

# School of Nursing



## DNP Nurse Anesthetist Program Student Handbook

Academic Year 2021-2022

6417 Health Sciences Center, South  
64 Medical Center Drive  
Morgantown, WV 26506  
304-293-1382

The [WVU Graduate Catalog](#) is the official reference for all program and course information.

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\*SELECT A TOPIC TO ADVANCE DIRECTLY TO THAT CONTENT

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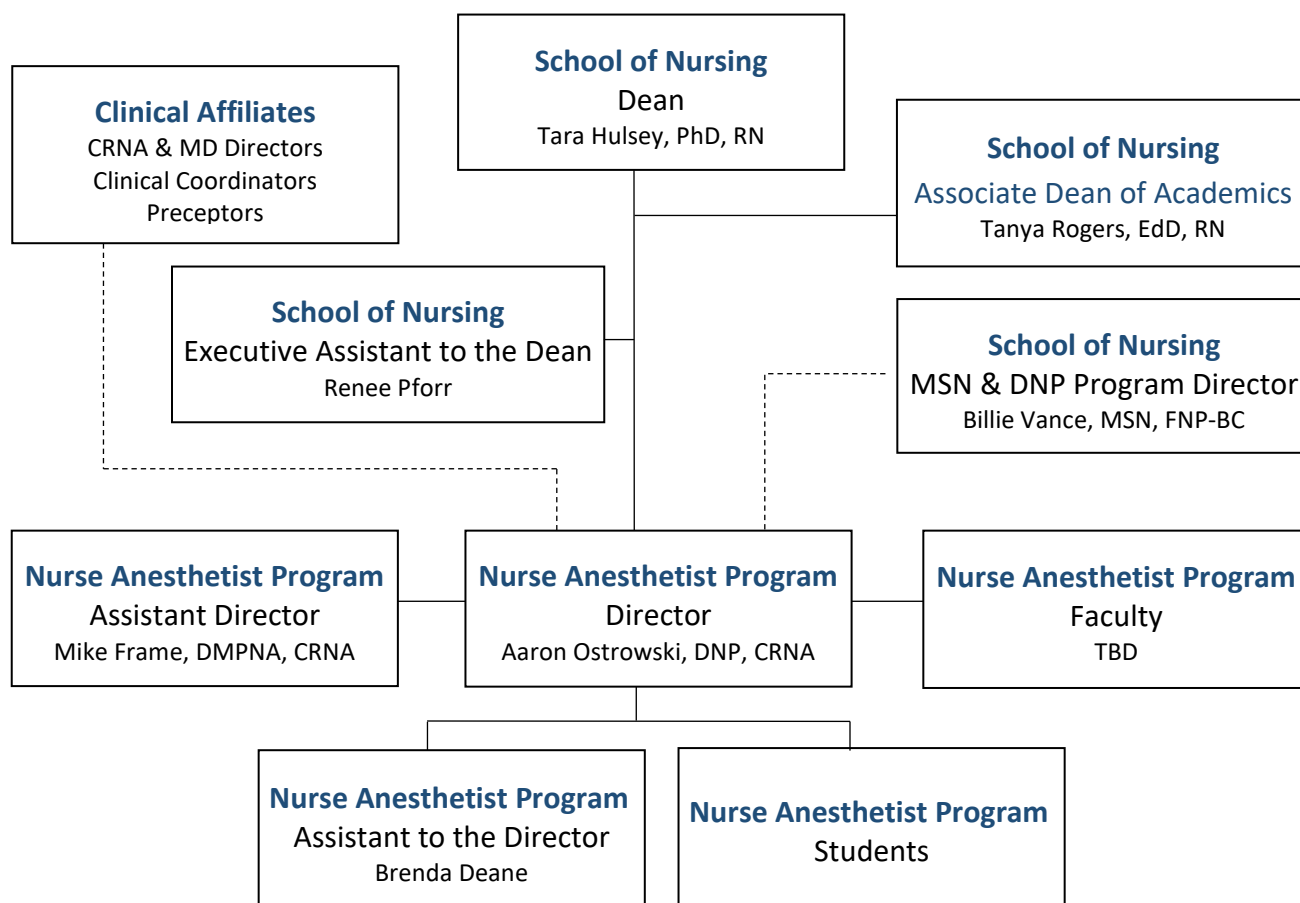
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### West Virginia University DNP Nurse Anesthetist Program Organizational Chart



## Introduction

### **West Virginia University**

West Virginia University (WVU) was founded in 1867 as a result of the 1862 Land-Grant Act, otherwise known as the Morrill Act. As the state's flagship, land-grant university, WVU's mission reflects its dedication to serving the state and citizens of West Virginia through access to higher education, research, scholarship, and comprehensive health sciences. The WVU System, which includes the flagship campus in Morgantown, WVU Institute of Technology in Beckley, and WVU Potomac State in Keyser, enrolls approximately 32,000 students, who represent all 55 counties of West Virginia, 50 states and the District of Columbia, and over 100 other countries. West Virginia University is accredited by the Higher Learning Commission.

WVU Morgantown provides programs of instruction through 14 colleges and schools and offers over 190 degree programs at the baccalaureate, master's, doctoral, and professional levels, as well as numerous certificate programs. WVU Morgantown facilities are built on more than 1,000 acres and include several buildings on the National Register of Historic Places.

### **West Virginia University School of Nursing**

The WVU School of Nursing (SON) was authorized by an act of the West Virginia Legislature in 1951. In 1960, the first Dean of the School of Nursing, Dr. Dorothy M. Major, was appointed, and the School of Nursing was approved by the West Virginia Board of Examiners for Registered Professional Nurses. The first class of baccalaureate students graduated in May 1964, and the first students were granted the Master of Science in Nursing (MSN) degree in 1977. The Doctor of Science in Nursing (DSN) program was established in 1999, with the first graduate in 2003. The Board of Governors approved the conversion of the DSN to the PhD degree in February 2007. The first cohort in the post-MSN Doctor of Nursing Practice (DNP) program was admitted in fall 2007, with the first graduates in spring 2009. The SON is accredited by the Commission on Collegiate Nursing Education (CCNE).

### **Welcome from Dean, Tara Hulseley**

We are excited to be involved with our colleagues in the Robert C. Byrd Health Sciences Center in implementing a vision for health care in the 21st century, founded in WVU's history of excellence and service, with true social responsibility. We continue to be guided by our Vision: "West Virginia University School of Nursing envisions optimal health, enhanced quality of life, and excellent health care for the people of West Virginia and the global community." Nursing faculty and students are bringing nurses, nursing education and research, and advanced practice health care to serve the public in both urban and rural areas. The WVU School of Nursing remains committed to providing the highest levels of undergraduate professional nursing education, while expanding opportunities for graduate education. I look forward to "meeting" you all - virtually or in person.

### **Nurse Anesthetist Program Mission**

The mission is to prepare nurses to be excellent clinicians and leaders in the evidence-based delivery of safe anesthesia care and to serve the people and communities in which they practice.

### **Handbook and Policy Changes Disclaimer**

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

Suggested new or revised policies will be presented to the Program's Education Committee for a first reading and discussion. The Committee may publish these to students for comments. The Committee will vote on whether to adopt the policies at their next regular meeting. The Committee will determine the implementation date of new policies as part of their review. Some policy changes may need to be reviewed and approved by the WVU SON's processes before implementation by the WVU NAP. The Handbook will be published online once a year, prior to the start of fall semester, incorporating any policies or language changed in the preceding 12 months.

### **Non-discrimination**

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



## Nurse Anesthetist Program Description

The DNP Nurse Anesthetist Program prepares registered nurses to become Certified Registered Nurse Anesthetists (CRNAs) through a rigorous, challenging curriculum based on the Standards of Accreditation from the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and the DNP Essentials of the American Association of Colleges of Nursing (AACN). Only offered as a full-time program, students are required to take 88 credits over 3 years or 9 continuous semesters.

Nurse anesthesia practice covers the continuum of care from pre-operative assessment to discharge from the recovery unit. Nurse anesthetists interview and assess each patient to best formulate and implement an individualized plan of care while collaborating with members of a multi-disciplinary health care team. This curriculum features courses that prepare nurse anesthetists to translate evidence to practice and become organizational leaders. The DNP Nurse Anesthetist Program prepares students through course work that develops knowledge and skill in anesthesia practice as well as in translation and implementation of evidence to practice to improve health outcomes for diverse populations.

