Welcome to the University of Southern Mississippi (USM) Nurse Anesthesia Program. This policies and procedures manual is intended to augment information found in the Graduate Bulletin, USM College of Nursing (CoN) Student Handbook, the website, and course syllabi. Students and faculty should use this manual as a reference for questions regarding policy, procedure or any other matters related to the Nurse Anesthesia Program (NAP). Students and faculty are expected to be cognizant of and to adhere to this manual, the USM CoN Student Handbook and the USM Graduate Bulletin.

Every effort has been made to verify the accuracy of the information provided in this manual. The University of Southern Mississippi reserves the freedom to change, without notice, degree requirements, curriculum, courses, teaching personnel, rules, regulations, tuition, fees, and any other information published herein. This Policies and Procedures Manual is reviewed and periodically updated and is not intended to be a contract. This Policies and Procedures Manual is also available on the website at: http://www.usm.edu/nursing

Further information can be obtained in the following offices:

Office of Student Affairs
118 College Drive #5071
Hattiesburg, MS 39406-0001
http://www.usm.edu/studentaffairs/
601-266-5020

The Graduate School
118 College Drive #5024
Hattiesburg, MS 39406-0001
graduateschool@usm.edu
601-266-5138

Nurse Anesthesia Program
118 College Dr. #5095 Office
Hattiesburg, MS 39406-0001
601-266-5500
http://www.usm.edu/nursing/nurse-anesthesia-program-nap

College of Nursing
118 College Dr. #5095
Hattiesburg, MS 39406-0001
601-266-5454
http://www.usm.edu/nursing

USM is a public institution that receives federal funding; it is required to comply with the Americans’ with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. This can be found on the title page of the Graduate Bulletin at http://www.usm.edu/media/registrar/2012-2013_complete_grad.pdf

The NAP non-discrimination policy is congruent with the University of Southern Mississippi’s diversity and equal opportunity mission. The program’s policy states, “The University of Southern Mississippi’s Nurse Anesthesia Program offers to all persons equal access to educational, programmatic, and employment opportunities without regard to age, sex, sexual orientation, religion, race, color, national origin, Vietnam-era veteran status, or disability status and can be accessed in the Graduate Bulletin. The NAP does not discriminate on the basis of race, religion, sex, sexual orientation, marital status, color, national or ethnic origin, disability or age, in administration of its educational policies, admissions policies, scholarship and loan programs, and other university-administered programs.” Selection of applicants for admission is based on objective evaluation criteria and personal interview.
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Part 1: Introduction and Overview

Vision and Mission
Philosophy
Organizing Framework
Organizational Structures
Governance
Accreditation
Administration, Faculty and Staff
Vision and Mission Statements

Organizing Framework

The framework serves to structure knowledge in a way that is meaningful. The framework developed by the USM College of Nursing is based on The Essentials of Baccalaureate Education for Professional Nursing Practice, the Essentials of Master’s Education for Advanced Practice Nursing, and the DNP Essentials of Doctoral Education for Advanced Nursing Practice published by the American Association of Colleges of Nursing. The outcomes of the NAP were designed to be consistent with mission statements, DNP Essentials, and COA Standards for Practice-Doctorates, AANA Doctoral Competencies, and the Standards for Accreditation of Nurse Anesthesia Educational Programs.

Nurse Anesthesia Doctor of Nursing Practice (DNP) Mission

The mission of the Nurse Anesthesia Doctor of Nursing Practice degree is to prepare future advance practice nurses at the highest professional level of nursing practice in the role of nurse anesthesia. Doctoral level advanced practice nurses synthesize and apply critical knowledge for improving health care to diverse populations. Students are required to meet specified core competencies, as defined by AACN’s Essentials of Doctoral Education for Advanced Nursing Practice.
Purpose

The purpose of the Doctor of Nursing Practice (DNP) is to prepare advanced practice nurses at the highest professional level of nursing practice and to advance the application of nursing knowledge for the purpose of improving health care to diverse populations. This practice doctorate focuses on the translation of research as opposed to the generation of new research knowledge as is characteristic of the PhD. Graduates of the program will be prepared to meet state, regional, and national needs for doctoral prepared advanced practice nurses in leadership positions in health related organizations.

The purpose of the nurse anesthesia program is to equip students to become doctoral prepared graduates with advanced knowledge in the clinical specialization of nurse anesthesia. The DNP prepares the certified registered nurse anesthetist (CRNA) to assume leadership positions in education, management, and patient care by offering a curriculum concentrating on quality assessment and improvement, healthcare systems, and organizations, leadership, best evidence for practice, health policy and health care economics.

Program Goals

The overall goals of the nurse anesthesia program are consistent with the existing DNP which are:

1. To increase the availability of doctoral prepared advanced practice nurses who deliver high quality, outcomes oriented health services.
2. To prepare doctoral prepared advanced practice nurses, eligible to sit for certification in nurse anesthesia, who assume intra/interprofessional leadership roles to improve health outcomes for diverse populations in complex health care delivery systems.
3. To develop doctoral prepared advanced practice nurses, eligible to sit for certification in nurse anesthesia, who utilize leadership skills to transform health systems through practice and scientific inquiry aimed at improving health outcomes.
4. To increase the supply of graduates eligible to sit for certification in nurse anesthesia to meet the healthcare needs of the citizens of Mississippi and beyond.

Program Outcomes

1. Develop and manage innovative health care delivery to improve access, quality and health outcomes.
2. Enhance the culture of safety in health systems through the application of information technologies, ethical principles, and evidence-based practice.
3. Translate evidence to improve health services delivery for diverse populations.
4. Provide leadership for inter/intraprofessional teams through analysis of critical complex practice and organizational issues to improve health care.
5. Design evidence-based culturally competent health services for vulnerable populations.
6. Integrate and translate theoretical and scientific knowledge into practice to improve health outcomes.
7. Examine, implement, and evaluate evidence based healthcare service, systems, and policies.
8. Develop and evaluate new models of care that address the complex health needs of rural patient populations.
9. Develop and deliver an innovative anesthesia practice curriculum congruent with the criteria required for national certification and state licensure as certified registered nurse anesthetists.
10. Develop and deliver an innovative anesthesia practice curriculum consistent with the Practice Oriented Doctoral Competencies set forth by the Council on Accreditation of Nurse Anesthesia Programs.

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The NAP DNP curriculum is conceptualized as having two components:

DNP Essentials 1 through 8 are the foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty or functional focus.

Specialty competencies/content prepare the DNP graduate for those practice and didactic learning experiences in a particular specialty. Competencies, content, and practicum experiences needed for specific roles in specialty areas are delineated by national specialty nursing organizations.

The curricular competencies, content, and practicum experiences are consistent with national standards promulgated by the American Association of Nurse Anesthetists and the COA. The outcomes of the NAP were designed to be consistent with mission statements, DNP Essentials, and COA Standards for Practice-Doctorates, AANA Doctoral Competencies, and Standards for Nurse Anesthesia Educational Programs.
Student Outcomes

Upon completion of the DNP program, the graduate will meet the following terminal objectives specific to nurse anesthesia clinical practice:

1. Perform a pre-anesthetic interview and physical assessment including psychological preparation of the patient for anesthesia and surgery.
2. Obtain an accurate patient health history.
3. Evaluate the patient’s physical and psychological status, including evaluation of all laboratory, radiographic, and other diagnostic test data, identifying abnormalities that will have implications on the anesthesia care plan.
4. Integrate and apply the knowledge learned in didactic studies to insure greater clinical competence in providing safe and effective patient care.
5. Formulate an appropriate anesthesia care plan commensurate with the patient’s needs.
6. Administer a physiologically sound anesthetic using general and/or regional techniques and procedures that are compatible with the physiological condition of the patient.
7. Interpret and integrate information from a variety of monitoring modalities including electrocardiography, pulse oximetry, capnography, noninvasive and invasive arterial blood pressure monitoring, central venous pressure monitoring, pulmonary artery pressure monitoring, etc.
8. Identify the need for and insert a variety of invasive monitoring devices including arterial, central venous, and pulmonary artery catheters.
9. Develop and execute an effective plan for fluid and blood component administration.
10. Execute and maintain effective mechanical ventilation integrating available patient information.
11. Implement and supervise appropriate physical positioning of the patient to ensure patient safety and optimum working conditions for the surgical team.
12. Recognize indications of physiological stress in patients and initiate appropriate interventions.
13. Implement indicated crisis interventions for the patient undergoing anesthesia and surgery; facilitate safe, effective patient care; and promote the efficient and harmonious function of the healthcare team.
14. Function as a team member and resource person in cardiopulmonary resuscitations.
15. Function as a resource person in the respiratory care of patients receiving mechanical ventilation.
16. Serve as a resource person in the training of paramedical personnel.
17. Function as a consultant in acute and critical care areas as requested.
18. Function within appropriate medicolegal parameters.
19. Demonstrate understanding of the administrative responsibilities in managing an anesthesia department.
20. Demonstrate professional presentation and clinical teaching skills necessary to promote the effective education of nurse anesthetists and others involved in healthcare.
21. Critically evaluate and apply research in preparation of an independent study or educational project.
22. Demonstrate the ability to write a scientific paper for publication.
23. Function as a positive member of the healthcare team and a role model for future healthcare providers.
24. Assume total responsibility for one’s own actions through continuing professional growth.

Requirements for Doctor of Nursing Practice Degree

The curriculum is designed as a 36 month full-time plan of study. It is expected that the student will complete all requirements in the prescribed timeline after admission to the program.

In addition to the USM graduation criteria, to be eligible for graduation from the Nurse Anesthesia Program, the following criteria must be met:
1. Satisfactory completion of all academic courses with a minimum GPA of 3.0. A grade of “B” or higher must be attained in all anesthesia specific courses and a minimum grade of “C” must be attained in all non-anesthesia specific courses
2. Satisfactory completion of clinical experiences as required by the Nurse Anesthesia Program AND the COA/NBCRNA
3. Satisfactory achievement of program terminal objectives
4. Satisfactory completion of all academic and clinical assignments including, but not limited to, care plans, evaluations, Doctoral Project etc.
5. All clinical records must be completed and submitted to the Nurse Anesthesia Program (e.g. Medatrax records)
6. Satisfactory clinical performance
7. Satisfactory completion of the Doctoral Project in Anesthesia
8. Successful completion of the Comprehensive Exam(s)
9. Successful completion of the Self Evaluation Exam (SEE)
10. Satisfactory completion of all requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs and the National Board on Certification and Recertification of Nurse Anesthetists.
11. Current ACLS/PALS, and unencumbered MS RN license on file with the Nurse Anesthesia Program
Organizational Structure
Nurse Anesthesia Program

Rodney D. Bennett
President

Steven R. Moser, PhD
Provost

Katherine Nugent, PhD, RN
Dean, College of Nursing

Anita Boykins, DNSc
Associate Dean, College of Nursing

Lachel Story, Ph.D. RN
Interim Chair, Advance Practice

Marjorie Geisz-Everson CRNA, PhD
Interim Director, Nurse Anesthesia Program

Allan Lovern CRNA DNP
Interim Assistant Director

Director, DNP

CoN DNP Faculty

Nurse Anesthesia Program Faculty

Student Registered Nurse Anesthetists
Year 01
Year 02
Year 03

Clinical Coordinators
Clinical Preceptors

Administrative/Academic Coordinator
Nurse Anesthesia Program
Governance

Committees

The committee structure is designed to be consistent with the conducting institution and the College of Nursing. Committee representation is comprised of faculty and students and is by election and/or appointment. The committees function to assure accountability to students, faculty, NAP, CoN, the University, and the public. Every effort has been made to include representation of affected constituencies including faculty, students, and the public.

Student involvement in the governance of the CoN is achieved through a variety of methods including student representation on CoN committees. Students are ex-officio members of the Graduate Admission, Progression, Retention Committee, the Program Evaluation Committee, the Graduate Curriculum Committee and the CoN Recognition Ceremony planning group. Students are selected as committee representatives by their peers to serve one year on the committee. In addition to the CoN committees, the Nurse Anesthesia Program students will have representation on the NAP Admissions and Advisory committees. NAP cohorts will develop their own Student Governance Committee.

Nurse Anesthesia Program Committees

Admissions Committee

Duties
- Evaluates student admission applications and provides a list of acceptable candidates to the NAP Director.
- Reviews admission appeals and recommends appeal decision to the NAP Director.
- Recommends revisions of the admission policies to the Graduate Admissions Committee.
- Meets annually to interview applicants and render a final admission recommendation into the NAP to the Graduate Admissions, Progression and Retention committee

Membership may be comprised of:
- NAP Director (Chair) - required
- NAP Assistant Director - required
- CRNA Faculty - required
- CRNA/Anesthesiologist preceptors – optional
- CoN Administrators/Faculty – optional
- Senior Student Registered Nurse Anesthetist – required
- Junior Student Registered Nurse Anesthetist – required

NAP Faculty Committee

Duties
- Reviews the NAP for quality, needed improvements, and future growth regarding administrative, didactic, and clinical aspects of the program
- Review and discuss student didactic and clinical performance
- Provide input into the daily operations of the program
- Recommends revisions and programmatic changes to the Graduate Curriculum Committee
- Meets quarterly or more often as necessary. Minutes will be recorded and stored in the NAP

Membership
- NAP Program Director - Chair
- NAP Assistant Director

Revised and approved 1-11-17
• NAP faculty
• Adjunct faculty
• Clinical preceptors

**NAP Advisory Council**

**Duties**
- Reviews and evaluates programmatic outcomes
- Provides input to the NAP mission, goals, outcomes, strategic initiatives, program evaluation, changing trends that may impact the program, and emerging healthcare needs of the community.
- Meets annually. Minutes will be recorded and stored in the NAP office.

