Nurse Anesthesia Student-Faculty Handbook 2020-21

Detroit Mercy Graduate Program of Nurse Anesthesia

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1. INTRODUCTION

Welcome to the University of Detroit Mercy Graduate Program of Nurse Anesthesia. This Student-Faculty Handbook is intended to be used as a reference for questions regarding policy, procedure or any other matters related to the Nurse Anesthesia program. It should be referred to on an ongoing basis as questions arise. Unless they are in conflict with the policies stated in this document (in which case this document supersedes all others) students are expected to adhere to policies in the

- Detroit Mercy Student Handbook http://www.udmercy.edu/life/policies/index.php
- Current Graduate Catalog http://www.udmercy.edu/catalog/
- McAuley School of Nursing Graduate Student Handbook http://healthprofessions.udmercy.edu/about/pph.php
- College of Health Professions Honor Code http://healthprofessions.udmercy.edu/about/pph.php
- Detroit Mercy Social Media Policy https://www.udmercy.edu/faculty-staff/marcom/policies/social-media-policy.php

- AANA documents: Scope of Practice, Code of Ethics, etc. https://www.aana.com/practice/practice-manual (may require login)

PROGRAM ADDRESS AND PHONE NUMBER

Nurse Anesthesia
University of Detroit Mercy
4001 W McNichols Rd.
Detroit MI 48221-3038

313-993-2454 Voice, 313-993-1271 Fax

POLICY CHANGES AND DISCLAIMER

The Program reserves the right to make policy changes as the needs of its administration, faculty, students, and conducting or affiliating institutions change. These changes may occur without prior notification. To assure that you have the most current information available, please contact the Program offices.

POLICY ON POLICY DEVELOPMENT AND CHANGE

Revisions of existing policy may be made at any time to correct misspellings, or for simple clarification of wording or expression. Changes that are substantive will go through an approval process.

Procedure

Suggested new or revised policies will be presented to the Education Committee for a first reading and discussion. The Committee may publish these to students for comments. The Committee will vote on whether to adopt the policies at their next regular meeting. The Committee will determine the implementation date of new policies as part of their review. The Handbook will be published online once a year, prior to the start of fall term, incorporating any policies or language changed in the preceding 12 months.

HISTORY AND ACCREDITATION

History

The University of Detroit Mercy, a Catholic university in the Jesuit and Mercy traditions, exists to provide excellent, student-centered undergraduate and graduate education in an urban context. A Detroit Mercy education seeks to integrate the intellectual, spiritual, ethical and social development of students.

The University mission evolved from the traditions of its sponsors, the Society of Jesus and the Sisters of Mercy. These Catholic traditions emphasized concern for the dignity of the person and for the common good of the world community. The Society of Jesus (Jesuits) founded the University of Detroit in 1877. The Sisters of Mercy, Province of Detroit, founded

Mercy College of Detroit in 1941. Together these religious congregations created a partnership in higher education to establish the University of Detroit Mercy in 1990. Each religious congregation brings its spirit to the mission of the University. The spirit includes commitment to quality education, the service of faith, promotion of justice, and compassionate service to persons in need.

The University of Detroit Mercy Graduate Program of Nurse Anesthesia has two antecedents. The Mt. Carmel Mercy Hospital/Mercy College of Detroit Program of Nurse Anesthesia graduated its first class in 1942 at Mt. Carmel Mercy Hospital, Detroit. It awarded a diploma (1942-1980), a Bachelor's degree (1980-1985), then a Master of Science degree (1985-present). The Program offices were located at St. Joseph Mercy-Oakland (Pontiac, Michigan) from 1990-2004. The program transferred to the sole governance of the University of Detroit Mercy in 2004, and moved its offices from Pontiac to the McNichols campus in Detroit in September 2004.

From its inception in 1985, the Henry Ford Hospital Program of Nurse Anesthesia was affiliated with the University of Detroit. All graduates were Master of Science-prepared. The consolidation of Mercy College of Detroit and the University of Detroit in 1990, resulted in the two nurse anesthesia programs sharing an academic affiliation, while retaining separate clinical tracks and accreditation. The HFH/Detroit Mercy program closed voluntarily in late 2002, and its students transferred to, and graduated from, the Detroit Mercy program.

The Registrar at Detroit Mercy can provide transcripts and verification of degrees obtained at Mt. Carmel, Mercy College of Detroit, St. Joseph Mercy Oakland (Pontiac), Henry Ford Hospital, the University of Detroit, and of course University of Detroit Mercy. For Alumni: Click Transcripts (http://www.udmercy.edu/current-students/registrar/transcripts.php) for how to contact the Registrar and obtain a transcript. Please contact the Program offices if you need any assistance.

Accreditation

The University of Detroit Mercy Graduate Program of Nurse Anesthesia is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 S. Prospect Ave., Park Ridge, IL, 60068; (847) 655-1160; Email accreditation@coacrna.org; Web http://coacrna.org/. The program's next accreditation review by the COA is scheduled for October 2025. Outcomes of interest (attrition, certification exam performance, and employment) are published at Accreditation Detroit Mercy Nurse Anesthesia.

The University of Detroit Mercy is accredited by the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools.

NON-DISCRIMINATION

The Program does not discriminate based on race, age, creed, gender, sexual orientation, color, national origin, marital status, religion, or any other factor prohibited by law or defined by COA. This applies to all aspects of its operations.

PROGRAM MISSION AND PHILOSOPHY

Our Mission

The graduate program in Nurse Anesthesia, leading to the **Master of Science** with a specialization in Nurse Anesthesia, seeks to prepare qualified nurses to be highly skilled, values-based, health care practitioners in anesthesia. The faculty's goal is to prepare students for full participation in the specialty of anesthesia and to be cognizant that, as members of the health care team, they function in the total care of the patient. Finally, the program endeavors to prepare students to seek a higher level of scientific enrichment and a greater appreciation of the behavioral disciplines for the attainment of their own optimal capability. Thus, the program seeks to prepare graduates who will lead, serve, and promote health and social justice.

The DNP track in Nurse Anesthesia leading to the **Doctor of Nursing Practice** degree seeks to prepare qualified nurses to be highly skilled, values-based, health care practitioners in anesthesia, who can demonstrate attainment of the terminal objectives of the program and the graduate standards for the practice doctorate published by the Council on Accreditation. Graduates will participate in the mission of the McAuley School of Nursing, by providing high quality nursing care to the underserved in an urban context, and by their commitment to serve, lead, provide high quality, cost effective and culturally sensitive health care services to diverse individuals, families, communities, and populations.

The Doctor of Nursing Practice (DNP) is a terminal professional degree representing the highest level of clinical nursing competence. The DNP program is designed to provide students the opportunity to assimilate and utilize in-depth knowledge of nursing, biophysical, psychosocial, analytical and organizational sciences, with sophisticated informatics and decision-making technology to develop collaborative strategies that optimize the health of individuals, families, communities and systems.

Grounded in the Mercy and Jesuit traditions, the DNP program emphasizes the student’s development as an expert clinician with strong leadership capacity, a commitment to service and skills to act as change agents, translating clinical research into improved health care.

The DNP program curriculum is based upon the AACN Essentials of Doctoral Education and the Council on Accreditation Standards for the Practice Doctorate. The DNP builds upon the undergraduate Nursing degree. The curriculum includes formative course work that culminates in a capstone clinical practicum and a doctoral project.

The faculty is committed to the service of faith and social justice and compassionate, competent nursing care especially for vulnerable populations. Faculty promote a values-based education that fosters the spiritual, intellectual, social, psychological, and ethical growth of the life-long learner. The faculty's goal is to prepare students for full participation in the specialty of nurse anesthesia and to be cognizant that, as members of the health care team, they function in the total care of the patient. Finally, the program endeavors to prepare students to seek a higher level of scientific enrichment and a greater appreciation of the behavioral disciplines for the

attainment of their own optimal capability. Thus, the program seeks to prepare graduates who will lead, serve, and promote health and social justice.

The program mission exists as a further expression of the mission and vision of the School, College, and University.

- McAuley School of Nursing Mission
  - The mission of the McAuley School of Nursing (MSON) program is to prepare compassionate and competent baccalaureate and graduate level nurses who are committed to serve, lead, provide high quality, cost-effective and culturally sensitive health care services to diverse individuals, families, communities and populations. Congruent with the University's mission, the program focuses on providing high quality nursing care to the underserved in an urban context.
- College of Health Professions (CHP) CHP Mission
  - Mission -The College of Health Professions, in the Mercy and Jesuit traditions, prepares professionals to lead individuals, families, and communities to optimal health and well-being.
  - Vision -The College of Health Professions is an Urban Center of academic excellence that prepares graduates to lead and serve the complex health care needs of our local and global communities and will be recognized for leadership and innovation in higher education.
  - Guiding principles
    - Passion for Excellence and Lifelong Learning
    - Valuing the unique contributions of each member of the CHP
    - Integrity and Ethics
    - Social Justice and Needs of the Underserved
    - Accountability to the Community
    - Responsiveness to the State of Practice, and the Foundational Sciences
- Detroit Mercy Mission http://www.udmercy.edu/about/mission-vision/mission-identity/index.php
  - The University of Detroit Mercy, a Catholic university in the Jesuit and Mercy traditions, exists to provide excellent student-centered undergraduate and graduate education in an urban context. A Detroit Mercy education seeks to integrate the intellectual, spiritual, ethical and social development of students.

Our Beliefs

The nurse anesthesia faculty believe that **care**, **competence**, **scientific inquiry**, and **integrity** are the heart of the profession of nurse anesthesia. **Care** denotes the respect for and advocacy that we provide the patient as a unique individual. Care values guiding practice include respect, integrity, compassion, and excellence. These values will facilitate maintaining or promoting beneficial health or well-being of patients and the communities we live and work in. **Competence** refers to the skill, knowledge of relevant scientific disciplines, and vigilance that we exercise. **Scientific inquiry** is necessary to the recognition and advancement of the nursing profession and its advanced specialties. **Integrity** is vital. The faculty expect that students are absolutely honest. This includes adhering to the CHP Honor Code; admitting

mistakes; forthrightness with patients, families, and other team members; and a thorough standard of accountability with respect to controlled and other medications.

The Program seeks to educate students at a higher level of learning. It is necessary to synthesize concepts and theory and apply these in the production of a plan relevant to safe patient care in specialty nursing practice. Students are taught to analyze relationships of various phenomena. The student is expected to exercise a high level of judgment in the classroom or clinical area. The graduate program prepares students beyond the certification and bachelor's level of education, in that the graduate can evaluate clinical practice utilizing statistical analysis and research skills. The Program far exceeds minimum standards for programs of nurse anesthesia.

Faculty expectations of students are carefully enumerated in course syllabi and clinical objectives; however, in addition to these, program faculty have additional expectations. We expect that students are intellectually curious and are sensitive of the need to study independently and in depth. We expect that they will return to physiology and pharmacology, nursing science and other basic courses, in order to make inferences. We expect that they will draw upon past experience and integrate past experience with the present, develop concepts, think through processes and to ask questions of oneself and others. We expect that students will learn to cope with stress and pressure and not give up. The volume of work is much greater than students may be accustomed to, and it isn't possible to survive utilizing poor study patterns. Memorization of isolated facts is not enough. We expect that each student's concern and respect for their classmates will be as great as their concern and respect for themselves; if a student comes unprepared for class or clinical assignments, they will require a disproportionate amount of the instructor's time and deprive other students of their rightful share of the learning experience.

Graduate education in the field of nurse anesthesia will prepare Certified Registered Nurse Anesthetists to contribute to the body of knowledge in the specialty, and improve patient care through describing, explaining, predicting, and controlling anesthesia related phenomena. Student interest and commitment to research are inextricably related to a learning climate in which scholarly inquiry is valued.

Throughout the program, the student is encouraged to use knowledge and creativity, independent study, and increased self-awareness. In addition, the student must readily accept responsibility for their actions, actively support the goals of the profession and the Program, display the knowledge and skill needed to act independently, as well as the flexibility to be a good team member.

All members of the University of Detroit Mercy community embrace a learner-centered, learner-first philosophy of service. In so doing, the University seeks to maintain a reputation for excellence in promoting intellectual, spiritual, religious, personal, and professional development.

2. ETHICS

The Program of Nurse Anesthesia shall be conducted within the ethical and moral standards defined by those professional groups (organizations, institutions, agencies, government boards

or other entities) having an impact on the individual program and on nurse anesthesia in general.

ADMISSIONS

NONDISCRIMINATION

The program abides by the nondiscriminatory admissions policy of Detroit Mercy.

Students who have withdrawn or been dismissed from this program, or any other nurse anesthesia educational program, may apply. They will be considered for admission on a competitive basis, with all other applicants who complete applications and submit all required documents before the deadline. Applicants who attended another nurse anesthesia educational program will be required to submit documentation from the previous program administrator which details the circumstances of their withdrawal or dismissal. Detroit Mercy faculty may craft a written contract for students, depending on the particular circumstances. This contract may require that they repeat or audit any of their coursework. The program does not grant advanced standing.

CATEGORIES OF ADMISSION

The program recognizes only "regular" and "contingent" admission as described below.

1. Regular admission is selectively afforded to applicants who satisfy all admission requirements of the University and the program.

2. Contingent admission is afforded to applicants who appear qualified for regular admission but have not documented completion of all requirements. When the admission requirement has been completed, a decision about regular admission will be made by the faculty. Students admitted on a contingent basis must resolve the incomplete requirement prior to attending classes.

DEADLINES

The program shall publish deadlines for application, and shall review all applications which are complete by the deadline (completed applications include all required supporting documents).

TECHNICAL STANDARDS

A graduate of the program must be able to fulfill the job description and duties of a Certified Registered Nurse Anesthetist. Skills and abilities applicants and students must demonstrate are listed in the technical standards (http://healthprofessions.udmercy.edu/_files/pdf/Health_Record_Form.pdf). In addition to the technical standards listed, please note:

1. Candidates must have sufficient sensory and cognitive capacity to elicit and correctly interpret information from computerized monitors or other graphic displays of physiologic data, while rejecting artifacts.
2. Candidates must be willing and able to follow program and practice guidelines. They must practice ethically and within legal and regulatory authority. They must possess an unencumbered Michigan RN license prior to enrolling for their first term classes.

CRIMINAL BACKGROUND CHECK, HEALTH, AND DRUG SCREENING

Please refer to the MSON Graduate Nursing Handbook & CHP policies, which require that students pass a criminal background check and drug screening as a condition of participation in the clinical curriculum. Nurse anesthesia students must have a health screening, negative drug screen, and criminal background check completed as a condition of admission and matriculation. They must also be vaccinated for influenza yearly. All other required vaccinations must be up to date (e.g. tuberculosis, MMR, and tetanus). Our clinical sites may require additional credentialing and submission of required documents. This information is listed on Typhon for each clinical site.

Please go to http://healthprofessions.udmercy.edu/about/pph.php for policies, forms, and instructions for pre-admission criminal background check and drug screening.

INFORMATION SHARING AND PRIVACY POLICY

Reporting requirements Students must report past arrests during the background check, whether convicted or under charge. Once enrolled, students are required to report events (within 48 hours) to the program that might impact their ability to continue to hold a Michigan RN license. Students may be suspended if the events have implications for patient safety or their ability to continue to deliver professional nursing care. A referral may be made to Health Professionals Recovery Program (HPRP) or the State Board of Nursing if required by law. Failure to notify the program will result in disciplinary action up to and including dismissal, regardless if convicted or not.

Fitness for duty- Students are required to continually update the program on changes in their health status (including medications) which may impact vigilance, alertness, or patient safety.

Sharing of student information The Program will communicate details about a student which we are contractually obligated to supply to our affiliate clinical sites. This may include contact information, immunization and vaccination status, RN license status, BLS/ACLS/PALS renewal dates, and other information. This information may be shared with clinical coordinators through password-protected systems (e.g. Typhon). Personal health may be shared with clinical site coordinators on a need to know basis for patient safety reasons (e.g. if a student has diabetes, seizures, or other disorders).

Violation of legal requirements pertaining to Registered Nurses (the Michigan Public Health Code and rules of the Michigan State Board of Nursing) will be reported to the appropriate authorities. Admissions, withdrawal, and dismissal (with reasons) will be reported as required by law or policy (e.g. NBCRNA, Detroit Mercy Financial Aid Office, and other entities).

Dismissal will be recorded by the Registrar on the Detroit Mercy academic transcript. Letters of recommendation to future employers will include cumulative GPA, number of unscheduled call-ins, disciplinary issues, certification examination status, and documentation of any special awards, honors, and volunteer work.

SERVICES FOR STUDENTS WITH DISABILITIES

The mission of Disability Support Services, in keeping with the University's mission to provide excellent student-centered undergraduate and graduate education, is to create an accessible community where students with disabilities have an equal opportunity to fully participate in all aspects of the educational environment. Because of our belief in the dignity of each person, and through compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, amended in 2008, we strive to promote student's independence and to ensure recognition of their abilities, not disabilities. Our vision is a community where disability is neutral; a community where all of its members are empowered to learn, to participate, and to experience University life fully.

If you require an accommodation due to a disability, pregnancy, emergency medical condition or need special arrangements in case of a building evacuation, please contact

- Laura Bagdady, Assistant Director Disability & Accessibility Support Services
- Student Success Center, Room 319 McNichols Campus Library
- bagdadlm@udmercy.edu 313-993-1158

It is very important for students to be proactive with regard to requesting their disability accommodations every semester. While it is never required that you disclose your disability to your professors, all students at Detroit Mercy are encouraged to talk with their professors to discuss their needs and concerns. However, you must be registered with Disability & Accessibility Support Services, and your faculty must receive official notification from their office before they can make arrangements for your accommodations.

LOYALTY

Loyalty is reciprocal, up and down the organizational channels. It should not be misconstrued to mean absence of valid critique, complaint or discussion, nor total agreement or consensus with decisions. It does imply that students and faculty support educational policies or decisions, and work within the system to effect change in those policies or decisions with which there is disagreement or difficulty. Therefore, third-party representations to the Council on Accreditation, or any other governing body, shall not be made without first exhausting all avenues of due process within the conducting institution.

RIGHTS AND RESPONSIBILITIES

PATIENTS

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 tolerated which is intended to deceive or mislead the patient about these relationships. Patients

have a right to expect that those anesthesia services provided by students will be under the supervision of a CRNA and/or a physician anesthesiologist. The degree of supervision should be consistent with the anesthetic risk of the patient, the magnitude of the anesthesia and surgery, and the educational level of the student. At all times a CRNA and/or anesthesiologist shall be immediately available in all anesthetizing areas where students are performing anesthesia. Patients have a right to expect that the student and supervisory personnel providing their services are mentally competent and not impaired by fatigue, drugs or other incapacitating conditions. The patient's surgeon, or responsible physician, shall be kept informed pertaining to the anesthetic management and any complications arising from that management. Costs to patients for student and supervisory services will be fair and equitable. Nothing shall prevent any patient from requesting not to be a teaching patient, or prevent any member of the medical staff from designating any patient as a non-teaching patient.