Courses are divided into four categories, including core DNP, anesthesia specialty, clinical practicum, and DNP project offerings (See Table 1). Core DNP courses are offered online and address foundations of nursing theory, assessment, pharmacology, statistics, evidence-based practice methods, health promotion, informatics, leadership, ethics, and health policy. Anesthesia specialty courses are face-to-face classes with online capabilities. They are heavily based in sciences including chemistry, physics, advanced anatomy, physiology, pathophysiology, pharmacology, and basic and advanced principles of anesthesia. Additional specialty courses present physical assessment and principles of business, management, and finance pertinent to anesthesia practice. Clinical practicum begins in the third semester and provides the student the opportunity to integrate didactic content with application of state-of-the-art techniques in the provision of anesthesia care to patients in all risk categories and age ranges in a variety of health care settings. Students are required to administer a minimum of 600 anesthetics and complete over 2000 clinical hours; however, graduating WVU DNP student nurse anesthetists will likely exceed that minimum. DNP project courses are incorporated early in the curriculum to give the student and faculty time to develop a project question, perform a literature search, refine and implement an initiative, collect and analyze data, and write a manuscript. The DNP Project manuscript and a portfolio of course work will demonstrate a synthesis of the student's efforts in the program and will lay the foundation for future clinical scholarly initiatives directed at improving health and organizational outcomes in nurse anesthesia practice.

The graduate will earn a DNP degree and be eligible to sit for the National Certification Exam (NCE). This is a board exam administered by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA). Graduates who pass the Certification Exam become *Certified* Registered Nurse Anesthetists. Certified graduates have the opportunity to practice in traditional hospital operating suites; ambulatory surgical centers; offices of dentists, podiatrists and pain management specialists; or in a wide variety of settings including the U.S. military and Public Health Services. The Bureau of Labor Statistics projects that employment for Nurse Anesthetists will grow 31% by 2024. According to the most current American Association of Nurse Anesthetists (AANA) statistics, the mean total compensation for full time CRNAs is greater than \$170,000.

### Accreditation Information

The WVU Nurse Anesthetist Program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) through October, 2024. The COA may be contacted by mail at 10275 W. Higgins Rd., Suite 906, Rosemont, IL 60018-5603; by phone at 224-275-9130; or on the web at [www.coacrna.org](http://www.coacrna.org).

The WVU School of Nursing DNP program is accredited by the Commission on Collegiate Nursing Education (CCNE), 655 K Street, NW, Suite 750, Washington, DC 20001, 202-887-6791.

Core DNP	Cr.	Anesthesia Specialty	Cr.	Clinical Practicum	Cr.	DNP Project	Cr.
<b>NSG 701</b> Advanced Pharmacotherapeutics*	3	<b>NSG 740A</b> Standards of Practice, Professionalism, and Overview of the Nurse Anesthesia Role	2	<b>NSG 752A</b> Foundations Clinical Practicum 1	1	<b>NSG 830</b> DNP Project Development*	2
<b>NSG 702</b> Population Health Promotion*	3	<b>NSG 740B</b> Professional Issues in Nurse Anesthesia	2	<b>NSG 752B</b> Foundations Clinical Practicum 2	2	<b>NSG 831</b> DNP Project Implementation	3
<b>NSG 704</b> Health Care Leadership*	3	<b>NSG 741</b> Genetics, Chemistry, and Physics of Anesthesia	3	<b>NSG 753A</b> Advanced Clinical Practicum 1	2	<b>NSG 832</b> DNP Project Presentation	2
<b>NSG 705</b> Advanced Lifespan Assessment*	3	<b>NSG 742A</b> Foundations of Anesthesia 1: Basic Principles of Safe Anesthesia Care	3	<b>NSG 753B</b> Advanced Clinical Practicum 2	2		
<b>NSG 706</b> Advanced Pathophysiology*	3	<b>NSG 743</b> Foundations of Anesthesia Lab	1	<b>NSG 753C</b> Advanced Clinical Practicum 3	2		
<b>NSG 707</b> Evidence Based Practice Methods*	3	<b>NSG 742B</b> Foundations of Anesthesia 2: Regional Anesthesia and Considerations for Common Procedures	2	<b>NSG 810</b> Nurse Anesthesia Clinical Immersion 1	3		
<b>NSG 710</b> Health Care Issues, Ethics, and Policy*	3	<b>NSG 744A</b> Advanced Anatomy, Physiology, and Pathophysiology 1: Cardiac, Pulmonary, and CNS	3	<b>NSG 812</b> Nurse Anesthesia Clinical Immersion 2	3		
<b>NSG 724</b> Health Research Statistics 1*	3	<b>NSG 744B</b> Advanced Anatomy, Physiology, and Pathophysiology 2: Hepatic, Renal, and Related Systems	2				
<b>NSG 739</b> Scientific Underpinnings of the DNP Role*	3	<b>NSG 746</b> Advanced Pharmacology for Nurse Anesthetists	3				
<b>NSG 754</b> Transforming Health Care Through Information Technology*	3	<b>NSG 747</b> Perioperative Assessment and Care	1				
		<b>NSG 748A</b> Advanced Principles of Anesthesia 1: Cardiothoracic, Vascular, and Neuroanesthesia	3				
		<b>NSG 748B</b> Advanced Principles of Anesthesia 2: Management Across the Lifespan	3				
		<b>NSG 748C</b> Advanced Principles of Anesthesia 3: Management of Special Populations	2				
		<b>NSG 749</b> Business, Management, and Finance in Nurse Anesthesia Practice	3				
		<b>NSG 751</b> Evidence Based Anesthesia Review	3				
Total Core DNP Credits	30	Total Anesthesia Specialty Credits	36	Total Clinical Practicum Credits	15	Total DNP Project Credits	7
*online course						<b>Total Credits</b>	<b>88</b>

**Table 1:** Core DNP, Anesthesia Specialty, Clinical Practicum, and DNP Project Courses of the WVU DNP Nurse Anesthetist Program; an asterisk (\*) indicates an online course

## DNP Nurse Anesthetist Program Outcomes

### Upon completion of the Nurse Anesthetist Program, the graduate will be prepared to:

1. Implement advanced knowledge in nurse anesthesia science, theory, and practice.
2. Evaluate, develop, implement, and lead organizational change to improve care delivery and quality.
3. Develop evidence-based interventions and implement solutions to address clinical problems.
4. Examine and evaluate technology and the utility of information systems and data to improve patient care.
5. Influence and participate in health policy development in the institution and region of practice.
6. Collaborate with the healthcare community, working with nursing, medical, surgical and anesthesia team members to promote patient advocacy and safety.
7. Demonstrate technical, professional, and cultural competence in nurse anesthesia practice by safely caring for patients across the lifespan and at all levels of acuity.
8. Formulate physiologically sound plans for anesthesia care.
9. Participate in the clinical, administrative, and educational advancement of fellow CRNAs and other advanced practice practitioners.

### Graduate Outcome Criteria

The following standards described by the COA are competencies necessary for entry into anesthesia practice. These competencies are required at the time of graduation to provide safe, competent, and ethical anesthesia and anesthesia-related care to patients for diagnostic, therapeutic, and surgical procedures. The Graduate Standards are as follows:

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

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

#### **Perianesthesia- The graduate must demonstrate the ability to:**

5. Provide individualized care throughout the perianesthesia continuum.
6. Deliver culturally competent perianesthesia care (*see Glossary, "Culturally competent"*).
7. Provide anesthesia services to all patients across the lifespan (*see Glossary, "Anesthesia services" and "Across the lifespan"*).
8. Perform a comprehensive history and physical assessment (*see Glossary, "Comprehensive history and physical assessment"*).
9. Administer general anesthesia to patients with a variety of physical conditions.
10. Administer general anesthesia for a variety of surgical and medically related procedures.
11. Administer and manage a variety of regional anesthetics.
12. Maintain current certification in ACLS and PALS.

#### **Critical Thinking- The graduate must demonstrate the ability to:**

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

#### **Communication- The graduate must demonstrate the ability to:**

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

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

**Leadership- The graduate must demonstrate the ability to:**

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

**Professional Role- The graduate must demonstrate the ability to:**

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

*\*Reprinted from: 2014 Standards for Accreditation of Nurse Anesthesia Programs Practice Doctorate, D. Graduate Standards (effective January 2015, revised October 2019)*