**Membership**
- NAP Director - chair
- NAP Assistant Director
- NAP Faculty
- Clinical coordinators
- Clinical Preceptors
- CoN faculty representative – 1
- Senior student – 1
- Junior Student – 1
- Freshman Student - 1
- Public Member – 1

**NAP Student Governance**

The individual classes of the NAP will comprise of elected officers who will include a President, Vice President, and Secretary/Treasurer. Each class will have a NAP faculty advisor who will be a liaison between students, faculty, and administration of the NAP. Meetings will be held at various times with minutes recorded and stored in the NAP office.

**By-Laws for Students**

**Purpose, Structure and Membership**

**Purpose:** The purpose of the Student Bylaws is to provide an operational organization-framework for the various student activities and to provide a forum for them to discuss their issues and/or concerns.

**Structure:** Each NAP Cohort will select class officers in the Spring semester of their first year.

**Membership:** Students enrolled in the USM Nurse Anesthesia Program.

**Class Gift:** Each graduating class is responsible for giving a composite graduation picture to the CoN.

**Officers and Responsibilities:**

Officers should serve as a liaison between the students and the faculty. If a student has a problem with class business, he or she should bring the problem to the class officers, who will in turn present the problem to the NAP faculty advisor. If the NAP faculty advisor is unable to resolve the issue, it will be brought to the full NAP faculty for resolution.

**President**

1. Designate the time and place for all regular class and/or special meetings: Class meetings will be held quarterly during the academic year and as scheduled by the President.
2. Preside at all meetings or designate another officer in his/her absence.
3. Prepare an agenda for meetings and communicate to the class.
4. Attend all NFC (Nurse Faculty Organization) monthly meetings.
5. Establish ad hoc committee meetings as necessary.
6. Appointments will be made in for each incoming class.
7. Notify Class Advisor two weeks prior to scheduled meetings.
8. Consult with Class Advisor about class issues, concerns and/or projects.
10. Present gift idea to the Director for approval.

Vice-President
1. Organize Senior class graduation composite pictures.
2. Notify class advisor of all picture information.
3. Fulfill the role of President in the event that the President cannot finish the term.

Secretary/Treasurer
1. Record and disseminate minutes from all regular and/or special meetings.
2. Maintain a cohort notebook which contains copies of materials and minutes from all meetings. It should be filed in the Director’s Office.
3. Make deposits of all funds the class raises. Withdraw funds as indicated by the class for the class gift and/or functions.
4. Consult with Class Advisor on financial issues.
5. Maintain all financial records and make them available to the class.
6. Give a financial report at all meetings.

Class Advisor responsibilities:
1. Attend all meetings.
2. Serve as Advisor to the class regarding issues/concerns and how they relate to the CoN policies.
4. Participate in the College of Nursing Recognition ceremony.
5. Coordinate student awards process with an NFO-appointed Committee.
6. Assist seniors with graduation activities (e.g. ordering school pins, arranging composite pictures, etc.)

Operational Policy and Procedures

Quorum: One third of the class membership constitutes a quorum for the transaction of business at any time.

Rules of Engagement: The Board Rules of Engagement contained in the current edition of Principles of 21st Century Governance (Wallace, 2013), shall govern all meetings and all cases to which they are applicable and in which they are not inconsistent with these bylaws or University-wide regulations.

Amendments to Bylaws: The bylaws or procedures may be amended by a two-thirds vote of an NFO-appointed Committee. Students who desire a change of the bylaws should submit desired changes in writing to the Committee two weeks prior to its regular meeting.
Accreditation

The Commission on Colleges of Southern Association of Colleges and Schools (SACS) and the Mississippi Institutions of Higher Learning (IHL) accredits The University of Southern Mississippi (USM). USM awards the bachelor, master, and doctoral degrees. The Commission on Collegiate Nursing Education (CCNE) and the MS IHL accredits the USM College of Nursing. The USM College of Nursing awards the bachelor, master, and doctoral degrees.

The USM Nurse Anesthesia Program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), a specialized accrediting body recognized by the Council on Higher Education Accreditation (CHEA) and the United States Department of Education (USDE). The USM Nurse Anesthesia Program awards a DNP degree. The program’s next accreditation review is Fall 2017.

Council on Accreditation of Nurse Anesthesia Educational Programs
222 S. Prospect Avenue
Park Ridge, ILL 60068-4001
Main Number: 847-655-1160
Fax: 847-692-7137
Email: Accreditation@coa.us.com

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Part 2: Nurse Anesthesia Program Policies

Graduate School Bulletin and College of Nursing Handbook Agreement

Admissions
Curriculum
Nurse Anesthesia Program General Policies
All students enrolled in the USM Nurse Anesthesia Program are required to abide by the current USM Nurse Anesthesia Program Policies and Procedures Manual (found on NAP Communications Site in Black board), the current USM College of Nursing Student Handbook found at: http://www.usm.edu/nursing/current-students, and the current USM Graduate Bulletin found at: http://catalog.usm.edu/index.php?catoid=16

My signature on this page indicates that I have been informed of the requirement to abide by the USM Nurse Anesthesia Policies and Procedures Manual, the USM College of Nursing Student Handbook, and the USM Graduate Bulletin.

Printed Name: ________________________________

Signature ________________________________ Date: ______________
Admissions

Applicants to the BSN-DNP program in nurse anesthesia must meet the admissions criteria of the USM Graduate School in addition to the criteria set by the USM Nurse Anesthesia Program. Advanced standing is not granted to applicants even if they have attended other nurse anesthesia programs. The BSN-DNP program is a uniquely integrated plan of study with curricular content strategically placed to maximize the learning experience. All students and graduates must complete the program in its entirety and in sequence. Follow link below to access the Graduate School Bulletin.
http://www.usm.edu/registrar/graduate-bulletins

To be considered for admission into the BSN-to-DNP Nurse Anesthesia Program the applicant must fulfill the following requirements:

1. Bachelor of Science or Master of Science in Nursing from a fully accredited, National League for Nursing Accreditation Commission or the Commission on Collegiate Nursing Education, college or university in the United States. BSN must have been completed at the time of application.
2. Cumulative undergraduate grade point average of 3.0 or better (where A = 4.0).
3. Completion of the Graduate Record Examination (verbal, quantitative, and analytical writing sections) within the past five years. An analytical score of at least 3.0 on the GRE is required.
4. Must be currently working full time, as a licensed RN, in an area of intensive care nursing for at least one year (preferably 2 years) at time of application.
5. Completion of an approved graduate statistics course achieving a grade of B or better, unless applicant already holds an MSN. (The course must have been completed within the past 5 years.)
6. A current, unencumbered license to practice nursing in any state with eligibility for licensure in Mississippi.
7. Proof of current certification of advanced cardiac life support (ACLS), pediatric advanced life support (PALS), basic life support (BLS), and critical care nurses certification (CCRN).
8. Completion of the official application materials and payment of application fees by the stated deadline.
9. Personal interview with Admissions Committee (if invited).
11. Criminal background check and drug screening upon matriculation into program.

Advanced Standing

Advanced standing is not granted to students even if they have attended another nurse anesthesia program. The BSN-DNP program is a uniquely integrated curriculum that builds on past education and experiences and progresses from basic to complex. All students must complete the program in its entirety in the sequence listed.
Curriculum

Program Design

The program is designed as a 36 month plan of study with 117-semester hours of credit. The curriculum design satisfies the COA’s additional criteria for a practice doctorate and the American Association of Colleges of Nursing’s Essentials of Doctoral Education for Advanced Nursing Practice. The plan of study clearly exceeds the requirements for a Master’s Degree. All students graduating from the program will be eligible to apply to take the national certification examination given by the National Board for Certification and Recertification of Nurse Anesthetists (NBCRNA).

The curriculum builds upon prior nursing knowledge and experience and is designed to advance the student from basic to complex concepts. The first year is solely didactic education with the introduction of basic science courses, which will lay the scientific and theoretical groundwork for anesthesia practice. These courses are integrated with the existing foundational DNP courses. During the second and third years students will be primarily in the clinical arena with one day a week set aside for didactic lectures, guided academic review, and clinical care presentation conferences. The integrated plan of study is designed to build on previous knowledge and to increase depth of anesthesia understanding and reasoning.

Plan of Study

Year 1

Spring 1
NSG 811 Epidemiology/ Population Health 4
NSG 830 Anatomy and Physiology for Anesthesia I 3
NSG 832 Advanced Pharmacology for Anesthesia I 3
NSG 850 Professional Aspects of Nurse Anesthesia Practice 3

Summer 1
NSG 833 Advanced Pharmacology for Anesthesia II 3
NSG 834 Chemistry and Physics for Anesthesia 3
NSG 831 Anatomy and Physiology for Anesthesia II 3

Fall 1
NSG 805 DNP Role 3
CHS 723 Biostatistics II 3
NSG 835 Advanced Pathophysiology for Anesthesia 3
NSG 837 Basic Principles of Anesthesia Practice 3
NSG 836 Advanced Health Assessment for Anesthesia 3

Year 2

Spring 2
NSG 803 Methods to Evaluate Evidenced Based Practice 3
NSG 819 Economics and Finance 3
NSG 838 Principles of Anesthesia Practice I 3
NSG 839 Anesthesia Practicum I 4
NSG 810 Practice Inquiry I 1

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<th>Semester</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<td>Summer 2</td>
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<td>NSG 840</td>
<td>Principles of Anesthesia Practice II</td>
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<td>NSG 814</td>
<td>Practice Inquiry III</td>
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<td>Year 3</td>
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<tr>
<td>Spring 3</td>
<td>NSG 844</td>
<td>Advanced Principles of Anesthesia Practice II</td>
<td>3</td>
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<tr>
<td></td>
<td>NSG 845</td>
<td>Anesthesia Practicum IV (OR 4 days/week)</td>
<td>6</td>
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<td></td>
<td>NSG 816</td>
<td>Capstone Inquiry</td>
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<tr>
<td>Summer 3</td>
<td>NSG 846</td>
<td>Seminars in Anesthesia I</td>
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<td>NSG 847</td>
<td>Anesthesia Practicum V</td>
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<td>NSG 816</td>
<td>Capstone Inquiry</td>
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<td>Fall 3</td>
<td>NSG 817</td>
<td>Leadership and Quality</td>
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<td>NSG 848</td>
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<td>NSG 849</td>
<td>Anesthesia Practicum VI</td>
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<td>NSG816</td>
<td>Capstone Inquiry</td>
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**Total= 117 Semester Hours**

**Course Descriptions**

**NSG 830: Anatomy & Physiology for Anesthesia I.** The is the first of two courses and presents an extensive exploration of human anatomy and physiology of the cell, cardiovascular, respiratory, and neurological systems with an emphasis on the clinical application and integration to anesthesia practice. This course follows the professional practice standards of the American Association of Nurse Anesthetists and will provide a foundation for the basic science courses and the principles of anesthesia practice.

**NSG 831: Anatomy and Physiology for Anesthesia II.** The is the second of two courses and presents an extensive exploration of human anatomy and physiology of the endocrine, reproductive, musculoskeletal, hepatic, renal, hematologic, gastrointestinal, integumentary, and immune systems with an emphasis on
the clinical application and integration to anesthesia practice. This course follows the professional practice standards of the American Association of Nurse Anesthetists and will provide a foundation for the basic science courses and the principles of anesthesia practice.

NSG 832: Advanced Pharmacology for Anesthesia I. This course is designed to provide the student with a thorough understanding of the basic science of pharmacology. The primary focus will be on topics which are an integral part of modern anesthesia practice which includes pharmacodynamics, pharmacokinetics, pharmacotherapeutic properties, pharmacogenetics, pharmacy, and toxicology.

NSG 833: Advanced Pharmacology for Anesthesia II. This course will continue to build on the foundational components presented in Advanced Pharmacology for Anesthesia I. This course is designed to provide the student with an in-depth knowledge of pharmacology and its applications to the clinical practice of anesthesia. The primary focus will be on topics such as pharmacodynamics, pharmacokinetics, pharmacotherapeutics, pharmacy, and toxicology.

NSG 834: Chemistry and Physics for Anesthesia. This course provides the foundation of applied chemistry, biochemistry, and physics specific to anesthesia practice. Fundamental biochemical principles of cellular mechanisms of action, hepatic metabolism and drug receptor interaction will build on physiology and pharmacology concepts. The principles of physics specific to solids, liquids, gases and vapors are explored. The physics and chemistry of inhalation appliances, as well as CO\textsubscript{2} absorption, and flammability of gases and vapors are presented. Special emphasis is placed on understanding the operating principles of anesthesia machines and patient monitors.

NSG 835: Advanced Pathophysiology for Anesthesia. The study of integrative regulatory mechanisms responsible for maintenance of homeostasis in the normal human and the alterations which occur in these mechanisms leading to specific disease processes. This course will course will provide a comprehensive evaluation of altered health states of diverse patient populations. Evidence-based practice is incorporated to develop a plan of care for patients with existing pathophysiologic alterations and coexisting disease processes.

NSG 836: Advanced Health Assessment for Nurse Anesthesia. This course provides the information to develop advanced nursing assessment skills applicable to diverse populations. A variety of advanced assessment skills, diagnostic laboratory values, and diagnostic studies will be incorporated. Communication and application of the findings will be integrated in the development of an anesthetic plan of care and ongoing perioperative assessment and evaluation of the surgical patient.

NSG 837: Basic Principles of Anesthesia Practice. This course presents the fundamentals of anesthetic management and includes topics such as operating room and anesthesia equipment, operating room safety, and the integration of chemistry, physics, and math in the anesthetic plan. The course follows the professional practice standards of the American Association of Nurse Anesthetists with emphasis on providing culturally competent individualized anesthesia care to diverse patient populations. Human Patient Simulation labs will be conducted to facilitate psychomotor skill development and to simulate a variety of anesthetic scenarios. This course will provide the foundation for entry into the clinical practicum courses.