APPLICANTS

Applicants have a right to:

1. Be treated in a respectful manner
2. Be communicated with in a truthful and timely fashion
3. Have their application considered with the same degree of consideration as any other applicant
4. Be notified when their application is incomplete, and what items they need to send in

Applicants have a responsibility to:

1. Inform the program of changes in contact information (address, email, phone)
2. Complete their application and send in all supporting documentation before the deadline
3. Be truthful and complete on the application and in all aspects of their communication
4. Provide the program the information necessary to make decisions about their qualifications for admission into the program.

STUDENTS

Students have a right to expect that upon acceptance into an accredited program of nurse anesthesia, they will be provided the quality of education necessary to fulfill the objectives of the program to prepare competent nurse anesthetists capable of:

1. Attaining the terminal objectives of the program
2. Successfully completing the Doctoral Project
3. Meeting the Graduate Standards for the Practice Doctorate published by COA
4. Meeting the requirements to take the National Certification Examination administered by NBCRNA
5. Integrating theory underlying the practice of anesthesia with the actual practice
6. Providing anesthesia management to all categories of patients for all varieties of diagnostic or therapeutic intervention, utilizing consultation as required
7. Functioning with minimal supervision in all hospitals or agencies
8. Assuring patient comfort and safety within the confines of those aspects of care over which a student has control or can influence through consultation, advice, or other actions.
9. Incorporating sound ethical and moral practices into their own personal value system.

Students have a right to expect that

1. They will not be exploited relative to time commitment for pay or profit of the conducting institution or its affiliates.
2. Enrollment in a program of nurse anesthesia grants certain rights and responsibilities to both the student and the program. These rights and responsibilities of each party should be fully understood and complied with.
3. A student's failure to achieve the goal within the time frame expected should be based on valid, reliable data and information from evaluations, viewed objectively and fairly and reviewed as may be required. Appeals mechanisms are available when decisions are contested. Fair and accurate evaluations of their progress in the educational program will be made and they will be kept informed of their progress.

Students will be held accountable for

1. The quality of preparation, completion, and performance of assignments
2. Complying with the policies and procedures pertaining to the program of nurse anesthesia and all affiliate sites. Student responsibilities may be defined at the time of enrollment in the program, or made part of the educational experience during the period of enrollment.
3. Their ethical and legal responsibilities for repayment of **student loans** from any source, public and private.
4. Monitoring their **Detroit Mercy email account**. Communications sent to the student through Detroit Mercy email shall be considered as adequate notice. Students must use their Detroit Mercy email account in communicating with University faculty and clinical coordinators.
5. Ensuring that the Program, the Detroit Mercy Registrar, and NBCRNA (nbcrna.com/) have the student's current contact information (name, email, postal address, phones) at all times.
6. Submitting current records, such as: case logs, licensure, certifications (ACLS and PALS), health status, immunizations and vaccinations, and other records which may be requested by the program from time to time.

ALUMNI

Graduates may 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 as specified by the student or graduate. A fee may be charged for processing of transcripts and records.

Records retained by the program after graduation may include grades, certification exam application, special awards or honors, licenses and certifications (e.g. ACLS). The Registrar has policies which assure that Detroit Mercy and the Nurse Anesthesia program are in compliance with applicable laws and regulations (including accreditation standards of the COA) concerning records retention. Student rights and responsibilities under FERPA are available at http://www.udmercy.edu/current-students/registrar/ferpa.php

Graduates have the right to expect that a complete, accurate transcript of student educational experiences will be forwarded to the NBCRNA (National Board for Certification and

Recertification of Nurse Anesthetists) upon graduation. It is the student's responsibility to arrange to take the National Certification Examination (NCE) within the NBCRNA's specified time period, and to ensure that all guidelines and deadlines for the NCE are followed.

FACULTY

Faculty members are expected to conduct themselves in a fair and conscientious manner in accordance with the ethical standards generally recognized within the academic community as well as those of the profession. Members of the faculty are expected to (except in cases of illness or other compelling circumstances):

1. Attend scheduled classes and appointments
2. Be available at reasonable times for appointments with students
3. Make appropriate preparation for classes and other meetings
4. Perform grading duties in a fair and timely manner
5. Communicate with students who have earned a failing grade prior to submitting the grade to the Registrar. The purpose of this is to ensure that the grade was arrived at accurately and fairly as well as to allow the student to present information relative to the grades.
6. Describe to students in writing at the beginning of a course the content and objectives along with the methods and standards of evaluation. This description of evaluation should include description of the relative weight to be assigned to various graded components.
7. Base all academic evaluation upon good-faith professional judgment
8. Not consider, in academic evaluations, factors unrelated to academic and professional achievement such as race, age, creed, gender, sexual orientation, color, national origin, marital status, religion, or any other factor prohibited by law or defined by COA.
9. Respect confidentiality of student information contained in University academic records. Faculty may release such information in connection with intra-University business, including releasing information to clinical preceptors and affiliate faculty without prior student consent, or as may be required by law
10. Not exploit professional relationships with students for private advantage; and refrain from soliciting the assistance of students for private purposes in a manner which infringes upon such students' freedom of choice
11. Give appropriate recognition to contributions made by students in research, publication, service, or other activities
12. Refrain from any activity which involves risk to the health and safety of a student, except with the student's informed consent, and, where applicable, in accordance with the University policy relating to the use of human subjects in experimentation
13. Respect the dignity of each student individually and all students collectively in the classroom, laboratory, clinics, and other academic contexts.
14. Classroom faculty (including guest lecturers who are CRNAs) must: be certified or recertified as a CRNA by NBCRNA, and have at minimum a Masters degree. If not a CRNA, they must have appropriate credentials and expertise.

CONDUCTING INSTITUTION

The program, the University, and affiliated clinical sites are responsible to:

1. Provide didactic instruction
2. Coordinate and carry out application and admission procedures
3. Provide classroom and laboratory space as needed for didactic courses
4. Provide for academic counseling of nurse anesthesia students
5. Coordinate advertising and public relations efforts
6. Provide professional liability coverage which applies to nurse anesthesia students
7. Provide for the clinical instruction and evaluation of nurse anesthesia students
8. Provide orientation to the clinical area
9. Evaluate students in the clinical area
10. Provide support for clinical research and studies
11. Provide the resources needed for effective operation of an educational program of high quality
12. Continually evaluate the program to ensure that it meets student needs and that graduates attain the desired outcomes
13. Prevent department needs from superseding students' needs
14. Conduct the program in compliance with all legal and accreditation standards
15. Facilitate access of COA to all records, individuals, and physical sites needed to perform its accreditation functions.

Detroit Mercy, as the conducting institution, has the right to expect that:

1. The nurse anesthesia faculty operate the program in accordance with the standards, policies, and procedures of the accrediting agencies, University, affiliate clinical sites, and the program.
2. Accurate and comprehensive records will be maintained, and these will be made available to on-site accreditation reviewers.
3. The program will submit annual reports and other submissions to the accrediting agency in a timely fashion.
4. The program represents itself with integrity and truthfulness in all communications.
5. It will be kept informed of program changes, accrediting agency evaluations and standards, and trends affecting nurse anesthesia education.
6. Applicants will be selected after review of their academic records, interview, and personal references.
7. Students will be aware of and follow department and institutional policies relative to patient care, personal health care habits, and in all other matters addressed in relevant policies.
8. Students will communicate with clinical instructors relative to their ability to perform procedures, throughout the perioperative period, and apply knowledge in their clinical internships.
9. Students will arrive prepared for classes, seminars, conferences, and clinical internship.

COUNCIL ON ACCREDITATION

1. It is the responsibility of the Council on Accreditation (COA) to
   a. publish all applicable standards necessary for accreditation and successful re-accreditation
   b. evaluate programs in their ability to meet the published standards.
   c. identify any areas of noncompliance and to inform the program accordingly.
   d. conduct periodic announced and unannounced site reviews to assess for compliance to published standards.
2. It is the responsibility of the Program to
   a. assist the COA in all requirements necessary to conduct a thorough evaluation.
   b. provide any required supportive documentation to demonstrate compliance.
   c. provide accurate and truthful statements and documents to COA.
   d. follow all policies and procedures published by COA.

3. PROFESSIONALISM AND INTEGRITY

Patient rounds, case preparation, reading, meeting attendance and other types of inquiry often have to be performed on the student's own time. Students shall conduct themselves in a professional and respectable manner during class time, clinical time and during professional meetings and seminars.

All students should be dressed neatly and appropriately when on hospital property (no shorts, sweat suits, etc.) See the various hospitals' dress code policies and the discussion below.

Professional decorum The Registered Nurse Anesthesia Student (RNAS or SRNA) is a representative of the specialty, the profession, the University, and the clinical affiliates. The maintenance of a professional appearance and demeanor facilitates the acceptance of the profession and the individual by patients and other health professionals. It is expected that students will assume responsibility for observing the following guidelines on professional behavior.

Guidelines for clinical conduct The developing professional bears the responsibility of representing the profession to patients, the public, and other members of the health care team. The following guidelines should be observed in representing the profession:

- Consistently demonstrate your concern for the welfare of the patient. Be thoughtful and professional when obtaining the history and performing the physical exam. Treat patients with respect and dignity, both in your interactions with them, and in your patient related discussions with other professionals. Demonstrate your concern not only for the medical problem but for the total patient.
- Conscientiously respect the rights of your colleagues. Be cooperative and considerate in all your professional encounters. Strive to assume an appropriate and equitable share of patient care duties.

- Approach your responsibilities with dedication. Be truthful in all professional communications. When meeting multiple demands, establish patient-centered priorities to guide you in completion of such work.

Dress code

Nurse Anesthesia students are representatives of the educational program, Detroit Mercy, clinical affiliates, the specialty, and the profession. All students are expected to maintain a neat, professional appearance and a high standard of personal cleanliness always.

General Guidelines: Students shall present a professional appearance while participating in any University related activity. **Business casual attire is mandatory** whenever students are in non-classroom settings where contact with other professionals is possible. Examples of these activities include but are not limited to:

- Classes held off-campus
- Non classroom professional or academic activities held on campus, especially those attended by outside guests, or university administrators
- Conferences, CAC, affiliate luncheons, etc.
- Professional related meetings
- Visits to hospital facilities, including patient visits, use of the hospital library, etc.

It should be noted that state or national meetings and other professional activities might require a higher decorum of business attire. The following items are **not** considered appropriate business casual attire:

- Scrubs (except on the anatomy lab class day, and only if no other requirement for business casual exists, such as a meeting attended by outside guests or university administration)
- Jeans or denim skirts
- Tee shirts (business casual shirts must be collared)
- Shorts
- Crop, halter or tank tops
- Athletic shoes, flip flops or casual sandals
- Sweat pants or tops
- Yoga pants or Jogging suits
- Ripped, torn or faded clothing
- Sleepwear
- Backless dresses or clothing more appropriate for evening
- Bib overalls, leggings, spandex or other form-fitting pants
- Mini-skirts, skorts, sun dresses, beach dresses, and spaghetti-strap dresses or shirts
- As a general rule, revealing or tight fitting clothing is not considered professional.
- Undergarments are not to be exposed at any time.

Additional guidelines

- Cleanliness and personal hygiene is required.
- Excessive cosmetics are not permitted.
- Excessive cologne or other fragrances can present a health hazard to others and therefore is not permitted. Cologne or fragrances of any kind are not permitted in clinical areas where patients may be exposed.

- Tattoos and body piercings other than earrings are to be covered at all times.
- All hair must be neat, clean and groomed.
- Facial or tongue piercings are not permitted.
- Excessive amounts of jewelry are not permitted.
- It is expected that hairstyles and hair colors are commensurate with professional appearance.

Clinical Setting: At varying times during the clinical year, students will be assigned clinical duties and responsibilities at affiliated and nonaffiliated hospitals, offices and clinics. These clinical training opportunities represent a privilege extended to the academic program. Students are reminded of their responsibility to dress and act in compliance with the guidelines of the institution where the rotation is conducted. Students will assume the dress codes of the clinical site, and it is the student's responsibility to determine the specifics of the guidelines in each new situation. In addition to site policies:

- Program identification/name tags MUST be worn while on the hospital grounds and at all clinical training sites. The hospital or university issued identification badge must also be worn at all times while on those sites. All RNAS must be clearly and continuously identified as students during clinical experiences. No other credentials will be displayed on the student I.D. badge.
- When leaving the OR suite for patient rounds, students are expected to follow clinical site guidelines for proper attire (e.g. lab coat) when outside of the surgical suite.

Classroom Setting: The Detroit Mercy identification card must always be worn on campus. It is understood that classroom lectures can be long, and that comfort is important. However, graduate students and advanced practice nurses may be viewed as role models to undergraduate students and have a responsibility to project a positive image of their chosen field. As a result, it is expected that the student maintains a professional appearance**.** Casual business attire guidelines as outlined above should be considered appropriate. Instructors may allow (by statements in their syllabus) jeans, shorts or tee shirts that are clean, not torn and of appropriate fit as well as casual footwear.

Confidentiality of Medical Record & Health History Information (HIPAA)

All data gathered about the patient and his/her illness, including all items within a patient's medical history, are privileged information (protected health information [PHI]).

- Students should not discuss or present PHI in a manner or situation which would violate the confidential nature of that record.
- Charts or contents (e.g., lab reports, sticky labels, etc.), are not to be removed from the hospital or clinical setting.
- Clinical anesthesia conferences should be conducted by student presenters so as to safeguard patient PHI and provider identity.
- Case studies presented in the classroom shall protect PHI. Students may discuss their case presentations with the involved parties of the case (CRNA, MDA, Surgeon) as needed, but should not discuss the particulars of these cases with individuals outside the classroom.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates Federal privacy protection for individually identifiable health information. Standards have been set for health care providers who transmit health care transactions electronically. In your studies, and during your clinical practice, you need to be aware of these requirements, and additionally, the health care provider will often train you on their HIPAA policies and practices. Some of the pertinent requirements of HIPAA are:

- Notifying patients about their privacy rights and how their information is used.
- Adopting and implementing privacy procedures for the practice or hospital.
- Training employees so that they understand the policies.
- Designating an individual as a Privacy Officer, who is responsible for seeing that the privacy procedures are followed.
- Securing patient records containing individually identifiable health information so that they are not readily available to those that do not need them.

While participating in clinical practice, you will be expected to comply with HIPAA requirements, and you need to conduct yourself in the following manner during any clinical experience:

- Use safeguards to prevent the use or disclosure of PHI other than for your direct performance of services.
- **Do not:**
    - Photograph the OR schedule (or anything else in patient care areas). Do not take photographs of patients including their anatomy, incisions, wounds or other unusual findings, even if the patient is not identifiable in the photograph.
    - Remove patient stickers from the chart for case recording purposes.
    - Access your own medical records, or the records of anyone except those individuals whom you are caring for.
    - Discuss CAC cases, or cases presented in the classroom, outside of those settings.
- Notify your supervisor or faculty member of any use or disclosure of PHI that is contrary to your service and its purposes.
- Cooperate and abide by the training, policies, and procedures of the health care provider. Ensure that fellow students do the same.

Patient records; Instructor review and countersignature

On each clinical rotation, it is the student's responsibility to ensure that all patients seen by the student are also seen by the supervising clinician. The supervisor should also review all student notes written in medical records and countersign these documents. Countersignature by a licensed clinical instructor (CRNA or physician) is required. ***Under no circumstances should a student initiate care for any patient on any rotation without prior consultation and approval of the clinical supervisor.*** These guidelines must be strictly adhered to for the student's protection and the protection of the patients seen by students.

TITLE AND IDENTIFICATION

Role and title confusion are common problems encountered in dealing with patients, e.g., some patients identify all those wearing white coats as physicians. Students should be aware of this problem and avoid misrepresentation by politely explaining their role and position.

- In professional interactions with patients and others, a student should introduce himself or herself as a Registered Nurse Anesthesia Student using the title of Mr. or Miss, Mrs., or Ms.
    - Equivalent phrases are acceptable provided they clearly convey who is caring for the patient, and who is supervising the student, such as
        - "I am Ms. Xavier, a Registered Nurse in training with the anesthesia department. I will be working with Ms. Y, the nurse anesthetist, and Dr. Z, the anesthesiologist."
        - Or "I am a Registered Nurse pursuing a graduate degree in Nurse Anesthesia at Detroit Mercy. I will be working with …"
        - Or similar expressions.
- Students should use the designation, RNAS, following all notations in charts, records, and other medical forms.
- In all professional communications, including paging or beepers, a student should introduce him or herself as a Registered Nurse Anesthesia Student. No student should casually accept being addressed as “doctor.”
- Likewise, patients should be addressed respectfully, with their last name, e.g. “Mr. Smith” or “Ms. Jones.” Do not use their first names, nicknames, or terms of endearment more appropriate in informal or family settings (e.g. “sweetie”).

Students may be subject to sanctions within the Program for failure to observe any of these ethical guidelines.

Practice and professional ethics

The program expects students to adopt and observe the AANA Code of Ethics (https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/code-of-ethics-for-the-crna.pdf?sfvrsn=d70049b1_2). Violations of this ethical conduct standard will be regarded as professional and academic misconduct and failure to meet clinical performance objectives and be subject to review and possible sanction as such.

4. CURRICULUM, FACULTY, COURSE DESCRIPTIONS

In fall 2019 the program admitted its first DNP cohort, and its last Masters degree cohort. Both are discussed below and are also available in the Graduate Catalog http://www.udmercy.edu/catalog/.

MASTER OF SCIENCE CURRICULUM

This curriculum leads to the degree Master of Science in Nurse Anesthesia (MSNA). It is typically taken in 27 months ("full time"). We no longer admit students to the 39 month MSNA curriculum ("extended" or "part time").

Full-Time (27 month) Track

The listing includes course number, title, and credit hours. These credit hours are based on 4 month terms. For example, BIO 5380 meets for 4 hours of lecture per week, over a four month period (4 x 16 = 64 contact hours total). Please note that only classroom experiences follow this format. Clinical Internships or research classes may require more time commitment than indicated by their credit weight.

- **Term 1 Fall** 16 credits
  - BIO 5380 Physiology I (4)
  - ANE 5600 Pharmacology I (4)
  - BIO 5420 Gross Anatomy (2)
  - BIO 5440 Gross Anatomy lab (2)
  - ANE 5490 Principles of Nurse Anesthesia I (3)
  - ANE 5491 Physical Assessment (1)
- **Term 2 Winter** 15 credits
  - BIO 5390 Physiology II (4)
  - ANE 5610 Pharmacology II (4)
  - ANE 5500 Advanced Principles of Nurse Anesthesia I (4)
  - ANE 6010 Clinical Internship I (1)
  - ANE 5700 Principles of Regional Anesthesia (2)
- **Term 3 Summer** 11 credits
  - ANE 5510 Advanced Principles of Nurse Anesthesia II (4)
  - ANE 5300 Physics and Biomedical Instrumentation (3)
  - PYC 5030 Statistics (3) (may be taken prior to enrollment or any term before Term 5)
  - ANE 6020 Clinical Internship II (1)
- **Term 4 Fall** 8 credits
  - ANE 5520 Advanced Principles of Nurse Anesthesia III (2)
  - HLH 5500 Research Methodology (3)
  - ANE 5100 Professional Aspects (2)
  - ANE 6030 Clinical Internship III (1)
- **Term 5 Winter** 5 credits
  - ANE 6990 Master's Project (3), or Elective (3); see below
  - ANE 6100 Seminar (1)
  - ANE 6040 Clinical Internship IV (1)
- **Term 6 Summer** 2 credits
  - ANE 6110 Pathophysiology Review (1)
  - ANE 6050 Clinical Internship V (1)

- **Term 7 Fall** 2 credits
    - ANE 6120 Seminar (1)
    - ANE 6060 Clinical Internship VI (1)

  Total credits = 59.