## DNP Nurse Anesthetist Program Progression Plan Class of 2022 only

	Fall (15 weeks)		Spring (15 weeks)		Summer (12 weeks)	
Year 1	NSG 706 Advanced Pathophysiology	3	NSG 701 Advanced Pharmacotherapeutics	3	NSG 702 Population Health Promotion	3
	NSG 724 Health Research Statistics 1	3	NSG 705 Advanced Lifespan Assessment	3	NSG 741 Genetics, Chemistry, and Physics of Anesthesia	3
	NSG 739 Scientific Underpinnings of the DNP Role	3	NSG 707 Evidence-Based Practice Methods	3	NSG 830 DNP Project Development	2
	NSG 740A Standards of Practice, Professionalism, and Overview of the Nurse Anesthesia Role	2				
	<b>Total Credits:</b>	<b>9</b>	<b>Total Credits:</b>	<b>11</b>	<b>Total Credits:</b>	<b>8</b>
Year 2	NSG 704 Health Care Leadership	3	NSG 742B Foundations of Anesthesia 2: Regional Anesthesia and Considerations for Common Procedures	2	NSG 744B Advanced Anatomy Physiology, Pathophysiology 2: Hepatic, Renal, and Related Systems	2
	NSG 742A Foundations of Anesthesia 1: Basic Principles of Safe Anesthesia Care	3	NSG 744A Advanced Anatomy, Physiology, Pathophysiology 1: Cardiac, Pulmonary, and CNS	3	NSG 747 Perioperative Assessment and Care	1
	NSG 743 Foundations of Anesthesia Lab	1	NSG 746 Advanced Pharmacology for Nurse Anesthetists	3	NSG 748A Advanced Principles of Anesthesia 1: Cardiothoracic, Vascular, and Neuroanesthesia	3
	NSG 752A Foundations Clinical Practicum 1	1	NSG 752B Foundations Clinical Practicum 2	2	NSG 753A Advanced Clinical Practicum 1	2
	NSG 831 DNP Project Implementation	1	NSG 831 DNP Project Implementation	1		
	<b>Total Credits:</b>	<b>9</b>	<b>Total Credits:</b>	<b>11</b>	<b>Total Credits:</b>	<b>8</b>
Year 3	NSG 748B Advanced Principles of Anesthesia 2: Management Across the Lifespan	3	NSG 710 Health Care Issues, Ethics, and Policy	3	NSG 740B Professional Issues in Nurse Anesthesia	2
	NSG 749 Business, Management, and Finance in Nurse Anesthesia Practice	3	NSG 748C Advanced Principles of Anesthesia 3: Management of Special Populations	2	NSG 810 Nurse Anesthesia Clinical Immersion 1	3
	NSG 753B Advanced Clinical Practicum 2	2	NSG 753C Advanced Clinical Practicum 3	2	NSG 832 DNP Project Presentation	2
	NSG 831 DNP Project Implementation	1	NSG 754 Transforming Health Care Through Information Technology	3		
	<b>Total Credits:</b>	<b>9</b>	<b>Total Credits:</b>	<b>10</b>	<b>Total Credits:</b>	<b>7</b>
Year 4	NSG 751 Evidence Based Anesthesia Review	3	Credit Total: 88			
	NSG 812 Nurse Anesthesia Clinical Immersion 2	3	Anesthesia Credits = 36, Core Credits = 30, Clinical Credits = 15, DNP Project Credits = 7.			
	<b>Total Credits:</b>	<b>6</b>				

## Standard DNP Nurse Anesthetist Program Progression Plan

	Fall (15 weeks)		Spring (15 weeks)		Summer (12 weeks)	
Year 1	NSG 706 Advanced Pathophysiology*	3	NSG 701 Advanced Pharmacotherapeutics*	3	NSG 702 Population Health Promotion*	3
	NSG 724 Health Research Statistics 1*	3	NSG 705 Advanced Lifespan Assessment*	3	NSG 742A Foundations of Anesthesia 1: Basic Principles of Safe Anesthesia Care	3
	NSG 739 Scientific Underpinnings of the DNP Role*	3	NSG 707 Evidence Based Practice Methods*	3	NSG 743 Foundations of Anesthesia Lab	1
	NSG 740A Standards of Practice, Professionalism, and Overview of the Nurse Anesthesia Role	2	NSG 741 Genetics, Chemistry, and Physics of Anesthesia	3	NSG 752A Foundations Clinical Practicum 1	1
	<b>Total Credits:</b>	<b>11</b>	<b>Total Credits:</b>	<b>12</b>	<b>Total Credits:</b>	<b>10</b>
Year 2	NSG 742B Foundations of Anesthesia 2: Regional Anesthesia and Considerations for Common Procedures	2	NSG 744B Advanced Anatomy, Physiology, and Pathophysiology 2: Hepatic, Renal, and Related Systems	2	NSG 748B Advanced Principles of Anesthesia 2: Management Across the Lifespan	3
	NSG 744A Advanced Anatomy, Physiology, and Pathophysiology 1: Cardiac, Pulmonary, and CNS	3	NSG 747 Perioperative Assessment and Care	1	NSG 753B Advanced Clinical Practicum 2	2
	NSG 746 Advanced Pharmacology for Nurse Anesthetists	3	NSG 748A Advanced Principles of Anesthesia 1: Cardiothoracic, Vascular, and Neuroanesthesia	3	NSG 831 DNP Project Implementation	1
	NSG 752B Foundations Clinical Practicum 2	2	NSG 753A Advanced Clinical Practicum 1	2		
	NSG 831 DNP Project Implementation	1	NSG 754 Transforming Health Care Through Information Technology*	3		
	<b>Total Credits:</b>	<b>11</b>	<b>Total Credits:</b>	<b>12</b>	<b>Total Credits:</b>	<b>6</b>
Year 3	NSG 704 Health Care Leadership*	3	NSG 710 Health Care Issues, Ethics, and Policy*	3	NSG 751 Evidence Based Anesthesia Review	3
	NSG 740B Professional Issues in Nurse Anesthesia	2	NSG 749 Business, Management, and Finance in Nurse Anesthesia Practice	3	NSG 812 Nurse Anesthesia Clinical Immersion 2	3
	NSG 748C Advanced Principles of Anesthesia 3: Management of Special Populations	2	NSG 810 Nurse Anesthesia Clinical Immersion 1	3	NSG 832 DNP Project Presentation	2
	NSG 753C Advanced Clinical Practicum 3	2				
	<b>Total Credits:</b>	<b>9</b>	<b>Total Credits:</b>	<b>9</b>	<b>Total Credits:</b>	<b>8</b>

## Course Descriptions

Core Courses		
Course #	Course Name	Course Description
NSG 701 (online)	Advanced Pharmacotherapeutics (3 credit hours, didactic, Spring only)	PR: NSG 706. This course emphasizes pharmacological principles fundamental to the age and gender appropriate selection of pharmacologic agents in altered health states across the lifespan. Content includes the pharmacodynamics and pharmacotherapeutic properties of drug categories and specific agents; clinical responses to the use of pharmacologic agents; efficacy and cost-effectiveness issues; patient education, adherence, culture, genetics, genomics, and the legal requirements of prescriptive authority.
NSG 702 (online)	Population Health Promotion (3 credit hours, didactic, Summer only)	PR: None. This course explores epidemiological, environmental, psychological, social, cultural, and gender as key factors that impact health across the lifespan; and explores health promotion concepts including health, wellness, disease, quality of life, health promotion, and disease-prevention interventions and factors that impede healthy lifestyle changes. The student will explore evidence-based interventions that address key lifespan health themes and facilitate evaluation and application of epidemiological, occupational, and environmental data analysis. The student will understand how to develop, implement, and evaluate programs of clinical prevention and population health for individuals, aggregates, and populations.
NSG 704 (online)	Health Care Leadership (3 credit hours, didactic, Fall only)	PR: None. This course focuses on the role of doctorally prepared nurses in providing organizational and systems leadership. Leadership theories and frameworks serve as the foundation for situational analysis and development of a plan to lead change.
NSG 705 (online)	Advanced Lifespan Assessment (3 credit hours, didactic, Spring only)	PR: NSG 706. This course prepares the student to conduct comprehensive health assessment of patients of all ages and in complex situations. The processes of skilled communication and diagnostic reasoning are emphasized as the primary means of collecting, documenting, and analyzing data obtained from the patient history, physical examination, and diagnostic procedures. Emphasis is placed on the physical, developmental, functional, psychosocial, genetic, genomic, and cultural dimensions of the patients. The practice of new skills occurs in laboratory workshops where standardized patients and various simulation methods are available.
NSG 706 (online)	Advanced Pathophysiology (3 credit hours, didactic, Fall only)	PR: None. This course provides an in-depth analysis of factors underlying pathophysiologic changes in selected acute and chronic diseases confronted in primary care adults and children. The student will develop understanding of pathological changes, which will be based on knowledge of normal physiology and physiological change across the lifespan.

