nurse Anesthesia Program on sexual harassment and discrimination and to outline the procedures to follow in the event of a complaint of sexual harassment that occurs during a clinical rotation. The Nurse Anesthesia Program expressly prohibits sexual harassment of or by students, patients, faculty or staff.

Refer to: <http://www.hr.villanova.edu/Policies/sexual;harrasment/process.htm>

**B. Definition Harassment:**

Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

1. submission to such conduct is made either explicitly or implicitly a condition of the student's admission to the School.
2. submission to or rejection of such conduct by an individual is used as a basis of the individual's status within the School.
3. such conduct has the purpose or effect of interfering with an individual's didactic or clinical performance.
4. such conduct has the purpose of creating an intimidating, hostile or offensive working environment.

**C. Procedure to be followed in the event of sexual harassment occurring during a clinical rotation:**

In the event of a complaint of sexual harassment, the Nurse Anesthesia Program Administrator, the Director of the Villanova University's CON Graduate Program are to be notified along with the Department Chairman at the clinical site where the harassment occurred. The Department Chairman will notify Human Resource Department of the clinical site. All complaints will be treated confidentially within the confines of the Law. For a complaint initiated within the Crozer Health System, procedures to be followed are outlined in the Crozer Health System Employee Handbook, located in the Nurse Anesthesia Program Administrator's office and are available to students during normal business hours, Monday through Friday.

**D. Discrimination:**

The Nurse Anesthesia Program prohibits discrimination against members of any group which has been in a position of societal disadvantage. Such groups shall include but are not limited to minorities, women, and the handicapped and disabled veterans. The program's non-discrimination policy also applies to marital status, sexual orientation and age.

The Nurse Anesthesia Program adheres to non-discriminatory practices, as defined by the COA, treating all individuals, including applicants, without regard to race, color, national origin, gender, marital status, sexual orientation, religion, age or disability.

**Procedure to be followed in the event of discrimination:**

In the event of a complaint of discrimination, the Nurse Anesthesia Program Director and the Associate Dean of the Graduate Program, FCON, Villanova University are to be notified, and the clinical agency involved as soon as possible. All complaints will be treated confidentially within the confines of the law. Procedures to be followed are outlined in the Crozer Health System Employee Handbook, located in the Program Administrator's office and are available to students on a daily basis, Monday through Friday. Complaints of discrimination involving Villanova faculty will use the Complaints about Faculty policies found in the Appendix of the administrative and student manuals or may be found at:  
[http://www.villanova.edu/hr/policies/nondiscrimination\\_nonharass.htm](http://www.villanova.edu/hr/policies/nondiscrimination_nonharass.htm)

Approved by Villanova University - Academic Standing Committee: 5/99; 9/04; 7/06; 04/09;09/13

Rev: 7/86; 7/93; 7/95;7/98; 12/98 5/99;11/99; 6/06 ;02/09; 09/13, minor editorial revisions: 6/00; 7/01;4/03; 7/04; 9/04; 7/07; 02/08, 6/14, 7/16, 9/19 minor revision, 1/21

**Policies affected by changes to this policy: 1110, 1207; 1214; 1215; 1216; 1217; 1223; 1226; 1227;1220**

**Introduction:** Villanova University College of Nursing policies apply to **all** students admitted to the Graduate Nursing Program, however, the following policies apply specifically to students enrolled in the nurse anesthesia track.

The terms **Program Administrators** include the **Program Director** of the Nurse Anesthesia Program and the **Associate Dean for Graduate Programs** at Villanova University, Fitzpatrick College of Nursing. The term **Clinical Coordinator** refers to the individual designated at each clinical site who has responsibilities for the students and to the school and acts as a liaison between the clinical site and the nurse anesthesia program (see Policy #1110 Clinical Coordinator job description).

**Disciplinary action** may be taken against a student for reasons of violation of rules of good conduct, as well as inadequate clinical or didactic performance. Disciplinary action may include clinical probation or clinical suspension (missed clinical time must be made up before graduation, if applicable) with appropriate documentation by program administrators. The following sections will outline these rules, the standards of adequate performance, and procedures to be followed by the student to appeal any disciplinary action.

**Student Code of Ethics and Conduct:** Students are expected to conduct themselves in a reasonable, professional, moral, and ethical manner in their relationship with patients, faculty members, other students, and other hospital personnel. Non-compliance with the following school policies will result in disciplinary actions, as stated below:

**Causes For Immediate Dismissal:**

1. Forgery, alteration, or misuse of possession of school documents, medical records, or instruments of identification, including false statements on his/her application to the program.
2. Refusal to comply with any patient care assignment, excluding religious, moral, or ethical objections.
3. Misconduct, inconsiderate treatment, or neglect of patients.
4. Disclosure of unauthorized information regarding the hospital, patients, personnel, or program materials.
5. Theft of or willful damage to the hospital, program, classroom, or University property, including exams.
6. Use of alcohol or other mind-altering drugs or unauthorized possession of these agents or the effects of the above agents during clinical or class time (refer to VU policy on Drug Free Schools).
7. Gambling on any program or clinical affiliate's property.
8. Lewd or obscene conduct on any program or clinical affiliate's property or at any clinical affiliate's-sponsored activity.
9. Physical/verbal abuse of or threats to any person on any program or clinical affiliate's property or at any clinical affiliate's - sponsored activity or professional meetings where the student is a representative of the program.
10. Acts of negligence or incompetence in the practice of anesthesia. (Refer to Policy # 1226: Professional Standards and Policy #1217: Clinical Grading))
11. Three unauthorized absences (see Policies # 1225 regarding attendance and unauthorized absenteeism).
12. Employment as a nurse anesthetist prior to graduation from the program (refer to Policy #1214).  
***COA DNP standard G8.***

13. Revocation or suspension of the student's state- issued license to practice nursing.
14. Dishonesty, such as cheating, plagiarism, or knowingly furnishing false information to the nurse anesthesia program. (refer to Policy #1216) **COA DNP Standard G5.**
15. Grades of C are considered as failing in 9000 level nurse anesthesia courses (9420-9430), NUR 8910, NUR 8901, NUR 8903, and NUR 8904 and the student may be dismissed from the nurse anesthesia tract. Refer to Policy #1216 for grading policy.
16. More than one semester of a GPA < 3.0
17. Improper handling or documentation of scheduled drugs. (see policy #1223)
18. Conviction of a felony in any state or territory of the US.
19. Unfavorable results on a criminal background check, in the sole judgment of the FCN (see policy #1227)
20. Commission or omission of acts that jeopardize patient safety, including medication errors that have the potential to cause patient harm. (see policy # 2020 Policy Avoiding Drug Errors).
21. Failure to be restored to full status after clinical probation.

**Process for Immediate Dismissal:**

If any of the aforementioned reasons for program dismissal have been met by a student, the Program Administrators will immediately place the student on **clinical suspension for 2 weeks with initiation of the process for dismissal, as follows.** The Clinical Coordinator of the site and Anesthesia Department Chariman will be notified that the student has met criteria for immediate dismissal and has been placed on clinical suspension for 2 weeks.

During the 2-week clinical suspension the student has the following options:

1. The Program Administrators will provide the student with the clinical evaluations and/or documentation that led to the decision for dismissal.
2. The Program Administrators will send a letter to the FCN Academic Standing and Records Committee that the student was placed on clinical suspension for 2 weeks and the Program Administrators' recommendation for dismissal at the conclusion of the 2 weeks clinical suspension.
3. The student may resign during the 2-week clinical suspension. If a student resigns, their transcripts will reflect a resignation.
4. The student may appeal the program dismissal decision during the 2-week clinical suspension. If the student elects this option, and follows the identified appeal process.
5. At the end of the 2-week clinical suspension if the student has not elected to resign or appeal the decision, the student will receive formal notification from the Academic Standing Committee and Records of program dismissal, which will be reflected on the student transcript.

**Didactic and Clinical Performance and Progression:**

**A. Didactic Evaluation:** Please refer to **Policy #1216** DNP Student Academic Integrity and didactic grading

**B: Clinical Evaluation:** Please refer to **Policy # 1217** DNP Student Clinical Grading Policy

**Grievance/Appeal Procedures**

**A. Introduction**

Students may appeal an adverse decision of the Program Administrators that impacts their academic standing, whether for a clinical evaluation/grade or a didactic grade. Students will be advised on how to proceed, using Villanova Fitzpatrick College of Nursing policies and procedures for grievances surrounding a clinical or didactic grade.

For grievances resulting from a clinical action, an **Ad Hoc Grievance Committee** will be formed to hear the complaint. However, it is recommended that all grievances be settled at the lowest possible level. The procedure for handling complaints about academic faculty may be found at:

<http://www.vpaa.villanova.edu/vpaa/office/student-services/policies/gradeappeals.htm>

**B. Ad Hoc Grievance Committee Procedure:** This is an internal grievance committee convened to provide due process to a student who feels he/she has been unfairly evaluated, clinically. This Committee will convene at the request of a student and is considered an academic proceeding, not a legal proceeding. No legal counsel shall be present. Formation of this committee shall be considered as the final phase of the internal due process. Any further appeal shall be directed to the Associate Dean of the Graduate Program of the Fitzpatrick College of Nursing. Membership of the Ad Hoc Grievance Committee will be determined by the Nurse Anesthesia Program Administrators (with the student given the option to choose specific members as outlined below). The Committee will consist of:

1. Either the Nurse Anesthesia Program Administrator or the Associate Program Administrator
2. Student Representative who is not a classmate of the complainant. (may be selected by the student).
3. One Clinical Coordinator **not** from the site(s) where the evaluation occurred.
4. One clinical CRNA or anesthesiologist **not** from the site(s) where the evaluation occurred.
5. One Graduate Program Faculty from Villanova University.

The purpose of the Grievance Committee is twofold: (1) to determine if the process leading up to the adverse action (clinical suspension and move to dismiss) was in conformity with the NAP's policies for clinical evaluation, and (2) to determine if the adverse action (clinical suspension and move to dismiss) was reasonable.

The complainant has the right to challenge a member of the Committee for valid reasons (i.e. personal relationship, involvement in the complaint etc.) as determined by the Program Administrators.

The Committee will elect its own Chairperson to run the meeting. The Chair shall appoint a Recorder. The meeting shall be scheduled within **10 days** of student notice to appeal an adverse decision of the faculty. The meeting place is to be determined by the Program Administrator. All original materials related to the complaint will be kept confidential and stored within the school's offices as permanent records. All materials related to the complaint will be e-mailed to Committee members prior to the meeting date and labeled confidential.

**C. Conduct during the Hearing:**

The involved parties have the right to:

1. Have a copy of the filed grievance and evidence to be reviewed.
2. Present evidence on one's behalf.
3. Request verbal clarification.

**D. Steps**

1. The complainant (student) will describe why he/she brought the complaint. (20-minute limit).
2. The involved clinical faculty member(s) or program administrator will describe the issues/problems that lead to the evaluation or clinical action in question. (20-minute limit).
3. The Committee may request clarification from both parties (10 minutes, total).
4. At the conclusion of the Q & A period, the parties are dismissed, and the Committee begins its deliberations.
5. Each member shall have 1 vote to either (1) **affirm** the dismissal action OR (2) **repeal** the dismissal action. All votes are by secret ballot.
6. The Recorder will count the ballots and a simple majority prevails for the decision.
7. The ballots will be sealed in an envelope and retained as part of the permanent record within the FCN.
8. The decision of the Grievance Committee will be communicated within 48 hours of the hearing to the student and the Academic Standing and Records Committee in the FCN.
9. If the decision of the Grievance Committee is not to the satisfaction of the student, a written appeal may be submitted to the Academic Standing and Records Committee of the Fitzpatrick College of Nursing within 7 days (one week) of the hearing.

**Complaints Against Nurse Anesthesia Programs and Third-Party Presentation Policy:**

If any member of the community of interest wishes to file a complaint or address issues related to the accreditation status of the Nurse Anesthesia Program, the Complaints Against Programs or Third Party Presentation Policies may be used, which are located in the Nurse Anesthesia Program Administrator's Office.

The Council on Accreditation may be contacted directly at: 224-275-9130

Mailing address:

Council on Accreditation

10275 W. Higgins Road, Suite 906

Rosemont, IL 60018-5603

Email: [accreditation@coacrna.org](mailto:accreditation@coacrna.org)

**Notice of Right to Amend:** Student Notification

The Nurse Anesthesia track of the Graduate Program of the Villanova Fitzpatrick College of Nursing reserves the right to amend or add at any time to these policies and to make such changes applicable to current students, as well as new students.

**DISCLAIMER:** These policies can change at the discretion of the Nurse Anesthesia Program Administrators of the VU FCN Graduate Program and by recommendation of any standing committees.

I, \_\_\_\_\_, have read, fully understand, and accept the student code

of ethics and conduct presented to me as an Anesthesia Student in the Villanova University/Crozer Chester Medical Center Program.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Approved by Villanova University - Academic Standing Committee: 5/99; 9/04; 7/06; 04/09;09/13  
Rev: 7/86; 7/93; 7/95;7/98; 12/98 5/99;11/99; 6/06 ;02/09; 09/13  
minor editorial revisions: 6/00; 7/01;4/03; 7/04; 9/04; 7/07; 02/08, 6/14, 7/16, 9/19 minor revision, 1/21,  
update COA address 06/22, removal of CCMC reference  
**Policies affected by changes to this policy: 1110, 1207; 1214; 1215; 1216; 1217; 1223; 1226; 1227;1220**

### **Working Policy**

At no time during the anesthesia training program, shall a nurse anesthesia student be employed as a nurse anesthetist by title or function.

### **Introduction**

Evaluation is an ongoing process to monitor and determine the student's progress in the Program. Each student's performance is reviewed each semester or when unsatisfactory performance warrants an immediate evaluation, and is communicated to the student. The following material provides an explanation of the continuous evaluation of the student.

### **Definition of Terms**

1. **Program Year I** - refers to the didactic coursework and clinical practice which occurs during the first year the student is in the program.
2. **Program Year II** - refers to the didactic coursework and clinical practice which occurs during the second program year (and first clinical year) of a student in the program.
3. **Program Year III** - refers to the didactic coursework and clinical practice which occurs during the third program year (and second clinical year) of a student in the program
4. **Dismissal** - A student may be dismissed from the program for continued evidence of unsatisfactory progress in meeting didactic or clinical requirements or for other causes as specified in the Student's Disciplinary Policies. A student who has been dismissed is not eligible for re-entry into the NA track. Notification will be sent to NBCRNA and to the Villanova University FCN's Academic Standing Committee and copies of the notification will be kept in the student's permanent file. The student has a right to appeal a dismissal decision through the appeal process of the Fitzpatrick College of Nursing, Villanova University. Also, see Nurse Anesthesia Program Policy # 1213: Retention, Progression, Due process.
5. **Leave of Absence** - (LOA) Please refer to Villanova University College of Nursing Graduate Student Handbook and Advisement Guide. The Associate Dean of Graduate Programs and the Program Administrator of the Nurse Anesthesia Track will determine the length of time granted for a LOA with respect to the student's individual circumstance. **Students who are granted an LOA are required to make up all missed clinical and/or class days due to a LOA.** Coursework must be completed to the satisfaction of the Nurse Anesthesia Program Administrators. Each clinical and class day missed by the student during the LOA will be fulfilled day-for-day by the student, before the student is permitted to graduate. This may result in a delay in graduation. No student will be permitted to make up days by doing extra shifts unless the Nurse Anesthesia Program Directors approve the requested clinical schedule that includes call shifts, to the benefit of all parties. The clinical schedule is at the discretion of the program administration. Unused vacation time and comp time may be used to offset LOA days.  
Students will be held responsible for didactic coursework missed or may be required to take missed courses the next semester they are offered, even if the course schedule may prolong the student's graduation date beyond the time needed to make up clinical time missed during the LOA.

Students are required to submit a written request to take a LOA to the Program Director.

Student requesting a LOA will be referred to Greg Hannah in the Office of Disability

Manual Loc: A/F/S

Services, if applicable. The Office of Disability services collaborates with students, faculty, staff, and community members to create diverse learning environments that are usable, equitable, inclusive, and sustainable. The ODS provides students with disabilities the necessary support to successfully complete their education and participate in activities available to all students. If a student has a diagnosed disability and they plan to utilize academic accommodations, they should contact [Gregory.hannah@villanova.edu](mailto:Gregory.hannah@villanova.edu) or 610-519-3209, Advisor to student with disabilities. His office is on the 2<sup>nd</sup> floor of the Connelly Center. A student will register with ODS for temporary accommodations, fill out the necessary information through their database management system, Clockwork, and upload documentation from a medical professional that speaks to why reasonable accommodations are to be considered, make suggestions on those accommodations, and provide reasonable timelines for those accommodations requested.

A student can also click here: <https://www1.villanova.edu/university/student-life/ods/guidelines.html> to learn about how to fill out the intake for Clockwork.

**6. Suspension:** Students may be suspended from the program for 2 weeks by the Associate Dean for Graduate Programs and the Nurse Anesthesia Program Director for violations of patient safety as evidenced by written documentation of clinical errors, omissions or commissions of acts that jeopardize patient safety on a repetitive basis. This is the initial step taken prior to dismissal from the NAP. Please see Policy # 1213 DNP Retention Progression Due Process.

#### 7. Resignation

A student may resign from the Program if he/she decides to discontinue his/her anesthesia education.

In order to resign, the student must provide a written letter or email of resignation notice to the Nurse Anesthesia Program Director and/ or the Associate Dean for Graduate Programs. The date the written notification is received will be considered the effective date of resignation and notice of the resignation will be sent to the NBCRNA with a copy of the letter retained in the student's permanent file.

Resignation terminates all relations with the Nurse Anesthesia Program, permanently. The Associate Dean for Graduate Programs in the FCN at Villanova University may provide the student with other options for graduate study in the FCN.

**8.** If a student leaves a program without informing the Program Administrators or Associate Dean for Graduate Programs in writing or email, after 3 days of unexcused absence, the student will be suspended for 2 weeks as the initial step taken prior to dismissal from the NAP. Please see Policy # 1213 DNP Retention Progression Due Process.

**9. Probation:** A student will be placed on clinical probation if the if criteria in policy # 1217 Clinical Evaluation are met and the procedures are detailed in that policy.

**9. Delay of Graduation –**

A student may be required to delay his/her graduation date if one of the following occurs:

- a. The student fails to proceed at a satisfactory rate to meet all the clinical and/or didactic requirements of the program.
- b. The student has not successfully completed each clinical practicum or not submitted the required number of clinical evaluations for a semester.
- c. The student has not met the Program policy threshold for passing the SEE exam based on the national average for their cohort and has not taken the SEE exam up to 4 times if threshold score was not met. (refer to Policies #1213, #1226.)
- d. The student has been on a LOA and has not satisfied the program's 36-month program requirement.
- e. The student's time off exceeds the amount allotted.
- f. The student fails to meet the minimum number of case requirements or total cases required by the COA.

**10. Academic Standing** - Please refer to Villanova University's College of Nursing Graduate Student Handbook and Advisement Guide and policy #1216 Academic Integrity/Didactic Grading.

**11. Graduation:**

All course work and clinical requirements must be completed, per policies #1221 and #1226.

The DNP degree is awarded by Villanova University.

Also see Villanova University College of Nursing Graduate Student Handbook and Advisement Guide.

**12. Transcription of Grades**

All grades are recorded on an official transcript supplied by NBCRNA. A copy of the student's transcript is kept in their NAP file and by the NBCRNA should the school's copy be lost. In the event the nurse anesthesia program should close, notification will be sent to all alumni. Transcripts and student files will be kept with all school materials and will be available upon contact with the FCN Graduate Program.

Villanova University FCN NAP will also have a transcript of the student's grades that are recorded according to the anesthesia course numbers, which is different from that of the NBCRNA.

Rev: 6/86; 6/93; 6/96; 7/98; 12/98; 5/99; 9/00; 7/01; 7/05; 6/06; 04/09; 07/13; 6/14, 8/19, 01/21

Minor revisions 5/03; 7/04; 9/04; 01/09; 04/2010

Approved by Villanova University - Academic Standing Committee: 5/99; 6/00; 7/04; 9/04; 7/06.04/09, 7/16. 1/2021

Policies affected by revisions to #1215: 1207; 1213, 1216, 1221, 1225; 1226

It is the responsibility of every person in the academic community—a faculty member, students, administrators to ensure that dishonesty is not tolerated. This policy addresses violations in two categories: acts of dishonesty in the **clinical area** and acts of dishonesty in the **classroom**.

I. **Acts of Dishonesty in the Classroom:** The student is referred to the Villanova University's Code of Academic Integrity

<https://www1.villanova.edu/villanova/provost/resources/student/policies/integrity.html>

1. **Plagiarism:** The use of another person's specific words or ideas without acknowledgment. Please refer to the standard manuals of style or reference guides for the methods by which sources are legitimately acknowledged, cited, quoted, paraphrased, and footnoted in oral report or in writing.
2. **Cheating:** The possession, communication or use of information, materials or other devices not authorized by the instructor in an academic exercise, including exams or communication with another person during the exercise.
3. **Multiple submission:** Submission of academic work for which academic credit has already been earned by same or another student.
4. **Misuse of academic materials:** including the possession, distribution, or use of examinations or answer keys.
5. **Complicity in academic dishonesty:** knowingly contributing to another's acts of academic dishonesty, including allowing another to copy an assignment or test, and distributing test questions or info about the materials to be tested. Copying, retaining, or distributing exams and/or discussion of exam questions (including SEE or NCE questions) with other students **will not be tolerated** and is a cause for immediate dismissal from the program. Refer to Policy # 1213.

II. **Acts of Dishonesty in the Clinical Area:** Students perform in the clinical area and as part of the program are required to submit at a minimum, one evaluation per clinical day to the instructor. The student must complete their self- evaluation first and then the evaluation is given to the instructor for completion. The evaluation is then discussed with and returned to the student. After both parties have completed and signed the evaluation, the evaluation is turned into the program by either the student or the instructor (evaluations may be faxed or mailed to the program if the instructor believes it necessary). Each semester the student is provided with a summative evaluation of his/her clinical performance based upon the daily evaluations and faculty commentary.

Specific violations of this policy include, but are not limited to, the following:

- A. Destruction, "losing" or failing to submit to the program administrators an unfavorable evaluation of clinical performance.
- B. Not giving an appropriate evaluation form to the instructor **each** day of clinical.  
Repeated violations of this will lead to sanctions against the student.
- C. Any alteration of an instructor's evaluation of a student by the student himself, or by another student.

- D. Improper handling or documentation of scheduled drugs (refer to policy #1223).

III. **Violations of the above policies** may lead to dismissal from the nurse anesthesia track and possibly from the Graduate Nurse Program of Villanova University College of Nursing. Policies addressing actions to be taken are found in the *Faculty Manual on Academic Integrity* (located in the Administrative Manual in the Anesthesia Program Director's office) and in the Villanova University's *Code of Academic Integrity* (appended in the Student Handbook, link above.)

#### IV. Didactic Evaluation and Grading: Anesthesia Courses (non - clinical)

- A. Please refer to the Academic Policies found in the Villanova University College of Nursing Graduate Student Handbook and Advisement Guide for grades relating to the DNP courses.

Grading System - The conversion of numerical to letter is as follows:

95-100 = A	73-76 = C
90-94 = A-	70-72 = C-
87-89 = B+	67-69 = D+
83-86 = B	63-66 = D
80-82 = B-	60-62 = D-
77-79 = C+	< 60 = F

N = ncomplete    WX = Withdrawal Approved    IP = In Progress

The final grade for each course will be the average of assignments, quizzes, and final exams. The weighing of the component parts is left to the discretion of the instructor and are detailed in each course syllabus. The students are informed of the weight given to the component parts of the course at the beginning of the course.

- B. **A grade of B** is considered a **passing** grade in each of the NUR 9420 -9430 level nurse anesthesia didactic courses. Students must obtain a "B" in each course in order to continue with the 9420- 9430 level sequence in the nurse anesthesia tract. **Students who achieve a grade of B- or C+ may repeat the course the next time it is offered, but may not progress in the interim.** This option will be offered only once throughout the program. This may delay graduation. The student must satisfactorily complete all course objectives and prerequisites of one level to be promoted to the next level. If a student again fails to achieve a B grade in the same or any other anesthesia course, they will be dismissed from the program.  
**Grades of C are considered as failing in 9000 level nurse anesthesia courses, NUR 8910, NUR 8901, NUR 8903 and NUR 8904 and the student may be dismissed from the nurse anesthesia tract. The student may repeat one of these courses one time if failed on the first attempt, provided their overall GPA remains above a 3.0.**

- C. A GPA of < 3.0 in any semester will result in academic warning. A student on academic warning

will normally be allowed only one semester to achieve the required GPA. If the GPA is < 3.0 in more than 1 semester, the student is dismissed.

**D. Appeals for grades may be found at:**

<http://www.vpaa.villanova.edu/vpaa/office/studentsservices/policies/gradeappeals.htm>

The student must satisfactorily complete all course objectives for each clinical and didactic course and prerequisites of each course.

**E. Grading for assignments**

Students will be informed via the course faculty and in the course syllabus the weight which will be given to each course assignment in relation to the final grade of the course and associated due dates. These grades will then be calculated to determine the final course grade.

**F. Procedures For Exams:**

1. Program Administration will determine exam dates.
2. Only under extraordinary circumstances will a student be permitted to take an exam on a date other than when it is scheduled. Permission to do this must be obtained from both the instructor and Program Administrator.
3. Exams must be started on time and completed within the time allotted. A student arriving up to 15 minutes late to an exam will be allowed to take the exam at the discretion of the proctor and only allotted the time remaining to complete the exam.
4. If a student arrives after the fifteen-minute grace period he/she will not be allowed to take the exam. A program administrator and/or the Program Manager will schedule an exam makeup time and the student will forfeit 1 vacation day.
5. Exams are graded by the Anesthesia Program personnel via ExamSoft and each exam undergoes statistical analysis of the exam and each question for assurance of validity and reliability.
6. Records of exams are kept in the program electronic files for reference and student transcripts are kept in his/her files as part of their permanent record.
7. A record of all student grades is kept by the Program Administrator in program electronic files.
8. Instructors are expected to give an examination at the end of each course. This examination should be based on the objectives for the course. Multiple-choice questions are encouraged but remain the individual instructor's prerogative. In lieu of one exam, instructors may use several exams and require that papers be written, or projects carried out to determine a course grade.
9. Exams in the program are administered using ExamSoft and are all electronically saved. Paper exams are considered school property and will be retained in the student's files (if paper) until the graduate passes the NCE. After which, all exams are shredded.
10. ExamSoft prevents students from accessing the internet or other electronic resources during exams and randomizes all questions for each test taker.
11. Exams are administered in a classroom and are proctored by a program administrator or staff.

12. All students must take each scheduled exam on the scheduled date unless prior arrangements have been made with the faculty member. Proper conduct during the exam is expected from all students. Students must adhere to the Academic Integrity Policy of the University. A pattern of absences on exam days will be investigated by Program Officials and may result in exam failures.

#### **G. DNP Core Courses**

Please refer to the Academic Policies found in the Villanova University Fitzpatrick College of Nursing Graduate Student Handbook and Advisement Guide for grades relating to the DNP courses.

#### **H. Academic Standing:**

A GPA of < 3.0 in any semester will result in academic warning. A student on academic warning will normally be allowed only one semester to achieve the required GPA. If the GPA is < 3.0 in more than 1 semester, the student is dismissed.

#### **I. Policies Related to Didactic Assignments:-**

1. Students are required to make up mandatory classroom assignments to the satisfaction of the Program Director(s). All time lost beyond the prescribed time off and holidays allowed (see Policy # 1225 Time off) must be made up at the end of the course. Graduation from Villanova University will be deferred until all requirements for graduation are met.
2. A student who has had one unauthorized absence will be counseled by the Program Administrator. Two unauthorized absences result in a written warning. **Three are cause for dismissal.**
3. Repeated tardiness to class or clinical, in starting any assignments or an unauthorized period of leave may be cause for dismissal.

#### **J. Appeals for grades may be found at:**

<http://www.vpaa.villanova.edu/vpaa/office/student-services/policies/gradeappeals.htm>

**K. Deferral of Graduation-** Deferral of graduation can result if a student does not meet the entire curricular course requirements, does not pass the SEE (refer to policy #1226), takes excessive time off (refer to Policy 1225 Time off), a LOAs, or a failure to meet clinical or academic requirements. The student will be apprised of the reason for the deferral of graduation. Notification of deferral of graduation shall be submitted to the NBCRNA and the Villanova University Fitzpatrick College of Nursing Graduate Program's Academic standing committee.

Rev: 5/85;6/93;6/96;6/98; 12/98; 5/99; 6/00; 7/01; 7/04; 7/05; 7/07; 09/13;6/14  
01/09 & 04/10 (minor revisions); 03/20, 1/21

Approved by Villanova University - Academic Standing Committee: 5/99; 5/00; 09/13. Policies affected by changes to 1216: policy 1213

### **Policies Related to Clinical Assignments:**

1. Students are **required** to make pre- and post-operative rounds and discuss the anesthesia plan with the CRNA, or M.D. assigned to their room and case. If students do not comply with this, they may be withheld from the clinical area until requirement is met. The day off will be counted against their time off allotment.
2. Call-time is a requirement. If a student fails to report for call, that student may be asked to withdraw from the course. Ample notice (at least 12 hours) must be given to the CRNA or physician on call when a student is unable to report for call.
3. A student who has had one unauthorized absence will be counseled by the Program Administrator. Two unauthorized absences result in a written warning. **Three are cause for dismissal.**
4. Repeated tardiness to class or clinical, in starting any assignments or an unauthorized period of leave may be cause for dismissal or time off allotment may be sacrificed.

### **Objectives for Clinical Evaluation:**

1. Assist the student in identifying his/her progress towards mastery of clinical skills and professional excellence.
2. Assist the student in integrating his/her personal objectives and the clinical objectives of the program.
3. Provide a constructive interaction between the student and the clinical instructors.

### **Clinical Evaluation Procedure:**

Student clinical performance is evaluated by anesthesia staff on a daily basis by the use of a clinical evaluation tool. These evaluations are summarized and presented to the student on a semester basis for a total of seven (7) semesters. The Nurse Anesthesia Program Administrator(s) or faculty advisors will meet with each student on a semester basis to discuss both clinical and didactic performance. Copies of students' clinical summarized evaluations will be a permanent part of each student's file and sent to the clinical coordinator of the student's next rotation site, as appropriate, at the conclusion of the student conference.

### **Daily Evaluation:**

1. A daily evaluation of each student's performance is presented to the student by the MD/CRNA assigned with him/her either immediately following each case/day. When the student is in the clinical area, a record of critical and/or anecdotal incident notations may be made by the instructor. This is to provide the student with more specific direction during the semester in achieving these objectives.
2. Students are required to complete the self evaluation portion of the daily form **before** giving it to the instructor to complete. The clinical instructor (CRNA or physician) who supervises a student will complete the instructor's portion of the daily evaluation sheet.

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The sheet is returned to the student. The student then either returns the completed sheet to the Clinical Coordinator who returns it to the Program Director on a biweekly basis, or the student may upload the completed form. It is expected that each student will have no less than one evaluation per clinical shift. However, it recognized that not all instructors are timely in returning evaluations so therefore there are **minimum** numbers of evaluations that are to be turned in each semester: Semester 1 (5 required / 10 preferred); semesters 2 (25 required / 50 preferred), semester 3 (15 required /30 preferred /semester), semesters 4 (20 required / 40 preferred), semester 5 (20 required, 40 preferred), semesters 6 (15 required, 30 preferred.), semester 7 (10 required, 30 preferred). Students will receive written notice if they are behind the minimum numbers.

If the required number of evaluations is not submitted by the semester due date, the NAR will be penalized 2 vacation days. In order to become compliant with this policy, the NAR can either submit the additional number of the required minimum evaluations for the current semester OR exceed the number of required evaluations for the next semester by the amount deficient. Failure to comply may result in delayed graduation until all clinical evaluations required are submitted. Each semester a NAR is not in compliance, **they will be penalized 2 vacation days**. If the NAR does not have any vacation time remaining all deficits will be made up day-for-day in clinical before the student will be permitted to graduate.

3. The clinical behavior objectives for each semester are on the evaluation forms. Students are to bring the daily evaluation sheets with them for everyday they are in the OR. These must be available at the beginning of each shift. If students fail to bring an evaluation sheet with them, they will be asked to obtain one immediately. If this occurs on a routine basis, a reprimand will be issued as loss of time off.

**Daily Self Evaluation:**

Each student will assess his/her own progress and level of performance according to the semester objectives being evaluated. This will be done by completing the self-evaluation portion of the daily evaluation sheet. This is to be done before the form is completed by the instructor.

**Semester Evaluation:**

1. At the completion of each semester evaluation period, the Program Administrator(s) will review all sheets and tabulate the scores to obtain a summary of the student's daily performance. The completed tallies will be placed on one summary sheet for each student.
2. Each student will meet with a Nurse Anesthesia Program Administrator (or NAP Faculty Advisor) at the completion of each semester to review the accumulated evaluations to determine if the student has met semester objectives, discuss goals for the next clinical semester and address improvements, if needed. Student and Administrator will sign the evaluation.
3. If at any time during a semester, a student's evaluations have unmet objectives, counseling sessions will be held as necessary between the student and Program

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Administrator(s). All efforts by Program Administrators will be made to identify strategies to help the student meet objectives.

- 4. Any student who fails to meet the clinical objectives for the semester being evaluated (I, II, III, etc.) reflected by 20% or more objectives not met will be placed on **probation**. For example:

- a) if a student submits 25 clinical evaluations in a semester, and of these 25 evaluations, 4 contain a total of 5 unmet clinical objectives, the student will be placed on probation. ( $5/25 = 20\%$ )

- b) The policies and procedures for probation will be followed as outlined in Policy #1215 located in the Administrative Manual and Student Handbook.

- c). Probation and subsequent dismissal actions may also be the result of verbal (transcribed) or written documentation from clinical faculty to program administrators describing unsatisfactory clinical performance. This documentation must describe behaviors that do not meet clinical objectives or indicate the student is not making progress or which have the potential to impact patient/provider safety.

- 5. Beginning with the 5th semester, there is no “developing skill” category and all objectives are either met or unmet, excluding specialty rotations.

5. The dates for ending the clinical grading for each semester are as follows: (Evaluations are scheduled as soon as possible after the semester ends.)

NUR 9101	November 1 <sup>st</sup> - December 10 <sup>th</sup>	Fall Year 1
NUR 9102	December 11 <sup>th</sup> – May 1 <sup>st</sup>	Spring Year 2
NUR 9103	May 2 <sup>nd</sup> -August 1 <sup>st</sup>	Summer Year 2
NUR 9104	August 2 <sup>nd</sup> to December 10 <sup>th</sup>	Fall Year 2
NUR 9105	December 11 <sup>th</sup> – May 1 <sup>st</sup>	Spring Year 3
NUR 9106	May 2 <sup>nd</sup> – August 1 <sup>st</sup>	Summer Year 3
NUR 9430	August 2 <sup>nd</sup> to November 30 <sup>th</sup>	Fall Year 3

**Probation Procedure:**

- 1. Student will receive written notification that they have met criteria for clinical probation, typically prior to or during a semester clinical evaluation.
- 2. Student will receive a letter stating they are on clinical probation for 1 month (4 weeks) from the FCN Academic Standing and Records Committee and a copy will be placed in their permanent file in the NAP.
- 3. Notification of probationary status will be sent to the Department Chair and Clinical Coordinator and the appropriate clinical site.
- 4. The clinical probation period is 4 weeks.
- 5. Students will not be permitted to take call shifts during a probation period and clinical will be under the direct supervision of a CRNA or MD.
- 6. The student may not advance to the next clinical semester during probation and will receive an IP until the probationary period is complete.
- 7. The student may request to change clinical sites but final clinical placements are

determined by Program Administrators in consultation with Associate Dean for Graduate Programs, the student, and the Clinical Coordinators from the current and alternate sites.

8. A clinical evaluation form is required for each day.
9. At the conclusion of the probationary period, the student's progress will be evaluated by the same method as previously described, by summarizing clinical evaluations.
10. If 20% or more of clinical objectives are not met (as a % of the 20 clinical evaluations) the student will be dismissed and their IP grade for the clinical semester grade will reflect Unsatisfactory).
11. If the student meets clinical objectives during the probationary month, they will advance to the next clinical semester and be restored to full status. Their IP grade will be changed to a Satisfactory.
12. The conclusion of the probationary period will be communicated to the FCN Academic Standing and Committee and the student will either be restored to full status or dismissed from the program.
13. Only 1 probationary period is permitted in the program. If a student fails to meet clinical objectives or continues to perform unsatisfactorily, the student may be dismissed from the program.

**Semester Student Self-Evaluation:**

The student will complete the Self Evaluation part of the Semester Summative Evaluation Form prior to the evaluation conference with the program directors. This will be reviewed and discussed during the conference.

**Review of Clinical Performance:**

A student receiving an unsatisfactory clinical evaluation has the right to meet with the clinical faculty to discuss the clinical evaluation. The Program Director(s) will arrange for the meeting and will be present at the meeting. If the student wishes to appeal an evaluation(s) that he/she believes is unfair, the student will follow the appeal process as defined in Policy #1213 (page 4/7).

**Clinical Practicum Grading and Progression:**

**Policy:** This describes the method of grading for clinical courses that are on the Villanova transcript.

- A. each semester clinical course (NUR 9101-NUR 9106 and NUR 9430 for the final semester) is graded as an **S** or a **U**
- B. **The student must attain an S grade in each clinical practicum to progress to the next semester**
- C. If a student meets criteria for probation, they will receive an IP for the clinical course and then either be removed from probation if they successfully complete the probationary period (see above by daily clinical evaluations) and receive a Satisfactory (S) or be dismissed and receive an unsatisfactory (U).
- D. **ONE (1) period of probation will be allowed per student for the entire program.**
- E. If the student successfully completes the probationary period, they must also submit the minimum required evaluations for all current and subsequent clinical semesters.
- F. The **final** grade for all clinical practicum is either an S or a U.

**NUR 9101: Anesthesia Clinical Practicum I (1 credit).**

Students will register for this course in Fall Semester Program Year 1 (November 1-December 10). The clinical evaluation tool reflective of this course is Semester 1. A minimum of **5** evaluations are required (**10 preferred**).

1. The determination of the S/U grade will include daily clinical evaluations for that semester plus any additional documented commentary from clinical faculty beyond the objectives listed within the semester.
2. Students who receive a U grade at the end of the practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy #1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

**NUR 9102: Anesthesia Clinical Practicum II (1 credit)**

Students will register for this course in the Spring Semester Program Year 2 (December 11-May 1). The clinical evaluation tools reflective of this course are Semester 2. The minimum number of evaluations required for this semester is **25 (50 preferred)**.

1. The determination of the S/ U grade for Practicum II is based on the student meeting all clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester
2. Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

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**NUR 9103: Anesthesia Clinical Practicum III (1 credit)**

Students will register for this course in the Summer Semester Program Year 2 (May 2-August 1). The clinical evaluation tools reflective of this course are Semester 3. The minimum number of evaluations required for this semester is **15 (30 preferred)**.

1. The determination of the S/ U grade for Practicum III is based on the student meeting all clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester
2. Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

**NUR 9104: Anesthesia Clinical Practicum IV (1 credit)**

Students will register for this course in the Fall Semester Program Year 2 (August 2-December 10). The clinical evaluation tool reflective of this practicum is Semester 4 and may include specialty rotations such as OB, pediatrics or cardiac. The minimum number of evaluations required for these semesters is **20 (preferred 40)**.

1. The determination of the S/ U grade for Practicum IV is based on the student meeting all clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester
2. Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

**NUR 9105: Anesthesia Clinical Practicum V (1 credit)**

Students will register for this course in the Spring Semester Program Year 3 (December 11-May 1). The clinical evaluation tool reflective of this practicum is Semester 5 and may include specialty rotations such as OB, peds and hearts. The minimum number of evaluations required for these semesters is **20. (preferred 40)**.

1. The determination of the S/ U grade for Practicum IV is based on the student meeting all clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester
2. Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

**NUR 9106: Clinical Anesthesia Practicum VI (1 credit)**

Students will register for this course in the Summer Semester Program Year 3 (May 2-August 1). The clinical evaluation tool reflective of this practicum is Semester 6 and may include specialty rotations such as OB, pediatrics and hearts. The minimum number of evaluations required for these semesters is **15. (preferred 30)**.

1. The determination of the S/ U grade for Practicum IV is based on the student meeting all

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clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester

2. Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to progress to the next semester until they have been removed from probation (probation is 4 weeks).

**NUR 9430: Clinical Anesthesia Practicum VI is included in coursework NUR 9430 and does not receive a separate grade.**

Students will register for this course in the Fall Semester Program Year 3 (August 2-November 30). The clinical evaluation tool reflective of this practicum is Semester 7. The minimum number of evaluations required for these semesters is **15 (preferred 30)**.

1. The determination of the S/ U grade for Practicum IV is based on the student meeting all clinical objectives in addition to any additional documented commentary from clinical faculty beyond the objectives listed within the semester

Students who receive a U grade at the end of a practicum will be placed on probation by the Academic Standing and Progression Committee as per Policy 1215 and will not be permitted to graduate until they have been removed from probation (probation is 4 weeks).

Rev: 7/86; 7/88; 7/92; 7/96; 7/98; 5/99; 7/01 & 4/03 (minor revisions only); 4/04; 9/04; 7/05; 6/06; 02/09(minor revisions only), 1/21 (minor revision)

Major revision 10/09 Approved by Villanova University CON Academic Standing Committee

Reviewed and approved by the Self Evaluation Committee 04/09

Minor edit 1.2.21 and 1.12.22 (quarters were changed to semesters). 12/22 Section 2. Daily Evaluation

Approved by Villanova University - Academic Standing Committee 5/99; 9/04; 7/06.04/09; 05/11

Policies affected by changes to this policy: 1213, 1215, 1216, 1226

**Evaluation Policy and Procedure**

1. Students are to complete their self evaluation **prior** to the instructor completing the student evaluation. Each clinical instructor who supervises a student will complete the instructor's portion of the daily evaluation sheet. More than one instructor may fill out portions of the sheet, based on what section they were observing.
2. The sheet must be filled out in ink, signed and dated by both the instructor and the student.
3. The instructor must return the sheet to the student.
4. Any student clinical evaluation that the instructor thinks should go to the Program Administrator directly may do so by notifying the Administrator and presenting the evaluation personally or via fax or email. The Administrator (s) will review the evaluation and then the student must see and sign this sheet. If the Clinical Coordinator prefers, the student returns the completed sheet to the Clinical Coordinator who files and returns them to the Program Administrator on a regular basis before the end of the semester.
5. All daily evaluations will be reviewed and tabulated to obtain a grade of the student's clinical performance at the end of each semester evaluation period.
6. Written documentation may accompany an evaluation form or may be returned to the program at any time if a clinical instructor believes: the student's performance warrants immediate notification to the program, the student's behavior jeopardizes patient safety, there is repeated failure to prepare for cases, or there is an inability to relate didactic principles necessary for the clinical management of cases.

**Instructions For Using Evaluation Sheets**

1. Particular consideration should be given to the student's level in the program. The student should show the instructor that the student has the evaluation sheet **prior** to the beginning of the shift or case being evaluated.
2. Review clinical behavior objectives for the student's level. Critical objectives are found on the front side of the sheet under each of the sections to be evaluated. Non -critical objectives are located on the back of the sheet. By the 5<sup>th</sup> semester, all objectives are critical, with the exception of specialty rotations.
3. Scoring should not be based on a single event but rather on a number of observations under a variety of situations. If the instructor will not be with the student for subsequent activities, then that instructor should complete the sheet based on what he/she has observed only.
4. It is the responsibility of both the student and faculty to complete the clinical evaluations..

**Evaluation Procedure:**

1. Each clinical instructor evaluates each scale according to the objectives for that semester. In addition, a written analysis of the student's strengths and areas needing improvement may be made in the appropriate section.
2. At the completion of each semester evaluation period, the sheets will be reviewed and scores will be tabulated to obtain a grade of the student's daily performance. If, before the completion of the semester, a student's evaluations are consistently below average, a counseling session will be held weekly between the student and the Clinical Coordinator and/or the Program Administrator, with the goal of correcting any deficiencies noted before the final semester evaluation process. These sessions will be noted, signed and placed in the student's file.
3. Any student who fails to meet the clinical behavior objectives for the semester being evaluated (I, II, III, etc.), reflected by 20% or more critical behaviors not met, or 40% or more non-critical behaviors not met, will be placed on probation. The policies and procedures for probation will then be followed as outlined in the Administration Manual and Student Handbook.
4. After the 5th semester, all objectives are considered critical with the exception of specialty rotations.
5. A summative evaluation is conducted with each individual student at the end of each semester. The evaluations include a discussion of the student's strengths and weaknesses and how weaknesses can be improved. The student, and the Program Administrator shall sign the summary sheet. A copy of the Summary sheet will be forwarded to the Clinical Coordinators at the student's next clinical rotation.

**CLINICAL YEAR 1 OUTCOMES**

**At the end of the Program Year 2 (Semester 4) the Student will:**

1. Formulate and manage an anesthetic care plan for all adult patients for general surgical cases, excluding cardiac surgery.
2. Administer safe skillful anesthetics, integrating didactic and clinical experience, including regional anesthetics.
3. Exhibit skill in technical procedures involving airway management and invasive monitoring.
4. Perform skilled pre-operative and post-operative assessment.
5. Demonstrate increasing self-confidence in inducing, managing, and terminating anesthetics.
6. Perform well in stressful and emergency situations.
7. Identify anesthetic problems that require consultation and/or help.
8. Report or repair equipment malfunction.
9. Assume responsibility for own behavior in attendance, punctuality, dress, adherence to hospital and school policies and participation in department tasks.
10. Demonstrate interest in growth by seeking new experiences, independent study, and use the research process to generate questions and answers.
11. Seek and accept constructive criticism.
12. Independently conducts pre and post-operative rounds on all patients assigned.

**CLINICAL YEAR II OUTCOMES:**

**At the end of the Program Year 3 (Semester 7), the following outcomes are to be met according to COA DNP Standards D1-51:**

- a. **Patient Safety is demonstrated by the ability of the student 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 and appropriate equipment check
  4. Protect patients from iatrogenic complications
  
- b. **Individualized perianesthetic management is demonstrated by the ability of the student to:**
  5. Provide individualized care throughout the perianesthetic continuum.
  6. Deliver culturally competent perianesthetic care throughout the anesthesia experience
  7. Provide anesthesia services to all patients across the lifespan.
  8. Perform a comprehensive history and physical assessment.
  9. Administer general anesthesia to patients with a variety of physical conditions.
  10. Administer general anesthesia for a variety of surgical and medically related procedures.
  11. Administer and manage a variety of regional anesthetics
  12. Maintain current certification in ACLS and PALS.

**c. Critical thinking is demonstrated by the student's ability to:**

13. Apply knowledge to practice in decision-making and problem solving
14. Provide nurse anesthesia services based upon evidenced-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 anesthesia equipment-related malfunctions.
19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities
20. Calculate, initiate, and manage fluid and blood component therapy.
21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
23. Use science-based theories and concepts to analyze new practice approaches.
24. Pass the National Certification Examination (NCE) administered by the NBCRNA.

**d. Communication skills are demonstrated by the student'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.

**e. Leadership is demonstrated by the student's ability to:**

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

**f. Professional role is demonstrated by the student'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 appropriate legal and regulatory requirements.
37. Accept responsibility and accountability for his or her practice.
38. Provide anesthesia services to patients in a cost-effective manner.
39. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.
40. Inform the public of the role and practice of the CRNA.
41. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
42. Advocate for 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

**Policy Name: Faculty Procedures/Clinical Evaluation Review Date: 07/22, 07/23 Policy No: 1218**  
**Page 5 of 5 COA DNP standard: D 1-51; G1, H1, H1.1-1.3, H2.1-2.4**  
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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.

**Please refer to Policy 2008 for DNP NUR 9101-9106 Clinical outcomes.**

**Rev: 6/93; 6/97; 6/98; 7/05; 06/09; 07/11; 7/16, 01/22 (revised language from quarter to semester), 7/22**

**NURSE ANESTHESIA DNP  
 CLINICAL EVALUATION SCHEDULE  
 BY SEMESTER**

<b>CLASS</b>	<b>SEMESTER #</b>	<b>DUE DATE</b>	<b>Minimum # daily clinical evals due each semester</b>	<b>Preferred # of daily clinical Evals Due Each Semester</b>	<b>Minimum # of care plans due each semester</b>
NUR 9101	#1 FALL YR 1	December 20th	5	10	5
NUR 9102	#2 SPRING YR 2	May 1 <sup>st</sup>	25	50	15
NUR 9103	#3 SUMMER YR 2	August 1st	15	30	15
NUR 9104	#4 FALL YR 2	December 20th	20	40	15
NUR 9105	#5 SPRING YR 3	May 1st	20	40	
NUR 9106	#6 SUMMER YR 3	August 1st	15	30	
NUR 9430	#7 FALL YEAR 3	November 1st	10	30	
	<b>HEART ROTATION</b>		5		5*
	<b>OB ROTATION</b>		5		5*
	<b>PEDS ROTATION</b>		10		10*
*		<b>A total of 50 care plans are required by the end of the program. This number includes the minimum of 20 specialty care plans as listed above.</b>			

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance.

**Comment Required on back of this form**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep</b> 1. Prepares a written or verbal care plan. 2. Prepares the operating room for C-Sections 3. Prepares all drugs and drips (appropriately labeled with concentrations and dates) for management of laboring patients or C-sections. 4. Prepares regional equipment (Epidural/spinal) appropriately for scheduled and emergency cases.				
<b>II. PreOp Assessment:</b> Responsibly formulates a culturally competent assessment and corresponding anesthesia care plan for appropriate anesthesia management of the parturient, including any possible complications associated with pregnancy or concomitant diseases for vaginal or surgical deliveries.				
<b>III. Record Keeping</b> Completes a clear and legible comprehensive anesthesia record in a timely manner, including specific obstetrical data				
<b>IV. Induction:</b> Demonstrates anesthesia management of a rapid sequence induction. Successfully places epidural or spinal anesthesia with decreasing guidance and prepares alternate plans based on the pt. co-morbidities, individual assessments and evidence based principles.				
<b>V. Maintenance:</b> Manages the patient's hemodynamics to provide optimum uterine perfusion and fetal stability during the administration of a regional or general anesthetic. Utilizes appropriate anesthesia agents for duration of delivery or anesthesia, rooted in evidence based principles.				
<b>VI: Interpersonal Skills:</b> Arrives in a timely fashion to prepare room and patient. 2. Demonstrates professional behavior towards patients and staff at all times. 3. Appropriately manages the case as appropriate 4. Seeks guidance as appropriate. 5. Communicates effectively with all surgical team members to prevent iatrogenic complications and maintain pt. safety. 6. Completes post operative visits within 48 hours of delivery 7. Prepares operating room for subsequent use or emergencies.				
<b>Faculty Assessment</b>	<b>Exceeds objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives unmet</b>
<b>I. Prep</b> 1. Prepares a written or verbal care plan. 2. Prepares the operating room for C-Sections 3. Prepares all drugs and drips (appropriately labeled with concentrations and dates) for management of laboring patients or C-sections. 4. Prepares regional equipment (Epidural/spinal) appropriately for scheduled and emergency cases.				
<b>II. PreOp Assessment:</b> Responsibly formulates a culturally competent assessment and corresponding anesthesia care plan for appropriate anesthesia management of the parturient, including any possible complications associated with pregnancy or concomitant diseases for vaginal or surgical deliveries.				
<b>III. Record Keeping</b> Completes a clear and legible comprehensive anesthesia record in a timely manner, including specific obstetrical data				
<b>IV. Induction:</b> Demonstrates anesthesia management of a rapid sequence induction. Successfully places epidural or spinal anesthesia with decreasing guidance and prepares alternate plans based on the pt. co-morbidities, individual assessments and evidence based principles.				
<b>V. Maintenance:</b> Manages the patient's hemodynamics to provide optimum uterine perfusion and fetal stability during the administration of a regional or general anesthetic. Utilizes appropriate anesthesia agents for duration of delivery or anesthesia, rooted in evidence based principles.				
<b>VI: Interpersonal Skills:</b> Arrives in a timely fashion to prepare room and patient. 2. Demonstrates professional behavior towards patients and staff at all times. 3. Appropriately manages the case as appropriate 4. Seeks guidance as appropriate. 5. Communicates effectively with all surgical team members to prevent iatrogenic complications and maintain pt. safety. 6. Completes post-operative visits within 48 hours of delivery 7. Prepares operating room for subsequent use or emergencies.				

## **OB: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**ROOM PREPARATION:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**PREANESTHESIA ASSESSMENT:** With consultation, formulate an anesthesia care plan for ASA I and II pts for uncomplicated surgery. Review with instructor before case.

**ANESTHESIA RECORD:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**INDUCTION:** Select, apply & properly use monitoring devices; exhibit knowledge and skill in of proper techniques for IV insertion, mask fit & ventilation, endotracheal intubation, LMAs; Assist or control ventilation appropriately.

**MAINTENANCE and EMERGENCE:** Calculates & manages fluid & blood loss & replacement for uncomplicated cases; Recognizes and reports cardiac dysrhythmias; Recognizes & reports alterations in pt hemodynamic stability; Follows correct procedures for termination of anesthesia; Transports pt safely to PACU & provides complete report; Performs post operative visits on patients as assigned and per Council on Accreditation policy

**INTERPERSONAL BEHAVIOR:** Demonstrates awareness of the responsibilities of an anesthetist in the perioperative arena. Provides effective communication with pts, staff and faculty; Demonstrates adaptability to changes in plans before and during actual administration of anesthesia Demonstrates punctuality and reliability when in the clinical area.