NSG 838: Principles of Anesthesia Practice I. This course builds on the fundamentals presented in the Basic Principles of Anesthesia Practice and applies advance practice nursing roles and skills related to nurse anesthesia practice. The course follows the professional practice standards of the American Association of Nurse Anesthetists with emphasis on providing culturally competent individualized anesthesia care to diverse patient populations with or without coexisting health disorders undergoing various surgical procedures utilizing evidence based practice. Human Patient Simulation labs will be conducted to facilitate psychomotor skill development and to simulate a variety of anesthetic scenarios.

NSG 839: Anesthesia Clinical Practicum I. This practicum provides an introduction to the clinical setting which begins with the observation of anesthesia care and progresses to the supervised administration of anesthesia. This practicum follows the professional practice standards of the American Association of

Revised and approved 1-11-17
Nurse Anesthetists with emphasis on providing culturally competent individualized anesthesia care to diverse patient populations undergoing various surgical procedures of increasing complexity utilizing evidence based practice. The practicum develops and applies advanced practice nursing roles and skills related to the practice of nurse anesthesia.

**NSG 840: Principles of Anesthesia Practice II.** This course builds on the fundamentals presented in the prior Principles of Anesthesia Practice courses and applies advance practice nursing roles and skills related to nurse anesthesia practice. The course follows the professional practice standards of the American Association of Nurse Anesthetists with emphasis on providing culturally competent individualized anesthesia care to diverse patient populations with or without coexisting health disorders receiving various types of conduction anesthesia, for acute and chronic pain management, and postanesthesia care utilizing evidence-based. Human Patient Simulation labs will be conducted to facilitate psychomotor skill development and to simulate the physiological effects of conduction anesthesia.

**NSG 841: Anesthesia Clinical Practicum II.** This practicum is a continuation of NSG 839 and follows the professional practice standards of the American Association of Nurse Anesthetists with an emphasis on developing the skills and responsibilities necessary to perform anesthetic techniques for a variety of surgical procedures and for patients with coexisting health disorders. The practicum develops and applies advanced practice nursing roles and skills related to the practice of nurse anesthesia utilizing evidence-based practice for diverse populations.

**NSG 842: Advanced Principles of Anesthesia Practice I.** This course builds on the fundamentals presented in the prior Principles of Anesthesia Practice courses and applies advance practice nursing roles and skills related to nurse anesthesia practice. The course follows the professional practice standards of the American Association of Nurse Anesthetists with emphasis on providing culturally competent individualized anesthesia care to diverse obstetric and pediatric patients with or without pre-existing health disorders, and for various surgical procedures utilizing evidence-based practice. Human Patient Simulation labs will be conducted to facilitate psychomotor skill development, and to simulate the physiological differences of the obstetric and pediatric patient populations.

**NSG 843: Anesthesia Clinical Practicum III.** This practicum is a continuation of NSG 841 and follows the professional practice standards of the American Association of Nurse Anesthetists with a special emphasis on predicting, preventing, identifying, and solving anesthetic problems as well as increasing skills and responsibility. The student selects and operates all equipment necessary for various anesthetic cases and for patients with coexisting health disorders. The practicum develops and applies advanced practice nursing roles and skills related to the practice of nurse anesthesia utilizing evidence-based practice for diverse populations.

**NSG 844: Advanced Principles of Anesthesia Practice II.** This course builds on the fundamentals presented in the prior Principles of Anesthesia Practice courses and applies advanced practice nursing roles and skills related to nurse anesthesia practice. The course follows the professional practice standards of the American Association of Nurse Anesthetists with an emphasis on providing culturally competent individualized anesthesia care to diverse patient populations with or without preexisting health disorders undergoing cardiovascular, thoracic, vascular, neurosurgical, organ transplant, hepatic and renal procedures utilizing evidence based practice. Human Patient Simulation labs will be conducted to facilitate psychomotor skill development and to simulate the physiological differences of this unique patient population.

**NSG 845: Anesthesia Clinical Practicum IV.** This practicum is a continuation of NSG 843 and follows the professional practice standards of the American Association of Nurse Anesthetists with an emphasis on planning, preparation, and administration of increasingly complex anesthetics for a variety of surgical procedures and for patients with coexisting health disorders. The student develops greater responsibility in the anesthetic management and independent learning. The practicum develops and applies advanced practice nursing roles and skills related to the practice of nurse anesthesia utilizing evidence-based practice for diverse populations.

Revised and approved 1-11-17
NSG 846: Anesthesia Seminars I. on selected clinically-relevant research and clinical anesthesia topics. The course revolves around reviews of current literature and practice, as well as case presentations. The course is designed to enhance the student’s theoretical foundation as well as development of critical thinking abilities. This course also includes student participation in discussion of clinical experiences, case presentations, and mortality-morbidity conferences; also presentations of current evidence-based practice articles from anesthesia related literature will be incorporated. Students will critically analyze, synthesize and evaluate the knowledge gained in all previous nurse anesthesia courses in preparation of the comprehensive exam, national certification examination, and clinical practice.

NSG 847: Anesthesia Clinical Practicum V. This practicum is a continuation of NSG 845 and follows the professional practice standards of the American Association of Nurse Anesthetists with an emphasis on independent learning and developing greater responsibility in the anesthetic management of increasingly complex anesthetics. The practicum develops and applies advanced practice nursing roles and skills related to the practice of nurse anesthesia utilizing evidence-based practice for diverse populations.

NSG 848: Anesthesia Seminars. Seminars in Anesthesia consist of weekly anesthesia seminars presented by students and faculty on selected clinically-relevant research and clinical anesthesia topics. The course revolves around reviews of current literature and practice, as well as case presentations. The course is designed to enhance the student’s theoretical foundation as well as development of critical thinking abilities. This course also includes student participation in discussion of clinical experiences, case presentations, and mortality-morbidity conferences; also presentations of current evidence-based practice articles from anesthesia related literature will be incorporated. Students will critically analyze, synthesize and evaluate the knowledge gained in all previous nurse anesthesia courses in preparation of the comprehensive exam, national certification examination, and clinical practice.

NSG 849: Anesthesia Clinical Practicum VI. This practicum is a continuation of NSG 847 and follows the professional practice standards of the American Association of Nurse Anesthetists with an emphasis on total anesthetic management of increasingly complex anesthetics for a variety of surgical procedures and for patients with coexisting health disorders with minimal supervision from the anesthesiologist or the certified registered nurse anesthetists. The practicum develops and applies advanced practice nursing roles and skills related to the practice of nurse anesthesia utilizing evidence-based practice for diverse populations.

NSG 850: Professional Aspects of Nurse Anesthesia. This course introduces five major categories including: the history of nurse anesthesia, elements of professionalism, practice issues, legal aspects, quality improvement, and personal well being (in the provision of anesthesia care). This course acquaints students with current professional issues relevant to anesthesia practice and begins the professional socialization process. Students will gain practical experience in planning and presenting educational projects to a variety of audiences.

NSG 811: Epidemiology/Population Health. This course presents the basic concepts of the distribution and determinants of diseases and other health conditions. Emphasis will be on the application of epidemiological methods in the prevention and control of disease. In this course, students examine key health indicators and ways to improve the nation’s health. The course emphasizes health promotion, risk reduction, and illness prevention targeted toward populations. Environmental, occupational, cultural, and socioeconomic dimensions of population health are included as well as emerging factors and issues that determine and affect health and health care. In addition to specifically focusing on nursing care and the nation’s health, the course also includes a multidisciplinary, global health approach.

NSG 805: DNP Role. The focus of this course is on transformational leadership, interprofessional and intraprofessional collaboration, power strategies, and systems leadership skills critical to improvement of outcomes for individuals, communities, and systems.
NSG 807: Theory. This course is designed to offer students an overview of philosophy of nursing science as well as nursing and non-nursing theories relevant to clinical practice. The link between theory, clinical practice, and research will be explored.

NSG 817: Leadership and Quality. This course focuses on advanced analysis of change management, leadership theories/strategies, and organizational systems theory for advanced nursing practice. Emphasis is on working with multiple disciplines and leading multiple constituencies for quality improvement in healthcare systems. This course also provides students with quality improvement strategies to create and sustain changes at organizational and policy levels. These strategies are designed to help the DNP graduate improve health care and safety for the populations with whom they work.

NSG 819: Economics & Finance. This course employs principles of business, finance, and economics to analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.

CHS 723: Biostatistics II. This is a hybrid course, which includes online and classroom sessions. Concepts of biostatistics will be discussed mostly in the online sessions and partly in classroom sessions. Most part of the classroom sessions will be on applications of statistical tools using SPSS. The theoretical lectures include (1) An overview of tools of biostatistics; (2) Sample size estimation of community-based and hospital-based prospective studies; (3) Use of SPSS.

NSG 803: Methods to Evaluate Evidenced-Based Practice. This course builds on the Foundations/Theory Course and Role Course. This course will explore and analyze research methods and data analyses relevant to the role of the Doctor of Nursing Practice. Qualitative and quantitative methodologies and instruments used to develop scientific knowledge will be examined. This course will prepare the DNP to analyze and critically evaluate and translate knowledge that is the foundation for evidenced based clinical practice. Students will identify their topic of interest and begin to develop strategies to answer questions related to this topic of interest.

NSG 813: Policy and Politics in Healthcare. Introduction to the concepts of local, state and national policy, and the history of the role of nurses in the development and implementation of health care policy. Students will study the impact of economic and organizational changes on health care delivery in the United States.

NSG 810: Practice Inquiry I. This is the first course in a series of three Practice Inquiry courses that prepare the APN for the capstone clinical project. This course introduces the advanced practice nurse to information technology used in advanced clinical practice and decision making, evidence based practice, and scholarly inquiry.

NSG 812: Practice Inquiry II. This is the second course in a series of three Practice Inquiry courses that prepare the APN for the capstone clinical project. This course introduces the advanced practice nurse to information technology and other technologies for outcome and cost assessment.

NSG 814: Practice Inquiry III. This is the third course in a series of three Practice Inquiry courses that prepare the APN for the capstone clinical project. This course prepares the DNP student to develop a proposal for change in clinical practice.

NSG 816: Capstone Inquiry I - III. This clinical project focuses on accountability for advancing the nursing profession and translating the developing body of nursing knowledge to practice. It emphasizes the synthesis, critique, and application of evidence to support quality clinical practice.
Doctoral Project

The USM NAP follows the USM CON DNP Project Policies and Procedures. Please refer to the USM CON Student Handbook for the actual policies.

Self Evaluation Examination (SEE) and Comprehensive Examination Policy

Rationale or background to policy:

Beginning September 1, 2016 the Self-Evaluation Exam (SEE), administered by the National Board of Certification and Recertification, will be predictive and reflective of the National Certification Exam (NCE). SEE scores will provide an opportunity for students to analyze their strengths and weakness to help them prepare for the NCE.

Comprehensive exams encompass subject matter taught throughout the nurse anesthesia program as well as subject matter included on the National Certification Exam (NCE). An outline of NCE content can be found at: http://www.nbcrna.com/Exams/Pages/Exams.aspx. The SEE will be the NAP comprehensive exam.

Policy:

Students are required to take the SEE no later than June 30 in their final year of the program. They must score the overall national average (for their length of time in the program).

Procedure:

a. Students in their third year of the program will pay for and schedule the SEE to be taken no later than June 30. Students are encouraged to schedule their SEE as soon as possible; testing space and times are limited. Information regarding the SEE, including current cost can be found at: http://www.nbcrna.com/Exams/Pages/Exams.aspx

b. After the SEE, students will be required to provide a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of their SEE scores. They will also be required to provide an action plan to pass the NCE.

c. If a student does not score the overall national average (for his/her length of time in the program), he/she will be required to pay for and schedule additional SEE(s) until he/she scores the national average (for his/her length of time in the program).

d. Students failing to score the overall national average (for their length of time in program) by November 15 prior to graduation will receive an incomplete “I” in NSG 848 and will not be eligible to graduate. An earned grade will be given to a student once he/she scores the overall national average (for his/her length of
time in the program). The student will be eligible for graduation once the earned grade in NSG 848 is recorded.

1. Faculty Responsibilities:
   a. Meet with students individually to discuss their performances of each SEE.
   b. Periodically review students’ SEE score SWOT analysis and action plan to pass the NCE.
   c. Notify Program Director of students who fail to complete their SWOT analysis and action plan.

2. Program Director Responsibilities:
   a. Address problems related to student failure to complete SWOT analysis and action plan.

General Policies

Academic Integrity

Academic Integrity Statement
All students at the University of Southern Mississippi are expected to demonstrate the highest levels of academic integrity in all that they do. Forms of academic dishonesty include (but are not limited to):
- Cheating (including copying from others’ work)
- Plagiarism (representing another person’s words or ideas as your own; failure to properly cite the source of your information, argument, or concepts)
- Falsification of documents
- Disclosure of test or other assignment content to another student
- Submission of the same paper or other assignment to more than one class without the explicit approval of all faculty members’ involved
- Unauthorized academic collaboration with others
- Conspiracy to engage in academic misconduct

Engaging in any of these behaviors or supporting others who do so will result in academic penalties and/or other sanctions. If a faculty member determines that a student has violated our Academic Integrity Policy, sanctions ranging from resubmission of work to course failure may occur, including the possibility of receiving a grade of “XF” for the course, which will be on the student’s transcript with the notation “Failure due to academic misconduct.” For more details, please see the University’s Academic Integrity Policy: https://www.usm.edu/institutional-policies/policy-acaf-pro-012 Note that repeated acts of academic misconduct will lead to expulsion from the University.
The National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA) requires eligible candidates for the certification exam to sign a form attesting that:

- Except for incidents occurring during the nurse anesthesia educational program, which were thereafter satisfactorily resolved, he or she has not been the subject of any documented allegations of misconduct, incompetent practice or unethical behavior.
- He or she has never been the subject of disciplinary action, placed on probation, suspended, or dismissed from a nurse anesthesia educational program for unethical behavior, questions of academic integrity or documented evidence of cheating.