NSG 707 (online)	Evidence Based Practice Methods (3 credit hours, didactic, Spring only)	PR: NSG 724. This course focuses on the use of research and epidemiological principles to guide the advanced practice nurse in the translation of research into practice, to design interventions to promote change in a variety of settings, and to understand methods to disseminate and integrate new knowledge into evidence-based practice. Students will use analytical methods to critique existing literature and practices against national benchmarks, design, implement, and evaluate outcomes of practice, and apply relevant findings to improved practice guidelines and healthcare outcomes.
NSG 710 (online)	Health Care Issues, Ethics, and Policy (3 credit hours, didactic, Spring only)	PR: None. This course prepares students who will perform at the highest levels of nursing practice. Students will examine the roles of the advanced practice and doctorally prepared nurse leaders in influencing policy development and implementation at a variety of levels (both macro and micro), considering the needs of multiple stakeholders, finance, regulation, and the need for social justice, equity, and quality of care. Ethical principles and personal values that shape professional practice and influence decision making will be expounded upon in the discussion of contemporary issues to allow critical analysis of the interaction between practice, research, and policy.
NSG 724 (online)	Health Research Statistics 1 (3 credit hours, didactic, Fall only)	PR: None. This course provides development of statistical knowledge and skills needed for quantitative health research. Topics include descriptive statistics, probability, hypothesis testing, analysis of variance, chi square, and regression techniques.
NSG 739 (online)	Scientific Underpinnings of the DNP Role (3 credit hours, didactic, Fall only)	PR: None. Integration of theories from nursing, the sciences, and the humanities to build a foundation for preparation of students to fulfill the role of the advanced practice nurse at the highest level of nursing practice.
NSG 754 (online)	Transforming Health Care Through Information Technology (3 credit hours, didactic, Spring only)	PR: None. Utilization of information systems and technology to improve quality, safety, and system outcomes for the improvement and transformation of health care.
<b>Nurse Anesthesia Specialty Courses</b>		
<b>Course #</b>	<b>Course Name</b>	<b>Course Description</b>
NSG 740A	Standards of Practice, Professionalism, and Overview of the Nurse Anesthesia Role (2 credit hours, didactic, Fall only)	PR: None. This course provides information and perspectives on the Doctor of Nursing Practice (DNP) Essentials, history of the nurse anesthesia profession, informatics, professional roles, wellness and the effects of substance use disorder, curricular standards, scope of practice, and regulatory authorities pertinent to nurse anesthetists.
NSG 740B	Professional Issues in Nurse Anesthesia (2 credit hours, didactic, Fall only)	PR: NSG 740A. This course builds upon themes related to the role of the nurse anesthetist, which were presented in NSG 740A. Topics include safety, professional interactions, added value of a nurse anesthetist in a variety of arenas, legal issues, and future trends as related to the role of the CRNA.
NSG 741	Genetics, Chemistry, and Physics of Anesthesia (3 credit hours, didactic, Spring only)	PR: NSG 706. The student will examine science-based principles of genetics, chemistry, and physics that relate to the mechanisms and effects of anesthesia. Mathematics concepts such as converting systems of measurement and calculating drug infusion rates will be explored. Components and functions of the anesthesia gas machine will be introduced.

NSG 742A	Foundations of Anesthesia 1: Basic Principles of Safe Anesthesia Care (3 credit hours, didactic, Summer only)	PR: NSG 741 and PR or CONC: NSG 743 and 752A. Core anesthesia principles of preoperative assessment, monitoring, positioning, basic airway and fluid management, and administration and documentation of basic and safe anesthetics for adults are discussed in this course. Students will have the knowledge to prepare for workshops associated with NSG 743 and for clinical practicum, NSG 752A.
NSG 742B	Foundations of Anesthesia 2: Regional Anesthesia and Considerations for Common Procedures (2 credit hours, didactic, Fall only)	PR: NSG 742A. This course addresses basic anesthesia principles for safe administration of regional anesthesia. Students are introduced to anesthesia considerations for patients across the lifespan, including pediatric and geriatric patients, and will examine management fundamentals for common surgical subspecialty procedures.
NSG 743	Foundations of Anesthesia Lab (1 credit hour, didactic, Summer only)	PR or CONC: NSG 742A and NSG 752A. This course develops the necessary psychomotor and critical thinking skills to provide safe anesthesia care in clinical settings. Workshops include conducting a preanesthetic assessment, preparing the anesthesia workspace and gas machine, managing the airway, obtaining vascular access, monitoring, positioning, preparing anesthetic medications, and managing complications that arise during anesthetic inductions.
NSG 744A	Advanced Anatomy, Physiology, Pathophysiology 1: Cardiac, Pulmonary, and CNS (3 credit hours, didactic, Fall only)	PR: NSG 742A. The focus of this course is to address advanced concepts in anatomy, physiology, and pathophysiology, incorporating the effects of anesthesia, and discussing management principles for disorders associated with the cardiovascular, pulmonary, and central nervous systems.
NSG 744B	Advanced Anatomy, Physiology, and Pathophysiology 2: Hepatic, Renal, and Related Systems (2 credit hours, didactic, Spring only)	PR: NSG 744A. The focus of this course is to continue addressing advanced concepts presented in NSG 744A. Anatomy, physiology, and pathophysiology are presented, incorporating the effects of anesthesia, and discussing management principles for disorders associated with the hepatic, renal, endocrine, gastrointestinal, immune, and related systems.
NSG 746	Advanced Pharmacology for Nurse Anesthetists (3 credit hours, didactic, Fall only)	PR: NSG 701. This course applies principles of pharmacology to anesthesia practice. Pharmacologic properties of anesthetic agents and common adjunctive drugs are discussed to enable the student to develop advanced plans for anesthetic management.
NSG 747	Perioperative Assessment and Care (1 credit hour, didactic, Spring only)	PR: NSG 705. Students in this lab course apply principles of advanced assessment to nurse anesthesia practice. Comprehensive health history, in-depth physical exam techniques, and evidence-based diagnostic skills are expanded to emphasize critical thinking and decision-making in the perioperative environment. Students will demonstrate use of advanced airway devices and ultrasound to improve patient care.
NSG 748A	Advanced Principles of Anesthesia 1: Cardiothoracic, Vascular, and Neuroanesthesia (3 credit hours, didactic, Spring only)	PR: NSG 742A and NSG 744A. Advanced principles of anesthesia management for cardiac, thoracic, vascular, and neurosurgical procedures are presented in this course. Students examine techniques to administer anesthesia to patients undergoing procedures including coronary bypass grafting, lung resections, endovascular aortic repairs, and intracranial tumor resections.



NSG 748B	Advanced Principles of Anesthesia 2: Management Across the Lifespan (3 credit hours, didactic, Summer only)	PR: NSG 748A. Advanced principles of anesthesia including obstetric and pediatric specialties are presented. Students examine anatomy, physiology, pathophysiology, and anesthetic management unique to the obstetric and pediatric populations. Simulations of induction and management for pediatric patients, aged from neonate to 18 years, and all levels of acuity will be conducted to reinforce didactic concepts.
NSG 748C	Advanced Principles of Anesthesia 3: Management of Special Populations (3 credit hours, didactic, Fall only)	PR: NSG 748B. Advanced principles of anesthetic management including trauma, abdominal transplant, burns, and pain management populations are presented in this course. Students will examine and apply techniques of difficult airway management, blood volume resuscitation, hemodynamic control, and acute and chronic pain management.
NSG 749	Business, Management, and Finance in Nurse Anesthesia Practice (3 credit hours, didactic, Spring only)	PR: NSG 704 and NSG 740B. Principles of business, management, and finance are applied to nurse anesthesia in this course. Students will analyze reimbursement and billing models, develop plans for business, and evaluate contracts for independent and hospital employment. Management relationships with staff, human resources, and other departments in a health organization will be evaluated. Health care and personal finance will be discussed.
NSG 751	Evidence Based Anesthesia Review Seminar (3 credit hours, didactic, Summer only)	PR: NSG 749 and NSG 810. An evidence-based update and review of the body of knowledge necessary to enter nurse anesthesia practice is the focus of this course. Students will revisit basic sciences, basic and advanced principles of anesthesia, pharmacology, and age and procedure-related management concepts. Students will sit for a threshold Comprehensive Exam based on the entire curriculum of the West Virginia University DNP Nurse Anesthetist Program.

#### Nurse Anesthesia Clinical Practicum Courses

Course #	Course Name	Course Description
NSG 752A	Foundations Clinical Practicum 1 (1 credit hour, clinical)	PR or CONC: NSG 742A and NSG 752A. This initial clinical practicum course is designed to integrate basic anesthesia principles into practice. The student will be introduced to anesthesia monitoring, procedures, technology, equipment, medications, and the perioperative clinical environment.
NSG 752B	Foundations Clinical Practicum 2 (2 credit hours, clinical)	PR: NSG 752A and PR or CONC: NSG 742B. This second clinical practicum course is designed to increase the integration of basic anesthesia principles into clinical practice. The student will continue to develop skill with anesthesia monitoring, use of equipment, administration of medications, and gain greater experience in anesthesia management of uncomplicated surgical procedures and regional anesthesia in the perioperative clinical environment.
NSG 753A	Advanced Clinical Practicum 1 (2 credit hours, clinical)	PR: NSG 752B and PR or CONC: NSG 748A. This third clinical practicum integrates advanced anesthesia principles into clinical practice. The student will continue to develop competency with monitoring, use of equipment, administration of medications, and gain greater experience in anesthesia management of increasingly complex cardiac, thoracic, vascular, and neurosurgical procedures.
NSG 753B	Advanced Clinical Practicum 2 (2 credit hours, clinical)	PR: NSG 753A and PR or CONC: NSG 748B. This fourth clinical practicum continues the integration of advanced anesthesia principles into practice. The student will continue to develop competency with monitoring, use of equipment, administration of medications, and gain experience in anesthesia management including obstetric and pediatric patients.