### **Comment Section**

**Student:**

**Faculty:**

**OB**

**Signatures: Student** \_\_\_\_\_ **Faculty** \_\_\_\_\_ **Date** \_\_\_\_\_

**OB**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance.

**Comment Required on back of this form**

Student Self-Assessment	Exceeds Objective	Meets Objective	Developing Skill	Objective unmet
<b>I Prep</b> Prepares a written or verbal care plan. Prepares the heart room for CABG and valve surgery w/ or w/o CPB. Prepares and checks all invasive monitoring equipment and all ancillary equipment available, including pacemakers. Prepares all drugs and drips (appropriately labeled with concentrations and dates)				
<b>II. PreOp Assessment:</b> Formulates and manages care plans for CABG's; valvular disorders or other heart surgery based upon the patient's physiological status, current medications surgical procedures and evidence based practice rationales. Identifies pharmacologic effects of patient medications and potential anesthetic interactions. Recognizes, evaluates and manages pt responses to anesthesia and utilizing appropriate critical thinking and problem solving skills. Demonstrates understanding of sterile line placement and corresponding anatomy and observes aseptic techniques to prevent iatrogenic complications.				
<b>III. Record Keeping</b> Maintains a clear and legible anesthesia record in a timely manner, including cardiac specific hemodynamic monitoring.				
<b>IV. Induction:</b> .Demonstrates knowledge of various techniques for induction of unstable and hemodynamically compromised cardiac patients presenting for surgical correction; . Performs a smooth and safe induction with decreasing reminders; Performs all necessary procedures before instituting CPB, while on bypass and when coming off bypass; Positions patient to prevent patient injury and maintain patient safety.				
<b>V. Maintenance:</b> Manages patient responses to anesthesia and the surgical procedure. Manages hemodynamic parameters during all phases of the surgery utilizes evidenced based principles. Maintains vigilance of the operative environment to assure appropriate levels of anesthesia. Demonstrates knowledge of requirements for off pump procedures and communication needs. Prepares for CPB, as needed. Demonstrates appropriate pharmacologic and fluid management as needed to maintain patient pre, intra and post operatively. Provides safe transport and transfer of care. Evaluates pt post-op.				
<b>VI: Interpersonal Skills</b> .Arrives in a timely fashion to prepare room and patient. . Communicates effectively with surgical team and perfusionist as appropriate to coordinate intraoperative care. Demonstrates professional culturally competent behavior towards patients. Maintains vigilance during the case. Seeks guidance as appropriate. Maintains pt confidentiality. Completes post-operative visits within 48 hours of surgery. Prepares heart room for subsequent use				
Faculty Assessment	Exceeds Objective	Meets Objective	Developing Skill	Objective unmet
<b>I Prep</b> Prepares a written or verbal care plan. Prepares the heart room for CABG and valve surgery for either on pump or off pump cases; Prepares and checks all invasive monitoring equipment and all ancillary equipment available, including pacemakers. Prepares all drugs and drips (appropriately labeled with concentrations and dates)				
<b>II. PreOp Assessment:</b> Formulates and manages care plans for CABG's; valvular disorders or other heart surgery based upon the patient's physiological status, current medications surgical procedures and evidence based practice rationales. Identifies pharmacologic effects of patient medications and potential anesthetic interactions. Recognizes, evaluates and manages pt responses to anesthesia and utilizing appropriate critical thinking and problem solving skills. Demonstrates understanding of sterile line placement and corresponding anatomy and observes aseptic techniques to prevent iatrogenic complications.				
<b>III. Record Keeping</b> Maintains a clear and legible anesthesia record in a timely manner, including cardiac specific hemodynamic monitoring				
<b>IV. Induction:</b> .Demonstrates knowledge of various techniques for induction of unstable and hemodynamically compromised cardiac patients presenting for surgical correction; Performs a smooth and safe induction with decreasing reminders; Performs all necessary procedures before instituting CPB, while on bypass and when coming off bypass; Positions patient to prevent patient injury and maintain patient safety.				
<b>V. Maintenance:</b> Manages patient responses to anesthesia and the surgical procedure. Manages hemodynamic parameters during all phases of the surgery utilizes evidenced based principles. Maintains vigilance of the operative environment to assure appropriate levels of anesthesia. Demonstrates knowledge of requirements for off pump procedures and communication needs. Prepares for CPB, as needed. Demonstrates appropriate pharmacologic and fluid management as needed to maintain patient pre, intra and post operatively. Provides safe transport and transfer of care. Evaluates pt post-op.				
<b>VI: Interpersonal Skills</b> .Arrives in a timely fashion to prepare room and patient. . Communicates effectively with surgical team and perfusionist as appropriate to coordinate intraoperative care. Demonstrates professional culturally competent behavior towards patients. Maintains vigilance during the case. Seeks guidance as appropriate. Maintains pt confidentiality. Completes post-operative visits within 48 hours of surgery. Prepares heart room for subsequent use				

## **HEART ROOM: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**ROOM PREPARATION:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**PREANESTHESIA ASSESSMENT:** With consultation, formulate an anesthesia care plan for ASA I and II pts for uncomplicated surgery. Review with instructor before case.

**ANESTHESIA RECORD:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**INDUCTION:** Select, apply & properly use monitoring devices; exhibit knowledge and skill in of proper techniques for IV insertion, mask fit & ventilation, endotracheal intubation, LMAs; Assist or control ventilation appropriately.

**MAINTENANCE and EMERGENCE:** Calculates & manages fluid & blood loss & replacement for uncomplicated cases; Recognizes and reports cardiac dysrhythmias; Recognizes & reports alterations in pt hemodynamic stability; Follows correct procedures for termination of anesthesia; Transports pt safely to PACU & provides complete report; Performs post operative visits on patients as assigned and per Council on Accreditation policy

**INTERPERSONAL BEHAVIOR:** Demonstrates awareness of the responsibilities of an anesthetist in the perioperative arena. Provides effective communication with pts, staff and faculty; Demonstrates adaptability to changes in plans before and during actual administration of anesthesia Demonstrates punctuality and reliability when in the clinical area.

### **Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_ **Faculty** \_\_\_\_\_ **Date** \_\_\_\_\_

**HEARTS**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_  
 Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_ call shift \_\_\_\_\_

**Criteria:**

- Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.
- Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level to graduate.
- Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required on P2.**

Comments encouraged on back of this form

Student Self-Assessment	Exceeds Objectives	Meets Objectives	Objectives Unmet
<b>I. Prep:</b> Prepares a written or verbal care plan for all assigned cases. Is responsible for independently conducting a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Patient is prepared for surgery in a timely fashion. Utilizes appropriate infection control practices. Demonstrates efficiency.			
<b>II. PreOp Assessment:</b> Is responsible for formulating an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience, age, co-morbidities, cultural competency and evidenced based research. Potential problems are identified, and alternative plans are prepared.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Is responsible for formulating the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. 2. Demonstrates skill when establishing an airway and using airway equipment. Performs induction with minimal or no assistance. 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines and regional using US. Positions patient appropriately to prevent injury.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Applies theory to practice in decision making and problem solving. Recognizes and appropriately responds to anesthetic complications that occur during the peri-anesthetic period. Provides case management with minimal guidance and identifies when additional input from anesthesia team is necessary. Provides safe transport and transfer of care. Evaluates pt. post-op. Maintains constant vigilance. Protects pts from iatrogenic complications.			
<b>VI: Interpersonal Skills:</b> Participates in activities that improve anesthesia care; functions within appropriate legal requirements as an RN, accepting responsibility and accountability for his or her performance; Interacts on a professional level with integrity; Assists newer students; participates in continuing education to acquire new knowledge and improve his or her practice.			
Faculty Assessment	Exceeds Objectives	Meets Objectives	Objectives Unmet
<b>I. Prep:</b> Prepares a written or verbal care plan for all assigned cases. Is responsible for independently conducting a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Patient is prepared for surgery in a timely fashion. Utilizes appropriate infection control practices. Demonstrates efficiency.			
<b>II. PreOp Assessment:</b> Is responsible for formulating an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience, age, co-morbidities, cultural competency and evidenced based research. Potential problems are identified, and alternative plans are prepared.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Is responsible for formulating the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. 2. Demonstrates skill when establishing an airway and using airway equipment. Performs induction with minimal or no assistance. 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines and regional using US. Positions patient appropriately to prevent injury.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Applies theory to practice in decision making and problem solving. Recognizes and appropriately responds to anesthetic complications that occur during the peri-anesthetic period. Provides case management with minimal guidance and identifies when additional input from anesthesia team is necessary. Provides safe transport and transfer of care. Evaluates pt. post-op. Maintains constant vigilance. Protects pts from iatrogenic complications.			
<b>VI: Interpersonal Skills:</b> Participates in activities that improve anesthesia care; functions within appropriate legal requirements as an RN, accepting responsibility and accountability for his or her performance; Interacts on a professional level with integrity; Assists newer students; participates in continuing education to acquire new knowledge and improve his or her practice.			

**NUR 9430: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_ **Faculty** \_\_\_\_\_ **Date** \_\_\_\_\_

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep</b> Prepares a written care plan for all assigned cases. Performs comprehensive machine & equipment check before and in-between cases. Can appropriately operate routine equipment and locate drugs and supplies. Prepares a basic work area in preparation for various anesthesia cases and patients.				
<b>II. Pre-Op Assessment.</b> Conducts an individualized preoperative assessment on assigned patients with preceptor consultation. Checks for completed anesthesia consent, corresponding lab values, and diagnostic tests.				
<b>III. Record Keeping:</b> Maintains an accurate and complete anesthesia record with decreasing assistance				
<b>IV. Induction:</b> Beginning to demonstrate ability to follow steps for induction of anesthesia and to establish and maintain a patient airway with recognition of an obstructed airway.				
<b>V. Maintenance:</b> Demonstrates basic knowledge & use of pharmacology including inhalation agents; narcotics, muscle relaxants & reversal agents and MAC anesthesia. Recognizes potential patient responses during emergence that may jeopardize patient safety.				
<b>VI: Interpersonal Skills:</b> Demonstrates appropriate verbal and nonverbal communication within the operating room environment. Functions as a contributory member of the perioperative team.				
<b>Faculty Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written care plan for all assigned cases. Performs comprehensive machine & equipment check before and in-between cases. Can appropriately operate routine equipment and locate drugs and supplies. Prepares a basic work area in preparation for various anesthesia cases and patients.				
<b>II. Pre-Op Assessment:</b> Conducts an individualized preoperative assessment on assigned patients with preceptor consultation. Checks for completed anesthesia consent, corresponding lab values, and diagnostic tests.				
<b>III. Record Keeping:</b> Maintains an accurate and complete anesthesia record with decreasing assistance				
<b>IV. Induction:</b> Beginning to demonstrate ability to follow steps for induction of anesthesia and to establish and maintain a patient airway with recognition of an obstructed airway.				
<b>V. Maintenance:</b> Demonstrates basic knowledge & use of pharmacology including inhalation agents; narcotics, muscle relaxants & reversal agents and MAC anesthesia. Recognizes potential patient responses during emergence that may jeopardize patient safety.				
<b>VI. Interpersonal Skills:</b> Demonstrates appropriate verbal and nonverbal communication within the operating room environment. Functions as a contributory member of the perioperative team.				

## **NUR 9101: Non Critical Objectives**

**ROOM PREPARATION:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY.

**PREANESTHESIA ASSESSMENT:** With consultation, formulate an anesthesia care plan for ASA I and II pts for uncomplicated surgery. Review with instructor before case.

**ANESTHESIA RECORD:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY.

**INDUCTION:** Select, apply & properly use monitoring devices; exhibit knowledge and skill in of proper techniques for IV insertion, mask fit & ventilation, endotracheal intubation, LMAs; Assist or control ventilation appropriately.

**MAINTENANCE and EMERGENGE:** Calculates & manages fluid & blood loss & replacement for uncomplicated cases; Recognizes and reports cardiac dysrhythmias; Recognizes & reports alterations in pt hemodynamic stability; Follows correct procedures for termination of anesthesia; Transports pt safely to PACU & provides complete report; Performs post operative visits on patients as assigned and per Council on Accreditation policy.

**INTERPERSONAL BEHAVIOR:** Demonstrates awareness of the responsibilities of an anesthetist in the perioperative arena. Provides effective communication with pts, staff, and faculty; Demonstrates adaptability to changes in plans before and during actual administration of anesthesia Demonstrates punctuality and reliability when in the clinical area.

### **Comment Section:**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_

**Faculty** \_\_\_\_\_

**Date** \_\_\_\_\_

**Semester #1 Fall / Clinical Year 1**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_ Call shift \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written care plan for all assigned cases. Conducts comprehensive equipment check before and in between cases. Prepares work area, including monitors and equipment, for varied anesthetic cases and patients.				
<b>II. PreOp Assessment:</b> Completes an individualized preoperative patient assessment & chart review on assigned pts prior to surgery, and with increased independence.				
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Skilled in IV placement. Performs all steps for induction of general anesthesia without prompting. Skilled in establishing and maintaining an airway (except peds). Developing RSI techniques on appropriate pts, recognizes, and treats airway obstructions. Applies didactic principles and concepts to the anesthesia plan of care.				
<b>V. Maintenance:</b> Manages pts fluid requirements. Provides appropriate depth of anesthesia; uses, interprets and treats changing hemodynamic variables to maintain pt homeostasis during surgery (except cardiac surgery). Plans for emergence appropriately based on assessment of surgical requirements and patient responses to anesthetics. Provides a safe transport and appropriate transfer of care to PACU or ICU.				
<b>VI: Interpersonal Skills</b> Seeks and utilizes consultation appropriately. Accepts constructive criticism Demonstrates professional, ethical, and appropriate behavior at all times. Functions as a contributory member of the perioperative team. Participates in departmental activities including pre- and post-operative rounds. Functions as a contributory member of the perioperative team.				
<b>Faculty Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written care plan for all assigned cases. Conducts comprehensive equipment check before and in between cases. Prepares work area, including monitors and equipment, for varied anesthetic cases and patients.				
<b>II. PreOp Assessment:</b> Completes an individualized preoperative patient assessment & chart review on all assigned pts prior to surgery, and with increased independence.				
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Skilled in IV placement. Performs all steps for induction of general anesthesia without prompting. Skilled in establishing and maintaining an airway (except peds). Developing RSI techniques on appropriate pts, recognizes, and treats airway obstructions. Applies didactic principles and concepts to the anesthesia plan of care.				
<b>V. Maintenance:</b> Manages pts fluid requirements. Provides appropriate depth of anesthesia; uses, interprets and treats changing hemodynamic variables to maintain pt homeostasis during surgery (except cardiac surgery). Plans for emergence appropriately based on assessment of surgical requirements and patient responses to anesthetics. Provides a safe transport and appropriate transfer of care to PACU or ICU.				
<b>VI: Interpersonal Skills</b> Seeks and utilizes consultation appropriately. Accepts constructive criticism Demonstrates professional, ethical, and appropriate behavior at all times. Functions as a contributory member of the perioperative team. Participates in departmental activities including pre- and post-operative rounds. Functions as a contributory member of the perioperative team.				

**Semester #2 Spring / Clinical Year 1**

## **NUR 9102 Non-Critical Objectives :**

**ROOM PREPARATION:** Assembles and checks all equipment needed for cases.

**PREANESTHESIA ASSESSMENT:** Researches, formulates, and discusses anesthetic care plan for ASA I through III patients for uncomplicated cases.

**ANESTHESIA RECORD:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY.

**INDUCTION:** Demonstrates increasing skill in airway management in regard to: mask fit; oral & nasal airways; LMAs; ETT; Recognizes and corrects obstructed airways; Performs routine intubations with decreasing instruction; Demonstrates knowledge of correct pt positioning; Demonstrates beginning skill in insertion and interpretation of invasive monitoring.

**MAINTENANCE and EMERGENCY:** Recognizes signs & stages of different levels of anesthesia; Demonstrates beginning knowledge of regional techniques and local anesthesia pharmacology; Manages fluid therapy, ventilation with minimal assistance; Provides adequate muscle relaxation, uses the nerve stimulator appropriately; Recognizes and is prepared to treat (with assistance) pts that become unstable.

**INTERPERSONAL BEHAVIOR:** Demonstrates initiative in seeking new experiences and/or refining skills; Demonstrates punctuality and regular attendance at departmental conferences; observes all departmental policies; Provides daily evaluation form to faculty; performs pre and post operative rounds per policy.

## **Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_

**Faculty** \_\_\_\_\_

**Date** \_\_\_\_\_

**Semester #2 Spring / Clinical Year 1**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_ call shift \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required**

Student Self-Assessment	Exceeds Objectives	Meets Objectives	Developing Skill	Objectives Unmet
<b>I. Prep</b> Prepares a written care plan for all assigned cases. Prepares in an efficient and cost-effective manner for cases. Identifies, locates, and prepares appropriate anesthesia equipment, drugs & supplies for PS I - IV pts for all types of surgical procedures and anesthetics.				
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt based on didactic knowledge, clinical experience, and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P in a preoperative role.				
<b>III. Record Keeping.</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Formulates the plan for an organized induction, including an RSI with appropriate psychomotor skill and rationales of evidence-based principles. Identifies need for additional guidance, in airway management. Becoming skilled in regional techniques.				
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data obtained from monitoring devices to assess pt. responses and anesthesia needs and implement proper interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary. Maintains vigilance and minimizes distraction.				
<b>VI: Interpersonal :</b> Adapts to changes quickly and functions well under stressful situations; Functions as a contributory member of the anesthesia team. Is a resource to others on the perioperative team.				
Faculty Assessment	Exceeds Objectives	Meets Objectives	Developing Skill	Objectives Unmet
<b>I. Prep</b> Prepares a written care plan for all assigned cases. Prepares in an efficient and cost-effective manner for cases. Identifies locates and prepares all types of anesthesia equipment, drugs& supplies for PS I - IV pts for all types of surgical procedures and anesthetics.				
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience, and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P in a preoperative role.				
<b>III. Record Keeping.</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Formulates the plan for an organized induction, including an RSI with appropriate psychomotor skill and rationales of evidence-based principles. Identifies need for additional guidance, in airway management. Becoming skilled in regional techniques.				
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data obtained from monitoring devices to assess pt. responses and anesthesia needs and implement proper interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary. Maintains vigilance and minimizes distraction.				
<b>VI: Interpersonal:</b> adapts to changes quickly and functions well under stressful situations; Functions as a contributory member of the anesthesia team. Is a resource to others on the perioperative team.				

**Semester #3 Summer / Clinical Year 1**

## **NUR 9103: Non Critical Objectives**

**ROOM PREPARATION:** With minimal assistance, prepares all monitoring equipment (A-lines; PA lines, CVP) and drugs for major cases; leaves room prepared for subsequent cases.

**PREANESTHESIA ASSESSMENT:** Demonstrates in-depth knowledge of all anesthetic agents and adjunct drugs and is prepared for untoward effects due to potential interactions with these drugs and those the pt may also be taking concurrently.

**ANESTHESIA RECORD:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY.

**INDUCTION:** Demonstrates proper technique for managing the difficult airway and full stomach. Prepared to care for the trauma and or emergent patient; Demonstrates knowledge of regional techniques including SABs, epidurals, and peripheral blocks

**MAINTENANCE and EMERGENCE:** Demonstrates increasing self-confidence in managing and decision making for anesthesia for all types of patients for all types of surgery. Performs overall comprehensive post operative visit to pts assigned and per policy.

**INTERPERSONAL BEHAVIOR:** Utilizes consultation appropriately; follows departmental policy; participates in departmental conferences/meetings; Acts in a professional manner at all times; mentors newer students; provides psychological support to pts;

## **Comment Section**

**Student:**

**Faculty:**

**Signatures:** Student \_\_\_\_\_ Faculty \_\_\_\_\_ Date \_\_\_\_\_

**Semester #3 Summer / Clinical Year 1**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_ call shift \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep</b> Prepares a written care plan for all assigned cases. Prepares in an efficient and cost-effective manner for cases; Identifies, locates, and prepares appropriate anesthesia equipment, drugs & supplies for PS I - IV pts for all types of surgical procedures and anesthetics.				
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt based on didactic knowledge, clinical experience and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P in a preoperative role.				
<b>III. Record Keeping.</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Formulates the plan for an organized induction, including an RSI with appropriate psychomotor skill and rationales of evidence-based principles. Identifies need for additional guidance, in airway management. Performs induction with minimal or no assistance. Becoming skilled in regional techniques.				
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data obtained from monitoring devices to assess pt. responses and anesthesia needs and implement proper interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides total case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary.				
<b>VI: Interpersonal:</b> Adapts to changes quickly and functions well under stressful situations; Functions as a contributory member of the anesthesia team. Is a resource to others on the perioperative team.				
<b>Faculty Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep</b> Prepares a written care plan for all assigned cases. Prepares in an efficient and cost-effective manner for cases; Identifies locates and prepares all types of anesthesia equipment, drugs & supplies for PS I - IV pts for all types of surgical procedures and anesthetics.				
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P in a preoperative role.				
<b>III. Record Keeping.</b> Maintains a comprehensive, timely, accurate and legible anesthesia record, with minimal guidance.				
<b>IV. Induction:</b> Formulates the plan for an organized induction, including an RSI with appropriate psychomotor skill and rationales of evidence-based principles. Identifies need for additional guidance, in airway management. Performs induction with minimal or no assistance. Becoming skilled in regional techniques.				
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data obtained from monitoring devices to assess pt. responses and anesthesia needs and implement proper interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides total case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary.				
<b>VI: Interpersonal:</b> adapts to changes quickly and functions well under stressful situations; Functions as a contributory member of the anesthesia team. Is a resource to others on the perioperative team.				

**Semester #4 Fall / Clinical Year 2**

## **NUR 9104: Non Critical Objectives**

**ROOM PREPARATION:** With minimal assistance, prepares all monitoring equipment (A-lines; PA lines, CVP) and drugs for major cases; leaves room prepared for subsequent cases.

**PREANESTHESIA ASSESSMENT:** Demonstrates in-depth knowledge of all anesthetic agents and adjunct drugs and is prepared for untoward effects due to potential interactions with these drugs and those the pt may also be taking concurrently.

**ANESTHESIA RECORD:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY.

**INDUCTION:** Demonstrates proper technique for managing the difficult airway and full stomach. Prepared to care for the trauma and or emergent patient; Demonstrates knowledge of regional techniques including SABs, epidurals, and peripheral blocks.

**MAINTENANCE and EMERGENCE:** Demonstrates increasing self-confidence in managing and decision making for anesthesia for all types of patients for all types of surgery. Performs overall comprehensive post operative visit to pts assigned and per policy.

**INTERPERSONAL BEHAVIOR:** Utilizes consultation appropriately; follows departmental policy; participates in departmental conferences/meetings; Acts in a professional manner at all times; mentors newer students; provides psychological support to pts;

### **Comment Section**

**Student:**

**Faculty:**

**Signatures:** Student \_\_\_\_\_ Faculty \_\_\_\_\_ Date \_\_\_\_\_

**Semester #4 Fall / Clinical Year 2**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N call shift \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment required on page 2.**

<b>Student Self- Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written or verbal care plan for all assigned cases. Independently conducts a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Prepares all drugs & supplies for PS I - IV pts for all types of surgical procedures and anesthetics.			
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P of a culturally diverse patient population of varied ages and comorbidities in a preoperative role.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Formulates the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. Performs induction with minimal or no assistance. 2. Demonstrates skill when using fiber optic intubation equipment. 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines using US. 5. Demonstrates skill in establishing an airway in all patients.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides total case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary. Calculates, initiates, and maintains fluid and blood replacement appropriately. Plans and manages emergence from anesthesia. Provides safe transport and transfer of care to postoperative area. Evaluates pt. post op and provides effective PONV and pain treatment.			
<b>VI. Interpersonal Skills:</b> 1. Demonstrates cost awareness in the use of anesthetic agents and adjunct therapies. 2. Provides post-operative reports to instructors as needed; 3. Demonstrates consistent attendance and punctuality; 4. Functions well in stressful situations; 5. Completes pre- and post-operative visits; 6. Provides evaluation forms to instructor at the beginning of the day or case.			
<b>Faculty Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written or verbal care plan for all assigned cases. independently conducts a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Prepares all drugs & supplies for PS I - IV pts for all types of surgical procedures and anesthetics.			
<b>II. PreOp Assessment:</b> Formulates an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience and evidenced based research. Potential problems are identified, and alternative plans are prepared. Perform a comprehensive H and P of a culturally diverse patient population of varied ages and comorbidities in a preoperative role.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Formulates the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. Performs induction with minimal or no assistance. 2. Demonstrates skill when using fiber optic intubation equipment. 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines using US. 5. Demonstrates skill in establishing an airway in all patients.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Provides total case management with minimal guidance for most cases and identifies when additional input from anesthesia team is necessary. Calculates, initiates, and maintains fluid and blood replacement appropriately. Plans and manages emergence from anesthesia. Provides safe transport and transfer of care to postoperative area. Evaluates pt. post op and provides effective PONV and pain treatment.			
<b>VI. Interpersonal Skills:</b> 1. Demonstrates cost awareness in the use of anesthetic agents and adjunct therapies. 2. Provides post-operative reports to instructors as needed; 3. Demonstrates consistent attendance and punctuality; 4. Functions well in stressful situations; 5. Completes pre- and post-operative visits; 6. Provides evaluation forms to instructor at the beginning of the day or case.			

**NUR 9105: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_ **Faculty** \_\_\_\_\_ **Date** \_\_\_\_\_

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_ call shift \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required on P2.**

**Comments encouraged on back of this form**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Objectives Unmet</b>
<b>I. Prep:</b> Prepares a written or verbal care plan for all assigned cases. Is responsible for independently conducting a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Patient is prepared for surgery in a timely fashion. Utilizes appropriate infection control practices. Demonstrates efficiency.			
<b>II. PreOp Assessment:</b> Is responsible for formulating an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience, age, co-morbidities, cultural competency and evidenced based research. Potential problems are identified, and alternative plans are prepared.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Is responsible for formulating the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. 2. Demonstrates skill when establishing an airway and using airway equipment. Performs induction with minimal or no assistance 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines using US. Positions patient appropriately to prevent injury.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Applies theory to practice in decision making and problem solving. Recognizes and appropriately responds to anesthetic complications that occur during the peri-anesthetic period. Provides case management with minimal guidance and identifies when additional input from anesthesia team is necessary. Provides safe transport and transfer of care. Evaluates pt. post-op. Maintains constant vigilance. Protects pts from iatrogenic complications.			
<b>VI: Interpersonal Skills:</b> Participates in activities that improve anesthesia care; functions within appropriate legal requirements as an RN, accepting responsibility and accountability for his or her performance; Interacts on a professional level with integrity; Assists newer students; participates in continuing education to acquire new knowledge and improve his or her practice.			
<b>Faculty Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Objectives Unmet</b>
<b>I.Prep:</b> Prepares a written or verbal care plan for all assigned cases. Is responsible for independently conducting a comprehensive equipment check. IDs equipment related malfunctions and takes appropriate actions to address. Anticipates special monitors for complex surgeries or critically ill patients. Patient is prepared for surgery in a timely fashion. Utilizes appropriate infection control practices. Demonstrates efficiency.			
<b>II. PreOp Assessment:</b> Is responsible for formulating an individualized anesthetic plan for each pt. based on didactic knowledge, clinical experience, age, co-morbidities, cultural competency, and evidenced based research. Potential problems are identified, and alternative plans are prepared.			
<b>III. Record Keeping:</b> Maintains a comprehensive, timely, accurate and legible anesthesia record.			
<b>IV. Induction:</b> 1. Is responsible for formulating the plan for an organized induction and demonstrates skill in formulating appropriate anesthesia plans for complex cases with rationales for care rooted in evidence-based principles. 2. Demonstrates skill when establishing an airway and using airway equipment. Performs induction with minimal or no assistance 3. Demonstrates knowledge in the use of all vasoactive medications. 4. Skilled in setup and insertion of invasive monitoring lines using US. Positions patient appropriately to prevent injury.			
<b>V. Maintenance:</b> Demonstrates proficiency in interpreting data d from monitoring devices to assess pt. responses and needs and implements appropriate interventions. Evaluates and modifies the management plan based on assessment of changes in pt. condition. Applies theory to practice in decision making and problem solving. Recognizes and appropriately responds to anesthetic complications that occur during the peri-anesthetic period. Provides case management with minimal guidance and identifies when additional input from anesthesia team is necessary. Provides safe transport and transfer of care. Evaluates pt. post-op. Maintains constant vigilance. Protects pts from iatrogenic complications.			
<b>VI: Interpersonal Skills:</b> Participates in activities that improve anesthesia care; functions within appropriate legal requirements as an RN, accepting responsibility and accountability for his or her performance; Interacts on a professional level with integrity; Assists newer students; participates in continuing education to acquire new knowledge and improve his or her practice.			

**NUR 9106: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_ **Faculty** \_\_\_\_\_ **Date** \_\_\_\_\_

**Semester #6 Summer / Clinical Year 2**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD \_\_\_\_\_

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N \_\_\_\_\_

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance.

**Comment Required on back of this form**

<b>Student Self-Assessment</b>	<b>Exceeds Objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives Unmet</b>
<b>I. Prep</b> 1. Prepares a written or verbal care plan. 2. Prepares the operating room for C-Sections 3. Prepares all drugs and drips (appropriately labeled with concentrations and dates) for management of laboring patients or C-sections. 4. Prepares regional equipment (Epidural/spinal) appropriately for scheduled and emergency cases.				
<b>II. PreOp Assessment:</b> Responsibly formulates a culturally competent assessment and corresponding anesthesia care plan for appropriate anesthesia management of the parturient, including any possible complications associated with pregnancy or concomitant diseases for vaginal or surgical deliveries.				
<b>III. Record Keeping</b> Completes a clear and legible comprehensive anesthesia record in a timely manner, including specific obstetrical data				
<b>IV. Induction:</b> Demonstrates anesthesia management of a rapid sequence induction. Successfully places epidural or spinal anesthesia with decreasing guidance and prepares alternate plans based on the pt. co-morbidities, individual assessments and evidence based principles.				
<b>V. Maintenance:</b> Manages the patient's hemodynamics to provide optimum uterine perfusion and fetal stability during the administration of a regional or general anesthetic. Utilizes appropriate anesthesia agents for duration of delivery or anesthesia, rooted in evidence based principles.				
<b>VI: Interpersonal Skills:</b> Arrives in a timely fashion to prepare room and patient. 2. Demonstrates professional behavior towards patients and staff at all times. 3. Appropriately manages the case as appropriate 4. Seeks guidance as appropriate. 5. Communicates effectively with all surgical team members to prevent iatrogenic complications and maintain pt. safety. 6. Completes post operative visits within 48 hours of delivery 7. Prepares operating room for subsequent use or emergencies.				
<b>Faculty Assessment</b>	<b>Exceeds objectives</b>	<b>Meets Objectives</b>	<b>Developing Skill</b>	<b>Objectives unmet</b>
<b>I. Prep</b> 1. Prepares a written or verbal care plan. 2. Prepares the operating room for C-Sections 3. Prepares all drugs and drips (appropriately labeled with concentrations and dates) for management of laboring patients or C-sections. 4. Prepares regional equipment (Epidural/spinal) appropriately for scheduled and emergency cases.				
<b>II. PreOp Assessment:</b> Responsibly formulates a culturally competent assessment and corresponding anesthesia care plan for appropriate anesthesia management of the parturient, including any possible complications associated with pregnancy or concomitant diseases for vaginal or surgical deliveries.				
<b>III. Record Keeping</b> Completes a clear and legible comprehensive anesthesia record in a timely manner, including specific obstetrical data				
<b>IV. Induction:</b> Demonstrates anesthesia management of a rapid sequence induction. Successfully places epidural or spinal anesthesia with decreasing guidance and prepares alternate plans based on the pt. co-morbidities, individual assessments and evidence based principles.				
<b>V. Maintenance:</b> Manages the patient's hemodynamics to provide optimum uterine perfusion and fetal stability during the administration of a regional or general anesthetic. Utilizes appropriate anesthesia agents for duration of delivery or anesthesia, rooted in evidence based principles.				
<b>VI: Interpersonal Skills:</b> Arrives in a timely fashion to prepare room and patient. 2. Demonstrates professional behavior towards patients and staff at all times. 3. Appropriately manages the case as appropriate 4. Seeks guidance as appropriate. 5. Communicates effectively with all surgical team members to prevent iatrogenic complications and maintain pt. safety. 6. Completes post-operative visits within 48 hours of delivery 7. Prepares operating room for subsequent use or emergencies.				

## **OB: ALL OBJECTIVES ARE CRITICAL: There are no Non Critical Objectives**

**ROOM PREPARATION:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**PREANESTHESIA ASSESSMENT:** With consultation, formulate an anesthesia care plan for ASA I and II pts for uncomplicated surgery. Review with instructor before case.

**ANESTHESIA RECORD:** NO NON CRITICAL OBJECTIVES IN THIS CATEGORY

**INDUCTION:** Select, apply & properly use monitoring devices; exhibit knowledge and skill in of proper techniques for IV insertion, mask fit & ventilation, endotracheal intubation, LMAs; Assist or control ventilation appropriately.

**MAINTENANCE and EMERGENCE:** Calculates & manages fluid & blood loss & replacement for uncomplicated cases; Recognizes and reports cardiac dysrhythmias; Recognizes & reports alterations in pt hemodynamic stability; Follows correct procedures for termination of anesthesia; Transports pt safely to PACU & provides complete report; Performs post operative visits on patients as assigned and per Council on Accreditation policy

**INTERPERSONAL BEHAVIOR:** Demonstrates awareness of the responsibilities of an anesthetist in the perioperative arena. Provides effective communication with pts, staff and faculty; Demonstrates adaptability to changes in plans before and during actual administration of anesthesia Demonstrates punctuality and reliability when in the clinical area.

### **Comment Section**

**Student:**

**Faculty:**

**OB**

**Signatures: Student** \_\_\_\_\_ **Faculty** \_\_\_\_\_ **Date** \_\_\_\_\_

**OB**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ CRNA/MD

Cases \_\_\_\_\_ Care Plan prepared/discussed: Y or N

**Criteria:**

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance.

**Comment Required on back of this form**

Student Self-Assessment	Exceeds Objective	Meets Objective	Developing Skill	Objective unmet
<b>I Prep</b> Prepares a written or verbal care plan. Prepares the operating room for a pediatric patient, including appropriately sized airway equipment. Prepares and checks all medications (appropriately labeled with concentrations and dates), machines/monitors, and available ancillary equipment. Displays work area organizational skills and maintains a clutter free workspace.				
<b>II. PreOp Assessment:</b> Formulates and manages evidence-based care plans for appropriate anesthetic management of pediatric patients of varying ages and co-morbidities undergoing surgical procedures. Performs a culturally competent assessment of the pediatric patient and interacts appropriately with the patient and their caregiver(s). Discusses anatomy, physiology, pathophysiology, and pharmacology specific to the pediatric patient with CRNA/anesthesiologist prior to the case. Identifies and prepares for any additional concerns.				
<b>III. Record Keeping</b> Maintains a clear and legible anesthesia record in a timely manner, including specific pediatric case data.				
<b>IV. Induction:</b> Demonstrates knowledge of various techniques for induction of pediatric patients, including Mask and IV induction. Demonstrates knowledge of and identifies stages of anesthesia depth during inhalation or IV induction. Recognizes airway obstruction and reacts appropriately to correct it to maintain child’s airway. Utilizes precordial stethoscope appropriately throughout all phases of the case. Verbalizes knowledge of uptake and distribution of anesthetics and utilizes this knowledge to skillfully perform a smooth and safe inhalation induction. Verbalizes knowledge of pharmacokinetics and pharmacodynamics of selected medications with regard to the pediatric population. Demonstrates skill with masking and in placing an artificial airway (LMA, ETT, NTT). Ensures patient safety by utilizing standard precautions and appropriate infection control measures. Demonstrates skills in placement of IV’s, arterial lines, regional anesthesia. Positions patient to prevent patient injury and maintain patient safety.				
<b>V. Maintenance:</b> Manages patient responses to anesthesia and the surgical procedure. Monitors and manages hemodynamic parameters during all phases of the surgery utilizing evidenced based principles. Maintains vigilance during all phases of the case. Demonstrates appropriate pharmacologic and fluid management for the pediatric patient. Anticipates, identifies, and manages anesthetic and airway complications intra- and post-op. Provides safe transport and transfer of care and evaluates patient post-op.				
<b>VI: Interpersonal Skills</b> Arrives in a timely fashion to prepare room and meet with patient and caregiver. Demonstrates professional culturally competent behavior towards patients and caregivers. Demonstrates positive attitude and effective communication with OR staff, anesthesia team members, surgeons and fellow SRNAs. Demonstrates a receptive attitude towards learning and accepts constructive criticism of clinical performance. Demonstrates the ability to perform effectively during stressful anesthesia situations. Demonstrates flexibility with changes in case assignments and anesthesia plan. Seeks guidance as appropriate. Maintains patient confidentiality.				
Faculty Assessment	Exceeds Objective	Meets Objective	Developing Skill	Objective Unmet
<b>I Prep</b> Prepares a written or verbal care plan. Prepares the operating room for a pediatric patient, including appropriately sized airway equipment. Prepares and checks all medications (appropriately labeled with concentrations and dates), machines/monitors, and available ancillary equipment. Displays work area organizational skills and maintains a clutter free workspace.				
<b>II. PreOp Assessment:</b> Formulates and manages evidence-based care plans for appropriate anesthetic management of pediatric patients of varying ages and co-morbidities undergoing surgical procedures. Performs a culturally competent assessment of the pediatric patient and interacts appropriately with the patient and their caregiver(s). Discusses anatomy, physiology, pathophysiology, and pharmacology specific to the pediatric patient with CRNA/anesthesiologist prior to the case. Identifies and prepares for any additional concerns.				
<b>III. Record Keeping</b> Maintains a clear and legible anesthesia record in a timely manner, including specific pediatric case data.				
<b>IV. Induction:</b> Demonstrates knowledge of various techniques for induction of pediatric patients, including Mask and IV induction. Demonstrates knowledge of and identifies stages of anesthesia depth during inhalation or IV induction. Recognizes airway obstruction and reacts appropriately to correct it to maintain child’s airway. Utilizes precordial stethoscope appropriately throughout all phases of the case. Verbalizes knowledge of uptake and distribution of anesthetics and utilizes this knowledge to skillfully perform a smooth and safe inhalation induction. Verbalizes knowledge of pharmacokinetics and pharmacodynamics of selected medications with regard to the pediatric population. Demonstrates skill with masking and in placing an artificial airway (LMA, ETT, NTT). Ensures patient safety by utilizing standard precautions and				

appropriate infection control measures. Demonstrates skills in placement of IV's, arterial lines, regional anesthesia. Positions patient to prevent patient injury and maintain patient safety.				
<b>V. Maintenance:</b> Manages patient responses to anesthesia and the surgical procedure. Monitors and manages hemodynamic parameters during all phases of the surgery utilizing evidenced based principles. Demonstrates appropriate pharmacologic and fluid management for the pediatric patient. Anticipates, identifies, and manages anesthetic and airway complications intra- and post-op. Provides safe transport and transfer of care and evaluates patient post-op.				
<b>VI: Interpersonal Skills</b> Arrives in a timely fashion to prepare room and meet with patient and caregiver. Demonstrates professional culturally competent behavior towards patients and caregivers. Demonstrates positive attitude and effective communication with OR staff, anesthesia team members, surgeons and fellow SRNAs. Demonstrates a receptive attitude towards learning and accepts constructive criticism of clinical performance. Demonstrates the ability to perform effectively during stressful anesthesia situations. Demonstrates flexibility with changes in case assignments and anesthesia plan. Seeks guidance as appropriate. Maintains patient confidentiality.				

**PEDIATRICS: ALL OBJECTIVES ARE CRITICAL: There are no Non-Critical Objectives**

**ROOM PREPARATION:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY

**PREANESTHESIA ASSESSMENT:** With consultation, formulate an anesthesia care plan for ASA I and II pts for uncomplicated surgery. Review with instructor before case.

**ANESTHESIA RECORD:** NO NON-CRITICAL OBJECTIVES IN THIS CATEGORY

**INDUCTION:** Select, apply & properly use monitoring devices; exhibit knowledge and skill in of proper techniques for IV insertion, mask fit & ventilation, endotracheal intubation, LMAs; Assist or control ventilation appropriately.

**MAINTENANCE and EMERGENCE:** Calculates & manages fluid & blood loss & replacement for uncomplicated cases; Recognizes and reports cardiac dysrhythmias; Recognizes & reports alterations in pt hemodynamic stability; Follows correct procedures for termination of anesthesia; Transports pt safely to PACU & provides complete report; Performs post-operative visits on patients as assigned and per Council on Accreditation policy

**INTERPERSONAL BEHAVIOR:** Demonstrates awareness of the responsibilities of an anesthetist in the perioperative arena. Provides effective communication with pts, staff, and faculty; Demonstrates adaptability to changes in plans before and during actual administration of anesthesia Demonstrates punctuality and reliability when in the clinical area.

**Comment Section**

**Student:**

**Faculty:**

**Signatures: Student** \_\_\_\_\_

**Faculty** \_\_\_\_\_

**Date** \_\_\_\_\_

**PEDIATRIC**

VU DNP Nurse Anesthesia Program  
Semester Summative Evaluation

Date:

Student:

TOTAL EVALS:

Criteria:

**Exceeds Objectives:** Student presents a rich and complex understanding. Functions above and beyond stated objectives.

**Meets Objectives:** Student presents an integrated and developed understanding. Functions at the appropriate level for current semester.

**Developing Skill:** Student is beginning to understand, learn and apply the clinical objectives/skills. **Comment Required**

**Objectives Unmet:** Student demonstrates lack of understanding, learning and application of clinical objectives. Requires constant direction and assistance. **Comment Required**

<u>SECTION/CRITICAL OBJECTIVES</u>	<u>Exceeds Objectives</u>	<u>Meets Objectives</u>	<u>Developing Skill</u>	<u>Objectives Unmet</u>
<b>I. Room Preparation</b>				

COMMENTS

See policy 1219A for objectives by semester

<b>II. Preanesthesia assessment</b>				
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See policy 1219A for objectives by semester

<b>III. Record Keeping</b>				
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See policy 1219A for objectives by semester

<b>IV. Induction</b>				
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See policy 1219A for objectives by semester

<b>V. Maintenance &amp; Emergence</b>				
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See policy 1219A for objectives by semester

<b>VI. Interpersonal Behavior</b>				
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See policy 1219A for objectives by semester

**\* At Spring Year 3 Semester, all objectives are critical**

Villanova University DNP Nurse Anesthesia Program

Semester:

Comments made during Semester Summative Evaluation Conference:

has met all objectives this semester.

Rotation sites this semester:

Rotation site(s) next semester:

Cases:

Specialty Evals:

Specialty Care Plans:

Total cases as of:

Minimum Required Cases: 600

Minimum Required: Peds 40, Labor 10, Cranis 5, Hearts 5, Lungs 5, Intubations 250, Spinals 10,

Epidurals 10, PNBs 10, Alines 25, CVPs 10.

Strengths:

Areas for improvement:

Academic Progression:

Other comments:

Student may progress to next clinical semester \_\_\_\_\_

Student is on clinical probation and may not proceed to next semester \_\_\_\_\_

Student returned insufficient number of evaluations (less than 15) and may not proceed to next semester \_\_\_\_\_

I have read and participated in the Semester Summative Evaluation

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Faculty signature

Student Self Evaluation, page 1

Semester \_\_\_\_\_

Student Name: \_\_\_\_\_

- Key: 5 = Able to accomplish independently
- 4 = Able to accomplish with minimal instruction/assistance
- 3 = Able to accomplish with instruction/assistance
- 2 = Unable to accomplish
- 1 = Not applicable at this level of training

1. Room Preparation and set-up/equipment 1 2 3 4 5

2. Pre anesthesia Assessment/Care Plan development 1 2 3 4 5

3. Documentation/Record Keeping 1 2 3 4 5

4. Induction/IV placement Skills/Positioning (NUR9101) 1 2 3 4 5

Induction/Airway Mgmt Skills/Invasive Monitoring Placement (NUR9102, 9103, 9104, 9105, 9106, 9430) 1 2 3 4 5

5. Maintenance/Monitoring/ Emergence preparedness and techniques/Post Op visits Comments 1 2 3 4 5

6. Interpersonal Skills working with faculty below average; average; significant strength

patient communication below average; average; significant strength

adaptability below average; average; significant strength

7. Wellness:

What strategies are you using to manage stress? \_\_\_\_\_

What could you do to improve your stress management and better attend to your wellness? \_\_\_\_\_

What strategies can the program implement to improve your well-being? \_\_\_\_\_

Student Self Evaluation: Page 2

Name: \_\_\_\_\_

Semester \_\_\_\_\_

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

We want your feedback to identify opportunities for improvement and recognize progress to date. Your responses will be discussed during your evaluation. If you need additional space to elaborate on issues presented, please attach a separate sheet. Please bring your completed form with you to your evaluation meeting.

**1. Summarize in two or three lines your major accomplishments since your last evaluation.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. List your three (3) major performance strengths:**

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

**3. Establish your own professional development objective(s) for the next semester.**

Areas to be developed (check all that apply):

Technical

IV's \_\_\_\_\_

Spinals \_\_\_\_\_ Epidurals \_\_\_\_\_

Arterial lines \_\_\_\_\_ Central lines \_\_\_\_\_

PNBs \_\_\_\_\_

Organizational (planning of cases and follow-up of patients) \_\_\_\_\_

Work methods (time management, efficiency, study habits) \_\_\_\_\_

Wellness Goal: \_\_\_\_\_

**4. Complete the following statement: *Next semester, I will be better able to:***

A. \_\_\_\_\_

B. \_\_\_\_\_

**5. What step(s) do you plan to take to achieve your objectives during the next semester?**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

**6. How can the school help you reach your goals?**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

Student Signature \_\_\_\_\_

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

**Anesthesia Care Plan**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_ OR#: \_\_\_\_\_ Consent: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Clinical Site: \_\_\_\_\_ Check if Specialty: OB: \_\_\_\_\_ Pediatrics: \_\_\_\_\_ Cardiac: \_\_\_\_\_

Age \_\_\_\_\_ Wt \_\_\_\_\_ M/F \_\_\_\_\_ ASA: \_\_\_\_\_ Procedure: \_\_\_\_\_

Med Hx: \_\_\_\_\_ Surg Hx: \_\_\_\_\_  
Social Hx: \_\_\_\_\_ Medications: \_\_\_\_\_  
Pre-op testing: \_\_\_\_\_ COVID +/- \_\_\_\_\_

Labs: \_\_\_\_\_

Pre-Anesthetic Assessment (notable): \_\_\_\_\_  
Airway: I II III IV; TMD: \_\_\_\_\_; Teeth: \_\_\_\_\_ NPO: \_\_\_\_\_  
Pre Med: \_\_\_\_\_ Pre-op ABX: \_\_\_\_\_

PLAN: General / MAC / Regional / Type – Spinal / Epidural: thoracic \_\_\_\_\_ lumbar \_\_\_\_\_ / Caudal / CSE  
Other Regionals: Bier / Scalene / Axillary / Other \_\_\_\_\_

POSTITONING: Supine Prone Lateral R/L Lithotomy Sitting Arms: Abducted < 90 degrees/Tucked

MONITORING: IV / A-line / CVP / PA cath / Esoph / Other  
Standard monitors: NGT/OGT / Foley / TOF / Bair Hugger / Hot line / Warmer / BIS

INDUCTION:  
Propofol (2-2.5 mg/kg) \_\_\_\_\_ mg Etomidate (0.2-0.5 mg/kg) \_\_\_\_\_ mg  
Versed (0.1-0.2 mg/kg) \_\_\_\_\_ mg Fentanyl (intra-op 2-150 mcg/kg) \_\_\_\_\_ mcg  
Ketamine (1-2 mg/kg) \_\_\_\_\_ mg Lidocaine (1 mg/kg) \_\_\_\_\_ mg  
Others: Sufenta / Alfenta / Morphine / Remifentanyl: Drug \_\_\_\_\_

MUSCLE RELAXANTS: mg/kg  
Succ (Anectine) (1-1.5 mg/kg) \_\_\_\_\_ mg Rocurnium (Zemuron) (0.45-0.6 mg/kg) \_\_\_\_\_ mg  
Atracurium (Tracurium) (0.5-0.8 mg/kg) \_\_\_\_\_ mg Cisatricurium (Nimbex) (0.1-0.2 mg/kg) \_\_\_\_\_ mg  
Vecuronium (Norcuron) (0.08-0.12 mg/kg) \_\_\_\_\_ mg

AIRWAY: ETT \_\_\_\_\_ Mask / LMA \_\_\_\_\_ / Fiberoptic / DL with MAC or Miller: Blade size \_\_\_\_\_

MAINTENANCE: Agent – Only O2 O2/N20 with Sevo (MAC 2%) Iso (MAC 1.15%) Des (MAC 6)  
Other drug therapy: TIVA / MAC

**FLUID REPLACEMENT**

EBV = EBW x KG (EBW = Male 70 cc/kg; Female 65 cc/kg; Obese 55 cc/kg)

Maintenance – 1<sup>st</sup> 10 kg = 4cc/kg/hr  
2<sup>nd</sup> 10 kg – 2cc/kg/hr  
3<sup>rd</sup> 10 kg – 1cc/kg/hr

Pt EBV \_\_\_\_\_ cc  
Pt. maintenance \_\_\_\_\_ cc  
Pt. deficit \_\_\_\_\_ cc

Insensible loss – Minimum = 4cc/kg/hr Moderate = 6cc/kg/hr Extreme = 8cc/kg/hr  
Thus, pt. hourly insensible loss = \_\_\_\_\_ cc

Allowable blood loss (ABL) – EBV x (init Hgb – Hg allowable)  
Hgb initial

Pt ABL before blood products needed = \_\_\_\_\_ cc Type & Screen Y/N  
Products Administered: RBC \_\_\_\_\_ FFP \_\_\_\_\_ PLT \_\_\_\_\_ CRYO \_\_\_\_\_ Cell Saver \_\_\_\_\_ Other \_\_\_\_\_



While transferring out of the program is strongly discouraged, it is recognized that under extreme circumstances a student may request a transfer.

Student Transfer Procedure:

- 1) The student shall notify their current program director in writing of the reason for the transfer.
- 2) The program director to which the student is making application shall request a transcript of all experiences.
- 3) The current program director shall remit the transcript and other appropriate data within 30 days.
- 4) The accepting program shall determine the transfer credit and will notify the transferring student and the Council On Accreditation and the NBCRNA in writing of its decision within 30 days.

The CCMC/VU nurse anesthesia program does not accept transfers into the nurse anesthesia track. All applicants are required to complete the entire admission procedure and if accepted into the program, begin the nurse anesthesia track as a new student. No credits will be transferred into the program for anesthesia courses taken at another anesthesia program. The Assistant Dean and Graduate Program Director may allow up to 6 nursing core credits to be transferred. Any other completed courses may be considered on a case by case basis at the sole discretion of the Assistant Dean and Graduate Program Director at Villanova University.

The CCMC/VU nurse anesthesia program will NOT accept any student who was dismissed from another Nurse Anesthesia Program.

The CCMC/VU nurse anesthesia program does not usually accept a student who has resigned from another nurse anesthesia program; however, under unusual circumstances, a case-by-case evaluation will be made of such an applicant by program administrators.

**Policy Name: Student Transfers**  
**Page 2 of 1**  
**Manual Loc: A/S**

**Review Date: 08/21, 8/23**  
**COA DNP Standard: A4, C1**

**Policy No: 1220**

## **POLICIES & PROCEDURES - GRADUATION**

### **Exit Conference - Out-Processing Procedure**

As part of NUR 9430 Advanced dimensions V (Professional Aspects of NA IV) in the Fall of Program Year 3, each student will have an exit interview with the Program Administrator(s). The objective of this interview is to help the student develop an awareness of his/her potential abilities and achievements, so that he/she may set realistic professional goals considering strengths and weaknesses along with interests and professional opportunities. During the months of September and October, graduating senior students will complete the Villanova Graduate Summary Evaluation.

During exit conference, each student reviews his/her final transcripts and grades and clinical evaluations received while in the Program. A summary of the interview is placed in the student's permanent record folder following the interview.

In addition to this, during this conference, senior students review the Semester 7 clinical evaluation (Fall Year 3) summary of their clinical performance throughout the program and are given the opportunity to comment on or question the content. Previous summative evaluations and this summary is retained as part of the graduate's permanent records and is used for reference purposes. A copy of this summary is available to the student upon request.

This interview takes place during the student's last three weeks in the Program.

### **Requirements to sit for NCE certifying exam**

1. All students must:
  - A. attend the Program a full **36** months
  - B. Students losing time due to illness, personal absences, probationary suspension, leave of absence, or maternity leave who subsequently does not meet the required 36 months in the program, will be required to remain a student in the program, until the deficiency is corrected.
  - C. Pass the SEE as per Policy # 1213 and 1226
  - D. Not work as an employed anesthetist prior to the official date of graduation;
  - E. Meet the minimum clinical and didactic hours (see Section II);
  - E. Satisfactorily complete all the Villanova University College of Nursing Nurse Anesthesia DNP program clinical and didactic requirements for graduation.

F. Satisfactorily complete the DNP Scholarly Portfolio requirements according to Policy 2009-A DNP Scholarly portfolio requirements.

### **Graduation Ceremonies**

Students who satisfactorily complete all of the School's objectives are eligible receive the DNP Degree and Diploma which are issued and awarded by Villanova University. A Program Completion celebration is held each year where the Nurse Anesthesia Program honors each student. Senior students are invited to participate in the Villanova University College of Nursing's Convocation Ceremony and the University's Graduation Ceremony, held in May each year.

### **Administrative Procedure**

Prior to graduation, the Director will:

1. Ask each student how they would like their name to read on their diploma. Complete purchase requisition and send through interdepartmental mail to Purchasing.
2. This should be completed at least two months prior to date of graduation dinner.
3. Have students sign completed transcripts and application for the NCE.
4. Complete students' final transcripts via the online application provided by the NBCRNA.
5. Place a photocopy copy of students' final University transcripts and NCE application in students' files.
6. Have students complete program evaluation and participate in the exit out conference with the Program Director and the Graduate Program Director of the College of Nursing.

Villanova University  
Fitzpatrick College of Nursing  
Graduate Nursing Program  
Substance Abuse Policy

Applicants who voluntarily disclose a history of substance abuse must provide documentation that they have been in a Voluntary Recovery Program (VRP) for no less than three years and have been drug and/or alcohol free for that period of time. Once admitted to the program, these students will be subjected to random testing for illegal substances without prior notification throughout their stay in the program.

Students who are involved in substance abuse while in the program will be evaluated for possible termination from the program. Students seeking readmission will be expected to enter a Voluntary Recovery Program (VRP) at their own expense.

The candidate will be considered for readmission contingent upon the following:

- a. The candidate provides documentation that he/she has been in VRP for no less than three years and has been drug and or alcohol free for that period of time.
- b. The candidate agrees that the University can notify all clinical agencies to which the candidate is assigned regarding the VRP and drug and /or alcohol-free status.
- c. The candidate will agree to random testing for illegal substances without prior notification throughout his/her stay in the program.

Readmission is not automatic. Readmission decisions are at the discretion of the Program Director. It is conceivable that students may be required to repeat courses taken prior to rehabilitation in order to update knowledge and skills

Reviewed/Revised and Approved: 06/07 by Villanova University Legal Department and CON.

Letter to Impaired NAR

Dear \_\_\_\_\_

This letter is to summarize the status of your enrollment into the Villanova University DNP Nurse Anesthesia Program (the school).

In order for you to be admitted/returned to the Program, the following conditions have been agreed upon:

1. You will agree to promptly inform your Clinical Coordinator of your history of chemical dependency and of the conditions of this contract, at each clinical site you rotate for the first time.
2. You will completely abstain from all controlled substances and alcohol while a student in this program.
3. You will notify the Nurse Anesthesia Program Director or Associate Director or Associate Dean for Graduate Programs and treating physician within 72 hours of being prescribed mood-altering substances by a licensed practitioner. You will provide the name, address and phone number of the licensed practitioner prescribing the medication, the nature of the illness or medical condition, the type, strength, dosage, specific directions for the use of the medication and the expected duration of therapy. You authorize the release of your medical records by the licensed practitioner to the Program when requested.
4. You will report to your clinical/classes free from the influence of any controlled substance and/or alcohol.
5. You will report relapses immediately and will voluntarily cease the study/practice of anesthesia and enter into a VRP.
6. You will submit a detailed report and verifiable documentation of any absences not previously approved by the Program Administrators or delegates.

7. You will be subject to thirty-six (36) months of random (unannounced) drug/alcohol testing by providing blood and urine specimens upon request. Such testing will be conducted by the Commonwealth of Pennsylvania Impaired Professional Program.
8. If I, as your Program Director, determine at any time that you are not in compliance with the agreement outlined above, your enrollment will be terminated immediately.

This document represents a full and final settlement of this matter, and the terms will not be subject to the Grievance Process in your Student Handbook.

Your signature below indicates your acceptance and agreement with the above conditions of enrollment.