The NBCRNA candidate handbook clearly defines the eligibility requirements for the NCE. The candidate handbook and other certification resources can be accessed at: [http://www.nbcrna.com/Publication_Events/Documents/Handbooks/NCE_HB.pdf](http://www.nbcrna.com/Publication_Events/Documents/Handbooks/NCE_HB.pdf)

**Academic Probation and Progression**

The NAP adheres to the USM Graduate Academic Probation Policy found at: [http://catalog.usm.edu/content.php?catoid=16&navoid=919](http://catalog.usm.edu/content.php?catoid=16&navoid=919). A student can only have one period of probation. Furthermore, NAP students must maintain a minimum grade of “B-” in all anesthesia related courses.

USM has a process to appeal the grade. The process is found at: [https://www.usm.edu/institutional-effectiveness/grade-appeal](https://www.usm.edu/institutional-effectiveness/grade-appeal)

Progression in the NAP requires: a minimum grade of “B-” in all anesthesia related courses and an overall GPA of 3.0 each semester. Failure to achieve a minimum grade of “B-” in all anesthesia related courses and an overall GPA of 3.0 will deem the student ineligible to progress in the nurse anesthesia program and the student will be required to withdraw from the NAP. Students who are required to withdraw from the program may be eligible for re-admission to the program. Students eligible for readmission will be required to follow the current admission process as a new applicant. Should an applicant be re-admitted he/she will be considered a new student and will be required to complete the entire curriculum.

**Accountability**

The website will contain information regarding the curriculum, admission requirements, frequently asked questions, tuition and fees, travel requirements, accreditation, faculty accomplishments, and an overview of the Program. Additionally, it will be linked to areas regarding financial aid, academic resources, the Graduate School, and the CoN. Instructions for application to the NAP will be on the website with the required forms that must be completed by all applicants. Printed brochures will contain basic information that can be accessed on the website including contact information of the program.

During orientation, the USM NAP Policies and Procedures Manual will be discussed with students and they will be required to sign an attestation that they will abide by the USM NAP Policies and Procedures Manual, the USM CoN Student Handbook, and the USM Graduate Bulletin.

**Advising**
Students will be assigned to a NAP faculty advisor at the time of matriculation. The NAP faculty advisors will mentor students throughout their academic experiences in the program. The NAP faculty advisor and student will meet at least once per semester to discuss the student’s didactic and clinical progress, goals for the upcoming semester, and to address any areas of concern. Students are expected to submit a Student Self-Assessment that outlines semester goals and attainment of previous goals. During the semester evaluation the student’s clinical case count, as recorded in Medatrax, is reviewed to determine if the student has maximized his/her learning opportunities. Both the student and advisor will sign the semester Evaluation, and any variances between the two perspectives (student and advisor) will be discussed. Additionally, the students are afforded full-time access to a faculty member assigned to administrative call and will be provided with contact information for the program administrators and the entire faculty upon matriculation into the program. This information will also be posted on the NAP Communications section of Blackboard.

Alcohol Screening Policy/Impaired Nursing Student Policy/Routine and Controlled Substances Policy

The NAP follows the CON Alcohol Screening Policy (CON 1051) found at: [https://www.usm.edu/sites/default/files/groups/college-nursing/pdf/con1051_alcohol_screening_policy.pdf](https://www.usm.edu/sites/default/files/groups/college-nursing/pdf/con1051_alcohol_screening_policy.pdf)

The NAP follows the CON Impaired Nursing Student Policy (CON 1059) found at: [https://www.usm.edu/sites/default/files/groups/college-nursing/pdf/con1059_impaired_nursing_student.pdf](https://www.usm.edu/sites/default/files/groups/college-nursing/pdf/con1059_impaired_nursing_student.pdf). The NAP recognizes clinical preceptors as clinical faculty who can carry out the policy. In addition to this policy, NAP students are required to follow all policies set forth by the clinical site.

The NAP follows the CON Routine and Controlled Substances Policy (CON 1053) found at: [https://www.usm.edu/sites/default/files/groups/college-nursing/pdf/con1053_routine_and_controlled_substances_policy.pdf](https://www.usm.edu/sites/default/files/groups/college-nursing/pdf/con1053_routine_and_controlled_substances_policy.pdf) with the exception that the NAP will schedule the annual routine drug-screening test.

Students caught diverting controlled substances will be immediately dismissed from the program and be required to follow the CON Impaired Nursing Student Policy (CON 1059).

Association Membership

Associate membership is required in the American Association of Nurse Anesthetists (AANA). The membership fees will be borne by the student. Students will be expected to attend one national AANA meeting and one state meeting of the MS Association of Nurse Anesthetists while enrolled in the program. Attendance at the AANA Mid-Year Assembly is strongly encouraged.
Awards

The following awards may be awarded by the Nurse Anesthesia Program:

**Agatha Hodgins Outstanding Didactic Award**

The award was established to honor the memory of Agatha Hodgins. In the early 20th Century, she was recognized as a pioneer and visionary in the field of anesthesiology. She went on to found and serve as the first president of the American Association of Nurse Anesthetists. The Agatha Hodgins Award for Outstanding Accomplishment is presented to the student that displays exceptional academic excellence.

**Alice Magaw Outstanding Clinical Practitioner Award**

The Alice Magaw Award for Clinical Excellence was established in memory of Alice B. Magaw. She was a pioneer in the field of anesthesia in the late 19th and early 20th centuries. Her clinical excellence, lectures and writing ability earned her the title of “mother of anesthesia.” The award is presented to the student that displayed superior clinical performance.

**Blood borne Pathogens**

Students are expected to wear protective eyewear and gloves whenever they are in the process of administering an anesthetic. This is irrespective of what the supervising staff wears. Eyewear must include splash protection above the brow and on the sides. The standards are set by the Occupational Safety and Health Administration (OSHA).

In case of a needle stick, the student will:
1. Immediately report the incident to the anesthesia provider in charge.
2. Follow the institution’s needle stick policy
3. Notify the nurse anesthesia program

**Cellular Phones**

Beepers, pagers, and cellular phones are to be turned off or placed on vibrator mode while in clinical and classroom settings. Students should follow the cellular phone policy of the clinical institution in which they are rotating. USM NAP students are required to familiarize themselves with the AANA Mobile Information Technology Position Statement found at: http://www.aana.com/resources2/professionalpractice/Pages/Mobile-Information-Technology.aspx

**Communication with Faculty**

All faculty members have office telephones as well as e-mail addresses by which students may reach them. Email is the preferred method of communication. If there is an urgent/emergency situation, students may call/text the NAP administrator on call. Refer to the USM Directory for phone numbers and email addresses (www.usm.edu). If faculty members are not in their offices, students may leave a message with faculty voice mail or with the Administrative/Academic Coordinator. A complete list of contact information for each clinical site will be posted on the NAP Communications Blackboard site. Students and faculty are expected to check their emails every day and respond to emails within 48 hours. Exceptions to the expectation are when students or faculty are on vacation.
Complaints against the Program

Complaints against the USM NAP may be initiated through the Council on Accreditation of Nurse Anesthesia Educational Programs website: http://home.coa.us.com/Pages/default.aspx

Consensual Relations

No student should enter into a consensual relationship with a faculty member, including clinical faculty, who exerts control or authority over him/her. Situations of authority include, but are not limited to: teaching; formal mentoring; supervision of research; clinical practicum supervision; exercising substantial responsibility for grades, honors, or degrees; and considering disciplinary action involving the student.

Students and faculty alike should be aware that entering into a consensual relationship will limit the faculty member’s ability to teach and mentor, direct work, employ, and promote the career of a student involved with him or her in a consensual relationship. No faculty member should accept authority over a student with whom he or she has had a consensual relationship without a written agreement from the appropriate supervisor or dean. No faculty should participate in decisions pertaining to a student’s grades or consider disciplinary action involving the student with whom he or she has had a consensual relationship.

If, nevertheless, a consensual relationship exists or develops between a faculty member, including clinical faculty, and a student involving any situation of authority or supervision, the student must inform the Program Director of the relationship and that situation of authority must be terminated. Termination includes, but is not limited to: the student withdrawing from a course or clinical site taught by the faculty member; transfer of the student to another course or section; or assumption of the position of authority by a qualified alternative faculty member. The student will also be reassigned to another academic advisor, and/or clinical mentor for supervision.

Criminal Background Check Policy

The NAP follows the CON Criminal Background Check Policy number CON1057 found at: https://www.usm.edu/nursing/nursing-student-handbook-chapter-iii

Disaster/Inclement Weather

The University of Southern Mississippi offers the Eagle Alert emergency notification system. Students, faculty and staff can Sign up at http://www.usm.edu/safety/eagle-alert to receive time-sensitive emergency messages via text and voice messages to cell phones and home phones.

The USM Emergency Incident Response Plan can be found at: http://www.usm.edu/safety/overview-emergency-communications

If the clinical site is open during inclement weather or during a disaster, the USM NAP students are expected to report for scheduled clinical duty if they are able to safely travel to the clinical site, even if the University is closed. Failure to do so will result in the student being charged personal leave time.

The class officers of each NAP cohort are responsible for creating an emergency notification call tree and implementing the tree as necessary. Once the emergency notification call tree has been implemented, the class officers are responsible to report to the NAP Director whether or not contact was made with students in their cohort. It is the responsibility of each student to provide the class officer and/or the NAP
Administrative/Academic Coordinator with current contact information. The emergency notification call tree will be maintained on file with the NAP Administrative/Academic Coordinator.

**Discipline**

The USM NAP follows the USM Code of Student Conduct and Disciplinary Conduct found in the USM Student Handbook: https://www.usm.edu/student-handbook/code-student-conduct-and-disciplinary-conduct and the CON Policy for Unprofessional Conduct; Policy number CON1025 found at: https://www.usm.edu/nursing/nursing-student-handbook-chapter-ii#CON1025

The NAP follows the CoN Non-Grade Related Grievance Policy (Policy number CON1031), which can be found in the CoN student handbook: https://www.usm.edu/sites/default/files/groups/college-nursing/pdf/con1031_non-grade_related_grievance.pdf

**Dress Code**

On the USM Campus, in the clinical sites, and when in the presence of patients (e.g. preoperative and postoperative visits and patient care areas), students are expected to dress business casual or in a manner that meets the accepted standards of professional workers in the field of health care. Students must wear their USM name badges while in the clinical area identifying themselves as students. At no time should students identify themselves as CRNAs. They must identify themselves to all patients as a Student Registered Nurse Anesthetist or SRNA.

Color-coded scrub uniforms (furnished by the hospital) are to be worn only in the operating rooms. Each student is required to have a long, white lab coat bearing the official USM CON patch on the shoulder or the right sleeve. The lab coat is to be worn over scrub clothing when leaving the operating room area. Scrub clothing worn outside the hospital because of clinical responsibilities at remote anesthetizing locations or during attendance at simulation labs must be covered with a lab coat. Additionally, if the student wears clean, non-contaminated scrubs to attend didactic lecture, then a lab coat must be worn. Students are required wear protective eyewear whenever administering an anesthetic and to adhere to the clinical site dress code in which they are rotating.
Employment

Students in the Nurse Anesthesia Program shall not be employed as Certified Registered Nurse Anesthetists by title or function while in student status. Doing so is a violation of the MS Nurse Practice Act and will be immediately reported to the MS Board of Nursing for disciplinary procedures. Additionally, misrepresenting yourself as a nurse anesthetist is grounds for immediate dismissal from the Nurse Anesthesia Program. Students are accountable for their own actions and should be familiar with the limits of their practice and their job description.

Health and Professional Policies

In addition to the USM Graduate Bulletin and the College of Nursing Student Handbook Health and Professional Policies, the USM NAP requires the following:

- Current unrestricted MS RN license
- Current ACLS/PALS certification throughout the duration of the program of study
- Criminal background check
- Current liability (malpractice) insurance- each student is required to purchase coverage through the AANA Insurance Services. The Application is available at: http://www.aana.com/insurance/Pages/default.aspx (the link to a policy requires a login) and currently costs $274.00/ annually
- Proof of current health insurance
- Signed “Technical Standards Statement” indicating that the student is able to meet the technical standards criteria with or without reasonable accommodations
- Routine alcohol and drug screening at least every 12 months; scheduled by the NAP.
- Attestation to licensure, credentialing, agency privileges, and prior criminal offenses history questionnaire.

Licensure and Certification

All students must maintain a current, unencumbered MS Registered Nursing license, Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) at all times while attending the USM Nurse Anesthesia Program. It is each student’s responsibility to submit, in person, his or her original nursing license. A copy will be placed in the student’s file. If the student has not provided evidence of current licensure or certification to the NAP Director, clinical privileges will be immediately suspended. All clinical time missed as a result of such a suspension shall be counted against personal leave time or made up, at the Program Director’s discretion. Should a student’s license become encumbered, he/she will be immediately dismissed from the program.