Students may elect to perform a research project. In this case they will choose ANE6990 Master's Project for one (1) credit in **each** of Terms 5, 6, and 7. Students who do not complete the project will take one three credit elective before graduating.

Elective coursework is subject to the approval of the Director and could include topical areas such as health care law, finance, ethics, or management. Check the class listings in Health Professions (HLH), Addiction Studies, Health Services Administration, etc. Popular electives in the past have included HLH 5700 HC Policy, HLH 5320 Health Promotion and Risk Reduction. Health Services Admin (H.S.A.) has grad courses on HC finance and legal aspects. It is up to each student to match their interests with course availability and topic. Please do not choose an elective that meets on a clinical day.

DOCTOR OF NURSING PRACTICE-NURSE ANESTHESIA CURRICULUM

The 87 credits are taken in 36 months. Doctoral Core Courses are all year 1 courses (except BIO 7420/7440), NUR 7300, & Doctoral project courses (ANE 7800, 7900, 7920).

1. In the first 12 months of the curriculum, the student takes 9-10 credits per term and has no clinical component. It may be realistic for some students to remain employed (part time or perhaps more) during this period. How many hours you can continue to be employed depends on your energy level, family responsibilities, and how well you are doing in the classroom.
2. In Year 2 & 3, the student has more intense clinical and classroom commitment. The time commitment is 60 or more hours per week year-round. It is suggested that students will do better without any outside work responsibilities in view of the demands of the clinical area, board preparation, and the doctoral project.

- **Term 1 Fall** 10 credits
    - NUR 5030 Analytic Methods (3)
    - NUR 7500 Evidence Based Practice Theory Design Methods (3)
    - BIO 7420 Gross Anatomy (2)
    - BIO 7440 Gross Anatomy lab (2)
- **Term 2 Winter** 9 credits
    - NUR 5160 Advanced Health Assessment (3)
    - NUR 7450 Analytical Methods for Evidence-Based Practice (3)
    - NUR 7000 Advanced Theory Development (3)
- **Term 3 Summer** 9 credits
    - NUR 7400 Information Management Decision Support (3)
    - HLH 7100 Healthcare Policy Economics & Law (3)
    - ETH 7010 Ethical Issues (3)

- **Term 4 Fall** 13 credits
    - ANE 7490 General Principles of Nurse Anesthesia (4)
    - ANE 7600 Anesthesia Pharmacology 1 (4)
    - BIO 5380 Physiology 1 (4)
    - ANE 7010 Clinical Internship 1 (1)
- **Term 5 Winter** 15 credits
    - ANE 7500 Anesthesia for Surgical Procedures & Special Populations 1 (4)
    - ANE 7610 Anesthesia Pharmacology 2 (4)
    - BIO 5390 Physiology 2 (4)
    - ANE 7700 Principles of Regional Anesthesia (2)
    - ANE 7020 Clinical Internship 2 (1)
- **Term 6 Summer** 11 credits
    - ANE 7510 Anesthesia for Surgical Procedures & Special Populations 2 (4)
    - ANE 7350 Quality Safety & Professional Aspects of Nurse Anesthesia (3)
    - NUR 7300 Transformational Leadership & Innovation (3)
    - ANE 7030 Clinical Internship 3 (1)
- **Term 7 Fall** 8 credits
    - ANE 7520 Anesthesia for Surgical Procedures & Special Populations 3 (2)
    - ANE 7100 Physics & Biomedical Instrumentation (2)
    - ANE 7800 DNP Project Proposal (3)
    - ANE 7040 Clinical Internship 4 (1)
- **Term 8 Winter** 6 credits
    - ANE 7900 DNP Practicum Project Implementation (3)
    - ANE 7200 Epidemiology & Population Health (2)
    - ANE 7050 Clinical Internship 5 (1)
- **Term 9 Summer** 6 credits
    - ANE 7920 DNP Doctoral Project (3)
    - ANE 7210 Epidemiology & Population Health Seminar (1)
    - ANE 7110 Pathophysiology Review (1)
    - ANE 7060 Clinical Internship 6 (1)

Total 87 credits

FACULTY

Administrative Faculty

Greg Bozimowski CRNA DNP, Professor and Assistant Program Director
Michael P. Dosch CRNA PhD, Professor & Chair
Petra D. Hurt CRNA MS, Affiliate Clinical Coordinator
Andrea Teitel CRNA MS, Affiliate Clinical Coordinator

Didactic Instructors

Greg Grabowski, PhD
Mary Tracy-Bee, PhD
Various Nursing faculty teach the NUR courses.

COURSE DESCRIPTIONS

Nurse Anesthesia course descriptions are found in the current Graduate Catalog.

5. ACADEMIC POLICIES

Policies in the Detroit Mercy Graduate Catalog & MSON Graduate Nursing Handbook apply unless they are superseded by the policies found here.

REGISTRATION

Prior to the beginning of each semester of attendance, students are required to register in accordance with Detroit Mercy procedures. Registration must be completed before the student can attend classes. Students will receive a tuition billing statement from the University. Registration is accomplished through TitanPass (https://my.udmercy.edu) (requires login).

For important dates, please review the Academic Calendar published by the Registrar.

ATTENDANCE POLICIES

Available clinical release time bank Students have a total of twenty days of clinical release time available once they begin clinical internships. Days are deducted when students request time off (vacation), or when they call-in (without prior arrangement or valid excuse) as unavailable for class, learning activities scheduled as part of a class (e.g. simulation labs, or workshops on regional, etc.) or clinical days.

Class Attendance for lectures and exams is mandatory. Due to the large volume of classroom material, it is very difficult for students to make up missed class lectures. Due to the nature of the course, it is expected that professional courtesy be extended by students to each other as well as faculty. The instructor must be notified by the student if the student is unable to attend classes on a given day, and the student must also call in their absence to the Program offices (and send an email to the CRNA faculty responsible for scheduling), as they would for a clinical day absence. Instructors are requested to notify program administration if students are absent or consistently tardy to class. Class day absences will be deducted from the student's clinical release time once they have matriculated into the clinical portion of the curriculum.

Clinical Students are allowed not more than five unscheduled absences (call-ins on clinical or class days) during the program. Students must call in at least one hour before their scheduled arrival time when they are ill. **While on rotation, you must call the clinical site as well as the program offices at 313-993-3291**. In addition, **you should also send an email message** to Ms. Petra Hurt notifying her of your absence. Call-in's on weekends or off shifts must be made up. These make-up days shall be rescheduled at the discretion of the program chair or clinical coordinator (see Scheduling). All unscheduled absences greater than five **must** be made up in the clinical area **after** the last normally-scheduled clinical day. Makeup days are not permitted during the program unless approved in advance by program faculty.

Consistent or patterned absence or tardiness to clinical causing disruption of staff and/or necessitating changes in clinical assignments (including changes in clinical rotations) will result in disciplinary action, up to and including dismissal from the program. Examples of patterned absences include Friday and Monday absences, or requests just prior to or after exams.

COURSE POLICIES

A course syllabus is distributed to each student by the instructor at the beginning of each semester. This outline may include a course description, learning objectives, student obligations, required texts and a description of the evaluation process. The syllabus may also contain statements of the Detroit Mercy Academic Misconduct policy, Disability Support Services, and UDM Title IX language and policies.

EXAMINATIONS

During exams: Calculators built into the exam software are available for the student. In the event an exam utilizes a different format, only basic calculators without memory or other functions may be used. The only materials allowed at student desks are scrap paper, pencils/pens and erasers. Purses, cell phones, water bottles, or backpacks are not allowed. You may not use or wear electronic devices. This includes cellular or fitness tracers such as Fitbit TM or Apple^{TM} watches. You may be required to show picture identification to be permitted to enter the test center. No materials will be allowed in the computer lab. You may use a locker (if available) for storage of personal items during your exam. Scrap paper, if distributed, will be collected at the end of the exam. Talking during exams, except when asking a question to the proctor will result in the student receiving a grade of zero for that exam. Cell phones must be turned off and kept off your person (or silenced and not answered). Students agree by their presence in the examination room that they will not participate in any form of cheating including, but not limited to:

- **Copying, communicating, photographing, recording, or sharing examination questions or answers from, or with, another student whether current or future.**
- Using "cheat sheets" or hidden materials with possible test information during an examination
- Using test breaks or bathroom breaks to research test answers or share information with others
- Stealing, gaining access to, reproducing, distributing, or using unauthorized information, material, or assistance related to examinations.
- Participation in any activity which gives a student an unfair advantage over others.

Scoring: Results of scoring will be available for students to review. Student rebuttals to any question(s) will only be accepted if they are typed/word processed, include a text reference from a required or recommended text for the course, and are submitted via email within 24 hours of the end of the exam. The instructor shall have two weeks to respond. Rebuttals will not be accepted for final exams unless they would change the letter grade the student received for the course.

Examination dates: Examination dates, times, and locations may be changed at the instructor's sole discretion. Make-up exams for those unable to write an exam on the scheduled day will be scheduled only on approval of the program director and/or the instructor. It is expected that the student contact the course instructor 24 hours prior to missing an examination. If this notice is not received, make-up exams will only be given in the event of illness with a physician's note, death in the family with a notification, jury duty with notification, or auto breakdown with a dated repair bill. Make-up exams may not contain the same items or be in the same format as the original exam. If a student arrives more than 30 minutes after the scheduled exam start time, they must reschedule an alternate date. Students will incur a 3 point penalty deducted from their score on any make-up exam, if the make up was scheduled because they were absent from the original exam without prior notice, or if they arrived more than 30 minutes after the original exam start time without valid and documented extenuating circumstances.

Computerized Testing: Several testing modalities may be used including computerized testing (in person or remote-proctored), Scantron, or pencil and paper. Exams will be given at a time and place announced by the course instructor. The exam may be scored immediately upon submission. If the computer goes down or a student is unable to complete for any reason, there are several options available to the class instructor.

- The computer can be rebooted, and the student may resume or restart the test. The instructor will enforce the time allotted for exams. The student may be given a written examination or computer examination.
- The student may be rescheduled on a different time and date.

The option chosen will depend on whether there is enough time for the student to take the exam. Any attempt to access an exam a second time (each entry into the test is recorded by the computer) will be considered a violation of testing protocol, and the student will receive a zero for that exam. The same is true in the event a student fails to accept the stated rules at the beginning of the testing session. Failure to follow any policy or guideline related to exams, stated in syllabi or this handbook, will result in your exam being voided and a grade of zero assigned for that exam without chance of remediation.

WARNING: Students are responsible for determining how much time they have to take each exam and finishing within the time limit.

WARNING: The score or percent correct displayed on screen at the end of a computer-administered exam, or in the course site Gradebook in Blackboard (https://blackboard.udmercy.edu/) is for your feedback only. These may differ slightly from your exact score due to rounding and other reasons. Please consult the individual syllabus for details of how grades are calculated.

WARNING: It is the student's responsibility to assure that an electronic exam is properly submitted and uploaded as instructed in order to receive credit for the exam. Answers may not be recoverable if this is not completed correctly. The student is responsible for asking for assistance from the proctor if needed. For more information see: https://examsoft.force.com/etcommunity/s/article/New-Portal-Taking-Exams-with-Examplify

Scantron and Written Testing: Answer sheets must be completed in number 2 pencil when Scantron is used. If Scantron is not used, students must use a pen for the sake of clarity.

The exam booklet must be turned in with the answer sheet. Credit will only be given for answers indicated on the answer sheet, not on the exam booklet. Exams must be kept flat on the desk (this means that you may not lift your exam booklet or answer sheet to a vertical position while reading questions). Exams will not be returned to students; however an opportunity will be provided after class, or subsequently, for the students to review their exam. The exams must be returned to the instructor after student review, otherwise the student will receive a zero for that exam.

GRADING SCALE

Each classroom instructor will communicate the course's exam schedule, grading scale and exam format to students at the beginning of the semester. Individual instructors are responsible for determining the grading system for their course. This information will appear in the course syllabus. Instructors have final authority to use, or to modify this suggested grading scale:

- A $\geq$ 93.0
- A- $\geq$ 90.0
- B+ $\geq$ 87.0
- B $\geq$ 83.0
- B- $\geq$ 80.0
- C+ $\geq$ 77.0
- C $\geq$ 73.0
- D $\geq$ 70.0
- F < 70.0

Appeals, Notifications: program administration is notified by the course instructors of any student deficiencies during the semester. Mid-term grades will be submitted to the program director each semester. Students may access their grades in TitanPass (MyPortal) at any time after they are posted.

The classroom instructor and program administration reserve the right to require additional course work of any student when that student's command of a particular subject is questionable or unsatisfactory at any time.

Disputes involving grading should be presented first to the individual instructors. Disagreements which cannot be resolved by the student and classroom instructor will be resolved by the policy in this Handbook (see chapter entitled Committees; Grievance and Appeals).

Repeating Courses Except as otherwise determined by the program director, no student will be allowed to repeat any course.

TRANSFER CREDIT

Please see the current University Graduate Catalog (choose the current Graduate Catalog, then select “Admission to the University”, then select “Transfer of Credit”). The overall policy found there is modified as follows.

The program does not grant advanced standing. Applications for transfer credit should be made to the program Chair or designee in writing via email. Approved transfer credit will not change the flat rate fee structure for the student. Petitions for transfer credit are limited to the following courses: NUR 5160 Advanced Health Assessment, and NUR 5030 Analytic Methods for Clinical Practice (Statistics). If you wish to petition for transfer credit, ensure that an original transcript is submitted showing graduate coursework completed within 5 years with a grade of B (3.0) or better. You must write the program Chair with your request, enclosing a copy of the

syllabus and topical outline for the course as taught in the term you took it. The Chair may approve or deny your application after reviewing how closely the course you took matches the coursework offered at Detroit Mercy in course objectives, topical coverage, assignments, and assessments.

CURRICULUM TRANSFER

After matriculation, students are not allowed to transfer from the Masters curriculum track to the DNP curriculum, nor vice versa. Students experiencing personal or financial hardship may petition for a leave of absence (policy is elsewhere in this handbook). Students who withdraw but wish to continue in the program at a later time do not re-enter the program automatically. They shall only do so through the regular admissions process.

ACADEMIC MISCONDUCT

ACADEMIC INTEGRITY POLICY

As members of an academic community engaged in the pursuit of truth and with a special concern for values, students are expected to conform to high standards of honesty and integrity in their academic work. The fundamental assumption under which the University operates is that work submitted by a student is a product of his or her own efforts. Among the most serious academic offenses is plagiarism, submitting the style of another author or source without acknowledgment or formal documentation. Plagiarism occurs when specific phrases or entire passages, whether a sentence, paragraph, or longer excerpt, are incorporated into one's own writing without quotation marks or documentation. One also plagiarizes by paraphrasing the work of another; that is, retaining another writer's ideas and structure without documentation. Students are advised to always set off another writer's exact words by quotation marks, with appropriate references. Students avoid plagiarism by concentrating on their own words and ideas and by fully crediting others' work and ideas when they find their way into the writing. Whenever in doubt, cite the source. Students who purchase essays from other students or agencies or who obtain test questions (partial or complete) from one another, former students, or from prohibited sources, commit the most serious type of academic dishonesty. The consequences of plagiarism, or any act of academic dishonesty, may range from failure in an examination or course, to dismissal from the University.

CHP HONOR CODE

Students in the College of Health Professions at the University of Detroit Mercy are expected to exhibit behaviors that epitomize academic, professional and personal integrity. They are committed to the traditions of the Sisters of Mercy and the Society of Jesus that emphasize values, respect for others, and academic excellence. Adherence to such high standards is necessary to ensure quality in education and clinical care in all College of Health Professions programs. A student’s acceptance into a program of the College of Health Professions is conditional upon signing an affirmation of the CHP Honor Code (scroll down).

FRATERNIZATION

Faculty who have personal or business relationships with students beyond the normal faculty role will not be the sole supervisor for these students in classroom or clinical. These faculty will disclose outside relationships to the program director, who will excuse them from any deliberations on that student's academic progress.

GRADUATION

Criteria

To be eligible for graduation, all students must meet didactic and clinical requirements including completion and submission of all required classroom work, such as the doctoral project. Specific criteria and terminal performance objectives for the clinical curriculum, which cover affective, ethical, and behavioral aspects, are located in this Handbook. Expectations for didactic courses are published in their respective syllabi (available in the program offices and online in Blackboard). All of these must be met prior to graduation.

Program requirements that must be completed:

1. Program property returned (including locker, keys, parking pass and I.D. badge), library material returned.
2. All financial obligations met and no holds of any type on academic record
3. Forwarding addresses left with the program (for graduate, and for their employer)
4. All terminal objectives met
5. Petition to graduate filed with Registrar's office at U of D Mercy at the beginning of the last semester of the program
6. Current ACLS and PALS certification, and current RN license
7. Exit interview completed
8. Final case record totals submitted, which show completion of all requirements of the National Board for Certification and Recertification of Nurse Anesthetists (NBCRNA), and the Council on Accreditation of Nurse Anesthesia Educational Programs
9. Final semester course evaluations completed
10. Copy of SEE exam results on file in the Program office
11. Any clinical release time taken in excess of the allotment, or clinical time lost due to a leave of absence, are made up.
12. Recommendation from the Academic Progression Committee, based on results of a terminal evaluation, attesting that the student has met all requirements and is ready to graduate.

Deferral of Graduation

Detroit Mercy and the Nurse Anesthesia faculty reserve the right to defer a student's graduation until all requirements are met; including terminal clinical and behavioral objectives, attendance make-up days, and financial obligations. The program will not send a final transcript to the NBCRNA until all graduation requirements are met and any holds on the transcript are cleared.

SUPERVISION OF STUDENTS

Purpose To establish guidelines for instruction of registered nurse anesthesia students (RNAS).