NSG 753C	Advanced Clinical Practicum 3 (2 credit hours, clinical)	PR: NSG 753B and PR or CONC: NSG 748C. This fifth clinical practicum is designed to integrate advanced anesthesia principles with preparation for clinical immersion. The student will continue to manage general and specialty anesthetic techniques for patients with complex comorbidities and broaden experience in care of special populations.
NSG 810	Nurse Anesthesia Clinical Immersion 1 (3 credit hours, clinical)	PR: NSG 753C. This sixth clinical practicum is designed to immerse the student in advanced professional practice as a nurse anesthetist. Students develop clinical leadership skills in experiences ranging from a team-oriented academic trauma center to a community hospital with nurse anesthetists in independent practice.
NSG 812	Nurse Anesthesia Clinical Immersion 2 (3 credit hours, clinical)	PR: NSG 810. This seventh clinical practicum is designed to conclude the student's clinical immersion and marks the transition from student to advanced professional practice as a nurse anesthetist. Clinical experiences range from team-oriented, academic trauma centers to community hospitals with independent CRNA practitioners.
<b>DNP Project Courses</b>		
<b>Course #</b>	<b>Course Name</b>	<b>Course Description</b>
NSG 830 (online)	DNP Project Development (2 credit hours, didactic, Summer only)	PR: NSG 724 and PR or CONC: NSG 707 This course provides the Doctor of Nursing Practice (DNP) student with a framework for developing an evidence-based DNP Project. Types of projects include quality improvement, policy analysis, demonstration, clinical inquiry, translation of evidence-based practice, and program evaluation. The student applies principles of business, finance, economics, and health policy to address the identified problem.
NSG 831	DNP Project Implementation (Total of 3 credit hours, didactic)	PR: NSG 830. This course provides the Doctor of Nursing Practice (DNP) student with a framework for implementing and evaluating the outcomes of a proposed DNP project. The student will present a project proposal, apply for institutional approval, implement an initiative, and collect and analyze data in preparation for the DNP Project presentation.
NSG 832	DNP Project Presentation (2 credit hours, didactic)	PR: NSG 830 for 2 credits and NSG 831 for 3 credits. This course requires the Doctor of Nursing Practice (DNP) student to present the DNP project. The student will demonstrate mastery of the DNP Essentials and DNP program outcomes through a portfolio, a presentation of the project, and a manuscript describing the project.

## DNP Project

### Introduction

The DNP Project is a culmination of the knowledge gained in the DNP courses. The experience is designed to apply the breadth and depth of knowledge and skills gained within the doctoral program in a specific practice area. The final project demonstrates identification and work toward resolution of a practice problem through the scholarship of application.

In other words, the DNP Project is *not intended to test new models, develop new theory, or test hypotheses*. Rather, it is the *identification of a systems problem, and the implementation and evaluation of an evidence-based innovation or quality improvement initiative* aimed at *solving the identified problem*. Because the project involves innovation based on existing evidence, the objectives and evaluation generally focus on system change, rather than health outcomes. The rigor of the project process and evaluation should be different than, but comparable to, a PhD dissertation. For thorough and updated information on DNP projects at WVU School of Nursing, please refer to the WVU SON DNP Project Manual.

WVU NAP students may use clinical days to implement DNP projects during NSG 831 DNP Project Implementation courses according to the learning contract negotiated with each student's faculty of record (FOR). Following FOR approval, students must communicate via email with their current clinical coordinators and carbon copy the FOR to schedule implementation days for DNP projects. WVU NAP faculty may decline requests for implementation days if the requests are excessive or detrimental to the student's clinical or academic success. Students should document DNP project implementation hours in the Typhon time log under "Project Implementation" and attach a note to the entry stating the day was used "In place of clinical". Students should plan approximately 8 hours of DNP project activity to justify using an implementation day instead of clinical.

## Academic Policies

### Admissions

Qualifications to apply to the WVU DNP Nurse Anesthetist program include:

- Degree of Bachelor of Science in Nursing from a nationally-accredited nursing program and regionally accredited institution.
- Minimum nursing GPA of at least a 3.0 on a 4.0 scale.
- Cumulative GPA of a 3.0 on a 4.0 scale on all college work attempted.
- Completion of 3 credits of undergraduate statistics equivalent to WVU STAT 211 and 3 credits of health assessment with a grade of C or better prior to the first day of classes.
- GRE score within the past 5 years.
- Minimum of 1-year post-orientation, and preferably 2-3 years of current, full-time critical care experience.
  - Employment in telemetry, cardiac catheterization lab, operating room, post-anesthesia care unit, interventional radiology, or emergency department is not considered critical care experience.
- Certification in basic, advanced cardiac, and pediatric advanced life support.
- Current, unrestricted RN license. (Licensure in West Virginia will be required during the program and possibly one or more of the following states: Maryland, Ohio, and/or Pennsylvania.)

Applicants must submit official transcripts from all degree programs of attendance, a curriculum vitae/resume, 3 letters of recommendation (Professor/Faculty Member, Supervisor/Employer responsible for your annual performance review, and a professional colleague, physician or CRNA), and an application fee by the specified deadline. It is also strongly recommended that students shadow a CRNA prior to applying to the program.

Competitive applicants will be invited for an on-campus interview. Applicants will not be admitted without an interview. Admission into any graduate program is granted on a competitive basis and students meeting minimum requirements may be denied admission based on such factors as program capacity or academic discretion.

To be considered, applicants will be required to meet all WVU admission requirements in addition to program-specific admission criteria. Any student who has been dismissed from the WVU SON will not be readmitted to the program.

**Non-Degree Seeking Status**

Any student who is admitted but not yet enrolled in the DNP Nurse Anesthetist Program is eligible to take up to 12 credits at West Virginia University School of Nursing. Three of the courses must be NSG 706 Advanced Pathophysiology, NSG 724 Health Research Statistics, and NSG 739 Scientific Underpinnings of the DNP Role. If it is feasible for a student to enroll in a fourth course, the selection of that course must be done in consultation with the program director and the WVU SON academic advisor.

**Academic Advising**

Students in the program will have two advisors: a nurse anesthesia faculty advisor, whose name is found in the letter of admission, and an academic advisor from the Office of Student Services. The nurse anesthesia faculty advisor is a nurse anesthetist employed by the School of Nursing, and may be the Program Director, Assistant Program Director, or any of the core Nurse Anesthetist Program faculty. The faculty advisor meets with the student shortly after enrollment in the first course and establishes a relationship centered on the student with a focus of promoting the student's success in the program. Students will meet at least once per semester with faculty advisors to review academic progress and clinical formative and summative evaluations. When questions arise about which courses are needed, transfer credits, or a change in track or progression plan; the faculty advisor or program director are points of contact. Each semester, initial academic planning should occur with the faculty advisor prior to registration, and the technical aspects of registration should be accomplished with the academic advisor, such as course registration, dropping courses, and filing forms. Both advisors can serve as resources any time guidance is needed regarding academic plans.

Any changes in the progression plan must be processed with the Academic Advisor and sent to the Program Director. Changes in the progression plan will only be approved if space is available. Students must be sure that a correct phone number, email, and home address are on record with both the academic advisor and the Office of Student Services. If such information changes, the student must notify the academic advisor, Office of Student Services, and the Office of the University Registrar immediately.

**Registering for Courses**

Registration for courses must be done only after consulting with the faculty and academic advisor. Course offerings are listed in the Schedule of Courses, which is published each semester, typically near the middle of the semester. The Schedule of Courses is available at [WVU Office of the University Registrar](#). The most current information about course offerings and times is available on the WVU Office of the University Registrar website. Be advised that there may be days on which students are expected to come to campus for group activities related to enrolled courses. Students are notified of these dates and times on or before the first day of class by the course instructor.

Students should make and keep their own copies of all forms, documents, letters, etc. that relate to progression or academic standing in the program. Examples include registration forms, grade reports, grade modification forms, admission letters, and letters from the program director. All students enrolled in the DNP program are required to attend an on-line orientation. The date will be sent to them in a letter from the program director mailed prior to the beginning of the semester. Nurse anesthesia students will receive a face-to-face orientation to the program. A date for orientation will be communicated by email to the students prior to enrollment.

**Credit Loads**

Graduate students should plan for a minimum of one classroom hour per registered credit per week and three outside hours of preparation per registered credit per week (e.g. 11 credits = 11 classroom hours/week plus 33 outside hours/week = 44 hours/week). This rule should be taken into consideration when planning work and school time. Working while in the Nurse Anesthetist Program is not restricted, but students should consider that classroom time, outside coursework, clinical practicum, and completion of the DNP project could consume up to 60 hours per week.

**Attendance Policy and Class Participation**

Faculty believe that class attendance contributes significantly to academic success. Students are expected to attend every class and to fully participate in all course activities, including workshops, simulations, conferences, and lectures. Alternate arrangements for meeting course requirements in the event of an absence are the responsibility of the student.