Meetings

All students are required to attend one Mississippi Association of Nurse Anesthetists (MANA) annual meeting and legislative/capital day during their time in the program. They are also required to attend one AANA national meeting (Midyear Assembly preferred) during their time in the program. The objectives of attendance at legislative/capital days are: to inform the public of the role and practice of the CRNA, to advocate for health policy change to advance the specialty of nurse anesthesia, and to advocate for health policy change to improve patient care. Students will be granted administrative leave, including travel time if applicable, for attendance to the required meetings. Students are responsible for all costs associated with attendance at the required meetings. Beginning in 2018, students will be required to attend two MANA legislative/capital days; attendance at a MANA meeting is optional and administrative leave will be granted (for one MANA meeting only).
National Certification Exam (NCE)

Students who successfully complete the Nurse Anesthesia Program are required to take the National Certification Exam administered by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA). The current cost of the exam is $725.00 and is subject to change. Students are responsible for scheduling the test and paying all associated fees. The student will not be administered the National Certification Exam until a recommendation for eligibility to take the exam is made by the NAP Director. Information regarding the NCE may be found at: http://nbcrna.com/Publication_Events/Documents/Handbooks/NCE_HB.pdf

Personal Leave Policy

Students enrolled in the nurse anesthesia program are allotted 25 days of personal leave over the 36 months of the program. The didactic and clinical curriculum will start annually in January and continue independent of the academic calendar. In Year 1, students will follow the USM academic calendar, including holidays and semester breaks. While in the clinical phase of the program (Years 2 and 3) the students will not follow the academic calendar.

Absences in excess of the 25 allotted days must be made-up at the discretion of the NAP Director; failure to do so will delay graduation.

Personal Leave

- The Assistant Program Director must approve personal leave.
- Absence from didactic classes will result in the loss of a personal leave day.
- Personal leave from clinical will be limited to one week during any one month.
- Personal leave will be granted for no more than one week at a time.
- Personal leave will not be granted during the first month of the clinical phase of the program.
- Personal leave will not be granted during the first two weeks of a student’s initial rotation at any clinical site. Leave requests may be granted during subsequent rotations at the clinical site.
- Personal leave will not be granted during a specialty rotation (OI, Batson’s Children’s Hospital, Keesler).
- Personal leave will not be granted during a weekend shift or a night shift rotation.
- The amount of leave that will be granted at any one clinical site shall be limited to ensure sufficient clinical experiences at all clinical sites.
- Personal leave will not be granted on a student’s last day of the program. Any unused personal days will be forfeited (see terminal leave below).
- Personal leave time for vacation will not be granted in October of the student’s final year in the program.
- Personal leave requests for vacation must be received no later than 5pm on the 5th of the preceding month. Once they are received and approved, they will not be changed.

Holidays

- To maximize learning opportunities, students will be assigned to cover Holiday call during the clinical phase of the program. Students who are assigned a holiday call shift are not awarded an additional day of leave for covering the holiday call. All students are expected to work at least one major holiday and one minor holiday prior to graduation.
- Each clinical site may observe different holidays. You are expected to follow the holiday schedule of the individual clinical site for which you are assigned with disregard for USM holidays.
Students who are absent from an assigned holiday shift:
- Must notify the NAP administrator on-call and the clinical site anesthesia supervisor on call.
- Must provide a health care provider's medical excuse to the nurse anesthesia program director before returning to clinical.
- Must submit a Personal Leave Request form.
- Will be charged two personal leave days

**Illness**

- Absence due to illness results in the use of personal leave days.
- Time taken for illness in excess of allowable personal days shall be made up at the discretion of the NAP Director.
- The student must notify the clinical site of illness pursuant to the specific clinical site's policy.
- Immediately following notification of the clinical site, the student must also notify the Assistant Program Director (via email) of the absence.
- Absence from a clinical assignment due to illness will be accrued as:
  - 8 hour shift = 1 personal leave day.
  - 12 hour shift = 1.5 personal leave days.

**Meeting Time**

- Personal leave days may be taken for attendance at professional meetings.
- Students attending a required AANA or a required Mississippi Association of Nurse Anesthetists (MANA) sponsored meeting, subject to the approval of the Assistant Program Director, may be granted administrative leave to attend the meeting.
- Students making professional presentations at professional meetings, subject to the approval of the Assistant Program Director may be granted administrative leave to attend and present at the meeting.
- All other days missed due to professional meeting attendance will be charged to the student's personal leave time

**Military Time**

Personal leave time will be granted to students who serve in the U.S. Military or Reserves. This time must be requested as far in advance as possible. Every effort will be made to accommodate such requests. If military leave results in the student exceeding the allotted personal leave, the days in excess of allotted personal leave must be made up.

**Bereavement**

Students may be granted personal leave to attend a funeral.

**Terminal Leave**

Terminal leave (i.e. absence on the last day that the student is scheduled on a clinical rotation) is not permitted and will result in delayed graduation. Unused personal leave time will not be applied towards early leave from the program.

**Administrative Leave**

Administrative leave is defined as excused absences that are approved by the Assistant Program Director. Administrative leave will not result in the loss of a student's allotted personal leave time. Administrative leave time will be granted for the following events: SEE (only the first time taken;
each subsequent time the test is taken will result in the use of a personal leave day); DNP project proposal and defense; and required national and state meeting attendance.

Make-Up Time

All make-up time must be approved by the Assistant Program Director. Students may not schedule make-up time without prior approval by the Assistant Program Director. Any time made up by students without prior approval by the Assistant Program Director will not be acknowledged.

Procedure for Requesting Personal Leave

- The student must submit a completed Student Leave Request to the Assistant Program Director. Requests shall not be submitted directly to any clinical service. Clinical site coordinators do not have the authority to approve personal leave requests or schedule changes.
- Requests must be submitted no later than the 5th day of the preceding month.
- Once a request has been submitted and approved, the student must adhere to the request.
- Following approval by the Assistant Program Director, the request will be forwarded to the appropriate clinical service.
- Students are strongly discouraged from making any form of nonrefundable reservations until receiving official notification that personal leave has been granted by the Assistant Program Director.

Pregnancy

All reasonable accommodations will be made for the pregnant student regarding the didactic coursework, but because of the basic physical demands and requirements of the program, it is imperative that a student reports her pregnancy to the Program Director immediately. It shall be the student's decision, on advice of her physician, whether to continue the Nurse Anesthesia Program. Anesthesia tasks are a basic element of the course and as such may not be rescheduled. The student will be required to confirm her desire to complete her course work and will be asked to release USM from liability from possible medical complications during her pregnancy that may arise directly or indirectly from her course requirements. All students are expected to meet the Technical Standards while in the Nurse Anesthesia Program.

Professional Conduct

Professional conduct is defined as conducting oneself in a manner that meets generally accepted standards of professional behavior. Unprofessional conduct is defined as conducting oneself in a manner that fails to meet generally accepted standards of professional behavior. In addition to the College of Nursing professional conduct policy, the Nurse Anesthesia Program adheres to the 'Code of Ethics for the Certified Registered Nurse Anesthetist' from the American Association of Nurse Anesthetist which can be accessed online at http://www.aana.com/resources2/professionalpractice/Documents/PPM%20Code%20of%20Ethics.pdf

A student who withdraws from or is dismissed from the USM NAP for unprofessional conduct could be deemed ineligible to sit for the National Certification Examination (NCE) administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). The NBCRNA candidate handbook clearly defines the eligibility requirements for the NCE and can be accessed at http://www.nbcrna.com/certification/Pages/default.aspx
Remediation

If a clinical competency deficit is detected in a student, a remediation plan will be implemented that will include, but is not limited to high fidelity simulation retraining. The student will be given a clinical scenario, including patient health information, and will be required to provide a written care plan regarding the patient. The student will be evaluated using a formative clinical evaluation tool and will be required to achieve “functions at expected level” in all categories or he/she will be placed on clinical probation. Additional means of remediation might include: assigned readings, module completion, care plan development, and case-based scenario discussion of integrated anesthesia concepts. This list is not meant to be exhaustive.

Student Medications

Students who are prescribed medications for ADHD, anxiety, depression, chronic pain, or any other medication that would show up on a drug screen must provide a copy of their prescription to the Director of Student Services (Cynthia Sheffield). Violation of this policy will result in immediate suspension and/or dismissal from the program.

- **All** medications must be in properly labeled and stored in dispensed medication bottles.
  - Student’s name, prescribing physician, medication and dose must be displayed on the label.
  - Multiple medications cannot be mixed into one bottle.

- **No** syringes or medications may be kept in the student’s locker.
  - Removing a syringe and or medication from their own locker may be misconstrued at self-administering medications inappropriately.
  - The clinical coordinator will be asked to find the student an appropriate place to store and administer the medication.

- Students who are prescribed narcotics or other drugs that impair mental cognition must take a leave of absence until the drugs are either properly regulated or they are discontinued by the prescriber.

Student Records

Student files will be established with acceptance into the NAP and maintained throughout their educational tenure and for three years post graduation after successful completion of the NCE. Additionally, files on students that were dismissed or made formal grievances will be secured and kept indefinitely.

Termination

Nurse anesthesia students may be terminated from the program for deficiencies in the clinical aspect of practice and/or if they do not demonstrate improvement as documented by the faculty’s clinical evaluation of the anesthesia student. Grounds for termination include but are not limited to:

- Level of incompetence representing a threat to patient safety.
- Falsification of documents or records.
• Working while under the influence of alcohol, marijuana, or any controlled substances not prescribed by a physician, in conjunction with the policies of each of the clinical sites.
• Refusal to submit to required drug testing.
• Insubordination or failure to follow direct (reasonable) orders from clinical faculty.
• Sniffing of anesthetic agents.
• Drug diversion
• Theft of program, university, or hospital property.
• The administration of any drug without the permission of a clinical faculty.
• Failure in any course in the curriculum.

Nurse anesthesia students have the right to appeal all decisions through USM's due process policies. In addition, students are advised that they may conduct direct dialogue with the director of Accreditation and the Council on Accreditation of Nurse Anesthesia educational programs on all matters affecting their status as a nurse anesthesia student in the program.

**Time Commitment**

Students may expect to spend between 60 – 64 hours per week in preparation for didactic and clinical in activities related to the Program. Students are required annually to log a comprehensive account of their didactic and clinical experiences that includes time commitment dedicated to each component of the curriculum in Medatrax. The Program Director and the Assistant Program Director will monitor the time logs to ensure that the students are in compliance regarding a reasonable time commitment that will not exceed an average of 64 hours per week and to ensure that the students are afforded 10 hours of rest between clinical shifts.

Students will be afforded 25 days of vacation time over the three-year period and will observe official USM Holidays with regards to didactic coursework. Student’s clinical assignments will include Holiday; call shifts; day, evening and night shifts; and weekend shifts to maximize their learning opportunities.
Tuition and fees (non-refundable)

Please refer to the current university tuition and fee schedule for the Nurse Anesthesia Program

<table>
<thead>
<tr>
<th>Expense</th>
<th>Estimated cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition (in-state and out-of-state)</td>
<td>$21,000 per year ($7,000/semester for tuition)</td>
</tr>
<tr>
<td>Out-of-state fees (for out-of-state students)</td>
<td>$6000 per year ($2,000/semester)</td>
</tr>
<tr>
<td>Enrollment deposit ($1,500 non-refundable; but 100% applied to 1st term tuition)</td>
<td>Applied to tuition</td>
</tr>
<tr>
<td>Required textbooks</td>
<td>$3,000 - $4,000</td>
</tr>
<tr>
<td>Equipment (stethoscope, lab coat, chest piece, earpiece, laryngoscopes, nerve stimulator)</td>
<td>$500-700</td>
</tr>
<tr>
<td>AANA membership dues (required)</td>
<td>$200</td>
</tr>
<tr>
<td>Graduation</td>
<td>$100</td>
</tr>
<tr>
<td>Self Evaluation Exam</td>
<td>$125</td>
</tr>
<tr>
<td>National Certification Exam</td>
<td>$725</td>
</tr>
<tr>
<td>Required Health Insurance</td>
<td>Variable</td>
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<tr>
<td>Parking per year</td>
<td>$135</td>
</tr>
<tr>
<td>Laptop **</td>
<td>Variable according to individual preference</td>
</tr>
<tr>
<td>Medical Health Review</td>
<td>Variable according to provider</td>
</tr>
<tr>
<td>ACLS/PALS recertification</td>
<td>$225</td>
</tr>
<tr>
<td>Student ID</td>
<td>$11</td>
</tr>
<tr>
<td>Professional Liability Insurance</td>
<td>$274/year</td>
</tr>
<tr>
<td>Controlled Substances Screening Test</td>
<td>$150</td>
</tr>
<tr>
<td>Criminal Background Checks</td>
<td>$100</td>
</tr>
<tr>
<td>Review Course + travel &amp; expenses</td>
<td>$750 (Optional)</td>
</tr>
<tr>
<td>Professional meetings (1 national and 1 state required)</td>
<td>Variable with student sponsoring/room sharing/flight rates</td>
</tr>
<tr>
<td>Travel/housing expenses while at clinical sites</td>
<td>Variable according to clinical rotation</td>
</tr>
</tbody>
</table>

*THE ABOVE EXPENSES ARE ESTIMATES AND SUBJECT TO CHANGE WITHOUT WRITTEN NOTICE. PERSONAL EXPENSES WILL VARY INDIVIDUALLY AND ARE THE RESPONSIBILITY OF THE STUDENT.

Expenses (housing, travel, meals) at the clinical sites are the responsibility of the student and are not included in this estimate.

**A new laptop purchase is not necessary if the student owns a laptop that meets the technology requirements of Southern Miss. The minimum computer requirements can be accessed at http://www.usm.edu/itech/recommendations.php

Resources related to additional expenses include:
- AANA at http://www.aana.com/Pages/default.aspx
- USM Department of Parking Management at http://www.usm.edu/parking/
- Mississippi Association of Nurse Anesthetists at http://www.mana.us/
- National Board of Certification and Recertification for Nurse Anesthetists at http://www.nbcrna.com/certification/Pages/default.aspx (for the SEE Exam and National Certification Exam fees)
- Textbooks will be on file at Barnes and Nobles on the Southern Miss main campus, but the student may purchase the books from their vendor of choice

Revised and approved 1-11-17
The following are additional out of pocket expense (estimates) that will be incurred by the student.