Policy

1. This policy is a minimum expectation that applies to all sites. Any clinical site may supervise students more closely or continuously to fit local needs and practices.
2. Supervision at clinical sites is limited to CRNAs and anesthesiologists who are qualified (institutionally credentialed to practice) and immediately available for consultation. Instruction by graduate registered nurse anesthetists or physician residents is never appropriate if they act as the sole agent responsible for the student. Under no circumstances should a student be supervised by unlicensed personnel (e.g., anesthesia assistant).
3. RNAS will be supervised at a faculty: student ratio of 1:1 or 1:2, except where patient safety considerations dictate that this be modified. The clinical supervision ratio of students to instructor ensures patient safety by taking into consideration: institutional policy, the complexity of the anesthetic and/or surgical procedure, the student's knowledge and ability, and the patient's health status. At no time should the number of students directly supervised by an individual clinical instructor exceed 2:1.
4. **The clinical instructor's continuous presence and observation is required while a student is on clinical probation**.
5. The RNAS may be left alone in the operating room while providing an anesthetic at the discretion of the CRNA or physician anesthesiologist. While the RNAS is alone, the CRNA or anesthesiologist must be immediately available (within the OR suites, and able to respond immediately if called to the room).
6. Junior RNAS
    - In clinical internships 1, 2, and 3 junior RNAS will be supervised 1:1 (assigned to an OR with a CRNA or physician anesthesiologist who has no other assignment).
    - Instructors may leave the operating room for brief periods (breaks, lunches) when assigned with a junior student provided the patient's medical history and the operative course are uncomplicated.
7. Senior RNAS
    - In the last twelve months of their educational program (clinical internships 4, 5, and 6), senior RNAS may be supervised 1:1 or 1:2 by a CRNA or physician anesthesiologist.
    - The instructor may leave the room for periods dependent on the patient's medical condition, the operative course, and their assessment of the senior's demonstrated knowledge and ability.
8. Supervision outside anesthetizing areas
    - Students may participate in educational activities involving non-anesthetizing duties of a Nurse Anesthetist. These activities may include, but are not limited to, resuscitative services, postoperative rounds, assisting in obtaining intravenous access and respiratory or pain service rotations. During the other activities listed, students may be supervised by qualified nurse anesthetists, physician anesthesiologists, other physicians, respiratory therapists, or registered nurses, provided that those accepting

responsibility for supervision of nurse anesthesia students are entitled by license, hospital credentialing, or job description to perform these duties.
- Students responding to code, rapid response, or respiratory distress calls are required to do so only under the direct supervision of a licensed anesthesia provider who is physically present.

Procedure The decision as to when students are experienced enough to be left alone during an anesthetic will be made based on the following:

- Institutional policy
- Complexity of the surgical procedure.
- Medical stability of the individual patient.
- Level of experience (number and types of cases completed).*
- Individual clinical skills, in a student who is in good academic standing.*
- Completion of didactic courses appropriate to the surgical case.*

* This information is available through the student's case records on Typhon, through the clinical coordinator at each site, or by calling the program administrative faculty directly.

6. SCHEDULING

TIME COMMITMENT

Successful completion of the program requires a substantial time commitment. For the Masters degree, and Year 2 & 3 of the DNP, this commitment averages 55-60 hours a week, year round, assuming that two hours of study are required for each class hour (credit). This figure includes time spent in the classroom, in clinical, and in study. For Year 1 of the DNP, the time commitment is expected to be 27-30 hours per week.

HOLIDAYS

Throughout the program the student may be scheduled on duty for each of three shift rotations, including weekend experiences. Students will be granted nine (9) holidays per year: New Year's Day, Martin Luther King Day, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Day, Good Friday, and Easter. Vacation requests during holiday weeks may be limited to 50% of the student body. In this case, a random selection will be utilized to determine which students are eligible for vacation.

CLINICAL TIME- ASSIGNED HOURS PER WEEK

For the DNP, clinical begins in Year 2:

- Fall term 4: 16 hours/week
- Winter term 5: 16
- Summer term 6: 24
- Fall term 7: 40
- Winter term 8: 40
- Summer term 9: 40

For the MSNA, clinical begins in term 2:

- Winter term 2: 16 hours/week
- Summer term 3: 24
- Fall term 4: 32-40
- Winter term 5: 40
- Summer term 6: 40
- Fall term 7: 40

Hours are per week and are subject to change. These hours are ***SCHEDULED*** hours. Students may be required to arrive earlier than their scheduled start time in order to prepare, and to stay after their scheduled departure when good learning experiences are available.

FLEXIBLE SCHEDULING (OPTIONAL)

Students who qualify will be considered for flexible scheduling. This privilege is usually reserved for students in their senior year of study. Program administration reserves the right to cancel flexible scheduling as necessary if it does not meet the needs of the clinical site, if abuse of the privilege occurs, or for presently unforeseen reasons. Students eligible for participation will be chosen based on performance in their didactic curriculum and on their clinical evaluations. All students may not be eligible. The weekly scheduled time commitment for flexible scheduling will not exceed 40 hours, averaged over a four-week period (counting class days and CAC as 8 hours, and clinical as either 8 or 12 hours). Class days will count as 8-hour days whether they exceed or are less than 8 hours actual class time. The 12 hour shifts will be scheduled by Detroit Mercy faculty and may be on days, afternoons, or midnights.

Program administration would like to ensure that all involved understand that the purpose of a flexible schedule is solely to allow them more time to study, as well as meet the needs of the anesthetizing areas of the clinical site. Students shall not be scheduled for 16 hour shifts (unless specific prior arrangements are made with the Detroit Mercy faculty who makes the student schedule, and permission is obtained). The Hutzel obstetrical rotation and the Grace Trauma rotation may include 16 hour shifts.

Selected clinical sites may initiate flexible scheduling to optimize the students' clinical experiences. The student shall not approach the clinical site coordinator to initiate schedule changes without permission from the Program scheduling coordinator. ***The student must notify program administration of any changes in or variances from the published schedule within 24 hours*** prior to any changes from the schedule published by Detroit Mercy faculty.

CLINICAL RELEASE TIME

Requests Clinical release time of twenty (20) days will be granted during the clinical internships. Requests for days off must be in writing, submitted by email to program administration before the deadline, and approved in advance. Students will be scheduled for didactic and clinical experiences by program administration. Requests are due for the upcoming month on the CAC of the second preceding month (CAC is held on the 2nd Wednesday of the month). For example, September requests are due not later than the CAC date in July. Request

forms are located on Blackboard https://blackboard.udmercy.edu). Finals week is not subject to requests (i.e. for sequencing of exams) since that week's schedule is determined by instructor availability. Students may be scheduled in the clinical area during finals week.

Student requests are limited to two weekend requests per month. Students may switch assignments to a rotation in the current month with another student only with prior approval of the director/assistant director. ***No clinical release time will be approved during the final two weeks of the program, or on the first clinical day of a new rotation.***

Use of Time All students shall take 10 days of their time in one-week blocks. Students are encouraged to take a one-week block of release each year that they are matriculated in the program. The balance of the student's time (10 days) may be taken as individual days. One-week blocks will be approved during times when didactic classes are not scheduled (e.g. Detroit Mercy Spring Break week, Semester breaks, Week of July 4th [excluding the first day of July rotation], and the week between Christmas and New Year).

Students will be scheduled in class based on instructor availability and University schedules. Program business such as student meetings, certification exam review, and evaluation conferences will be held at monthly meetings. Any other days off must be scheduled as clinical release time.

Personal illness or family emergencies necessitating extended absences will be counted as clinical release time. Students will notify and/or request such absences from the program chair or designee. Students are not permitted to request time off on class days, while on probation, or during clinical research data collection. Vacations while rotating to specialty clinical sites will not be approved. Examples of specialty rotations include: Obstetrics, Veterans Administration, Hillsdale, Gerber, Mackinaw Surgery Center, Children's Hospital of Michigan, and Grace Trauma. For the Children's Hospital rotation, vacation requests are limited to one vacation request for the month (e.g. a long weekend). Note that the class day is differs (Thursday, rather than the usual Wednesday) during the rotation to Children's Hospital of Michigan.

Special circumstances that require class time off must have prior approval of the director/assistant director and the classroom instructor. Any day missed (whether class day or clinical day) will be counted against the 20-day allotment. Vacation requests for CAC or MANA meetings must be approved by the Program Chair.

UNSCHEDULED ABSENCES

Students are allowed not more than five of their 20 total days as unscheduled absences (call-in's) during the program. Students must call in at least one hour before their scheduled arrival time when they are ill. While on rotation, students **must call the clinical site as well as the program offices at the university** (**313-993-3291**) by one hour before your scheduled shift. You **must also send an email** to hurtpe@udmercy.edu notifying the scheduling coordinator of your clinical or class absence. Call-in's on weekends or off shifts must be made up, and will be re-scheduled at the discretion of the program director. The maximum amount of time to be made-up is 5 days. Use of time (scheduled and unscheduled absences together) in excess of 20 days or patterned absences are grounds for dismissal. Documentation of the number of unscheduled absences will appear in letters of recommendation required by future employers.

Two days will be deducted from a student's vacation bank for

1. No call/no shows (This is also grounds for immediate dismissal.)
2. Calling-in ill at an affiliate clinical site, but failing to notify the program office (313-993-3291) of this call-in
3. Unexcused class absences, but failing to notify the program office of this call-in

A student who calls in as unavailable for clinical on the last day preceding, or the first day following, a scheduled block of days off must bring in a note (e.g. from a healthcare provider) documenting their illness. Failure to submit documentation of absence necessary for health or other reasons, will be considered an unscheduled absence.

Students are required to attend certain required events that occur outside of class or clinical time (e.g. graduation, seminars, simulation labs, workshops, and conferences). Non-attendance will be treated as an unscheduled absence.

AFFILIATE SITES REQUIREMENTS

Students may be required to document their credentials and health/vaccination status via secure web sites (Typhon or ACEMAP) which are accessible to the affiliates. Students must document and upload or otherwise provide copies of health information (e.g. current TB test, immunizations, influenza vaccination) before rotating to many sites. Select rotations require specific documentation, credentials and paperwork prior to your first day of clinical. Examples include Hillsdale Community Hospital, Veteran's Administration Hospital, Children's Hospital of Michigan, Gerber Memorial Hospital, and Henry Ford Wyandotte Hospital. Forms are located on Typhon. CHM will mail you a hard copy packet just prior to the start of your rotation.

Students must have current licensure as an RN at all times in clinical (there is no grace period). Documentation of these requirements must be current at all times.

Current information specific to requirements at each clinical site is posted on Typhon, and distributed during orientation at a clinical affiliates' lunch. It is the responsibility of the student to keep track of their clinical rotation credentialing requirements based upon upcoming clinical rotations. Note that credentialing and computer access can take 4-6 weeks. Students **must** initiate credentialing and other processes well ahead of time. If they do not, days missed from clinical are counted as unscheduled absences.

SEE EXAM AND VACATION BANK

Students are required to complete the Self Evaluation Examination offered by the NBCRNA in their senior year. Students are not granted extra time off to take the SEE examination. The list of students to take the SEE is provided to NBCRNA following the January or February monthly meeting (CAC). Students then visit NBCRNA to complete the registration process. A day will be deducted from the allotted time of any student who does not complete the SEE examination by May 30. A second day will be deducted if these results are not on file by June 30. A third day will be deducted if these results are not on file by July 30. It is the student's

responsibility to submit a copy of their results by the deadlines, if the program is unable to obtain a report directly from NBCRNA.

SEE will be taken a second time if the student does not attain a required minimum score (posted in board review class syllabus & CAC minutes annually). Retakes must be complete by September 30.

BEREAVEMENT TIME

Requests for bereavement leave may be granted at the discretion of the program director. You must notify program administration as soon as possible after your loss. The amount of time granted will be decided on the basis of the following guideline:

1. Up to five (5) consecutive scheduled days within a one-week period immediately following the death of the student's spouse, child, or stepchild.
2. Up to three (3) consecutive scheduled days within a one-week period immediately following the death of the student's parent, step-parent, brother, sister, legal dependent, grandparent, grandchild, great grandparent, daughter in law, son in law; or the student's spouse's parent, spouse's brother, or spouse's sister.
3. Up to one (1) scheduled day may be taken to attend a memorial service or funeral of the student's aunt, uncle, niece, nephew, or the student's spouse's grandmother or spouse's grandfather.

Should additional time be required, students may request to use time from their clinical release time or request a leave of absence.

MILITARY ABSENCE

Students who are members of the armed services of the United States who are called to active duty or required to meet reserve training obligations will be granted time for those purposes. Students must notify the program director of their military status and anticipated obligations upon enrollment in the program.

MISSION TRIPS

Purpose: To describe specific guidelines for students participating in medical missions in relation to requirements and expectations and to define the process for requesting leave from the regular nurse anesthesia program curricular expectations.

Students may apply for time to serve on medical mission experiences. This time is separate from, and not deducted from, the 20-day allotment of clinical release time. These trips are not part of the curriculum or clinical internship, and they are not sponsored by Detroit Mercy. The student undertakes to serve on these trips at their own risk, and the university does not insure, endorse, protect, or assume liability for any aspect of these experiences. Students are encouraged to consider all possible risks to travel for global mission experiences and take appropriate precautions. Sponsors and CRNA instructors who attend and organize such trips are a good resource for further information about specific missions.

Because these trips are not scheduled with consideration for the University calendar, they may interrupt the student's clinical assignments, therefore the student must petition for release time to participate (using schedule request processes) and sign a consent acknowledging and agreeing to this policy.

Procedure

1. Requests for release time must occur well in advance of the mission, and will not be accepted after the monthly clinical schedule is published to the Clinical Coordinators.
2. The total amount of time granted for a medical mission will be viewed and evaluated in addition to any other vacation and personal time requests for the semester. Ordinarily the release time will be granted for 7-10 days including travel. Personal time bank requests which further lengthen time away from clinical internships will not be granted.
3. The program Chair or designee will approve or deny release time for mission trips based on the student's level in the program, their good academic and clinical standing, and an assessment of the level of supervision available to the student. Students on probation are not permitted to attend a mission trip.
4. Requests for release time may be denied if it is determined that the amount of time off from clinical for the semester is excessive or not conducive to clinical education and learning. For example- additional requests for time off such as vacation or conference time, or an excessive use of sick time during the term in which the mission would preclude the student from release for a mission trip.

Requirements:

1. Participants must sign a release form. Along with the release form the student must provide a written statement of goals, rationale for the request (why you feel you meet the acceptance criteria) and how the Mission will enrich their educational experience.
2. In addition to the release form, a schedule request form must be submitted for the actual dates of the mission and travel.
3. During the mission trip, students must keep track of their total cases and experiences. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) does not allow for mission experiences to count towards graduation requirements, so the student cannot count them on Typhon. The student will log these experiences manually to include;
    - Total number of cases; Type of cases
    - Total hours of anesthesia time
    - Methods of Anesthesia (General Anesthesia, IV Induction, Inhalational Induction, Mask Management, LMA, Endotracheal Intubation, MAC, Regional Anesthesia/Type, IV Starts)

4. The student is expected to share their experiences and what they learned at a student-faculty meeting/CAC as directed by the faculty. The student will present a summary of their experiences to include:
    - Types and methods of anesthesia used
    - The challenges experienced and resolutions/ action taken
    - Value of the learning experience

- Their goals for the trip and to what extent they were accomplished and the value-added component of the experience.
- Suggestions or advice for future student participating in medical missions.

5. The student is expected to obtain an evaluation summary or report from the missions' anesthesia coordinator on the performance and professional conduct of the student during their clinical assignments.
6. Requirements for traveling and Host Accommodations are the responsibility of the student:
   - Passport /Visa must be current
   - Transportation
   - Immunizations and other personal health requirements
   - Insurance: Traveling abroad carries with it a degree of risks and as a result you must be protected by Comprehensive Travel Insurance
   - All applicable immunizations and health requirements

Expectations: Students allowed to participate in Global Outreach Programs have earned the opportunity to make a difference in the lives of the less fortunate and in a sense, experience the "service to others" values of the Mercy and Jesuit tradition. To provide anesthesia care in host countries requires the same degree, and in many ways an enhanced degree, of detailed attention to preparation, readiness, vigilance and mental alertness to serve patients in host countries as those expected at the programs clinical sites. The availability and quality of resources (equipment, drugs, assistance etc.) in many mission trips may be significantly less than what the student is accustomed to. As such, advanced clinical skill and a clear understanding and appreciations of the importance of professionalism, ethics, and code of conduct are essential. These expectations reflect the ethics and codes of conduct that must be upheld in representing the program and profession regardless of locations of services.

Medical Missions are designed for health care professionals with the desire and dedication to accept responsibilities in which care they provide will make a significant difference in the lives of the less fortunate, many of whom have waited a considerable length of time for medical or surgical services.

Professionalism and Professional Performance:

1. These are the evidence of behavioral performances that are reflective of the programs professionalism and practice policies and standards. Knowledge of, and adherence to these standards are crucial and allow students to represent the program and profession through continued demonstration of acceptable behaviors in all interactions with the public and as future members of the profession.
2. Professionalism includes adherence to educational preparation with specialized skills and knowledge of practice standards that provide the framework for clinical care, behavior and development of professional codes of conduct commitment to demonstrate professional behaviors including but not limited to:
   - Working collaboratively with the team to optimize patient care outcomes
   - Being respectful of others

- Maintaining sound wellness habits. Abstaining from use of mind altering substances that will interfere with avoidance of behaviors deemed unacceptable while on active patient care assignments (No alcohol or drug use)
- Participating and demonstrating ongoing self-regulation, professional commitment, to honor the practice standards expected by the public
- Agree and bound by rules and regulations of policy and directives provided by host countries.
- Understand that the host reserves the right to take appropriate action with any situation that gives offence to their environment, in which rules are disregarded, and behaviors are outside the norm of professionalism, resulting in a clear breach of the principles of the expected code of conduct
- Participate in the night reflection process with the program coordinator

Codes of Conduct: Participating in medical missions requires clear understanding of, and adherence to codes of conduct. Such codes provide guidance and set expectations for behaviors to ensure that relationships between the student, the profession, the program and the public meet regulatory compliance and societal standards. The Nurse Anesthesia program expectations are for each student to be compliant with the Professional Standards for Ethics and Codes of Conduct outlined in the programs' student handbook. It is important for the student to recognize that they are a member of a team and will conduct themselves with integrity and respect for others encountered during travel, and upon arrival to the missions' destination.

Additional medical mission schedule and expectations and considerations include:

1. While on a mission, workdays are long and may lack some of the amenities a student may be accustomed to, such as timed lunches and breaks. This would require careful consideration prior to agreeing to participate in Medical Missions.
2. A mission experience is for those respectful of cultural differences and who will represent themselves as future members of their professional organization.
3. Part of respect for peoples' culture and privacy involves the desire for recording the mission and the use of social media. As such, while photos or videos may be useful for the student to remember the experience and share it with others the student must;

- Never take a photograph that could in any way identify the patient. Patient encounters on a mission should be as respectful and adherent to United States HIPPA rules.
- Be mindful of hazards of displaying photos/videos on social media. The student must be mindful of their role as an ambassador of the program, profession and country.
- This experience expects students to represent themselves among the hosts as ambassadors of the home country and program that has allowed them the privilege to experience and participate in these life changing experiences. The work during the trip is long and difficult and the need for rest and relaxation to maintain wellness is critical. The student must be mindful of these guidelines not only while delivering care, but also in activities enjoyed outside of the workday.
- Any violation of the professional expectations could result in the student being returned to their home country as well as possible disciplinary action by the program.

Request for Release for Mission Trip Form is found at the end of this Handbook.