Sincerely,

Jodie Szlachta PhD, CRNA  
Program Director VU DNP  
Nurse Anesthesia Program

\_\_\_\_\_  
Agreed by: ( date)

All students enrolled in the Villanova University DNP Nurse Anesthesia Program are permitted to obtain scheduled and controlled drugs from the pharmacy for their cases and any clinical site that provides them appropriate access. They must wear their ID badges and become familiar with each Department of Anesthesia's Practice Policy for the site where they are rotating.

Students, as part of the anesthesia department, are subject to the same audits to which all other anesthesia providers are subject.

Violations by the student of any departments' practice policy on documentation and handling of these drugs will be addressed by the Program administrator, immediately. The first offense will result in a written reprimand, citing the specific incident. The student will be required to review the policy and to state future adherence to the policy to either the school's administration or to the department chair.

A second violation will result in the student being suspended from clinical practice for a week. Graduation will be delayed accordingly. A written reprimand will be placed in the student's permanent file.

Any additional violations will result in the dismissal of the student.

The student has the right to appeal any of the above sanctions.

I have read the above policy and agree to its terms.

Print Name:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*ON-CALL PROCEDURE FOR*  
CROZER-CHESTER MEDICAL CENTER  
ANESTHESIA DEPARTMENT

**Reporting**

1. If you have CALL on a normally scheduled **clinical day**, you are to report at **3:00 pm**
2. If you have CALL on a **class day**, you are to report at **5:00 pm**, after class.
3. If you have CALL on a **weekend** (Saturday or Sunday), call is scheduled 12 hours and you are to report at **7:00 am or 7pm, as scheduled.**
4. If you have CALL on a **holiday**, call is 12 hours and you are to report at **7:00 am or 7pm, as scheduled.**
5. **If you are scheduled for a call shift and are ill, you are required to actively seek classmate coverage for a shift you are unable to cover. At least 12 hours' notice to Matt McCoy (by phone or text message), and email to Denise Lamb are required if you cannot cover a call shift and are unable to find coverage.**  
**If you do not find coverage or do not report for a call shift, it may (at the discretion of the program administrators) be recorded as an unexcused absence (see policy # 1207). Acute illness situations will be considered on a case-by-case basis, and may require documentation of medical attention.**

**Entitlements**

1. Taking **16 hour CALL** on a **WEEKDAY (Monday thru Thursday)**, you will receive the next day off as a **POST-CALL day**.
2. Taking **14 hour Call** on a **WEEKDAY (Monday – Thursday)** after a **CLASS DAY**, you will receive the next day off as a **POST-CALL day** and **1 comp day assigned to another clinical day that week/month**. Every effort will be made to not assign students to call after a class day.
3. Taking 16 hour CALL on a **FRIDAY (non-holiday, non-class day)** you will receive 1 day off pre-call **or**, 1 post-call day the following week.
4. Taking call on a **FRIDAY after a CLASS DAY**, you will receive 1 day off pre-call **or**, 1 post-call day the following week **and** 1 comp day the following week.
5. Taking 12 hour CALL on a **SATURDAY 7a-7p or 7p-7a** you will receive 1 comp day to be assigned to a clinical day that week
6. Taking 12 hour call 7am-7pm; you will receive 1 comp day to be assigned to a clinical day that week. Taking 12-hour **7pm-7am CALL** on a **SUNDAY** you will receive Monday as your **POST-CALL day**.

Manual Loc: A/F/S

7. Students will be **NOT** be assigned a Sunday night call 7pm-7am if they have a class scheduled on Monday unless extenuating circumstances otherwise permit. If this should occur, the student is to report to class at his/her discretion but will remain responsible for all covered material. In addition, the comp day will be assigned to the next available clinical day that week.
  
8. Taking CALL on a **HOLIDAY**, you will receive one (1) POST-CALL DAY and one (1) COMP DAY the following week, for a 12 hour call shift.

**Comp time Banking**

If you are rotating to a site other than CCMC and you volunteer for a **FRIDAY or SATURDAY** call at CCMC, you will receive **2 comp days for a 16 hour Friday call** and **1 comp day for a 12 hour Saturday call shift**, which will be added to your bank. This applies only when you work a Weekend call shift.

POLICY DATED: 7/2/09; other policies affected by change of 1224: 2017

POLICY REVISED: 5/28/15, 08/2019, 3/1/23

CROZER-CHESTER MEDICAL CENTER SCHOOL OF NURSE ANESTHESIA

**CALL SWITCH REQUEST FORM**

TEL: 610-938-6765

FAX: 610-938=6766

REQUESTER NAME: \_\_\_\_\_

SCHEDULED CALL: \_\_\_\_\_  
(Day, Date, Shift)

WILL BE COVERED BY: \_\_\_\_\_

<b>EXPLANATION FOR SWITCH:</b>	
I AGREE TO COVER CALL FOR _____ AND HE/SHE WILL COVER MY CALL ON _____	

**Requesting NAR Signature & Date:**

--

**Substitute NAR Signature & Date**

--

**Approved by Dr. Li:  
(or Designee) Sign & Date**

--

**Approved by NAP Administration**

--

## TIME OFF

Attendance at scheduled classes and clinical are required. Time off must be used for any clinical or class day that is missed.

### TIME OFF

#### FIRST CLINICAL YEAR: (September to August)

5 days – scheduled by the student anytime between June and August 31<sup>st</sup> of the 1<sup>st</sup> clinical year. These 5 days may be taken individually or together at the discretion of the NAR, subject to approval by the Program Director and clinical site. Unused days **CANNOT** be carried over to the 2<sup>nd</sup> clinical year. No time off is permitted from September through May of the first clinical year.

#### HOLIDAY BREAKS (FIRST YEAR ONLY):

Winter break (5 days) – scheduled between Christmas Day and New Year's Day.

Spring break (5 days) – scheduled the week before Easter.

#### SECOND CLINICAL YEAR: (September to August)

Students will receive 3 weeks of time off (total) in the second clinical year.

Second year students will be assigned one week of time off as follows:

1. 1/3 (10) NARs will be assigned vacation the 3<sup>rd</sup> full week in June
2. 1/3 (10) NARs will be assigned vacation the 2<sup>nd</sup> full week in July
3. 1/3 (10) NARs will be assigned vacation the 1<sup>st</sup> full week in August.

In addition to the assigned week of time off, students must take, in succession, Monday through Friday, one (1) week of time off at a time they choose, subject to approval by the Program Director and clinical site.

If a designated holiday occurs during a student's time off "week", holiday will be recorded, and the student will not be charged a time off day.

Remaining time off may be taken individually or together at the discretion of the NAR subject to approval by the Program Director and clinical site.

Unused time off from 2<sup>nd</sup> clinical year will be carried over to the 3<sup>rd</sup> clinical year.

#### THIRD CLINICAL YEAR: (September to Graduation)

**ALL unused time off** carried over from 2<sup>nd</sup> clinical year must be used by SEPTEMBER 30<sup>th</sup> of the Graduation Year.

**NO MORE THAN ONE (1) WEEK AT A TIME MAY BE TAKEN UNLESS APPROVED BY THE PROGRAM DIRECTOR(S) AND CLINICAL SITE.**

**STUDENTS ARE REQUIRED TO BE PRESENT ON SPECIFIC DATES RELATED TO FINAL COURSE PRESENTATIONS.**

### SICK TIME

Sick time is included in the time off allotment per year of the program and will be deducted from the allotted 5 individual days. We strongly discourage students from calling out of a clinical obligation.

Sick Call Out Procedure: Notification of a member of the Anesthesia Department is required if a student calls out sick or will be late. The procedure for this is to call the Anesthetist or MD in charge of the schedule.

**Notification must be made no later than 7:00 am.**

Refer to the Clinical Site Contact Information in Typhon.

**A STUDENT CALLING OUT SICK MUST ALSO NOTIFY THE PROGRAM DIRECTOR and PROGRAM MANAGER via EMAIL at [Jodie.szlachta@villanova.edu](mailto:Jodie.szlachta@villanova.edu) and [denise.lamb@villanova.edu](mailto:denise.lamb@villanova.edu) Failure to notify both the Clinical Site and Program Administrators will be considered an Unauthorized Absence.**

Any student calling out three times in a semester will be counseled regarding this behavior. The second time a student calls out more than three times in a semester, documentation of the illness may be required by the Program Director(s). The student will be counseled and will be subject to disciplinary action at the discretion of the Program Directors. This may include clinical probation and/or the student may be required to make up the missed time at that clinical site. A third offense may result in dismissal from the program at the discretion of the Program Directors and Director of the Graduate Program Villanova University.

**UNAUTHORIZED ABSENCES: An Unauthorized Absence is defined as follows:**

- A. A student fails to notify both the clinical site and the program administrators when he/she calls out sick either to clinical or class.
- B. A student fails to show up for class.
- C. Inaccurate documentation of time off.
- D. Inability to cover a scheduled call shift, without 12 hours' notice, per the discretion of the program administrator.

**THREE (3) UNAUTHORIZED ABSENCES WILL RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM.**

**IF TIME OFF EXCEEDS ALLOTTED TIME, THIS WILL BE MADE UP AFTER GRADUATION, DAY FOR DAY.**

If a student becomes ill during the day, he/she must notify the anesthesiologist(s) in charge of the schedule and the Program Manager.

**EDUCATION DAYS AND PROFESSIONAL MEETINGS:**

Students are required to complete eight (8) hours of professional practice meeting/conference time in Clinical Year 1 and Clinical Year 2. Meeting/Conference time is defined as onsite clinical morning meetings, local, state or national professional anesthesia conferences and is to be documented in Typhon by the student. ACLS, BLS and PALS does NOT qualify for meeting/conference time.

Time off education days are allowed for the student to attend local, state, or national professional anesthesia conferences. Time off requests to attend conferences must be submitted using the time off request form. All conference time off must be approved by the Program Manager and the Clinical Coordinator at the site **where the student is located during the planned conference.** The student generally incurs all costs of attendance. **One travel day prior to the conference and one travel day following the conference is allowed for attending conferences outside of the tri-state (PA, NJ, DE) area. Travel time must be included in the request for time off and designated as such. PROOF OF REGISTRATION AND ATTENDANCE IS REQUIRED.**

Education days may also be used when a student is planning a Shadow Day (prior to the next clinical site) or taking the SEE exam.

A Comp Day can be earned by volunteering for a service project and banked for use at a later time. Only one Comp Day can be earned in Clinical Year 1 and Clinical Year 2.

**TIME OFF DURING SPECIALTY ROTATIONS**

**Hearts and OB:** Time off is **NOT** permitted, except for extenuating circumstances during the one (1) month specialty rotations.

**Pediatrics:** Please reference each specific site's policy regarding requests for vacation and conference time off.

- a. Al DuPont (up to 90) Day Rotation

Manual Loc: A/F/S/App

- Vacation/Time off:
  - Requests are not permitted for time off. During this rotation, students have three clinical days/week (sometimes less if on call). Individual needs will be addressed as they arise.
  - Students may pick ONE educational conference (Valley, PANA, etc.) to attend during their rotation. However, conference time is not permitted during the first two weeks or last week of the rotation
  - SNOW DAYS: our expectation is for the students to follow their Programs' snow policy. We ask students to notify us if their school has closed due to weather.
  
- b. St. Christopher's Hospital (up to 90) Day Rotation
  - Time off:

Students will not be able to schedule time off while assigned to the pediatric rotation. If students need time off for a conference or orientation for an alternate site, those dates must be provided prior to rotation start date.
  - St. Chris has implemented a 5 clinical day in every 2 weeks such that students will be rotating 2 days one week and 3 days the following week (or the equivalent if scheduled for a call shift. Every Thursday the students will not be scheduled at St. Chris and they will be scheduled at another clinical site to which they have already rotated. This will be coordinated by the Program Director.

**BEREAVEMENT LEAVE:**

The Nurse Anesthesia Program follows Crozer Chester Medical Center's Policy #: ADM 4-11 regarding time off for the following family members:

1. Three (3) days will be given without taking away from your allotted time off for the death of a parent, stepparent, spouse, child, brother, sister, stepbrothers, stepsisters, legal guardian, relatives residing in the same household or same-sex domestic partner.
  
2. One (1) day will be given without taking away from your allotted time off for the death of a parent-in-law; brother-in-law; sister-in-law; grandparent or grandchild.

**REQUESTS:**

All requests for any time off with the exception of sick time must be submitted to the Program Administrator(s) on the attached form at least 30 days prior to the requested time off. The student can notify the administration of his/her intent to take the time off via email and wait for a response; then depending on the response, the student can proceed with completing the formal documents. No requests for time off will be accepted without the formal approval of the clinical site coordinator on the attached form. An exception to this policy would be an extreme family or personal emergency, which would require the student to speak directly to the Program Administrator.

The student will take or send via email the completed time off request form to the Clinical Coordinator for his/her approval and signature. Then the form MUST be faxed, scanned or handed personally to the Program Manager. Upon receipt and review, the request will be either approved or denied by the Program Director and the Clinical Coordinator. The student's attendance record will be adjusted by the Program Manager.

Remember the following rules regarding use of time off:

- A. Time off may NOT be taken from September through May of the first clinical year in the program unless approved under special circumstances by the Program or Associate Program Director
- B. No time off may be carried from first to second clinical year, except by written request of the student to the Program Director

**Manual Loc: A/F/S/App**

- C. Time off may NOT be taken the first week of a new rotation.
- D. Students must abide by the specific site's policy regarding time off.
- E. Repeated requests for time off on class days will be denied.
  
- F. On-site and Off-site Class days are part of scheduled time and will be recorded as time off while a student is on a Monday through Friday vacation. If, however a student attends class virtually (if offered) or in person the student will not be charged a time off day.
- G. NARs are not required to be in clinical on the day of Graduation.

Approval is not guaranteed for time off requests and may be denied based on scheduling.  
No more than 2 students will be approved for time off at each clinical site.

Created 12/06;

Rev: 6/07; 06/09, 11/10; 7/11; 11/11; 7/12, 7/13, 6/14, 8/14; 8/15, 8/18, 03/19, 08/19, 07/21, 12/21, 7/22, 05/23



### TIME OFF REQUEST FORM

TEL: 610-938-6765

FAX: 610-938-6767

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Type of Request	Clinical/Class Dates Requested	
	Start Date	End Date
Vacation		
Week #1: (Mon-Fri)	—	
Week #2: (Mon-Fri)	—	
Individual Day(s) (Max 5)		
Continuing Education		
Comp Day(s)		
Total # of Days		

Clinical Site (where days will be taken): \_\_\_\_\_

Signature/Date  
Approved by Clinical Site:

**EXPLANATION:**

Signature/Date  
Approved by Program:

Office Notes:

**Policy Name: Professional Standards for Progression    Review Date: 8/21, 12/21, 07/23    Policy No: 1226**

**And Graduation; Student Responsibilities**

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**COA DNP standard C4, D4, 5, 6, 8, 9, 10, 13, 14, 19, 23, 25-27, 34, 36, 37, F5, 7, G1, H1.2.1-H1.2.8, H 1.4**

**Manual Loc: A/F/S**

### **Professional Standards for Progression and Graduation**

This document delineates the essential sensory, motor, cognitive, and behavioral attributes that individuals must possess to successfully participate in and complete the Villanova University DNP Nurse Anesthesia Program.

This document is prepared so that persons interested in applying for the Villanova University DNP Nurse Anesthesia Program will have a better understanding of the physical, mental, emotional and behavioral requirements necessary to function as a nurse anesthetist. The Fitzpatrick College of Nursing's Graduate Program for Nurse Anesthesia acknowledges the requirements of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

The faculty recognizes that the practice of nurse anesthesia is physically, mentally and emotionally challenging. The provision of safe, competent anesthesia services requires that the practitioners demonstrate cognitive, technical, observational, and behavioral skills. Students need to have the physical and emotional endurance to adapt to a demanding nurse anesthesia DNP program.

**Successful progression through the DNP nurse anesthesia program requires the following abilities:**

#### **Sensory:**

- Discriminate variations in human responses to disease using visual, auditory, tactile, and other sensory perceptions.
- Recognize and interpret data obtained from invasive and non-invasive monitoring devices and alarms using visual and auditory senses.
- Comprehend written and verbal communications in English through oral and written methods in order to communicate clearly and effectively with other healthcare providers and patients of all ages.
- Utilize interpersonal and communication skills that result in the effective exchange of information and productive collaboration with patients, their families and other healthcare professionals.

#### **Motor:**

- Coordinate gross and fine motor movements and the senses of touch and vision to perform physical assessment, insert intravascular access, administer regional anesthetic techniques, and perform airway management.
- Demonstrate sufficient physical strength to perform airway management, move and position patients and equipment.
- Sufficient stamina to stand or sit for prolonged periods of time
- Safely maneuver in areas with limited space and physical obstructions
- Respond appropriately to alarms and changes in patient conditions that require physical interventions.

#### **Cognitive:**

- Use reason, analysis, calculations, problem solving, critical thinking, self-evaluation, and other learning skills to acquire knowledge, comprehend scientific principles, and synthesize complex concepts.

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**And Graduation; Student Responsibilities**

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**COA DNP standard C4, D4, 5, 6, 8, 9, 10, 13, 14, 19, 23, 25-27, 34, 36, 37, F5, 7, G1, H1.2.1-H1.2.8, H 1.4**

**Manual Loc: A/F/S**

- Interpret information derived from auditory, written, and other visual data to determine appropriate anesthetic management plans.
- Apply theoretical knowledge and science-based principles to practice to provide safe anesthetic care and analyze new practice approaches.

**Behavioral:**

- Demonstrate responsible and ethical professional behaviors, as well as tactfulness, sensitivity, compassion, honesty, integrity, empathy, and respect in the clinical and didactic areas. **(COA DNP standard D. 33, 34, 35, 37).**
- Exhibit flexibility and equanimity in stressful and rapidly changing situations, including emergencies.
- Cooperate with other members of the healthcare team to provide a therapeutic environment and safe patient care.
- Accept constructive criticism and respond by appropriate behavior modification toward the goal of self-improvement.

**Student Responsibilities: in addition to those above:**

- Students are expected to maintain a professional attitude and appearance while in the clinical areas.
- Students are expected to treat patients with dignity and respect. HIPAA policies are to be adhered to at all times. **(COA DNP STD. D 27)**
- Students are expected to function within the legal and regulatory requirements for NARs (AKA SRNAs) and RNs. **(COA DNP standard D.36)**
- Students are not to leave the Operating Room without permission of the individual running the schedule, and without informing him/her of how the student may be contacted.
- Additional departmental policies are recorded in a manual kept in the Anesthesia office of each clinical site. The student is advised to seek faculty or Clinical Coordinator advice/guidance for any questions related to a departmental policy. Students are expected to adhere to all policies of all clinical agencies.

**DRESS CODE:**

1. Students are to wear proper attire to and from the clinical sites and in the clinical area. A clean scrub suit or gown and a clean hat should be worn each day. Masks must be changed per hospital policy. Clinical site dress code policies are to be strictly followed. All hair must be covered at all times in the OR suite. Wedding bands and small snugly fitting watches are the only visible jewelry permitted. Artificial nails or nail extenders are not permitted as they may be a source of infection to our patients.
2. As professional graduate students and representatives of the Nurse Anesthesia Program, students are to wear business casual attire to and from class and clinical, or a full set of matching scrubs, preferably those that identify the Nurse Anesthesia Program. NO flip-flops, athletic shorts,

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**And Graduation; Student Responsibilities**

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**COA DNP standard C4, D4, 5, 6, 8, 9, 10, 13, 14, 19, 23, 25-27, 34, 36, 37, F5, 7, G1, H1.2.1-H1.2.8, H 1.4**

**Manual Loc: A/F/S**

halter tops, spaghetti straps, or other inappropriate attire is permitted. IF a student wears inappropriate attire to class or clinical, they will be sent home and they will be charged one vacation day.

3. ID Badges are to be displayed AT ALL TIMES in the clinical area and when walking throughout any clinical site or campus.

### **Records (COA DNP standard C4, G1)**

Students are required to complete their clinical anesthesia records on Typhon and in a timely fashion. These records are reviewed monthly by the Program Director and /or NAP Faculty to assure adequacy of each student's clinical experience and accuracy of data entry.

### **Equipment:**

Each student is expected to leave his/her equipment in order at the end of the day. No one is exempt from cleaning and restocking operative suites. Students are not to attempt internal repairs on any machinery. Instead, students are directed to ark and report any defective machinery.

### **Safety Policies:**

Policies of the anesthesia department that are concerned with safety are written in anesthesia departmental manuals. It is the responsibility of every member of the department to be familiar with these policies.

### **Attendance Policy:**

Students are expected to attend each scheduled class and to be prepared for each clinical experience as assigned. Students are required to be punctual for classes and clinical.

A record of all absences will be kept by the Program Manager. In the event this record shows a pattern of repeated absences, the student's status will be evaluated to determine whether or not he/she should consider Requesting a leave of absence or be referred to the EAP until his/her problem is corrected. If any pattern of absences suggests a failure to meet his/her responsibilities (i.e., repeated absence before and/or on the day of an exam; repeated absences before or after a weekend or holiday), a warning will be issued to the student. Please refer to Policies #1207, #1213 and #1225 for further clarification.

### **Student Preparation: (COA DNP standard D5, 6, 8, 9, 10)**

Students are expected to be prepared for both clinical and didactic assignments. All patients to which the student is assigned shall have a pre-operative visit and written or oral care plan developed by the student prior to administration of the anesthetic. The only exception to this is when the student is relieving on a case. Preoperative visits are defined as an assessment of the patients PMH, PSH, VS, Lab data, physical assessment of patient, including airway and all other systems, and all current medications including OTCs. The care plan should be culturally competent and based upon the patient's physical status, the type of surgery, the surgical procedure, and the patient's comfort, safety and co-morbidities. Students are required to perform a postoperative visit on all of their patients that are **inpatients** after surgery. Students may be required to perform postoperative visits on any patients following surgery as directed by the anesthesiologist/CRNA running the schedule.

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**And Graduation; Student Responsibilities**

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**COA DNP standard C4, D4, 5, 6, 8, 9, 10, 13, 14, 19, 23, 25-27, 34, 36, 37, F5, 7, G1, H1.2.1-H1.2.8, H 1.4**

**Manual Loc: A/F/S**

**Didactic Grading & Assignments:** Refer to Policy #1216

**Program Evaluations: (COA DNP standard H 1.2, 1.2.1-1.2.8., H 1.4)**

All students are expected to participate in program evaluations. These evaluations are data sources utilized by the program to ensure quality improvement. Students are required to complete course and instructor evaluations. Clinical sites, Clinical instructor, and Clinical Coordinator evaluations occur at the end of a rotation. Overall Program Evaluation occurs bi-annually in advance of the Spring and Fall Faculty and Curriculum meetings. These evaluations are on Typhon® for student completion. Employer and Graduate follow up evaluations are conducted at 1-year post-graduation.

**Student Supervision (COA DNP standard F5, 7)**

Students will be supervised by both CRNA's and Anesthesiologists. Please refer to Policy # 1117 for further clarification. The ratio of supervision is never greater than 2 students/faculty member. The instructor has the right to determine the amount of participation by the student in the case. The instructor is also responsible for evaluating the student's performance. Each student is to give his instructor a daily clinical evaluation form after first completing the self-evaluation portion

**Consultation:**

The student at any time is free to request consultation from the faculty. Each student's supervisor is to be immediately available if the need for consultation arises.

**Self Evaluation Exam (SEE):**

First Clinical Year - Each student will register, pay, and take the SEE (Self Evaluation Exam) no later than September 30<sup>th</sup> of the first clinical year and is required to meet the Program Administrator's threshold for passing based on the national average for their cohort on the first attempt. If the student is not successful in meeting the threshold, they are required to re-take the exam no later than December 31<sup>st</sup> of the same year.

Second Clinical Year - Each student will register, pay and take the SEE (Self Evaluation Exam) no later than September 30<sup>th</sup> of the second clinical year and is required to meet the Program Administrator's threshold for passing based on the national average for their cohort on that attempt. If the student is not successful in meeting the threshold, they are required to re-take the exam by October 31<sup>st</sup> of the same year.

A student is required to meet the Program Administrator's threshold for passing the SEE based on the national average for their cohort in the second clinical year or re-take the SEE examination until the threshold is met or the student has taken the SEE exam for a maximum of 4 times while in the program. Graduation may be delayed if either requirement is not met.

It is each student's responsibility to schedule the exam immediately after receiving the registration materials from the NBCRNA.

Villanova University  
M. Louise Fitzpatrick Fitzpatrick College of Nursing

Policy on Criminal Background Check for Matriculating Students

**PURPOSE:**

To establish a policy and standardized procedure for conducting criminal background checks on students matriculating into the Fitzpatrick Fitzpatrick College of Nursing at Villanova University.

**RATIONALE:**

Current policies and regulations of health care facilities and regulatory bodies now require that students participating in clinical experiences as part of their educational program have satisfactorily completed a criminal background check prior to engaging in clinical activities in order to help ensure patient safety. Clinical experiences are a required part of the educational program at the Fitzpatrick Fitzpatrick College of Nursing.

**APPLICABILITY:**

This policy shall apply to all Fitzpatrick Fitzpatrick College of Nursing students who matriculate into Fitzpatrick College of Nursing clinical courses and programs. The criminal background check required by this policy must be completed satisfactorily, as determined in the sole judgment of the Fitzpatrick College of Nursing, prior to beginning any clinical experiences. Failure to complete a criminal background check satisfactorily in the sole judgment of the Fitzpatrick College of Nursing will result in a student not being allowed to matriculate into any clinical nursing course or program. Completion of a criminal background check deemed satisfactory by the Fitzpatrick College of Nursing does not guarantee that every clinical facility will accept this assessment and allow the student to participate in clinical activities at this facility or that every state will accept the individual as a candidate for registration, permit or licensure.

**PROCEDURES:**

All students matriculating into Fitzpatrick College of Nursing clinical courses or programs will be required to complete a Criminal Background check, FBI Fingerprint, PA Child Abuse and Drug Screen, deemed satisfactory, in the sole judgment of the Fitzpatrick College of Nursing, as a condition of their acceptance into the nursing program or enrollment in clinical courses in the nursing program. An offer of acceptance or enrollment into any Fitzpatrick College of Nursing clinical programs is not considered final until the completion of the background check with results deemed satisfactory in the sole judgment of the Fitzpatrick College of Nursing. Acceptance into Fitzpatrick College of Nursing programs may be denied or rescinded, or enrollment terminated at the

discretion of the College based on the results of a criminal background check. A clear background check must be submitted to the FCON within 3 months of receiving the dated FCON contingent acceptance letter, **AND** no later than the first day of the Fall semester prior to the January cohort matriculation date, and annually, thereafter.

Students must sign a form authorizing completion of a criminal background check performed by a consumer reporting agency authorized by the Fitzpatrick College of Nursing to perform such checks and must complete a Student Disclosure Form requiring information about previous convictions and/or guilty or no contest pleas to crimes, misdemeanors or other offenses.

Omission of required information or false or misleading information provided by the individual on the Student Disclosure Form or in any other communication with the College may result in denial or rescission of acceptance or enrollment, disciplinary action or dismissal at the sole discretion of the College without the need for any proceedings under the Code of Conduct or other University policies.

The Fitzpatrick College of Nursing will inform potential applicants and accepted students that criminal background checks are required by means of an announcement in the College Catalog, Student Handbook, College website or any other pertinent informational materials.

If the background check report reveals information of concern which the College may deem not to be satisfactory, the College will provide the student with a copy of the report and the document "A Summary of Your Rights Under the Fair Credit Reporting Act", and require the individual to provide a detailed written description and explanation of the information contained in the report along with appropriate documentation, including, without limitation, police reports. This information must be returned to the College within 10 working days of the date of the communication sent to the individual.

The College, as represented by the Associate Dean for Graduate Programs and the Vice Dean for Academic Affairs will review the report, the student's explanation, and any supplementary information and will consider factors such as: the nature and seriousness of the offense, the circumstances under which the offense occurred, the relationship between the duties to be performed as part of the educational program and the offense committed, the age of the person when the offense was committed, whether the offense was an isolated or repeated incident, the length of time that has passed since the offense, past employment and history of academic or disciplinary misconduct, evidence of successful rehabilitation, and accuracy of the information provided by the student. The College may consult the University's General Counsel's Office for advice and counsel.

If the College deems the background check information **not** to be satisfactory, acceptance or enrollment into the College's clinical courses or programs may be denied or an offer of acceptance rescinded. If a student's acceptance or enrollment is denied or rescinded

based on the information obtained from a criminal background check report, the student will be advised of the name and address of the consumer reporting agency that furnished the report, and of the right to dispute the accuracy and completeness of any information contained in the report by contacting the consumer reporting agency directly.

If the College decides, based upon the individual's written description, explanation and documentation about information obtained in the criminal background check, that the results of the check are deemed to be satisfactory, the individual shall be informed that the College's positive decision is not a guarantee that every clinical facility will permit the student to participate in educational clinical experiences at that facility or that any state will accept the individual as a candidate for registration, permit or licensure.

Several clinical sites require current background checks. If a student is to rotate to one of these sites and their background check is considered out of date by that site, they will be required to have it redone at their own expense prior to beginning their rotation to that site.

### **CLINICAL SITE REQUIREMENTS:**

In addition to the requirements requested by Villanova University, each clinical site requires the program to send current drug and criminal background check information for their credentialing-for each student that will rotate to that clinical site. In addition, some clinical sites require drug screens be completed within 30 days of starting the rotation. Students must comply with these requirements at their own cost.

**VILLANOVA UNIVERSITY  
DNP NURSE ANESTHESIA PROGRAM**

**CONSENT AND RELEASE of  
HEALTH HISTORY INFORMATION AND SCREENINGS**

I consent to the release of information about my health history and immunizations from the Villanova University DNP Nurse Anesthesia Program to any and all of the clinical sites used by the Program while I am enrolled as a student in the program.

Print Name \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Villanova University DNP Nurse Anesthesia Program**  
**Procedure for Blood Borne Pathogen and Communicable Disease Exposure Incidents**

**PURPOSE:**

To establish a standardized procedure to protect students from exposure to blood borne pathogens and to manage any unanticipated or inadvertent exposure to blood borne pathogens and/or communicable diseases during educational experiences in the Villanova University DNP Nurse Anesthesia Program.

**RATIONALE:**

Students enrolling in academic nursing programs participate in invasive or exposure prone procedures, such as the provision of clinical care to patients in health care facilities. The educational program prepares students to practice in the safest possible manner to prevent exposure. However, in the event of an unanticipated or inadvertent exposure the procedures outlined here will provide the most current approach to the protection of student health.

Blood borne pathogens are potentially infectious materials, including Hepatitis B virus (HBV), Human immunodeficiency virus (HIV) and hepatitis C virus (HCV). Such infectious materials may be found in all human body fluids, secretions, and excretions, except sweat. Communicable diseases are contagious diseases including Tuberculosis bacteria. TB bacteria may be found in the air when a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings.

Exposure to blood borne pathogens and communicable diseases may be unanticipated or inadvertent exposure via eye, mouth, other mucous membrane, non-intact skin, or parenteral contact (such as a needle stick) with blood or other potentially infectious materials.

**PROCEDURES:**

All students enrolled in the VU DNP Nurse Anesthesia program with a clinical component are required to be immunized against Hepatitis B Virus (HBV).

All students are required to practice standard precautions when caring for patients and take reasonable precautions to prevent exposure to blood borne pathogens and communicable diseases through the use of standard precautions and personal protective equipment, such as gloves, masks, gowns, etc.

Management of exposure incidents will conform to the following standards:

1. Following a suspected or known exposure incident, the student should immediately report the incident to the Clinical Coordinator or clinical preceptor at the clinical site where the exposure incident occurred. The student should immediately report the incident to a Program Administrator :
  - a. Jodie Szlachta CRNA, PhD, Program Director. 610-519-6852  
Email: [jodie.szlachta@villanova.edu](mailto:jodie.szlachta@villanova.edu)
  - b. Denise Lamb, Program Manager. 610-519-6310  
Email: [denise.lamb@villanova.edu](mailto:denise.lamb@villanova.edu)
2. Testing of the exposed student should be done via drawing a blood sample immediately after an exposure incident by the Emergency Room **at the clinical site where the exposure occurred**. Testing is at the option of the exposed individual and will be done only after obtaining written informed consent in accordance with the procedure of the agency or institution. It is recommended that a blood sample for testing be drawn immediately after the exposure incident and follow up testing performed 10-12 weeks after exposure or suspected exposure of Tuberculosis, even if a decision to consent to testing of the sample has not been made.
3. The initial exposure should be managed according to the exposure control plan and procedures in place at the clinical site. This may include sending the student to the Emergency Room or contacting the infection control office at the particular clinical site. An incident or adverse event report should be completed in keeping with clinical site's policy. A copy of the incident or adverse event report should be forwarded to Program Administrator's and program manager's email listed above.
4. The exposed student can request that the Source Individual be tested (with consent) for Blood Borne Pathogens and/or communicable diseases per the policy of the clinical site.

A student's personal health insurance policy will be considered primary insurance. Any costs incurred and not covered by the student's health insurance are the responsibility of the student. The VU Student Health Center may be an option for lab work and /or follow up care. 610-519-7777, **Phone: 610-519-4070**  
**Email: [studenthealthcenter@villanova.edu](mailto:studenthealthcenter@villanova.edu)**

<https://www1.villanova.edu/university/student-life/health-services/health-center.html>

Policy Name: Body Substance  
Exposure Procedures

Review Date: 08/21, 08/23 Policy No: 1229  
COA DNP standard: A 10.6, A 12, G4

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Manual Loc: A/F/S

02/2007; 10/2015; 7/16; 12/18; updated with AXIS insurance info 2019

Policies affected by a change in this policy: #1207

Policy Name: COVID 19                      Review Date: 08/21, 07/22, 7/23                      Policy No: 1229-C  
Exposure Procedures & Clinical Re-Entry                      COA DNP standard: A 10.6, A 12, G4  
Page 1 of 2  
Manual Loc: A/F/S

This policy was generated with information available on July 13,, 2023.

All nurse anesthesia students are required to be fully vaccinated against COVID before the Fall semester of their first year in the program, prior to the start of clinical rotations.

The Current CDC guidelines included in this policy were obtained from the following website.  
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

The purpose of this policy is to protect the health of NA students, patients, colleagues, and the community. The program will provide that students are educated, trained, and have practiced the appropriate use of PPE prior to care for patients, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment. In addition, with respect to our diverse 30+ clinical facilities, students are expected to know and adhere to the policies of the clinical facility to which they are assigned and anesthesiology department's established processes for infection control and prevention strategies, reporting, communicable disease exposure responses, performance improvement and risk management.

The ~~Prospect-Crozer-Chester Medical Center / Villanova University DNP Nurse Anesthesia Program, in conjunction with our clinical partners and Villanova University's Fitzpatrick College of Nursing~~ is committed to providing our students with a safe educational experience. The COVID19 pandemic has presented many new challenges to the health care community and community at large. Student engagement in this clinical educational program, is voluntary. If a student elects to stop progressing in the program, NAP administrators, faculty, and staff are available to assist the student to seek an alternative educational track. Additionally, students are expected to communicate to program administration, clinical coordinators, and/or clinical instructors any concerns they have related to the ability to deliver safe and competent anesthesia services at any of the clinical facilities. The faculty and administration are here to support and assist you.

If students are experiencing symptoms of COVID19, including a fever, cough, or shortness of breath, the student **must** notify their program Administrator **and** Clinical site, **and** self-quarantine for 5 days from symptom onset or positive covid test (first day of symptom onset is counted as day zero). Students may return to clinical after the quarantine period as long as symptoms are improving and must wear a mask for the next 5 days when around others.

Any student experiencing symptoms should also seek testing through one of the following sources:

1. Their primary care provider
2. their clinical site
3. PA DOH
4. the VU student health center

Please note that required Quarantine time will **not** be counted against the student's accrued time off.

Additional resources are available through the AANA. Students should review and adhere to the ***Essential Resources*** practice-related documents provided by the AANA when providing care to patients during the COVID-19 pandemic. These resources are available to you through the AANA at: <https://www.aana.com/aana-covid-19-resources>.

*\*\*\*\*\*This Policy is subject to change as the COVID19 pandemic evolves and students are required to adhere to clinical site policies, which supersede individual program policies.*

JBS 4.29.2020, edited to 10 days 6.4.2020, edited to 5 days quarantine 4.2022, JBS edited to include covid vaccination requirement. 07.23 edited for transition to VU sole ownership and control of the NA Program



### **Clinical Affiliation Student Scheduling Guidelines**

1. **Students clinical assignments:** Students may be assigned to regular departmental shifts and call schedules with the following stipulations:
  - a. Call: 16 hours on weekdays with the day off after call.
  - b. Weekend call (in-house call): 12 hours with 1 day off.
  - c. Holiday call: Scheduled for 12 hours and student receives a total of 2 days off.
  - d. A student is not to be scheduled for call the day before a scheduled class, unless approved by the Program Administrator.
  - e. A student may be scheduled for call after a scheduled class if approved by the Program Administrator, or requested by the student.
  - f. At no time can a student be administering anesthesia or involved in direct patient care for longer than 16 hrs consecutively without a break. **(COA DNP standard F9.)**
  - g. There must be at a minimum an 8 to 10 hr break between scheduled shifts. **(COA DNP standard F9.)**
  
2. **Late Shifts:**

(For ex. 7 AM to 6 PM or 7 AM to 7 PM ) students may be scheduled for late shifts if combined, they are equivalent to the hours in their normally scheduled rotation (4 x 8-hour shifts or 3 x 8-hour shifts). Students are scheduled for 3 long shifts (10-12 hours) at AIDuPont Hospital for Children, instead of 4 8-10 hour shifts. Student hours are not to exceed 64 hours per week of combined clinical and class time, as defined by the COA, averaged over 4 weeks. **(COA DNP standard F9 and glossary definition of “reasonable time commitment”.**
  
3. **Class time:**
  - a. Students are not to be assigned clinical duty when they are scheduled for a class during the day (8am to 4pm).
  - b. Call is not to be scheduled the night before or the day of class, but may be scheduled after class, per approval of the Program administrator or at the request of the student.
  
4. **“Super Seniors”** (i.e. The Final Clinical rotation during the Board Prep phase in the last 3 months in the program).
  - a. Students are to have 1 class day per week for organized, scheduled senior review.
  - b. Students are to have 1 study day per week arranged with the clinical site for board preparation.
  - c. Students may be assigned call shifts with the appropriate comp time allotted.
  - d. All other clinical times remain as described above.

### **POLICIES & PROCEDURES –Electronic Exam Policy**

1. Students are allotted 72 hours prior to the scheduled exam date to download the exam from Examssoft.
2. Students are allotted 72 hours after the scheduled exam date to upload exam to Examssoft for grading.
  - a. If a student fails to upload exam at the end of 72 hours, the offending student will forfeit one (1) vacation day.
3. Other than the exam laptop, the use of electronic devices of any kind (cell phone, iPod, etc.) is not permitted during **ANY** electronic examination.
  - a. An electronic calculator will be enabled through Examssoft if needed.
  - b. All electronic devices, other than the computer used for testing, must be deactivated upon entering the testing area and must not be re-activated until the allotted exam time has expired.
4. The students' desk area must be clear of all books, papers, book bags, etc.
  - a. A student may request to use 1 piece of blank white scrap paper during the electronic exam which must be turned into the proctor at the completion of the exam.
5. Cheating on exams, photocopying or retaining of exam material and/or discussion of exam questions with other students **will not be tolerated** and is a cause for immediate dismissal from the program. Refer to Policy # 1216.
6. Talking and other disruptive behavior (i.e., loud gum chewing) during the exam is not permitted.
7. Students are permitted a 15-minute review of incorrect responses immediately following the completion of an electronic exam with-in the testing area.
  - a. Students are not permitted to discuss or argue exam questions/answers with each other or the proctor immediately following the exam.
  - b. If a student feels that a question/answer used in creating the exam is incorrect, the student must send the NA Program Faculty an email with a detailed rationale of why the question is erroneous and include supporting literature.
  - c. If the class would like to challenge a question collectively, the student representative may submit questions or issues to the NA Program Faculty.

8. Students must be on time for all scheduled exams. A fifteen-minute grace period will be allotted.
  - a. If a student arrives within the fifteen-minute grace period, the student may sit for the exam but only with the proctor's approval.
  - b. If a student arrives after the fifteen-minute grace period, he/she will not be allowed to take the exam. The NA Program Faculty and/or the Program Manager will schedule an exam makeup time and the student will forfeit 1 vacation day.
  - c. If the student is unable to take the exam on the scheduled date for any reason (i.e., vacation time), the student **MUST** inform the Program Manager **PRIOR** to the scheduled exam date.
  
9. Once a student leaves the examination room, they are not permitted to return to the testing room until the examination period is over.
  - a. Loud talking or other disruptive behavior is not permitted outside of the exam room.
  - b. Laptops and computers are not permitted to be removed from the testing area during testing hours.
  
10. Once a thorough item analysis is completed by the course faculty, the exam results will be posted directly from Examsoft to the students registered email account.

Rev: 7/22



College of Nursing recognizes that students may routinely be utilizing social media and has instituted this Policy to remind students of their responsibilities as nursing students.

The definition of “social media” is media for social interaction, using highly accessible and scalable communication techniques. The goal of social media is to use web-based and mobile technologies to turn communication into interactive dialogue. Outlets within social media include but are not limited to online social networks such as Facebook, Twitter, LinkedIn, Wikipedia, Second Life, Instagram, Flickr, blogs, Foursquare, podcasts, discussion forums, RSS feeds, Allnurses.com, video sharing such as YouTube, iTunes, interactive geo-location, online collaborative information and publishing systems that are accessible to internal and external audiences (i.e., Wikis).

When using social media, students must conduct themselves in accordance with University policy. These policies include, but are not limited to, the policies contained within the Fitzpatrick College of Nursing Handbook, the Student Handbook and the Code of Student Conduct. In addition, students should understand that clinical agencies may take independent disciplinary action against students for violating agency policies. These actions may affect the completion of 45 your placement or course, your course grade and, potentially, your successful completion of your nursing degree. Students and their personal social media accounts may not in any way represent themselves as sanctioned by Villanova University, and are not permitted use of the University’s intellectual property (logos, wordmarks, badges, symbols or any materials protected by copyright or trademark laws) to identify themselves or hold themselves out as officially recognized and/or supported by the University.

Fitzpatrick College of Nursing students may not discuss or distribute sensitive, confidential, or proprietary information about Villanova University, its students, faculty, clinical agencies, clinical agency employees or patients.

- HIPAA (Health Insurance Portability and Accountability Act). Federal guidelines protect confidential patient information. Disclosures by any means of patient information are a federal offense and may subject students to substantial monetary fines and/or criminal penalties in addition to University disciplinary action.

- FERPA (Family Educational Rights and Privacy Act). Student educational records or any personal information about a student which is disclosed without the permission of the student is a federal violation and subject to disciplinary action.

### **Social Media Tips**

- Protect patient information in all forms of communication. No photos, videos or other forms of recording or disclosing patient information.
- Posting confidential information about students, employees or alumni of Villanova University and/or Fitzpatrick College of Nursing is prohibited.
- Think twice before posting. If hesitant, don’t post!
- It is a violation of University policy and contrary to the Mission of the University to defame anyone’s character, embarrass, harass, abuse or use obscenity or profanity when using social media.

- Social media is public information and students should have no expectation of privacy in the information they post in these forums.
- It is inappropriate to “friend” patients or their family members on social networking sites.
- Maintain your professional image on all media sites. University personnel, corporate administrators, employers and law enforcement agencies are utilizing media for formal and information background checks and searches.

The Fitzpatrick College of Nursing expects its students to be thoughtful about how they present themselves and to respect their audience, peers, faculty, the University, and all clinical agencies. Students need to remember that content contributed on all social media platforms becomes immediately searchable by the public at large and forwarded to others without your knowledge or consent. Once your message is sent, or you post information, this information forever leaves your control.

Students are reminded that all University Policies are applicable to students’ conduct on social media and, any conduct which violates University Policy, may subject the student(s) to University disciplinary action, up to and including, expulsion.

Added 8/2015.



**Nurse Anesthesia Program  
Clinical Site Orientation Checklist**

**Student:** \_\_\_\_\_ **Clinical Site** \_\_\_\_\_

**Date** \_\_\_\_\_

- Introduction to the Clinical Coordinator, contact information exchanged (office phone #s, email, cell phone #s.)
- Parking, ID badges, scrub access and dress code addressed.
- Physical tour of anesthetizing areas, PACUs, storage area, lockers, office & lounge.
- Pharmacy access & process for reconciliation of controlled substances reviewed.
- Documentation and record keeping process reviewed (pre-anesthetic evaluation, intra-op & post-op charting.
- Orientation to anesthesia machines & monitors, IV pumps, warmers and tubing & specialized equipment, anesthesia cart inventory and supplies.
- Clinical schedule/assignment process reviewed
- Procedure for notification in the event of the NAR's absence, reviewed.
- Review of system for in-house communication.
- Departmental policies/procedure manual location reviewed.
- Goals for rotation reviewed.

**NAR signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Please return to Denise.Lamb@villanova.edu**

Policy Name: Master Class Schedule		Review date: 8/21; Revised 8/2021		Policy No 2000		
Page 1 of 8		COA DNP Standard: E1,2,2.1-2.3,3-6,8,9,11, F9, G4,5				
Manual location		A/F/S/APP				
Spring semester	Summer semester	Fall semester				
semester		course #	CR	course title	course topics	hours
<b>SP Year 1</b>	NA Courses	none	0			0
	DNP Courses	NUR 8904	3	Nursing Research	Core Course	45
		NUR 9405	1	Innovation in Healthcare	Core Course	16
		NUR 9406	3	Transformational Leadership	Core Course	32
		NUR 8903	3	Advanced Pharmacology	Core Course	45
	Clinical	none	0			0
<b>SU Year 1</b>	NA Courses	none	0			0
	DNP Courses	NUR 8910	4	Advanced Physical Assessment	Core Course	60
		NUR 9407	3	Quality Improvement	Core Course	32
		NUR 9412	3	Ethics and the Law	Core Course	32
	Clinical	none	0			
<b>Fall Year 1</b>	NA Courses	NUR 9420	2	Introduction to NA	Program, Hospital Orientation, Prof Aspects I, Intro Simulation	84
		NUR 9421	2	Foundational Science of NA I	Chemistry and Physics, Advanced A and P I	80
		NUR 9422	2	Fundamentals of NA Practice	Pharm I & Fundamentals	70
	DNP Courses	NUR 8901	3	Advanced Pathophysiology	Core Course	45
	Clinical	NUR 9101	1	Clinical Practicum I		128
<b>SP Year 2</b>	NA Courses	NUR 9423	2	Foundational Science of NA II	Advanced Anatomy and Physiology II, Pharm II	67
		NUR 9424	2	Advanced Dimensions in NA I	Adv Dimensions and Professional Aspects of Nurse Anesthesia II	72
	DNP Courses	NUR 9408	3	Evidenced Based Practice	Core Course	32
		NUR 9400	1	DNP Project Seminar Introduction	Intro to DNP Project	16
	Clinical	NUR 9102	1	Clinical Practicum II		384
<b>SU Year 2</b>	NA Courses	NUR 9425	2	Advanced Dimensions in NA II	Advanced Dimensions II & Specialty Practice Using HFPS	74
		NUR 9426	2	Foundational Science of NA III	Advanced Anatomy and Physiology III, Pharm III	36
		NUR 9401	2	DNP Project Seminar I	Review of Literature	32
	Clinical	NUR 9103	1	Clinical Practicum III		416
<b>Fall Year 2</b>	NA Courses	NUR 9427	3	Case Studies in NA	Problem Based Learning, Peer Mentor, Journal Club	85
		NUR 9402	2	DNP Project Seminar II	Methods and Project Design	32
	Clinical	NUR 9104	1	Clinical Practicum IV		480
<b>SP Year 3</b>	NA Courses	NUR 9428	3	Advanced Dimensions in NA III	Prof Aspects in NA III, Crisis Resource and Adv Airway & Pain Mgmt.	46
	DNP Courses	NUR 9410	3	Health Care Finance	Core Course	32
		NUR 9403	2	DNP Project Seminar III	Implementation, Analysis, and Evaluation	32
	Clinical	NUR 9105	1	Clinical Practicum V		480
<b>SU Year 3</b>	NA Courses	NUR 9429	1	Advanced Dimensions in NA IV	Anesthesia for the Complex PT with Co-existing Disease	24
	DNP Courses	NUR 9409	3	Health Policy	Core Course	32
		NUR 9404	1	DNP Project Seminar IV	Dissemination of Findings	16
	Clinical	NUR 9106	1	Clinical Practicum VI		480
<b>Fall Year 3</b>	NA Courses	NUR 9430	3	Advanced Dimensions in NA V	Board Preparation	96
	DNP Courses	NUR 9411	3	Epidemiology	Core Course	32
	Clinical	none	0			288
		<b>total</b>	<b>73</b>		<b>total hours</b>	<b>3953</b>

Policy Name: Master Class Schedule Review Date: 06/2016, 07/16, 08/19, 03/20,6/20					Policy No 2000	
Page 2 of 8		COA DNP Standard: E1,2,2.1-2.3,3-6,8,9,11, F9, G4,5				
Manual locator		A/F/S/APP				
Fall Year 1		course	course topics	course content	hours	
<b>NA courses</b>	<b>NUR 9420</b>	2	Introduction to NA	Program Orientation	Policy Manual /Student Handbook	4
					Typhon Logs, ExamSoft	4
					Infection Control	2
			Hospital Orientation		Policies and Procedures	4
					TOTAL	14
			Professional Aspects of Nurse Anesthesia I		Chemical Dependency	6
					Wellness	2
					History of Anesthesia	6
					AANA Role and Function	4
					Cultural Competence	4
					TOTAL	22
			Introduction to Clinical Practice Using HF Patient Simulation		Introduction to Simulation	8
					Introduction to Anesthesia Practice	40
					TOTAL	48
					<b>NUR 9420 COURSE TOTAL</b>	<b>84</b>
<b>NUR 9421</b>	2	Foundational Science of NA 1	Chemistry and Physics		Inorganic and Organic Chemistry	6
					Applied Physics	6
					Anesthesia Machine	12
					TOTAL	24
			Advanced Anatomy and Physiology I		Respiratory I	12
					Cardiovascular I	26
					Nervous system : CNS & ANS	12
					Renal	6
					TOTAL	56
					<b>NUR 9421 COURSE TOTAL</b>	<b>80</b>
<b>NUR 9422</b>	2	Fundamentals of NAP Practice	Pharm I		Introduction to Pharm	6
					Inhalation Anesthetic Agents	6
					Intravenous Agents	6
					Muscle Relaxants	6
					TOTAL	24
			Fundamentals of Nurse Anesthesia		Introduction to Anesthetic Principles	12
					Mathematic Principles	4
					Preoperative Assessment Principles	6
					Monitoring Principles	6
					Airway Management Principles	6
					Fluid and Electrolyte Principles	6
					Principles of Patient Positioning	6
					TOTAL	46
					<b>NUR 9422 COURSE TOTAL</b>	<b>70</b>
<b>DNP Courses</b>	<b>NUR 8901</b>	3 cr	Advanced Pathophysiology			45
<b>Clinical Course</b>	<b>NUR 9101</b>	1 cr	Clinical Practicum I			128
					total semester classroom lhours	279
					total semester study hours (20 hours per week x 16)	320
					TOTAL semester time comittment	727
					estimated hours per week	45.4

<b>SP Year 2</b>			<b>Course</b>	<b>Course topics</b>	<b>course content</b>	<b>Hours</b>		
<b>NA Courses</b>	<b>NUR 9423</b>	2	Foundational Science of NA II	Advanced Anatomy and Physiology II	Respiratory II	12		
						Cardiovascular II	27	
						Hepatic	6	
						Pharm II	Cardiovascular Pharmacology	12
						Local Anesthetics	6	
						Pharm Potpourri & Autocoids	4	
						<b>NUR 9423 COURSE TOTAL</b>	<b>67</b>	
	<b>NUR 9424</b>	2	Advanced Dimensions in NA I	Advanced Dimensions	Pediatrics	12		
						Orthopedics	6	
						Geriatrics	6	
						ENT/ Head / Neck Surgery	6	
						Principles of Cardio-Pulmonary Bypass	6	
						Principles of Anesthesia for Burns	6	
						Principles of Thoracic Anesthesia	6	
						Principles of Vascular Anesthesia	6	
						Anesthesia for Cardiac Surgery	12	
						Professional Aspects of Nurse Anesthesia II	Legal Aspects of Nurse Anesthesia	6
						<b>NUR 9424 COURSE TOTAL</b>	<b>72</b>	
<b>DNP Courses</b>	<b>NUR 9408</b>	3 cr	Evidenced Based Practice	Core Course		<b>32</b>		
	<b>NUR 9400</b>	1cr	DNP Project Seminar Intro	Intro to DNP Project		<b>16</b>		
<b>Clinical Course</b>	<b>NUR 9102</b>	1 cr	Clinical Practicum II	48 days x 8 hours		<b>384</b>		
						total semester classroom hours	<b>203</b>	
						total semester study hours ( 20 hours per week x 16)	<b>320</b>	
						TOTAL semester time comittment	<b>907</b>	
						estimated hours per week	<b>56.7</b>	

<b>SU YEAR 2</b>			<b>Course</b>	<b>Course topics</b>	<b>course content</b>	
<b>NA Courses</b>	<b>NUR 9425</b>	2	Advanced Dimensions in NA II	Advanced Dimensions II	Regional Anesthesia	6
					Peripheral Nerve Blocks and Acute Pain Principles	6
					Principles of Anesthesia for Trauma	6
					Principles of Anesthesia for GI/Bariatrics/PONV	6
					Neuroanesthesia Principles	12
					Obstetrical Principles of Anesthesia	6
				Specialty Clinical Practice Using HF Patient Simulation	Obstetrical Simulation	8
					Pediatric Simulation	8
					PNB Simulation	8
					Cardiac Simulation	8
					<b>NUR 9425 COURSE TOTAL</b>	<b>74</b>
	<b>NUR 9426</b>	2	Foundational Science of NA III	Advanced Anatomy and Physiology III	Endocrine	18
					Xray Interpretation	6
				Pharm III	Hemostasis Principles / Anticoagulants	6
					Antibiotic Principles	6
					<b>NUR 9426 COURSE TOTAL</b>	<b>36</b>
<b>DNP Courses</b>	<b>NUR 9401</b>	2 cr	DNP Project Seminar I	Review of Literature		<b>32</b>
<b>Clinical Course</b>	<b>NUR 9103</b>	1 cr	Clinical Practicum III	52 days x 8 hours		<b>416</b>
					total semester classroom hours	<b>142</b>
					total semester study hours (20 hours per week x 16)	<b>320</b>
					TOTAL semester time comittment	<b>878</b>
					estimated hours per week	<b>54.9</b>

<b>Fall Year 2</b>			<b>course</b>	<b>course topics</b>	<b>course content</b>	<b>hours</b>
<b>NA courses</b>					Problem Based Learning: Paper and Presentation of Advanced Anesthesia Management of the Complicated Clinical Scenario, Peer Mentor to 1st CY students, Journal Club	
	<b>NUR 9427</b>	3 cr	Case Studies in Nurse Anestheisa	Problem Based Learning, Peer Mentor, Journal Club		85
					<b>NUR 9427 COURSE TOTAL</b>	<b>85</b>
<b>DNP Courses</b>	<b>NUR 9402</b>	2 cr	DNP Project Seminar II	Methods and Project Design		<b>32</b>
<b>Clinical Course</b>	<b>NUR 9104</b>	1 cr	Clinical Practicum IV	15 weeks x 4 days x 8 hours		<b>480</b>
					total semester classroom lhours	<b>117</b>
					total semester study hours (20 hours per week x 16)	<b>320</b>
					TOTAL semester time comittment	<b>917</b>
					estimated hours per week	<b>57</b>