**Late Assignment and Missed Exam Policy**

The student is responsible for any missed material associated with an exam or assignment. Faculty understand that exceptional circumstances occasionally occur and that exams and assignments may be unexpectedly missed. Faculty have the right to decline a student's request to make up an exam or assignment. If faculty agree to allow a student to

make up a missed exam, the student must schedule the make-up exam within 48 hours and take it within one week of the missed exam. Faculty reserve the right to administer the make-up exam in any format (i.e., essay). Without prior written approval, after 48 hours, late assignments will be assessed an automatic 20% deduction per day off of the assignment's final grade. After 5 days, the assignment score will be a zero. The student must submit all assignments to meet course outcomes even if the grade will be zero.

### **Grading Policy**

#### Grading Scale

93 – 100	A
85 – 92	B
77 – 84	C
76 and below	F

New grading policies will be implemented Fall 2022 regarding bonus points and rounding. No bonus points will be given in nursing courses, and rounding will occur at the 0.5 level on final grades only. Specific policy details will be published in the Fall 2022 Student Handbook.

### **Graduate Student Academic Progression Policy**

To progress in the graduate curriculum, a Nurse Anesthetist Program student must meet the following performance standards. Failure to meet the criteria below will result in dismissal from the program.

1. Maintain an overall academic Grade Point Average of at least 3.0 in all work attempted in the DNP Nurse Anesthetist Program. A student who falls below 3.0 after nine or more credit hours are completed in the program will be placed on academic probation and has only one semester to bring up the GPA to the 3.0 requirement. Failure to raise the cumulative GPA to 3.0 in one semester will result in dismissal from the program.
2. Earn a letter grade (A, B, C, or Pass) on all required courses. A grade of F or Fail in any course results in dismissal from the program.
3. Carry forward only one C grade in a core DNP nursing course. A second C in a core DNP nursing course will result in dismissal from the program. A student earning below a B- grade in any anesthesia specialty course must repeat the course. This means the student will fall out of progression with the current cohort and must wait until the course is offered in the next academic year.
4. Repeat only one course in the DNP Nurse Anesthetist progression plan and only one time.

If a student needs to withdraw from all courses in a semester, the student must meet with his or her faculty and academic advisors to request a Leave of Absence if he/she plans to return to course work. Students at all times are expected to demonstrate professionalism and respect for faculty, staff, preceptors, and student colleagues. If a student is dismissed from his or her clinical placement site for lack of professionalism, or if the student's behavior compromises the school's relationship with the agency, the student is subject to failure in the course and dismissal from the program. Any student who has been dismissed from the West Virginia University School of Nursing will not be readmitted to the program.

### **Withdrawal and Leave of Absence Policies**

#### **Withdrawal Policy**

Students must be continuously enrolled in School of Nursing programs in order to maintain active status. Summer term enrollment is only required if the student's program of study/progression plan is dependent on it for an on-time graduation. A withdrawal is defined as withdrawing from the program, withdrawing from all required courses in a semester, or failing to enroll in any given semester of the progression plan (see summer exception above). Students who withdraw must follow up with the advisor, who will gather information about the reason for leaving and discuss associated policies. Students who wish to return must follow the LOA policy in order to be eligible for continuation in the program. Students who do not follow this process will not be eligible for continuation or readmission at a later date.

### LOA Policy

Students may request a leave of absence (LOA) for extenuating circumstances, such as family emergencies, military duty, parental leave, or significant changes in health status. The student is required to submit the rationale and the time period for the LOA request in writing to the program director. Additional documentation may be required to clarify the circumstances for the request. If approved by the program director and Associate Dean of Academics, the student and advisor will complete the LOA form found at: [WVU Registrar LOA Form](#) (undergraduate level) or [HSC Graduate LOA Form](#) (graduate level). The student will then be required to withdraw from all nursing courses in the current semester, if applicable.

Students are encouraged to evaluate the [WVU Withdrawal Policies](#), the financial implications of the decision, the effects of the LOA on program progression, and [International Student Policies](#) as applicable.

An LOA is not equivalent to a withdrawal or a dismissal, and there are specific limitations. Students are not permitted to have more than one LOA, and each LOA is limited to one semester. If unforeseen circumstances prevent the student's return to a program following a one-semester LOA, the student may request a one-semester extension. Additional LOAs and extensions are only granted in extreme circumstances.

If a student is on an approved LOA, it is the student's responsibility to notify the advisor to schedule classes for the semester following the LOA and to seek a review of the revised progression plan. If the LOA was due to a significant change in health status, the student may be required to provide documentation from a healthcare provider that he or she is able to return to the nursing program and perform all aspects of the student role.

If a student does not return to the program during the contracted semester, it will be considered a withdrawal, and the student will not be eligible for readmission. Exceptions will be granted if required courses are not offered the semester in which the student is expected to return. Retrospective LOA requests will not be accepted.

### Writing Expectations

Graduate education requires high level writing skills. WVU School of Nursing adopted a writing plan for all graduate programs described below:

- Faculty will refuse to accept poor writing and will actively promote good writing.
- Students' writing skills will be reinforced from course to course over the curriculum.
- One writing assignment will be required in every course.
- A standard rubric to evaluate writing will be used in all courses (Appendix 1).
- Two books will be the standard writing resources for every course.
  - American Psychological Association. (2010). *Publication Manual of the American Psychological Association* (7th ed.). Washington, DC: Author.
  - Venolia, J. (2001). *Write right: A desktop digest of punctuation, grammar, and style*. (4th ed.). Berkley, CA: Ten Speed Press.
- Faculty will not allow re-writes of final submitted papers.
- If a teacher decides to accept drafts, he or she must incorporate in the syllabus expectations for the drafts and the final submissions.
- All students are encouraged to have a non-peer proofreader who is willing to critically analyze writing.
- Standard writing resources will be used to improve students' writing as follows:
  - [The Purdue Online Writing Lab \(Purdue OWL\)](#) - This includes online writing tutorials that can be used as needed.
  - [Drake University, A Writing Tutorial for Graduate Students](#) - This is a clearinghouse of writing resources that can be used as needed.

### Incomplete Grades

The grade of Incomplete (I) is a temporary grade assignment used when unforeseen, non-academic circumstances arise that prohibit students from completing the last course assignments or examinations at the end of the semester. For more detailed information, see:

[http://catalog.wvu.edu/graduate/advisingcoursesdegrees/advising\\_and\\_evaluation/#Incompletes](http://catalog.wvu.edu/graduate/advisingcoursesdegrees/advising_and_evaluation/#Incompletes)).

### Transfer of Course Work

Twelve (12) semester credits of core course work with a grade of B or better may be transferred from institutions accredited at the graduate level with permission of the Associate Dean of Academics. Courses for transfer will be evaluated for equivalency by the program director and appropriate graduate faculty. Please note that the WVU Nurse Anesthetist Program may not accept transfer credits due to the structured, sequential nature of the progression plan. A student wishing to transfer credit from another institution must confer with his or her academic advisor and obtain a

transfer of graduate credit form from the WVU SON Office of Student Services. This form requires the signature of the Nurse Anesthetist Program Director. The student should provide information about the course for transfer including:

- Name of the institution with address and zip code,
- Course number and the name,
- Course descriptions and syllabi as published by that institution, including the WVU course it replaces or the requirement it meets.

### **Degree Requirements**

The following requirements must be met for graduation:

- Remove all provisions
- Complete all required semester credit hours
- Remove all conditions, deficiencies, and incomplete grades
- Register for course work during the semester graduating. Note: Course work to complete an Incomplete or I-grade does not meet degree requirements for graduation. Registration in the final semester must include other course work.
- Complete and document all clinical cases and continuing education hours in the Typhon case tracking and time logs
- For the DNP, make sure that all DNP Essentials have been met via the Clinical Immersion experience and the Final Project.

### **Graduation**

A checklist of requirements for graduation must be signed by the student's Academic and Faculty Advisors. It is essential that students meet with their Academic Advisor each semester throughout the Program to discuss progression and graduation requirements so that all requirements are met by the time of graduation. Once all requirements are met, the student must submit an [Application for Graduation](#).

### **WVU Student ID Card**

Students who wish to obtain a WVU Student Identification card must pay the special fees included in their tuition and fees invoice. To get the ID card, take a copy of the paid invoice to the Student ID Office in the Mountainair on the Morgantown Downtown Campus. The personnel there will validate the invoice and take a picture. The cards are usually ready in five to seven working days. Students must have a valid photo ID when picking up the card. For information on obtaining a photo ID call 304-293-2273. For a non-photo student ID email [wvucard@mail.wvu.edu](mailto:wvucard@mail.wvu.edu).

### **Responsible Conduct of Research**

All graduate students are responsible for completing the Responsible Conduct of Research course at WVU within 30 days of matriculation into graduate coursework. Students will receive notice of this requirement during the orientation to the DNP Nurse Anesthetist Program SOLE site.

### **Self-Evaluation Examination (SEE)**

The SEE will be required to be taken by all students approximately one year before the end of the program. Results of the SEE will guide faculty in advising students toward success on the National Certification Examination (NCE) after graduation. Information about the SEE may be found at [NBCRNA SEE](#).