All expenses related to travel, lodging, food, etc. to attend various clinical rotation sites is the responsibility of the student and not that of the Nurse Anesthesia Program, College of Nursing, or the University of Southern Mississippi.

It is the responsibility of the student to provide housing, travel, food, etc. associated with basic living expenses and not that of the Nurse Anesthesia Program, College of Nursing, or the University of Southern Mississippi.
Part 3: Evaluation

- Didactic
- Clinical
- Research
- Student Evaluation
- Evaluation Tool Guidelines
EVALUATION

Curriculum Evaluation

The quality of the didactic, clinical and research curriculum is assessed through formal curriculum review according to the NAP Programmatic Evaluation plan to determine consistency and attainment of the mission, vision, and value statements; program philosophy, goals, and outcomes; objectives of the curriculum; courses objectives; excellence in teaching/learning, and evaluation methods. All NAP outcomes and student learning outcomes are systematically addressed and monitored for program development, maintenance, and revision.

The NAP has an individualized formal assessment plan developed by the NAP Director and the Program Evaluation Committee (PEC). The PEC is responsible for the data collection, analysis, input, and data reporting from the assessment plans on an annual basis. The PEC examines the data for omissions, aggregates the data, analyzes the data for meeting established targets, develops action plans for addressing deficiencies, inputs data into the University database (WEAVE), and generates reports. Reports are also submitted to administrators and program coordinators for their review and input.

The Annual Program Evaluation assesses how well the NAP accomplished its goals regarding its mission, governance, resources, faculty, students, curriculum, and educational effectiveness. Once the PEC collates and analyzes the data, the PEC determines whether measure targets were met. Action plans are developed for any deficiencies. The data collection process is examined to determine any influence it may have had on the findings. Whether targets were met and action plans implemented are documented in each of the program reports. For the data that is entered into WEAVE, the action plans are tracked and progress is captured. The reports with the action plans are posted on the CoN Communication site (http://www.usm/elo).

Didactic Curriculum Evaluation

At the end of each semester, students will complete the standard USM course and faculty evaluation through SOAR (university online system). Students are encouraged to evaluate the faculty and the quality of each course in which they are enrolled, and are encouraged to comment on strengths and areas of improvement regarding the courses and faculty. After the conclusion of the semester, the results of the course evaluations will be made available to faculty members who have taught in the course. Each semester the course coordinator will complete a Course Evaluation Summary that includes information from the student course evaluations, faculty evaluations, and the clinical site and preceptor evaluations. NAP faculty will review the Course Evaluation Summaries and submit recommendations for change to the Department of Advanced Practice Curriculum Committee when indicated.

Annual peer review of teaching is required for every faculty member. Peers examine teaching methods, syllabi, and the appropriateness of teaching methods. Feedback from the evaluation allows for adjustments to be made in courses. Faculty will be required to evaluate each course in which they teach. Faculty will also have input into the evaluation process by completing a Program Evaluation form to elicit feedback on the quality of the curriculum.
Clinical Curriculum Evaluation

The quality of the clinical experience will be reviewed and evaluated based on a variety of quality indicators such as the NCE scores and pass rates. Other quality indicators will include the employer and alumni survey evaluations, student clinical site and preceptor evaluations, case records and clinical site visits. The results of these indicators will be reviewed annually by the Program Director, the NAP faculty, and the NAP Advisory Council.

Clinical Site/Clinical Preceptor Evaluation

At least once per year, students will be required to complete clinical site and preceptor evaluations. These evaluations will be completed in Medatrax and the NAP faculty will review the data and make revisions as necessary. Clinical site/preceptor summaries will be sent to the clinical site coordinator to provide feedback and facilitate improvement when indicated.

Research Curriculum Evaluation

The research curriculum is encompassed in the didactic and clinical parts of the curriculum. The didactic courses provide the scientific and theoretical foundation for translational research principles of evidence-based practice that will be implemented into the principles and practicum courses through case-study presentations, written assignments, care plan formulation, and clinical practice to improve practice or patient outcomes. This will culminate in a final DNP Project in NSG 816 that will exemplify synthesis of the student’s work and lays the groundwork for future scholarship. Students will be required to produce and disseminate the results of a tangible product which can include manuscripts submitted for publication, systematic review, research utilization project, practice topic dissemination, substantive involvement in a larger endeavor, or other practice project. The final DNP project will serve as an objective measure to evaluate the student’s mastery of the specialty; growth in knowledge and expertise; and a foundation for future scholarly practice.

Student Evaluation

Didactic

Students are evaluated on theoretical knowledge through formal examinations in didactic courses, presentations and formal papers. Course coordinators will notify students, in writing, if their class average at mid-term falls below 80%. The written notification will inform the students that failure to bring the grade up to an 80% will make them ineligible to progress in the NAP and they will have to withdraw from the program. These students will be required to create an action plan outlining the student’s method to pass the required class. They will meet with both the course coordinator and their advisor to present the action plan. The student is directed to seek study resources and make student-life adjustments as appropriate. Students are also reminded of the student services available to them as a USM student and are encouraged to seek the services that most appropriately meet their current need.

Clinical

Students’ clinical knowledge and competency will be evaluated by formative and summative clinical evaluations provided by the preceptors. During the initial clinical portion of the program students should make every effort to obtain daily formative clinical evaluations from the preceptors with whom they work to provide feedback on clinical performance. At the end of the monthly rotation, the clinical coordinator (or
designee) will complete a summative evaluation for the students who rotated to their clinical site that month.

Clinical coordinators and preceptors are able to notify the Assistant Program Director directly of any student concerns preceptors may have. The concerns will be discussed with the Program Director and, if necessary, the student and an action plan will be created as needed.

The NAP Faculty will review and grade the summative evaluations of his/her advisees each month. The NAP faculty advisors will discuss clinical grades/performance with their students during semester evaluations or more frequently as necessary.

Students who do not receive an overall “meeting expectations” on their formative evaluations will be counseled and a plan for remediation/review will be initiated when indicated. Students earning less than a “B-” on a summative evaluation will be placed on clinical probation.

**Student Self-Evaluation**

Students will be required to complete the Student Self-Evaluation Tool prior to meeting with their faculty advisor for the semester evaluation. The tool should be complete and contain three measurable goals for the upcoming semester. The student should also indicate on the Student Self-Evaluation whether the goals established for the previous semester were met. The tool will be signed by the student, faculty advisor, and NAP Director and will be maintained in the student’s secure personal file in the NAP Office.

**Semester**

Upon matriculation to the NAP students will be assigned a NAP faculty advisor. The faculty advisor and student will meet at least once per semester to discuss the student’s progress in the didactic and clinical components of the program; goals for the upcoming semester; and to address any areas of concern. Students are expected to submit a completed Student Self-Assessment form, which will outline up to three short-term semester goals, and will assess whether previous short-term goals were met. At this time the student’s clinical case counts, as recorded in Medatrax, will be reviewed to determine if the student has maximized his/her learning opportunities. Both the student and advisor will sign the Semester Evaluation and any variances between the two perspectives (student and advisor) will be discussed with an agreed upon action plan for successful progression.

**Program Quality and Effectiveness Evaluation**

The Program Director or designee will review the current COA standards annually to ensure compliance with the entry-to-practice and the practice doctorate standards. The program outcomes will be evaluated and trended driving curricular and/or administrative changes when indicated. Data that will be collected to assess program quality and student achievements will include:

- GPA of 3.0 out of a 4.0 scale
- Successful completion of DNP Project and all DNP Project requirements
- SEE scores
- NBCRNA NCE pass rate
- Employment as a CRNA
- Employer satisfaction of graduate (Employer Evaluation Tool)
- Graduate satisfaction of education (Exit Survey Tool)
- Alumni satisfaction of education one year post graduation (Alumni Evaluation Tool)
- Annual student evaluation of Program (Student Evaluation of Program Tool)
- Faculty evaluation of program (Faculty Evaluation of Program Tool)
Results from the programmatic evaluation plan, review of accreditation standards, student and faculty evaluations will be utilized to formulate the Annual Report to the COA and assist the program in identifying areas of non-compliance. When indicated, a plan for programmatic improvement will be implemented and reassessed.

**DNP Essentials and COA Competencies Evaluation**

The ability of the DNP CRNA graduate to assure patient safety through vigilant patient care will be demonstrated by the following quality indicators: formal testing; return demonstration; evidence-based care plan development; simulation; and patient outcomes in the perioperative period. If a student competency deficit is detected, the remediation plan may include high fidelity simulation retraining.

Students must take a Comprehensive Examination as a graduation requirement. Successful first-time test takers of the NCE will also demonstrate mastery of the DNP Essentials and the COA Competencies. Graduate surveys, employer surveys, and alumni surveys provide additional means of evaluating this concept.

**Alumni Surveys**

An alumni survey will be sent to the graduates of the USM Nurse Anesthesia Program one year after graduation. The purpose of the alumni survey is to glean useful information that is instrumental in assessing program quality, achievement of stated outcomes, and instituting programmatic changes for improvement.

**Exit Survey**

Students will complete an exit survey in semester nine prior to graduation to provide feedback to the NAP on the administrative, didactic and clinical components of the program. The purpose of the exit survey is to glean useful information that is instrumental in assessing program quality, achievement of stated outcomes, and instituting programmatic changes for improvement.
Part 4: Clinical Guidelines

Clinical Site Information
Purpose of the Clinical Practicum
Clinical Guidelines
### Clinical Sites and Coordinators

<table>
<thead>
<tr>
<th>Clinical Site</th>
<th>Clinical Coordinators</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forrest General Hospital</td>
<td>Joe Campbell MD *Brock Wyatt CRNA, MS</td>
<td>601-288-1433 601-466-4622</td>
<td><a href="mailto:Joehand11@bellsouth.net">Joehand11@bellsouth.net</a>             <a href="mailto:turntobw@yahoo.com">turntobw@yahoo.com</a></td>
</tr>
<tr>
<td>Southwest MS Regional Medical Center</td>
<td>Hugh Fortenberry, CRNA, MS</td>
<td>601-695-0381</td>
<td><a href="mailto:hughandchris@yahoo.com">hughandchris@yahoo.com</a></td>
</tr>
<tr>
<td>Magee General Hospital</td>
<td>Dave Ware, CRNA, MS *Brittany Osteen CRNA, MN</td>
<td>601-466-3601 601-750-1282</td>
<td><a href="mailto:dave@daveware.net">dave@daveware.net</a>                    <a href="mailto:bjosteen@hotmail.com">bjosteen@hotmail.com</a></td>
</tr>
<tr>
<td>Orthopedic Institute</td>
<td>Ed Bagangito, MD *Dale Martin CRNA, MS</td>
<td>601-400-0319 601-447-1705</td>
<td><a href="mailto:ebagingito@yahoo.com">ebagingito@yahoo.com</a>            <a href="mailto:elesufan65@gmail.com">elesufan65@gmail.com</a></td>
</tr>
<tr>
<td>Keesler Air Force Base</td>
<td>*Maj. Steven Gautreaux CRNA, MS Capt. Thomas Heering CRNA, MS</td>
<td>228-229-0658 210-296-9473</td>
<td><a href="mailto:steven.gautreaux@us.af.mil">steven.gautreaux@us.af.mil</a>           <a href="mailto:thomas.heering@us.af.mil">thomas.heering@us.af.mil</a></td>
</tr>
<tr>
<td>University of Mississippi Medical Center</td>
<td>Cheyne Robinson CRNA, MS Michael Folkes CRNA, MS *Jonathan Vaughn CRNA, MS</td>
<td>601-946-2508 601-906-2169 662-230-2118</td>
<td><a href="mailto:carobinson@umc.edu">carobinson@umc.edu</a>          <a href="mailto:mfolkes@umc.edu">mfolkes@umc.edu</a>           <a href="mailto:jonathanvaughn8@gmail.com">jonathanvaughn8@gmail.com</a></td>
</tr>
<tr>
<td>VA Hospital</td>
<td>Wayne Lobell , CRNA, MS</td>
<td>601-331-2090</td>
<td><a href="mailto:wayne.lobell@va.gov">wayne.lobell@va.gov</a></td>
</tr>
<tr>
<td>Lowery Woodall Outpatient Surgery</td>
<td>Dr. Sicard *Ray Ladner CRNA, MS Jennifer Braxton CRNA, MN</td>
<td>601-795-3543 601-606-2234</td>
<td><a href="mailto:dksicard@comcast.net">dksicard@comcast.net</a>            <a href="mailto:raylad76@gmail.com">raylad76@gmail.com</a>           <a href="mailto:jbraxtonjen@yahoo.com">jbraxtonjen@yahoo.com</a></td>
</tr>
<tr>
<td>Covington County Hospital</td>
<td>Dave Ware, CRNA, MS *Brittany Osteen CRNA, MN</td>
<td>601-466-3601 601-750-1282</td>
<td><a href="mailto:dave@daveware.net">dave@daveware.net</a>          <a href="mailto:bjosteen@hotmail.com">bjosteen@hotmail.com</a></td>
</tr>
<tr>
<td>Simpson General Hospital</td>
<td>Dave Ware, CRNA, MS *Brittany Osteen CRNA</td>
<td>601-466-3601 601-750-1282</td>
<td><a href="mailto:dave@daveware.net">dave@daveware.net</a>          <a href="mailto:bjosteen@hotmail.com">bjosteen@hotmail.com</a></td>
</tr>
<tr>
<td>Meridian Center for Oral/Maxillofacial Surgery</td>
<td>Dave Ware, CRNA *Brittany Osteen CRNA, MN</td>
<td>601-466-3601 601-750-1282</td>
<td><a href="mailto:dave@daveware.net">dave@daveware.net</a>          <a href="mailto:bjosteen@hotmail.com">bjosteen@hotmail.com</a></td>
</tr>
<tr>
<td>Greenwood Leflore Hospital</td>
<td>John Moyer CRNA, MS</td>
<td>870-265-0880</td>
<td><a href="mailto:jamoyer1974@yahoo.com">jamoyer1974@yahoo.com</a></td>
</tr>
</tbody>
</table>

* = first point of contact

A copy of the clinical sites and clinical coordinators can also be accessed on the NAP Blackboard communication site. Individual preceptors and contact information is maintained at each clinical site.