Policy Name: Master Class Schedule Review Date 7/2016 Rev. 8/19, 3/20, 6/20				Policy No 2000		
Page 6 of 8		COA DNP Standard E1,2,2.1-2.3,3-6,8,9,11, F9, G4,5				
Manual locatic		A/F/S/APP				
<b>SP Year 3</b>		<b>Course</b>	<b>Course topics</b>	<b>course content</b>	<b>Hours</b>	
<b>NA Courses</b>	<b>NUR 9428</b>	3 cr Advanced Dimensions in NA III	Professional Aspects of NA III	AANA Structure / Function/ CQI	2	
				Senior Seminar	6	
			Crisis Resource Management in Anesthesia	Simulation Lab	20	
			Advanced Airway Management	Simulation Lab	6	
			Acute and Chronic Pain Management		12	
				<b>NUR 9428 COURSE TOTAL</b>	<b>46</b>	
<b>DNP Courses</b>	<b>NUR 9410</b>	3 cr Health Care Finance	Core Course		32	
	<b>NUR 9403</b>	2 cr DNP Project Seminar III	Implementation, Analysis & Evaluation		32	
<b>Clinical Course</b>	<b>NUR 9105</b>	1 cr Clinical Practicum V	15 weeks x 4 days x 8 hours		480	
					total semester classroom hours	110
					total semester study hours ( 20 hours per week x 16)	320
					TOTAL semester time comittment	910
					estimated hours per week	56.9

Policy Name: Master Class Schedule Review Date 8/21; Rev.8/21				Policy No 2000	
Page 7 of 8		COA DNP Standard E1,2,2.1-2.3,3-6,8,9,11, F9, G4,5			
Manual location		A/F/S/APP			
<b>SU Year 3</b>		<b>Course</b>	<b>Course topics</b>	<b>course content</b>	
<b>NA Courses</b>	<b>NUR 9429</b>	1	Advanced Dimensions in NA IV	Anesthesia for the Complex Patient with Co-existing Disease Co-existing Disease	<b>24</b>
				<b>NUR 9429 COURSE TOTAL</b>	<b>24</b>
<b>DNP Courses</b>	<b>NUR 9409</b>	3 cr	Health Policy	Core Course	<b>32</b>
	<b>NUR 9404</b>	1 cr	DNP Project Seminar IV	Dissemination of Findings	<b>16</b>
<b>Clinical Course</b>	<b>NUR 9106</b>	1 cr	Clinical Practicum VI	15 weeks x 4 days x 8 hours	<b>480</b>
				total semester classroom hours	<b>72</b>
				total semester study hours (20 hours per week x 16)	<b>320</b>
				TOTAL semester time comittment	<b>872</b>
				estimated hours per week	<b>54.5</b>

<b>Fall Year 3</b>			<b>course</b>	<b>course topics</b>	<b>course content</b>	<b>hours</b>
<b>NA courses</b>			<b>Advanced Dimensoins in Nurse Anesthesia V</b>	<b>Board Preparation</b>	Board Review Lecture/ APEX Review	96*
	<b>NUR 9430</b>	3 cr				
					<b>NUR 9430 COURSE TOTAL</b>	<b>96</b>
<b>DNP Courses</b>	none	0				
	<b>NUR 9411</b>	3 cr	Epidemiology	Core Course		<b>32</b>
<b>Clinical Course</b>	none	0	12 weeks x 3 days x 8 hours			<b>288</b>
					total semester classroom hours	<b>128</b>
					total semester study hours (20 hours per week x 16)	<b>320</b>
					TOTAL semester time comittment	<b>736</b>
					estimated hours per week	<b>46</b>

\*Hours calculated for course NUR9430 are based on in-class and mandatory at home study hours. In 2020 board review began earlier as students were not in clinical due to Covid-19

### Villanova University DNP Nurse Anesthesia Courses

semester	course #	CR	course title	course content	hours	course description
Fall Year 1	NUR 9420	2	Introduction to NA	ProgramOrientation	10	
				Hospital Orientation	4	
				Professional Aspects of Nurse Anesthesia I	22	
				introduction to Clinical Practice using HF Patient Simulation	48	
	NUR 9421	2	Foundational Science of NA I	Chemistry and Physics	24	
				Advanced Anatomy and Physiology I	56	
	NUR 9422	2	Fundamentals of NA Practice	Pharm I	24	
				Fundamentals of Nurse Anesthesia	46	
<b>total</b>		6			234	
SP Year 2	NUR 9423	2	Foundational Science of NA II	Advanced Anatomy and Physiology II	45	
				Pharm II	22	
	NUR 9424	2	Advanced Dimensions in NA I	Advanced Dimensions	66	
				Professional Aspects of Nurse Anesthesia II	6	
<b>total</b>		4			139	
SU Year 2	NUR 9425	2	Advanced Dimensions in NA II	Advanced Dimensions II	42	
				Specialty Clinical Practice using HF Patient Simulation	32	
	NUR 9426	2	Foundational Science of NA III	Advanced Anatomy and Physiology III	24	
			Pharm II	12		
<b>total</b>		4			110	
Fall Year 2	NUR 9427	3	Case Studies in NA	Problem Based Learning , Peer Mentor,Journal Club	85	
<b>total</b>		3			85	
SP Year 3	NUR 9428	3	Advanced Dimensions in NA III	Professional Aspects in NA III	8	
				Crisis Resource Management in Anesthesia	20	
				Advance Airway Management	6	
				Acute and Chronic Pain Management	12	
<b>total</b>		3			46	
SU Year 3	NUR 9429	1	Advanced Dimensions in NA IV	Anesthesia for the Complex Patient with Co-existing Disease	24	
<b>total</b>		1			24	
Fall Year 3	NUR 9430	3	Advanced Dimensions in NA V	Board Preparation	96	
<b>total</b>		3			96	
<b>total</b>		<b>24</b>				

### Villanova University DNP CORE Courses

semester	course #	CR	course title	course content	hours
Spring Year 1	NUR 8904	3	Nursing Research		45
	NUR 9405	1	Innovation in Healthcare		16
	NUR 9406	3	Transformational Leadership		32
	NUR 8903	3	Advanced Pharmacology		45
Summer Year 1	NUR 8910	4	Adv. Physical Assessment		60
	NUR 9407	3	Quality Improvement		32
	NUR 9412	3	Ethics and the Law		32
Fall Year 1	NUR 8901	3	Adv Pathophysiology		45
Spring Year 2	NUR 9408	3	Evidenced Based Practice		32
Summer Year 2	none	0			0
Fall Year 2	none	0			0
Spring Year 3	NUR 9410	3	Health Care Finance		32
Summer Year 3	NUR 9409	3	Health Policy		32
Fall Year 3	none	0			0
	NUR 9411	3	Epidemiology		32
	<b>TOTAL</b>	<b>35</b>		<b>total</b>	<b>403</b>

### Villanova University DNP PROJECT Courses

semester	course #	CR	course title	course content	hours
Spring Year 1	none	0			0
Summer Year 1	none	0			0
Fall Year 1	none	0			0
Spring Year 2	NUR 9400	1	DNP Project Seminar Intro	Introduction to DNP Project	16
Summer Year 2	NUR 9401	2	DNP Project Seminar I	Review of Literature	32
Fall Year 2	NUR 9402	2	DNP Project Seminar II	Methods and Project Design	32
Spring Year 3	NUR 9403	2	DNP Project Seminar III	Implementation, Analysis, and Evaluation	32
Summer Year 3	NUR 9404	1	DNP Project Seminar IV	Dissemination of Findings	16
Fall 2021	none	0			0
	<b>TOTAL</b>	<b>8</b>		<b>total</b>	<b>128</b>

### Villanova University Clinical Courses

semester	course #	CR	course title	course content	hours
Spring Year 1	none	0			
Summer Year 1	none	0			
Fall Year 1	NUR 9101	1	Clinical Practicum I		128
Spring Year 2	NUR 9102	1	Clinical Practicum II		384
Summer Year 2	NUR 9103	1	Clinical Practicum III		416
Fall Year 2	NUR 9104	1	Clinical Practicum IV		480
Spring Year 3	NUR 9105	1	Clinical Practicum V		480
Summer Year 3	NUR 9106	1	Clinical Practicum VI		480
Fall Year 3	none	0	Clinical Hours (non credit)		288
	<b>TOTAL</b>	<b>6</b>		<b>total</b>	<b>2656</b>

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9420 – Introduction to Nurse Anesthesia

**CREDITS:** 2

**DATE/TIME:** 1st Year Fall Semester

**PREREQUISITES:** None

**COURSE**

**DIRECTOR:** TBD

**INSTRUCTORS:** See Syllabus

**OVERVIEW:** This course will focus on a broad orientation into the Nurse Anesthesia Program and the professional role of nurse anesthesia. This initial introduction will provide students with a foundation of the professional aspects of nurse anesthesia by providing a general orientation to the program, historical context of nurse anesthesia, and relevant professional issues, such as substance abuse, wellness, infection control, and cultural competence. Introductory concepts are reviewed utilizing the high-fidelity patient simulation lab.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Demonstrate a thorough understanding of the student handbook and all necessary program policy and procedures.
2. Demonstrate knowledge of universal precautions, as well as the policies and proper procedures necessary to prevent contamination of medications, prevent nosocomial infections in patients, prevent infection during insertion and maintenance of invasive monitoring devices, and the proper management of an immunocompromised patient.
3. Discuss the risks and treatments of occupational transmission of infection to healthcare personnel, the proper procedures when a body fluid exposure has occurred, the hazards of working with lasers, and measures for prevention of development of latex allergy in populations at increased risk.
4. Examine the development of the anesthesia agents, machinery, and techniques used since the beginning of modern-day anesthesia.
5. Demonstrate knowledge of the development of nursing anesthesia and the early pioneers.
6. Identify past leaders of the AANA and discuss their accomplishments and contributions to the profession of nurse anesthesia.
7. Analyze the historic events that have led to substance abuse.
8. Critically evaluate the legislative changes that have occurred that have affected substance abuse in the United States.

9. Synthesize an appropriate, culturally competent anesthetic care plan and integrate this knowledge within the simulation environment.
10. Demonstrate the appropriate cognitive and psychomotor skills to perform an anesthetic induction and basic airway management in the high-fidelity patient simulation lab.

**MAJOR TOPICS:**

1. Program orientation
2. Policy manual/student handbook
3. Typhon logs, examssoft
4. Infection control
5. Hospital orientation
6. Professional aspects of nurse anesthesia I
7. Chemical dependency
8. Wellness
9. History of anesthesia
10. AANA role and function
11. Cultural competence
12. Introduction to clinical practice using HF patient simulation

## GRADUATE PROGRAM

**TITLE:** NUR 9421 – Foundational Science for Nurse Anesthesia I

**CREDITS:** 2

**DATE/TIME:** 1st Year Fall Semester

**PREREQUISITES:** None

### COURSE

**DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** Alex Skiadas MSN, CRNA  
Aric Bunch MSN, CRNA  
Dana Rodgers MSN, CRNA  
Jodie Szlachta PhD, CRNA  
Kevin Everett MSN, CRNA  
Trish McFarlane DNP, CRNA

**OVERVIEW:** This course will introduce the first-year nurse anesthesia student to the scientific principles of chemistry, biochemistry, and physics, and prepare students to apply pertinent scientific laws and principles to the practice of nurse anesthesia. Students will also be exposed to advanced anatomy and physiology principles, which provide a critical foundation for appropriate anesthetic management of select patient populations of various cultural origins, across the lifespan.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Analyze principles of organic and inorganic chemistry, biochemistry, and physics, and apply to the clinical practice of nurse anesthesia.
2. Critically examine the anesthesia machine and related equipment, and demonstrate a comprehensive equipment check.
3. Analyze and assess the major anatomical structures and physiological functions of each system presented (Respiratory, Cardiovascular, Renal, and Nervous System).
4. Compare and contrast the effects of varied anesthetic modalities on each physiologic system presented and integrate this information with the anesthetic management of select patient populations.

### MAJOR TOPICS:

1. Anesthesia Machine
2. Inorganic and Organic Chemistry
3. Biochemistry
4. Applied Physics
5. Respiratory I

- 6. Cardiovascular I
- 7. Nervous System
- 8. Renal

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9422- Fundamentals of NA Practice I

**CREDITS:** 2

**DATE/TIME:** 1<sup>st</sup> Year Fall Semester

**PREREQUISITES:** None

**COURSE**

**DIRECTOR:** TBD

**INSTRUCTORS:** Alex Skiadas MSN, CRNA  
Catherine Rowand MSN, CRNA  
Colleen Danese MSN, CRNA  
Jennifer String MSN, CRNA  
Jodie Szlachta PhD, CRNA  
Kate Freedman MSN, CRNA  
Lew Bennett DNP, CRNA  
Michael Scully DNP, CRNA

**OVERVIEW:** This course is designed to provide students with the fundamental scientific principles requisite to manage a safe anesthetic. Students will be provided a broad orientation to multiple anesthetic topics including pharmacology of inhaled and IV anesthetic agents, as well as concepts in safe patient positioning, perioperative fluid and electrolyte management, introduction to airway management, and the science and technology of intraoperative anesthetic monitoring. Students will be exposed to an initial introduction to the scientific underpinnings in the pharmacologic and clinical responsibilities of nurse anesthesia.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine airway anatomy and demonstrate appropriate use of different airway devices used in anesthesia.
2. Identify appropriate patient positioning for a wide variety of surgical procedures considering relevant anatomy and possible complications.
3. Synthesize the scientific principles of pharmacology for the development of an appropriate anesthetic care plan for varied patients across the lifespan.

4. Develop an appropriate anesthesia care plan using learned fluid calculations for the anesthetic management of a wide variety of patient and surgical procedures.
5. Research the history of modern anesthesia and compare historic influences.
6. Identify and appraise appropriate monitoring modalities used during anesthesia management and interpret the data to utilize in anesthetic delivery.

**MAJOR TOPICS:**

1. Introduction to anesthetic pharmacology.
2. Inhaled anesthetic agents.
3. Intravenous anesthetic agents.
4. Muscle relaxants.
5. Introduction to anesthetic principles.
6. Mathematic principles.
7. Preoperative assessment principles.
8. Anesthetic monitoring principles.
9. Airway management principles.
10. Fluid and electrolyte principles.
11. Principles of patient positioning.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9423 – Foundational Science of NA II

**CREDITS:** 2

**DATE/TIME:** 1<sup>st</sup> Year Spring Semester

**PREREQUISITES:** NUR 9420, 9421, 9422

**COURSE**

**DIRECTOR :** TBD

**INSTRUCTORS:**

Carlene McLaughlin PhD, CRNA

Jodie Szlachta PhD, CRNA

**OVERVIEW:** This course will build upon anesthetic concepts and techniques learned in Foundational Sciences I. The first-year nurse anesthesia student will be introduced to advanced pharmacologic principles necessary to the safe and effective practice of anesthesia with an emphasis on local anesthetics and cardiac pharmacology. Students will also be exposed to advanced anatomy and physiology principles, which provide a critical foundation for appropriate anesthetic management of select patient populations.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Outline and discuss the major anatomical structures of each system presented.
2. Explore and appraise the major physiologic functions of the Respiratory, Cardiovascular, Renal and Hepatic system.
3. Analysis the effects of multiple anesthetic modalities on each physiologic system discussed and integrate this information with the anesthetic management of select patient populations.
4. Critically examine the pharmacologic principles of medications utilized in the administration of anesthesia with particular emphasis on local anesthetics and cardiac medications, including antidysrhythmics, vasoactive agents, and antihypertensives.

**Major Topics:**

1. Respiratory II
2. Cardiovascular II
3. Hepatic
4. Cardiovascular Pharmacology
5. Local Anesthetics
6. Pharm potpourri and Autocoids



**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9424 – Advanced Dimensions of NA I

**CREDITS:** 2

**DATE/TIME:** 1<sup>st</sup> Year Spring Semester

**PREREQUISITES:** NUR 9420, 9421, 9422

**COURSE**

**DIRECTOR :** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:**

Kevin Everett MSN, CRNA  
Linda Ramsey Esquire, ARM, CPHRM, CHC  
Dana Rodgers MSN, CRNA  
Alex Skiadas MSN, CRNA  
Faith Stefan MSN, CRNA  
Jennifer String MSN, CRNA  
Jodie Szlachta PhD, CRNA

**OVERVIEW:** This course is designed to introduce first-year nurse anesthesia students to advanced concepts for the anesthetic management for special patient populations undergoing specialty surgical procedures. These specialties include pediatrics, orthopedics, geriatrics, ENT/head and neck, cardiac surgery/perfusion, and thoracic/vascular procedures, with attention to the genetic influence of the particular patient pathophysiology, and anesthetic considerations throughout the perioperative process. Learning environments include both the classroom and simulation lab settings. Students will also be exposed to the legal and professional aspects of the practice of nurse anesthesia.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine the anatomy and physiology of select patient/surgical populations.
2. Analyze the pharmacologic considerations for specific patient populations undergoing select, specialized surgical procedures.
3. Develop an appropriate anesthetic care plan for patients with unique surgical/anesthetic considerations including those listed below.
4. Identify alterations in physiology and pharmacokinetics in aging patients and apply best practice recommendations from current literature to optimize their anesthetic care.

5. Examine the legal aspects inherent to the professional practice of nurse anesthesia.

**MAJOR TOPICS:**

1. Pediatrics
2. Orthopedics
3. Geriatrics
4. ENT/Head/Neck Surgery
5. Principles of Cardio-pulmonary Bypass
6. Principles of Anesthesia for Burns
7. Principles of Thoracic Anesthesia
8. Principles of Vascular Anesthesia
9. Anesthesia for Cardiac Surgery
10. Legal Aspects of Nurse Anesthesia

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9425 – Advanced Dimensions in Nurse Anesthesia II

**CREDITS:** 2

**DATE/TIME:** Summer Semester Year 2; May 27, 2020- July 30, 2020

**PREREQUISITES:** NUR 9420, NUR 9421, NUR 9422, NUR 9423, NUR 9424

**COURSE**

**DIRECTOR :** TBD

**INSTRUCTORS:** Aric Bunch MSN, CRNA  
Nicole Fanelli MSN, CRNA  
Trish McFarlane DNP, CRNA  
Carlene McLaughlin PhD, CRNA

**OVERVIEW:** This course is designed to build upon concepts learned in Advanced Dimensions of Nurse Anesthesia I. Students will be exposed to a variety of topics focusing on advanced anesthesia concepts for the management of surgical specialties, as well as patient populations presenting for procedures in these specialty areas. Students will also explore advanced anesthetic techniques, such as peripheral nerve blocks and regional anesthesia. Students will be exposed to advanced concepts of anesthetic management of the neurosurgery, trauma, bariatric, and obstetrical patients. Relevant preoperative, perioperative, and postoperative considerations and assessments for each population and surgical procedure are reviewed. Learning environments include both the classroom and simulation lab settings.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine the anatomy and physiology of select patient/surgical populations.
2. Analyze the pharmacologic consideration for patients undergoing select surgical procedures.
3. Develop an appropriate anesthetic care plan for patients with unique surgical/anesthetic considerations.
4. Compare and contrast the different regional anesthetic techniques.
5. Examine the different pharmacologic medications administered during regional anesthesia.

6. Demonstrate an understanding of regional anesthetic principles, techniques, and equipment using the high-fidelity patient simulation lab.
7. Analyze current peer-reviewed literature related to specific course topics to identify best evidence-based practices for optimal anesthetic management.

**Major Topics:**

1. Regional Anesthesia
2. Peripheral Nerve Blocks and Acute Pain Principles
3. Principles of Anesthesia for Trauma
4. Principles of Anesthesia for GI/Bariatrics/PONV
5. Neuroanesthesia Principles
6. Obstetrical Principles of Anesthesia
7. Specialty Simulations
  - a. Obstetrical
  - b. Pediatric
  - c. Peripheral Nerve Blocks
  - d. Cardiac

## GRADUATE PROGRAM

**TITLE:** NUR 9426 – Foundational Science of Nurse Anesthesia III

**CREDITS:** 2

**DATE/TIME:** Summer Semester 2<sup>nd</sup> year; May 27, 2020- July 31, 2020

**PREREQUISITES:** NUR 9420, NUR 9421, NUR 9422, NUR 9423, NUR 9424

### COURSE

**DIRECTOR :** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** Jennifer Coates MSN, ACNPC-BC  
Colleen Boland-Danese MSN, CRNA  
Jodie Szlachta PhD, CRNA

**OVERVIEW:** This course builds upon anesthetic concepts and techniques learned in Foundational Sciences I & II. Students will continue to explore and critically examine advanced principles of anatomy and physiology unique to specific patient populations, with a focus on the endocrine and hemostatic systems. In addition, advanced pharmacologic principles will be covered with a focus on antibiotic selection and management for various patients undergoing anesthesia for a broad range of surgical procedures.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine the anatomy and physiology of the endocrine and hemostatic system.
2. Analyze the pharmacologic considerations for patients undergoing procedures of the endocrine or hemostatic system, or for patients with disorders of the endocrine or hemostatic systems.
3. Develop an appropriate anesthetic care plan for patients with disorders of the endocrine and hemostatic systems.
4. Compare and contrast the available antibiotic therapies and their administration during the perioperative period.
5. Examine the different pharmacologic indications and contraindications for the administration of specific antibiotics.
6. Examine and interpret Xrays pertinent to patients undergoing anesthesia.
7. Analyze current peer reviewed literature related to specific course topics to identify best evidence-based practices for safe anesthesia care.

### MAJOR TOPICS:

1. Hemostasis: medications



**M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9427 – Case Studies in Nurse Anesthesia

**CREDITS:** 3

**DATE/TIME:** Fall Year 2; September 14, 2020- December 21, 2020

**PREREQUISITES:** NUR 9425, NUR 9426

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** Nicole Fanelli MSN, CRNA  
Carlene McLaughlin PhD, CRNA

**OVERVIEW:** This course is designed to facilitate the critical thinking of second-year nurse anesthesia students about the advanced concepts in anesthetic management of complex intraoperative patient situations, integrating learned scientific principles of pharmacology, anatomy, and physiology. Students will prepare and deliver evidence-based presentations using the Socratic teaching method on the anesthetic management of patients with a variety of co-existing diseases. A scholarly paper of the same is required, following the publication guidelines of the International Journal of Student Nurse Anesthesia.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine the current evidence regarding the anesthetic management of patients across the lifespan with co-existing diseases, undergoing complex surgical procedures.
2. Prepare and deliver an evidence-based presentation using the Socratic teaching method.
3. Prepare a scholarly paper following the publication guidelines of the International Journal of Student Nurse Anesthesia.

**MAJOR TOPICS:**

1. PBL Presentations
2. PBL Scholarly Paper
3. Peer Mentor to 1<sup>st</sup> year NA students in Simulation

**M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9428 – Advanced Dimensions in Nurse Anesthesia III

**CREDITS:** 3

**DATE/TIME:** Spring Semester 3<sup>rd</sup> Year; January 11, 2021- May 10, 2021

**PREREQUISITES:** NUR 9427

**COURSE**

**DIRECTOR:** TBD

**INSTRUCTORS:** Kevin Everett MSN, CRNA  
Nicole Fanelli MSN, CRNA  
George Haritos DNP, CRNA  
Carlene McLaughlin PhD, CRNA

**OVERVIEW:** This course continues to build upon concepts learned in Advanced Dimensions I & II. Students will be exposed to advanced clinical and professional topics, with a primary professional focus on AANA structure and function, as well as the current nurse anesthesia standards of practice. Students will be exposed to the concepts of advanced crisis resource management principles during anesthetic and intraoperative emergencies in both a classroom setting reviewing didactic principles of crisis resource management, and in the high-fidelity patient simulation lab demonstrating these leadership principles. Student will also be exposed to the concepts of advanced airway and difficult airway management using high-fidelity patient simulation technology and teaching resources. Students will examine techniques, procedures, and culturally appropriate management of patients with acute and chronic pain conditions.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Analyze the structure and function of the AANA.
2. Critically examine the current nurse anesthesia standards of practice.
3. Synthesize an anesthesia care plan and demonstrate leadership in the execution of the principles incorporated in crisis resource management of emergency scenarios in the perioperative environment.
4. Demonstrate leadership in the management of difficult airway scenarios utilizing appropriate airway equipment in the high-fidelity simulation lab.
5. Examine the appropriate techniques, procedures, and management for patients with acute and chronic pain conditions.



## GRADUATE PROGRAM

**TITLE:** NUR 9429 – Advanced Dimensions in Nurse Anesthesia IV

**CREDITS:** 2

**DATE/TIME:** Summer Semester 3<sup>rd</sup> Year; June 2, 2021- August 6, 2021

**PREREQUISITES:** NUR 9428

### COURSE

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** Carlene McLaughlin PhD, CRNA

**OVERVIEW:** This course continues to build upon concepts learned in Advanced Dimensions in Nurse Anesthesia I, II, & III. Students will be exposed to advanced topics with a primary focus on patients with complex co-existing morbidities and diseases and their anesthetic management. Students will examine varied pathophysiology and demonstrate the synthesis of appropriate care plans for anesthetic management of patients with these conditions, including the preoperative assessment, intraoperative management, post-operative management, and readiness to discharge.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine the anatomy and physiology of patient populations with co-existing morbidities.
2. Critically evaluate the anesthetic management and pharmacologic considerations of the surgical patient with a co-existing morbidity.

### MAJOR TOPICS:

1. Anesthesia for patients with co-existing diseases.

## GRADUATE PROGRAM

**TITLE:** NUR 9430 – Advanced Dimensions in Nurse Anesthesia V

**CREDITS:** 3

**DATE/TIME:** Fall Semester 3<sup>rd</sup> Year

**PREREQUISITES:** NUR 9429

### COURSE

**DIRECTOR:** TBD

**INSTRUCTORS:** Miranda Beach MSN, CRNA  
Yori Cozen MSN, CRNA  
Kevin Everett MSN, CRNA  
Trish McFarlane DNP, CRNA  
Carlene McLaughlin PhD, CRNA  
Richard Mensik MSN, CRNA

**OVERVIEW:** This course builds upon anesthetic concepts learned in Advanced Dimensions I-IV and reviews all principles and techniques learned over the course of the NA program. Students will be exposed to a detailed board review in preparation for the national certification examination as described by the National Council on Certification and Recertification of Nurse Anesthetists in the following categories: 1.) Basic Sciences; 2.) Equipment, Instrumentation, and Technology; 3.) Basic Principles of Anesthesia Practice; and 4.) Advanced principles of Anesthesia Practice.

**OBJECTIVES:** Upon completion of this course, the student is expected to:

1. Critically examine the basic sciences with focus on anatomy and physiology.
2. Demonstrate an understanding of the basic and advanced principles of anesthesia and critically apply to a standardized board examination.
3. Synthesize appropriate anesthetic care plan for each unique patient population.
4. Critically examine the use and care of anesthesia equipment and technology.

### MAJOR TOPICS:

1. Basic Sciences
2. Pharmacology
3. Equipment, Instrumentation, and Technology
4. Basic and Advanced Principles of Nurse Anesthesia

**Nurse Anesthesia Course Descriptions:****NUR 9420      Introduction to Nurse Anesthesia****2 CR**

This course will focus on a broad orientation into the Nurse Anesthesia Program and the professional role of nurse anesthesia. This initial introduction will provide students with a foundation of the professional aspects of nurse anesthesia by providing a general orientation to the program, historical context of nurse anesthesia, and relevant professional issues, such as substance abuse, wellness, infection control, and cultural competence. Introductory concepts are reviewed utilizing the high-fidelity patient simulation lab.

**NUR 9421      Foundational Science of Nurse Anesthesia I****2 CR**

This course will introduce the first-year nurse anesthesia student to the scientific principles of chemistry, biochemistry, and physics, and prepare students to apply pertinent scientific laws and principles to the practice of nurse anesthesia. Students will also be exposed to advanced anatomy and physiology principles, which provide a critical foundation for appropriate anesthetic management of select patient populations of various cultural origins, across the lifespan.

**NUR 9422      Fundamentals of NA Practice I****2 CR**

This course is designed to provide students with the fundamental scientific principles requisite to manage a safe anesthetic. Students will be provided a broad orientation to multiple anesthetic topics including pharmacology of inhaled and IV anesthetic agents, as well as concepts in safe patient positioning, perioperative fluid and electrolyte management, introduction to airway management, and the science and technology of intraoperative anesthetic monitoring. Students will be exposed to an initial introduction to the scientific underpinnings in the pharmacologic and clinical responsibilities of nurse anesthesia.

**NUR 9423      Foundational Science for Nurse Anesthesia II****2 CR**

This course will build upon anesthetic concepts and techniques learned in Foundational Sciences I. The first-year nurse anesthesia student will be introduced to advanced pharmacologic principles necessary to the safe and effective practice of anesthesia with an emphasis on local anesthetics and cardiac pharmacology. Students will also be exposed to advanced anatomy and physiology principles, which provide a critical foundation for appropriate anesthetic management of select patient populations.

**NUR 9424      Advanced Dimensions in Nurse Anesthesia Practice I****2 CR**

This course is designed to introduce first-year nurse anesthesia students to advanced concepts for the anesthetic management for special patient populations undergoing specialty surgical procedures. These specialties include pediatrics, orthopedics, geriatrics, ENT/head and neck, cardiac surgery/perfusion, and thoracic/vascular procedures, with attention to the genetic influence of the particular patient pathophysiology, and anesthetic considerations throughout the perioperative process. Learning environments include both the classroom and simulation lab settings. Students will also be exposed to the legal and professional aspects of the practice of nurse anesthesia.

**NUR 9425**      **Advanced Dimensions in Nurse Anesthesia II****2 CR**

This course is designed to build upon concepts learned in Advanced Dimensions of Nurse Anesthesia I. Students will be exposed to a variety of topics focusing on advanced anesthesia concepts for the management of surgical specialties, as well as patient populations presenting for procedures in these specialty areas. Students will also explore advanced anesthetic techniques, such as peripheral nerve blocks and regional anesthesia. Students will be exposed to advanced concepts of anesthetic management of the neurosurgery, trauma, bariatric, and obstetrical patients. Relevant preoperative, perioperative, and postoperative considerations and assessments for each population and surgical procedure are reviewed. Learning environments include both the classroom and simulation lab settings.

**NUR 9426**      **Foundational Science of Nurse Anesthesia III****2 CR**

This course builds upon anesthetic concepts and techniques learned in Foundational Sciences I & II. Students will continue to explore and critically examine advanced principles of anatomy and physiology unique to specific patient populations, with a focus on the endocrine and hemostatic systems. In addition, advanced pharmacologic principles will be covered with a focus on antibiotic selection and management for various patients undergoing anesthesia for a broad range of surgical procedures.

**NUR 9427**      **Case Studies in Nurse Anesthesia****3 CR**

This course is designed to facilitate the critical thinking of second-year nurse anesthesia students about the advanced concepts in anesthetic management of complex intraoperative patient situations, integrating learned scientific principles of pharmacology, anatomy, and physiology. Students will prepare and deliver evidence-based presentations using the Socratic teaching method on the anesthetic management of patients with a variety of co-existing diseases. A scholarly paper of the same is required, following the publication guidelines of the International Journal of Student Nurse Anesthesia.

**NUR 9428**      **Advanced Dimensions in Nurse Anesthesia III****3 CR**

This course continues to build upon concepts learned in Advanced Dimensions I & II. Students will be exposed to advanced clinical and professional topics, with a primary professional focus on AANA structure and function, as well as the current nurse anesthesia standards of practice. Students will be exposed to the concepts of advanced crisis resource management principles during anesthetic and intraoperative emergencies in both a classroom setting reviewing didactic principles of crisis resource management, and in the high-fidelity patient simulation lab demonstrating these leadership principles. Student will also be exposed to the concepts of advanced airway and difficult airway management using high-fidelity patient simulation technology and teaching resources. Students will examine techniques, procedures, and culturally appropriate management of patients with acute and chronic pain conditions.

**NUR 9429**      **Advanced Dimensions in Nurse Anesthesia IV****1 CR**

This course continues to build upon concepts learned in Advanced Dimensions in Nurse Anesthesia I, II, & III. Students will be exposed to advanced topics with a primary focus on patients with complex co-existing morbidities and diseases and their anesthetic management. Students will examine varied pathophysiology and demonstrate the synthesis

of appropriate care plans for anesthetic management of patients with these conditions, including the preoperative assessment, intraoperative management, post-operative management, and readiness to discharge.

**NUR 9430**

**Advanced Dimensions in Nurse Anesthesia V**

3 CR

This course builds upon anesthetic concepts learned in Advanced Dimensions I-IV and reviews all principles and techniques learned over the course of the NA program. Students will be exposed to a detailed board review in preparation for the national certification examination as described by the National Council on Certification and Recertification of Nurse Anesthetists in the following categories: 1.) Basic Sciences; 2.) Equipment, Instrumentation, and Technology; 3.) Basic Principles of Anesthesia Practice; and 4.) Advanced principles of Anesthesia Practice.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9400 – DNP Project Seminar Introduction

**CREDITS:** 1

**DATE/TIME:** Spring Semester 2<sup>nd</sup> Year

**PREREQUISITES:** None

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** See Syllabus

**DNP**

**FACULTY**

**ADVISORS:** TBD

**OVERVIEW:** This course will provide an introduction to the DNP project concept and academic process. The course will review the steps required to develop the scholarly DNP Project. The course will review DNP NUR 9401-9404 course requirements and identify key components of each subsequent course in the process. Applicable terminology will be defined, such as needs assessment, systematic investigation, clinical issue, theoretical framework, PICOT and SWOT assessment. Analysis of academic work will be achieved through student's review and critical evaluation of completed DNP projects. Students will identify the required components of the DNP project as well as critically examine completed works. This course requires 50 clinical practicum hours.

**OBJECTIVES:** Upon conclusion of this course, the student will be able to:

1. Define a needs assessment, systematic evaluation of a clinical issue, a SWOT analysis and PICOT question, and provide examples.
2. Identify potential practice setting of a DNP project, associated stakeholders, resources required, potential measurable outcomes, and cost and benefits of possible DNP projects.
3. Analyze how several identified theoretical frameworks that are applicable to the clinical DNP projects may be used to guide and support a DNP project.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9401 – DNP Project Seminar I

**CREDITS:** 2

**DATE/TIME:** Summer Semester 2<sup>nd</sup> Year

**PREREQUISITES:** NUR 9400

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** See Syllabus

**DNP PROJECT** See Syllabus

**FACULTY**

**ADVISORS:**

**OVERVIEW:** This course will provide the foundation for development of the scholarly DNP Project. The focus is on identification of a clinical problem in the student's practice setting. In collaboration with the faculty and clinical mentor, the student will conduct a needs assessment in the practice setting and begin analysis of the scientific evidence related to potential solutions of the problem. The student will begin to design the project with attention to the scope and significance of the problem, identification of an evidence-based strategy to address the problem, development of a needs assessment, and identification of strategies for assessment of the project outcomes. This course requires 50 clinical practicum hours.

**OBJECTIVES:** Upon conclusion of this course, the student will be able to:

1. Conduct a systematic investigation of a clinical issue in the practice setting that is congruent with the cohort theme.
2. Develop a needs assessment with particular attention to the practice setting, stakeholders, resources, desired outcomes, and cost benefit analysis to determine the scope and significance of the problem.
3. Analyze the scientific evidence related to potential solutions to the problem.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9402 – DNP Project Seminar II

**CREDITS:** 2

**DATE/TIME:** Fall Semester 2<sup>nd</sup> Year

**PREREQUISITES:** NUR 9401

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** See Syllabus

**DNP PROJECT**

**FACULTY**

**ADVISORS:** See Syllabus

**OVERVIEW:** This course will focus on refinement of the scholarly DNP Project design with particular attention to implementation logistics and measurement of outcomes. The review and synthesis of relevant existing scientific evidence upon which the project design is based will be continued. Theoretical underpinnings and implications of the project will be explored. The student will apply for relevant human subjects and institutional approvals and will begin implementation of the project in the practice setting in collaboration with the faculty and clinical mentor. This course requires 80 clinical practicum hours.

**OBJECTIVES:** Upon conclusion of this course, the student will be able to:

1. Expand the review of relevant existing scientific evidence upon which the project design is based.
2. Identify relevant theoretical underpinnings and implications of the project.
3. Refine the design of the scholarly DNP Project with particular attention to implementation logistics and measurement of outcomes.
4. Submit applications for relevant human subjects and institutional approvals.
5. Develop a beginning plan for implementation of an evidence-based solution to the clinical problem and assessment of project outcomes.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9403- DNP Project Seminar III

**CREDITS:** 2

**DATE/TIME:** Spring Semester 3<sup>rd</sup> year

**PREREQUISITES:** NUR 9402

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** See Syllabus

**DNP PROJECT**

**FACULTY**

**ADVISORS:** See Syllabus

**OVERVIEW:** This course will focus on implementation of the scholarly DNP Project in the student's practice setting in collaboration with the faculty and clinical mentor. The student is expected to demonstrate project management skills and effective communication and collaboration with diverse personnel. This course requires 70 clinical practicum hours.

**OBJECTIVES:** Upon conclusion of this course, the student will be able to:

1. Implement the DNP project in the practice setting.
2. Evaluate progress in implementation of the project design with attention to divergence from the project plan.
3. Assess stakeholders' response to the process of change.
4. Collect data relevant to assessment of the project outcomes.

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9404- DNP Project Seminar IV

**CREDITS:** 1

**DATE/TIME:** Summer Semester 3<sup>rd</sup> Year

**PREREQUISITES:** NUR 9403

**COURSE**

**DIRECTOR:** Carlene McLaughlin PhD, CRNA

**INSTRUCTORS:** See Syllabus

**DNP PROJECT  
FACULTY**

**ADVISORS:** See Syllabus

**OVERVIEW:** This course will focus on completion and evaluation of the scholarly DNP Project in collaboration with the faculty and clinical mentor. The final product will reflect the student's ability to assume a leadership role, employ effective communication and collaboration skills, evaluate practice, and successfully negotiate change in health care delivery outcomes for individuals, families, populations, communities or systems. This course requires 60 clinical practicum hours.

**OBJECTIVES:** Upon conclusion of this course, the student will be able to:

1. Analyze data collected to assess project outcomes.
2. Assess transformation in the practice setting related to the project in terms of expected and unexpected change, resistance to change, and change that may be on going.
3. Prepare a scholarly document that describes the project and its outcomes.
4. Present project outcomes to the faculty, clinical mentor and practice site.

**Nurse Anesthesia Projects Course Descriptions:**

- NUR 9400**      **DNP Project Seminar Introduction**  
**1 CR**      This course will provide an introduction to the DNP project concept and academic process. The course will review the steps required to develop the scholarly DNP Project. The course will review DNP NUR 9401-9404 course requirements and identify key components of each subsequent course in the process. Applicable terminology will be defined, such as needs assessment, systematic investigation, clinical issue, theoretical framework, PICOT and SWOT assessment. Analysis of academic work will be achieved through student's review and critical evaluation of completed DNP projects. Students will identify the required components of the DNP project as well as critically examine completed works.
- NUR 9401**      **DNP Project Seminar I**  
**2 CR**      This course will provide the foundation for development of the scholarly DNP Project. The focus is on identification of a clinical problem in the student's practice setting. In collaboration with the faculty and clinical mentor, the student will conduct a needs assessment in the practice setting and begin analysis of the scientific evidence related to potential solutions of the problem. The student will begin to design the project with attention to the scope and significance of the problem, identification of an evidence-based strategy to address the problem, development of a needs assessment, and identification of strategies for assessment of the project outcomes. This course requires 50 clinical practicum hours.
- NUR 9402**      **DNP Project Seminar II**  
**2 CR**      This course will focus on refinement of the scholarly DNP Project design with particular attention to implementation logistics and measurement of outcomes. The review and synthesis of relevant existing scientific evidence upon which the project design is based will be continued. Theoretical underpinnings and implications of the project will be explored. The student will apply for relevant human subjects and institutional approvals and will begin implementation of the project in the practice setting in collaboration with the faculty and clinical mentor. This course requires 80 clinical practicum hours.
- NUR 9403**      **DNP Project Seminar III**  
**2 CR**      This course will focus on implementation of the scholarly DNP Project in the student's practice setting in collaboration with the faculty and clinical mentor. The student is expected to demonstrate project management skills and effective communication and collaboration with diverse personnel. This course requires 70 clinical practicum hours.
- NUR 9404**      **DNP Project Seminar IV**  
**1 CR**      This course will focus on completion and evaluation of the scholarly DNP Project in collaboration with the faculty and clinical mentor. The final product will reflect the student's ability to assume a leadership role, employ effective communication and collaboration skills, evaluate practice, and successfully negotiate change in health care delivery outcomes for individuals, families, populations, communities or systems. This course requires 60 clinical practicum hours.

























### **Nurse Anesthesia Core Course Descriptions:**

**NUR 8901    Advanced Pathophysiology**

**3 CR**

This is an advanced pathophysiology course which focuses on common disorders affecting clients across the life span in the clinical setting. The dysfunction of cellular, tissue, organ and systemic regulatory mechanisms is described. The various effects of pathogens, environmental factors, genetics, human behaviors, aging and stress on human physiologic processes are elucidated. Clinical manifestations and functional alterations which result from the dysfunction of physiological conditions are presented from a holistic perspective. Pathophysiological principles and mechanisms are studied through the use of various resources ie. textbook, current journal articles, and internet resources. Detailed analysis of patient case studies enable the learner to think critically, develop clinical decision-making skills, and plan competent clinical management of the disorders which commonly affect patients across the lifespan.

**NUR 8903    Advanced Pharmacology**

**3 CR**

This course provides an intensive study of the principles of pharmacodynamics, pharmacokinetics, and pharmacotoxicology. Emphasis will be placed on the mechanisms of drug actions with a focus on how these effects results in the therapeutic and adverse effects of a drug. Determination of appropriate drug regimens for use in the treatment of disease states, as seen in special populations across the life span, will be reviewed. Consideration will also be given to specific problems in prescribing medications for special populations as well as the problems of multiple drug therapy. Cost, indication for use, action, dosage, common side effects, toxicity, and food/drug interaction will be reviewed for each drug category reviewed in this course. A reserved copy of this textbook can be found in Falvey Library.

**NUR 8904    Nursing Research**

**3 CR**

This course is designed to promote an evidence-based approach to nursing practice. The existing evidence base on clinical problems will be critiqued. Published nursing research studies will be evaluated for scientific merit and readiness for application in clinical practice. Research designs will be used to develop strategies to test findings in clinical practice settings and to develop studies to strengthen the evidence. Clinical issues relevant to conducting studies relevant to nursing practice and health care will be discussed.

**NUR 8910    Advanced Physical Assessment**

**4 CR**

This seminar/laboratory course promotes acquisition of knowledge and skills necessary for the delivery of primary care to adult and pediatric patients. Nurse/patient/family communication, data collection, advanced physical assessment skills and problem solving is emphasized. Students practice history taking and physical assessment on one another in the laboratory and on standardized patients.

**NUR 9405      Innovation in Healthcare**

**1 CR**      This course emphasizes the roles of the advanced practice nurse as a clinical scholar, clinical expert, and as leader in evidence-based practice and transformation of health care. Theories of leadership change and transformation, and innovation diffusion will be introduced.

**NUR 9406      Transformational Leadership**

**3CR**      This course provides a foundation for understanding complex systems within a socioeconomic and political context. Theories and concepts related to transformational leadership will be analyzed in relation to achievement of significant change in health care organizations. Interprofessional collaboration will be emphasized. The importance of spiritual values and emotional intelligence in transformational leadership will be examined. Classic and contemporary theories will be related to strategies for implementation of change and minimization of risk. This course requires 20 clinical practicum hours.

**NUR 9407      Quality Improvement**

**3 CR**      This course examines the design, implementation and evaluation of evidence-based health care quality improvement practices related to anesthesia. Emphasis is placed on the relationship among transformational leadership, organizational change and a culture of safety within health systems. The process of designing and evaluating quality improvement plans will be analyzed. This course draws on the dynamic forces of economics, health policy, quality improvement and standards of care in the delivery of health care services to optimize patient outcomes. This course requires 20 clinical practice hours.

**NUR 9408      Evidence Based Practice**

**3 CR**      This course focuses on the relationships among basic and applied research, translational science, and evidence-based practice in health care systems. Translational research strategies are identified and the theoretical and practical challenges of translating evidence into practice will be addressed. This course requires 30 clinical practicum hours.

**NUR 9409      Health Policy**

**3 CR**      This course synthesizes the principles of political action as related to the structure of health care delivery and finances. The interplay among local, state, federal and global structures and processes, and the role of major policy institutions in the process and outcome of health policy formulation will be examined. Theories of policy formation, political socialization, community organization, citizen participation, ethics, and political action are analyzed and applied to emergent developments in health policy. Emphasis is placed on the role of the advanced practice nurse in influencing the development of policy change to improve health care delivery at institutional, local, state, federal, and global levels. This course requires 30 clinical practicum hours.

**NUR 9410    Health Care Finance**

**3 CR**

This course is designed to provide students with information related to health care financing and health care financing mechanisms. The impact of legislation related to health care financing will be discussed, and issues related to health care financing will be examined. Specific emphasis will be placed on sources of financing, analysis of financial statements and reimbursement mechanisms.

**NUR 9411    Epidemiology**

**3 CR**

This course will focus on the integration of evidence-based practice and epidemiological approaches to promote consistent and equitable care for diverse populations. Data will be critically analyzed to identify barriers to equitable quality health care. Interventions to promote provider trust, interdisciplinary collaboration, and access to care will be explored. Epidemiologic data patterns will provide the basis for proposals to implement and evaluate evidence-based interventions that address quality health care for diverse populations. Study designs, data sources and epidemiological/biostatistical methods will be examined. This course requires 30 clinical practice hours.

**NUR 9412    Ethics and the Law**

**3 CR**

This course focuses on ethical and legal topics in complex health care organizations. The interface between ethical and regulatory/legal obligations will be examined. Strategies to analyze ethically challenging corporate situations are explored. This course requires 20 clinical practicum hours.

<b>REQUIRED PRIOR TO FALL YEAR 1</b>		
	<b>AUTHOR &amp; TITLE</b>	<b>ISBN</b>
1	Barash, P., Cullen, B., Stoelting, R., Cahalon, M., Stock, C., Ortega, R. (2018), <i>Clinical Anesthesia</i> . 8 <sup>th</sup> Ed. Lippincott Williams & Wilkins	9781496337009
2	Stoelting’s <i>Pharmacology and Physiology in Anesthetic Practice</i> . 6 <sup>th</sup> Edition (2022). Lippincott Williams & Wilkins	9781975126896
3	Jaffe, R., & Samuels, S. <i>Anesthesiologist’s Manual of Surgical Procedures</i> , 6 <sup>th</sup> Edition, (2020). Lippincott Williams & Wilkins	9781496371256
4	Pardo, M. (2023). <i>Basics of Anesthesia 8<sup>th</sup> edition</i> . New York: Churchill-Livingstone, Inc.	9780323796774
5	Butterworth, J., Mackey, D., Wosnick, J., (2022). <i>Morgan &amp; Mikhail’s Clinical Anesthesiology 7<sup>th</sup> Edition</i> , McGraw-Hill	9781260473797
6	Nagelhout, J. & Elisha, S. (2023). <i>Nurse Anesthesia</i> , 7 <sup>th</sup> Edition, Saunders.	9780323711944
7	Hines, R. (2022). <i>Stoelting’s Anesthesia and Co-Existing Disease</i> , 8 <sup>th</sup> Edition,	9780323718608
<b>(RECOMMENDED)</b>		
8	Guyton & Hall. (2021). <i>Textbook of Medical Physiology</i> . Elsevier/Saunders 14 <sup>th</sup> Edition	9780323597128
9	Hensley, Martin & Gravlee. <i>A Practical Approach to Cardiothoracic Anesthesia</i> , 6 <sup>th</sup> Edition, 2019	9781496372666
10	West, John B., <i>Respiratory Physiology</i> , 11 <sup>th</sup> Edition, (2021), Lippincott Williams & Wilkins.	9781975139186
11	Cote: <i>A Practice of Anesthesia for Infants and Children</i> . W.B. Saunders Co. 6 <sup>th</sup> Edition, 2019	9780323429740
12	<i>Chestnut’s Obstetric Anesthesia: Principles and Practice: Expert Consult</i> 6 <sup>th</sup> Edition, 2020	9780323566889
13	McCance & Huethner, <i>Understanding Pathophysiology</i> , 7 <sup>th</sup> Edition, 2020	9780323639088
14	Klabunde, Richard E., <i>Cardiovascular Physiology Concepts 3rd Edition</i> , 2022. Lippincott Williams & Wilkins	9781975150075
15	Shubert, Leyba & Niemann, <i>Chemistry &amp; Physics for Nurse Anesthesia: A Student-Centered Approach</i> , 3rd Edition, 2017	9780826107824
16	<b>John T. Hansen, PhD &amp; David R. Lambert, MD, <i>Netter’s Clinical Anatomy – netterimages.com Edition 5 - 2023</i></b>	9780323826624

\*SUMMER READING ASSIGNMENTS

1. Nagelhout J, Elisha, S. *Nurse Anesthesia* 7<sup>th</sup> Edition. 2023- Please read Chapters 5-13.
2. Infection Control Guide – Read entire document. Material can be found on the website: [www.aana.com](http://www.aana.com) – click on Practice>Professional Practice Manual>Guidelines>Infection Prevention & Control Guidelines for Anesthesia Care (2015)

**Reading Assignment**

**Objectives**

1. Describe the development of AANA.
2. Describe the formation of anesthesia as a nursing specialty.
3. Describe the characteristics of an ideal anesthetic agent.
4. Describe how the Nurse Practice Act governs the practice of CRNA's.
5. Discuss the following terms:
  - a. Res Ipsa Loquitor
  - b. malpractice
  - c. duty, standard of care, causation, and damages.
6. Define: Informed Consent.
7. Discuss legal implications of regional vs general anesthesia.
8. Discuss methods to prevent lawsuits.
9. Define: Pharmacokinetics, Pharmacodynamics, Receptors.
10. Differentiate between an agonist, antagonist, competitive and non-competitive antagonism.
11. Define the following terms: hyperreactive, hyporeactive, hypersensitivity, tolerance, tachyphylaxis, idiosyncrasy, additive, synergistic.
12. Describe how the 2 compartment models may affect drug cumulation.
13. Differentiate between the alpha and beta phases of plasma decline of a drug.
14. Define elimination half-time.
15. Define elimination half-life.
16. Calculate elimination half-life.
17. Define the relationship of  $T_{1/2}$  to  $V_d$  and  $CL$ .
18. Discuss factors important to drugs given orally.
19. Define: 1st pass effect, when it occurs & when it does not.
20. Differentiate body mass and blood flow between the body tissue compartments.
21. Explain the impact that tissue blood flow would have in distribution and duration of drugs.
22. Discuss the factors that determine tissue uptake and storage of drugs.
23. Define what characteristics will make a drug diffusible.
24. Discuss drug distribution into the CNS.
25. Define  $V_d$  & give examples of drugs that have large  $V_d$ 's and small  $V_d$ 's.
26. Define ionization and relate this to diffusibility.
27. Discuss how protein binding affects distribution,  $V_d$  and  $CL$ .
28. Discuss what factors influence the amount of protein binding.
29. Discuss how a steady state of plasma concentration can be achieved.
30. Explain the concept of hepatic clearance, biliary clearance and renal clearance.
31. Define the role of metabolism.
32. Differentiate between 1st order and zero order kinetics.
33. List and discuss the four basic pathways of metabolism.
34. Discuss the influence of the P450 system on drug metabolism.
35. Define non-microsomal induction.
36. Define the following terms in relation to the dose response curve: potency, efficacy, therapeutic index, effective doses, slope.

37. Discuss how bioavailability, renal function, liver and cardiac disease and age can influence a pt.'s response to a drug.
38. List receptor subtypes.
39. Discuss the concept of "second messenger".
40. Differentiate between up and down regulation and how one influences the amount of the other.
41. Discuss the determinants of alveolar partial pressure.
42. Identify the factors that determine partial pressure gradients.
43. Define concentration and second gas effect.
44. Discuss how alveolar ventilation influences rate and depth of anesthesia.
45. Define partition coefficient
46. Discuss the differences between B-G, tissue-blood and oil-gas partition coefficients and their impact upon induction and emergence from anesthesia.
47. Explain the complications that may occur with using N<sub>2</sub>O in a patient with a pneumothorax.
48. Explain what is meant by the following statement:  
"A change in cardiac output is analogous to the effect of a change in solubility of an inhalation agent."
49. Define the following: diffusion hypoxia, MAC.
50. Discuss: mechanisms of anesthesia theories.
51. Differentiate between the anatomic locations of the sympathetic and parasympathetic nervous systems.
52. Describe the sympathetic receptors.
53. Describe the parasympathetic receptors.
54. Discuss the effects of the three naturally-occurring catecholamines and what receptors they stimulate
55. Discuss common infection control practices presented in the AANA's Infection Control Guide

The following classes, clinical experiences and projects will be scheduled beginning in the Spring I and Summer I semesters: The remaining Adv. Dimension Courses will be scheduled in the Fall II and Spring II semesters.

1. Classes

a.	Pediatrics	-	12 hours
b.	Orthopedics	-	6 hours
c.	OB Anesthesia	-	6 hours
d.	Geriatrics	-	6 hours
e.	Cardiac Surgery	-	12 hours
f.	Perfusion	-	6 hours
g.	Bariatric surgery	-	6 hours
h.	Trauma	-	12 hours
i.	HEENT	-	6 hours
j.	PNBs	-	12 hours

2. Clinical Experience

- a. Students begin rotations to other sites in late spring or early summer. Call experience begins in late April. Heart room experience begins in August or earlier depending on the clinical site. Pediatric rotations begin in June and conclude the following August.

3. Professional Adjustments

- a. To demonstrate scholarly inquiry and graduate level work, the student will write and present a case study. The student is to select an area of anesthesia that is of interest to him/her and develop a written case scenario. It is expected that a thorough literature review will be included. The case is to be developed and presented following the Problem Based Learning format in order for all classmates to participate in the exercise.

4. Specialty Rotations:

a. Pediatric Rotation - St. Christopher's Hospital/A.I. DuPont Hospital for Children

- (1). Those students who rotate to St. Christopher's Hospital or A.I. DuPont Hospital for Children will go for 2 or 3 months, respectively. Students located at LGH may obtain their pediatric experience at AI Dupont. LVHN NARs will have a 1 month pediatric rotation at LVHN and the same for HMC. CHOP provides 4 primary peds spots for 2 months.
- (2). Any requests for time off must be compliant with the specific pediatric site's policy.

b. OB Rotation:

(1). OB experience is for 1 month, no vacation time is to be taken during this month. Single days off may be permitted for extenuating circumstances.

(2). At CCMC, OB experiences will be assigned as a block during the day shift or in the evenings as a separate call shift (i.e. 16 hrs). Schedule is arranged between the student and the anesthesia Chair or Chief CRNA.