## Student Nurse Anesthetist Clinical Information and Requirements

### Clinical Time Commitment

Each student will complete a minimum of 600 cases and 2,000 hours of anesthesia administration, as required by the COA Standards and Guidelines (Appendix 4). Clinical experience does not follow the West Virginia University academic calendar. Students are assigned to clinical practice on non-class days during the semester and 5 days/week (or the equivalent) during semester breaks. Operating room schedules are conducted at clinical sites Monday thru Friday, while additional elective and emergency procedures are performed in selected clinical sites at any time seven days a week, twenty-four hours a day. Student clinical schedules are arranged to maximize clinical experience at all institutions and will include weekend, evening, and night rotations when available.

Clinical rotation assignments will be posted in SOLE. The last day of clinical rotations will always be the last Friday of the month preceding the next rotation. The next clinical rotation will begin on the next eligible clinical day.

Students will complete 7 clinical practica, which may consist of more than one clinical rotation or site. The first 2 clinical practica, NSG 752A and 752B, will include rotations through sites where students administer basic general and regional anesthetics to patients with simpler comorbid conditions. As semesters progress through the next 3 clinical practica, NSG 753 A, B, and C, assignments will incorporate more complex procedures and patients who have more complex comorbidities. Specialty rotations through these courses include cardiac, neurosurgical intracranial/complex spine, pediatric, and obstetric cases. Requests for specific clinical assignments will not be accepted for the specialty rotations. The final 2 clinical practica, NSG 810 and 812, are immersive experiences in which the student fulfills clinical requirements and develops options and interests for future clinical practice.

Students may submit preferences for distant rotations including southern and eastern West Virginia, western Maryland, southeastern Ohio, and southwestern Pennsylvania. Meeting COA and Nurse Anesthetist Program case requirements will always take precedence over student requests. Requests will be submitted to the Nurse Anesthetist Program Clinical Placement Coordinator who will provide request guidelines prior to the first clinical schedule assignment. Extenuating circumstances that impact clinical scheduling must be submitted to the faculty advisor and the Clinical Placement Coordinator in advance.

Students are required to review clinical site information and policies prior to every rotation. All students are required to submit credentialing information, flu shot verification, and any other documents requested by the clinical site. Students must comply with credentialing requirements of the clinical site to which they are assigned. Failure to do so will result in not being able to attend clinical and may result in a failing clinical grade.

### Clinical Coordinator

The clinical coordinator is a nurse anesthetist in practice at each clinical site appointed by the Nurse Anesthetist Program director to oversee the clinical experiences of students. The qualifications and duties are as follows:

1. Active, practicing, credentialed CRNA or physician.
2. Experienced in the delivery and management of anesthesia care.
3. Minimum of a master's degree (CRNAs).

The clinical coordinator will:

1. Serve as the site resource person for implementation of the clinical practicum of the Nurse Anesthetist Program.
2. Provide students with a comprehensive orientation to the clinical site including but not limited to:
  - a. Physical plant overview
  - b. Emergency equipment and procedure
  - c. Phone and paging system
  - d. Rotation expectations of student performance/responsibility
  - e. Overview of relevant departmental/hospital policies including controlled substances and key safety policies
3. Facilitate assignment of nurse anesthesia students to a variety of clinical experiences that are appropriate to the student's level of experience and meet certification requirements.
4. Make recommendations regarding the assignment of supervisory personnel to the students.
5. Review student evaluations and management plans.
6. Counsel students as necessary.



7. Function as a resource person for students.
8. Serve as a liaison between the Nurse Anesthetist Program and the clinical faculty and relay important information between the program and the clinical site.
9. Function as a member of the Community Advisory Council of the Nurse Anesthetist Program and attend quarterly meetings.
10. Encourage the clinical faculty to complete daily student evaluations.
11. Complete written summary evaluations of the students' clinical progress following consultation with the anesthesiologists and CRNAs of the anesthesia department at the conclusion of each rotation. However, program faculty of the WVU SON will assign the final grades for all clinical practica.
12. Conduct interim and summary conferences with each student to discuss the student's progress including strengths and weaknesses.
13. Submit student evaluations and other required paperwork to the program according to Nurse Anesthetist Program guidelines. Evaluations must be submitted to the program electronically to a Qualtrics database or in a sealed envelope, either hand-delivered or postal-mailed. Email of evaluations is not permitted.
14. Monitor and assure compliance of the facility with the COA Standards and Guidelines for Nurse Anesthesia Educational Programs. The clinical coordinator will discuss issues relating to compliance with program faculty.
15. Maintain files of appropriate student records and store files in a location where confidentiality is secured.
16. Maintain student confidentiality in accordance with Program, School, University and federal guidelines (FERPA).

### **Clinical Scheduling**

Students are to report for orientation on the first clinical day of a new rotation at the time and location specified unless prior arrangements were made with the clinical coordinator and approved by the program director or designee. The agenda for the orientation day will be determined by each clinical coordinator. No time off will be granted on an orientation day for a new clinical site or when beginning a specialty rotation.

Clinical days are scheduled by the clinical coordinator to accommodate didactic schedules and other program requirements throughout the semesters and 5 days per week during semester breaks. Changing clinical times or scheduled clinical days must have the approval of the clinical coordinator and/or program faculty when applicable. Under no circumstances will clinical schedules be designed to accommodate outside employment activities. Students are responsible for verifying that any requested schedule changes appear on the schedule posted at the rotation site.

Students are responsible for obtaining clinical assignments the preceding day (as per each rotation site guidelines) and preparing for the clinical experience. Students may be required to perform preoperative visits on in-patients despite non-clinical time the preceding day. Students must arrive in the operating room in sufficient time to completely prepare for the administration of anesthesia of the assigned cases. Students are not to expect the ancillary support personnel to prepare the anesthesia environment.

Students are expected to finish each case, even if the case extends beyond 3:00 pm. However, students may be released from the clinical site by the clinical coordinator or their designee. Occasionally, the supervising CRNA, MD, or clinical coordinator may require that students remain at the clinical site for unusual or exceptional learning experiences. Compensatory time off can be awarded by the clinical coordinator if deemed appropriate. Total clinical hours within a rotation will be determined by the clinical coordinator in consultation with Nurse Anesthetist Program faculty. If students are unassigned, or have completed their assigned scheduled cases, re-assignment is at the discretion of the clinical coordinator or site scheduler/assignment coordinator (MD or CRNA).

Students may schedule extra clinical days only after all regularly scheduled students have case assignments. These extra clinical days cannot be used to replace regularly scheduled days, replace ill days, or provide extra days off. In accordance with COA Standards, total time per week (including classroom time) may not exceed 64 hours.

### **Alternative Scheduling**

When scheduled for alternative hours, off shift, in-hospital call, or outside the hospital call; students are to report to the charge CRNA/MD or clinical coordinator for the assignment and prior to leaving the site at the end of the experience. Weekday, weekend, and beeper call may be scheduled at the discretion of clinical coordinators. Students in specialty rotations who have completed sufficient clinical experience and have successfully met course objectives for the semester may be assigned to or may request call experiences.

Students assigned a call shift may receive compensatory time off as appropriate. Compensatory time off is assigned only at the discretion of the clinical coordinator in consultation with program faculty. The scheduling of extended hour

shifts may only be done in consultation with the clinical coordinator and the program director. No student may be scheduled for a regular shift exceeding 12 hours. Students must have a 10-hour rest period between scheduled clinical shifts.

### **Clinical Supervision of Student Nurse Anesthetists**

Clinical experience at each of the rotation sites is unique. Students will be assigned in the clinical area by the person responsible for scheduling personnel to cases in each particular institution. The degree of responsibility and autonomy should be relative to the student's length of time in the program, the physical status of the patient, and the complexity of the procedure. Opportunities for advanced clinical experiences or increased autonomy will be contingent upon student performance, demonstrated capabilities, and knowledge base as agreed upon by the program director, the clinical coordinator, and attending anesthesiologists. Direct supervision will be provided by a credentialed preceptor (CRNA or anesthesiologist). The preceptor must be immediately available at all times in the anesthetizing area (OR suite) when the student is managing the anesthetic.

If a student participates in a clinical experience in a nonanesthetizing area, the WVU NAP restricts clinical supervision in nonanesthetizing areas to credentialed experts who are authorized to assume responsibility for the student. For example, if a student spends a clinical day with a perfusionist to learn management during cardiopulmonary bypass, the perfusionist must be credentialed by the facility and understands that he or she is assuming responsibility for the student.

No more than two students may be concurrently supervised by a single preceptor (CRNA or anesthesiologist). Graduate registered nurse anesthetists (GRNAs), anesthesiology residents, and anesthesiologist assistants (AA) may not be responsible for the instruction or direct clinical supervision of a student. GRNAs, residents, and AAs are permitted to assist students during clinical care as long as a CRNA or attending MD is immediately available to provide the required direct supervision.