SNOW DAYS & INSTRUCTIONAL CONTINUITY

When Detroit Mercy is closed due to inclement weather, students are not required to attend classes on campus; however, classes may still meet online. Instructional continuity refers to the continuation of instruction during inclement weather, or when for any reason face to face class sessions cannot be held as anticipated. Alternative delivery methods for classes may be employed including meeting online, and will be developed for each class by the instructor. Students are responsible for all course material provided through this instructional continuity plan.

SRNA are still required to attend scheduled clinical experiences or classes that are held at the clinical site. If you do not feel that you can travel safely, please call in as usual and the day will be deducted from your allotment.

REQUIRED CONFERENCES AND MEETINGS

Attendance and participation is required at:

1. Annual celebration for the graduating class
2. Michigan Association of Nurse Anesthetists (MANA) meetings held in the metropolitan Detroit area (usually one per year in the spring; students are highly encouraged to attend other MANA conferences).
3. Detroit Mercy Senior Seminar held on an annual basis.
4. Clinical case presentations, anesthesia conferences and department meetings at their scheduled clinical site. Clinical Anesthesia Conference (CAC) day is considered a class day. A monthly student meeting is scheduled following CAC. Lectures or additional classes may be scheduled following the student meeting, so students must keep CAC day free of other personal commitments. During some distant specialty rotations (e.g. Gerber, Hillsdale) students may be excused from traveling back to campus for CAC meetings. Prior authorization from faculty is required.
5. Morning clinical conferences - If students are scheduled at a clinical site that holds a morning clinical conference or daily patient presentation, they are required to attend. They should also be-prepared to present their patients scheduled for surgery and review previous day's cases. Children's Hospital of Michigan (CHM) holds a weekly conference on Wednesday mornings for all learners rotating to the site.

Special permission for an excused absence from any of the above must be requested prior to the required commitment from the Chair or designee.

OPTIONAL CONFERENCES

Conference time may be granted to students to attend the American Association of Nurse Anesthetists (AANA) Annual Congress, the Mid-year Assembly, Assembly of Didactic & Clinical Educators, or other conferences. Students are discouraged from taking time off the week of the Annual Congress if they are not attending the meeting. Time off shall not exceed the duration of the meeting. To extend time off either before or after the scheduled meeting, you must use days from your clinical release time. It is customary for students to receive a day

for travel both preceding and following the conference. Additional requests for conference time must be approved by Program administration.

Time awarded for conferences will be deducted from students' personal time if they do not attend required conference sessions.

MATERNITY OR PATERNITY LEAVE

Students will receive three (3) days maternity or paternity leave from all clinical or classroom attendance. If additional days are required, the student may request to use clinical release time, or request a leave of absence. Due to the rigorous nature of graduate education in nurse anesthesia, students may wish to consider postponing childbearing until after graduation.

LEAVES OF ABSENCE

In the case of an illness that depletes the student's clinical release time, requires more than a two-week absence, or for other reasons, a personal leave of absence may be granted at the discretion of the program Chair or designee. A leave of absence is designed to cover a short and unexpected illness or emergency. Due to the cumulative nature of the curriculum, in the case of longer illnesses or elective procedures, it may be necessary for the student to resign and reapply to the program.

Criteria for returning to the program after a leave of absence will be determined by the program director and the student's treating physician. However, the leave of absence shall extend no longer than a single calendar year. A student will normally be-readmitted-to the Program at the end of the leave of absence if the faculty believes the purpose of the leave of absence has been achieved. The student may be required to do preparatory work before reentry after a prolonged leave or demonstrate current knowledge through examination or through other means upon re-entry. A leave of absence will require additional class and clinical days to meet graduation requirements. Therefore, the student does not graduate on time (with their original cohort). All missed time will be made up at the end of the program.

7. FINANCIAL CONSIDERATIONS

Any fees or prices quoted in this section are subject to change without prior notice.

Financial Assistance Financial assistance is available through several sources. Federal grants have been available to students for several years. These grants are renewed each year by Congress, so their availability for any future student cannot be guaranteed. In addition, a wide range of grants, loans and other forms of support are available through the Detroit Mercy Financial Aid Office. Please contact them directly at (313) 993-3350 for details.

Tuition and Fees Tuition and fees for 2020-21 are approximately $12,300 per term. Current tuition and fees may be found in Cost of attendance.

Housing, Meals, Transportation, Health Care Housing, meals, and transportation are the responsibility of the student. Students assume responsibility for their own medical care.

Students must demonstrate that they have current health care coverage at the time of enrollment, and maintain it throughout the program. Students are responsible for any health care costs, even those that arise from clinical or laboratory assignments. The university assumes no responsibility for a student's medical care. In their capacity as learners, students cannot access employee health care services free of charge at program clinical sites. Health services are available through the Detroit Mercy Student Health Service.

The College of Health Professions as well as clinical rotations require influenza vaccine yearly, up-to-date immunization records, and have other requirements. A current list of requirements for all rotations is maintained on Typhon. The student is responsible for uploading current credentials and immunization records as needed.

Student Health Insurance Students must carry health insurance throughout the program. Health insurance for students is available for purchase. Information regarding the Detroit Mercy student insurance plan is available at https://www.aetnastudenthealth.com/en/school/686166/index.html.

STUDENT EMPLOYMENT

Students may not, by title or function, be employed as nurse anesthetists at any time during the program. This includes performing any of the duties of a nurse anesthetist while employed as a registered nurse (e.g. intubation, regional anesthesia, administration of anesthetic agents, etc.). Violation of this policy will subject the student to discipline, up to and including dismissal from the program, and report of the incident to the State Board of Nursing.

The program asks, for counseling purposes, that students inform us in writing of the number of hours, if any that they will need to work while they are students. Because of the rigorous nature of the program, students will find it difficult to subsidize their educational costs through part-time employment. Should students find it necessary to engage in part-time employment, scheduling of such shall not conflict with their academic or clinical commitments. Thus, schedules for any program activities shall take precedence over scheduling needs for employment.

Costs of Affiliations Other than travel and a refundable charge for badges, affiliations provide clinical experience at no cost to the student. Certain rotations may be too distant to commute from southeast Michigan and may require securing housing or other accommodations at the distant site. Costs of travel and accommodations are the student's responsibility. The program posts a list of possible housing options for the Gerber and Hillsdale rotations on the Typhon website.

TEXTBOOKS

Required Texts Selected book requirements are listed below. Additional texts will be required for courses in later terms. Some courses require supplemental handouts. The purchase of these class handouts may be required depending upon the volume of information. The program posts lecture notes and handouts for many of its courses at https://blackboard.udmercy.edu. If the student prints these out, it is at their own expense.

It is generally advisable to purchase the newest edition available, but for greatest safety, always consult with the classroom instructor prior to purchasing texts.

Required texts include:

- ANE Principles courses
  - Nagelhout and Elisha (Eds.) Nurse Anesthesia, 6th edition, 2018.
  - Barash et al (Eds.) Clinical Anesthesia 8th ed. 2017 (including electronic access and updates).
- Physiology BIO 5380/5390
  - Guyton and Hall Textbook Of Medical Physiology (13th ed.) 2015
- Anatomy BIO 5420/5440, or 7420/7440
  - **Required** Bee M, Tracy E. 2016. Bare Bones: Advanced Human Anatomy. Kendall-Hunt Publishers, Dubuque, Iowa. **4th Edition Only, With Accompanying Flashcards**. Isbn 978-1-5249-6188-6
    - Also Nitrile gloves (2 boxes), safety glasses, #22 scalpel blades (approx. 10 blades)
  - Recommended Netter, Frank H. Any year. Atlas of Human Anatomy, Novartis, Summit, NJ. Any edition will suffice.
- Regional anesthesia ANE 5700/7700
  - Hadzic's Textbook of Regional Anesthesia and Acute Pain Management, 2nd ed. 2017
  - Block Buddy app (details on required edition and how to purchase will be communicated by the course instructor).

Recommended texts (latest editions preferred)

- Morgan Clinical Anesthesiology 6th ed. 2018
- Miller, Ronald D. (Ed.) Anesthesia Volume I & II. 8th ed, 2014.
- Miller & Pardo, Basics of Anesthesia. 7th ed., 2017
- Motoyama, Davis. Smith's Anesthesia for Infants & Children, 9th Ed. 2017
- Hines & Marschall. Stoelting's Anesthesia and Coexisting Disease. 7th ed, 2017
- Macksay Surgical Procedures and Anesthetic Implications. 2ND edition. 2018
- Dorsch & Dorsch. Understanding Anesthesia Equipment, 5th ed. 2008
- Dorsch JA, Dorsch SE. Understanding Anesthesia Equipment, A Practical Approach to Anesthesia Equipment. 1st ed. 2011.
- Ehrenwerth, Eisenkraft, Berry. Anesthesia Equipment: Principles and applications. 2nd ed 2013.
- Fleisher. Essence of Anesthesia Practice 4th Edition 2017
- AANA. AANA Professional Practice Manual. Available from www.aana.com
- Hagberg & Benumof's Airway Management, 4th ed. 2017
- Brunton, Lazo, Parker. Goodman & Gilman's Pharmacological Basis of Therapeutics, 13th Ed., 2017
- Chestnut's Obstetric Anesthesia Principles and Practice, 5th Ed, 2014
- Fleisher. Anesthesia and Uncommon Diseases, 6th ed., 2012
- Foster. A Professional Study and Resource Guide for the CRNA, 2nd edition, 2011
- West Respiratory physiology 10th ed. 2015
- West Pulmonary pathophysiology 9th ed. 2017
- Gupta & Gelb, Essentials of Neuroanesthesia and Neurointensive Care, 2nd ed. 2018

- Hensley, Martin, and Gravlee. A practical approach to Cardiac Anesthesia, 5th ed., 2012.
- Hess, D., & Kacmarek, R. (2019). Essentials of mechanical ventilation. New York: McGraw-Hill Education.

LIABILITY INSURANCE

Detroit Mercy supplies malpractice liability coverage which applies to all health professions students.

MISCELLANEOUS EXPENSES

Prices quoted here are current at the time of last revision of this document and are subject to change without notice.

- Students are responsible for all course, registration, laboratory, or other fees assessed by the University.
- Students will be charged course fees for case logging and portfolio software (Typhon $100 for entire program length) and computer-administered testing software (ExamSoft $60/year).
- Students may be required to participate in ACEMAP, a confidential credentials and health information logging service created by a consortium of health systems and universities.
- All students are required to hold associate membership in the American Association of Nurse Anesthetists (AANA). This is currently $200 (one-time fee which covers entire program).
- Registration for required conferences (MANA Spring conference and Detroit Mercy Senior Seminar) and for optional activities (other professional conferences, extramural board review classes) is the student's responsibility. Travel to clinical sites, or travel/lodging for any of the above is the student's responsibility. Students may apply for support to attend AANA MidYear Assembly or the AANA Assembly of Didactic & Clinical Educators.
- All students are required to take the Self-Evaluation Examination (SEE) during their senior year. The cost as of Apr-2020 is $250.
- Students must maintain a current license as a Registered Nurse in Michigan, and ACLS and PALS recognition throughout the program and at the time of graduation. The cost of these is the student's responsibility.
- A fee must be paid to Detroit Mercy in order to petition for graduation. This fee is paid during the final semester of course work.
- Students will be required to submit a $995 fee (as of Apr-2020) during the final months of the program to NBCRNA for application to take the certification exam.
- White lab coats must be worn whenever outside of the operating room and must be furnished and laundered by the student. Operating room scrubs are furnished and laundered by each institution. You may not remove scrubs from the hospital facility or wear your own scrubs in the operating room.
- Each student must supply their own transportation to affiliating hospitals and attend clinical anesthesia conferences at selected hospitals.
- Students are required to have email accounts and internet access. These are available at no cost at Detroit Mercy.

- Students are financially responsible for textbooks or software which may be required or recommended.
- Precordial and binaural stethoscopes, anatomy lab supplies, and regional anesthesia class supplies.
- Costs of remote proctoring for exams (if needed) are the student's responsibility.

TECHNOLOGY REQUIREMENTS

Access to a personal computer (with camera, microphone, and speakers) and off campus internet access are required. Students are required to have basic personal computing skills (keyboarding, applicable software applications, application of internet skills, etc.). Minimum technology skills required include:

- Use of Blackboard Learning Management System
- Application of Internet skills including teleconferencing (e.g. Microsoft Teams, or Zoom)
- Basic abilities in Microsoft Word, Excel, Powerpoint, and other Office 365 applications. Note: these applications are available as a free download while a student.

Blackboard Use of Blackboard is required for most courses as well as access to clinical schedules and other announcements, and for miscellaneous functions http://blackboard.udmercy.edu The Instructional Design Studio (IDS) provides the Detroit Mercy community with Blackboard training and self-service tutorials and online chat https://libraries.udmercy.edu/ids/ or call 313-578-0580. More information may be found at https://www.blackboard.com/support

8. STUDENT RESPONSIBILITIES IN THE CLINICAL AREA

RECORDS

Each student will record pertinent data from their cases in Typhon (https://www.typhongroup.net/nast/index.asp?facility=7097). Accuracy of records is essential and entirely the student's responsibility. No Protected Health Information is needed to record cases properly. No PHI should be removed from the clinical area in any form (paper, labels, photographs, or electronic). Students should use the cumulative totals to ensure that they are progressing towards the case totals required by the Council on Accreditation and NBCRNA. As they accumulate cases, it is the student's responsibility to seek assignments that will result in fulfillment of all required case totals. Students pay the cost to Typhon directly.

Students must keep records current. Periodically, the program will check students' last Typhon login date. If this date is more than two weeks before the current date, students will receive a warning sent to their UDM email address. They will be given seven days to get their case records current. If at the end of seven days their records are not current, the student will be suspended from all program activities (clinical and classroom) until records become current. Any days lost will come from the student's personal time bank. Students who are repeatedly behind in recording cases, will be subject to disciplinary action up to and including dismissal.

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 have meaningful involvement. For example, they must personally provide anesthesia for critical portions of the case to be meaningfully involved***. Students may take credit for a case if they do at least the induction (or at least the emergence). A student may only count a procedure (e.g., CVP 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 implementation and management of the anesthetic, or only observe another anesthesia provider manage a patient's anesthetic care.

The student must also submit all clinical evaluations monthly (by the second Wednesday CAC meeting). In order to allow the process to work efficiently, this timely submission of materials is essential. Students may be disciplined for failure to submit any of these records (case totals or clinical evaluations) in a timely fashion. They may be suspended from clinical, with the amount of time suspended deducted from the student's clinical release time. If they are more than 30 days behind in submitting evaluations, they will be subject to disciplinary action up to and including dismissal.

CARE PLANS

During the first two months of Clinical Internship I, students are expected to prepare for cases prior to the start of each clinical day to the best of their ability. Beginning with the third month of Clinical Internship I, written anesthesia care plans (ACP) are required. A standardized care plan form will be distributed to the student, which they are required to use. Written care plans must be submitted prior to the start of a case. These must be handwritten originals. A care plan that has already been turned in and signed is not acceptable for reuse as a care plan for a case on a later date.

The goal of an ACP is to help the student prepare for the case and to demonstrate that preparation to the instructor. Some important points to note:

- We will utilize a new streamlined form, which will be handwritten.
- The first page is a pre-anesthesia evaluation tool.
- Page 2 is the overview of the plan and brief statements about the implications thereof. Write the primary implications. An additional page may be necessary for more complex cases.
- Pages 3 and 4 are drug tables. Students are to complete the information on the drugs they plan to use and those they might consider. Juniors are to hand-write these tables, seniors may use pasted drug table info.
- Use page 5 when a regional anesthetic is a strongly possibility, or when a regional block should be considered as a supplement or pain management strategy. Because of the ever-increasing emphasis on regional anesthesia in both practice AND on the certification exam, please hand-write the regional form.
- On page 6 SRNA may include diagrams for regional blocks (optional).

Care plans are used to help students apply theoretical concepts learned in the classroom to individualized nurse anesthesia care in the clinical area. The clinical instructors are encouraged to make written comments on the care plans as well as a notation on the evaluation form in reference to the quality of the care plan. Care plans are returned to the students with their evaluation forms daily and these are turned in to the program office monthly. Unless handwritten, properly signed by the clinical instructor, and bearing the instructor's printed name, care plans will not count towards your required totals. Note that you must turn in at least the minimum number of care plans by the time of your summative evaluation for the term. This meeting is usually scheduled in the last month of each term.

Clinical Internship	Number required (minimum)
1	8
2	16
3	16
4	16
5	16
6	16
Total	**88**

The required number of care plans above refers to care plans written to help prepare the student for clinical. In addition, care plans may be assigned as part of the learning activities in the anesthesia principles classes.

Please remember that the required per term and total number of care plans are **minimums**. The purpose of writing care plans is not to reach a numeric goal, but to help you to learn to apply principles to your practice of clinical anesthesia, individualize your care for each patient's needs, and to document your preparation for cases. Any instructor is justified in requesting a written care plan from you at any time in your education, particularly if the case is one you have never done before. The lack of a written care plan (particularly for cases for which you are a novice, or in which your clinical performance does not meet objectives for your level) often correlates with a general lack of preparedness. It is expected that students prepare a handwritten care plan for all complex cases that they do. Students may need to prepare more than one care plan per day if they are assigned to more than one complex case, regardless of other cases assigned. Complex cases include all pediatric cases, for which it is vital that you have pre-calculated the various doses and equipment sizes. Other complex cases include, but are not limited to: major vascular, neurosurgical, extraordinarily lengthy, expected high blood loss, unusual or complex positioning.

For your obstetric rotation, you will not see many of your patients in time to prepare a written plan of care. Please visit the Typhon folders for Hutzel and Beaumont-Dearborn for obstetrical care plan guidelines and requirements. One care plan per week should be prepared during your obstetric rotation. The care plans should be submitted to your instructor or the clinical coordinator on your first day, and then turned in Detroit Mercy CRNA faculty at the end of the month.

For the Henry Ford Detroit rotation, they would like you to arrive with care plans for a) Liver Transplant, and b) TAVR (trans-aortic valve replacement). For the Beaumont Dearborn rotation, they would like care plans (written as emergencies) prepared for a) Thoracotomy, b) Craniotomy, c) Vascular: AAA, Endo AAA, d) Carotid Endarterectomy, and e) Pediatric bleeding tonsil.

CLINICAL TIME

Most operating room cases start at 7:30am. Day shift clinical experiences are scheduled from 7:00 a.m. to 3:30 p.m. It is expected that the student will arrive and prepare their room and equipment by 7:00 a.m. and be ready to start assigned cases by 7:30 a.m. Clinical assignments are usually distributed the evening before surgery and it is expected that all inpatients should be seen and evaluated preoperatively. Outpatient or same day admit patient records should be evaluated the evening before surgery if their chart is available. The plan of care developed and written for outpatients is then modified on the basis of assessing them the day of surgery.

Students who have cases that start later than 7:30 should assist other students or CRNAs with patient preparation. Students should check with the clinical coordinator regarding reassignment whenever cases are canceled, when there are extended breaks between cases, or if the room finishes early. Students must also check with the clinical coordinator prior to leaving the operating room area for any reason. Students must comply with all department practices regarding time spent out of the department (e.g. 15 minute breaks, 30 minute lunches). It is expected that unassigned clinical time will be used for educational endeavors. Instructors will evaluate how well you utilize the learning environment.