(3) All other OB sites, the shift worked may vary to provide the student with the best opportunities to administer regional anesthesia for labor and delivery.

c. Heart Rotation

(1). Heart room experience is for 1 month, no vacation days are to be taken during this month. Single days off may be permitted for extenuating circumstances

General Objectives:

1. Critically examine and integrate current literature related to selected themes for discussion
2. Analyze strength of evidence to critically appraise literature based on causation, prognosis and treatment strategies

Evidenced- based Journal Club:

1. Select a problem or question in anesthesia practice, the intervention(s) used and the outcomes of the studies reviewed.
2. Discuss current methods used in clinical practice to address the clinical problem.
3. Use a hierarchy to determine the quality of evidence presented in the literature. This hierarchy in descending order consists of results of systematic reviews of well-designed clinical trials (meta-analysis); results of randomized, controlled trials, cohort studies; results of large case series and case reports; editorials, expert opinions; animal research; and in vitro studies.
4. Identify resources available to adequately implement any proposed changes to clinical practice to help differentiate which evidence will be applicable to the current clinical setting.
5. Appraise the validity of the research: did the clinical trials under question use the basic elements (randomization, adequate power and statistical analysis)? Were the results clinically relevant? Were the results reported clinically feasible? Were all patients enrolled in the study accounted for at the end of the study?
6. Discuss strategies to implement these findings into clinical practice.

Procedure:

1. The Instructors will select themes (problems) to research: ideas might include questions related to: transfusions: appropriate hemoglobin levels; Propofol infusions; drug-eluting stents; Off-site anesthesia; OR fires.
2. Journal Clubs will meet on a class day each month during the senior year for at least 1 hour. There will be two presenters at each meeting.
3. Each presenter will provide a discussion of the problem or theme selected and copies of relevant articles to the class.
4. During the Journal Club, the presenter functions as a seminar leader and elicits group discussion.
5. Journal Article presentations are often required during select course, particularly during the endocrine and Co-existing courses.

**Policy Name: Senior Review**  
**Page 1 of 1**  
**Manual Loc: A/F/S**

**Review Date: 2/20, 08/21, 07/23**  
**DNP Standard/Criteria: D24; E1; 2; 3**

**Policy No: 2007**

OVERVIEW: Seminar approach to systematic review of clinical and didactic educational objectives. Emphasis is placed on preparation for board certification exams in nurse anesthesia.

PLACEMENT: Senior Year – Summer II and Fall III.

TIME ALLOTMENT: 108 study hours.

TEACHING PERSONNEL: Various

METHODS OF INSTRUCTION: instructor led review, individual study, group study, workbook assignments; comprehensive examinations.

GRADING: Mandatory attendance.

ASSIGNMENT: Attend scheduled in-class study for the full day; sign in/out is required.

INSTRUCTIONAL OBJECTIVES:

1. Critically examine all areas of anesthesia taught in 36-month program as defined in course outline.
2. 3<sup>rd</sup> Clinical Year student will demonstrate preparedness for qualifying exam in nurse anesthesia.

Format is subject to change per class and Director's decision.

Rev: 7/97; 09; 06/14, 6/16, 2/20

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE PROGRAM**

**TITLE:** NUR 9101- Anesthesia Clinical Practicum I

**CREDITS:** 1

**DATE/TIME:** Fall Year 1

**PREREQUISITES:** None

**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** See Syllabus

**OVERVIEW:** The introductory practicum will provide gradual integration to the clinical setting where students will apply theoretical knowledge to clinical practice. Emphasis is given to independent patient assessment and formation of an appropriate anesthesia care plan. Students are introduced to anesthetic systems, monitoring equipment, pharmacologic agents, and pre and post-operative care with attention to cultural competence.

**OBJECTIVES:** At the completion of NUR9101, the student is expected to be able to:

1. Perform a comprehensive history and physical assessment (COA D. 8).
2. Perform a pre-anesthetic assessment before providing anesthesia services (COA D. 15).
3. Formulate an anesthesia plan of care before providing anesthesia services (D17).
4. Maintain comprehensive, timely, accurate and legible healthcare records (COA D. 28).
5. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities (COA D. 19).
6. Demonstrate vigilance in the delivery of patient care (COA D1).
7. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (reading, texting, emailing, etc.) (COA D. 2).
8. Demonstrate a comprehensive equipment check (COA D 3).
9. Demonstrate infection control practices that prevent patients from iatrogenic complications (COA D. 4).
10. Calculate fluid therapy (COA D. 20)
11. Demonstrate the respect of patient dignity and privacy by maintaining confidentiality in the delivery of interprofessional care. (COA D. 27).
12. Maintain ACLS, BLS and PALS certification (COA D 12).
13. Function within legal and regulatory requirements (COA D. 36).
14. Demonstrate responsibility for his or her own clinical practice (COA D. 37).
15. Adhere to the Code of Ethics for Certified Registered Nurse Anesthetists and apply ethically sound decision –making (COA D. 33 & 35).
16. Interact on a professional level with integrity (COA D. 34).

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE PROGRAM**

**TITLE:** NUR 9102- Anesthesia Clinical Practicum II

**CREDITS:** 1

**DATE/TIME:** Spring Year 2

**PREREQUISITES:** NUR 9101

**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** See Syllabus

**OVERVIEW:** The 2<sup>nd</sup> clinical practicum will provide continued integration to the clinical setting so students may refine basic anesthetic skills. Emphasis is given to furthering the student's clinical expertise in areas of physical assessment and formulation of complex anesthesia care plans for surgical cases or procedures with increased complexity. Orientation to the pediatric, cardiac anesthesia, obstetric, and advanced regional anesthesia specialty rotations via high-fidelity simulation lab workshops are held in the late Spring. The clinical "on-call" experience also begins in late Spring (April) to expose students to clinical experiences in multi-system trauma, CPR, emergency cases, and critically ill patient populations.

**OBJECTIVES:** At the completion of NUR 9102, the student is expected to be able to:

1. Calculate, initiate, and manage fluid and blood component therapy (COA D. 20).
2. Identify and take appropriate action when confronted with anesthetic equipment –related malfunctions (COA D. 18).
3. Apply knowledge to practice in decision making and problem solving (COA D. 13)
4. Transfer the responsibility for care of the patient to other qualified providers in a manner that assured continuity of care and patient safety (COA D. 29).
5. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families (COA D. 25).
6. Maintain certification in PALS, BLS, and ACLS (COA D.12).
7. Assemble all anesthesia equipment, supplies and pharmacologic agents necessary to administer anesthesia for ASA I and II category patients for all surgical cases, per Department Policy at Clinical Site.
8. Provide general/regional anesthesia care to ASA I-II patients for complex procedures, including emergency and trauma cases under direct supervision by clinical faculty.
9. Complete a culturally competent assessment on all patients assigned.

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE PROGRAM**

**TITLE:** NUR 9103 – Anesthesia Clinical Practicum III

**CREDITS:** 1

**DATE/TIME:** Summer Year 2

**PREREQUISITES:** NUR 9102

**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** See Syllabus

**OVERVIEW:** The 3rd clinical practicum will provide continued integration to the clinical setting so students may refine basic anesthetic skills. Emphasis is given to furthering the student's clinical expertise in areas of physical assessment and formulation of complex anesthesia care plans for surgical cases or procedures with increased complexity. Orientation to the pediatric, cardiac anesthesia, obstetric, and advanced regional anesthesia specialty rotations via high-fidelity simulation lab workshops are held in the late Spring. The clinical "on-call" experience also begins in late Spring (April) to expose students to clinical experiences in multi-system trauma, CPR, emergency cases, and critically ill patient populations. This course is the start of pediatric and OB rotations and continuation of heart room experience.

**OBJECTIVES:** At the completion of NUR 9103, the student is expected to be able to:

1. Assemble all anesthesia equipment, supplies and pharmacologic agents necessary to administer anesthesia for ASA I–III category patients for all surgical cases, per Department Policy at Clinical Site.
2. Provide general/regional anesthesia care to ASA I-III patients of all age groups for routine and complex procedures, including emergency and trauma cases under direct supervision by clinical faculty.
3. Complete a culturally competent assessment on all patients assigned.
4. Calculate, initiate, and manage fluid and blood component therapy (COA D. 20).
5. Identify and take appropriate action when confronted with anesthetic equipment –related malfunctions (COA D. 18).
6. Apply knowledge to practice in decision making and problem solving (COA D. 13)
7. Transfer the responsibility for care of the patient to other qualified providers in a manner that assured continuity of care a patient safety (COA D. 29).
8. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with other patients and their families (COA D. 25).
9. Maintain certification in PALS, BLS, and ACLS (COA D.12).

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9104 – Anesthesia Clinical Practicum IV

**CREDITS:** 1

**DATE/TIME:** Fall Year 2

**PREREQUISITES:** NUR 9103

**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** See Syllabus

**OVERVIEW:**

The 4th clinical practicum will provide clinical anesthesia experiences in a wide variety of surgical environments to allow the student to incorporate theoretical concepts and basic principles of practice toward the successful planning and management of the more pathologically complex patients with diverse cultural origins undergoing a surgical procedure. Pediatric, cardiac and trauma experiences begin in the summer per clinical rotation grids.

**OBJECTIVES:** At the completion of NUR 9104, the student is expected to be able to:

1. Complete a culturally competent assessment on all patients assigned.
2. Serve in a mentorship role to first year students
3. Demonstrate advanced application of didactic knowledge to practice in decision making and problem solving in specialty rotations (COA D. 13)
4. Provide nurse anesthesia services based on evidence-based principles (COA D. 14).
5. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals (COA D. 26).
6. Recognize and appropriately manage patient responses and complications that occur during the provision of anesthesia services (COA D. 21 & 22).
7. Administer and manage general anesthesia for a variety of surgical and medically related procedures (COA D. 10).
8. Administer and manage variety of regional anesthetics for surgical and medically related procedures (COA D.11).
9. Maintain certification in PALS, BLS, and ACLS (COA D.12).

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE PROGRAM**

**TITLE:** NUR 9105 – Anesthesia Clinical Practicum V

**CREDITS:** 1

**DATE/TIME:** Spring Year 3

**PREREQUISITES:** NUR 9104

**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** See Syllabus

**OVERVIEW:**

Clinical anesthesia practice devoted to advanced surgical procedures and care for critically ill patients with multiple co-morbidities or emergency procedures. The student will be required to independently execute all phases of anesthetic planning and management under the supervision of a licensed anesthesia practitioner. Completion of all clinical rotations. Pediatric, OB, Heart and Trauma rotations continue.

**OBJECTIVES:** At the completion of NUR 9105 the student is expected to be able to:

1. Develop the ability to utilize science-based theories and concepts to analyze new practice approaches (COA D. 23).
2. Develop the ability to diagnose complications during and responses to the administration of anesthesia across the lifespan for various surgical procedures (COA D. 7 & 16).
3. Deliver individualized, culturally competent care throughout the perianesthesia continuum (COA D. 5 & 6).
4. Provide cost-effective anesthesia services (COA D. 38).
5. Provide leadership that facilitates intraprofessional and interprofessional collaboration (COA D. 32).
6. Apply research evidence to the clinical area (COA D. 48).
7. Maintain certification in PALS, BLS, and ACLS (COA D.12).

**VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK COLLEGE OF NURSING  
GRADUATE PROGRAM**

**TITLE:** NUR 9106 – Anesthesia Clinical Practicum VI

**CREDITS:** 1

**DATE/TIME:** Summer Year 3

**PREREQUISITES:** NUR 9105

**COURSE DIRECTOR:** Jodie Szlachta PhD, CRNA

**INSTRUCTORS:** See Syllabus

**OVERVIEW:**

Clinical anesthesia practice devoted to advanced surgical procedures and care for critically ill patients with multiple co-morbidities or emergency procedures. The student will be required to independently execute all phases of anesthetic planning and management under the supervision of a licensed anesthesia practitioner. Completion of all clinical rotations.

**OBJECTIVES:** At the completion of NUR 9106 the student is expected to be able to:

1. Develop the ability to utilize science-based theories and concepts to analyze new practice approaches (COA D. 23).
2. Develop the ability to diagnose complications during and responses to the administration of anesthesia across the lifespan for various surgical procedures (COA D. 7 & 16).
3. Deliver individualized, culturally competent care throughout the perianesthesia continuum (COA D. 5 & 6).
4. Provide cost-effective anesthesia services (COA D. 38).
5. Provide leadership that facilitates intraprofessional and interprofessional collaboration (COA D. 32).
6. Apply research evidence to the clinical area (COA D. 48).
7. Maintain certification in PALS, BLS, and ACLS (COA D.12).

Revisions: 2002; 2005; 2007; 2009; 2012; 2017, 2020

**Nurse Anesthesia Clinical Outcomes Course Descriptions:**

**NUR 9101 Clinical Practicum I**

**1 CR**

The introductory practicum will provide gradual integration to the clinical setting where students will apply theoretical knowledge to clinical practice. Emphasis is given to independent patient assessment and formation of an appropriate anesthesia care plan. Students are introduced to anesthetic systems, monitoring equipment, pharmacologic agents, and pre and post-operative care with attention to cultural competence.

**NUR 9102 Clinical Practicum II**

**1 CR**

The 2<sup>nd</sup> clinical practicum will provide continued integration to the clinical setting so students may refine basic anesthetic skills. Emphasis is given to furthering the student's clinical expertise in areas of physical assessment and formulation of complex anesthesia care plans for surgical cases or procedures with increased complexity. Orientation to the pediatric, cardiac anesthesia, obstetric, and advanced regional anesthesia specialty rotations via high-fidelity simulation lab workshops are held in the late Spring. The clinical "on-call" experience also begins in late Spring (April) to expose students to clinical experiences in multi-system trauma, CPR, emergency cases, and critically ill patient populations.

**NUR 9103 Clinical Practicum III**

**1 CR**

The 3<sup>rd</sup> clinical practicum will provide continued integration to the clinical setting so students may refine basic anesthetic skills. Emphasis is given to furthering the student's clinical expertise in areas of physical assessment and formulation of complex anesthesia care plans for surgical cases or procedures with increased complexity. Orientation to the pediatric, cardiac anesthesia, obstetric, and advanced regional anesthesia specialty rotations via high-fidelity simulation lab workshops are held in the late Spring. The clinical "on-call" experience also begins in late Spring (April) to expose students to clinical experiences in multi-system trauma, CPR, emergency cases, and critically ill patient populations. This course is the start of pediatric and OB rotations and continuation of heart room experience.

**NUR 9104 Clinical Practicum IV**

**1 CR**

The 4<sup>th</sup> clinical practicum will provide clinical anesthesia experiences in a wide variety of surgical environments to allow the student to incorporate theoretical concepts and basic principles of practice toward the successful planning and management of the more pathologically complex patients with diverse cultural origins undergoing a surgical procedure. Pediatric, cardiac and trauma experiences begin in the summer per clinical rotation grids.

**NUR 9105 Clinical Practicum V**

**1 CR**

Clinical anesthesia practice devoted to advanced surgical procedures and care for critically ill patients with multiple co-morbidities or emergency procedures. The student will be required to independently execute all phases of anesthetic planning and management under the

**Policy Name: Clinical Outcomes Course Descriptions Review Date: 6/21, 07.23 Policy No: 2008A**

**Page 2 of 2**

**DNP Standard/Criteria: E1, 2, 5, 6, 9, 10**

**Manual Loc: A/F/S**

supervision of a licensed anesthesia practitioner. Completion of all clinical rotations. Pediatric, OB, Heart and Trauma rotations continue.

**NUR 9106**

**Clinical Practicum VI**

**1 CR**

Clinical anesthesia practice devoted to advanced surgical procedures and care for critically ill patients with multiple co-morbidities or emergency procedures. The student will be required to independently execute all phases of anesthetic planning and management under the supervision of a licensed anesthesia practitioner. Completion of all clinical rotations.

Revisions: 2002; 2005; 2007; 2009; 2012; 01/2017, 06/2020



**DNP SCHOLARLY PORTFOLIO REQUIREMENTS**

Final Paper Outline	Villanova University College of Nursing DNP Project Seminar Intro-IV		
Cover Page			
Table of Contents			
Abstract (DNP IV)			
Heading Ch1: Subtitle:	<b>Introduction</b> Clinical problem discussion and examples Purposes of the project, goals, and objectives Student dyad selection, Academic Advisor form DNP completed project review and analysis x 2 CITI training certificate	<b>DNP Intro: 9400</b> <b>Introduction to DNP project</b>	<b>Class time:</b> Jan- April Wednesday 2 hours total: 16 hrs
Heading Ch2:	<b>Literature Review: Quantitative &amp; Qualitative</b> Conflict of Interest form Theoretical framework support analysis Practice hours log Reflection log	<b>DNP I: 9401</b> <b>Review of Literature</b>	<b>Class time:</b> May- Aug Friday 4 hours total: 32 hrs
Heading Ch 3:	<b>Methodology &amp; Project Design</b> PICOT analysis & SWOT analysis Project objectives and timeline Data collection tools: survey instruments, questionnaires, educational lessons Plan for data management and analysis Protection of human subjects and IRB application Resources and cost analysis Practice hour log and reflection log	<b>DNP II: 9402</b> <b>Methods Project Design</b>	<b>Class time:</b> Sept- Dec Friday 4 hours total: 32hrs
	<b>Implementation Summary</b> Data collection Results summary Evaluation summary Practice hour log and reflection log	<b>DNP III: 9403</b> <b>Implement Clinical Project</b>	<b>Class time:</b> Jan-April Friday 4 hours total: 32 hrs
	<b>Results</b> Discussion of results & implications for practice Leadership response to the DNP project DNP essentials Plan to disseminate the DNP project Reflection log of the DNP journey and path for future scholarship Practice hour log Poster presentation Final scholarly paper	<b>DNP IV: 9404</b> <b>Results, Evaluation, and Dissemination of Findings</b>	<b>Class time:</b> May- Aug Wednesday 2 hours total: 16 hrs
	Appendices References		

**DNP SCHOLARLY PORTFOLIO REQUIREMENTS**

Edited 10/2021 by CM, DNP Project Director. Reviewed by COA during accreditation visit 2021.

Beginning the first semester and continuing throughout the program, the student will gain experience in all related clinical areas. During this period, the student will acquire skill and expertise in administering anesthesia to patients of all ages and cultural origins, undergoing surgery for the following anatomical categories and surgical services:

- A.    Anatomical Categories
  - 1.    Head
  - 2.    Neck
  - 3.    Intrathoracic
  - 4.    Extrathoracic
  - 5.    Abdominal
  - 6.    Extremities
  - 7.    Vascular
  - 8.    Neuroskeletal
  - 9.    Recto-vaginal.
  
- B.    Surgical Services
  - 1.    Neurosurgery
  - 2.    Eye, ear, nose and throat
  - 3.    General Surgery
  - 4.    Obstetrics/Gynecology
  - 5.    Orthopedics
  - 6.    Cardiovascular and Thoracic
  - 7.    Emergency
  - 8.    Pediatrics.
  
- C.    Non-Surgical Services or surgical techniques
  - 1.    Pre operative Evaluation/post op management
  - 2.    IV placement (If needed)
  - 3.    Arterial and central line placement
  - 4.    PNB placement
  - 5.    ultrasound use for vascular and PNB placement.
  - 6.    robotic and/or laparoscopic surgical procedures.

**Objective:**

At the completion of these experiences, the student will demonstrate clinical competency in how to administer physiologically sound, culturally sensitive, anesthesia with continuous monitoring, recording and interpretation of data derived of patient's physical condition, drugs and anesthetic methods used as appropriate for each case based upon surgical and patient needs.

Objectives

Following class discussion, self-directed learning, and clinical experience with neurosurgical procedures, the student will be able to:

1. Critically examine the considerations of the condition of the neurosurgical patient pre-operatively.
2. Develop a preanesthesia assessment for a neurosurgical patient.
3. Develop an anesthetic care plan for various neurosurgical patients.
4. Demonstrate appropriate verbal, nonverbal and written communication with all perianesthesia team members in the care of the neurosurgical patients.
5. Demonstrate appropriate professional behavior when caring for neurosurgical patients.
6. Identify correct positioning for prone, sitting, and supine neurosurgical procedures and the anesthesia implications of each.
7. Examine the potential for post-operative vision loss for patient in the prone position.
8. Administer anesthesia for a variety of neurosurgical procedures, including craniotomies, spine cases, neurovascular cases, and laminectomies.
9. Discuss the anesthetic considerations for neurological diagnostic procedures.
10. Describe the anesthetic induction options of a patient with increased ICP.
11. Examine the importance of intracranial pressure, including the signs and symptoms of increased intracranial pressure and strategies employed intraoperatively to decrease intracranial pressure.
12. Manage patients with pre-operative and/or intraoperative increased intra-cranial pressure.
13. Manage patients with pre-operative and/or intraoperative hemodynamic changes for a neurosurgical procedure.
14. Describe the use of controlled hypotension in the anesthesia management of a variety of neurosurgical procedures.
15. Examine hypotensive anesthesia technique for neurosurgery.
16. Examine the dangers of intraoperative hypotension and air embolism with the patient in the sitting position.
17. Discuss the monitoring, diagnosis, and treatment of air embolism.
18. Evaluate and discuss the management of intraoperative blood loss in a neurosurgical case.
19. Communicate post-anesthesia report and transfer of care to appropriate personnel (PACU or ICU.)
20. Deliver culturally competent perianesthetic care to neurosurgical patients.



**Policy Name: Clinical Objectives: EENT    Review Date: 8/19, 08/21, 7.23    Policy No: 2012**

**Page 2 of 2**

**DNP Standard/Criteria: E2; E6; E9**

**Manual Loc: A/F/S**

and esophagoscopy.

16. Compare and contrast the anesthetic management plan for EENT cases including bronchoscopy, mediastinoscopy and esophagoscopy.
17. Assess and describe the anesthetic considerations positioning the patient for EENT procedures.
18. Demonstrate post-anesthesia report of the EENT patient during the transfer of care to the appropriate PACU or ICU personnel.
19. Integrate and deliver culturally competent perianesthetic care to EENT patients.

Rev 7/97; 07/08; 8/09, 6/16



### **Clinical Rotation - Obstetrics/Gynecology**

#### Objectives

Following class discussion, self-directed learning, and clinical experience through this service, the student will be able to:

1. Discuss the physiological changes which occur during pregnancy.
2. Describe the preanesthetic considerations associated with the physiologic changes that affect both mother and fetus.
3. Perform a preanesthesia assessment for an obstetric patient.
5. Formulate an anesthetic care plan for various obstetric patients.
6. Utilize appropriate verbal, nonverbal and written communication with all perianesthesia team members in the care of the obstetric patients.
7. Demonstrate appropriate professional behavior when caring for obstetric patients.
8. Discuss the anesthetic management of the obstetric patient, including the pharmacologic effects of anesthetic agents on the fetus.
9. Identify when a rapid sequence induction is necessary in an obstetric patient.
10. Describe the anesthetic management of the pregnant patient with co-morbidities.
11. Demonstrate the correct administration of: a rapid sequence induction and regional anesthetic techniques
12. Management analgesia, general, and regional anesthetics for obstetric patients.
13. Discuss the pharmacology of local anesthetics and their effects on the parturient and the fetus.
14. Discuss the management of obstetrical complications, including supine hypotension, preeclampsia, placental accretia, placental rupture, placenta previa, placental abruption, and amniotic fluid embolism.

**Manual Loc: A/F/S**

15. Manage obstetric complications under anesthesia, including hemodynamic instability, placental accretia, placental rupture, placenta previa, placental abruption preeclampsia and amniotic fluid emboli.
16. Communicate post-anesthesia report and transfer of care to appropriate personnel (OB RN, PACU, ICU.)
17. Deliver culturally competent perianesthesia care to obstetric patients.

Rev 7/97; 07/08; 8/09

### **Clinical Rotation - Orthopedics**

#### **Objectives**

Following class discussion, self-directed learning, and clinical experience on this service, the students will be able to:

1. Note pre-operative consideration specific to patients undergoing orthopedic surgery.
2. Perform a pre-anesthesia assessment for an orthopedic patient.
3. Formulate an anesthetic care plan for various orthopedic patients.
4. Utilize appropriate verbal, nonverbal and written communication with all perianesthesia team members in the care of the orthopedic patients.
5. Demonstrate appropriate professional behavior when caring for orthopedic patients.
6. Discuss anesthesia management of the following orthopedic surgical procedures:
  - Repair of fractures
  - Repair of dislocations
  - Spinal procedures
  - Prosthesis insertion
  - Corrective procedures
  - Total joint replacements
7. Manage a variety of orthopedic surgical procedures.
8. Discuss the fluid management for orthopedic surgical procedures and blood salvaging techniques used for patients undergoing orthopedic procedures.
9. Discuss the various positions utilized for orthopedic surgical procedures, including necessary anesthetic precautions for each.
10. Demonstrate the correct positioning for a variety of orthopedic procedures.
11. Manage the physiologic and hemodynamic changes in patients undergoing orthopedic surgical procedures.

**Manual Loc: A/F/S**

12. Discuss the anesthetic implications of the use of methylmethacrylate and other polymer or acrylic glues used in orthopedic procedures.
13. Discuss post-operative anesthetic considerations of patients undergoing orthopedic procedures.
14. Communicate post-anesthesia report and transfer of care to appropriate personnel ( PACU, ICU.)
15. Deliver culturally competent perianesthesia care to orthopedic patients.
16. Management general and/or regional anesthetics for obstetric patients including PNBs with or without ultrasound.

Rev: 7/97; 8/09, 7/23

Clinical Rotation - Cardiovascular and Thoracic Service

Objectives

Following heart room orientation, self-directed learning, and clinical experience on this service, the student will be able to:

1. Describe the physiologic effects of opening the chest to atmosphere.
2. Perform a pre-anesthesia assessment for an intrathoracic/cardiac surgery patient.
3. Formulate an anesthetic care plan for various intrathoracic/cardiac surgery patients.
4. Utilize appropriate verbal, nonverbal and written communication with all perianesthesia team members in the care of the intrathoracic/cardiac surgery patients.
5. Demonstrate appropriate professional behavior when caring for intrathoracic/cardiac surgery patients.
6. Discuss and place the appropriate invasive and non-invasive monitoring of the patient undergoing intrathoracic or cardiac procedures.
7. Prepare the operating room with requisite equipment to place a double-lumen ETT
8. Interpret and apply data obtained from intravascular monitoring devices and TEEs to optimize pt's hemodynamic status.
9. Discuss the management of anesthesia for a variety of intrathoracic/cardiac surgical procedures.
8. Administer anesthesia for a variety of intrathoracic/cardiac surgical procedures.
9. Discuss the various physiologic and hemodynamic changes which may occur during the surgical procedure that may temporarily alter anesthesia management.
10. Discuss the indications and procedure for one lung anesthesia.
11. Insert double lumen tubes and bronchial blockers.
12. Communicate post-anesthesia report and transfer of care to appropriate personnel ( PACU, ICU.)
13. Deliver culturally competent perianesthesia care to intrathoracic/cardiac patients.

## Clinical Rotation - Emergency/On Call

### Emergency Objectives

Following class discussion, self-directed learning, and clinical experience on call, the student will be able to:

1. Discuss in depth the following situations requiring anesthesia management:
  - full stomach
  - hypotension
  - respiratory distress
  - cardiac tamponade
  - head, neck, abdominal, pelvic and extremity injuries
  - burns, GSW, penetrating trauma
  - respiratory arrest / distress
  - cardiac arrest
  - malignant hyperthermia
  - emergent intubation
  - obstetric emergencies
  - trauma activations / responses
  - emergency c-sections
  - emergency laparoscopies and laparotomies
  
2. Describe the management of the following emergencies:
  - air embolism
  - aspiration
  - bronchospasm
  - cardiac arrest
  - respiratory arrest
  - cardiac tamponade
  - spinal cord trauma
  - laryngospasm
  - malignant hyperthermia
  - pneumothorax and pleural effusion
  - transfusion reaction
  - rapidly increasing intracranial pressure
  - uncontrolled hemorrhage, major vascular injuries
  - blunt trauma & penetrating injuries
  - acute MI's and the "re-do" heart.
  - emergency c-sections
  - trauma patient management (exploratory laparotomies and laparoscopies)
  - Massive transfusion protocols

3. State implications for general anesthesia versus induction anesthesia for emergency procedures.
4. Describe anesthesia management of the patient in shock.
5. Perform CPR, including intubation of the patient in respiratory and cardiac arrest.
6. Perform RSI for emergency c-sections.
7. Perform emergency intubations in code situations.
8. Respond to trauma activations and perform airway management of the trauma patient.
9. Perform a pre-anesthesia assessment for an obstetric patient. Formulate an anesthetic care plan for various obstetric patients. Discuss the anesthetic management of the obstetric patient, including the pharmacologic effects of anesthetic agents on the fetus. Management analgesia, general, and regional anesthetics for obstetric patients. Refer to Policy #2014 for clinical objectives of OB rotation.

**On-Call Objectives:**

1. To administer anesthesia to patients after normal working hours.
2. To administer anesthesia to individuals suffering from acute disease processes or as a result of trauma.
3. To administer anesthesia for obstetric patients.
4. To participate actively as a member of the Cardiopulmonary Resuscitation Team.
5. To make decisions and use sound judgment under the most stressful situations.
6. Perform a pre-anesthesia assessment for the emergency surgery patient.
7. Formulate an anesthetic care plan for various emergency surgery patients.
8. Utilize appropriate verbal, nonverbal and written communication with all perianesthesia team members in the care of the emergency surgery patients.
9. Demonstrate appropriate professional behavior when caring for emergency surgery patients.
10. Communicate post-anesthesia report and transfer of care to appropriate personnel (PACU, ICU)
11. Deliver culturally competent perianesthesia care to emergency patients.
12. To manage the anesthesia care of patients having emergency surgical procedures.

**Procedure: (Reference policy #1021)**

1. **Placement:** Student call availability is determined on a monthly basis by the Program Administrator(s) and Clinical Coordinators. Students may be assigned to call the day before class or the evening after class only in unavoidable emergency call situations.
2. Hours: (16 hours) 3:00 p.m.-7:00 a.m., Monday thru Friday. A post call day off from clinical is provided. Holiday and weekend call is scheduled for 12 hours (7:00 a.m.-7:00 p.m. or 7pm-7am), with 1 day off following the 12 hour call. Two days off will be provided for working a 12 hour Holiday call. Three days off will be provided for working a 24 hour Holiday Call shift.
3. In-house call may be taken in hospitals with on-call facilities. Call may include staying late for a rare or unusual case. Clinical Coordinators may assign a comp day the following day. At all facilities, call experience is under the direct supervision of a CRNA and /or an anesthesiologist.
4. Assignments will be made on the basis of best learning experience, at the student's level, or the need to fulfill requirements as set forth by the Council on Accreditation.
5. If scheduled for call the evening after a class day, the Student is required to attend class and will receive 2 days off. Class attendance immediately following a call shift is at the discretion of the student.
6. Students on call will act under the supervision of the CRNA or Anesthesiologist.

Revised: 7/97; 7/98; 6/99; 10/99; 8/01; 7/03; 07/08; 8/09; 07/12; 5/15, 08/19, 07/22

All students are **required** to participate in pre- and post-operative rounds and will complete an anesthetic care plan on those patients who come under their care. A preoperative assessment includes seeing the patient prior to surgery in the preoperative area.

### **Purpose**

During the pre-operative assessment class, the following techniques and skills will be learned, practiced and evaluated.

1. Interview techniques.
2. Chart evaluation.
3. Physical assessment of the patient.

### **Objectives**

The student will be able to:

1. Describe the importance of a preoperative assessment.
2. Evaluate the patient's past medical, surgical and anesthetic history,
3. Obtain a family anesthetic history.
4. Determine the effects of current medications on the anesthetic plan.
5. Assess physical status, including airway, cardiovascular system, respiratory system and renal system.
6. Classify patient's physical status using the American Society of Anesthesiologist's Classification of Risks.
7. Develop a care plan with attention to patient's cultural health care practices as appropriate

Case assignments will generally be made in advance so that the student can properly prepare to visit the patient and carry on activities described above, as well as the following tasks:

1. Plan technique and agent.
2. Study or research anticipated problems and complications.
3. Seek appropriate consultation and advice.

## **POLICY: PREOP EVALUATIONS**

Students assigned to participate in the anesthesia care of a particular patient are to conduct a pre-operative visit and/or review of the patient's hospital records whenever possible and must document these activities on their anesthesia care plans.

### **PROCEDURES**

Students are expected to conduct a pre-anesthetic visit on patients assigned to them **the day before** surgery if the patient is in-house and complete an anesthetic care plan. This does not apply when the student is not present in the hospital (ie post call, vacation days). The student is still responsible for evaluating the patient prior to anesthetizing the patient (see below).

Students assigned to patients admitted to the Short Procedure Unit or Same Day Surgery Unit will conduct a preoperative visit in the particular unit (if their OR assignment permits), or will conduct the visit and review their chart in the operating room. Under no circumstances shall students become involved with the anesthetic care of a patient without having the opportunity to either first review the patient's hospital records or receive a complete report if relieving on a case (or both) or during an emergency where a patient requires multiple caregivers, as in the case of a massive transfusion protocol.

If students are unable to see their in-house patients, they are to employ the Same Day Surgery/Short Procedure Unit pre-operative protocol.

Students should use either the EMR or appropriate form at each clinical site to complete the pre-anesthesia evaluation. All pertinent areas are to be appropriately completed. At the completion of the interview and evaluation, the student nurse shall thoroughly discuss the anesthesia plan with the preceptor and or patient, as appropriate. Students may obtain anesthesia consent following applicable state and department regulations that pertain to consent with the co-signature of another anesthesia provider.

## **POLICY: POST OPERATIVE ROUNDS**

All patients receiving **any** anesthesia service shall be seen by at least one member of the anesthesia care team, preferably within twenty-four hours and no later than 48 hours. This includes non-OR cases, including epidurals for vaginal delivery, endoscopy, interventional radiography, interventional pain, and electrophysiologic studies. A note shall be placed in the patient's progress notes documenting that this visit has occurred.

All students shall make at least one post anesthesia visit on all admitted patients to whom they have provided anesthesia care and have remained admitted on the student's next clinical day except for SPU and early discharge patients.

Students are expected to participate in completing post operative visits on any other patients assigned to them.

### PROCEDURES

1. Post anesthesia notes are to be written within 48 hours of the procedure for which anesthesia care was provided.
2. These notes are to be written on the Progress Sheet of the patient's hospital record.
3. The patient must be visited and interviewed and the chart reviewed for pertinent post-operative data.
4. The post-operative note should be written under the title "post-anesthesia note" and should contain at least the following information:
  - a. date and time of visit
  - b. state of consciousness
  - c. Satisfactory anesthesia recovery **OR** if not satisfactory, e.g. 'protracted nausea and vomiting lasting longer than 24 hours now resolving'.
  - d. **No apparent** anesthetic complications or if complications, e.g., "IV started in OR infiltrated, being treated with elevation and warm compresses".
  - e. Pertinent laboratory/medical/x-ray findings which relate to anesthesia recovery or complications associated/caused by anesthesia
  - f. Patient's satisfaction/dissatisfaction with anesthesia care
  - g. Remedial actions taken (if appropriate)
5. The postoperative note must be signed by name and title.
6. Abnormal findings are to be reported immediately to either the anesthesiologist or CRNA who was involved in the case. If they are unavailable, the student should report to the chairman of the department of anesthesiology or his/her designee that day.
7. Students will follow site-specific departmental policies.

**Subject: Anesthesia Care Plan: General Policy for All Students**

**Rationale:**

- 1) Demonstrate responsiveness to the community of interest that the learner is capable of developing strategies for administering/managing anesthesia care congruent with the patient's physiologic/pathophysiologic/pharmacologic needs;
- 2) Communicate that both process and outcome criteria are used to demonstrate learner competence in planning perioperative anesthesia care;
- 3) Provide opportunities for student/instructor interaction that support development of an appropriate anesthesia care plan using EBP as appropriate.
- 4) Evaluate the learner's total participation in planning and communicating perioperative anesthesia care.

**Instructional Goal:**

To emphasize the value of formal research and informal inquiry into the relevant pathophysiology, pharmacology, and the varying anesthesia techniques used to design an appropriate anesthesia care plan; to provide opportunities for the learner to develop problem-solving skills.

**Policy:**

Students shall develop an anesthesia care plan for each patient to whom they are assigned to administer or manage anesthesia. This must be the student's own work and not cut and pasted from an external website. This amounts to plagiarism.

**Methodology:**

There are two types of acceptable care plans: (1) written care plans and (2) verbal care plans. The use of a written care plan is the preferred methodology and required to be submitted to the program in Semesters 1-4 and specialty rotations. A student who utilizes a verbal care plan must then eventually produce a written care plan specific for the case/patient. Verbal plans are acceptable in cases of emergency where time is crucial to the patient's safety and during the 3<sup>rd</sup> clinical year. Any case that is new to a student requires a written care plan.

Students should use the templates provided in the Typhon system or a care plan template specified by their clinical site. Students are NOT permitted to copy and paste care plans found on websites from other programs and submit them as their own work. This constitutes plagiarism and will not be tolerated. Care plans should include information specific to the patient with respect to the procedure being performed.

**General Policy for All Students**

1. Pre-op rounds will be made by the student on assigned patients upon completion of the day's responsibility in the classroom and/or O.R.
2. A care plan will be formulated for each patient. This care plan is to be discussed with the faculty member assigned to the case.
3. Post-op rounds are to be completed on all patients the student anesthetizes, if possible before pt discharge . These are to be completed after the patient is discharged from the recovery room, but within 48 hours of the procedure, except for early discharges. A note is to be written on the patient's chart, including vital signs, reactivity, airway assessment and any anesthetic complications. This must be dated and signed by the student.
4. Each evaluation form will contain pre and post-op rounds under the Behavioral Criteria.
5. The student will attach care plans to their daily evaluation form for Semesters 1-4 and for all specialty rotations. These care plans will be turned into the NA program office in the FCN and will be placed in the student's file as part of the student's DNP portfolio.

1. The 8-week Pediatric Rotation/Affiliation with the St. Christopher's Hospital begins per the schedule provided by St. Christopher's Hospital for Children.
2. The three-month Pediatric Rotation with A.I.duPont Hospital for Children begins the first Monday of the assigned month.
3. The 2-month CHOP primary pediatric rotation begins the first Monday of the assigned month.
4. The one-month optional pediatric rotation at Children's Hospital of Philadelphia begins the first Monday of the assigned month.
5. The pediatric rotation at LVHN and HMC are 1 month in length and begins the first Monday of the assigned month.
6. Students are to park in the hospital parking lot and report to the clinical site per the directions of the Clinical Coordinator.
7. Students are to bring their own lab coat and OR shoes. OR scrubs, hats and masks are provided.
8. Students will be oriented to the hospital parking facilities, scheduling, OR suite, including the locker room where the student will be provided with a locker.
9. The Clinical Coordinator will inform the student of clinical and didactic (i.e. morning conferences) requirements.
10. The Program Director confers with Division Director or Clinical Coordinator regarding the student's progress and any other problems regarding the affiliation. Students are expected to complete a clinical site/clinical instructor evaluations upon completion of the rotation.

I. Purpose

The purpose of the pediatric rotations for the nurse anesthesia students from Villanova University DNP Nurse Anesthesia Program is to further enrich the student's didactic knowledge and to enhance his/her clinical skills in the field of pediatric anesthesia.

II. Objectives

Upon completion of the pediatric rotations, the students should complete the following general and specific learning objectives:

General Learning Outcome I

Understand facts and principles governing the anesthetic management of a wide variety of surgical procedures for children ranging from the newborn up to and including patients 21 years of age.

Specific Learning Outcomes:

1. Identify and discuss the anatomical and physiological differences between the neonate, infant, child, and adult.
2. Differentiate between the psychological problems encountered in relation to the administration of anesthesia to the child as opposed to the adult.
3. Discuss a variety of pathological conditions found only in children.
4. Formulate and discuss an anesthesia care plan for the neonate, newborn, infant and child.
5. Describe alterations of response to drugs in children as compared to adults.
6. Relate prescribed formulas for pediatric drug dosages.
7. Discuss prescribed formulas for pediatric fluid replacement.
8. Discuss a variety of anesthetic techniques peculiar to pediatric anesthesia.
9. Describe anesthesia equipment utilized specifically for the administration of pediatric anesthesia.
10. List and discuss several intra- and post-operative anesthetic complications.
11. Formulate and discuss an anesthesia care plan for emergency pediatric surgery.

General Learning Outcome II

Apply concepts and principles of the basic study of anesthesia practice to administration of anesthesia for children ranging from the neonate to the patient 21 years of age.

1. Identify a variety of pathological conditions peculiar to children and discuss their anesthetic implications.
2. Conduct a pre-operative assessment combining the patient and/or family interview with the patient's age and weight and the evaluation of the laboratory, physical and diagnostic studies.
3. Utilize results of pre-operative assessment to assign appropriate ASA physical status.
4. Use results of pre-operative assessment to write pre-op medication order.
5. Select correct intravenous catheter size, infusion site, and means of immobilization for a variety of pediatric patients.
6. Modify anesthetic management to meet the needs of a variety of pediatric pathological conditions.
7. Integrate knowledge of anatomical and physiological differences between the neonate, infant, child and adult during planning, implementing, assessing, and evaluating anesthesia management.
8. Manage pediatric airway correctly.
9. Select correct size oral airway for each patient.
10. Choose correct size endotracheal tube for intubation.
11. Correctly intubate pediatric patients.
12. Select proper agents and accessory drugs for children.
13. Calculate the correct pediatric dosage of drugs pre-, intra-, and post-operatively.
14. Administer the correct pediatric dosage of drugs during anesthetic management.
15. Correctly select type of intra-operative fluid replacement for a variety of pediatric procedures.
16. Alter fluid replacement regime according to signs and symptoms of dehydration and/or hypovolemia.
17. Calculate pediatric patient's total blood volume, acceptable blood volume deficit, and blood replacement.
18. Correctly monitor the pediatric patient's temperature intra-operatively.
19. Assess ventilatory status to establish criteria for extubation.
20. Plan and manage anesthesia for the emergency surgical procedure.

III. Policies and Procedures

The following policies and procedures have been defined to facilitate the fulfillment of the preceding learning objectives:

A. Policy #1

The faculty at the Pediatric Rotational Sites will provide the student nurse anesthetist with a wide variety of pediatric surgical experiences.

Procedure #1

1. The student will be assigned to cases according to his/her technical and theoretical abilities on a daily basis.
2. As the student's abilities improve, he/she will be assigned to a variety of more difficult cases, if such cases are available and at the discretion of the staff anesthesiologists.
3. The student will be encouraged to assist other anesthetists while he/she is starting his/her cases to further augment his/her knowledge and/or skill through the implementation of basic techniques and procedures specific to caring for pediatric patients.

B. Policy #2

The affiliating faculty will provide an environment conducive to the further enrichment of the student's didactic knowledge as well as to the enhancement of his/her clinical skills.

Procedure #2

1. The student will be expected to do pre- and post-operative visits on his/her patients each day and/or other patients as assigned.
2. Pediatric conferences covering a variety of pediatric topics will be presented by the affiliating faculty at a time designated by the Department Chairman or the Clinical Coordinator.
3. The student will be relieved of clinical responsibilities to attend class at Villanova University.

IV. Rights and Responsibilities

- A. Students on affiliation have the right to expect the faculty to accept their responsibilities as defined in Section IV, E.
- B. Students on affiliation have the responsibility to do the following:
  - 1. administer anesthesia for a variety of pediatric procedures to the best of his/her ability and in agreement with his/her technical and/or theoretical skills.
  - 2. follow the directions of the Department Chairman or anyone designated by him as being in authority in his absence.
  - 3. be adequately prepared for induction and administration of anesthesia by having all necessary equipment in readiness, by reviewing the patient's chart, and by discussing the anesthetic management with the MD and/or CRNA faculty member in charge of the administration of anesthesia.
  - 4. request assistance from MD and/or CRNA faculty when questions arise in the clinical area.
  - 5. conduct him/herself in a professional manner with respect to the patient as well as to other members of the health care team.
  - 6. be aware of the daily work schedule and times designated thereon.
  - 7. report to the clinical area on appointed days and times designated by weekly time schedule.
  - 8. report to the anesthesia personnel running the schedule and/or to check the OR schedule daily for patient's assignments.
  - 9. report to the individual running the schedule either directly or via other responsible personnel when unable to be in clinical area at assigned time due to illness or other extenuating circumstances.
  - 10. report to person running schedule before leaving OR suite.
  - 11. be available when scheduled for call experience.
  - 12. attend pediatric conferences when presented by affiliating faculty members
  - 13. visit his or her patient's pre-operatively and post-operatively whenever possible, and to include documentation of said visit by note on patient's chart.

14. not to take or request any vacation time during rotation (except to attend the AANA Annual Congress).

C. The Faculty of the Affiliating Institution has the right to expect the student to fulfill his/her responsibilities as listed above in Section IV, B.

D. The Faculty of the Affiliating Institution has the right to:

1. be informed of student's names and dates of affiliation at least one month (30 days) prior to affiliation date.
2. be invited to all Faculty Meetings when matters concerning the affiliating institution is on the agenda.
3. communicate with School Director and/or Associate Director concerning any affiliation-related problems.
4. request that a student return to the home institution if for any reason he/she is found to be unsatisfactory.

E. The Faculty of the affiliating institution has the responsibility to:

1. accept nurse anesthesia students on a rotating basis from VU DNP Nurse Anesthesia Program for a period of 1, 2, or 3 months (1 month advanced rotation at Children's Hospital) as determined by the clinical site.
2. provide the student with a wide variety of learning experiences related to the management of pediatric anesthesia and surgical procedures in accordance with his/her technical and/or theoretical procedure abilities.
3. provide an environment conducive to learning by being open to questions from students and by providing instruction in the clinical area.
4. provide a safe anesthetic environment through the provision of educational direction in the clinical area.
5. provide assistance and/or guidance in the clinical area upon student's request whenever applicable.
6. provide guidance to student if he/she is experiencing anesthesia and/or education-related problems while on affiliation
7. inform the student of less than average performance.
8. encourage students to read anesthesia literature when not assigned to case and/or to pre-operative and/or post-operative rounds.
9. post OR schedule with clinical assignments for the following day to enable the student to make pre-operative

rounds on his/her patients.

10. relieve the student's of clinical responsibilities to attend scheduled classes at Villanova University.

F. The Faculty of the home institution has the right to expect the affiliating institution to fulfill its responsibilities as listed above in Section IV, E.

G. The Faculty of the home institution has the responsibility to:

1. provide the Affiliating Institution with nurse anesthesia students on a rotating basis for a period of 1,2, or 3 months as determined by the clinical site (one month at Children's Hospital as requested by students)
2. provide students who possess basic anesthetic knowledge.
3. acquaint each student with his/her rights and responsibilities while on affiliation prior to each student's affiliation.

V. Definition of Quality of Services Expected of the Following:

A. Students

1. Students will be expected to administer safe anesthesia under the direction of a qualified anesthesiologist and/or CRNA.

B. Faculty or personnel employed by the affiliating institution.

1. The affiliating faculty will be expected to provide the student with theoretical and technical direction in the clinical area with the ultimate goal being the administration of safe anesthesia to pediatric patients.

VI. Communication Between home institution and affiliating institution:

1. The affiliating institution shall be kept informed of any changes in the educational program which may affect the affiliating institution or the rotation.
2. The affiliating institution shall receive notification of name and credentials of students being sent to the affiliating institution. All pertinent documentation related to the student must be sent at least 3 weeks in advance in order to credential the student and allow them to affiliate at the site.
4. In case of any changes pertaining to projected date of affiliation of a student, the affiliating agency shall be notified as soon as possible.

## **Standard Policy for avoiding Drug Errors in the Clinical Setting**

- A. Introduction:** Adverse drug errors are among the most frequent problems resulting in harm to patients in the hospitalized setting. As an anesthesia provider we regularly administer rapid acting, highly potent, and highly concentrated bolus doses of drugs to our patients. This frequent administration of potentially harmful medications puts the anesthesia provider at risk for harmful drug errors. Studies on the frequency of drug errors in our profession show that accurate results are hard to obtain due to the voluntary “self report” method of reporting drug errors. Also, if you don’t know you committed an error, how could you report the error? Therefore, the true incidence, and cause and effect of anesthetic drug errors are unknown. As stated by the American Society of Anesthesia (ASA) and supported by multiple studies, human error is frequently (>70% of the time) the cause of “wrong drug” errors. Human error is often avoidable with the right system of checks and balances. The problem of “human” related drug error is potentiated by lack of standardization of drug packaging, concentrations and a universal labeling system along with the fact that preparation and labeling of the drugs is commonly done some time period before they are to be used. So the potential to error is doubled, you could choose the wrong ampoule or you could pick up the wrong syringe after it’s been prepared. The following will discuss, drug/room preparation techniques, common errors, and how to avoid them.
- B. Drug/Room preparation:** Using a set routine for room setup can help avoid common mistakes as well as omission of an essential part of your room setup. This acronym is commonly used: SOAP TIM. If you walk into an OR every day and repeat this to yourself, it will decrease the chances of missing a critical component of your setup.

**Suction**

**Table**

**Oxygen**

**IV**

**Airway**

**Machine/Monitors**

**Pharmacology**

C. **Common Errors**: Preparation (labeling, misidentifying medication ampoules) often go unnoticed until unexpected complications occur, Right drug (wrong dose or wrong route), Wrong drug (most commonly from a correctly labeled syringe, aka syringe swaps)

**1. Labels/ Look-alike syringes**: example. Manufacturer prepared Epinephrine syringe: Lidocaine Syringe have similar size, shape, and labeling.

**2. Labels/ Look-alike colors**: Muscle relaxant labels are commonly orange or red, vasopressors are commonly purple. Be sure to read the label and drug ampoule you are drawing the medication from three times when preparing syringes. When pulling the label, when placing it on the syringe, and finally verify proper label as you time/date/initial the syringe.

**i.e. VASOPRESSORS**: ephedrine/phenylephrine/epinephrine are commonly purple labels, it is especially important to maintain vigilance while drawing up/reconstituting medications with potent vasoactive effects. Phenylephrine and ephedrine both come in 1ml vials and can easily be mistaken for one another if preparing medications in a rush. Epinephrine and Ephedrine labels can be swapped be sure to employ the preventative strategies listed below.

**3. Concentration variations**: Be aware that drugs may come in variable concentrations and still be in the same sized vial. i.e. Midazolam 2mg/ml and 10mg/ml, Ketoralac 30 mg/ml and 60 mg/ml, **Heparin 1,000 units/ml, 5,000 units/ml, and 10,000 units/ml!**

D. **Preventative Strategies**: It is important to keep in mind that Anesthetic drug errors are totally or partially attributed to human error. To error is part of being human and incidence rate, theoretically, can only be reduced, not eliminated. Inattention, haste, communication problems, and fatigue are examples of human factors which increase the chances of error. Preventative strategies should be directed at controlling these dependent variables. The environment or system in which the anesthesia provider works in affects the incidence of error, i.e. syringe sizes, inadequate standardization of labeling (color coding variations between facilities), Manufacturer differences in packaging, production pressure causing rushed procedures and communication lapses in the anesthetic team or between surgeon and the anesthesia provider, etc. This means that the anesthesia provider must also be aware of

these discrepancies by remaining vigilant and focus on forming strategies against environmental/system related error as well. It is important to be proactive in prevention of error. When you let your guard down by becoming lax or comfortable is when an error is most likely to occur.

**1. Five R's: Right DRUG, Right DOSE, Right ROUTE, Right PATIENT, Right TIME**

- a. Right DRUG: Preparation of syringes:** Label, date, and time your syringe  
AT THE SAME TIME AS YOU ARE DRAWING UP THE MEDICATION.

Check the vial when drawing up the drug, after the medication is drawn up, and recheck the vial and syringe label before discarding the vial.

**1). Recheck syringe before administering drug 3 times:**

~Verify the correct drug **label** when picking up syringe

~Verify the correct drug when attaching syringe to injection port

~Verify the correct drug prior to administering drug

- b. Right Dose:** Be sure to recalculate the appropriate dose for the patient on a weight based ratio, i.e. Propofol 10 mg/ml, patient weight 70 kg, plan to administer intubation dose of 2 mg/kg IV.  $70\text{kg} \times 2\text{mg/kg} = 140\text{ mg}$  or 14ml  
Remember the preparation is 2mg/ml.

- c. Right Route:** Verify the route is truly an IV access device and not an A-Line/epidural port/intraventricular port. Check the drug label, those meant for particular routes (sub Q, subarachnoid, epidural) are typically labeled as such.

- 1.** Example: Preservative free morphine, aka Duramorph for addition to spinals. Standard morphine cannot be given via the sub arachnoid route due to the irritation of the spinal cord secondary to the preservatives in the morphine.

- d. Right Patient:** Verify correct patient upon introduction during the preoperative interview stages by checking ID band.

- e. Right Time:** Verify it is the appropriate time in the case to give a drug.

- 1.** Example: It would be inappropriate to administer a non-depolarizing muscle relaxant in the pre-op holding area.

**FATAL TIME- RELATED DRUG ERROR:** Protamine Sulfate during cardiovascular surgery when the patient is “ON PUMP” meaning on the heart lung machine. If the protamine is given early, while still on pump a fatal clotting of blood throughout the heart lung machine can occur. To avoid this from occurring it is good practice to keep the protamine away from the anesthesia machine, medication cart and other easily accessible drugs. Also, do not mix protamine until the surgeon asks for it to be mixed and given.

- 2. Routine:** Form a routine to drug preparations and stick to it each time. Routine will help reduce errors. i.e. always draw up and label your Phenylephrine in a 10ml syringe, have your Ephedrine drawn and labeled in a 5 ml syringe. By physically varying the size of syringe of the two medications you provide yourself a second feature for recognition of correct medication.
- 3. Communication:** Be sure to communicate with the other members of the operating room team using closed-loop communication or circle communication. For example, when the surgeon states, ”10,000 units heparin please” be sure to repeat the order out loud, “10,000 units heparin IV?” before administering the medication.
- 4. Reporting:** Self reporting of medication errors is a necessary component in reducing future errors of the same kind by increasing awareness and allowing a learning experience to take place for not only the parties involved, but other providers.
  - a. Clinical Drug Error Reporting Process:**
    - i. Report the drug error to the CRNA or MDA clinical preceptor immediately upon recognition of error.**
    - ii. Report the drug error to the Clinical Coordinator at the Clinical site as soon as possible, but no later than the end of the clinical day on which the error occurred (by phone, email or text message.)**
    - iii. Report the drug error to the Program Administrator as soon as possible, but no later than the end of the clinical day on which the error occurred (by phone, email or text message.)**
    - iv. Record the facts of the incident and submit in writing to the clinical coordinator and Program Administrator within 24 hours of the incident.**

- v. **Failure to complete 1-4 may result in clinical probation (see policy #2013 Retention, Progression, Due Process; Causes for immediate dismissal, #20.)**

### **5. Vigilance, Vigilance, Vigilance!**

#### **Anesthesia Cart Set-up**

<b><u>Drugs</u></b>	<b><u>Concentration</u></b>	<b><u>Syringe size</u></b>	<b><u>Drug class</u></b>
<b>Atropine</b>	<b>0.1 mg /ml</b>	<b>10 ml</b>	<b>anti cholinergic Anti / muscarinic agent</b>
<b>Etomidate</b>	<b>2 mg/ ml</b>	<b>10 ml</b>	<b>induction agent</b>
<b>Succinylcholine</b>	<b>20mg/ml</b>	<b>10 ml</b>	<b>depolarizing muscle relaxant</b>
<b>Propofol</b>	<b>10 mg/ml</b>	<b>20 ml</b>	<b>induction agent</b>
<b>Rocuronium</b>	<b>10 mg/ml</b>	<b>5 ml</b>	<b>non-depolarizing muscle relaxant</b>
<b>Fentanyl</b>	<b>50 mcg/ml</b>	<b>5 ml</b>	<b>narcotic</b>
<b>Midazolam (versed)</b>	<b>1 mg/ml</b>	<b>2 ml</b>	<b>benzodiazepine</b>
<b>Lidocaine</b>	<b>20 mg/ml</b>	<b>5 ml</b>	<b>local anesthetic</b>
<b>Ephedrine</b>	<b>comes 50 mg/ml Dilute to 10 mg/ml</b>	<b>5 ml</b>	<b>mixed alpha and beta adrenergic agonist</b>
<b>Neosynephrine</b>	<b>comes 10 mg/ml Dilute to 100mcg/ml</b>	<b>100 ml bag and 10 ml syringe</b>	<b>alpha adrenergic agonist vasoconstrictor(direct acting)</b>

#### **Airway Equipment**

**ETTs: 7.0, 7.5, 8.0 with stylettes**

**Laryngoscopes: Mac 3, 4 and Miller 3, 4 blades**

**Oral airways: 2 sizes with tongue blades**

**OGT**

**Esophageal temp probe**

**Other:**

**SOAP TIM: suction, oxygen, airway, pharmacy, table, IV, monitors**

**IVs: LR 1000ml with macrodrip tubing (15 drops per ml), 22g,20g,18g angiocaths, tegaderm, alcohol swabs, tourniquet, lidocaine (if you'd like to use local: a TB syringe with 0.25ml of 1% or 2% lidocaine with a 25 guage needle.)**

**Machine Checked**

**Suction canister with tubing and Yankaur suction tip**

**Monitors: EKG cable and leads, pulse oximetry cable and non-invasive BP cuff**

**2 IV poles with drape clips**

**Oxygen facemasks and nasal cannula**

I, \_\_\_\_\_, have read, fully understand, and agree to follow the avoiding drug errors policy presented to me as an Anesthesia Student in the Villanova University/Crozer Chester Medical Center Program.