### Purpose of the Clinical Practicum

The clinical setting provides an educational opportunity for the student to synthesize and apply didactic learning in the clinical setting. Students are expected to develop as competent, safe anesthesia providers capable of engaging in the full scope of practice as defined in the AANA’s Scope and Standards for Nurse Anesthesia Practice found at:

http://www.aana.com/resources2/professionalpractice/Pages/Professional-Practice-
Students must participate in all phases of anesthesia care including preoperative, intraoperative, and postoperative care. While it may not be possible for students to participate in all phases of anesthesia care on every case, students must personally provide anesthesia care for every case which they claim personal participation. Students may not claim a case if they provided care on a limited basis (i.e. break), are not personally involved with the implementation and management of the anesthetic plan of care, or only observe another anesthesia provider manage a patient or their anesthetic care. In order to optimize the time spent during the clinical practicum, the nurse anesthesia student must actively seek learning experiences and function in a self-directed manner to achieve the knowledge, skills and abilities to practice as a CRNA.

Clinical Performance Objectives

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 Spring and Summer Term Year 1. It is expected that students will progress from close supervision in their junior year (Semesters 4 to 5) to general supervision, and finally to the performance of terminal objectives, with minimal guidance (Semester 7 to 9). Students must maintain current unencumbered Mississippi Registered Nurse licensure, ACLS and PALS certification throughout the program or they may not participate in clinical rotations.

Clinical Objectives Junior Students Spring/Summer Semester (4&5)

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 (PS) 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 semester (6)

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, a-line insertion, mask airway management, LMA insertion).
- 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.
- Delivers culturally competent care throughout the perianesthetic course.

Senior/Terminal Clinical Behavior Objectives (7-9)

- 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.).
- Conduct a comprehensive and appropriate equipment check.
- Protect patients from iatrogenic complications.
**Individualized Perianesthetic Management** is demonstrated by the ability of the graduate to:

- Provide care throughout the perianesthetic continuum.
- Deliver culturally competent perianesthetic care throughout the anesthesia experience.
- Provide anesthesia services to all patients across the lifespan.
- Perform a comprehensive history and physical assessment.
- Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
- Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
- 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.

**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 plan of care for patients to whom they are assigned to administer anesthesia, prior to providing anesthesia services.
- Assume responsibility and accountability for diagnosis.
- 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 manage complications that occur during the provision of anesthesia services.
- Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
- Use science-based theories and concepts to analyze new practice approaches.
- Pass the National Certification Examination in accordance with NBCRNA policies and procedures.
**Communication Skills** are demonstrated by the graduate’s ability to:

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

**Leadership Role** is demonstrated by the graduate’s ability to:

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

**Professional role** is demonstrated by the graduate’s ability to:

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

**Clinical Assignments and Responsibilities**

- The title “SRNA” (Student Registered Nurse Anesthetist) is the designated title of students enrolled in the USM NAP. Students must represent themselves as such and are prohibited from representing themselves as a CRNA.
- All students must maintain a current unencumbered MS RN license; ACLS, and PALS certifications, and evidence of liability insurance throughout the program.
- Clinical supervision of students should be based on the knowledge, skills, and experience of the student; physical status of the patient; and complexity of the anesthetic technique and/or surgical procedure. Under no circumstances should the ratio of clinical preceptor to student exceed 1:2

Revised and approved 1-11-17
• Students must be supervised by either a Certified Registered Nurse Anesthetist (CRNA) or an anesthesiologist in a ratio of student to preceptor of 1:1 or 1:2.

• Any unusual clinical occurrence must be reported to the Assistant Program Director within 24 hours.

• Whenever possible, students should get their case assignments the day prior to their scheduled clinical day and develop an evidence-based patient/procedure specific anesthetic care plan for each patient (with the available patient information). Anesthetic care plans may be in verbal and/or written form, depending on level in the program. The plan must be discussed with the assigned preceptor prior to conducting an anesthetic. Each discussion should include anesthetic considerations of both patient comorbidities and the procedure itself. The process for discussing anesthetic care plans varies (i.e. night before, morning of) from institution to institution and students are expected to follow the institutional procedures. If the institution requires students to discuss the anesthetic plan with the preceptor the day before the assigned case, the students should contact the preceptor no later than 8pm.

• If students are assigned inpatients, they are expected to visit the patient and perform a thorough pre-anesthetic evaluation and develop an evidence-based patient/procedure specific anesthetic care plan. This process varies from institution to institution and students are expected to follow institutional procedures.

• Students are required to visit each assigned patient pre-operatively either the day before surgery or in a pre-anesthesia area. This visit should include a thorough pre-anesthetic evaluation and/or a review of the pre-anesthetic evaluation. A reasonable attempt should be made to see the patient the day prior to the scheduled surgery.

• Each clinical, day students are required to assess the patient and discuss the anesthesia plan for each patient with the anesthesia preceptor prior to administering any medication or proceeding to the operating room/procedure area.

• If an instructor feels that a student is not prepared for the day’s assignment he/she may either ask the student to observe for the day or may dismiss the student from the clinical area. If the student is dismissed from the clinical area, he/she must immediately report in person to the NAP office for further instruction. The preceptor/clinical coordinator should notify the NAP of this act immediately. The student will be charged a personal leave day for each violation.

• Students must conduct a post-anesthesia assessment on each patient they anesthetize unless the patient is an ambulatory care patient or an early discharge patient. This process will vary from institution to institution and students are expected to follow institutional procedures.

• Students are required to comply with the Health Insurance Portability and Accountability Act (HIPAA) and follow HIPAA procedures set forth by the clinical site.

• Students will receive formative and summative clinical evaluations regarding their clinical performance according to their level in the program.

• Students are required to document their clinical experiences in Medatrax on a daily basis. Students are responsible for maintaining a Medatrax account for their duration in the NAP and paying all associated fees directly to Medatrax.
• Failure to maintain accurate records or fulfill care plan requirements may result in the student being placed on probation. Ultimately, the student will be asked to withdraw from the Program if the problem is not rectified.
Anesthetic Care Plans

Students are required to complete an anesthetic care plan (written and/or verbal) for all patients for which they administer an anesthetic. Students are required to discuss the formulated anesthetic plan of care with their preceptor.

Mandatory Graded Care Plans

Each semester, students will be assigned a written care plan for a grade. For junior students this will be 2 per month. For seniors, it will be 1 per month. The care plan topics will be based on cases and patient comorbidities appropriate for the student level in the program. The graded care plans will be tied to the clinical grade for the semester. Failure to submit the required graded care plans will result in an incomplete (I) for the semester clinical grade. Any incomplete (I) grade must be rectified in order for a student to graduate.

Clinical Hours for the BSN-DNP in the Nurse Anesthesia Program

1. All Nurse Anesthesia Program BSN-DNP students are required to document the completion of at least 600 cases AND at least 2000 clinical hours. It is anticipated that the students will average between 800 to 1000 cases each. They are also required to document the completion of the required types of cases as specified by the COA and the Nurse Anesthesia Program. Students will participate in various high fidelity simulation labs. Students must document their case numbers and types of cases using the Medatrax system. The NAP faculty will monitor student case requirements through this system.

2. All students enrolled in the USM BSN-DNP Nurse Anesthesia Program are required to document a minimum of 45 hours of clinical conference hours. These hours may include but are not limited to local, state, and national conferences; grand rounds; and seminars in anesthesia. Students will be required to attend one state and one national nurse anesthesia association meeting while in the USM Nurse Anesthesia Program. All clinical conference hours must be pre-approved by the program administration.

Clinical Evaluation

Students will receive formative clinical performance evaluations based on their level in the program. Students are responsible for obtaining a clinical evaluation from the preceptor. There are several methods to receive a clinical evaluation: 1) at the end of the day, students can log into Medatrax and let the preceptor complete the evaluation; 2) at the end of the day, students can log into Medatrax, fill out the date, preceptor’s name and types of cases and have Medatrax email the evaluation to the preceptor; and 3) at the end of the day, the student can give a paper evaluation to the preceptor to fill out. Not all preceptors will immediately complete the evaluations, so the student may have to remind the preceptor to please fill them out. Preferably, formative evaluations are to be completed and submitted via Medatrax. See formative evaluation guidelines below.

<table>
<thead>
<tr>
<th>Semester in Program</th>
<th>Formative Evaluation Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 and 5</td>
<td>Daily formative evaluations preferred</td>
</tr>
<tr>
<td>6 and 7</td>
<td>Two (2) formative evaluations per week preferred</td>
</tr>
<tr>
<td>8 and 9</td>
<td>One (1) formative evaluation per week preferred</td>
</tr>
</tbody>
</table>
At the end of the monthly rotation, the clinical coordinator (or designee) will complete a summative evaluation for the students who rotated to their clinical site that month.

**Clinical Experience Record**

The clinical experience record serves two purposes. First, it documents the progress the student is making towards completing the clinical experiences required for graduation. Second, it assists the faculty and student in selecting the most appropriate clinical experiences. The cumulative record helps to identify areas where sufficient experience has been obtained as well as areas where more experience may be needed.

**Procedure**

- At the end of each day, students will record the total number of procedures, agents, patients, etc. that were performed in Medatrax

- Students are responsible for tracking their case needs and seeking out needed experiences at the clinical site.

- Students should check the accuracy of the log record periodically.

**Hints for Completing the Clinical Experience Record**

(*As written by Dr. Elizabeth Seibert and used with permission.)

The record consists of many sections (physical status, hours of anesthesia time, anatomic categories, and so forth. Monitor your progress towards meeting the required number of cases in each category as you will be unable to graduate until you complete them.

Following are helpful ideas as you go about completing your online clinical experience record. Patient physical status (PS) represents the ASA classification assigned to each patient. Each patient should only have one PS status. Do not forget to add the emergency category when it is appropriate.

- Hours of anesthesia time represents the actual time you are engaged in administering anesthesia. It does not include set-up time or the time you take to do pre- and post-op visits. The on line record will automatically calculate your case hours from the entered case time. Example: You are in the OR from 0600 until 1600 (10 hours). Your 0730 case is delayed and does not start until 0900. The case lasts 3 hours and then you go to lunch. Two other cases scheduled for your room get switched to another room so as not to be delayed. You wait around for an emergency case coming from the ER, but it never gets there. In the meantime, you do your pre-op and post-op rounds. Only the 3 hours when you delivered anesthesia count as hours of anesthesia time.

- Position categories: if the surgical procedure is performed in one of these categories, mark the appropriate box(es). Example: You do three cases. one case is in the supine position; one case is in the lithotomy position; one case is in the lithotomy position and then, due to inadequate exposure, the patient is positioned prone. You will have 2 in the lithotomy position and a 1 in the prone position.

- Anatomic categories: this category is confusing as there is an overlap of anatomic and surgical categories. Patients who are having multiple procedures will be counted in several categories. Some types of procedures can be counted in more than one anatomic category. Improper entries in this section can lead to deficiencies of certain types of cases. If you are not sure, Ask! Don’t just mark the “other” category.
  Example #1: You are doing orthopedics and administer anesthesia for cases: 2 knee arthroscopies, 1 shoulder arthroscopy, and an open reduction of a tibia fracture. All of these cases will be entered in the extremities box.
Example #2: You administer anesthesia for an aorto-bifemoral graft. You will check vascular, neck, intra-abdominal, and extremity.

Example #3: One night during your obstetric rotation you administer anesthesia for an emergency C-section. You should enter obstetrical delivery, C-section, intra-abdominal, and emergency.

Example #4: While you are on call, a trauma victim with multiple injuries comes to the OR. You spend the night doing a craniotomy, tracheotomy, exploratory laparotomy, and ORIF of a femur. Count all of the following categories for this one patient: intra-abdominal, extremities, head-intracranial, neck, and emergency.

Example #5: You place an epidural for a vaginal delivery. You should enter obstetrical delivery, vaginal delivery, and perineal. Also, don’t forget that vaginal deliveries are done in the lithotomy position!

• Methods of anesthesia: Count each type of anesthetic technique you use once: general or regional. Do not count sedation given with a spinal as regional and MAC—this counts for only regional. Sometimes you will do an epidural with a general anesthetic or start with a spinal that progresses to a general anesthetic. You may count both the general and the regional in the methods section. Inductions are either IV or mask inductions, not both. Inhalation inductions through a tracheotomy do not count as mask inductions. HINT: the number of IV and mask inductions should usually equal the number of general anesthetics. Airway management is counted as either mask, endotracheal, or LMA (includes COPA). Endotracheal intubation means that you successfully performed the intubation yourself. If you did not, don’t count it—but you can count the management of the endotracheal tube. Usually if you perform the intubation you will also count endotracheal management. Total IV anesthesia means a general anesthetic in which no volatile agent, aside from N2O, is used. Emergence means that you performed the extubation. There will be times when the end of the case occurs after you have left the operating room or the patient remains intubated and is taken to the ICU. Do not record an emergence for these instances. Monitored anesthesia care refers to surgical procedures where the surgeon performs the local anesthetic and sedation is provided. Once again, it does not include sedation given to a patient receiving a regional anesthetic.

Example: You do two general anesthetics with ETTs but you only get one of the intubations. Both cases are IV inductions. You are only present for emergence on one case. Count these cases as: two general anesthetics, two IV inductions, one endotracheal intubation, two endotracheal managements, and one emergence.