Case preparation usually requires that students arrive earlier than 7:00 a.m. (to set up for large cases or unfamiliar situations) and stay past 3:30 p.m. (for continuity of care and educational enrichment). Students are encouraged to stay and finish all cases begun before 3:00 pm. The afternoon shift begins at 3:00 p.m. and ends at 11:30 p.m. The midnight shift extends from 11:00 p.m. to 7:30 a.m. Students are expected to continue working towards their terminal objectives daily.

Each student is required to attend and actively participate in clinical conferences as required by each clinical site. There should be no textbooks or classroom reference notes brought into the operating room. It is against operating room infection control policies.

Each student is expected to comply with the dress code and Department of Anesthesia policies of each affiliating institution. The student is informed of the policies at the time of orientation provided by each affiliating hospital. This includes Infection Control, Hazardous Chemical policies and attendance at department meetings.

Typical daily responsibilities of RNAS's **before leaving clinical area**:

- restock cart, cupboards, and anesthesia machine
- untangle cords/wires
- machine turned off
- wipe down horizontal surfaces of machine and tabletop with disinfectant
- general check of anesthetizing areas

- return all narcotics to satellite pharmacy
- visiting post-op patients
- preop rounds on the following day's patients

COMMUNICATIONS AND DISTRACTIONS IN CLINICAL

No reading or writing of any materials except the patient chart is permitted in the OR. Unless specifically directed to do so, **students should not bring mobile electronic devices or cell phones into patient care areas**. Any inattentive behavior during a procedure, such as reading, texting, gaming or using mobile devices to access nonclinical content, will be considered a potential patient safety issue. Students may have apps that are related to the delivery of anesthesia (e.g. Vargo, PediSafe, BlockBuddy, etc.).

OFF-SHIFT CLINICAL TIME

The CRNA in charge each shift is posted on the OR board. This CRNA is in charge of CRNA and student assignments for off shifts. The clinical coordinator during the day will make assignments for students on afternoons who should report to the coordinator when they arrive. If the clinical coordinator has left for the day, report to the charge CRNA for your assignment. If you are not assigned to a case, offer assistance with routine off-shift tasks (stocking carts, setting up for large cases). Typical duties of off-shift students include

- Stocking all OR rooms and setting up the tabletop in rooms which are left set up for emergencies and in the OB suites. The day shift staff should set up these rooms prior to leaving for the day. If there are cases still going in those rooms at 3:30, the afternoon student must set up these rooms. This includes setting up the machine (make ready for case i.e. complete check, circuit, etc.) and tabletop (set up so that it is ready for cases).
- Blood warmers, patient warmers, equipment for pressure lines, etc. should also be readily available.
- Report to charge CRNA (OB) and offer assistance with code box stocking and cleaning and restocking of the obstetric anesthetizing areas.
- Check all ORs (e.g. oxygen left on? medications left unsecured?, etc.).
- Set up open heart rooms, and rooms with big cases, peds, etc.

LICENSURE

Students are required to maintain continuous and uninterrupted licensure as a Registered Nurse in Michigan, ACLS certification, and PALS certification, from enrollment through graduation. The program does not recognize the “grace period” allowed by the State of Michigan or by employers, because of our contracts at affiliate hospitals. The nursing license is considered expired when it is past the printed date on the state license. Students who do not possess a current Michigan license, ACLS, or PALS will not be allowed to participate in clinical internship. Days lost due to failure to maintain licensure will be deducted from the student's clinical release time as sick days (unscheduled absence). The program does not accept ACLS or PALS obtained solely online (i.e. without a practical component).

MEDICATION SAFETY

Students must report all medication errors and errors in controlled substances records to the program Chair or designee **within 48 hours** of their occurrence. The faculty expects that students can read labels, keep records, and administer medications accurately even when stressed. Students are accountable for basic RN competency in medication administration. The intent of this policy is not punitive, as the faculty does not want to discourage self-reporting. The faculty recognizes that errors do occur, especially when students are under stress.

Students who make medication errors or errors in controlled substances records will receive academic warning letters, and these will be considered in the overall evaluation of the student's clinical performance.

Self-disclosure is important. It is a teachable moment if you disclose all medication errors within 48 hours of their occurrence. However, it is a disciplinary moment (making the student liable for probation or dismissal) if

- You do not self-disclose within 48 hours.
- Or if the error was very negligent (not meeting the standard we expected of an RN even prior to anesthesia education), especially if the patient was harmed.
- Or if repeated (more than one) medication errors occur.

It is critical for infection control that students adhere to single use of syringes, IV tubing, and medication vials ("one and done"). Please refer to AANA Position Statement 2.13 Safe Needle and Syringe Use (available at https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/safe-injection-guidelines-for-needle-and-syringe-use.pdf?sfvrsn=5f0049b1_2). Also see https://www.cdc.gov/injectionsafety/one-and-only.html Please note that it is a felony in the State of Michigan to reuse a needle or a syringe.

CALL POLICY

Call is a planned clinical experience outside the normal operating hours of the clinical facility; for example, after 3 pm and before 7 am Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered anesthesia call, during which the student is afforded the opportunity to engage in emergency and unscheduled cases.

Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

Students shall have a ten hour rest period between scheduled clinical duty periods (i.e. assigned continuous duty hours). Ordinarily this means that no duty will be scheduled on the day after a 16- or 24-hour call, particularly in busier institutions where it is likely the student will be awake and giving care for a large portion of the on-call hours. Acceptable alternatives include a late start or early out on the day following a 16- or 24-hour call, at the discretion of the clinical coordinator.

9. ENVIRONMENTAL & CHEMICAL HAZARDS

ENVIRONMENTAL HAZARDS

Selected inhalation anesthetic agents have been thought to be hepatotoxic and on occasion an anesthetist may develop a sensitivity to agents which is reflected in abnormal liver function studies. In addition, studies performed in the past have suggested an association between sustained exposure to an anesthetic environment and an increased incidence in abortions, birth defects, and certain types of malignancies for both male and female personnel. While no cause and effect relationship has been established, consideration should be given to these findings in choosing anesthesia as a specialty.

Sites have installed anesthetic gas scavenging systems for minimizing risk to operating room personnel. All Detroit Mercy clinical affiliates have scavenging systems for waste gases. It has not been established whether the risks to personnel are eliminated by these exhaust systems.

Anesthesia caregivers are frequently exposed to blood products, body secretions and used syringes and needles. All students are expected to strictly adhere to universal precautions whenever involved in patient care that involves potential for contact with mucous membranes, secretions or open wounds. Gloves, protective eye wear, gowns, and masks are available at each anesthetizing site and must be worn when indicated. Proper regard for and performance of aseptic technique is mandatory to protect both patients and anesthesia caregivers. All students must be vaccinated against Hepatitis B and have other immunizations required by policy at the various clinical sites.

Anesthesia personnel are also frequently exposed to x-rays during operative procedures. Lead aprons and thyroid shields are available at each anesthetizing site and must be worn during fluoroscopy or x-ray procedures.

Responsibility for accepting risks associated with this specialty rests with the individual who chooses to work within this environment, rather than with the institutions which take reasonable precautions to minimize potential hazards.

CHEMICAL DEPENDENCY

Purpose The educational program has a vital interest in maintaining a safe, healthy, and efficient environment, free from misuse of drugs and alcohol, for its students and patients. Recognizing that chemical dependency is both a disease and a professional hazard, the purpose of this policy is to provide guidelines for the prevention and management of substance abuse within the program.

Policy The policy is intended to provide a safe, fair working environment for all anesthesia practitioners and their patients. Generally, RNAS are expected to comply with the hospital policies at each clinical site. Students, like employees, are required to comply with all hospital policies regarding pre-employment drug and health screening. All College of Health Professions students, including Nurse Anesthesia students, are required to submit to drug testing as a condition of enrollment. Failure of the drug test, or refusal to cooperate with any aspect of this

policy, or any clinical site policy on substance abuse, will result in disciplinary action up to and including dismissal, refusal of enrollment, and the reporting of use to the appropriate authorities. Because of the paramount concern for patient safety, these disciplinary actions may be imposed without the customary mechanisms of academic warning and probation period.

The Chair or designee may, for cause, ask a student for a list of all prescription medications. This list includes 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.

A person currently involved in substance abuse cannot safely learn or practice as a nurse anesthetist. If this process is not interrupted, it may result in the death of the student or harm to a patient. Students are therefore encouraged to self-report to the faculty and seek help from Peer Assistance and the state diversion into treatment program (see below). Such disclosure to the faculty, or the presence on a drug test of any intoxicant, non-prescribed narcotic, hallucinogen, or other prescribed or non-prescribed controlled substance in blood or urine may result in immediate placement of the student on leave of absence status from the clinical and classroom areas. The faculty may also invoke an involuntary leave of absence if they have reasonable cause to suspect 1) diversion; 2) inappropriate or excessive use of controlled substances, illegal drugs, prescribed drugs, or alcohol, or 3) any other condition which may threaten patient or student safety; particularly if any of these are the result of potential impairment. The initiation of voluntary or involuntary leave of absence status for impairment may be accompanied by a report to the Michigan Health Professional Recovery Program.

This leave will last twelve months. At the end of this time the student must bring 1) evidence (such as a signed contract) that they have sought diversion into treatment with the Michigan Health Professional Recovery Program (HPRP), and 2) an evaluation from a medical professional board-certified in the substance abuse area, detailing the degree of impairment, prognosis for return to sobriety and study, type of treatment needed, and any monitoring behavior that will be required. If these requirements are not produced, the student will be withdrawn from the educational program. The program Chair or designee may refer their situation to the Michigan Health Professional Recovery Program at any time if student health or public safety is at risk. The leave of absence may be shorter than twelve months for good cause, such as the student’s voluntary resignation.

At the end of the leave, the program Chair will make a decision as to the student's capability for further study. This recommendation will be based on

1. the student's prior academic record and clinical performance,
2. whether they entered treatment voluntarily or involuntarily,
3. the severity, type, and manner of substance abuse,
4. their desire to seek treatment,
5. their compliance and insight during treatment,
6. the medical evaluation,
7. the HPRP contract,
8. the availability of clinical placements, and
9. any other fact or consultation which the Chair may seek or which is presented.

In making this decision, the Chair may seek consultation from the nurse anesthesia faculty, the Dean of the College of Health Professions, Detroit Mercy, or others who can provide information. The Chair will use the utmost discretion to guard the student's confidentiality. The decision will include one of the following courses of action depending on the facts and prognosis:

1. return to classroom and clinical status with or without conditions, or
2. voluntary or involuntary permanent withdrawal from the program.

Students may be counseled that voluntary redirection of their career choice may be in the best interest of their own health, considering the stresses and the access to controlled substances inherent to the nurse anesthesia educational program and career. Should the student wish to appeal the decision, they shall follow the procedure listed in this Handbook in the section on Committees; Grievance and Appeals.

Resources

- Peer Assistance Phone 800-654-5167, URL: Peer Assistance
- Michigan Health Professional Recovery Program: Phone: 800-453-3784. info@hprp.org URL: http://www.hprp.org/
- Detroit Mercy Wellness Center https://www.udmercy.edu/life/health/index.php

Procedures

Drug testing is done at the student's expense. A student may be required to undergo a blood test or urinalysis under any of the following circumstances:

- Within 30 days prior to the first day of class, in their first semester of clinical internship.
- When there is reasonable cause to believe, in the opinion of didactic or clinical personnel that they are impaired or under the influence of any intoxicant, or other prescribed or non-prescribed controlled substance. Reasonable cause might include, but is not limited to, specific observations of abnormal behavior, appearance, speech, breath odor, or lapse of performance that may be indicative of the misuse of, influence of, or impairment by, alcohol or any illegal or legal substances.
    - In this case, the student may be immediately removed from the patient care area or the classroom and required to submit to a drug test. Days lost will be treated as unscheduled absence.
- After the occurrence of a reported work-related injury/illness, patient-care incident or near miss, or accident while on the facility property or during work hours.
- During any physical examination provided by the facility.
- When they return from a leave of absence, or if they have not attended clinical internships within the thirty days preceding their return date.

Confidentiality - Testing and test results will be handled confidentially with disclosure of results provided only to appropriate faculty, management, and program administration.

Prescription drugs - Students who have been taking legally prescribed drugs or over-the-counter medications that may affect their judgment or alertness should disclose this use prior to testing. They will be required to bring prescription or OTC medications to the pre-enrollment health screening.

A student's refusal to submit to drug testing shall be considered as equivalent to a failed drug test and will subject the student to disciplinary action.

Controlled Substance Accountability

1. Handling of controlled substances must comply with all applicable policies and procedures at the clinical site.
2. A written, consistent process of controlled substance accountability will be followed by all nurse anesthesia students.
3. All controlled substances will be kept under the control of the person who signed for them; that is, on their person or kept in a locked drawer.
4. Controlled substances will not be exchanged between department members or fellow students.
5. All unused portions of drugs will be returned to the locked compartment in the anesthesia workroom after hours or to the OR Pharmacy satellite. All controlled substance wastage will follow guidelines at the site and may require a witness at the time of wastage.
6. Assays on unused portions of controlled substances, as well as audits of anesthesia and PACU records, may be conducted periodically and if suspicion warrants.
7. Random audits of written records or returned waste may be conducted as part of the QA process. This information will remain confidential until such time that intervention or discipline may be required.
8. When sufficient evidence exists that inappropriate controlled substance usage has occurred, a specific investigation will begin. Unusual trends, violations or errors will be documented and investigated by administrators in Anesthesiology, Pharmacy, Nurse Anesthesia, and the Program of Nurse Anesthesia, or their designees.

10. CLINICAL AFFILIATIONS

Students rotate to various local hospitals where the program has clinical affiliations. Affiliations are designed to provide depth and breadth of clinical experience. Maps The updated list of contact information for affiliate clinical sites will be kept on Typhon.

- Trinity Health Services
  - St. Joseph Mercy Hospital Oakland, Pontiac, Michigan (Main OR and ASC)
  - St. Mary Mercy Hospital, Livonia
  - St Joseph Mercy Hospital, Ann Arbor
- Beaumont Healthcare
  - Beaumont Oakwood Hospital, Dearborn
  - Beaumont Wayne (Annapolis)
- Detroit Medical Center
  - Harper Hospital, Detroit, Michigan
  - Sinai-Grace Hospital, Detroit, Michigan
  - Children's Hospital of Michigan
  - Huron Valley-Sinai Hospital
- Veterans Administration Hospital, Detroit, Michigan

- Henry Ford Health Services
    - Henry Ford Hospital (Macomb), Clinton Township
    - Henry Ford Hospital (Detroit)
    - Henry Ford Hospital (Wyandotte)
    - Henry Ford Hospital (West Bloomfield)
- Ascension Health
    - Providence Hospital
    - Providence Park - Novi
    - Genesys Regional Medical Center
    - St. John Hospital Detroit
    - St John Macomb
    - Ascension Rochester (Crittenton) Hospital
- Hillsdale Community Hospital
- Gerber Memorial Hospital, Fremont MI
- Mackinaw Surgery Center, Saginaw MI

Students are scheduled for clinical one to two months in advance based upon student and clinical site needs. Students will not complete the rotations in the same order or at the same times as their classmates. Students may submit clinical rotation preferences during the last six months of the program.

COMMUNICATION

Critical incidents at an affiliate site shall be reported by the student to program administration at the time of the occurrence (within 48 hours). Critical incidents include, but are not limited to, any actual or potential patient injury, complication, morbidity, or mortality.

Sick calls involve notifying the clinical site and also calling the program offices at 313 993 3291 and leaving a recorded message. You must call at least one hour prior to the start of your shift. The program voice mail system will record the time of the call. You must also email the CRNA faculty responsible for the schedule.

DUTIES OF CLINICAL COORDINATORS AND FACULTY AT CLINICAL SITES

Students should give the clinical coordinators at each site a written list of types of cases needed. Students are encouraged to provide continuous communication to program and clinical faculty.

Clinical coordinators have several duties. They:

- Provide students a general orientation to the clinical site including department documentation policies and safe operation of equipment,
- Conduct monthly communication, or more often, with the program for scheduling and other routine communications. They may alter the student schedule as they see fit.
- Call program administration for below average or unsatisfactory clinical performance, or if there are questions about student performance, time keeping, or professionalism.
- Serve on program committees
- Convey suggestions from their site for program improvement or enrichment

- Function as second-line problem resolution if disputes arise between students and clinical faculty
- Facilitate on site visits by Detroit Mercy faculty or COA on-site review teams.
- Collect daily student evaluations from clinical faculty. Assure that these are returned to students in a timely fashion.

Problems at affiliates should be resolved first with the clinical instructor, then the clinical coordinator or chief nurse anesthetist, and finally with program administration.

A list of current Clinical Coordinators, call in numbers, and email addresses shall be made available to students (on a password-protected site, Typhon).

Maps and driving directions

Maps to the campus, its buildings, and all clinical sites are posted at (http://healthprofessions.udmercy.edu/academics/na/about/maps.php).

11. LIBRARY AND COMPUTER RESOURCES

Detroit Mercy Library Students are encouraged to utilize the library facilities at the university. A variety of text, journal, and online database references are available. See the Research Portal for databases, instructions for accessing library and online resources, and journal availability specific to nurse anesthesia.

Internet Access Internet access is available at the University in most common areas, and computers are available in several labs, including a lab in the basement of the CHP Building. Detroit Mercy provides student email accounts, list-servers, web browsing, and a variety of productivity and other applications to all current students.

Clinical sites- Hospital Library Students are permitted to use the hospital libraries at each site.

Program of Nurse Anesthesia Library is located in the program offices. All books must be signed out when taken out of the office. Books must be returned within two weeks. All library materials must be returned prior to graduation.

12. EVALUATION PLAN

OVERVIEW

Student orientation for all beginning students will include review of all program policies. Students shall acknowledge receipt of a copy of the Student Faculty Handbook by signature or by their responses to an online survey.

The evaluation process is an integral part of the educational mechanism at Detroit Mercy Nurse Anesthesia. Evaluation is present during all phases of the educational program and encompasses all students, all clinical and didactic faculty, courses, the program itself, and graduates. The program uses its evaluation plan to ensure that it continuously meets or exceeds all COA and CCNE accreditation standards.

The Education Committee chair schedules evaluation activities, ensures they are completed confidentially, communicates the results, and monitors the adequacy of measures taken to address problems. The Academic Progression Committee chair monitors student performance in classroom and clinical areas and makes recommendations on academic progression to the program director.

EVALUATION OF STUDENTS

Evaluation of students occurs in both the clinical and didactic areas. Components of Evaluation of student performance in the clinical setting include verbal evaluation, daily written evaluations, peer review during clinical anesthesia conferences, and quality of preparedness during morning conferences or CAC. Students will be verbally evaluated during their first weeks in clinical. A verbal evaluation will be given by the clinical instructor after each case or at the end of the clinical day. Written evaluations will begin after the first few weeks. Written evaluations should be completed daily summarizing the student's performance. It is the responsibility of the student to provide an evaluation form to the clinical faculty member; to obtain the completed clinical evaluation from the instructor; and to return the original (or copy) of clinical evaluations to the designated faculty member.