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

- (1) Prospective students have a right to expect:
  - (a) that materials and conferences aimed at recruitment shall be factual, fairly presented and contain detailed information pertaining to the program content, graduation requirements and student rights and responsibilities in clearly worded
  - (b) fair, non-discriminatory practices in the selection process of the program.
  - (c) that tuition remission processes are fair and equitable and that sufficient explanation relative to these has been provided to insure understanding before they are paid.
  - (d) that upon acceptance into an accredited program of nurse anesthesia, they will be provided that quality of education necessary to fulfill the objectives of the program to prepare competent nurse anesthetists capable of:
    1. integrating theory underlying the practice of anesthesia with the actual practice.
    2. providing anesthetic management to all categories of patients for most or all varieties of diagnostic or therapeutic intervention utilizing consultation as required.
    3. functioning independently in all sizes and/or locations of hospitals or agencies.
    4. assuring patient comfort and safety within the confines of those aspects of care over which a CRNA has control or can influence through consultation, advice, or other actions.
    5. incorporating sound ethical and moral practices into his/her own personal value system.
  
- (2) Students have a right to expect:
  - (a) that they will not be exploited relative to time commitment or pay-for-profit of the conducting institution or corporation.
  - (b) that enrollment in a program of nurse anesthesia is equivalent to the signing of a contract between the student and the program and that the rights and responsibilities of each party of the contract are fully understood and complied with, and student failure to achieve the goal within the time frame expected for which he/she enrolled is based on valid, reliable data and information from evaluations, viewed objectively and fairly, and reviewed as may be required by due process mechanisms when contested.
  - (c) fair and accurate evaluations of their progress in the educational program and to be kept informed of the status of that progress.
  
- (3) Students and graduates have the right to have access to transcripts of their academic and clinical achievements and upon their request have verified copies furnished to institutions, agencies, other programs of nurse anesthesia, or others specified by the student or graduate.

- (4) Graduates have the right to expect that an official Transcript of Student Record and all other application materials will be forwarded to the NBCRNA in a timely fashion upon satisfactory completion of all programmatic, course, and clinical requirements
  
- (5) Students will be held accountable for:
  - (a) the quality of preparation, completion and performance of assignments.
  - (b) complying with the policies and regulations pertaining to the program of nurse anesthesia.
  - (c) fulfilling all responsibilities connected with the program defined at the time of enrollment in the program, or made a part of the educational contract during the period of enrollment.

- (1) Patients have a right to know who is administering their anesthesia, who will be supervising the administration of the anesthetic and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard.
- (2) Patients have a right to expect that those anesthesia services provided by nurse anesthesia trainees will be under the supervision of a CRNA or an anesthesiologist, consistent with the anesthesia risk of the patient, the magnitude and complexity of the anesthesia and surgery, and the educational level of the student. At all times, a CRNA or anesthesiologist shall be immediately available in all anesthetizing areas where students are performing anesthesia.
- (3) Patients have a right to expect that the student and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions.
- (4) The patient's surgeon, or responsible physician, shall be kept informed of the anesthetic management and any complications arising from that management.

Revised: 12/02; 06/04; 07/07

**A. GENERAL SAFETY**

1. Be sure you understand the safest way to perform your job. There is a right way and a wrong way... if in doubt, ask your supervisor.
2. A hospital is no place for joking. Serious injuries often result. Use every safeguard to protect your own health.
3. Know your hospital Fire Safety Plan, Disaster Plan and other emergency plans and your duties for each plan.
4. Report any unsafe conditions immediately to your supervisor.
5. All accidents, no matter how minor, will be reported and an incident report filled out.
6. If an accident requires immediate treatment, proceed directly to your supervising CRNA or physician. They may recommend in extreme emergency, proceed directly to the Emergency Room.

**B. WALKING AND WORKING SURFACES**

1. Good housekeeping is to be practiced in all areas. Corridors and stairways are to be kept free of obstructions.
2. All spills are to be cleaned immediately.
3. Electrical cords should be placed so that trips or falls are eliminated.
4. Walk, never run. Take time to be safe.
5. Approach corridor intersections carefully. Always keep to the right to avoid personal collision.
6. If doors have vision panels, always make sure the other side is clear before proceeding through. If no vision panel, open door slowly, making sure traffic is clear and then proceed.
7. Do not overreach. Always use an approved ladder or step stool. Never use a box or chair.
8. Keep all exitways clear. If for some reason an exitway must be blocked for a short period, make sure signs are placed and show alternate routes.

9. Approved Exit signs will be placed at all exitways.
10. If it is necessary to place materials, charts or other obstacles in a corridor or hallway for a short period, place everything on the same side, so that there is a clear passage.

**C. PERSONAL PROTECTION**

1. Always use proper technique for lifting and carrying
2. Heavy bulk containers should always be placed on lower shelves in storage areas.
3. Do not pick up broken glass with bare hands. Dispose of all sharp objects, broken plastic or glass in proper containers.
4. Keep your work area clean. Good housekeeping makes for a safe workplace.
5. Warn others of chemical spills. Be careful of inhaling noxious fumes.
6. Read instructions on containers for proper disposal methods.
7. Never leave equipment unattended or standing in the flow of pedestrian traffic. Return all equipment to its proper location after use.
8. Wear proper footwear for your job.

**D. HAZARDOUS MATERIALS**

1. Secure all gas and oxygen cylinders in an upright position. If it is necessary to lay a cylinder flat, then it must be blocked in place.
2. Cylinder caps must be securely in place when cylinder is not in place.
3. All cylinders must be stored in a definite assigned location, where it is cool, dry, well ventilated and above ground, if possible.
4. A separate storage area will be provided for flammable gases.
5. Cylinders will be moved only in the prescribed safe method of transportation.
6. Proper clothing for the job is to be worn...including safety items if the job so requires.

D. HAZARDOUS MATERIALS (cont'd.)

7. Warning signs will be posted and observed in any place where work being performed might create a hazard.
8. Sanitary conditions will be maintained at all times including the proper disposal of trash and waste materials.

# **APPENDIX B**



**VILLANOVA**  
UNIVERSITY

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M. Louise Fitzpatrick  
College of Nursing

Doctor of Nursing Practice (DNP) Program

DNP Post-Master's Track

Student Handbook

2023-2024



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*Driscoll Hall*

## WELCOME

Dear DNP Student:

Welcome to the Doctor of Nursing Practice Program Post-Master's track at the M. Louise Fitzpatrick College of Nursing Villanova University! We believe that your educational experiences throughout your program will be both challenging and rewarding. At Villanova, you will have access to a scholarly faculty and the resources of one of the finest universities in the country, plus an education based in a state-of-the-art facility and the latest on-line technology to provide you with the foundation to advance the nursing profession.

In conjunction with the *Graduate Student Handbook and Advisement Guide*, the *Post-Master's DNP Student Handbook* has been prepared by the DNP faculty to clarify policies, procedures and other important information.

Again, we welcome you to the M. Louise Fitzpatrick College of Nursing at Villanova University. We hope this *Handbook* will be helpful to you and that you enjoy your educational experience here.

Sincerely,

Debra Shearer EdD, MSN, FNP-BC, PMHNP-BC  
**Director, Doctor of Nursing Practice (DNP) Program**  
**Assistant Clinical Professor**  
**M. Louise Fitzpatrick College of Nursing**  
**Villanova University**

**\*\*\*NOTE: Students are responsible for checking the DNP Website for the most up-to-date version of this handbook.\*\*\***

# MISSION STATEMENT

Villanova University is a Catholic Augustinian community of higher education, committed to excellence and distinction in the discovery, dissemination and application of knowledge. Inspired by the life and teaching of Jesus Christ, the University is grounded in the wisdom of the Catholic intellectual tradition and advances a deeper understanding of the relationship between faith and reason. Villanova emphasizes and celebrates the liberal arts and sciences as foundational to all academic programs. The University community welcomes and respects members of all faiths who seek to nurture a concern for the common good and who share an enthusiasm for the challenge of responsible and productive citizenship in order to build a just and peaceful world.

## **Enduring Commitments**

In pursuit of this mission, we commit ourselves to academic excellence, to our values and traditions, and to our students, alumni and the global community.

### **To foster academic excellence, we as a University:**

- Create a diverse community of scholars, united and dedicated to the highest academic standards;
- Emphasize the liberal arts and sciences as our foundation and foster in our students active engagement, critical thinking, life-long learning and moral reflection;
- Concern ourselves with developing and nurturing the whole person, allowing students, faculty and staff to grow intellectually, emotionally, spiritually, culturally, socially and physically in an environment that supports individual differences and insists that mutual love and respect should animate every aspect of university life;
- Encourage interdisciplinary research, teaching and scholarship;
- Affirm the intrinsic good of learning, contemplation and the search for truth in undergraduate and graduate education;
- Support a curriculum that encourages both a global perspective and an informed respect for the differences among peoples and cultures.

### **To honor our values and tradition, we as a Catholic University:**

- Believe that the dialogue between faith and reason drives the pursuit of knowledge and wisdom, and fosters St. Augustine's vision of learning as a community ethos governed by love;
- Seek to understand, enrich and teach the Catholic intellectual tradition through our curricula, scholarship and activities in ways that engage diverse religious, intellectual and cultural traditions in a vigorous and respectful pursuit of truth and wisdom in every area of humanity;
- Provide opportunities for students, faculty and staff to seek guidance from Catholic intellectual and moral traditions, while always welcoming people from all faiths, cultures and traditions to contribute their gifts and talents to our mission;
- Respect and encourage the freedom proposed by St Augustine, which makes civil discussion and inquiry possible and productive;
- Look to the Order of St. Augustine to preserve our Augustinian character, by showing appropriate preference to Augustinians in faculty and staff appointments, and by welcoming their presence and influence in our university community.

### **To serve our students, alumni and global community, we as an Augustinian University:**

- Encourage students, faculty and staff to engage in service experiences and research, both locally and globally, so they learn from others, provide public service to the community and help create a more sustainable world;
- Commit to the common good, and apply the knowledge and skills of our students and faculty to better the human condition;
- Encourage our students and faculty to pursue virtue by integrating love and knowledge, and by committing themselves to research and education for justice, with a special concern for the poor and compassion for the suffering;
- Respect a worldview that recognizes that all creation is sacred and that fosters responsible stewardship of the environment;
- Include our alumni as an integral part of the Villanova community;
- Value highly our relationship with neighboring communities.

# DNP MISSION STATEMENT

The DNP Post-Master's track is a practice-focused doctoral program providing students with advanced knowledge in evidence-based practice, organizational leadership, and financial acumen to lead innovation in nursing practice and healthcare. The complex issues and changing landscape of healthcare have created a need for nurse leaders to respond effectively and implement solutions with interdisciplinary teams or independently in order to achieve positive healthcare outcomes for individuals and populations.

## DNP PROGRAM DESCRIPTION

The curriculum was founded on The American Association of Colleges of Nursing (AACN, 2006) DNP Essentials and revised to reflect the 2021 AACN Domains for Advanced-Level Nursing Education. Villanova's Post-Master's DNP track is designed for Advanced Practice Registered Nurses (APRNs), including Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Certified Nurse Midwives, Nurse Educators as well as Nurse Administrators. The Post-Master's DNP track is a practice-focused doctoral program providing students with advanced knowledge in evidence-based practice, organizational leadership, and financial acumen to lead innovation in nursing practice and healthcare. The complex issues and changing landscape of healthcare have created a need for nurse leaders to respond effectively and implement solutions with interdisciplinary teams or independently in order to achieve positive healthcare outcomes for individuals and populations.

The Post-Master's DNP is 32-credits. The full-time option is offered in 5 consecutive semesters; the part-time option in 8 semesters; and the flex option in 11 semesters. The curriculum is implemented using a distance learning approach complemented by on-campus sessions. The on-campus sessions begin with 3 to 4 days information and educational seminar the summer of the first semester. Students come to campus each semester that they are in DNP Seminar coursework and each summer residency to meet with their cohort and faculty. Please see the DNP Website for the current Plan of Study ([Plan of Study](#)).

## DNP PROGRAM OUTCOMES

As a graduate of the Post-Master's DNP track, you will be able to demonstrate:

- Advanced clinical judgment, expertise and specialization in a defined area.
- Advanced levels of systems thinking and accountability in designing, delivering, and evaluating evidence-based practice to improve healthcare quality, safety, and outcomes.
- Leadership in the development and implementation of patient-driven, institutional, local, state, federal and/or international health policy in a select content/specialty area.
- Use of leadership skills to design, direct, implement and execute a scholarly project.
- Effective collaboration with nursing and other disciplines in clinical practice to promote cultural competence in response to the healthcare needs and concerns of society.

## CONTACT INFORMATION

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# FREQUENTLY ASKED QUESTIONS

## **What is the purpose of the program?**

The purpose of the Post-Master's DNP track is to prepare Advanced Practice Registered Nurses (APRNs), including Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Certified Nurse-Midwives, Nurse Administrators and Nurse Educators with advanced knowledge in evidence-based practice, organizational leadership, and financial acumen to lead innovation in nursing practice and health care.

## **What can I do with a DNP in nursing?**

The DNP is a practice focused doctoral program which prepares students to translate nursing science into clinical practice to improve health care outcomes for patients in the clinical and community settings.

## **Is this a full-time or part-time program?**

The Post-Master's DNP program offers several options of study. The curriculum is designed for the working professional to complete the DNP in five consecutive semesters (full-time), eight consecutive semesters (part-time) or eleven consecutive semesters (flex). For all options, please review the Plan of Study in Appendix A.

## **Should I get a DNP or a PhD?**

The DNP and PhD are committed to advancing the profession of nursing through scholarly efforts. However the PhD is a research focused doctorate. The PhD student is prepared to generate new knowledge in nursing. The DNP is a practice focused doctorate designed to implement nursing knowledge to improve clinical practice.

## **Can I work while obtaining the DNP?**

The Post-Master's DNP track is designed to meet the needs of the working professionals. The curriculum is implemented using a distance learning approach complemented by on-campus sessions. The on-campus sessions begin with a one-week information and educational seminar the summer of the first semester. Students then have the opportunity to come to campus each semester to meet with their cohort and faculty.

## **Will I have to complete additional practice hours for the Post-Master's DNP track?**

In order to meet the DNP requirements, students must complete a minimum of 1000 practice hours. APRNs may transfer 500 practice hours from their MSN program. NA and APRN with less than 500 clinical hours from their MSN Programs can take NUR 9002 (Independent Study in Nursing) to obtain the required 500. An additional 500 practice hours are required to complete the DNP. The 500 practice hours include in-depth experiences with nursing and interdisciplinary professionals to acquire advanced knowledge to assist with collecting, synthesizing and disseminating the acquired knowledge into the DNP project. These practice hours are focused on the DNP curricula content and DNP Project.

## **Is the program offered online or on campus?**

The curriculum is offered predominately online but offers students the opportunity to come to campus each June and during semesters when they are taking DNP Seminar courses to meet with their cohort and faculty. Students can expect to meet online two evenings a week each semester. The on-campus sessions begin with a one-week information and educational seminar the summer of the first semester. Students will then meet on campus for 1 or 2 days in both fall and spring semesters and again for 1 week in the summer.

**When will I need to be on-campus?**

Students will participate in required on-campus residencies throughout their time in the program. Students are required to come to campus each June for several days and when students are in their DNP Scholarly Project Coursework (NUR 9401- NUR 9404), they will have additional on-campus residencies typically 1-2 days per semester.

**How many credits are required?**

32 credits are required.

**Are transfer credits accepted?**

No, transfer credits are not accepted.

**Are any courses waived?**

NUR 9406 Transformational Leadership taken at Villanova University is the only course that will be waived for students who have successfully completed the Nurse Manager Course and approved by the Associate Dean of the Healthcare Professional Development Program.

**Where can I find the curriculum plan?**

For a detailed curriculum plan for the current Post-Master's DNP cohort, please refer to our [website](#).

**When are applications accepted?**

Completed applications for early admission must be received by January 1<sup>st</sup> for a January 30<sup>th</sup> decision. Completed applications for standard admission must be received by March 1<sup>st</sup> for a mid-April decision.

**Is there a dissertation requirement?**

Students are required to complete a DNP Scholarly Project under the direction of a DNP Project Faculty and DNP Project Clinical Mentor. The DNP Project exemplifies the culmination of advanced nursing knowledge and expertise in clinical practice at doctoral level intensity.

**What is the DNP scholarly project?**

The emphasis of the Post-Master's DNP track is on broad "systems thinking" in order to facilitate the design and implementation of models of patient care and clinical practice. A scholarly DNP project offers students the opportunity to apply advanced empirical and theoretical knowledge to design, implement, evaluate and intervene in the clinical environment based on the evidence. A DNP advisor assists the student through the DNP project process. It is expected that students will focus on clinical issues and/or organizational systems that promote safe, effective, efficient and accessible care for individuals, groups or populations.

**What are the computer requirements?**

The Post-Master's DNP track is primarily a distance learning program. Please review the [computer requirements for distance learning](#) to ensure your computer and communications hardware and software meets or exceeds Villanova's distance learning requirements.

**How are the distance learning classes scheduled?**

The distance learning classes will be offered online Tuesday and Thursday between 6:30pm and 8:30pm Eastern Time.

**Will I be able to obtain a nursing faculty position with a DNP?**

The Post-Master's DNP track is designed to prepare APRNs and nurse administrators with the highest level of education in nursing practice. DNP graduates may teach in academic settings however the course work does not prepare the student with the science of pedagogy. Students interested in receiving courses in education may consider a [Post-Master's certificate in Nursing Education](#) to build on their clinical degree. Students may also consider our [PhD program](#) which prepares teacher-scholars for academic settings.

**Are GRE scores required for admission?**

No. GRE scores are not required.

**Do I need to complete additional course work prior to admission?**

Students must have completed a graduate level research course and received a grade of B or higher. Students should be familiar with Microsoft Word, PowerPoint and Excel.

**What is the minimum grade point average required for admission?**

The Post-Master's DNP track is highly competitive. A 3.5 grade point average is required for admission.

**What National Certification is required?**

Applicants must hold a national certification in their area of specialty. For nurse executives, the approved certification is the ANCC's NE-BC or NEA-BC certification.

**What is the tuition?**

The tuition is \$44,480 and accepted students pay a non-refundable \$1,000 seat deposit for graduation expenses. This fee is not applied towards tuition. The University bills a student fee of \$50 per semester. Military (veterans, as well as active duty and reservists) as well as employees of clinical partners may be eligible for a 15% tuition reduction; please contact the Assistant Director of the Program for more information.

**Can I change jobs while in the program?**

Students should not change jobs once NUR 9401 DNP Project Seminar 1 begins in the fall. We realize that a great opportunity may be offered to you, and you need to make the best decision for you and your family. However, the decision to change jobs will affect your ability to continue your DNP Scholarly Project in a timely manner. If you plan to make a job change, you must notify the DNP Program Director immediately. Students who make a job change during a DNP Project Seminar course must understand that they may be required to withdrawal from the course and re-enroll in the course the next academic year. Withdrawing from a DNP Seminar Project course may require a change of topic for the DNP Scholarly Project to meet the needs of the new patient population in your new position.

**Are students required to work while in the program?**

It is required that you are working full-time or part-time (24 hours) in the health care facility where the DNP Scholarly Project will be implemented. Each of the DNP Project Seminar courses, requires 80 or 100 practice hours per semester, depending on the course. If you are not working where you are implementing your DNP Scholarly Project, it will be difficult to complete the practice hours. There are certain situations that may prevent a student from implementing the DNP Scholarly Project at their facility. Special arrangements can be made for student at an alternative site. The arrangement must be approved by the DNP Program Director before the student starts NUR 9408 Evidence-Based Practice.

**Does the DNP Scholarly Project need to be implemented during a set time frame?**

Yes. Please refer to Appendix F for the document that outlines the DNP Scholarly Project courses in the curriculum and the timeline for each course. Students must follow the timeline. For example, there may be an occasion when the student's facility wants to implement the DNP Scholarly Project before the summer semester when projects are implemented. If the facility insists on implementing the DNP Scholarly Project outside the curriculum timeline, the student will need to consider another DNP Scholarly Project topic to maintain the curriculum timeline.

**Is there financial assistance available?**

Yes, you can obtain information about financial assistance at the [Financial Assistance website](#).

# DNP COURSE DESCRIPTIONS

**NUR 9401 DNP Project Seminar I** - Provide the foundation for development of the scholarly DNP Project. The focus is on identification of a clinical problem in the practice setting. Conduct a needs assessment and begin analysis of the scientific evidence related to potential solutions of the problem.

**NUR 9402 DNP Project Seminar II** - The focus is on refinement of the scholarly DNP Project design with particular attention to implementation logistics and measurement of outcomes. The review and synthesis of relevant existing scientific evidence upon which the project design is based will be continued. Theoretical underpinnings and implications of the project will be explored.

**NUR 9403 DNP Project Seminar III** - This course will focus on implementation of the scholarly DNP Project in the student's practice setting in collaboration with the faculty and clinical mentor. The student is expected to demonstrate project management skills and effective communication and collaboration with diverse personnel.

**NUR 9404 DNP Project Seminar IV** - This focus is on completion and evaluation of the scholarly DNP project. The final product will reflect the student's ability to assume a leadership role, employ effective communication and collaboration skills, evaluate practice, and successfully negotiate change in health care.

**NUR 9405 Innovation in Health Care** - This course emphasizes the roles of the advanced practice nurse as a clinical scholar, clinical expert and as a leader in evidence-based practice and transformation of health care. Theories of leadership change and transformation, and innovation diffusion are introduced.

**NUR 9406 Transformational Leadership** - This course provides a foundation for understanding complex systems within a socioeconomic and political context. Theories and concepts related to transformational leadership will be analyzed in relation to achievement of significant change in health care organizations.

**NUR 9407 Quality Improvement and Patient Safety** - Examine the design, implementation and evaluation of evidence-based health care quality improvement practices in a variety of settings that serve diverse populations. Emphasis is on the relationship among transformational leadership, organizational change and a culture of safety within health systems.

**NUR 9408 Evidence-Based Practice** - This course focuses on the relationships among basic and applied research, translational science, and evidence-based practice in health care systems. Translational research strategies are identified and the theoretical and practical challenges of translating evidence into practice will be addressed.

**NUR 9409 Health Policy** - Synthesize political action related to the structure of health care delivery and finances. Interplay among local, state, federal and global structures and processes, and the role of major policy institutions in the process and outcome of policy formulation will be examined.

**NUR 9410 Health Care Economics and Finance** - This course analyzes factors that influence the production, financing, and distribution of health care services in the United States. Topics include basic economic theory, market drivers, health care financing and reimbursement, cost/benefit analysis and health care entrepreneurship.

**NUR 9411 Epidemiological Approaches to Health Care and Health Disparities** - This course will focus on the integration of evidence-based practice and epidemiological approaches to promote consistent and equitable care for diverse populations. Data will be critically analyzed to identify barriers to equitable quality health care.

**NUR 9412 Ethical and Legal Health Care Issues** - This course focuses on ethical and legal topics in complex health care organizations. The interface between ethical and regulatory/legal obligations will be examined. Strategies to analyze ethically challenging corporate situations are explored.

**NUR 9413 Special Topics** - This course will focus on emerging trends associated with evolving systems of health care delivery.

# STUDENT SUPPORT SERVICES

## WRITING CENTER

The [Villanova Writing Center](#) provides a comfortable atmosphere for a one-to-one session with a qualified tutor. Students are asked to bring their paper, assignment, and an open mind; tutors will do their best to help students improve their writing. The Writing Center is located in Room 210 of the Falvey Library, on-line resources are also available.

Students who are referred to the Writing Center by their DNP faculty **MUST** make an appointment with the Writing Center within 48 hours.

To make an appointment: <https://villanova.mywconline.com> (must set up an account using a Villanova email address).

## FINANCIAL AID INFORMATION

Financial aid, in the form of the William D. Ford Federal Direct Loan Program, is available to students pursuing either the full-time or part-time Doctor of Nursing Practice at Villanova. If you wish to apply for financial assistance please go to the [Financial Assistance website](#).

# VILLANOVA UNIVERSITY M. LOUISE FITZPATRICK COLLEGE OF NURSING GRADUATE PROGRAMS INFORMATION

## COURSE GRADING SYSTEM

The faculty teaching in the Graduate Nursing Program uses the following scale of numerical equivalents for all approved letter grades:

A	95 – 100	C	73 – 76
A-	90 – 94	F	<73
B+	87 – 89		
B	83 – 86		
B-	80 – 82		
C+	77 – 79		

In calculating grade point averages, the University uses the following equivalents for course grades:

A	4.00	C	2.00
A-	3.67	C-	1.67
B+	3.33	D+	1.33
B	3.00	D	1.00
B-	2.67	D-	0.67
C+	2.33	F	0.00

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### **NOTE:**

A cumulative grade point average of 3.0 ("B") or above is required for graduating from the Doctor of Nursing Practice Program.

*Approved by Faculty Teaching in the Graduate Program, February 19, 2010*

## **DOCTOR OF NURSING PRACTICE (DNP) GRADE POLICY**

A grade of less than B (83%) in a graduate course is not considered a passing grade.

Students must maintain a minimum cumulative grade point average of 3.0. If it drops below 3.0 in any given semester the student will be notified that he or she is not meeting the expected performance standard for progression, which is a cumulative grade point average of 3.0. If this pattern recurs the student will be referred to the Academic Standing Committee of the M. Louise Fitzpatrick College of Nursing for review and appropriate action.

## STANDARDS OF PRACTICE

The M. Louise Fitzpatrick College of Nursing has incorporated professional nursing standards and guidelines into the graduate program nursing curricula. Documents utilized for this purpose include but are not limited to:

- *Adult-Gerontological Acute Care and Primary Care Nurse Practitioner Competencies (National Organization of Nurse Practitioner Faculties, 2016)*
- *Standards for Quality Nurse Practitioner Education, 6th ed. (National Task Force on Quality Nurse Practitioner Education, 2022)*
- *ANA Code of Ethics (2015)*
- *Scope of Practice for Academic Nurse Educators and Academic Clinical Nurse Educators, 3rd ed. (NLN, 2019)*
- *Genetics and Genomics Nursing: Scope and Standards of Practice (International Society of Nurses in Genetics, Inc. & the ANA, 2016)*
- *Home Health Nursing: Scope and Standards of Practice, 2nd ed. (ANA, 2014)*
- *Nurse Practitioner Core Competencies with Curriculum Content (National Organization of Nurse Practitioner Faculties, 2017)*
- *Nursing: Scope and Standards of Practice, 4th ed. (ANA, 2021)*
- *Pediatric Nursing: Scope and Standards of Practice (ANA, NAPNAP, SPN, 2016)*
- *Psychiatric-Mental Health Nursing: Scope and Standards of Practice, 2nd ed. (American Psychiatric Nurses Association, ANA, ISPN 2015)*
- *Scope and Standards for Nurse Anesthesia Practice (AANA, 2013)*
- *Standards of Practice for Nurse Practitioners (AANP, 2019)*
- *Standards for Accreditation of Nurse Anesthesia Program (Council on Accreditation of Nurse Anesthesia Educational Programs, 2018)*
- *Standards for Professional Nursing Practice in the Care of Women and Newborns (AWHONN, 2009)*
- *The Essentials: Core Competencies for Professional Nursing Practice (AACN, 2021)*
- *The Essentials of Doctoral Education for Advanced Practice Nursing (AACN, 2006)*
- *The Scope of Practice for Academic Nurse Educators, 3rd ed. (NLN, 2019)*

**(Updated July 2022)**

## ACADEMIC ACCOMMODATIONS

It is the policy of Villanova to make reasonable academic accommodations for qualified individuals with learning disabilities. If you are a person with a disability and wish to request accommodations to complete your course requirements, please make an appointment with the course professor as soon as possible to discuss the request. If you would like information on documentation requirements, contact the Office of Learning Support Services at 610-519-5636, visit the office on the 2<sup>nd</sup> floor of Falvey Hall, or visit the webpage:

<http://www1.villanova.edu/villanova/provost/learningsupport.html>

The Office of Disability Services collaborates with students, faculty, staff, and community members to create diverse learning environments that are usable, equitable, inclusive and sustainable. The ODS provides Villanova University students with **physical disabilities** the necessary support to successfully complete their education and participate in activities available to all students. If you have a diagnosed disability and plan to utilize academic accommodations, please contact *Gregory Hannah, advisor to students with disabilities*, 610-519-3209 or visit the office on the second floor of the Connelly Center.

## **STUDENTS WHO ARE VETERANS OR ARE USING VETERANS ADMINISTRATION (VA) BENEFITS**

Villanova University is dedicated to assisting veterans and their dependents as they reach personal, professional and academic goals from their admission to graduation and beyond. [The Office of Veterans and Military Service Members](#) (205 Kennedy Hall) is a source of support for these students and for the Villanova University community. For more information, contact Michael D. Brown, Director: [michael.d.brown@villanova.edu](mailto:michael.d.brown@villanova.edu) Phone: 610-519-4448

## **VILLANOVA UNIVERSITY CODE OF CONDUCT**

All students are expected to adhere to the Villanova University Code of Student Conduct for successful completion of a program of study at the Fitzpatrick College of Nursing. The rationale for this Code of Conduct is drawn directly from the University's Mission Statement. Violations of these regulations may result in the full range of disciplinary sanctions, as set forth in this Code: <https://studenthandbook.villanova.edu/code-of-student-conduct>.

## **ACADEMIC INTEGRITY**

Students are expected to know and comply with all University policies related to academic dishonesty and plagiarism. The Villanova University Code of Academic Integrity is available at the following web site: <https://www1.villanova.edu/villanova/provost/resources/student/policies/integrity.html>

## **ETHICS AND COMPLIANCE HOTLINE**

Villanova University has contracted with EthicsPoint to provide a confidential Internet and telephone-based reporting tool to give University faculty, staff and students an anonymous and confidential way to address misconduct in the workplace or classroom setting due to mismanagement of funds, fraud, or other violations of law or University policy. You can reach EthicsPoint by the webpage <http://villanova.ethicspoint.com> or call toll-free at 855-236-1443.

## **STATEMENT ON EVIDENCE-BASED PRACTICE IN NURSING**

The M. Louise Fitzpatrick College of Nursing endorses the fundamental premise that all nursing practice reflects standards derived from the best current scientific evidence. All nurses need to know how to access high quality scientific sources of information to support nursing practice. Quality assurance requires continual evaluation of patient data for evidence of best clinical practices in specific settings.

## **AFFORDABLE COURSE MATERIALS**

Villanova University is committed to providing affordable options for students to obtain textbooks and course materials. Here are some tips on how to save money:

1. Search Falvey Library Collection <https://library.villanova.edu/Find/Search/Home> and Course Reserves <https://library.villanova.edu/Find/Search/Reserves> to see if your books are available.
2. Borrow from other libraries via EZBorrow <https://library.villanova.edu/Find/EZBorrow/Login>
3. Find deals at the bookstore including rental and price matching programs [www.villanovabookstore.com](http://www.villanovabookstore.com)

## **WEATHER AND EMERGENCY INFORMATION**

In case of inclement weather or an emergency, announcements regarding canceled or delayed classes will be available on Villanova University Snow and Emergency Hotline at 610.519.4505 and on local radio stations (e.g., KYW 1060 AM) using the school call number 524. You are also encouraged to check your Villanova University email for information.

*\*If the University closes for inclement weather, on-line classes will be cancelled.*

## **CHANGES TO THE SYLLABUS**

As a student you acknowledge receipt of a syllabus and the information herein by continuing to attend this course. The instructor reserves the right to make changes to this syllabus if circumstances warrant such change. All major changes will be provided to you in writing.

## **CLASS MATERIAL IN BLACKBOARD**

The materials displayed in the Blackboard Classroom are copyrighted. All rights are reserved. The materials may only be used by students and faculty registered in the class and only for educational purposes. They cannot be copied or disseminated for any other purpose.

## **METHOD OF EVALUATION:**

See course syllabi for individual course evaluation.

## **GUIDELINES FOR STUDENT BEHAVIOR IN ON-LINE CLASSES**

These guidelines are intended to ensure that all participants receive and share fruitful feedback during on-line seminars.

1. Class participants are encouraged to express their points of view in a professional and constructive manner.
2. Class participants are expected to enable their cameras. If your camera is non-functional please inform the professor.
3. Class participants are expected to attend each class. If there is a reason to miss class, please inform the faculty member ahead of time. Students who miss more than one class may be required to withdraw from the course.
4. Class participants are expected to use appropriate technology so that class runs smoothly and everyone's voice can be heard clearly by others.
5. Class participants are expected to refrain from monopolizing the discussion.
6. Class participants are expected to refrain from interrupting other students and the faculty member in the middle of the discussion unnecessarily. If it is necessary to interrupt, it must be done with utmost courtesy.
7. Class participants are expected to connect to the class from a setting that is conducive to their learning and that enables them to take part in class discussion without producing background noise that is distracting to the class. Children should not be in the room or on camera while in class.
8. If there are issues related to these behaviors, they will be dealt with promptly; that may be done by the faculty member during class or after the class.

# **ADVISEMENT**

## **DNP ACADEMIC ADVISOR**

The Program Director serves as the Academic Advisor for the Post-Master's DNP students. Students meet with the Program Director at the end of each semester to review their Academic Plan (Appendix B).

## **DNP FACULTY PROJECT ADVISOR**

The DNP Faculty Project Advisor (FPA) supports the students through the development, implementation and evaluation of the DNP Scholarly Projects and ensures timely completion. Each student is assigned a DNP Faculty Project Advisor (FPA) in the first semester of study. Each DNP FPA supervises a maximum of three DNP students per cohort and works with the DNP student throughout their program of study. The student and the FPA meet regularly and complete DNP Scholarly Project Progress Form (Appendix C) in all the DNP Project Seminar courses.

# DNP SCHOLARLY PROJECT

The DNP Scholarly Project offers students the opportunity to apply advanced empirical and theoretical knowledge to design, implement and evaluate in the clinical environment based on the evidence. The DNP Faculty Project Advisor, practice mentor and course faculty assist the student through the DNP Scholarly Project process. It is expected that students will focus on clinical issues and/or organization systems that promote safe, effective, efficient and accessible care for individuals, groups or populations.

Students are permitted to implement the DNP Scholarly Project where they work. This allows students to accumulate practice hours and work concurrently on their projects. Implementing scholarly projects in the workplace contribute to improvement of patient outcomes in the immediate workplace environment and the broader community of interest. DNP Scholarly Projects are designed to reflect the individual student’s interest, the mission and the needs of their clinical agency, and the mission of Villanova University.

## PRACTICE HOURS

All students in the Post-Master’s DNP track are required to document a minimum of 1,000 practice hours by completion of the program. For the advanced practice nurse and nurse administrator, 500 of the practice hours are verified and accepted from their master’s program. Nurse administrators with less than the 500 practice hours from their master’s degree program have an opportunity to document and receive practice hours from national certifications including; American Organization of Nurse Executives (AONE) Certified Nurse Manager and Leader (CNML), Certified in Executive Nursing Practice (CENP) and American Nurses Credential Center (ANCC), Nurse Executive: (NE-BC), Nurse Executive Advance-Board Certified (NEA-BC). The additional 500 practice hours include 140 hours in the DNP Core Course and 360 hours in the DNP Project Seminar Courses. Accepted students with less than 500 practice hours from their master’s program have an opportunity to acquire the additional hours by enrolling in NUR 9002 (Independent Study in Nursing). (Appendix D)

The DNP Post-Master’s track practice hours are not a clinical experience. The practice hours are designed to expand current knowledge and competencies acquired in the master’s level coursework and clinical experiences. The practice hours are defined as activities and time related to meeting the course requirements and objectives. The additional 500 practice hours in the curriculum contribute to increasing knowledge in leadership to foster intra-professional and inter-professional collaboration, demonstrate skills in promoting a culture of evidence, and clinical investigation to evaluate health care outcomes and influence health policy. The practice hours support the development, implementation and evaluation of the DNP Scholarly Project.

## DISTRIBUTION OF 500 PRACTICE HOURS

DNP Core Courses	Practice Hours
NUR 9406 Transformational Leadership	20
NUR 9407 Quality Improvement and Patient Safety	20
NUR 9408 Evidence-Based Practice	20
NUR 9409 Health Policy	20
NUR 9410 Health Care Economics and Finance	20
NUR 9411 Epidemiological Approaches to Health Care and Health Disparities	20
NUR 9412 Ethical and Legal Health Care Issues	20
DNP Project Seminar Courses	
NUR 9401 DNP Project Seminar I	100
NUR 9402 DNP Project Seminar II	80
NUR 9403 DNP Project Seminar III	100
NUR 9404 DNP Project Seminar IV	80
<b>Total</b>	<b>500 hours</b>

Practice hours in the DNP Seminar Project courses may be accrued and aggregated based on the DNP Scholarly Project timeline. Practice hours are submitted on the DNP Practice Log (Appendix D) and verified by course faculty and the DNP Faculty Advisor.

Examples of practice hours include:

- Shadowing and observational time with identified experts
- Meetings with practice mentor and team members
- Meetings with DNP Project Faculty Advisor
- Development, implementation and evaluation of the DNP Scholarly Project
- Producing educational materials to support the implementation of the DNP Scholarly Project
- Attending conferences related to the DNP Scholarly Project topic
- Development of DNP portfolio and poster presentation
- Reading and analyzing literature in DNP Project Seminar courses
- Assigned journal readings in core courses
- IRB proposals

## **THE ROLE OF THE PRACTICE MENTOR**

Students are required to identify a Practice Mentor within the organization they have selected for their DNP Scholarly Project. The Practice Mentor are individuals who demonstrate expertise in a specific practice area or nursing role, are properly credentialed and vetted to serve in this capacity and agree to assume this responsibility. The role of the Practice Mentor can range from assisting the student in problem identification to improve patient outcomes, navigating the health care system, serving as a Principal Investigator and supporting the implementation of the practice change. The Practice Mentor and student review the course syllabus and objectives and the role is formalized with a DNP Project Practice Site Mentor Data Sheet and Letter of Agreement Form (Appendix E). Communication between the Practice Mentor and DNP faculty member is ongoing and provides a vehicle for evaluation concerning progress of the DNP Scholarly Project. The responsibility for evaluating and grading the student rests with the designed DNP faculty. The Practice Mentor agrees to attend the final presentation for the student's DNP Scholarly Project at Villanova University or online. The Practice Mentor provides an opportunity for the DNP students to present the final DNP Scholarly Project at the organization.

## **DNP FINAL SCHOLARLY PROJECT REQUIREMENTS**

The DNP Scholarly Project development, implementation and evaluation occurs during the DNP Project Seminar Courses. An overview by semester of the DNP Scholarly Project can be found in Appendix F. Students will follow an outline of the content of the Scholarly project paper in each of the DNP Project Seminar courses. The outline for the final of the DNP Scholarly Project can be found in the NUR 9404 DNP Project Seminar IV. Final evaluation of the DNP Scholarly Project paper, oral presentation and poster presentation is approved by the Director of the DNP Program and the student's DNP Project Faculty Advisor.

There are three tangible requirements at the end of the DNP Program. They are listed below and discussed in detail in the syllabus for NUR 9404 DNP Project Seminar IV.

1. DNP Scholarly Paper
2. Oral presentation to faculty, colleagues, and practice mentor
3. Poster presentation

## **DNP SCHOLARLY PROJECT PROPOSAL**

Students must submit a DNP Scholarly Project Proposal for approval by the DNP Program Director and the student's Faculty Project Advisor. Students should follow the outline for the proposal paper and adhere to the grading rubric for evaluation in NUR 9402 DNP Project Seminar II. Students may not collect, evaluate or analyze data before proposal approval and Institutional Review Board (IRB)/Quality Improvement Committee approval from the student's clinical facility and/or Villanova University.

## **IRB APROVAL**

Protection of the rights and well-being of human subjects involved in research is a concern of Villanova University (VU) and is mandated by specific provisions in the Code of Federal Regulations (CFR). Students must follow their institution's IRB guidelines and Villanova University's guidelines for submitting IRB protocols.

Students must also complete [CITI training https://www.citiprogram.org/](https://www.citiprogram.org/) and a Financial Conflict of Interest Research Form (FCOI) FCOI Form. Students must submit evidence of completion of CITI training and a FCOI form with the DNP proposal paper and IRB protocol. If the student's Practice Mentor serves as the Primary Investigator for the DNP Project, he/she must also submit evidence of CITI training and a FCOI form. Students are expected to submit an IRB protocol at practice site in which the DNP project is being implemented and evaluated. Students should seek guidance from their Practice Mentor and follow the guidelines set forth by the institution on the IRB process.

## **FINAL ORAL PRESENTATION**

Students will present their final DNP Scholarly Project in person to the faculty, students and practice mentors at Villanova University. The student's practice mentor must be present in person or online for the final presentation. The evaluation for the final oral presentation can be found in the course syllabus for NUR 9404.

## **FINAL POSTER PRESENTATION**

Students will complete an electronic, professional poster of the DNP Scholarly Project. This poster will be used for dissemination of the DNP Scholarly Project at local and national conferences. The evaluation for the final oral presentation can be found in the course syllabus for NUR 9404.

# **DNP GRADUATION REQUIREMENTS AND FORMS**

## **DNP GRADUATION REQUIREMENTS AND GRADUATION FORM**

In order to graduate, Post-Master's DNP students must have a documented 1000 practice hours, completed 32 credits with a minimum grade point average (GPA) of 3.0, completed a DNP Exit Survey, and fulfilled all financial requirements within the University. In MyNova, search for "Prospective Graduate Form," choose the term you will be completing your degree requirements in the drop-down menu and submit the electronic form.

# DNP PRACTICE COMPLIANCE REQUIREMENTS

All DNP students must have a satisfactorily completed Comprehensive Background Check and FBI Fingerprint clearance and must submit specific health documentation, as well as an RN license. All requirements are to be completed no later than June 1. If they are not completed, you will not be permitted to start the DNP Program in June.

The Fitzpatrick College of Nursing utilizes Complio, an online compliance tracking system through American Databank. Your health and background check documentation must be uploaded to a Complio account that you create.

PLEASE READ THIS DOCUMENT IN ITS ENTIRETY BEFORE CREATING YOUR COMPLIO ACCOUNT

The required Comprehensive Background Check and FBI Fingerprinting package includes:

- 10-Panel Drug Screen** – You will receive an email from American Databank regarding this once you purchase the Comprehensive Background Check and Fingerprinting package in Complio. *There is a registration code included in this email that you must bring with you to the drug screen location. Your results will be sent directly from the drug screen location to your Complio account.*
- PA Child Abuse History Clearance** – You will receive an email from American Databank with a link to apply for this clearance through the **PA Child Welfare Portal**. For application purpose, please select “Volunteer...” *Your clearance should be available in the portal within 1-2 weeks. You must upload this clearance to your Complio account.*
- FBI Fingerprint clearance** – You will receive an email with directions for fingerprinting from American Databank. Please be on the lookout for this email, as it contains important information! **Once you are fingerprinted, the PA Department of Human Services will send an email with a link to access a PDF of your clearance if no record exists.** If you miss the opportunity to access the PDF of your clearance, you must wait for it to arrive in the mail, which can take *several weeks. Please upload your FBI Fingerprint clearance to Complio once you have it. (PDF or hard copy.)*
- Statewide Background Check** – This is completed automatically when you purchase the Comprehensive Background Check and Fingerprinting package in Complio. You do not need to upload any documentation, as your results will be entered electronically into Complio.

**DNP students are also required to submit the following requirements:**

- Physical Examination** – Please use the attached Pre-Clinical History and Physical Examination form.
- Proof of immunity to Measles, Mumps, Rubella, Varicella and Hepatitis B through vaccinations and antibody titers results.** If you do not have your vaccination record, documentation of antibody titers proving immunity will suffice. (Please *apply for an exception* in Complio if this is the case.)
- Tdap vaccination within the past ten years
- COVID vaccination and booster**
- QuantIFERON-TB Gold blood test** as the initial tuberculosis screen is required. When this expires in one year, another QUANTIFERON-TB Gold test OR a PPD skin test is required. TB testing is an annual requirement.
- Flu vaccination** Documentation of a flu shot is due *annually* no later than September 15<sup>th</sup>.
- FERPA Release form** – Please sign and upload the attached form to Complio. This allows us to release records to a clinical agency if necessary.
- Student Clinical Participation Agreement** – Please sign and upload the attached form to Complio.
- RN license** to Complio. *Your license must be current throughout the program.*

# DNP PRACTICE COMPLIANCE REQUIREMENTS (cont)

## DIRECTIONS FOR COMPLIO:

1. The Complio website can be found by going to [www.villanovabackgroundcheck.com](http://www.villanovabackgroundcheck.com).
2. To create your account, select **NEW USERS Create Your Account** on the right side of the page.
3. Once you have created your account, log in and go to the right corner of the page to select **Place Order/Place New Order**.
4. On the Create Order page, select your program - **DNP (Non-Anesthesia)**.
5. Answer the two questions that follow and click on **Load Packages**. Select the following two packages:
  - a. **Required Clinical Health Compliance Package (\$25)** under *Tracking/Immunization Package*
  - b. **Comprehensive Background Check and Fingerprinting (\$120)** under *Screening*
6. After completing your order, you may then begin uploading the requirements to Complio. *There is a video tutorial for uploading documentation in Complio under "Video Tutorials" on the left side of the page when you log into your account. If you have any questions about uploading documents, please call American Databank at 800-200-0853.*
7. Once you enter documentation in Complio, it will be "pending" until it is reviewed by a Complio reviewer. All documentation is reviewed and either approved or rejected within about three business days. If a document is rejected and you aren't sure why, please email [nursingcompliance@villanova.edu](mailto:nursingcompliance@villanova.edu) and it will be reviewed by our Clinical Compliance Administrator.

Students should contact American Databank with questions about creating an account, entering information, or uploading documentation to Complio. ADB representatives are available Monday- Friday 7am–6pm MT (Denver) and can be reached at 800-200-0853 or [complio@americandatabank.com](mailto:complio@americandatabank.com).

Questions regarding the compliance requirements should be directed to Clinical Compliance Administrator via email [nursingcompliance@villanova.edu](mailto:nursingcompliance@villanova.edu) or phone at 610-519-6593.

# DNP PRACTICE COMPLIANCE REQUIREMENTS: PRE-CLINICAL HISTORY & PHYSICAL EXAM

VILLANOVA UNIVERSITY  
M. LOUISE FITZPATRICK  
COLLEGE OF NURSING

**CONFIDENTIAL**

## PRE-CLINICAL HISTORY AND PHYSICAL EXAMINATION

**\*THIS FORM, RECORD of ALL REQUIRED VACCINATIONS, TITERS RESULTS  
and QUANTIFERON-TB GOLD Test Results  
MUST BE UPLOADED to your Complio Account\***

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Examination \_\_\_\_\_

Required: Proof of VACCINATIONS and ANTIBODY TITERS RESULTS for

- Varicella (Chicken Pox)

\_\_\_\_\_ Dates of varicella vaccinations

**Upload copy of vaccination record and varicella titer result (required once) to Complio. If titer result is negative or equivocal, one varicella booster is required.**

- Measles (Rubeola), Mumps and Rubella

\_\_\_\_\_ Dates of MMR vaccinations

**Upload copy of vaccination record and titers results for measles, mumps, and rubella (required once) to Complio. If any of the titer results are negative or equivocal, one MMR booster is required.**

- Hepatitis B

\_\_\_\_\_ Dates of vaccinations

**Upload copy of vaccination record and Hepatitis B titer result to Complio. If titer result does not show immunity, a booster is required, followed by a re-titer in four to six weeks. If re-titer does not prove immunity, finish Hep B series followed by one final re-titer.**

- Tetanus, Diphtheria and Pertussis (Tdap)

\_\_\_\_\_ Date of Tdap vaccination within the past 10 years.

**Upload copy of Tdap vaccination record to Complio**

- Tuberculosis Test – QuantiFERON-TB Gold blood test is required

\_\_\_\_\_ Date of negative QuantiFERON-TB Gold test within the past 12 months.

**Upload copy of Q-Gold lab test results to Complio.** If QuantiFERON-TB Gold test is positive, must upload a negative chest-x-ray report within six months of Q-Gold test and a completed TB questionnaire.

- COVID-19

\_\_\_\_\_ Date(s) of primary vaccination series \_\_\_\_\_ Date of booster

**Upload copy of COVID-19 vaccination record to Complio**

- Influenza Documentation of an influenza vaccination is **due September 15 annually.**

The above individual has been examined by me and is free of communicable disease. In addition, the above student is free of any physical or psychological conditions which would impair the student's ability, with or without reasonable accommodation, to perform the function required of a nurse in any undergraduate or graduate nursing program at Villanova University. For information on requesting an accommodation, students may visit <https://www1.villanova.edu/university/student-life/ods/guidelines.html>

Print Name of Examiner: \_\_\_\_\_ Signature of Examiner \_\_\_\_\_

Address of Examiner: \_\_\_\_\_ Phone # \_\_\_\_\_

# APPENDIX A

## Plan of Study

POST-MASTER'S DNP PLAN OF STUDY FULL-TIME OPTION					POST-MASTER'S DNP PLAN OF STUDY PART-TIME					POST-MASTER'S DNP PLAN OF STUDY FLEX OPTION				
COHORT 13 32 Credits, 5 consecutive semesters					COHORT 13 32 Credits, 8 consecutive semesters					COHORT 13 32 Credits, 11 consecutive semesters				
Semester	Course	Practice Hours	Credits		Semester	Course	Practice Hours	Credits		Semester	Course	Practice Hours	Credits	
Summer I	NUR 9405		1		Summer I	NUR 9405		1		Summer I	NUR 9405		1	
	Tu NUR 9408	20	3			Tu NUR 9408	20	3			Tu NUR 9408	20	3	
<i>Students meet for full days Monday-Thursday - first week of June.</i>					<i>Students meet for full days Monday-Thursday - first week of June.</i>					<i>Students meet for full days Monday-Thursday - first week of June.</i>				
Fall I	Th NUR 9411	20	3		Fall I	Th NUR 9411	20	3		Fall I	Th NUR 9411	20	3	
	Th NUR 9407	20	3			Th NUR 9407	20	3			Th NUR 9407	20	3	
	Tu NUR 9401	100	2			Tu NUR 9401	100	2			Tu NUR 9401	100	2	
<i>Students meet on-campus all day on 2nd Thursday in September.</i>					<i>Students meet on-campus all day on 2nd Thursday in September.</i>					<i>Students meet on-campus all day on 2nd Thursday in September.</i>				
Spring I	Th NUR 9406	20	3		Spring I	Th NUR 9406	20	3		Spring I	Th NUR 9406	20	3	
	Th NUR 9410	20	3			Th NUR 9410	20	3			Th NUR 9410	20	3	
	Tu NUR 9402	80	2			Tu NUR 9402	80	2			Tu NUR 9402	80	2	
<i>Students meet on-campus all day on 4th Tuesday in January.</i>					<i>Students meet on-campus all day on 4th Tuesday in January.</i>					<i>Students meet on-campus all day on 4th Tuesday in January.</i>				
Summer II	Th NUR 9409	20	3		Summer II	Th NUR 9409	20	3		Summer II	Th NUR 9409	20	3	
	Th NUR 9412	20	3			Th NUR 9412	20	3			Th NUR 9412	20	3	
	Tu NUR 9403	100	2			Tu NUR 9403	100	2			Tu NUR 9403	100	2	
<i>Students meet on-campus, Tuesday-Thursday - first week of June.</i>					<i>Students meet on-campus, Tuesday-Thursday - first week of June.</i>					<i>Students meet on-campus, Tuesday-Thursday - first week of June.</i>				
Fall II	Tu NUR 9413		3		*Fall II	Tu NUR 9401	100	2		*Fall II	Tu NUR 9413		3	
	Th NUR 9404	80	1			Th NUR 9404	80	1			Th NUR 9404	80	1	
<i>Students meet on-campus the 3rd Thursday in October and the 2nd Tuesday in December for final presentations.</i>					<i>Students meet on-campus all day on 2nd Thursday in September.</i>					<i>Students meet on-campus all day on 2nd Thursday in September.</i>				
<b>COURSES</b>														
NUR 9405 Innovation in Health Care NUR 9406 Transformational Leadership NUR 9407 Quality Improvement and Patient Safety NUR 9408 Evidence-Based Practice NUR 9409 Health Policy NUR 9410 Health Care Economics and Finance NUR 9411 Epidemiological Approaches to Health Care and Health Disparities NUR 9412 Ethical and Legal Health Care Issues NUR 9413 Special Topics NUR 9401 DNP Project Seminar I NUR 9402 DNP Project Seminar II NUR 9403 DNP Project Seminar III NUR 9404 DNP Project Seminar IV					*Spring II Tu NUR 9402 80 2 <i>Students meet on-campus all day on 4th Tuesday in January.</i>					*Spring II Th NUR 9410 20 3				
					*Summer III Tu NUR 9403 100 2 Th NUR 9412 20 3 <i>Students meet on-campus, Tuesday-Thursday - first week of June.</i>					*Summer III Tu NUR 9408 20 3 Th NUR 9412 20 3 <i>Students meet on-campus, Tuesday-Thursday - first week of June.</i>				
					*Fall III Tu NUR 9413 3 Th NUR 9404 80 1 <i>Students meet on-campus the 3rd Thursday in October and the 2nd Tuesday in December for final presentations.</i>					*Fall III Th NUR 9407 20 3 Tu NUR 9401 100 2 <i>Students meet on-campus all day on 2nd Thursday in September.</i>				
<span style="background-color: #cccccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px; vertical-align: middle;"></span> Class is offered over the entire semester <span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px; vertical-align: middle;"></span> Class is offered the first half of the semester <span style="background-color: #fff2cc; border: 1px solid black; display: inline-block; width: 15px; height: 10px; vertical-align: middle;"></span> Class is offered the second half of the semester														
For current Plan of Study, refer to the DNP Program website.										*Spring III Tu NUR 9402 80 2 <i>Students meet on-campus all day on 4th Tuesday in January.</i>				
										*Summer IV Tu NUR 9403 100 2 <i>Students meet on-campus, Tuesday-Thursday - first week of June.</i>				
										*Fall IV Th NUR 9404 80 1 <i>Students meet on-campus the 3rd Thursday in October and the 2nd Tuesday in December for final presentations.</i>				

# APPENDIX B

## DNP Academic Program Plan

VILLANOVA UNIVERSITY

### DNP PROGRAM ACADEMIC PLAN

COLLEGE OF NURSING	CURRICULUM TRACKING SHEET
NAME	STUDENT ID
	DATE OF ADMISSION

COHORT: 5	FULL-TIME / PART-TIME (circle)
-----------	--------------------------------

	Credits/Practice Hours Completed	Semester/ Year	Advisor Initial
<b>PRACTICE HOURS FROM MSN PROGRAM TRANSCRIPT</b>			
NUR 9002 INDEPENDENT STUDY IN NURSING (3 credits)/Practice hours = 150-300			
NUR 9401 DNP Project Seminar I/Practice Hours = 100	2		
NUR 9402 DNP Project Seminar II/Practice Hours = 80	2		
NUR 9403 DNP Project Seminar III/Practice Hours = 100	2		
NUR 9404 DNP Project Seminar IV/Practice Hours = 80	1		
NUR 9405 Innovation in Health Care/Practice Hours = 0	1		
NUR 9406 Transformational Leadership/Practice Hours = 20	3		
NUR 9407 Quality Improvement and Patient Safety/Practice Hours = 20	3		
NUR 9408 Evidence-Based Practice/Practice Hours = 20	3		
NUR 9409 Health Policy/Practice Hours = 20	3		
NUR 9410 Health Care Economics and Finance/Practice Hours = 20	3		
NUR 9411 Epidemiological Approaches to Health Care & Health Disparities/Practice Hours = 20	3		
NUR 9412 Ethical and Legal Health Care Issues/Practice Hours = 20	3		
NUR 9413 Special Topics/Practice Hours = 0	3		
<b>PRE-APPROVED PRACTICE HOURS</b>			
<b>TOTAL PRACTICE HOURS ACQUIRED</b>	500 (Minimum)		
<b>TOTAL PRACTICE HOURS</b>	1000 (Minimum)		
<b>TOTAL CREDITS</b>		(32 Minimum)	
Date Scholarly Project Proposal Review			
Date Scholarly Project Presentation			

Academic Plan Completed and Approved:

Signature of Academic Advisor/Director of DNP Program	Date
---	------

# APPENDIX C

## DNP Progress and Evaluation Form



Doctor of Nursing Practice (DNP) Program  
Post-Master's Track

DNP Project Progress and Evaluation Form

Please use this form to document and evaluate the progress of the DNP Scholarly Project. The Progress to Date should be emailed to your DNP Project Faculty Advisor before your scheduled meeting. The completed form should be submitted in Blackboard after meeting with your DNP Project Faculty Advisor.