• Regional techniques: management means that you only managed the regional anesthetic. This includes situations in which you both do and do not administer the block. Actual administration means that you actually performed the regional technique yourself.

Example: You are in the cysto room for 4 cases, all of which are scheduled for spinals. You are only able to perform two spinals but manage all the cases. Count these cases as two spinals actually administered and four regionals managed.

• Pharmacological agents: All pharmacological agents are counted once for each time used. Inhalation agents include all volatile anesthetic agents and nitrous oxide. IV induction agents include all agents used to induce general anesthesia (propofol, pentothal, etomidate, brevital, midazolam, ketamine, etc.). Muscle relaxants include all depolarizing and nondepolarizing agents (including defasciculating doses). Opioids include all narcotics. Everything else goes in to the other IV agent category: antiemetics, NSAIDs, antihypertensives, pressors, antidysrhythmics, etc.

Example #1: You administer one general. The general agents include pentothal for induction, rocuronium & succinylcholine for intubation, rocuronium for muscle relaxation, versed for anxiolysis, fentanyl for intraoperative analgesia, morphine for postoperative analgesia, and droperidol as an
antiemetic. Anesthesia is maintained with N20, O2, and isoflurane. Count as follows: inhalation agents, 2; IV induction agents, 1; muscle relaxants, 3; opioids, 2; and other, 2.

Example #2: You administer one spinal anesthetic. You use 0.75% marcaine for the spinal, ephedrine for hypotension, a propofol drip for sedation, and supplemental O2. Count as follows: 3 under other.

- Invasive monitoring techniques: includes arterial, central venous, and pulmonary artery catheters. These categories are similar to the regional and intubation categories—if you do it, count it as insertion/placement and monitoring. If you don't place the catheter, only count it as monitoring. Don't forget to count CVP monitoring when you have a PA catheter.

- Anesthetic management of... the council on Accreditation includes these experiences to monitor trends in anesthesia. these experiences are not required but are highly suggested. Strive to get as many of these experiences as possible.

Clinical Probation

Definition

Probationary status shall be assigned when it is determined that a student is failing to make satisfactory progress toward meeting clinical objectives. Directing a student to seek appropriate counseling during probation or leave of absence is within the purview of the NAP Faculty. 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 that is expressed elsewhere in this handbook.

Guidelines

Students must demonstrate safe practice in all areas. A student's behavior must be safe 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. When students are having difficulty in the clinical area, program faculty counsels them, 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 for their level. NAP Faculty can place the student on clinical probation. Program administration will assign clinical probation status based on input from clinical faculty.

Clinical Probation and the Evaluation Process

The student must obtain a passing grade in clinical in order to successfully complete the NAP Practicum courses. 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.
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.

Faculty will review the written evaluations with the student at the time that a probationary status is assigned, noting specific areas needing improvement. The student will help develop a written plan for meeting the clinical objectives. While on probation, the student will meet with his/her NAP faculty advisor 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 CRNA's that the student works with will be chosen by the clinical coordinator or designee.

**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. The probationary period can be shortened if the student's practice represents a clear danger to patient safety. At the end of the probationary period, the NAP faculty will make the recommendation to either lift the probationary status or to give the student a failing grade for clinical 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").

**Letter of warning**

A letter of warning is a written letter that 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 Director on behalf of the course instructor, and its purpose is to make the student aware of impending academic or clinical jeopardy in time to take corrective action.

**Suspension**

Suspension is defined as an involuntary, temporary separation from the University of Southern Mississippi NAP 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 director. 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
(http://home.coa.us.com/accreditation/Pages/Accreditation-Policies,-Procedures-and-
Standards.aspx).

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 Director will report violations of
law to appropriate authorities.
Students are normally notified during the term that 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 dismissal, even from a single
incident in which no prior notification by faculty of student deficiencies is possible.

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 turn in monthly case records or clinical evaluation forms in a timely
     manner
   • Failure to document all cases within 30 days of their occurrence, or repeatedly
     falling behind more than 14 days in case recording.
7. Use of time/accountability
   • Repeated instances of tardiness, lateness or absenteeism necessitating change in clinical assignments
   • 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 25 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 or insubordination or threats directed at 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.
   • Any violation of the substance abuse policy
   • Reporting for duty while under the influence of any substance that impairs the student's ability to perform his/her clinical tasks.
   • 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.
   • 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 Mississippi State Board of Nursing.

11. Medication errors
   • if you do not self-disclose within 48 hours;
   • or if the error was 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;
   • Or multiple (more than one) medication errors.

Notification of Dismissal

Dismissal of a student will be recommended to the program Director by the NAP faculty. Such recommendations shall include documentation of the reason(s) for dismissal. The
final decision for dismissal rests with the program director. Once the student is dismissed, he/she must turn in his/her case records and any 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 Nursing, 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.

Withdrawal
Students contemplating withdrawal from the program are required to consult in person with the Program Director 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 USM property to the Program Director. A student may resign during an academic or clinical probationary period. However, the resignation must be made prior to the point where the NAP faculty has made a final recommendation to the Director to dismiss (in other words, 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 the next available 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 hospital administrator, the Dean of the College of Nursing, and the NBCRNA will also be notified of the resignation.
Appendices

Technical Standards Contract
NAP Student Contract
Nurse Anesthesia Program
Technical Standards

It is the policy of the USM Nurse Anesthesia Program that no person shall be denied admission to the school, or awarding of a degree from the school on the basis of any disability, pursuant to the Americans with Disabilities Act (ADA) of 1990 and section 504 of the Rehabilitation Act of 1973, provided that the person demonstrates ability to meet the minimum standards set forth herein. USM Nurse Anesthesia Program will reasonably accommodate individuals with disabilities, provided that the standards required by the school of all graduates and the integrity of the school's curriculum are upheld. Mastery of essential skills is required of all students.

These standards are developed as criteria to achieve the DNP degree in preparation for practice as a Nurse Anesthetist. The faculty is equally cognizant of its responsibilities to patients who will be a part of the educational process and to future patients who will entrust their welfare and lives to graduates of our school. The safety of the patient, on whom the nurse anesthesia education process is largely focused, has been given a primary consideration in developing these standards. The faculty therefore, must carefully consider the personal and emotional characteristics, motivation, industry, maturity, resourcefulness, and personal health of the aspiring health care professional. Technological compensation can be made for disabilities in certain of these areas, but a candidate must be able to perform certain basic functions in a reasonably independent manner. The use of a trained intermediary to observe or interpret information or to perform procedures is deemed to compromise the essential function of the health care professional and may jeopardize the safety of the patient.

The USM CoN, including the Nurse Anesthesia Program, set as guidelines the following Technical Standards that are to be met with or without reasonable accommodations. The NAP policy is congruent with the USM and CoN policy with additional anesthesia requirements.

1. The ability to see, hear, touch, smell, maintain equilibrium, and distinguish colors (sensory perception)
   - Obtain, use and interpret information from diagnostic maneuvers, (e.g. palpation, auscultation, percussion, etc.) and other diagnostic representation of physiological phenomena during the course of conducting a comprehensive physical (mental) assessment of a client consistently, quickly and accurately.
   - Acquire information from written documents and computer information systems (including literature searches and data retrieval), identify information presented in images from paper, videos, transparencies, slides, graphic images and digital and analog representations
   - Observe demonstrations and conduct return performances
   - Observe the client accurately at a distance and close at hand, noting non-verbal as well as verbal signs
   - Obtain accurate readings from diagnostic instruments
   - Become aware of environmental alarms (e.g. fire alarms, monitors, smoke) quickly and consistently.
2. **Communication ability (oral, writing, etc.) with accuracy, consistency, clarity and efficiency**
   - Acquire information from written documents and computer information systems (including literature searches and data retrieval), identify information presented in images from paper, videos, transparencies and slides
   - Accurately elicit information via speech, hearing and observation, including a medical history and other information required to adequately and effectively evaluate a client’s condition
   - Communicate (oral and written) effectively and efficiently with faculty, clients, families and all members of the health care team about a client’s condition as called for under the circumstances
   - Communicate quickly, effectively and efficiently with oral and written English with all members of the health care team

3. **Manual dexterity, gross and fine motor movements**
   - Directly perform procedures and interventions (e.g. Basic Life Support techniques, physical assessment) sufficient to provide safe and effective nursing care according to prescribed therapeutic regimens
   - Practice in a safe manner and respond appropriately to emergencies and urgencies
   - Practice standard precautions against contamination and cross contamination with infectious pathogens (e.g. wearing personal protective equipment; working with sharp objects and hazardous chemical; treating clients with infectious diseases)
   - Execute motor movement reasonably required to provide general care and emergency treatment to clients including moving and lifting.

4. **Ability to learn, think critically, analyze, assess, solve problems, reach judgment (Conceptualization, integration and quantification)**
   - Acquire information from demonstrations and experiences in the basic and applied sciences, including but not limited to information conveyed through lecture, group seminar, small group activities and physical demonstrations
   - Synthesize information to develop a plan of care
   - Problem solve and think critically to judge which theory and/or strategy of assessment and intervention is most appropriate
   - Utilize intellectual ability, exercise proper judgment, and timely and accurately complete responsibilities attendant to the delivery of care to clients
   - Measure, calculate, analyze, and use numerical recognition quickly to problem solve in certain situations.

5. **Emotional stability and ability to accept responsibility and accountability (Behavioral, social skills, abilities and aptitude)**
   - Develop effective and appropriate relationships with clients, colleagues, coworkers and relevant others
   - Adapt and function effectively under the various circumstances and rigors (including stress) which are inherent in the clinical practice of nursing
   - Convey a sense of sensitivity, compassion and empathy with clients
   - Integrity, honesty, concern for others, good interpersonal skill, interest and motivation are representative of emotional health
   - Accept responsibility, accountability and ownership for own actions or role as an emotionally mature member of healthcare team
6. **Ethical Standards**: The candidate must demonstrate professional demeanor and behavior, and must perform in an ethical manner in all dealing with peers, faculty, staff and patients.

* Items with bullets represent examples for each Technical Standard category and are not intended to be an exhausted list.

Decisions related to retention in the nursing program will be made on a case by case basis since a part of the decision rests on the nature of the "reasonable accommodations" which will need to be made in order for the student to be successful once admitted. The student must meet the essential Technical Standards so that he or she will be able to perform in a reasonably independent manner. Once confirmed in the program, students must pass all courses at an acceptable level and master all essential clinical competencies regardless of the disability and reasonable accommodation. Students will be assessed continuously for their ability to meet technical standards.

**Procedures for obtaining accommodation:**

1. Provide documented evidence of physical clearance by licensed primary care provider as requested on the CoN history and physical,
2. Complete all referrals as indicated by the primary care provider on the history and physical and,
3. Submit to the CoN any additional reports obtained from referrals; and,
4. Submit to the CoN and the immediate instructor any instruction for emergent treatment and contact information for significant others

**References:**
Mississippi Board of Nursing: Nursing Practice Law and Rules and Regulations (9/1/01)
American Association of Colleges of Nursing: Education Center – Guidelines for Accommodating Students with Disabilities in Schools of Nursing
SUNY Upstate Medical University at Syracuse: CON’s Technical Standards
University of Michigan Medical School: Technical Standards
University of Massachusetts Medical School: Technical Standards for UMMS
Grand Valley State University: Technical Standards for the Master in Physician Assistant Studies

I have reviewed the “Technical Standards Statement” and am able to meet these criteria with or without reasonable accommodation. In addition, I understand that if a student has a disability that qualifies under the American with Disabilities Act (ADA) and requires accommodations, he/she should contact the Office for Disability Accommodations (ODA) for information on appropriate policies and procedures. Disabilities covered by ADA may include learning, psychiatric, physical disabilities, or chronic health disorders. Students can contact ODA if they are not certain whether a medical condition/disability qualifies. Mailing address: 118 College Drive # 8586, Hattiesburg, MS 39406-0001; Voice Telephone: (601) 266-5024 or (228) 214-3232; TTY: 1-800-582-2233; Fax: (601) 266-6035.

Student’s Printed name: _______________________________________________

Student’s Signature: ___________________________________________________

Date: ____________________________________________________________________

Revised and approved 1-11-17
Nurse Anesthesia Program Student Contract

I have received a copy of the University of Southern Mississippi (USM) Nurse Anesthesia Program (NAP) Policy and Procedures Manual. I have had an opportunity to review and discuss its contents, and I agree, as a student enrolled in the NAP, to adhere to the policies and guidelines set forth.

Furthermore, I acknowledge that I have read the Technical Standards and understand that these standards must be met prior to beginning the clinical courses of the program and maintained throughout the course of my training.

I attest that I have worked at least one year full time in a critical care setting as identified by the USM NAP. If any information I submitted to the program proves to be untrue, I understand that this may lead to my immediate termination from the program.

Upon graduation, I agree to provide my employer information to the USM NAP. I understand that approximately 6 months to 1 year after my graduation, my employer will be sent an evaluation tool to evaluate my performance as a newly graduated CRNA. I understand that the results will be kept confidential and will be used to evaluate the strengths and weaknesses of the USM NAP. I agree to have this evaluation completed by my employer.

I give permission for the faculty in the USM NAP to provide reference information upon my request. I understand that the nature and scope of the reference documentation may include information sought by employers, scholarship and award committees, and any future college/university where I may seek admission.

I agree to repay any financial assistance provided to me by public or private entities.

I also agree to take the National Certification Exam (NCE) administered by the National Board of Certification and Recertification of Nurse Anesthetists upon graduation.

All policies and procedures outlined in the NAP Policy and Procedures Manual are subject to change during the course of the program and it is my responsibility to not only keep abreast of these changes, but recognize them as a requirement for graduation from the program.

Student’s Printed name: ____________________________________________________________

Student’s Signature: ______________________________________________________________

Date: ___________________________________________________________________________