All clinical evaluations are expected to be submitted to CRNA faculty, despite their content. Falsification of clinical evaluations or withholding of clinical evaluations which were properly filled out by the instructor, may result in sanctions such as probation, up to immediate dismissal from the program.

We cannot evaluate clinical performance (and students cannot pass clinical internship) if we receive filled-out evaluations for less than 80% of assigned clinical days. If, by the date of their summative clinical evaluation (usually in the final month of the term), a student has evaluations for between 70-80% of their clinical days, a warning will be placed in their end of term clinical evaluation summary. If, by the date of their summative clinical evaluation, a student has evaluations for less than 70% of their clinical days, probation may be imposed. In any subsequent term, after an initial warning, if a student has evaluations for less than 80% of their clinical days, they may be placed on probation.

If written evaluations are not being returned, the student should inform the clinical coordinator at the site and the program office. It is the responsibility of the clinical instructor to complete the form and to discuss the day's cases with the student. The student is responsible for keeping track of the number of clinical days attended, instructors they work with, the number of clinical evaluations completed, and the clinical evaluations that are outstanding (i.e. not received from their clinical instructor). This log is to be submitted at the end of each clinical rotation to university CRNA faculty. **Completed clinical evaluations may be turned in as they are received but are due not later than the 2nd Wednesday of the month (at CAC each month).** To allow for review of these documents, they must be submitted to university CRNA faculty prior to their end-of-term summative clinical evaluation.

Student clinical evaluations are based upon the clinical objectives. Students may add written comments to the evaluation forms, which must be shared with the respective clinical instructor. The clinical faculty should initial their acknowledgment of the student's comment. All comments by the student not initialed by the instructor will be disregarded. The student will

receive a copy of the evaluation and the original should be turned in or mailed to the program office. Evaluations from affiliates are usually collected by the affiliate clinical coordinator and sent directly to the program. If not collected by the affiliate, it is the responsibility of the student to submit the original copy to university CRNA faculty.

The Academic Progression committee chair or designee composes a summary statement of all clinical evaluations and this summary is shared with the student during the evaluation interview. If comments are added by the clinical instructor that indicate the student is not meeting a particular objective, the Academic Progression Committee must consider that the student did not meet the objective for that day, regardless of the daily clinical instructor's "Meets" or "Does not meet" checkmark. The committee will take all checkmarks and all instructor comments into account when evaluating student progress towards meeting objectives for their level.

Meetings for summative evaluation are scheduled with each student at the end of each semester. A pass/fail grade will be assigned to clinical at this time. Clinical evaluation summaries will be compiled at any time by the Academic Progression committee chair if there is evidence that the student is failing to progress satisfactorily. If clinical evaluations indicate that the student needs improvement or is not meeting the clinical objectives outlined for the term at any time, a meeting will be scheduled. Additional meetings may be held depending on the needs of the student. The Academic Progression committee chair may consult with the committee members, the clinical coordinators, or the program administrative faculty to discuss appropriate responses to any weaknesses developing in a student's clinical progress.

All students are expected to complete a **written self-evaluation** prior to meeting with the committee chair or designee. During this meeting, the student's self-evaluation is reviewed and the student is encouraged to add any written comments to the evaluation summary form. The Academic Progression committee chair or designee utilizes the interview as an opportunity for the student to develop and communicate professional objectives. All student evaluation forms are kept in a secured file in the program offices.

Didactic evaluation of students occurs each semester. The most common method for evaluation is by exam. Additional exams, care plans, quizzes, work sheets, papers, patient simulations or essays may also be utilized for evaluation. Additional course work or examinations may be required of students by the instructor or director whenever that student's progress is deemed unsatisfactory. (See Academic Policies in this Handbook).

EVALUATION OF FACULTY

Faculty are evaluated in both the clinical and classroom domains. Clinical faculty evaluations are completed annually and anonymously. The comments are reviewed with the clinical coordinators. Annual site visits to each affiliate clinical site also serve as a form of evaluation of clinical faculty.

Didactic faculty are also evaluated by the students at the end of each semester via the University online course evaluation process http://www.udmercy.edu/evaluate, which may be accessed through TitanPass. The results of these evaluations are shared with each faculty member. A designated time is specified for completing evaluation forms at the end of each

term. Since improvement of instructional quality depends in part on student feedback, course evaluations are required each semester by each student for each course.

Students' comments and ratings are summarized and compiled for use by the program in such a way that confidentiality and freedom of expression of each student is preserved. Compiled, typewritten comments and ratings will be reviewed by program administration and shared with the faculty members, plus any appropriate committees.

EVALUATION OF PROGRAM

Evaluation of the program will occur via several methods. The program will operate under the continuous review of the Advisory and Education committees, which function to assess the program strengths and weaknesses and to work on the written self-study required for accreditation. Each committee acts to continuously evaluate a specific area of the program and to generate ideas and strategies for change.

Policies and procedures of the program will be reviewed and updated annually or more frequently as needed. The results of this periodic review of policies will be shared with the community of interest including students and faculty.

Program administration will schedule exit interviews for all graduates during their last term. All graduates evaluate the program as a whole during these interviews. Confidentiality and freedom of expression are encouraged and will be preserved. Results in summary form will be shared with faculty and all appropriate committees.

A post graduate program evaluation form will be sent to graduates and their employers one year following graduation. The program administration will review the returned forms and summarize their findings in writing on an annual basis. The summary will be forwarded to the Education Committee for review to serve their on-going evaluation of the curriculum.

Affiliation site evaluations are to be completed annually. Each student will complete one evaluation for each affiliate site which they have attended. All student comments will be compiled in such a way that confidentiality and freedom of expression for each student is preserved. All comments will be reviewed by program administration and shared with the clinical coordinator at each site and any appropriate committees.

SUMMARY OF EVALUATION METHODS AND PROCESS

Students- Clinical

- Daily clinical evaluations (verbal and written)
- Self-evaluation of clinical competency (written- end of each term)
- Summary clinical evaluations (written), and interview (end of each term)
- Pass-Fail designation for clinical practice (each clinical term through graduation)
- The quality of preparedness during morning conferences, CAC, seminars and journal clubs

Students- Didactic

- Written examinations
- Quizzes, work sheets, patient simulations, essays
- Grades assigned for courses

Clinical Faculty

- Written evaluation by students annually
- Written evaluation of affiliate sites by students annually
- Site visits to each affiliate annually

Didactic Faculty

- Written classroom evaluations by students at the end of each course
- Observation and documentation by program administration as needed

Program

- Seniors students in their final month complete an annual written anonymous evaluation, which must be completed before the exit interview
- Graduates complete written evaluation (1 year post graduation)
- Employers of graduates provided with a written evaluation tool (1 year post graduation)
- Self-Study Committee/Accreditation process
- Individual committees address issues pertaining to various areas
- Students complete a generalized clinical evaluation annually for the clinical sites.

13. ACADEMIC PROGRESSION

GUIDELINES FOR CLINICAL PROBATION

Definition Probationary status shall be assigned when it is determined that a student fails to make satisfactory progress toward meeting clinical objectives. Directing a student to seek appropriate counseling during probation or leave of absence falls within the purview of the Academic Progression Committee. A student may be placed on probation or dismissed without probation at any time for violation of the expectations for professional decorum and ethical behavior which are delineated elsewhere in this handbook.

Guidelines Students must demonstrate safe practice in all areas of patient care, or the student is considered unsafe. Consideration for progress will be based on a review of written student evaluations obtained in the clinical area and direct communications from clinical instructors or the site clinical coordinator. When students are having difficulty in the clinical area, they are counseled by program faculty, goals and objectives are identified, and a plan is formulated with input from the student.

If at any time, it is determined that the student is not consistently meeting clinical objectives, a probationary status will be considered. If a student's satisfactory progression is questionable (for example, if a site clinical coordinator requests that the student be reassigned to a different site, or serious questions about performance are raised in written evaluations, or critical clinical incidents occur), the student will be placed on probation. Student performance is evaluated in

relation to clinical objectives commensurate to their scholastic progression (e.g. junior vs. senior student). A recommendation for probation from the Academic Progression committee will be presented by the chairperson to the program chair or designee. The clinical grade of pass or fail will be recommended by the committee and additional clinical faculty will be consulted as necessary. Program administration will assign clinical probation status based on input from clinical faculty and the committee.

Letter of warning A letter of warning is a written letter which may be sent to a student for unacceptable academic or clinical progress during the semester (usually at mid-semester, but it may be generated at any time for cause). A warning may come from the course instructor, or the program chair on behalf of the course instructor, with the purpose to alert the student of impending academic jeopardy in time to take corrective action. Warnings are reported to the Academic Progression Committee and program chair for informational purposes.

Clinical Probation and the Evaluation Process The student must obtain a passing grade in clinical in order to successfully complete the following courses: ANE 5500, 5510, 5520 Advanced Principles of Nurse Anesthesia; ANE 5700 Regional Anesthesia; ANE 7490 General Principles of Anesthesia; ANE 7500 7510 7520 Advanced Principles; and ANE 7700 Regional Anesthesia. All students must attain a passing grade in clinical following all semesters. A failing grade in clinical will result when a student does not complete a probationary period successfully. In order to receive a passing grade for clinical, the student must satisfactorily complete all clinically related assignments as required, i.e. journal club, seminar, clinical anesthesia conference, professional conferences, etc. All written or online self-evaluations, care plans, case records, clinical, didactic, or faculty evaluations, and other designated record-keeping responsibilities must be completed, or a passing grade will not be given for clinical internship.

Faculty will review the written evaluations with the student at the time that a probationary status is assigned, noting specific areas requiring improvement. The student will help develop a written plan for meeting the clinical objectives. While on probation, the student will meet with the Academic Progression committee chairperson or designee regularly to discuss the student's progress and review written evaluations received. This discussion will be summarized in writing after each meeting. Students will sign these minutes to indicate that they were reviewed with the student, and they are free to add written comments should they desire. Student signature on these minutes does not indicate agreement; only that the student has had the opportunity to review them. Students on probation will rotate to a clinical site chosen for quality of clinical instruction, and appropriate-level experiences, and not rotate to other sites during the probationary period. The clinical faculty will be notified of a student's probationary status.

While on clinical probation, the CRNAs that the student works with will be chosen by the clinical coordinator, in consultation with the Academic Progression committee chairperson or designee as needed.

Length of Probation Probationary status can only be assigned once during the program. The period of clinical probation will last for up to four weeks, but can be shortened without warning if the student's practice represents a clear danger to patient safety, or lengthened by an additional week if required by the calendar or for other reasons related to the clinical placement. At the end of the probationary period, the Academic Progression committee will make the

recommendation to either lift the probationary status or to give the student a failing grade for clinical. The committee will make a recommendation to the program chair who will make the decision based on all data available. The student will be excused from the clinical area while this decision is pending. Any days missed while waiting for this decision will not count against the student's allotted time. If probation is lifted, the student will receive a passing grade for clinical. If not, the student will be dismissed (see "Dismissal").

GUIDELINES FOR ACADEMIC PROBATION

Didactic instructors will forward a copy of student grades to the program director at the midterm and at the end of each semester. To remain in good standing, nurse anesthesia students must maintain a minimum cumulative grade point average of 3.0 computed on the basis of **all** courses attempted for graduate credit. A grade point average less than 3.0 will also affect financial aid awards. Quality points are listed in the Detroit Mercy Graduate Catalog.

Students may not receive any course grades less than B- (2.7) during the program. Academic probation will be assigned when the cumulative grade point average falls below 3.0. (Students already matriculated will be held to the course grade standard published in the Handbook at the time they first enrolled.)

Students on probation for grade point average below 3.0 have one semester to raise the cumulative GPA to 3.0 or higher. If their cumulative grade point average is greater than or equal to 3.0 after this term, probation will be lifted (the student will be considered to be in good academic standing provided they have no grades of below B-). If the student is not successful in bringing up their grade point average to 3.0, they will be dismissed. At any time, the program chair may require a student who is, or has been on academic probation to undergo additional testing or perform additional course work in order to ensure the student's mastery of the subject matter presented.

Students must achieve a grade of B- (2.7) or better in all courses or they cannot continue in the program (they will be dismissed without a warning or probationary period).

SUSPENSION

Suspension is defined as an involuntary, temporary separation from Detroit Mercy for a definite or indefinite period of time. If in the judgment of the faculty, a threat to patient safety, student health or well-being exists, a student may be suspended by the program chair. A suspension may also be imposed to allow time to make a determination as to whether such a threat exists. Suspension may or may not be preceded by the customary mechanisms of academic warning or a probationary period. Days lost to clinical or classroom activities during suspension will not count against a student's personal leave bank. Suspension may include a requirement that the student obtain medical, psychiatric, or other consultation and treatment, or be subject to other appropriate requirements. A suspension from the program shall not last longer than one semester. After this point, it will be deemed a leave of absence or dismissal.

DISMISSAL

Dismissal from the program may be for academic, clinical, ethical, professional, or disciplinary reasons. Disciplinary reasons include violation of University rules and regulations and for unprofessional, unethical or illegal conduct related to professional practice. Falsification of the application can result in immediate dismissal, or rescinding of the degree after graduation. General guidelines for determining a violation of ethical or professional standards of conduct are found in the Standards for Accreditation of Nurse Anesthesia Education Programs (https://www.coacrna.org/accreditation/accreditation-standards-policies-and-procedures-and-guidelines/).

CLINICAL REASONS FOR DISMISSAL

All students must continually meet standards of care and the requirements of state law that pertain to Registered Nurse practice. The program Chair will report violations of law to appropriate authorities.

Students are normally notified during the term if they are not meeting expectations. However, notification prior to probation or dismissal may not be possible in all circumstances. Egregious deviations from standards of care, actions jeopardizing patient safety, or unprofessional conduct can result in immediate dismissal, even from a single incident in which no prior notification by faculty of student deficiencies is possible. Clinical reasons for dismissal may include, but are not limited to:

1. Failed criminal background check *
2. Unsuccessful completion of clinical probationary status
3. Failure to make progress toward meeting terminal objectives in senior year.
4. Since only one probationary period is allowed, may be dismissed without warning for failing to meet clinical objectives at any time after successfully completing a first probationary period.
5. Unsatisfactory performance of clinical objectives, or poor performance necessitating changes in clinical assignments (including rotations)
6. Record-keeping
    - Falsification of documents including, but not limited to, the patient medical record, narcotic administration records, and clinical evaluation forms (including failure to turn in all daily clinical evaluations, including unfavorable ones).*
    - Failure to keep Typhon case records current, or turn in clinical evaluation forms in a timely manner
    - Failure to document all cases within 14 days of their occurrence, or repeatedly falling behind more than 14 days in case recording.
    - Failure to turn in completed written clinical evaluation forms for the minimum percentage of clinical days (specified above in section 12. Evaluation Plan, subheading Evaluation of Students)
7. Use of time/accountability
    - Repeated instances of tardiness, lateness, or absenteeism
    - Request by clinical site that a student rotation be ended

- Patterned absence (i.e. before exams, weekends, holidays, before or after a scheduled use of clinical release time, etc.)
- Clinical release time use in excess of 20 days
- Unexplained absence from the clinical area *
- No call/no show for class or clinical *
- Leaving the clinical area without notification of supervising staff *

8. Initiating care without the physical presence of a CRNA clinical instructor or physician anesthesiologist
9. Student employed as a nurse anesthetist, by title or function, while in the educational program *
10. Unethical or unprofessional conduct associated with clinical assignments including, but not limited to:
    - violation of policies, rules and regulations of the hospital or anesthesia department to which the student is assigned for clinical practice *
    - dishonesty
    - inappropriate behavior or language in the clinical setting
    - insubordination or threats directed at university CRNA or other faculty, or clinical instructors *
    - violation of patient confidentiality, such as posting protected health information, details of care, or images of patients publicly, e.g. on social media web sites.
    - Also see Social Media Policy
    - any violation of the substance abuse policy*
    - reporting for duty while under the influence of any substance which impairs the student's ability to perform his/her clinical tasks. *
        - The policies on substance abuse written by the clinical affiliate sites and Detroit Mercy apply to nurse anesthesia students in the educational program. Further, the program will test students for cause, will test on enrollment (with successfully passing a drug screening as a condition of enrollment for all incoming students), and will demand accountability in administering controlled substances equivalent to that demanded of staff CRNAs. (See Detroit Mercy Alcohol and Illicit Drugs Policy in Student Handbook and the program substance abuse policy in this Handbook).
        - Failure of the initial drug test and health screening, or refusal to cooperate with any aspect of the program substance abuse policy, or any hospital policy on substance abuse or narcotic accountability, will result in disciplinary action up to and including immediate dismissal, refusal of enrollment, and incident reporting to the Michigan State Board of Nursing.
11. Medication errors
    - Failure to self-disclose errors within 48 hours;
    - An error deemed very negligent by faculty (not meeting the standard we expect of an RN even prior to anesthesia education), especially if the patient was harmed;
    - Multiple (more than one) medication errors.

Items above marked with an asterisk have the potential for immediate dismissal. Substance abuse is incompatible with learning or practicing nurse anesthesia and is a severe threat to patient and student safety. Therefore it may be grounds for immediate dismissal of a student.

ACADEMIC REASONS FOR DISMISSAL

Academic reasons for dismissal include

1. Unsatisfactory performance in the academic area as defined in University and program of anesthesia catalogs, syllabi, and brochures.
2. A course grade of less than B- (2.7) is received in any course. *
3. Failure to achieve a cumulative grade point average greater than or equal to 3.0 after one semester of probation for cumulative grade point average below 3.0.*
4. Violation of CHP Honor Code
5. Any dishonest act whose result or intent is a subversion of fair and accurate didactic evaluation, i.e. "cheating" on exams.
    - Instances of academic dishonesty or cheating will result in at least a score of zero on the assignment or examination, and thus, potentially a failing grade in a course. For any such instances, instructors shall notify the program director who shall impose appropriate discipline, up to and including dismissal from the program.
6. Violation of program polices on professionalism and integrity, or ethical behavior *
7. False statements made, or false documents submitted, in the admissions process *

Items above marked with an asterisk have the potential for immediate dismissal. Falsification of the application may result in rescinding of the degree after graduation.

NOTIFICATION OF DISMISSAL

Dismissal of a student will be recommended to the program Chair by the Academic Progression Committee. Such recommendations shall include documentation of the reason(s) for dismissal. The final decision for dismissal rests with the program Chair. Once the student is dismissed, they must turn in any records and any affiliate hospital or University property to the director. A summarization of the student's performance to date and a description of the circumstances of dismissal will be placed in the student's file. The Dean of the College of Health Professions, other University officials (Registrar, Financial Aid, etc.), the NBCRNA, and various departments of the clinical site (public safety, the administrator of the anesthesia or other departments that are applicable) will also be notified of the dismissal. The NBCRNA will be notified of the reason(s) for the dismissal. The Detroit Mercy academic transcript will reflect the dismissal.