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

Faculty Advisor: \_\_\_\_\_

**Progress to Date:**

**Faculty Advisor Evaluation of DNP Project Progress and Recommendations:**



# APPENDIX E

## DNP Mentor Agreement Form



### Doctor of Nursing Practice (DNP) Program DNP Scholarly Project Practice Mentor Data Sheet and Letter of Agreement Form

#### A. Student and Faculty Information:

Student Name: \_\_\_\_\_

DNP Project Faculty Advisor Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### B. Practice Site Mentor Information:

Mentor's Name and Credentials: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### C. Consent to Mentor the Student with the DNP Project.

I am authorized to mentor and support the above student with the development, implementation, and evaluation of the DNP Scholarly Project this facility. I agree to serve as the Principal Investigator (PI) according to the IRB guidelines at this facility if necessary. I received a copy of the course objectives for the DNP Seminar courses. I will provide feedback to the student during development and implementation of the DNP Scholarly Project. I agree to participate in the final approval of the DNP Scholarly project and coordinate an opportunity for the student to present his/her final DNP project to the appropriate personnel at this facility.

\_\_\_\_\_  
Mentor Signature, Date

6/12, 5/13, 8/15, 6/18

\_\_\_\_\_  
Student Signature, Date

# APPENDIX F

## DNP Scholarly Project Overview

<b>NUR 9401 DNP Project Seminar I</b> Fall Semester Practice Hours 100	<b>NUR 9402 DNP Project Seminar II</b> Spring Semester Practice Hours 80
<p><b>Problem Recognition</b>            Identify single clinical problem            PICOT question            Literature Review</p> <p><b>Needs Assessment</b>            Identify Purpose of the Project            Identify Objectives</p> <p><b>Theoretical Underpinning</b>            Identify theory to support DNP project</p> <p><b>Plan for Evaluation</b>            Begin to plan for implementation and measurement of outcomes</p> <p><b>DNP Scholarly Project Approval</b>            Identify DNP Practice Mentor            Submit Practice Mentor Agreement Form            CITI Training and FCOI</p>	<p><b>DNP Project Proposal Presentation and Paper</b></p> <p><b>Plan for Implementation</b>            Identify Project Design            Describe Clinical Setting and Subjects            Describe intervention            Identify team members            Describe implementation steps            Identify timeline            Identify perceived threats and barriers            Identify plan for evaluation            Identify Data Collection Tools/Evaluation Methods            Plan for Data Management and Analyses            Identify Resources and Cost-Analysis if applicable</p> <p><b>IRB/Quality Improvement Committee</b>            Submit to Villanova University and Respective Organization</p>
<b>NUR 9403 DNP Project Seminar III</b> Summer Semester Practice Hours 100	<b>NUR 9404 DNP Project Seminar IV</b> Fall Semester Practice Hours 80
<p><b>Implementation</b>            Data Collection, if applicable/Program Development/Policy Development            Identify actual threats and barriers            Monitor project progress            Plan for project closure</p>	<p><b>Evaluation</b>            Data analysis if applicable            Discuss project evaluation/results            Identify implications for practice            Identify sustainability            Discuss leadership response to the Scholarly Project            Identify actual threats and barriers</p> <p><b>Dissemination</b>            Presentation of DNP Scholarly Project to faculty, Practice Mentor, and organization            Identify plans for future dissemination</p>

# APPENDIX C



Doctor of Philosophy (PhD) Program  
Student Handbook  
**2023-2024**

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*Driscoll Hall*

## WELCOME

Dear PhD Student:

Welcome to the Doctor of Philosophy program in Nursing at Villanova University! We believe that your educational experiences throughout your program will be both challenging and rewarding. At Villanova, you will have access to a scholarly faculty and the resources of one of the finest universities in the country, plus an education based in a state-of-the-art facility and the latest on-line technology to provide you with the foundation to advance the nursing profession.

In conjunction with the *Graduate Student Handbook and Advisement Guide*, the *PhD Program Student Handbook* has been prepared by the PhD faculty to clarify policies, procedures and other important information.

Again, we welcome you to the PhD in Nursing Program at Villanova University. We hope this *Handbook* will be helpful to you and that you enjoy your educational experience here.

Sincerely,

**Mary Ann Cantrell, PhD, RN, CNE, FAAN**  
**Professor and Director, PhD Program**  
**Villanova University M. Louise Fitzpatrick College of Nursing**

**\*\*\*NOTE: The PhD Student is responsible for checking the PhD Website for the most up-to-date version of this handbook.**

# VILLANOVA UNIVERSITY MISSION STATEMENT

Villanova University is a Catholic Augustinian community of higher education, committed to excellence and distinction in the discovery, dissemination and application of knowledge. Inspired by the life and teaching of Jesus Christ, the University is grounded in the wisdom of the Catholic intellectual tradition and advances a deeper understanding of the relationship between faith and reason. Villanova emphasizes and celebrates the liberal arts and sciences as foundational to all academic programs. The University community welcomes and respects members of all faiths who seek to nurture a concern for the common good and who share an enthusiasm for the challenge of responsible and productive citizenship in order to build a just and peaceful world.

## **Enduring Commitments**

In pursuit of this mission, we commit ourselves to academic excellence, to our values and traditions, and to our students, alumni and the global community.

### **To foster academic excellence, we as a University:**

- Create a diverse community of scholars, united and dedicated to the highest academic standards;
- Emphasize the liberal arts and sciences as our foundation and foster in our students active engagement, critical thinking, life-long learning and moral reflection;
- Concern ourselves with developing and nurturing the whole person, allowing students, faculty and staff to grow intellectually, emotionally, spiritually, culturally, socially and physically in an environment that supports individual differences and insists that mutual love and respect should animate every aspect of university life;
- Encourage interdisciplinary research, teaching and scholarship;
- Affirm the intrinsic good of learning, contemplation and the search for truth in undergraduate and graduate education;
- Support a curriculum that encourages both a global perspective and an informed respect for the differences among peoples and cultures.

### **To honor our values and tradition, we as a Catholic University:**

- Believe that the dialogue between faith and reason drives the pursuit of knowledge and wisdom, and fosters St. Augustine's vision of learning as a community ethos governed by love;
- Seek to understand, enrich and teach the Catholic intellectual tradition through our curricula, scholarship and activities in ways that engage diverse religious, intellectual and cultural traditions in a vigorous and respectful pursuit of truth and wisdom in every area of humanity;
- Provide opportunities for students, faculty and staff to seek guidance from Catholic intellectual and moral traditions, while always welcoming people from all faiths, cultures and traditions to contribute their gifts and talents to our mission;
- Respect and encourage the freedom proposed by St Augustine, which makes civil discussion and inquiry possible and productive;
- Look to the Order of St. Augustine to preserve our Augustinian character, by showing appropriate preference to Augustinians in faculty and staff appointments, and by welcoming their presence and influence in our university community.

### **To serve our students, alumni and global community, we as an Augustinian University:**

- Encourage students, faculty and staff to engage in service experiences and research, both locally and globally, so they learn from others, provide public service to the community and help create a more sustainable world;
- Commit to the common good, and apply the knowledge and skills of our students and faculty to better the human condition;
- Encourage our students and faculty to pursue virtue by integrating love and knowledge, and by committing themselves to research and education for justice, with a special concern for the poor and compassion for the suffering;
- Respect a worldview that recognizes that all creation is sacred and that fosters responsible stewardship of the environment;
- Include our alumni as an integral part of the Villanova community;
- Value highly our relationship with neighboring communities.

## **M. LOUISE FITZPATRICK COLLEGE OF NURSING MISSION STATEMENT**

The M. Louise Fitzpatrick College of Nursing is a tangible expression of Villanova University's mission, tradition, and commitment to human service. As a major school of nursing under Catholic auspices, it carries responsibility for the education of nurses within the framework of Christian beliefs and values and the heritage of the Order of St. Augustine. The M. Louise Fitzpatrick College of Nursing interprets nursing as a healing ministry emanated by love and demonstrated through service and the care of others. As a healing art as well as an applied science and practice discipline, nursing as taught at Villanova University emphasizes the concern for spiritual health as well as that of mind and body. Curricula reflect the integration of these elements and their application in clinical practice, and concern for others regardless of race, ethnicity, or religion. The M. Louise Fitzpatrick College of Nursing educates individuals for service to a diverse society including all sectors and strata of the population; as such, graduates are prepared to assume roles in all settings where health care is delivered.

## **PHD PROGRAM DESCRIPTION**

Welcome to the M. Louise Fitzpatrick College of Nursing PhD Program. *Our program is clearly focused on the preparation of teacher-scholars* who will be well-prepared to help alleviate the national nursing shortage by preparing diverse student populations for the delivery of nursing services.

Designed to prepare nurses as teacher-scholars for academic careers in higher education, this program builds upon baccalaureate and masters preparation in nursing, through emphasis on research and theory development. Villanova's program is distinguished by its special focus on the application of nursing knowledge and scholarly inquiry that address professional and practice concerns as they relate to teaching-learning processes in clinical as well as educational settings.

The program is driven by Augustinian Catholic values that characterize the mission of the University: the unity of knowledge, the holistic nature of human beings, the importance of community, the discovery of truth and a commitment to addressing the needs of disadvantaged and marginalized populations.

The M. Louise Fitzpatrick College of Nursing, established in 1953, has a reputation of excellence and is highly respected for its contribution to graduate education, which commenced in 1980. Nursing deans, faculty and leaders in higher education throughout the United States and abroad are alumni of its programs.

The PhD Program in Nursing seeks to educate graduates who will be well prepared to teach diverse populations of students in a variety of educational and clinical settings using state of the art technology; who will be equipped to provide leadership as the architects of curricula and members of evaluative bodies; who will be active contributors to the advancement and development of research; and who will be active participants in the various roles of faculty within academic institutions.

## **PHD PROGRAM OUTCOMES**

The PhD Program is designed to prepare teacher-scholars in nursing for academic careers in higher education. Upon the completion of the PhD Program, graduates will be able to:

- Conduct research that generates, tests, refines or extends theory and knowledge relevant to culturally competent nursing and nursing education.
- Evaluate critically and synthesize research findings for building knowledge that advances culturally competent nursing and nursing education, and use that knowledge in education, research, advocacy, policy development and leadership.
- Assume the role of academic nurse educator with the ability to design varied learning opportunities in clinical and didactic settings using diverse teaching strategies to meet the needs of diverse populations.
- Development of the skills and knowledge to collaborate with other disciplines in health research and preparation of culturally competent health care providers responsive to the needs and concerns of a global society.
- Collaborate with others to improve health care and advance policy for vulnerable and at-risk populations.
- Advance the science of nursing education to improve education outcomes for learners, across all levels.

Approved 5/9/2019

## **PHD CONTACT INFORMATION**

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## **PHD FREQUENTLY ASKED QUESTIONS**

### **WHAT IS THE PURPOSE OF THE PROGRAM?**

This PhD program is designed to prepare nurses as teachers of diverse student populations in a variety of classroom and clinical settings within in academic programs. In addition, nurses who complete this program will be well-prepared to establish programs of scholarship.

### **HOW MANY CREDITS IS CONSIDRED FULL-TIME STUDY?**

A 6-credit course load or higher is full-time status for the Fall and Spring semester and a 3-credit course load in the Summer is full time for financial aid purposes, although the PhD Curriculum Program plan of study for full-time study outlines a higher credit load study per academic semester. To be eligible for financial assistance through the Nursing Faculty Loan Program (NFLP) a minimum of a 3-credit course load or higher must be taken in the Fall and Spring semester and a 2-credit course load must be taken in the Summer. The NFLP must be used at least 2 out of the 3 semesters (Fall/Spring; Spring/Summer; Summer/Fall) during an academic year. Students must enroll in the

NFLP during course work to be eligible for NFLP funding during Dissertation Continuation. A student is not permitted to begin initial enrollment in the NFLP during Dissertation Continuation.

### **WHAT CAN I DO WITH A PHD IN NURSING BESIDES TEACH?**

While this program is designed to address the nation's shortage of qualified nursing faculty, PhD-prepared nurses are employed in a wide variety of settings, including health care systems, corporations offering health-care products and services, research institutions, government agencies, as well as their own businesses.

### **HOW MANY NURSES IN THE UNITED STATES HAVE A PHD?**

The best data from the federal government suggest that less than one percent of American nurses have PhD degrees in nursing or a related field.

### **WILL A PHD ALLOW ME TO DO INDEPENDENT NURSING RESEARCH?**

Yes. The PhD program is designed to provide students with the skills needed to design and implement research projects, publish and prepare grants. New graduates may enter academic systems at the entry level, that is, as assistant professors. Some new faculty may find it necessary to work in collaboration with senior investigators to get their research programs established. Upon graduation some students who intend to focus on their programs of research may undertake post-doctoral fellowships.

### **WHICH IS PREFERRED--FULL-TIME OR PART-TIME STUDY?**

While full-time study is preferred, students are able to study part-time to address their personal circumstances.

### **I AM AN INTERNATIONAL STUDENT. WHAT CAN I DO?**

On-campus classes are offered for international students, as well as full-time students or fellowships and students who prefer to attend class on campus.

### **HOW ARE THE DISTANCE LEARNING COURSES SCHEDULED?**

Fall and spring distance learning courses are synchronous online seminars. They are scheduled during two weekday evenings, Eastern U.S. time. Your computer and communications hardware and software should meet or exceed the requirements as listed in the [Computer Requirements for Distance Learning document](#).

## **PHD FREQUENTLY ASKED QUESTIONS (CONTINUED)**

### **DO APPLICANTS NEED PRIOR PREPARATION OR EXPERIENCE IN THE FIELD OF NURSING EDUCATION?**

Students need not come with preparation in the area of nursing education or with teaching experience. The focus of their MSN degree is not a consideration. A BSN-PhD option is available for exceptional students who are early in their career.

### **HOW MANY CREDITS ARE REQUIRED?**

The typical program of study entails 46 semester credits. After completion of these 46 required credits, students will enroll in Dissertation Continuation for a minimum of 12 credits (2 semesters).

## **HOW LONG WILL IT TAKE TO COMPLETE THE PROGRAM?**

Full-time students should be able to complete course work in just over two years. Part-time students can complete course work in three years. Completion of the dissertation requirement will probably take an additional two years but may be less depending on the study.

## **WILL THERE BE OPPORTUNITIES FOR INDIVIDUAL ATTENTION?**

The program is planned so that numbers remain relatively small and will facilitate student-professor interaction.

## **IS THERE A MENTORING SYSTEM IN PLACE FOR THE PROGRAM?**

PhD students will work closely with a faculty advisor until they select a chair for their dissertation work. The student's academic advisor will continue to advise the student on academic issues (course registration) until completion of the Program. They will work closely with their dissertation chair in Dissertation Continuation until completion of the program.

## **ARE ANY COURSES OFFERED ON-LINE?**

All fall and spring courses will be offered using distance learning technologies. Summer courses are offered on campus during Summer Intensive Sessions, using traditional (onsite, classroom) modalities.

## **WHEN DID THE PROGRAM BEGIN?**

We began teaching the first group of students in June 2004. The first graduates completed the program in Spring 2008.

## **IS THERE ANY FINANCIAL ASSISTANCE AVAILABLE?**

Yes, you can obtain information about financial assistance at [Financial Assistance Website](#). [Many students enroll in the Nurse Faculty Loan Program \(NFLP\) – please see Appendix D for details.](#)

## **CAN I STILL WORK WHILE IN THE PROGRAM?**

Most PhD students are employed while in doctoral studies. Full-time students typically work on a part-time basis. We strongly discourage full-time students from attempting to work full-time. Full-time employees can study on a part-time basis, and most of our students to date have been part-time.

# **PHD FREQUENTLY ASKED QUESTIONS (CONTINUED)**

## **WHAT PRACTICUM SITES WILL BE USED?**

Students with little or no experience as teachers will have a precepted teaching practicum experience in or related to nursing education experience.

## **HOW WILL I GET A COMMITTEE CHAIR AND A COMMITTEE MEMBER?**

Students identify a topic of interest when they apply to the program. This ensures that our faculty are able to support the student's research interest. Students will meet the doctoral faculty during orientation and through their coursework. We work with students enrolled in the Traditional PhD Program to ensure that Dissertation Chairs will be identified by enrolled students at the conclusion of

the first year of PhD coursework. For Conway Fellows a dissertation chair should be confirmed no later than at the conclusion of the Fall 1 of PhD coursework. A They may be directed toward a specific person by their advisor or the Program Director. Our aim is to make sure that everyone is supported. The chair and the student together identify the committee member based on the research topic or methods. A Dissertation Committee Member will be identified by the end of the fall semester of the second year of enrollment in the Program for those enrolled in the Traditional PhD Program and for Conway Fellows at the conclusion of the Spring 1 semester. Students are encouraged to review the Doctoral Faculty Dissertation Chair Eligible and Availability posted on the FCN PhD Program website as well as the PhD Student Resources Team site.

### **HOW SHOULD I EXPECT MY DISSERTATION COMMITTEE / CHAIR TO WORK WITH ME THROUGHOUT THE YEAR?**

Dissertation Chairs will maintain involvement during the Dissertation Seminar component of the Program. Students and committee chairs, in particular, need to talk about their expectations at the beginning of the dissertation process, including frequency and modes of contact (it is recommended that there be some contact every 2-3 weeks), and whether or not the faculty are able to engage in dissertation work when school is not in session, such as summers. If breaks are anticipated, then the student and committee can plan work to be accomplished by the student during that period.

### **WHAT IS A COGNATE AND HOW DO I PLAN FOR IT?**

A cognate is a learning experience that is intended to support a student's dissertation study. A learning experience is identified by the student and vetted by the student's academic advisor and/or dissertation chair and sometimes the PhD Program Director. Scheduling of the cognate depends upon each student's academic plan and where it best fits with a student's credit load for a semester and the development of dissertation study's conceptualization and methodology.

Learning experiences to fulfill the cognate requirement vary. Students can enroll in a course on advanced quantitative methods or spend time at a major health and education-related organization, such as the NLN or CDC. Registering for the cognate follows the same process for other courses in the program; however, there is an application that is posted on the PhD Student Resource Teams site [Application for Preliminary Exam.docx](#) that must be completed within specified due dates. There are due dates for submitting the application that are listed in the directions within the application. Students will need a faculty sponsor to sign the application. If a student enrolls in a course from another university for credit, the faculty sponsor is simply a "placeholder" and nothing is required from him/her. Alternatively, if the cognate is a learning experience that is not a course for credit, the student will need to register for the Cognate (NUR 9004) and a measurable outcome of the learning experience will need to be identified and approved by the FCN faculty sponsor.

If a student registers for a course or a learning experience that is for credit at Villanova University and involves working with an FCN faculty the student only pays for the course. However, if a student enrolls in a learning experience that is not for course credit, such as a continuing education course from Villanova or another institution, the student will have to pay VU tuition for the cognate and the costs related to this educational offering.

# PHD COURSE DESCRIPTIONS

**NUR 8950 Curriculum Design in Nursing Education** - Curriculum designs, conceptual frameworks, instructional resource, program plans, outcomes, and modes of evaluation, including standards, criteria and accreditation.

**NUR 8952 Teaching Strategies in Nursing** - Teaching modalities based on the problem-solving process, teaching/learning process and the nature of communication in teaching.

**NUR 8954 Practicum in Nursing Education** - Select and operationalize an aspect of the educator role.

**NUR 9503 Quantitative Research Design & Methods** - Defining research problems, ethical considerations, validity, and various designs including experimental, quasi-experimental, descriptive, program evaluation, meta-analysis and epidemiological studies.

**NUR 9504 Qualitative Research Design & Methods** - Qualitative approaches to research including phenomenology, hermeneutics, grounded theory, ethnography, case study, historical research, combined methods and issues of rigor and confirmability.

**NUR 9505 Statistical Analysis I** - Principles of inferential statistical analysis including descriptive statistics, correlation coefficients, t-test, chi-squared, F sampling distribution, and effect size.

**NUR 9506 Statistical Analysis II** - Interpretation of advanced multivariate analysis including factor analysis, path analysis, analysis of covariance, and multiple regression.

**NUR 9511 Dissertation Seminar I** - First in a sequence of courses that offer students the opportunity to develop a research focus.

**NUR 9512 Dissertation Seminar II** - Second in a sequence of courses that offer students the opportunity to develop an area of research.

**NUR 9513 Dissertation Seminar III** - Third in a sequence of courses that offer students the opportunity to develop an area of research.

**NUR 9515 Conceptual and Theoretical Foundations in Nursing Science** - An examination of scientific developments from premodern paradigms that have shaped scientific thought in nursing as well as analyses of concepts related to health, nursing, ethics, education, diversity and/or cultural competence as they relate to research and theory development.

**NUR 9516 Psychometrics and Measurement** - This course addresses frameworks, theories and principles of measurement in nursing and health research, and the design, testing, and evaluation of instruments for measuring nursing and health phenomena in a variety of clinical, educational and health service research settings.

**NUR 9517 Structure and Philosophy of American Higher Education** - Evolution of American higher education trends, issues, policies and procedures are reviewed. The relation of major philosophical themes and trends up to the twenty-first century to concepts and issues in higher education are presented for discussion and reflection.

**NUR 9518 Scientific Writing and Grantsmanship** - Scholarly writing skills needed to present a logical synthesis of the current literature in a grant application process are addressed. Components of grant applications are discussed. Planning skills for time, cost, and procedures and current grant-funding opportunities are reviewed.

**NUR 9519 Contemporary Research Design and Statistical Analyses** - Contemporary, new, and emerging advanced research designs are presented. Indications for use, advantages, and limitations of all designs are addressed. Select statistical procedures associated with varied designs are discussed. Students will develop research questions and plan studies using advanced designs.

**NUR 9520 Advocacy, Policy and Ethics in Healthcare** - Advocacy, policy, ethics and the principles of Catholic Social Teaching are examined within healthcare delivery systems enabling leaders to effect change for the betterment of factors related to health globally.

**NUR 9521 Dissertation Seminar IV** - Fourth in a sequence of courses that offer students the opportunity to develop an area of research.

**Cognate** – The cognate is a guided elective graduate course of 3 credits that supports the dissertation in content or methods. It may be an independent study **NUR 9004** or register for a course for credit.

**NUR 9508 Dissertation Continuation** – Once students finish all other course work, they will register for Dissertation Continuation for the remainder of their studies. NUR 9508-DL1 is the section reserved for students taking Dissertation Continuation for the first time and includes a \$500 tuition differential to cover the cost of starting dissertation studies. All students who have taken NUR 9508-DL1 one or more times will be registered for NUR 9508-DL2. Dissertation Continuation is billed at the rate of a three-credit course and students enroll in Dissertation Continuation each fall and spring semester after completing coursework until they graduate.

## PHD STUDENT SUPPORT SERVICES

### WRITING CENTER

The Villanova Writing Center provides a comfortable atmosphere for a one-to-one session with a qualified tutor for students who are on campus. Online professional tutoring services are available for distance learning students. If local and travel to campus is feasible, students are asked to bring their paper, assignment, and an open mind; tutors will do their best to help students improve their writing.

Appointments can be made [online](#), in person (210 Falvey Library) or by phone (610-519-4604). When making an appointment by phone, please provide the receptionist with your name, the name of the class, and the professor's name.

Writing Center appointments are scheduled for **50 minutes**. For lengthy papers (generally over ten pages), we suggest you schedule a block of 2 sessions for your appointment.

The Writing Center is located in 210 Falvey Library. Our hours of operation during the academic year are

- **Monday-Thursday:** 11:30 a.m. - 7:30 p.m.
- **Friday:** 11:30 a.m. - 3:30 p.m.
- **Sunday:** 3:30 p.m. - 7:30 p.m.

**Please contact the Writing Center for Summer hours.**

## **ACADEMIC INTEGRITY**

Students are expected to know and comply with all University policies related to academic dishonesty and plagiarism. The Villanova University Code of Academic Integrity is available at the following web site:

<https://www1.villanova.edu/villanova/provost/resources/student/policies/integrity/integritypolicy.html>

## **ETHICS AND COMPLIANCE HOTLINE**

Villanova University has contracted with EthicsPoint to provide a confidential Internet and telephone-based reporting tool to give University faculty, staff and students an anonymous and confidential way to address misconduct in the workplace or classroom setting due to mismanagement of funds, fraud, or other violations of law or University policy. You can reach EthicsPoint by the webpage <http://villanova.ethicspoint.com> or call toll-free at 855-236-1443.

## **STUDENTS WHO ARE VETERANS OR ARE USING VETERANS ADMINISTRATION (VA) BENEFITS**

Villanova University is dedicated to assisting veterans and their dependents as they reach personal, professional and academic goals from their admission to graduation and beyond. The Office of Veterans and Military Service Members (205 Kennedy Hall) is a source of support for these students and for the Villanova University community. For more information, contact Michael D. Brown (Director). Email: [michael.d.brown@villanova.edu](mailto:michael.d.brown@villanova.edu). Phone: 610-519-4448

## **FINANCIAL AID INFORMATION**

Financial aid, in the form of the Nursing Federal Direct Loan Program, (NFLP) is available to students pursuing either the full-time or part-time PhD in Nursing degree at Villanova. If you wish to apply for financial assistance, please go to our website for more information: [Financial Assistance Website and Appendix D](#).

## **FALVEY LIBRARY SERVICES**

Falvey Memorial Library serves as the premier source of academic information for the Villanova University community through its collections, educational and consulting services, innovative technology, programming and physical facilities. The extensive databases and services are available for our PhD students to use for their research and study. The books in our collection can be shipped to students within the USA at no cost. The PhD program contact is Alfred Fry [alfred.fry@villanova.edu](mailto:alfred.fry@villanova.edu).

## **HEALTH SERVICES**

The Student Health Center at Villanova University provides a safe, caring, respectful, and confidential environment and advocates healthy behaviors and lifestyle choices. Located in the Health Services Building at the Villanova University main entrance on Ithan Avenue, across from The Pavilion and Bartley Hall, the Health Services Building also houses the Counseling Center and the Office of Health Promotion. You can reach the health center at 610-519-4070.

## ACADEMIC ACCOMMODATIONS

It is the policy of Villanova to make reasonable academic accommodations for qualified individuals with learning disabilities. If you are a person with a disability and wish to request accommodations to complete your course requirements, please make an appointment with the course professor as soon as possible to discuss the request. If you would like information on documentation requirements, contact the Office of Learning Support Services at 610-519-5636, visit the office on the 2<sup>nd</sup> floor of Falvey Hall, or visit the webpage: <http://www1.villanova.edu/villanova/provost/learningsupport.html>

The Office of Disability Services collaborates with students, faculty, staff, and community members to create diverse learning environments that are usable, equitable, inclusive and sustainable. The ODS provides Villanova University students with *physical disabilities* the necessary support to successfully complete their education and participate in activities available to all students. If you have a diagnosed disability and plan to utilize academic accommodations, please contact *Gregory Hannah, advisor to students with disabilities* [gregory.hannah@villanova.edu](mailto:gregory.hannah@villanova.edu), 610-519-3209 or visit the office on the second floor of the Connelly Center.

## TRADITIONAL PhD PROGRESSION PLAN

PhD Progression Plan - For Cohorts starting on or after May 2020

	FULL-TIME	PART-TIME
<b>Summer 1</b>	<b>NUR 9520</b> Advocacy, Policy & Ethics in Healthcare (3 cr.) <b>3 credits</b>	<b>NUR 9520</b> Advocacy, Policy & Ethics in Healthcare (3cr.) <b>3 credits</b>
<b>Fall 1</b>	<b>NUR 9515</b> Conceptual & Theoretical Foundations in Nursing Science (4 cr.) <b>NUR 9511</b> Dissertation Seminar I (1 cr.) <b>NUR 9505</b> Statistical Analysis 1 (3 cr.) <b>8 credits</b>	<b>NUR 9515</b> Conceptual & Theoretical Foundations in Nursing Science (4 cr.) <b>NUR 9511</b> Dissertation Seminar I (1 cr.) <b>NUR 9505</b> Statistical Analysis 1 (3 cr.) <b>8 credits</b>
<b>Spring 1</b>	<b>NUR 9512</b> Dissertation Seminar II (1 cr.) <b>NUR 9516</b> Psychometrics & Measurement (2 cr.) <b>NUR 9503</b> Quantitative Research Methods (3 cr.) <b>NUR 9506</b> Statistical Analysis II (3 cr.) <b>9 credits</b>	<b>NUR 9512</b> Dissertation Seminar II (1 cr.)  <b>NUR 9503</b> Quantitative Research Methods (3 cr.) <b>NUR 9506</b> Statistical Analysis II (3 cr.) <b>7 credits</b>
<b>Summer 2</b>	<b>NUR 9517</b> Structure Philo. of Amer. Higher Educ (3 cr.) <b>NUR 9504</b> Qualitative Research Methods (3 cr.) <b>6 credits</b>	<b>NUR 9517</b> Structure Philo. Of Amer. Higher Educ (3 cr.) <b>NUR 9504</b> Qualitative Research Methods (3 cr.) <b>6 credits</b>
	<b>PhD Preliminary Examination Fall 2</b>	<b>PhD Preliminary Examination Fall 2</b>
<b>Fall 2</b>	<b>NUR 9513</b> Dissertation Seminar III (1 cr.) <b>NUR 9518</b> Scientific Writing & Grantsmanship (2 cr.) <b>NUR 8952</b> Teaching Strategies in Higher Educ (3 cr.) <b>NUR 8950</b> Curriculum Design in Nursing Educ (3 cr.) <b>9 credits</b>	<b>NUR 9513</b> Dissertation Seminar III (1 cr.) <b>NUR 9518</b> Scientific Writing & Grantsmanship (2 cr.) <b>NUR 8952</b> Teaching Strategies in Higher Educ (3 cr.)  <b>6 credits</b>
<b>Spring 2</b>	<b>NUR 9519</b> Contemporary Research Design & Statistical Analyses (3 cr.) <b>NUR 8954</b> Teaching Practicum (3 cr.) <b>Cognate</b> (3 cr.) <b>9 Credits</b>	<b>NUR 9519</b> Contemporary Research Design & Statistical Analyses (3 cr.) <b>NUR 9516</b> Psychometrics and Measurement (2 cr.) <b>Cognate</b> (3 cr.) <b>8 Credits</b>
<b>Summer 3</b>	<b>NUR 9521</b> Dissertation Seminar IV (2 cr.) <b>2 credits</b>	<b>NUR 9521</b> Dissertation Seminar IV (2 cr.) <b>2 credits</b>
<b>Fall 3</b>	<b>NUR 9508</b> Dissertation Continuation: <ul style="list-style-type: none"> <li>• <b>Nursing Synthesis Paper</b></li> <li>• <b>Oral Candidacy Exam</b></li> </ul>	<b>NUR 8950</b> Curriculum Design in Nursing Educ (3 cr.) <b>NUR 8954</b> Teaching Practicum (3 cr.) <b>6 credits</b>
<b>Spring 3</b>	<b>NUR 9508</b> Dissertation Continuation	<b>NUR 9508</b> Dissertation Continuation: <ul style="list-style-type: none"> <li>• <b>Nursing Synthesis Paper</b></li> <li>• <b>Oral Candidacy Exam</b></li> </ul>
<b>TOTAL CREDITS</b>	<b>46 credits</b>	<b>46 credits</b>

All coursework including cognate (NUR 9004) must be completed prior to enrolling in NUR 9508 - Dissertation Continuation. Students can expect to enroll in a minimum of 12 dissertation credits (4 semesters). This may be less based on a student's progress in writing and defending the proposal and dissertation.

Approved 5/2019 MAC; updated 5/20/23

## JOANNE AND WILLIAM CONWAY PH.D. FELLOWS PROGRAM

### Overview

With a very generous transformative gift by Joanne and Bill Conway from the Bedford Falls Fund, the Fitzpatrick College of Nursing (FCN) has established the Conway Ph.D. Fellows Program to support 25 students seeking a PhD. This incredible support will enable the FCN to build upon its rich history of developing nursing faculty in the Augustinian teacher-scholar model. The Joanne and William Conway Ph.D. Fellows Program is a year-round three-year degree completion program. The first cohort of Joanne and William Conway Ph.D. Fellows will be admitted into the FCN PhD program in May 2023 and receive intensive, year-round mentoring from highly qualified research-intensive faculty to complete the degree in three years. Students are required to complete the degree in three years.

Joanne and William Conway Ph.D. Fellow Conway Scholar you will be awarded \$80,000.00 over three years to finance your education in the FCN PhD Program. Funds awarded through the Conway Scholarship can be used for living expenses, tuition, and/or fees. Joanne and William Conway Ph.D. Fellow Conway Scholars are encouraged to participate in the Nurse Faculty Loan Program (NFLP) for tuition support. The NFLP is a loan forgiveness program. Graduates who are employed full-time as a nurse educator for four years will have 85% of their NFLP amount forgiven. This *comprehensive* financial support for qualified students seeking a Nursing PhD degree will reduce the financial barriers that prevent qualified applicants from pursuing a doctoral degree.

The Joanne and William Conway Ph.D. Fellows Program is an accelerated synchronous online degree program with three summer intensive on-campus experiences. Summer Intensive Year 1 is 2 weeks; Summer Intensive Year 2 is 3 weeks; and Summer Intensive Year 3 is 2 weeks. All PhD Summer Intensives begin the Tuesday after the Memorial Day Holiday.

### Admissions Criteria

Exceptionally well-qualified applicants who are committed to an academic career, are U.S. citizens or permanent residents and have completed an application for the PhD Program at the Fitzpatrick College of Nursing are eligible to apply. Applicants must meet all the admission criteria for the traditional PhD Program. If an applicant is BSN-prepared, GRE scores must be submitted as part of the application. Evidence of the following are *preferred* criteria for admission into The Joanne and William Conway Ph.D. Fellows Program

- publication record
- scholarship experience, such as being a team member on a research study/conducting a pilot study
- career goal to commit to an academic teaching position upon graduation
- knowledge and willingness to the Manuscript Option Dissertation
- group interview (PhD PD/Associate Dean Graduate Program/Research active full/a professor
- identification of clear and feasible research question
- identification of a dissertation chair along with a strong rationale for this choice

For May admission as a Joanne and William Conway Ph.D. Fellow interested candidates' must have all completed applications received by December 1<sup>st</sup>. No applications submitted after

December 1<sup>st</sup> will be considered for The Joanne and William Conway Ph.D. Fellows Program. If an applicant is not selected as a Joanne and William Conway Ph.D. Fellow the application will be included in the general pool of applicants being considered for admission into the traditional FCN PhD Program.

### **Application Decisions**

The PhD Advisory Committee reviews all PhD applications and members of this committee will select the Joanne and William Conway Ph.D. Fellows. Annually, there will be five Conway Ph.D. Fellows selected for five consecutive years starting in 2023. All applicants accepted into The Joanne and William Conway Ph.D. Fellows Program will be notified directly via email on or before December 15<sup>th</sup> each year. Decision to accept the offer as a Joanne and William Conway Ph.D. Fellow, must be sent to Ms. Sandi Schultz [sandra.schultz@villanova.edu](mailto:sandra.schultz@villanova.edu). Fellows will be required to sign and return the agreement before scholarship funds are disbursed.

### **Joanne and William Conway Ph.D. Fellow Requirements**

- Joanne and William Conway Ph.D. fellows are **strongly encouraged** not to work. The Accelerated PhD Program should be considered a full-time job.
- Should a Joanne and William Conway Ph.D. Fellow fail to maintain good academic standing, as evidence of 83.0 average or better in every course, or and/or ceases to satisfy eligibility requirements will have their scholarship terminated.
- A Joanne and William Conway Ph.D. Fellow must maintain full-time status as per the Ph.D. Accelerated Curriculum. If a Fellow chooses to be unenrolled for a semester or requests a formal Leave of Absence the scholarship will be terminated.

## Accelerated PhD Progression Plan - Conway PhD Scholars

<b>Summer 1</b>	<b>NUR 9520</b> Advocacy, Policy & Ethics in Healthcare (3 cr.) – PhD Summer Intensive <b>NUR 9515</b> Conceptual & Theoretical Foundations in Nursing Science (4 cr.) <b>NUR 9511</b> Dissertation Seminar I (1 cr.) <b>8 credits</b>
<b>Fall 1</b>	<b>NUR 9503</b> Quantitative Research Methods (3 cr.) <b>NUR 9505</b> Statistical Analysis 1 (3 cr.) <b>NUR 9518</b> Scientific Writing & Grantsmanship (2 cr.) <b>NUR 9512</b> Dissertation Seminar II (1 cr.) <b>9 credits</b>
<b>Spring 1</b>	<b>NUR 9513</b> Dissertation Seminar III (1 cr.) <b>NUR 9516</b> Psychometrics & Measurement (2 cr.) <b>NUR 9519</b> Contemporary Research Design & Statistical Analysis (3 cr.) <b>NUR 9506</b> Statistical Analysis II (3 cr.) <b>9 credits</b>
<b>Summer 2</b>	<b>NUR 9517</b> Structure & Philosophy of Higher Education - PhD Summer Intensive (3 cr.) <b>NUR 9521</b> Dissertation Seminar IV (2 cr.) - PhD Summer Intensive <b>NUR 9504</b> Qualitative Research Methods (3 cr.) PhD Summer Intensive <b>8 credits</b>  <b>PhD Preliminary Examination (August Summer 2)</b>
<b>Fall 2</b>	<b>NUR 9004</b> Cognate(3 cr.) <b>NUR 8954</b> Teaching Practicum (3 cr.) <b>NUR 8952</b> Teaching Strategies in Higher Educ (3 cr.) <b>NUR 8950</b> Curriculum Design in Nursing Educ (3 cr.) <b>12 credits</b>
<b>Spring 2</b>	<b>NUR 9508</b> Dissertation Continuation <ul style="list-style-type: none"> <li>• <b>Nursing Synthesis Paper</b></li> <li>• <b>Oral Candidacy Exam</b></li> </ul>
<b>Summer 3</b>	<b>NUR 9508</b> Dissertation Continuation
<b>Fall 3</b>	<b>NUR 9508</b> Dissertation Continuation
<b>Spring 3</b>	<b>NUR 9508</b> Dissertation Continuation <b>Dissertation Defense/Graduation</b>
<b>TOTAL CREDITS</b>	<b>46 credits</b>

All coursework including cognate must be completed prior to enrolling in **NUR 9508 - Dissertation Continuation**. Students will enroll in a 12 dissertation credits (4 semesters) following course work and are expected to defend their dissertation at the conclusion of the 4<sup>th</sup> dissertation seminar.

## PhD SEMINAR GRID

9511 FALL I	9512 SPRING I	9513 FALL II	9521 SUMMER III
Objectives	Objectives	Objectives	Objectives
<p>1. Begin to critically examine scholarship in area of interest</p> <p>2. Anticipate human subjects concerns associated with nursing research</p> <p>3. Demonstrate appropriate oral and written communication skills in communicating scholarly work.</p>	<p>1. Begin to critically examine study design and data collection protocol for the research area of interest.</p> <p>2. Plan ethical management of human research participants as appropriate to the research area of interest.</p> <p>3. Formulate sound, reasonable and feasible research questions.</p> <p>4. Demonstrate appropriate oral and written communication skills in communicating scholarly work.</p>	<p>1. Continue development of dissertation proposal with attention to theoretical foundation, research methods and procedures.</p> <p>2. Identify strategies to address protection of human subjects in proposed dissertation study.</p> <p>3. Demonstrate appropriate oral and written communication skills in communicating scholarly work.</p>	<p>1. Continue development of dissertation proposal with attention to problem development, theoretical foundation, method and data analysis.</p> <p>2. Develop a plan for reporting the research and continuing the program of study.</p> <p>3. Initiate an application for IRB approval.</p> <p>4. Demonstrate appropriate oral and written communication skills in communicating scholarly work.</p>
<b>Overview of process content (not Dissertation Proposal Substance)</b>			
<p>Ethics and scientific integrity and intellectual property issues.</p> <p>Existence &amp; use of large data sets.</p> <p>“How to” do dissertation /overview.</p> <p>Introduction of need for framework.</p> <p>Critique guidelines for dissertations and research articles.</p> <p>Overview and structure of components of qualitative, quantitative &amp; mixed-methods proposal.</p> <p>Process of peer evaluation</p> <p>Where/how to find theoretical/conceptual framework.</p> <p>Beginning discussion of funding opportunities.</p> <p>Dissertation options (manuscript and traditional format).</p> <p>Publication ethics and research integrity related to publication.</p> <p>Predatory journals/conferences.</p> <p>Begin discussion of selection of dissertation chairs &amp; committee members.</p>	<p>Students identify 3 relevant possible funding sources for their study.</p> <p>Students identify and make an argument for their dissertation research question.</p> <p>Validate the purpose of the proposed research question through literature and external consultation with expert.</p> <p>Pilot studies</p> <p>Identify barriers and facilitators for proposed dissertation study (strategies to reach out to other researchers to discuss topic and obtain required permissions [for use of instruments, frameworks, etc.]).</p> <p>Discussion of strategies to identify possible funding sources.</p>	<p>Grant reviewing.</p> <p>Development of timelines.</p> <p>Developing a program of research.</p> <p>Ethics in publication/ intellectual property, IRB and other human subjects’ issues; completion of CITI training.</p> <p>Development of interprofessional research teams.</p>	<p>Discussion on topics and mechanics of dissertation; funding opportunities; pre- and post-PhD publications.</p> <p>Publication process with the alternate dissertation</p> <p>Electronic IRB processes.</p> <p>Strategies to maintain progress and proposal/study timeline after completion of course work.</p>
<b>Dissertation Proposal Substance</b>			
<p>Identify topic of interest</p> <p>Begin literature review on topic of interest. Develop significance of topic and proposed study (importance of quality, safety, and cost of care in significance)</p>	<p>Discussion of different issues for quantitative, qualitative, and mixed-methods research.</p> <p>Refinement &amp; further development of specific research interest area &amp; research questions.</p> <p>State significance of topic to nursing practice, research, education, administration, or healthcare policy development and current level of knowledge.</p> <p>What is known/not known about topic? Purpose of study/what you want to learn.</p> <p>Research questions to be asked</p> <p>Variables to be studied.</p> <p>Theoretical/operational definitions.</p> <p>Selection and/or validation of a theoretical/conceptual framework.</p>	<p>Refinement of RQs.</p> <p>Final validation of theoretical framework.</p> <p>Fit of framework for study; critique of framework and fit with RQs.</p> <p>Methods: selection of specific approaches and designs, threats to validity, recruitment and retention approaches, procedures to conduct the study; measurement issues; identification of possible analytic strategies; study’s limitations</p>	<p>Further refinement of components of proposal previously addressed in dissertation seminars.</p> <p>TOC guideline for quantitative dissertation</p> <p>TOC guidelines for qualitative dissertation</p> <p>TOC guidelines for mixed-methods dissertation</p>
<b>Assignments</b>			
<p>Written critique of one dissertation’s structure, quality, scope and range. Significance of topic ~ 10-page paper</p>	<p>Written paper with research statement and RQs, theoretical/ conceptual framework, hypothesis, variables, instruments, theoretical and operational definitions.</p>	<p>Written paper w/RQs, theoretical/ conceptual framework, design, methods, procedures, sampling and recruitment, human subjects issues &amp; protections, measurement (detailed examination of reliability &amp; validity of proposed instruments)</p>	<p>Complete draft of Chapter 3.</p>

**General:** “Mechanics” requirements will be same for all dissertation seminars; a recommended statement for PhD Program course syllabi has been finalized and distributed to dissertation seminar faculty

**VILLANOVA UNIVERSITY**  
**M. LOUISE FITZPATRICK COLLEGE OF NURSING**  
**GRADUATE PROGRAMS INFORMATION**

**COURSE GRADING SYSTEM**

The faculty teaching in the Graduate Nursing Program uses the following scale of numerical equivalents for all approved letter grades:

A	95-100
A-	90-94
B+	87-89
B	83-86
B-	80-82
C+	77-79
C	73-76
F	<73

In calculating grade point averages, the University uses the following equivalents for course grades:

A	4.00	C	2.00
A-	3.67	C-	1.67
B+	3.33	D+	1.33
B	3.00	D	1.00
B-	2.67	D-	0.67
C+	2.33	F	0.00

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**NOTE:** A cumulative grade point average of 3.0 ("B") or above is required for graduating from the PhD in Nursing Program.

*Approved by Faculty Teaching in the Graduate Program, February 19, 2010*

**PHD GRADE POLICY**

In all PhD courses a grade of B (83.0% or higher) is considered a passing. Students must obtain a "B" or better grade in each course to continue in the Program. A grade of 83% or higher includes only the required course assignments and does not include any supplemental work.

Students who achieve a grade of B- (80-82%) or C+ (77-79%) may repeat the course the next time it is offered but may not progress in the interim without permission from the Director of the PhD Program and Associate Dean of the Graduate Program. Students can only repeat a course once. If a student again fails to achieve a B (83% or higher) grade in the same or any other PhD course, the student will be dismissed from the program. First dismissals will have the right to appeal as per the FCN Academic Records and Standing Committee policy.

Should a student be in jeopardy of failing the course, the student will be counseled that they are in jeopardy as soon as the faculty member recognizes the student may not be able to earn a grade of B (83.0% or higher) in the course, but no later than the date to withdrawal from a course. The faculty member will formally meet with the student and formalize a plan, which will include one-on-one mentoring, to support the student's success in earning a B (83.0% or higher). The plan will be signed and dated by the student and maintained in the student's file and a copy of the plan sent to the PhD Program Director and the Associate Dean for the Graduate Program.

## **GRADE APPEALS AND COMPLAINTS AGAINST FACULTY**

If a student has a grievance within a nursing course, they are advised to speak with the individual teaching the course. If the problem is not resolved at this level, it may be taken to the Program Director and Associate Dean in that order. The complete grievance procedure policy may be found at: <http://www1.villanova.edu/villanova/provost/resources/student/policies/appeals.html>

## **STANDARDS OF PRACTICE**

The M. Louise Fitzpatrick College of Nursing has incorporated professional nursing standards and guidelines into the graduate program nursing curricula. Documents utilized for this purpose include but are not limited to:

- *Adult-Gerontological Acute Care and Primary Care Nurse Practitioner Competencies (National Organization of Nurse Practitioner Faculties, 2016)*
- *Standards for Quality Nurse Practitioner Education, 6th ed. (National Task Force on Quality Nurse Practitioner Education, 2022)*
- *ANA Code of Ethics (2015)*
- *Scope of Practice for Academic Nurse Educators and Academic Clinical Nurse Educators, 3rd ed. (NLN, 2019)*
- *Genetics and Genomics Nursing: Scope and Standards of Practice (International Society of Nurses in Genetics, Inc. & the ANA, 2016)*
- *Home Health Nursing: Scope and Standards of Practice, 2nd ed. (ANA, 2014)*
- *Nurse Practitioner Core Competencies with Curriculum Content (National Organization of Nurse Practitioner Faculties, 2017)*
- *Nursing: Scope and Standards of Practice, 4th ed. (ANA, 2021)*
- *Pediatric Nursing: Scope and Standards of Practice (ANA, NAPNAP, SPN, 2016)*
- *Psychiatric-Mental Health Nursing: Scope and Standards of Practice, 2nd ed. (American Psychiatric Nurses Association, ANA, ISPN 2015)*
- *Scope and Standards for Nurse Anesthesia Practice (AANA, 2013)*
- *Standards of Practice for Nurse Practitioners (AANP, 2019)*
- *Standards for Accreditation of Nurse Anesthesia Program (Council on Accreditation of Nurse Anesthesia Educational Programs, 2018)*
- *Standards for Professional Nursing Practice in the Care of Women and Newborns (AWHONN, 2009)*
- *The Essentials: Core Competencies for Professional Nursing Practice (AACN, 2021)*
- *The Essentials of Doctoral Education for Advanced Practice Nursing (AACN, 2006)*
- *The Scope of Practice for Academic Nurse Educators, 3rd ed. (NLN, 2019)*

**(Updated July 2022)**

## **ACADEMIC ACCOMMODATIONS**

It is the policy of Villanova to make reasonable academic accommodations for qualified individuals with learning disabilities. If you are a person with a disability and wish to request accommodations to complete your course requirements, please make an appointment with the course professor as soon as possible to discuss the request. If you would like information on documentation requirements, contact the Office of Learning Support Services at 610-519-5636, visit the office on the 2<sup>nd</sup> floor of Kennedy Hall, or visit the webpage: [Learning Support Services](#).

The Office of Disability Services collaborates with students, faculty, staff, and community members to create diverse learning environments that are usable, equitable, inclusive and sustainable. The ODS provides Villanova University students with *physical disabilities* the necessary support to successfully complete their education and participate in activities available to all students. If you have a diagnosed disability and plan to utilize academic accommodations, please contact *Gregory Hannah, advisor to students with disabilities* @ 610-519-3209 or visit the office on the second floor of the Connelly Center.

## **ACADEMIC INTEGRITY**

Students are expected to know and comply with all University policies related to academic dishonesty and plagiarism. The Villanova University Code of Academic Integrity is available at the following web site: [academic integrity](#)

## **STATEMENT ON EVIDENCE-BASED PRACTICE IN NURSING**

The M. Louise Fitzpatrick College of Nursing endorses the fundamental premise that all nursing practice reflects standards derived from the best current scientific evidence. All nurses need to know how to access high quality scientific sources of information to support nursing practice. Quality assurance requires continual evaluation of patient data for evidence of best clinical practices in specific settings.

## **WEATHER AND EMERGENCY INFORMATION**

In case of inclement weather or an emergency, announcements regarding canceled or delayed classes will be available on Villanova University Snow and Emergency Hotline at 610.519.4505 and on local radio stations (e.g., KYW 1060 AM) using the school call number 524. You are also encouraged to check your Villanova University email for information.

*\*On-line courses may be held even if classes are cancelled due to inclement weather.*

## **CHANGES TO THE SYLLABUS**

As a student you acknowledge receipt of this syllabus and the information herein by continuing to attend this course. The instructor reserves the right to make changes to this syllabus if circumstances warrant such change. All major changes will be provided to you in writing.

## **CLASS MATERIAL IN BLACKBOARD**

The materials displayed in the Blackboard Classroom are copyrighted. All rights are reserved. The materials may only be used by students and faculty registered in the class and only for educational purposes. They cannot be copied or disseminated for any other purpose.

## **GUIDELINES FOR STUDENT PARTICIPATION IN ON-LINE CLASSES**

These guidelines are intended to ensure that all participants receive and share fruitful feedback during on-line seminars.

- 1) Discourse is extremely important to doctoral learning. It is expected that students will disagree with one another and with faculty members. Courtesy and respect are expectations.
- 2) Class participants are expected to enable their cameras. If your camera is non-functional please inform the professor.
- 3) Class participants are expected to attend each class. If there is a reason to miss class, please inform the faculty member ahead of time.
- 4) Class participants are expected to use appropriate technology so that class runs smoothly and everyone's voice can be heard clearly by others.
- 5) Class participants are expected to refrain from monopolizing the discussion.
- 6) Class participants are expected to refrain from interrupting other students and the faculty member in the middle of the discussion unnecessarily. If it is necessary to interrupt, it must be done with utmost courtesy.
- 7) Class participants are expected to connect to the class from a setting that is conducive to their learning and that enables them to take part in class discussion without producing background noise that is distracting to the class.
- 8) If there are issues related to these behaviors, they will be dealt with promptly; that may be done by the faculty member during class or after the class.

## **PhD ACADEMIC ADVISOR**

Each student is assigned an academic advisor upon admission. The academic advisor is a resource for program planning and for academic concerns.

## **PHD DISSERTATION AND ORAL EXAMINATION**

### **IDENTIFICATION OF DISSERTATION CHAIRS – TRADITIONAL PROGRAM**

Dissertation Chairs will be identified by enrolled students no later than at the conclusion of the first year of PhD coursework. A Dissertation Committee Member will be identified by the end of the fall semester in the second-year enrollment in the Program. Dissertation Chairs will maintain involvement during the Dissertation Seminar component of the Program.

### **IDENTIFICATION OF DISSERTATION CHAIRS – CONWAY FELLOWS**

Dissertation Chairs will be identified by enrolled students no later than at the conclusion of the Fall 1 of PhD coursework. A Dissertation Committee Member will be identified by the end of the Spring 1 of enrollment in the Program. Dissertation Chairs will maintain involvement during the Dissertation Seminar component of the Program.