WITHDRAWAL

Students contemplating withdrawal from the program are required to consult in person with the program Chair or designee prior to finalizing the decision and submitting a written resignation. At the time of resignation, the student must state their intentions in writing and turn in their case totals and all hospital or Detroit Mercy property to the Chair. A student may resign during an academic or clinical probationary period. However, the resignation must be made prior to the point where the Academic Progression Committee has made a final recommendation to the Director to dismiss (i.e., students are not allowed to resign in lieu of dismissal).

Students may resign with the intent of returning to the program later. If they do resign, there is no implied or expressed promise of readmission. They shall reapply for a potential future enrollment date through the regular admissions process.

A summarization of the student's performance to date and a written description of the circumstances of resignation will be placed in the student's file. The affiliate clinical site, the Dean of the College of Health Professions, and the NBCRNA will also be notified of the resignation.

14. COMMITTEES; GRIEVANCE AND APPEALS

EDUCATION COMMITTEE

Charge

- Collects data from evaluations of all program functions.
- Makes changes in classroom or clinical curriculum, clinical affiliation sites, policies and procedures, admissions, mission and purpose, or any other aspect of program operations.
- Makes strategic plans as well as day to day decisions.

Membership, meetings

- Chair: Nurse Anesthesia faculty member
- Members: Senior students (1-2) as needed, junior students (1-2) as needed, all program administrative faculty
- Meet monthly, 2nd or 3rd Wednesday after CAC.

ACADEMIC PROGRESSION COMMITTEE

Charge

- Monitor student performance in clinical and classroom, and make recommendations for progression, probation, dismissal.

Membership, meetings

- Chair: Nurse Anesthesia faculty member
- Members: All program administrative faculty, 1 or more CRNA clinical coordinators as needed
- Meet as needed; the end of every term, or more (or less) frequently.

ADMISSIONS COMMITTEE

Charge

- The interview and review of applications. Student members to inform and guide applicants (but no confidential information shared)

Membership, meetings

- Chair: Nurse Anesthesia faculty member
- Members: Program administrative faculty, junior or senior RNAS, CRNA clinical or classroom faculty, CRNA clinical coordinators
- Meet annually or as needed.

ADVISORY COMMITTEE

Charge

- Share what is happening in the program, areas for improvement, and efforts to address these
- Allow the Program to obtain feedback from the community of interest

Membership, meetings

- Chair: Nurse Anesthesia faculty member
- Clinical coordinators at all sites, program administrative faculty, public member, senior and junior students, Dean of the College of Health Professions
- Meet every other year or as needed.

APPEALS COMMITTEE

Charge

- Hear appeals of decisions (e.g. dismissals), and complaints against the program

Membership, meetings

- Chair: Appointed as needed by Program Director (Chair).
- Members: The Appeals Committee Chair may select members as follows: Nurse Anesthesia faculty members (1-2), one CRNA who is not a University employee, one CHP faculty member who is not a CRNA, and one CHP student member. A quorum of the committee will be a simple majority of those invited to attend. In cases where the Appeals Committee cannot reach consensus, the committee Chair will decide the issue and write the recommendation on the committee's behalf.
- Meet only as needed

GRIEVANCE AND APPEALS

The CHP grievance and appeals policy (see http://healthprofessions.udmercy.edu/about/pph.php) shall apply to the Program, with committee composition and process as noted above. Please take note of the Detroit Mercy Student Complaint policy at https://www.udmercy.edu/about/consumer-info/complaint-policy.php.

Students who are dismissed may not attend any program activities (classroom, clinical, or social) while an appeal is pending.

NON-ACADEMIC APPEALS

For grievances involving all other (non-academic) matters, students are expected to utilize the "Non-Disciplinary Grievance Procedures" in the Student Handbook. The Student Handbook is available in print or online at Detroit Mercy Student Handbook.

COMPLAINTS AGAINST THE PROGRAM

Persons with complaints against the program may contact the program director, or other program or University official, in an attempt to resolve the issue. They may contact the Council

on Accreditation only after exhausting all means of dispute resolution at the program and University level. The program publishes contact information for the Council on its web site.

The program chair will immediately investigate complaints that relate to the safety of patients or other individuals. The program chair will investigate complaints related to program compliance with accreditation standards, policies or procedures in a timely fashion, and respond to the complainant within 30 days. The program chair may

1. resolve the complaint
2. direct the complainant to other resources or groups which may help resolve the issue
3. convene a program Appeals Committee meeting to hear and resolve the complaint.

The program director will keep a file of all complaints and their resolution, and will report all complaints (and their disposition) relative to program compliance with accreditation policies, procedures, or standards to the Director of Accreditation or designee.

Please note the Detroit Mercy Student Complaints Policy (https://www.udmercy.edu/about/consumer-info/complaint-policy.php).

15. CLINICAL PERFORMANCE OBJECTIVES

MASTERS DEGREE STUDENTS

It is expected that the student will correlate didactic knowledge with clinical practice in the pre-post- and intra-operative periods throughout the program. This correlation is an integral part of the objectives for each practicum and performance in this area will be emphasized in the written evaluation. There is no clinical in Fall Term 1. It is expected that students will progress from close supervision in their junior year (Semesters 2 to 4) to general supervision, and finally to the performance of terminal objectives, with minimal guidance (Semester 5 to 7).

Students must maintain current Michigan Registered Nurse licensure, ACLS and PALS certification throughout the program or they may not participate in clinical internships.

CLINICAL OBJECTIVES- JUNIOR STUDENTS WINTER/SUMMER (TERM 2, 3)

Cognitive Domain

- Performs complete preoperative assessment and chart review prior to surgery with supervision for all elective/emergency cases.
- Formulates Anesthesia Care Plan for all assigned cases (even if the material has not yet been covered in lecture) and discusses with clinical instructor prior to entering O.R.
- Assigns appropriate Physical status classification to patient.
- Demonstrates basic knowledge of anesthetic agents.
- Identifies potential anesthetic problems and appropriate interventions.
- Assembles checks and maintains the function of all basic anesthetic equipment.
- Describes the pharmacokinetics and provides rationale for use of all drugs administered.
- Demonstrates knowledge of surgical intervention and anesthetic.

Psychomotor Domain

- Performs atraumatic technical skills (venipuncture, insertion of OPA, NPA, esophageal stethoscope)
- Organizes anesthetic equipment, applies basic anesthetic monitors, and interprets monitoring data correctly.
- Positions patients using learned principles and explains physiologic effects under anesthesia
- Performs intubation and extubation with dexterity and manages uncomplicated airways.
- Performs induction as discussed with instructor.
- Administers anesthetic agents according to learned principles and instructor discussion.
- Administers and manages regional anesthetic according to learned principles.
- Calculates and administers fluid replacement appropriately.
- Ends anesthetic/extubates according to learned principles under the direct supervision of the instructor.
- Neat and accurate charting and work area.
- Accurate and pertinent report with transfer of responsibility.

Affective Domain

- Communicates effectively with patient, family, and members of the health care team.
- Protects patient privacy and maintains confidentiality consistently.
- Receptive towards learning and accepts constructive criticism.
- Utilizes learning environment and initiates experiences to enhance professional growth.
- Delivers culturally competent care throughout the perianesthetic course.

CLINICAL OBJECTIVES- JUNIOR STUDENTS FALL (TERM 4)

Cognitive Domain

- Performs complete preoperative assessment prior to surgery with supervision for all elective/emergency cases
- Complete chart review and rapid formulation of an ACP, discussed with clinical instructor prior to entering O.R.
- Determines the need for additional studies, invasive monitoring, and alternative anesthetic techniques.
- Identifies potential anesthetic problems and appropriate interventions.
- Takes responsibility for resolution of potential anesthetic problems or equipment malfunction.
- Demonstrates independent problem solving skills and uses safe judgment in all cases.

Psychomotor Domain

- Performs basic and complex technical skills atraumatically (intubation, invasive vascular line insertion, mask airway management, LMA insertion, etc.)
- Performs a variety of induction techniques with competency and dexterity for complicated and uncomplicated airways.
- Calculates and titrates fluid and blood replacement for elective and emergency cases (adult, pediatric and neonatal patients).

- Demonstrates attentiveness to intraoperative events for complex and emergency cases.
- Utilizes invasive monitoring with recognition and correction of abnormalities.
- Performs smooth, timely emergence for all cases with minimal instructor assistance.
- Obtains and completes all pertinent records according to hospital policy (QA, blood slips and death reports)
- Accurate report with transfer of responsibility.

Affective Domain

- Continues to maintain professional conduct and begins to function as a role model and/or resource person for beginning students and other health care personnel.
- Receptive towards learning and accepts constructive criticism.
- Responds to criticism appropriately as a means for self-improvement.
- Identifies clinical experiences which will challenge self and clinical practice.
- Begin participation in state and national professional association to prepare for active involvement.
- Demonstrates self-motivation within the clinical setting.

TERMINAL BEHAVIOR OBJECTIVES (TERMS 5 TO END)

Senior students should display competence in the junior year sets of objectives, in addition to working toward these objectives. Attainment of these final objectives demonstrates that graduates have acquired knowledge, skills and competencies in the areas of patient safety, perianesthetic management, critical thinking, communication, and the professional role.

Patient safety is demonstrated by the ability of the graduate to:

- Be vigilant in the delivery of patient care
- Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.)
- Protect patients from iatrogenic complications
- Participate in the positioning of patients to prevent injury
- Conduct a comprehensive and appropriate equipment check
- Utilize standard precautions and appropriate infection control measures

Individualized Perianesthetic Management is demonstrated by the ability of the graduate to:

- Provide care throughout the perianesthetic continuum
- Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia
- Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures
- Provide anesthesia services to all patients, including trauma and emergency cases
- Administer and manage a variety of regional anesthetics
- Function as a resource person for airway and ventilatory management of patients
- Possess current advanced cardiac life support (ACLS) recognition
- Possess current pediatric advanced life support (PALS) recognition
- Deliver culturally competent perianesthetic care throughout the anesthesia experience
- Perform a comprehensive history and physical assessment

Critical thinking is demonstrated by the graduate's ability to:

- Apply knowledge to practice in decision-making and problem solving,
- Provide nurse anesthesia care based on sound principles and research evidence,
- Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia,
- Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
- Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
- Calculate, initiate, and manage fluid and blood component therapy.
- Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period
- Pass the National Certification Examination in accordance with NBCRNA policies and procedures

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

- Effectively communicate with all individuals influencing patient care
- Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care

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

- Participate in activities that improve anesthesia care
- Function within appropriate legal requirements as a registered professional nurse accepting responsibility and accountability for his or her practice
- Interact on a professional level with integrity
- Teach others
- Participate in continuing education activities to acquire new knowledge and improve his or her practice
- Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.

DNP-NURSE ANESTHESIA STUDENTS

TERMINAL OBJECTIVES

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
7. Provide anesthesia services to all patients across the lifespan
8. Perform a comprehensive history and physical assessment

9. Administer general anesthesia to patients with a variety of physical conditions.
10. Administer general anesthesia for a variety of surgical and medically related procedures.
11. Administer and manage a variety of regional anesthetics.
12. Maintain current certification in ACLS and PALS.

Critical Thinking 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 the 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.

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 substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder
40. Inform the public of the role and practice of the CRNA.
41. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
42. Advocate for health policy change to improve patient care.
43. Advocate for health policy change to advance the specialty of nurse anesthesia.
44. Analyze strategies to improve patient outcomes and quality of care.
45. Analyze health outcomes in a variety of populations.
46. Analyze health outcomes in a variety of clinical settings.
47. Analyze health outcomes in a variety of systems.
48. Disseminate scholarly work.
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.

16. CLINICAL OBJECTIVES- SPECIALTY ROTATIONS IN CARDIOVASCULAR AND OBSTETRIC ANESTHESIA

Open Heart Experience At the completion of the clinical rotation, the student will demonstrate competence in caring for the patient undergoing cardiac surgery as evidenced by the ability to:

1. Assemble appropriate monitoring equipment, I.V. fluids, drugs, etc. for open-heart procedures.
2. Formulate a sound anesthetic care plan based on patient's preoperative history, (e.g., cardiac cath report, lab data, cardiac history, drug history, EKG, etc.) and discuss proposed plan with anesthesiologist/CRNA.
3. Demonstrate the correct technique for testing peripheral circulation to the hand, (i.e., Allen's test); and demonstrate skillful catheterization of the radial artery.
4. Demonstrate sound knowledge of the correct dosage, and relevant pharmacologic parameters (e.g. mechanism of action, duration of action) of frequently used vasopressors, inotropic drugs, antiarrhythmics and vasodilators
5. Demonstrate solid knowledge of common anesthetic agents utilized for cardiac surgery (e.g. volatile agents, narcotic technique) and how they affect patients' cardiovascular state.
6. Provide a smooth, stable anesthetic induction for patients with compromised cardiovascular function.
7. Utilize correct principles of patient positioning for open-heart procedures.
8. Recognize normal wave patterns and normal vascular pressures (e.g. RVP, PAP, PCWP, etc.) from pulmonary artery catheter recordings.
9. Interpret and correlate PA catheter data to patient's intraoperative cardiovascular condition (e.g. hydration, inotropic state, peripheral vascular resistance).
10. Perform skillful insertion of internal jugular catheter after demonstrating knowledge of the anatomy involved, potential complications and proper insertion techniques.
11. Differentiate the cardiovascular dynamics associated with C.A.D. and valvular heart disease and select an anesthetic technique accordingly.
12. Recognizes standard views of cardiac anatomy obtained by TEE, with assistance.

13. Utilize appropriate monitored parameters (e.g. BP. PAP, CVP, U/O, length of procedure, blood loss) to determine the need for fluid and blood replacement.
14. Relate correct dosages, mechanisms of actions and duration of action of Heparin and Protamine; and recognize when these drugs are to be administered during the open heart procedure.
15. Verbalizes interventions to prepare the patient for going on Cardiopulmonary Bypass (CPB) and weaning from CPB.
16. Demonstrate knowledge of activated clotting time and adjust protamine administration accordingly.
17. Maintain effective interaction with entire open heart team.
18. Utilize all available monitoring devices (e.g. esophageal/precordial stethoscope, EKG, arterial pressure recording) to provide a safe transport of patient to ICU, PAR.
19. Relay thorough and accurate report of patient's intraoperative course (e.g. crystalloid and blood replacement, U/O, general cardiovascular status, intra-operative complications) to the nurse providing post-anesthetic care.

Clinical Obstetrical Rotation Objectives Students may encounter obstetric cases at several sites including Oakwood, Sinai-Grace, Hutzel, and other sites. It is expected overall that the nurse anesthesia student will provide safe and specialized anesthetic care for healthy and high-risk obstetrical patients using various anesthetic techniques.

Before the rotation, students will get lectures on the topic and will be tested on their knowledge. They will also have spinal and epidural practice in the simulation lab. Depending on previous rotations, they will likely have some regional anesthesia experience on patients before working with parturients. It is expected that students review regional anesthesia techniques and dosages for the parturient as well as obstetric anesthesia concepts prior to their scheduled obstetric rotation. Note that there are required care plans as part of this rotation (see Blackboard folder for Hutzel OB and Oakwood OB).

The student:

1. Identifies high risk obstetrical patients.
2. Plans anesthetic care based upon the patient's obstetric and pre-obstetric history.
3. Administers sedation, as needed, utilizing sound pharmacologic and anesthetic principles.
4. Prepares and assembles equipment and medications for possible emergency cases requiring a rapid sequence induction.
5. Administers regional anesthesia to an obstetrical patient under the direct supervision of an anesthetist or anesthesiologist.
6. Monitors the obstetrical patient who has received a regional anesthetic utilizing appropriate principles of obstetric care.
7. Discusses potential complications of epidural and spinal anesthetics related to the obstetrical patient.
8. Demonstrates skill in positioning the patient utilizing left uterine displacement.
9. Observes and actively participates in the care of normal newborn infants (i.e. DeLee suction, auscultate breath sounds, tactile stimulation)
10. Assesses newborn infants and assigns Apgar scores based on their observations.

11. Observes and actively participates in the resuscitation of depressed/high risk newborn infants.
12. Appropriately administers anesthetic care to obstetrical patients during emergency situations (placenta previa, preeclampsia, abruptio placenta, amniotic fluid embolism, etc.)
13. Actively participates in the peri-partum pain management of the obstetric patient. Discuss and educate the parturient on options available for labor pain management.

17. IMPORTANT TELEPHONE NUMBERS

Clinical Sites- Contact Information Contact information can be found at https://blackboard.udmercy.edu/ under ANE500 Detroit Mercy RNAS. Maps to McNichols campus, campus buildings, and all clinical affiliates can be found at Maps & Clinical sites

University of Detroit Mercy- Important phone numbers Contact information for the nurse anesthesia program may be found at Contact the program You may look up any Detroit Mercy employee at Online Phonebook. Other important numbers include:

- Bookstore 313-993-1030
- Financial Aid 313-993-3150
- Library 313-993-1071 (Reference desk)
- Public Safety 313-993-1233
    - Emergency – Dial 123 from any campus phone
- Registrar 313-993-3313
- Personal Counseling To make an appointment or for more information: Counseling Clinic West Quad: Room 104 (313) 993-1459

18. ACKNOWLEDGEMENT

Students shall acknowledge via online survey upon initial enrollment that they have read the Student/Faculty Handbook and agree to abide by it, and are able to perform in accordance with the technical requirements listed there.

19. REQUEST FOR RELEASE FOR MISSION TRIP FORM

Date of Request: ____/___/_____ Student name (print): _____

Mission organization and Host Country: _____

I hereby request permission for leave from clinical and classroom experiences to provide voluntary healthcare on the above stated mission trip. I have read and understand the program's policies related to mission trips. (available through http://www.udmercy.edu/crna/)

I acknowledge and agree to:

- This trip is not part of the educational program in Nurse Anesthesia at UDM
- This trip is not sponsored, monitored, controlled, funded by, insured by or associated with UDM.
- Provide positive contributions as a team member during this Medical Mission
- Follow the rules, regulations, procedures and guidelines of the host country and behave in a professional and ethical manner as outlined in the programs policies
- Abstain from use of mind altering substances that will interfere with avoidance of behaviors deemed unacceptable while participating in this mission. (No alcohol or drug use)
- Complete requirements upon return including presenting a summary of my experience as directed by faculty
- Submit a summary evaluation by the missions' anesthesia coordinator on my performance and professional conduct during my clinical assignments.
- Maintain and submit an accurate case and experience log

I acknowledge that I have read the attached policy information and understand the guidelines of the profession and host expectations. I understand that medical missions may have some inherent risks associated with traveling abroad and I undertake to serve on these trips at my own risk. I understand that UDM does not insure, endorse, protect, or assume liability for any aspect of these experiences. I agree to participate in the mission trip and to uphold the professional expectations and demands by the home program and the host country. I also understand that any violation of the professional expectations will be subject to being returned to my home country as well as possible disciplinary action by the program. I am voluntarily going on this trip.

I hereby release the University of Detroit Mercy from any liability associated with this mission trip

To:(site) _____ on these dates: From / / to: / / .

_____(/ /) _____(/ /)

Student signature Date Program Director Date