Students are encouraged to review the Doctoral Faculty Dissertation Chair Eligible and Availability posted on the Student Resources Team Site [2023-2024 Chair ELIGIBILITY.pdf](#).

Students may consult with anyone at all who has expertise in the student's content area or methodology. If consultation entails expenses, those are the responsibility of the student.

The student will submit The Appointment of PhD Committee Form, signed by the chair and all committee members to the Program Director upon registering for Dissertation Continuation for the first time, after all other course work is completed. Appointment of PhD Committee Form is posted on the PhD Student Resources Team Site [PhD - Appointment of PhD Committee.pdf](#)

It will be the student's responsibility to apprise committee members of progress, and to convene meetings with the committee as needed or as suggested by the Chair.

### **DISSERTATION COMMITTEE WORKLOAD**

Faculty who are dissertation chair eligible, will chair no more than four dissertations during any given time period. This policy was instituted during the 2019-2020 academic year and new Dissertation Chairs will be paired with Committee Members who are experienced Dissertation Chairs.

### **DISSERTATION SEMINAR GRADING**

Dissertation Seminars (NUR 9511, 9512, 9513, 9521) will be graded using a letter grade system starting in the 2020-2021 academic year.

### **DISSERTATION CONTINUATION REPORT AND RETURN OF DISSERTATION MATERIALS**

Students in Dissertation Continuation will provide their dissertation committee and the PhD Program Director with a written timeline at the start of each semester with SMART (specific, measurable, achievable, relevant, time-bound) objectives for expected progress for the semester. Students will also provide a written summary of accomplishments toward completion of the dissertation from the prior semester.

Students should expect written feedback on submitted dissertation charters or manuscript for the Dissertation Manuscript Option, from both their Dissertation Chair and Committee Member(s) within 3 weeks after submission. When there are extenuating circumstances, Dissertation committee members will provide feedback within one month of submission.

### **DISSERTATION PROPOSAL DEFENSE**

After official approval of the proposal by the student's committee members, a dissertation proposal defense will be scheduled at a mutually agreeable time, and the final draft of the dissertation proposal will be distributed to the examiners at least one month in advance.

Candidates will not be permitted to defend their dissertation proposal defense until they have completed all course work, successfully submitted their Nursing Education Synthesis Paper, successfully passed the Candidacy Oral Examination and are registered in Dissertation Continuation.

The proposal will comprise the following, prepared as appropriate to the methodology of the study: introduction, significance of the thesis, questions for study, review of literature, and proposed methodology.

The proposal defense will be conducted by at least two examiners, as well as the chair and additional member(s) of the student's dissertation committee.

When appropriate, the oral examination may be conducted using distance technology.

The Program Director appoints at least two examiners. The committee members also participate in the defense. An evaluative report is filed with the Program Director at the conclusion of the defense. The student's dissertation chair will advise the student concerning status and recommendations by the examiners.

### **DEFENSE OF THE DISSERTATION**

The candidate will complete the dissertation, working with the chair as well as the other member(s) of the dissertation committee. When all committee members agree that the dissertation is complete the student may apply for dissertation defense.

#### **Defense dates for Traditional Program**

**Defenses must be completed on or by December 1<sup>st</sup> for a December graduation.**

**Defenses must be completed on or by April 10<sup>th</sup> for a May graduation.**

**Final day for a dissertation defense (for a September graduation) in the Spring semester is May 10<sup>th</sup>.**

- **Defense date for Conway Scholars is on or before April 10<sup>th</sup> of the fourth semester of enrollment in NUR 9508 Dissertation Continuation**

The committee chair will promptly notify the Program Director of the student's readiness to defend in that semester. The dissertation defense will be scheduled at a time agreeable to all participants and the final defense draft of the dissertation will be distributed to all examiners at least one month in advance.

Students must be registered for NUR 9508, Dissertation Continuation for the semester they will defend their dissertation.

The Program Director appoints two examiners. The chair and additional member(s) of the student's dissertation committee will also serve as examiners. The second examiner may come from within or outside the M. Louise Fitzpatrick College of Nursing. The defense will be scheduled for approximately two hours. The dissertation defense must take place on campus with the candidate present. Faculty and students may be invited to observe with the agreement of the candidate and the committee.

After official approval by the student's committee members, the dissertation chair will distribute the dissertation for distribution to the oral examiners one month prior to the examination.

The coordinator of the dissertation defense will open the session with a brief description of the format and procedure for the session. The procedure will include:

- Introductions of committee members and the candidate.
- The candidate's chair will present the candidate.
- The candidate will present her/his/their study and its findings.
- The candidate's chair will invite members of the audience to ask questions of the candidate.
- After the open session, the candidate and examiners will meet in a closed session.
- When all examiners, including the PhD Program Director, have had an opportunity to question the candidate and are satisfied, the candidate's chair will ask the candidate to leave the room, at which time the examiners will deliberate, vote on approval status, and offer concrete recommendations or suggestions to the dissertation chair and committee member(s) for revision of the final document. At that point, the examinee will be invited back into the room to hear, briefly, the outcome of the examination.

The outcome of the examination can be one of four choices:

1. Approved, no revision necessary
2. Approved, minor design modifications specified by the committee. The dissertation chair is authorized to approve the revised dissertation.  
  
\*Minor design modifications may involve the conceptualization of the study and/or design clarifications to study design.
3. Approved with substantive revisions requiring approval of the dissertation committee.
4. Not approved. Major revision and re-submission for an dissertation defense is required.

The chair of the dissertation defense will sign and file an official report of the examination outcome, signed by the Dean, with the Program Director.

Candidates who are Approved or Approved with Revisions will satisfy the committee members that all necessary revisions been made. All dissertations will normally be submitted to ProQuest (University Microfilms) for electronic storage and access, in accordance with Falvey Library requirements. One bound copy will be provided to the Doctoral Program Office. Because of on-line storage, and the need to delete signatures of examiners from the permanent stored version, all examiners must be identified on the acknowledgement page of the final edition of the dissertation.

The Program Director will sign the degree completion form. Students will be notified that they have successfully completed the degree. A graduation application is transmitted to the Office of the Registrar in the semester of the student's actual graduation from the University.

The degree will be awarded according to the usual schedule of the University for awarding of degrees. The University conducts commencement annually in May; all degree recipients from

the prior year's (Summer, Fall, Spring through April 10<sup>th</sup>) commencement are invited to participate. Successful degree completion can be documented in a letter by the Dean.

Guidelines for the preparation of a proposal and dissertation, including components, format and font, will be at the discretion of the student's Dissertation Committee Chair though the American Psychological Association editorial style is most commonly used. Other styles could include, for example, those of the Modern Language Association, the University of Chicago, or the American Medical Association.

Students entering dissertation continuation will register for the initial dissertation continuation class which will have a \$500 tuition differential for initiating dissertation studies.

The student will apply to formalize the committee after completing all course work and prior to starting their first semester of NUR 9508 Dissertation Continuation. This is approved by the Program Director.

## **QUALIFICATIONS FOR THE PHD DEGREE**

### **PRELIMINARY EXAMINATION POLICY**

The Preliminary Exam Policy for progression to Year 2 of coursework in the PhD Program and eligibility for candidacy for Dissertation Continuation is a sequential three-part process consisting of a/an: Preliminary Examination, Written Nursing Education Synthesis Paper, and Oral Candidacy Exam focused in the student's field of study. The identified scheduled for each component of the Preliminary Exam is reflected in the PhD Progression Plan. The Preliminary Examination Policy was instituted for those students who entered the PhD Program in May 2020.

#### **DATE FOR PRELIMINARY EXAMINATION TRADITIONAL PROGRAM**

- **The third week of September, after completion of study in Summer 2** (includes both part-time and full-time students)

#### **DATE FOR PRELIMINARY EXAMINATION CONWAY FELLOWS**

- **Spring 2 of the Accelerated Program**

### **PRELIMINARY EXAMINATION PROCESS**

Students will sit for the preliminary exam, which will consist of two questions: a philosophy of science question and a research methods question. The philosophy of science question is focused on the historical context of philosophy of science and current epistemological thought, within and outside of the nursing discipline. For the research methods examination portion of the exam, the student will be provided a problem addressing an identified issue. A published Cochrane Systematic Review on an identified clinical issue will be provided at the start of the examination to provide background and context of the state-of-the-science in this area. Based on the

recommendations within this systematic review, students will be asked to design a study reflective of the state-of-science in this area. For a quantitative research methods question, the emphasis will be on the integration of study design, hypothesis testing, and statistical analyses to answer the research question proposed by the student. For qualitative method questions the emphasis will be on phenomena construction with an analysis method and its philosophical underpinnings to answer the question the student proposes. Qualitative analysis will focus on the correct level of analysis (individual, group, or healthcare culture globally) and the specific inductive method/s for a full explication of a phenomenon.

- Content for the Preliminary Exam will include applicable Year 1 courses, excluding the Principles of Psychometrics in Research course
- Students who are enrolled in the traditional program will sit for the Preliminary Exam the last Monday of September of the Fall term. Conway fellows will sit for the Preliminary Exam in August of Summer 2. The exam will be taken virtually. Question 1 on the exam will be completed from 10:00 am – 1:00 pm and Question 2 will be completed 2:00 pm to 5:00 pm on the designated day. The examination date, grading of submissions, results to students and a re-examination, if needed, must be completed prior to the Drop/Add date for the following Spring semester for traditional student and by Drop/Add date for the upcoming Fall semester for Conway Fellows.
- Specific exam questions will not be provided prior to the examination, but students will be aware that one question will be focused on nursing science and the other on constructing a study. Both questions will be reflective of Year 1 content and the Qualitative Research Methods course.
- Students' dissertation committee members will not grade exams.

## **COMPREHENSIVE EXAMINATION**

The PhD Comprehensive Examination is a two-part process: a nursing education synthesis paper and a candidacy oral examination.

### **DATES FOR COMPREHENSIVE EXAMINATION - TRADITIONAL PROGRAM**

Nursing Education Synthesis Paper due on or before **October 12<sup>th</sup>** of the academic year, of the first semester enrolled in NUR 9508 Dissertation Continuation

Oral Comp examination **on or before 1<sup>st</sup> week in December** of the academic year of the first semester enrolled in NUR 9508 Dissertation Continuation

### **DATES FOR COMPREHENSIVE EXAMINATION – ACCELERATED PROGRAM**

- Nursing Synthesis Paper due on or before 1/10/25
- Oral Candidacy Exam completed on or before 1/31/25

### **Part 1. NURSING EDUCATION SYNTHESIS PAPER**

The purpose of this requirement is to test students' ability to conceptualize, synthesize, and evaluate the extent of their knowledge about the science of nursing education. In addition, this synthesis paper will assess students' scholarly writing abilities. After completion of all nursing education course work, during the student's initial enrollment in Dissertation Continuation (NUR 9508) course and prior to dissertation proposal defense, the submission of this component of the Preliminary Examination process is required. For this paper, students will conduct a comprehensive review of the literature to identify a current, major issue in nursing education and provide a critical analysis of the state of knowledge on this topic and propose an action/research plan to build the evidence base in addressing this issue. Published empirical and grey literature are expected to be used in the development of the paper. In-text citations and a reference list reflective APA Style Guidelines 7th edition are required. Papers are to be no longer than 20 pages of text, excluding title page, abstract and references. Submissions will be assessed via SafeAssign and/or Turn-in-it for authenticity.

Two examiners, who do not serve on a student's dissertation committee, will rate submissions with an approved rating rubric. If available, FCN Fellows with nursing education expertise will be considered first in the selection process as evaluators. If FCN fellows are unavailable, faculty who currently serve on the PhD Advisory committee who have an education-focused background will be identified. No full-time faculty member or FCN fellow who serve on a student's dissertation committee will be eligible to serve as an evaluator. One opportunity for resubmission of the paper will be granted.

## **Part 2. CANDIDACY ORAL EXAMINATION**

The objective of this final phase of the Preliminary Examination process is to test a student's conceptualization and articulation of knowledge in their identified field of study.

The following pre-requisites are required to sit for the Oral Candidacy Examination:

1. successful completion of all course work
2. successful submission of the Nursing Education Synthesis Paper
3. registration in initial Dissertation Continuation

Candidates will not be permitted to defend their dissertation proposal defense until these requirements and successful passing of the Candidacy Oral Examination have been fulfilled.

## **PROCESS AND PROCEDURES FOR THE PHD COMPREHENSIVE EXAMINATION**

Candidates enrolled in the traditional program are to complete the PhD Comprehensive Examination Application by August 30<sup>th</sup> of the academic year. Application is posted in the PhD Student Resource Team site [Comprehensive Exam Application.pdf](#).

Conway Fellows are to complete the PhD Comprehensive Examination Application by the first Friday of Spring 2. Application is posted in the PhD Student Resource Team site [Comprehensive Exam Application.pdf](#).

## NURSING EDUCATION SYNTHESIS PAPER

This requirement is to test students' ability to conceptualize, synthesize, and evaluate the extent of their knowledge about nursing education. In addition, this synthesis paper will assess students' scholarly writing abilities. After completion of all nursing education course work, during the student's initial enrollment in Dissertation Continuation (NUR 9508) course and prior to dissertation proposal defense, the submission of this component of the Qualifying Examination process is required.

For this paper, students will conduct a comprehensive review of the literature to identify a current, major issue in nursing education and provide a critical analysis of the state of knowledge on this topic and propose an action/research plan to build the evidence base in addressing this issue. Published empirical and grey literature are expected to be used in the paper's development. In-text citations and a reference list reflecting APA Style Guidelines 7th edition are required. Papers are to be no longer than 20 pages of double-spaced text, excluding title page, abstract and references. Submissions will be assessed via SafeAssign and/or Turn-in-it for authenticity.

For **student in the traditional program**, submission of the paper must be submitted on or before October 12<sup>th</sup> of the academic year.

For **students who are Conway Fellows**, submission of the paper must be submitted on or before August 31<sup>st</sup> in the Summer of Year 2.

Two examiners, who do not serve on a student's dissertation committee, will rate submissions with an approved rating rubric. If available, the Fitzpatrick College of Nursing (FCN) Fellows with nursing education expertise will be considered first in the selection process as evaluators. If FCN fellows are unavailable, faculty who currently serve on the PhD Advisory committee who have an education-focused background will be identified. No full-time faculty member or FCN fellow who serves on a student's dissertation committee will be eligible to serve as an evaluator.

If a student fails on the initial attempt, they will have one opportunity to retake. If a student fails on their second attempt, they will be dismissed from the PhD Program with the right to appeal. If a student fails on their third attempt, they will be dismissed from the PhD Program without the right to appeal to the Dean of the FCN. If the appeal is approved, a learning enrichment plan and modifications for course enrollment in the student's program of study will be developed. Students must submit a signed written agreement for the learning enrichment plan and modifications to their program of study.

## CANDIDACY ORAL EXAMINATION

The objective of this final phase of the Qualifying Examination process is to test a student's conceptualization and articulation of knowledge in their identified field of study.

The following pre-requisites are required to sit for the Oral Candidacy Examination:

1. **successful completion of all course work; all IP grades must be resolved**
2. successful submission of the Nursing Education Synthesis Paper

### 3. registration in initial semester of NUR 9508 Dissertation Continuation

Candidates will not be permitted to defend their dissertation proposal defense until these requirements and successful passing of the Candidacy Oral Examination have been fulfilled. The student will submit to the PhD Program Director 3 to 5 published systematic reviews on their topic to the PhD Program Director on their topic or papers completed in course work. The student will generate and submit 5 questions to the PhD Program Director, at least 2 weeks before the oral candidacy examination.

Two questions will be selected, and the student will defend these questions orally with a focus on the state-of-the-science in the student's defined area, inclusive of conceptualization and commonly used methodology.

- Students will be provided with both questions 30 minutes prior to the start of the examination
- Notes, former papers, and published documents will be permitted for use during the examination.

**The focus of the Examination is to be on the student's demonstration to synthesize the literature in their response to each question.**

- Students will be expected to articulate a response to each question that demonstrates their knowledge of the synthesis of state-of-the-science in their identified field of study and provide a robust, logical argument as to how and why their proposed study is significant and will address a gap of knowledge in this area.
- The oral defense will be heard and graded via an approved examination rubric by two members of the PhD Advisory committee who are not serving on the student's dissertation committee.
- Oral defenses can be completed virtually and be approximately one hour in length.

If a student fails on the initial attempt, they will have one opportunity to retake. If a student fails on their second attempt, they will be dismissed from the PhD Program with the right to appeal. If a student fails on their third attempt, they will be dismissed from the PhD Program without the right to appeal to the Dean of the FCN. If the appeal is approved, a learning enrichment plan and modifications for course enrollment in the student's program of study will be developed. Students must submit a signed written agreement for the learning enrichment plan and modifications to their program of study.

At the time of successful completion of all components of the qualification examination, students will have four years to complete all requirements for the doctoral degree (not to exceed a total of eight years from admission).

For the Preliminary Examination, Nursing Education Synthesis Paper and the Oral Candidacy examination if a student fails on the initial attempt, they will have one opportunity to retake. If a student fails on their second attempt, they will be dismissed from the PhD Program with the right to appeal. If a student fails on their third attempt, they will be dismissed from the PhD Program without the right to appeal to the Dean of the FCN. If the appeal is approved, a learning

enrichment plan and modifications for course enrollment in the student's program of study will be developed. Students must submit a signed written agreement for the learning enrichment plan and modifications to their program of study

Registration deadline for the Preliminary Examination, Nursing Education Synthesis Paper and the Oral Candidacy examination will be communicated in advance by the PhD office.

Students will pay a \$500 qualification examination fee to register for the Preliminary Exam.

At the time of successful completion of all components of the qualification examination, students will have four years to complete all requirements for the doctoral degree (not to exceed a total of eight years from admission).

### **COURSE SCHEDULES**

First-year, second-year, and third-year students are required to attend an intensive summer session that begins the day after Memorial Day. For first- and third-year students it lasts two weeks, while for second-year students it lasts three weeks. The third week of the summer intensive for second-year students will be provided via a synchronous, online format. Campus housing is available during the on campus week of the PhD Summer Intensive. Students should anticipate that program activities will take most of their time during these weeks, while weekends are unscheduled.

During the fall and spring terms, courses are scheduled between 2:00 p.m. and 9:30 p.m. typically on Tuesdays and Wednesdays. As per Federal Regulations, international students are expected to attend most classes on campus. Other students are welcome to attend on campus, but all classes are accessible via distance learning, and classes are archived for review.

### **TECHNICAL REQUIREMENTS FOR ALL PHD PAPERS**

Students are expected to proofread papers for grammar, clarity, completeness, formatting, and correct use of citations in the body of papers and in reference lists. Papers that do not meet these requirements will be returned to students without editing by faculty. Students are expected to use the VU Writing Center, editors, and other resources to ensure that these requirements are met prior to submitting their papers to faculty. The following technical requirements, which are drawn from the *Publication Manual of the American Psychological Association, 7<sup>th</sup> ed.*, include:

- Correct use of APA 7th edition format (or other format if stipulated by faculty mentor or publication guidelines)
- Coherence
- Focus; connection; sequence; reasonable transitions
- Sentences appropriately demonstrate coordination, subordination, emphasis, variety
- Attention to word choice (precision); tone (implication; feeling; gender-neutrality when possible)
- Paragraphs of reasonable size (6-7 lines)
- Sentences of reasonable length (12-20 words)
- Active voice, when indicated
- Word choice (simplicity, brevity)

- Graphics (relevant; focused; organized; coherent)
- Spelling, punctuation, grammar
- Agreement between nouns, pronouns, verbs
- Absence of run-on sentences and inconsistent use of tense (present vs. past tense in discussions of completed studies, etc.)

## **PHD DISSERTATION FORMAT OPTIONS**

PhD students, in collaboration with their advisor and dissertation committee, have the option to complete their dissertation in one of two formats: 1) a traditional monograph, and 2) manuscript option. Although the materials presented are basically the same, the formats differ as described below. All dissertations follow APA format.

### **TRADITIONAL DISSERTATION**

This approach is the format that is most familiar in academic settings. Students develop a dissertation document that includes, at a minimum, five chapters. The number of chapters may vary depending on the nature of the dissertation research and the direction provided by students' dissertation committee.

#### **Dissertation Proposal:**

- Chapter 1 – Introduction to the study, including problem, significance, prevalence, purpose and research questions. The chapter should include a concise review of the field, identification of the gaps in the science and identification of a theoretical foundation for the research and an overview of the research methods.
- Chapter 2 – Critical review and synthesis of the qualitative and quantitative literature that addresses concepts/variables relevant to the study.
- Chapter 3 – A complete and comprehensive description of study methods and procedures including human subjects considerations, data management and data analysis plan.

#### **Final Dissertation:**

- A structured abstract is required. The following subheadings are to be used: Background; Purpose; Methods; Results; Implications)
- Chapter 1 – Introduction to the study, including problem, significance, prevalence, purpose and research questions
- Chapter 2 – Critical review and synthesis of the qualitative and quantitative literature that addresses concepts/variables relevant to the study.
- Chapter 3 – A complete and comprehensive description of study methods and procedures including human subjects considerations, data management and data analysis plan.
- Chapter 4 – Findings (may require more than one chapter)
- Chapter 5 – Discussion of findings

## **MANUSCRIPT OPTION DISSERTATION**

This approach requires preparation and submission to the dissertation committee a minimum of 3 manuscripts of publishable quality targeting peer-reviewed indexed journals. At least one manuscript must be data-based; 2 data-based manuscripts are encouraged if the data allow this. Other manuscripts may include any of the following: 1) critical review and synthesis of the qualitative and quantitative literature that addresses concepts/variables relevant to the study, 2) critical review of measurement instruments relevant for the dissertation study, 3) methodological manuscript (in-depth methodological analysis of instruments to be used in the study or results and testing of instrument development, 4) concept analysis and/or theory application, and 5) policy or practice analysis.

### **Dissertation Proposal:**

- Chapter 1 – Introduction to the study, including problem, significance, prevalence, purpose and research questions. The chapter should be a review of the field, identification of the gaps in the science and identification of a theoretical foundation for the research and an overview of the research methods. The placement of manuscripts in the dissertation should be identified and have a logical flow. The significance of the problem could, itself, be a manuscript that is part of Chapter 1.
- Chapter 2 – Could entail one or more publishable manuscripts presenting an in-depth critical review and synthesis of the qualitative and quantitative literature that addresses concepts/variables relevant to the study. Chapter 2 must include an introduction and a summary to put manuscripts submitted as part of Chapter 2 in context. If the manuscripts are systematic reviews or concept analyses, a summary that will be part of Chapter 2 should address the state-of-the-science on the topic and a discussion of how the qualitative and quantitative systematic reviews together reflect the state of the science on the student's topic.
- Chapter 3 – Methods. If a methodological manuscript is planned, then it may be part of this chapter but with complete and comprehensive description of study methods and procedures including human subjects considerations, data management and data analysis plan.

### **Final Dissertation:**

- A structured abstract is required. The following subheadings are to be used: Background; Purpose; Methods; Results; Implications)
- Chapter 1 – Introduction to the study, including problem, significance, prevalence, purpose and research questions. Chapter 1 could be a publishable manuscript that presents an in-depth review and analysis of the issue addressed in the study. The introduction should also explain how each published/publishable paper will be incorporated in the remaining sections of the dissertation.

- Chapter 2 – Could entail one or more publishable manuscripts presenting an in-depth critical review and synthesis of the qualitative and quantitative literature that addresses concepts/variables relevant to the study. Similar to the proposal, Chapter 2 of the dissertation must include an introduction and a summary to put manuscripts submitted as part of Chapter 2 in context. If the manuscripts are systematic reviews or concept analyses, a summary that will be part of Chapter 2 should address the state-of-the-science on the topic and a discussion of how the qualitative and quantitative systematic reviews together reflect the state of the science on the student’s topic.
- Chapter 3 – A complete and comprehensive description of study methods and procedures including human subjects considerations, data management and data analysis plan. Methods are fully described, with the potential for a methodological manuscript as part of this chapter.
- Chapter 4 – Findings. One or more manuscripts that report on results of the study. More than one manuscript is recommended if data allow. If the manuscript format does not permit full presentation of results and findings, then additional material must be included as part of Chapter 4.
- Chapter 5 – Synthesis and discussion of findings with concise summary tying work together. Discussion of contribution this research makes to the field and implications for practice, policy, education (if relevant) and future research. Findings presented in distinct papers also need to be discussed along with their contribution to the overall body of knowledge resulting from the dissertation research.

Each student and her/his dissertation committee, for the proposal and the final product, will determine which manuscripts are appropriate and what narrative addenda may be needed.

Requirements for manuscript option:

- Student must be first author
- Subject must be student’s original research
- Subject to review and approval of dissertation committee prior to submission
- Manuscripts can be a combination of manuscript types (with at least one data-based manuscript)
- Manuscripts must be full-length articles consistent with expectations for reviews or reports of original research that are found in **peer-reviewed, indexed journals**.
- Manuscripts do not need to be submitted for publication prior to graduation, but manuscripts must be produced while the student is matriculated in the FCN PhD program.
- Manuscripts published during the course of the doctoral program can be included, but the student must obtain appropriate approval of the dissertation committee and copyright holder or retain copyright

Students will submit all relevant documents for proposal and final defense to their committee and

examiners. Students who elect the manuscript option will, upon successful defense, be required to submit to ProQuest only an abstract of the study, but they will provide the PhD Program Office with all edited final documents comprising the dissertation.

A final, bound copy of the complete dissertation, inclusive of all published works, must be submitted to the PhD Program Office within six months of completion of the dissertation defense. Please refer to the following section for guidance regarding publication copyrights for published works.

### **GUIDANCE REGARDING PUBLICATION COPYRIGHT**

You are the copyright holder of your work and you have rights. When you publish, some publishers want you to transfer the copyright to the publisher. When you transfer the copyright, you may be granted rights by the publisher or you may need to request permission. If you transfer the copyright, you may be required to request permission to use your own work in your own dissertation. Some publishers allow you to retain the copyright but require you to grant them some rights, such as the right to publish. It is your responsibility to know what rights you are giving to publishers.

You can negotiate with the publisher. You do not need to accept their terms. You can ask publishers about specific situations. Tell the publisher exactly what you want to do and ask if the copyright agreement prevents you from doing it. You can ask for the situation to be explicitly addressed in the agreement. If you do not like the terms, you can look for another publisher.

You need to thoughtfully consider how the agreements you sign affect your ability to submit your dissertation to ProQuest Dissertations and Theses. ProQuest can embargo your dissertation so that the journal publisher is the exclusive source for the length of the embargo period.

When you publish a journal article, you should find a webpage with Author Guidelines. Do not ignore the discussion of copyright. You will probably have to sign something. For publishers who want all rights, it will probably be called a Copyright Transfer Agreement. You may also contact one of the nursing librarians for more guidance.

### **PHD CANDIDATES' SUBMISSION OF A GRANT OR A PUBLICATION**

Students are required to submit a manuscript for publication in a peer reviewed journal or an external funding grant prior to applying for their dissertation defense. The manuscript submitted for publication can be the product of a course requirement. A copy of the manuscript or grant and cover letter will be submitted to the Program Director.

### **STUDENT-FACULTY CO-AUTHORSHIP GUIDELINES**

During the course of doctoral study, many students will co-author manuscripts related to their dissertation research and course-related work with their faculty, advisors, and other members of their dissertation committees. Authorship on a paper recognizes that an individual has made a substantive contribution to the work. We believe co-authorship with faculty, when handled responsibly and ethically, is an important opportunity for students to receive mentorship and professional development through the publication process. The following guidelines for doctoral students and their advisors provide guidance on discussing

and negotiating co-authorship inclusion and responsibilities for papers emanating from the dissertation research as well as papers completed in a course or as a cognate or independent study project.

Faculty-student co-authorship demonstrates mentorship of students by faculty and supports the doctoral program of the M. Louise Fitzpatrick College of Nursing vis-à-vis the visibility of published materials. Faculty-student publications increase the recognition and reputation of a college for research and scholarly productivity and also promote recognition of a college for research expertise within a particular area (DeJong, Moser, & Hall, 2005). These M. Louise Fitzpatrick College of Nursing guidelines for student-faculty co-authorship are imbedded within the values of our Augustinian heritage, as well as professional values and collegiality. In accepting the role of dissertation committee chair, dissertation committee member, or the advisor on students' cognate/Independent study projects, faculty implicitly commit themselves to guiding the research process competently, ethically, and with the student's best interests in mind. In accepting admission to a PhD program, students commit themselves to developing knowledge that contributes to the science and to disseminating that knowledge through scholarly publications. Finally, faculty and students commit to the conduct of ethical research and other scholarly endeavors including appropriate acknowledgement of sources, accurate observations of phenomena being studied, and comprehensive analysis of scholarship. There is truthful and precise reporting of findings and the appropriate acknowledgement of funding sources (Nguyen & Nguyen, 2006). These ethical tenets serve as the backdrop for initiating conversations related to co-authorship, deciding authorship inclusion and order, honoring authoring commitments, and negotiating authorship disputes.

### **AUTHORSHIP CONSIDERATIONS**

Consistent with accepted standards, students are the first author of all works that are substantially based on their dissertation and students assume primary responsibility for manuscript development.

Requirements for publication of manuscripts and guidelines on authorship are based on ethical considerations outlined in two documents, which demonstrate best practice and ethical standards in the conduct and reporting of research.

1. Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, International Committee of Medical Journal Editors (<http://www.icmje.org/>); and
2. Ethics Code Updates to the Publication Manual, American Psychological Association (<https://www.apa.org/ethics/code/manual-updates>).

Both documents identify contributions that substantiate co-authorship and guide authorship order, although they differ in the specific requirements for co-authors. However, both sets of guidelines indicate that minor editorial revisions do not constitute substantive contributions. The student, in consultation with the advisor, should purposefully choose which set of authorship guidelines the student will use to guide co-authoring expectations for their manuscripts. The ICMJE Guidelines (2013) designate an author as someone who

has: 1) made substantial contributions to the conception, design, data collection, data analysis, and/or interpretation of the work; 2) contributed to the drafting and revisions of the work for publication; 3) provided final approval of the manuscript; and 4) agreed to take accountability for all of the published work. The ICMJE also notes that when those who have made a significant contribution to the paper (and met ICMJE criteria) are not listed as authors, this is not consistent with the ethical standards and the “ICMJE guidelines clearly condemn this practice” (Albert & Wager, 2003, pg. 34). In summary, the ICMJE recommendations state: “All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors” (ICMJE, 2013, p.2).

Publication Guidelines Synthesized from APA on Faculty-Student Authorship include: 1) faculty can take the responsibility and credit for work they have actually performed or in which have made substantial contributions; 2) scientific or professional involvement constitutes a valid contribution, whereas mere possession of an institutional position does not; 3) minor contributions to research or writing for publication must be acknowledged in footnotes or in an introductory statement; 4) students are listed as the principal author on a multi-authored article substantially based on the student’s dissertation; and 5) faculty must discuss publication credit with students as early as feasible on every project.

The advisor should mentor the student to negotiate potential issues, such as access to data and authorship, in advance with faculty members who are involved with the student's research. Faculty members or content experts outside of the dissertation may also be co-authors, based on expertise and contributions. The student should discuss with each potential co-author the role of each co-author in the manuscripts stemming from the dissertation.

#### References:

Albert, T., & Wager, E. Committee on Publication Ethics. Guidelines. How to handle authorship disputes: a guide for new researchers. The COPE Report 2003. Retrieved November 2, 2014 from <http://publicationethics.org/resources/guidelines>

Committee on Publication Ethics. Flowcharts. Retrieved November 2, 2014 from <http://publicationethics.org/resources/flowcharts>

De Jong, M.L., Moser, D.K., & Hall, L.A. (2005). The manuscript option dissertation: Multiple perspectives. *Nurse Author & Editor*, 15 (3), 3-4, 7-9.

International Committee of Medical Journal Editors. (2013). Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals, updated December 2013. Retrieved November 2, 2014 from [www.icmje.org](http://www.icmje.org)

Nguyen, T., & Nguyen, T. D. (2006). Authorship Ethics: Issues and Suggested Guidelines for the Helping Professions. *Counseling and Values*. 50(3), 208-216

## **VILLANOVA UNIVERSITY RESEARCH ASSISTANTSHIPS FOR PHD STUDENTS**

Each year the M. Louise Fitzpatrick College of Nursing offers several research assistantships for PhD students. In exchange for tuition and a stipend, students are expected to provide an average of 20 hours of faculty research support during the fall and spring semesters and 35 hours (total) over the summer. If students remain in good academic standing, they may be supported for up to four academic years. Students should make their interest in these research assistantships known to the Program Director by submitting a letter of interest and their curriculum vitae.

## **MAINTENANCE OF PORTFOLIO**

For their own professional growth and development, PhD students are encouraged to maintain a portfolio of all completed course requirements, abstracts, grants, presentations, and manuscripts completed during enrollment in the PhD Program. This should be maintained on a flash drive, a current duplicate of which will be available to faculty who seek to discern progress in proposal development.

## **DISSERTATION ADVISEMENT AND MAXIMUM YEARS TO COMPLETION OF PROGRAM**

**Students will have eight years to complete all PhD requirements upon admission. It is expected that the dissertation will be completed within four years of passing the Comprehensive Examination.**

Individuals who are not able to complete degree requirements within the designated time frame may seek an extension. A letter with dissertation chair endorsement will be submitted to the Program Director and the Dean, who will designate the length of the extension.

Each PhD student will register for a 0-credit pass/fail course in continuing doctoral dissertation work following completion of all required courses, each fall and spring term until defense of the dissertation. Enrollment in NUR 9508 is considered to be full-time study. Please note that NUR 9508 Dissertation Continuation is billed at the rate of a 3-credit course.

The obligation for continuous enrollment for dissertation advisement begins immediately after the term in which coursework is completed and continues until the dissertation has received final approval.

## **APPLICATION DEADLINES: COGNATE AND NURSING EDUCATION PRACTICUM**

Students who plan to take an independent study (NUR 9004) as their cognate and students planning to take the Nursing Education Practicum (NUR 8954) must apply the prior semester by October 1<sup>st</sup> for Spring or by February 1<sup>st</sup> for Summer or Fall.

## **TRANSFER OF CREDITS INTO THE PHD PROGRAM**

In general, up to **six credits** of relevant courses taken at a regionally accredited institution taken **5 years prior** to admission to the PhD Program may be transferred into the PhD Program. Students will be asked to submit an official transcript including the course grade, as well as a course syllabus. These will be reviewed, and a determination will be made. Students are not

usually permitted to take courses outside Villanova University for credit toward the PhD degree once admitted to the PhD Program. An exception is a credit-bearing course taken to fulfill the Cognate requirement. Requests for transfer of credit, with the exception of the cognate course, and should be submitted during the spring term of their first year.

### **POLICY ON ACADEMIC PROGRESSION**

Doctoral students' academic progression will be reviewed by the PhD Program Committee at the end of each semester. Students who are determined to be failing to make satisfactory academic progress will be notified by the program director and asked to provide to their advisor a plan for timely completion of program requirements. Students will be expected to carry out the plan to complete the required work.

The following circumstances may constitute failure to make satisfactory academic progress: carrying two or more grades of N and/or IP; carrying an IP for more than one semester; a persistent pattern of failure to make progress in course or dissertation work; or a pattern of failure to communicate with or respond to communication from dissertation committee members, academic advisors, course instructors or the program office.

Registration in NUR 9512, NUR 9513, or NUR 9521 is permitted only when the prerequisite course has been completed satisfactorily.

Failure to make satisfactory academic progress may result in dismissal from the program.

### **WAIVER OF TEACHING PRACTICUM**

Students who have significant experience teaching in an academic nursing program beyond adjunct clinical teaching may seek a waiver of the course, NUR 8954, Practicum in Teaching of Nursing. A student seeking this waiver will be asked to present supporting documentation. This will be reviewed by the Program Director and the Assistant Dean for the Graduate Program. Students should submit these materials during the spring term of their first year. The student will be notified of the decision by letter, and a copy of this notification will be placed in the student file and forwarded to the Office of the Registrar.

### **DOCUMENTATION FOR NUR 8954 WAIVER:**

PhD students who have taught full-time in an academic setting including both classroom and clinical instruction are eligible to apply for a waiver of NUR 8954. They are required to document their academic teaching activities when they apply for the waiver. The list below identifies examples of materials that would be appropriate to include to document fulfillment of teaching practicum objectives.

Thoughts about teaching:

    Reflective teaching statement

Teaching activities:

Documentation of courses taught, enrollments (estimated), description of course responsibilities:

    Number of advisees/advisement process

Tutoring activities

Syllabi - course descriptions with details of content, objectives, methods, procedures for evaluating student learning, reference lists, student reading or other activities, assignments, etc.

Handouts, lecture outlines, other materials created for students

Description and examples of use of visual materials

Descriptions of use of information technology or social media in teaching

Teaching effectiveness / evaluations:

Student evaluations (summarized), relationship to departmental data

Written comments from students

Peer or administrative review of teaching

Letters from course leader, department chair, etc.

Materials demonstrating student learning

Examples of student assignments

Graded work from poorest / best students with faculty feedback to student

Instructor's written feedback on student work

Activities to improve instruction:

Participation in professional development on teaching

Design of new courses

Design of inter-professional/collaborative teaching

Use of new methods of teaching, assessment, grading

Preparation of a textbook, lab manual, courseware, scenarios, etc.

Description of instructional improvement project

Contributions to your institution or the profession in the area nursing education (e.g. committees on which you have served, offices that you have held)

Publications about nursing education

Papers delivered about nursing education

Reviews of forthcoming textbooks

Service on teaching-related committees

Consultation on teaching matters

Curriculum development work

Honors, awards, recognition:

Teaching awards from department, college, university

Teaching awards from professional organizations

Invitations to consult, give workshops, write articles, etc. related to teaching

Certification in nursing education

## **PHD CLINICAL COMPLIANCE REQUIREMENTS**

All students must have a satisfactorily completed **Comprehensive Background Check and FBI Fingerprinting** upon acceptance into the PhD Program. This includes the following:

- Statewide criminal background check
- PA Child Abuse History Clearance
- 10-panel drug screen
- OIG (Office of Inspector General) and GSA (General Services Administration) searches
- FBI Fingerprint search

For international students, an **International Background Check** is required *in addition* to the above background checks.

The M. Louise Fitzpatrick College of Nursing utilizes **Complio**, an online compliance tracking system through American Databank. All background checks are ordered through Complio. To create a Complio account, please go to [www.villanovabackgroundcheck.com](http://www.villanovabackgroundcheck.com). Once on the Complio home page, click on **NEW USERS Create Your Account**. After creating your account, log into Complio to place your order. Once on the create order page, select **PhD** for your program and answer the two questions that follow. Then click on **Load Packages**. You will then select the **Comprehensive Background Check and FBI Fingerprinting** package under Screening.

If you are an **International student**, please order the **International Background Check** in addition to the Comprehensive Background Check and Fingerprinting.

Once you have paid for your subscription, you should begin the process of obtaining your PA Child Abuse History Clearance report, FBI Fingerprint report and 10-panel drug screen. You should receive information via email from American Databank regarding the process for the fingerprinting and the drug screen. You will find instructions to order your PA Child Abuse History Clearance report on the Complio home page under “Additional Steps Needed Once You’ve Placed Your Order.” Once you receive your PA Child Abuse History Clearance report and FBI Fingerprint report in the mail from the Department of Human Services, *you need to fax (303-573-1298) or email ([support@americandatabank.com](mailto:support@americandatabank.com)) both reports to American Databank so that they can be applied to your Complio account*. Your statewide background check, GSA and OIG search results and drug screen results will be automatically sent to American Databank and applied to your account.

Questions about Complio? Contact American Databank at 1-800-200-0853 or [support@americandatabank.com](mailto:support@americandatabank.com).

Any questions regarding the compliance requirements should be directed to the Villanova University, M. Louise Fitzpatrick College of Nursing Compliance Officer at 610-519-6593 or [nursingcompliance@villanova.edu](mailto:nursingcompliance@villanova.edu).

Students who are doing a practicum will have additional compliance requirements required by the agency in which they are based.

## **RESEARCH PRACTICUM EXPERIENCE**

Full-time on-campus students who are not supported as research assistants are encouraged to provide a total of 20 hours of research support to a faculty member during their two years of course work in order to provide them with research experience.

## **MEDICAL LEAVE OF ABSENCE**

A student may experience physical or psychological conditions that significantly impair the student's ability to function successfully or safely in his or her role as a student. In such cases, the student may decide that time away from the University for treatment and recovery can help restore functioning to a level that will enable the student to return to the University and perform successfully in and out of the classroom. The University has an interest in students receiving appropriate care not only for their own well-being, but also for the well-being of the larger community with whom the student interacts.

When a student initiates a MLOA, Villanova University may establish criteria regarding the student's eligibility for returning to the campus community. The criteria include, but are not limited to, compelling evidence that the condition that precipitated the need for the MLOA has been sufficiently treated or ameliorated to the point where it will no longer adversely affect the student's or the community's safety or functioning.

The MLOA request may be made at any time during the semester but must be completed no later than the last day of classes in a semester, including the requisite evaluation and any related paperwork for the Dean's office. Requests not completed by the last day of classes will be considered late requests and will be considered for the following semester barring exceptional circumstances.

The Dean of Students or the academic Dean's office will make the final determination whether the MLOA will be granted, in consultation with University's health professionals. The Dean's office granting the leave will specify the terms of the MLOA including conditions for return to the University following the leave. At a minimum, a MLOA will be for one semester and, depending on the timing of the request and the nature of the circumstances, the MLOA may involve additional semesters to allow sufficient time for full recovery, a sustained period of stability, and to increase the student's opportunity for success upon his/her return to the University. When the student seeks to return to the University, the Dean's office granting the leave will determine whether the student has satisfied the conditions and is permitted to return.

## **PHD GRADUATION REQUIREMENTS AND GRADUATION FORM**

In order to graduate, PHD students must complete the required 46 course credits and have successfully defended their dissertation. Students are graduated in the Fall, Spring and Summer semesters; however, the University Commencement at which the President presents hoods to PhD graduates occurs just once per year in May. **To be hooded in May, students must defend their dissertations by April 10<sup>th</sup>.** Graduating students must place close attention to the due date of the graduation application, which is due along with a digital photograph and their curriculum vitae early in the semester in which they intend to graduate.

## FINAL PROCESSING AFTER DISSERTATION DEFENSE

- Graduation Application - In MyNova, search for “Prospective Graduate Form,” choose the term you will be completing your degree requirements in the drop-down menu and submit the form. When do you apply to graduate?
  - For September 1<sup>st</sup>: submit application between February 1 – June 15
  - For December 31<sup>st</sup>: submit application between March 1 – September 15
  - For a May 31<sup>st</sup>: submit application between August 25 – January 31
  - Additional information can be found here:  
[https://www1.villanova.edu/villanova/enroll/registrar/graduation\\_diploma.html](https://www1.villanova.edu/villanova/enroll/registrar/graduation_diploma.html)
- Order Regalia: Cap and Gown (directly through this website: <https://AcademicRegalia.HerffJones.com/go/school/VILLANOVA> - you are only ordering the cap and gown - the hood is provided by Villanova. You can also opt for a free one-time wear regalia.
- Program PhD Exit Survey - [https://villanova.az1.qualtrics.com/jfe/form/SV\\_3KUopuaYBjPNoy2](https://villanova.az1.qualtrics.com/jfe/form/SV_3KUopuaYBjPNoy2)
- Final Dissertation sign-off – Complete attached form with all signatures and return to Assistant Director of Doctoral Programs. This indicates that your dissertation is ready for binding and for uploading into ProQuest.
  - At the bottom of your dissertation acknowledgements page, please list the names of your Dissertation Committee Chair and Committee Member(s). Because of the risk of identity theft please do not include any signed form or letter in your dissertation.
- Current CV - email to Assistant Director of Doctoral Programs
- Photograph – you can provide one for us to use or we can use the one that was taken when you first started the program
- Order Bound Copy of Dissertation for FCN (1 copy); You will need to submit 1 bound copy of your dissertation to Dr. Cantrell/the PhD Office. You may order this at an office supply company near you. We prefer that you order it bound with a black cover.
  - December graduates should complete corrections to their dissertation by December 15. May graduates should complete corrections to their dissertation by May 1. When the final version of your dissertation has been approved, you will upload your dissertation into ProQuest. That is how your dissertation will be accessible within Falvey Library and to the world. It also addresses your copyright protection. The “no cost” option is mostly selected.
- Upload your dissertation into ProQuest (see directions on the next page)
- Report to Survey of Earned Doctorates - <https://sedsurvey.org/DoctoralGraduates/CurrentQuestionnaire> or <https://sed-ncses.org/login.aspx> - You should report your PhD graduation to a national database via the Survey of Earned Doctorates, out of the University of Chicago. This database is used by government and professional agencies to monitor the nation’s doctoral labor force. If you have any difficulties or questions please contact SED at [sed-registration@norc.uchicago.edu](mailto:sed-registration@norc.uchicago.edu) or 1-800-248-8649.
- Complete NFLP Exit/Paperwork (if this applies to you)

## PROQUEST DIRECTIONS

Here is the link to [ProQuest's Villanova University – College of Nursing page](#); there are directions on creating an account and submitting. Most students choose the “no-cost” option. Their [website](#) has a lot on it, but if you are on you will see the “submit my dissertation” [button](#). Here are some things to know:

- Students are instructed to take the zero-cost option.
- **\*\*Please note DO NOT Choose “Don’t see your institution? Submit Directly to ProQuest. If you do this, you will be asked by ProQuest to withdraw your submission and resubmit.\*\***
- Copyright is granted the minute your document is submitted, dated, etc. You don’t need to do anything else.
- PhD Program Director must check for no cursive signature may appear in a document – it is a ProQuest policy for avoidance of abetting identity theft.
- Once you upload the PhD Program Director will be notified to approve your submission

*Some items to have on hand:*

- **A PDF copy of your dissertation/thesis.** This must be a single file. If your manuscript is in Word or RTF format, we can convert it into a PDF.
- **Abstract**
- **Optional Supplementary files (images, data, etc.)** that are an integral part of the dissertation/thesis, but not part of the full text.
- **Advisor and other Committee Members' Names**
- **Subject Categories - 1 - 3** that best describe your dissertation/thesis' subject area.

**APPENDIX A: APPOINTMENT OF PHD COMMITTEE FORM**



**Appointment of PhD Committee**

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title of Proposed Dissertation: \_\_\_\_\_

\_\_\_\_\_

Committee Members

Chair/First Examiner: \_\_\_\_\_

Signature: \_\_\_\_\_

Committee Member/Second Examiner: \_\_\_\_\_

Signature: \_\_\_\_\_

Third Examiner (by permission): \_\_\_\_\_

Signature: \_\_\_\_\_

Anticipated semester / year of defense: \_\_\_\_\_

Approval by Program Director: \_\_\_\_\_

Signature Date

NSH 8/06  
Updated MAC/m 2/2018; MAC/sls 10/2022



**APPENDIX C: REQUEST FOR DEFENSE OF PHD DISSERTATION FORM**



**Defense of PhD Dissertation**

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_

---

Committee Members

Chair/First Examiner: \_\_\_\_\_

Signature: \_\_\_\_\_

Committee Member/Second Examiner: \_\_\_\_\_

Signature: \_\_\_\_\_

Third Examiner (by permission): \_\_\_\_\_

Signature: \_\_\_\_\_

Distribution of the dissertation to the examiners, committee members and Program Director has been accomplished: \_\_\_\_ (Initial)

Approval, Program Director: \_\_\_\_\_

Signature

Date

MAC 2/2018  
Updated: MAC 10/2022

**APPENDIX D: FINAL DISSERTATION SIGN OFF**



**DISSERTATION FINAL APPROVAL**

This certifies that any corrections required as a result of the Dissertation Defense have been satisfactorily addressed. After corrections are accepted, the student will then upload the dissertation into ProQuest. An email from your chair will also be accepted.

Student's Full Name:

Full Title of Dissertation:

Date Submitted:

Dissertation Chair / Date

Third Committee Member / Date

Committee Member / Date

Program Director / Date

This certifies that the student has submitted the corrected dissertation to the Fitzpatrick College of Nursing PhD Office.

Student Signature / Date

## APPENDIX E: NURSE FACULTY LOAN PROGRAMS



Dear Student:

The Nurse Faculty Loan Program is a federally sponsored program targeting the national shortage of nursing faculty by providing support for master's and doctoral studies that will lead to a career in nursing education. Citizens of the United States are eligible. Full-time and part-time students pursuing coursework in nursing education leading to a master's or doctoral degree in nursing can borrow money to cover tuition, fees, books and supplies, up to \$35,500 per year for a maximum of five years.

As of current guidelines in 2023-2024, these are the program conditions for loan forgiveness. If upon graduation the graduate works full-time as a nursing faculty member, or as a part-time faculty in two or more accredited schools of nursing, or as an APRNs precepting NP students combined with other teaching to make a full-time equivalent position in an accredited school of nursing (RN or higher) in the United States or its territories, beginning within a year of completion of the degree, for up to four years, up to 85% of the total NFLP loan balance is forgiven, and the remainder can be paid within 10 years of graduation at an interest rate of 3%. For each of the first three years, 20% is forgiven, and for the fourth year, 25% is forgiven. Repayment is deferred as long as the graduate is employed as a full-time faculty member or its equivalent (as described above) for the first four years after degree completion.

In summary, being employed as a full-time faculty member, or as part-time faculty member in more than one institution equivalent to make a full-time equivalent position or as an APRNs precepting NP students combined with other teaching to make a full-time equivalent position in an accredited academic school of nursing will be eligible for loan forgiveness as described above.

If the graduate ceases studies or does not become employed as a nursing school faculty member within 12 months of degree completion, then the balance of the loan is paid over 10 years at the market interest rate.

We hope this opportunity will be helpful to you.

Sincerely,

Mary Ann Cantrell, PhD, RN, CNE, FAAN  
Professor and Director, PhD in Nursing Program

**APPENDIX F: NURSE FACULTY LOAN PROGRAMS – CONTINUED**

Number of credits enrolled in for Fall 20XX \_\_\_\_ Spring 20XX \_\_\_\_

(NOTE: Separate application must be filled out for Summer 20XX \_\_\_\_)

If applicable:

- I expect to take the Preliminary Exam in Fall 20XX \_\_\_\_ (\$500 fee)
- I will begin dissertation studies during Fall 20XX \_\_\_\_ or Spring 20XX \_\_\_\_ Semester

**VILLANOVA UNIVERSITY  
NURSE FACULTY LOAN PROGRAM (NFLP)  
LOAN APPLICATION**

(To be completed by the Borrower)

<b>NURSE FACULTY LOAN PROGRAM (NFLP) LOAN APPLICATION</b> This form must be completed in its entirety and returned to the office of the Bursar before a NFLP loan is made.	
WARNING: Any person who knowingly makes a false statement or misrepresentation in a NFLP transaction, bribes or attempts to bribe a federal official, fraudulently obtains a NFLP loan or commits any other illegal action in connection with a federal NFLP loan is subject to a fine or imprisonment under federal statute.	
<b>SECTION I</b>	
1a. APPLICANT NAME: (Last)                      (First)                      (M.I.)	2. SOCIAL SECURITY NUMBER (SSN)
1b. OTHER NAMES USED: (Last)                      (First)                      (M.I.)	3. DATE OF BIRTH (Month/Day/Year)
4. CURRENT ADDRESS (Number, Street, Apt #, City, State, Zip Code)	5a. DAYTIME PHONE (Area Code/Number) (     )
5b. EVENING PHONE (Area Code/Number) (     )	
6. EMAIL ADDRESS:	7. DRIVER'S LICENSE NUMBER AND STATE:
8. DEGREE PROGRAM: _____  EXPECTED GRADUATION DATE: _____	9. EDUCATION LEVEL: <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORAL
10. PERSONAL REFERENCES -- Friend(s) and Relative(s)  • NAME _____ ADDRESS: _____  • NAME _____ ADDRESS: _____	
<b>SECTION II</b>	
11. ACKNOWLEDGEMENT I, the above named applicant, have been informed that I must agree to the service obligation associated with the Nurse Faculty Loan Program in order to be eligible to receive a loan under this program.	

THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE SCHOOL.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX G: APPLICATION FOR PRELIMINARY EXAMINATION



VILLANOVA  
UNIVERSITY  
M. Louise Fitzpatrick  
College of Nursing

### Application for Doctoral Preliminary Examination

Students are eligible to register for the Preliminary Examination after completion of NUR 9520; NUR 9515; NUR 9511; NUR 9505; NUR 9512; NUR 9503; NUR 9506; NUR 9517; NUR 9504 in the Doctoral Program.

I am applying to take the Doctoral Preliminary Examination **September 25, 2023**.

Name: \_\_\_\_\_

Advisor's signature: \_\_\_\_\_

(You may attach an email from your advisor indicating knowledge and approval in lieu of signature.)

The Preliminary Examination consists of two questions: a philosophy of science question and a research design question.

Please submit this application with the signature of or email from your advisor by **July 31, 2023**. The cost of the exam is \$500 that will be billed to your student account.

MAC 10/2022

**APPENDIX H: FINANCIAL CONFLICT OF INTEREST FORM**

REGULATORY REQUIREMENTS	
<p>ALL RESEARCHERS MUST COMPLETE THESE 4 STEPS BEFORE SUBMITTING A HUMAN SUBJECTS RESEARCH PROTOCOL</p>	
1.	<p><a href="#">FCOI Disclosure Form</a> Read policy, then email PDF - signed by chair and dean - to Office of Research and Graduate Programs at <a href="mailto:avprgp@villanova.edu">avprgp@villanova.edu</a> .</p>
2.	<p><a href="#">CITI Conflicts of Interest (COI)</a> <i>(Do not confuse the COI COURSE with the COI MODULE in the other CITI courses. You need this CITI COURSE in addition to the two below.)</i></p>
3.	<p><a href="#">CITI Responsible Conduct of Research (RCR)</a> according to department. When you first log in to CITI, a questionnaire will guide you.</p>
4.	<p><a href="#">CITI Human Subjects Research</a> according to department. There are two choices: Biomedical Research or Social &amp; Behavioral Research.</p> <p style="text-align: center;">Questions? Contact <a href="mailto:irb@villanova.edu">irb@villanova.edu</a> or call 610-519-4220. Web page about VU's CITI Training requirements is <a href="#">here</a>.</p>

## **APPENDIX I: INSTITUTIONAL REVIEW BOARD INFORMATION**

Villanova University Institutional Review Board

All research by PhD students in the M. Louise Fitzpatrick College of Nursing needs to be reviewed by the Villanova University Institutional Review Board (IRB) prior to data collection. Depending on the study, other institutional review boards may also need to review the study prior to data collection. Please review the Office of Research Protections webpage for more details:

<https://www1.villanova.edu/villanova/provost/research-administration/research-protections.html>

All Villanova University IRB applications are completed in the on-line system, Cayuse. Information about the process of applying for IRB approval is included on this website:

<https://www1.villanova.edu/villanova/provost/research-administration/research-protections/training.html>

Before applying, the student's name and the student's "alias", the portion of the email address before @villanova.edu, needs to be sent to [IRB@villanova.edu](mailto:IRB@villanova.edu). It will take up to 48 hours for the student to be entered into the system before being able to begin working on the application.

The student, the faculty mentor, and possibly other collaborators on the research, need to file a Financial Interests/ Conflict of Interests form (Appendix F) annually. This form is filed with the Office of Research and Graduate Programs, which then notifies the Office of Research Administration that it is filed.