### **Clinical Assignments and Student Responsibilities**

Every attempt will be made to complete assignment schedules on the afternoon prior to the clinical experience day in order for students to prepare adequately for the experience. Responsibilities in preparing for clinical experiences are specific to the clinical institution and these policies and will be discussed during the orientation. Students are responsible for:

- Obtaining a patient assignment prior to the clinical day
- Performing a preoperative patient interview/assessment on all available cases
- Preparing a comprehensive, individualized anesthetic management plan for every clinical case with a written plan due for one case/day unless otherwise directed by program faculty
- Preparing in advance for all patients to whom they are assigned to administer anesthesia as per the COA Outcome Criteria
- Discussing the plan of care with both the supervising CRNA and/or Anesthesiologist
- Implementing an appropriate plan of care
- Performing a postoperative patient evaluation on all cases as appropriate
- Documenting all case information, time logs, and required evaluations in the Typhon Nurse Anesthesia Student Tracking (NAST) system.

### **Clinical Experience Data Entry**

Students are required by the COA to maintain a record of clinical experiences. The Nurse Anesthetist Program requires submission of all case data and time logs to be performed electronically using the Typhon Group NAST System. Students are given detailed, current instructions on this system and its requirements during the third semester. Students are responsible for following these directives and failure to comply will result in removal from clinical. All clinical case records and time information are to be submitted within 48 hours. Information entered into a handheld device must be uploaded to the main system within the 48-hour guideline. Failure to submit clinical and time information in a timely and accurate manner may result in a disciplinary action or a failing grade for the clinical practicum.

### **Management Plans**

Students are required to prepare in advance for the administration of anesthesia including knowledge of the patient pathophysiology, surgical procedure, and potential complications. Failure to prepare for clinical assignments is grounds for removal from the clinical area. Each clinical site will review procedures and expectations for obtaining clinical assignments during orientation to the site.

The COA requires students to complete a written or verbal management plan for every patient. The clinical site coordinators have the right to require additional written plans for specific types of cases. Students must submit the plans for required cases regardless of the semester in the program. Management plan requirements specific to rotation sites will be discussed with students during orientation to the site. Compliance with this program requirement will be monitored and an inadequate number or quality of management plans can result in clinical failure for the rotation.

### **Infection Control**

Students are required to follow hand hygiene, infectious disease, and OSHA bloodborne pathogen standards in all clinical areas. Surgical care improvement protocols (SCIP) and other patient safety and patient care standards established by each institution must be completed in accordance with site policy. Re-use of single use medical devices, syringes, and multi-dose vials between patients is prohibited.

### **Health Insurance Portability and Accountability Act (HIPAA)**

All students enrolled in the West Virginia University School of Nursing Graduate Program are required to provide verification or complete training on the Federal Law – Health Insurance Portability and Accountability Act (HIPAA). See the Precheck Documentation Policy. Students must maintain patient confidentiality and adhere to HIPAA guidelines at all times.

### **Criminal Background and Immunizations**

Clinical facilities require that students are fit for duty in their facilities. To that end, all students are required to complete the immunization and criminal background requirements upon admission and throughout the program. The Nurse Anesthetist Program and WVU SON utilize a third party, PreCheck, to manage this information and documentation. See the PreCheck Documentation Policy. Felony convictions, some serious misdemeanors, and positive drug screens may preclude participation in clinical rotations and completion of the program. This may also result in admission ineligibility or program dismissal. Students will be required to complete a Statement of Criminal Record form each semester of enrollment to indicate any changes that may have occurred related to the criminal record. Students who are charged with or convicted of a crime may be subject to dismissal, suspension, or lesser disciplinary sanctions. **Students who experience a “citation” or “arrest” while enrolled in the nursing program must notify the SON Office of Student Affairs within 24 hours of the citation or arrest.**

### **PreCheck Documentation Policy**

All students must submit and verify approval of immunizations, immunity, compliance with clinical requirements, and other important documentation in order to safeguard students and protect patients in the clinical setting.

Students are required to purchase a PreCheck account, and the student is responsible for maintaining the current information in the PreCheck account, including items that must be maintained continuously or that expire as outlined below. Students are responsible for checking all relevant email accounts to verify that the submission was approved. If there are any unresolved issues or extenuating circumstances, it is the student’s responsibility to contact PreCheck and/or the program director prior to the deadline. **Students must exhibit compliance prior to the beginning of each semester (Jan. 1 for spring, May 1 for summer, and Aug. 1 for fall). Students noncompliant on the first day of classes each semester will be dropped from nursing courses and will only have add/drop week to remedy documentation errors and re-register for the course.**

Graduate nursing students are required to maintain and document active unencumbered RN licensure. APRN certification maintenance and documentation is also required for those who are in programs that require it for admission. Students must immediately report any event or circumstance that could impact the status of continued RN licensure or APRN certification. Failure to do so or allowing a license or certification to expire would result in dismissal from the program.

The following documents are required for admission and progression in the DNP Nurse Anesthetist Program. Official documentation is from a physician, health clinic, etc.

- Signed student handbook signature page (upon admission, annual)
- Proof of RN licensure and APRN certification (upon admission and annually prior to license expiration)
- Criminal background check (See Background Check Policy)(upon admission only)

- Completed Statement of Criminal Record Form (each semester)
- Current American Heart Association BLS, ACLS, and PALS certification for adult, child, and infant (upon admission and before subsequent certification expiration)
- Urine drug screen (See Drug and Alcohol Screening Policy)(within one month prior to matriculation and annually)
- HIPAA training completion certificate (found in SOLE)(upon admission and annually)
- Official documentation of tetanus and pertussis immunization within the last 10 years
- Official documentation of varicella vaccine (2 doses)
  - If there is only documentation of “history of disease,” a varicella titer is required. If that titer is negative, documentation of 2 doses of varicella vaccine are required.
- Official documentation of initial immunization and booster for MMR (2 doses)
- Official documentation of a complete Hepatitis B series (3 doses) **and** positive Hep. B titer
  - A negative Hepatitis B antibody titer indicates lack of immunity, and a repeat series is required, followed by a repeat titer. If after 2 full series of Hep. B vaccines, the titer is still negative, the student will be considered a non-responder, and immunity will be presumed.
- Official documentation of the PPD within the past year or a current two-step PPD
  - If there is documentation of BCG vaccine or a previous positive PPD, then a serum Quantiferon Gold test will be accepted. (upon admission only)
- Official documentation of an influenza vaccine (annual, November 1 deadline)
- Documentation of health insurance

#### Waivers

Any student who declines immunizations for religious or other reasons is required to sign a waiver. Even if a waiver is signed, lack of immunization/immunity to the above communicable diseases will likely prevent a student from participating in required clinical experiences, and, therefore, may prevent a student from being admitted to the nursing

#### Student Health Insurance and Responsibility for Medical Expenses

Students must have health insurance while they are enrolled in the WVU School of Nursing. Health insurance is available through Student Health for students who are enrolled in 6 or more credits. Students who have private health insurance can apply for a waiver of insurance coverage through WVU. Visit the online [Waiver Application webpage](#) to show proof of insurance and opt out of the WVU sponsored health insurance plan.

#### Maintenance of RN Licensure

All DNP students are required to maintain RN licensure in states in which they will participate in clinical practica during enrollment in the Nurse Anesthetist Program. RN licensure is documented in Precheck. See the Precheck Documentation Policy. If the student’s RN license lapses or becomes encumbered due to a disciplinary action, the student will be dismissed from the program. All students are required to maintain West Virginia Registered Nurse (RN) licensure while a student in the WVU Nurse Anesthetist Program. Licensure may be required at the student’s expense for other states where clinical rotations are assigned.

#### Tuition and Transportation

Students pay tuition and fees shown in the WVU Health Sciences Center Catalog, plus special fees and deposits as required. Tuition and fees (Appendix 4) are subject to change without notice. Students' expenses vary widely according to their individual course of study. Students are expected to provide their own transportation, equipment, and instruments for the clinical courses. Some clinical experiences require the student to travel in a multi-county area. Students are responsible for providing and funding their own transportation to all clinical sites.

#### Financial Aid

Financial aid may not be available every semester depending on the individual progression plan and number of credits taken. For applications and information concerning forms of financial assistance available to students, contact:

HSC Financial Aid Office  
 Health Sciences North  
 PO Box 9810  
 Morgantown, WV 26506-9810  
 Telephone (304) 293-3706

**Housing at Clinical Sites**

Housing is available at variable rates at all clinical sites. Any sites that require payment for housing is the responsibility of the student.

**Listing of Clinical Sites**

1. **West Virginia University Hospital-J.W. Ruby Memorial Hospital (Morgantown, WV)** is the flagship clinical site of the West Virginia University Nurse Anesthetist Program. Over 35,000 anesthetics are performed in 3 distinct OR locations. Five North is the inpatient OR where orthopedic knees and hips, thoracic, neurosurgical, general surgery, and bariatric cases are performed. Day-surgery and minor procedures are done on 2 West including many pediatric, ENT, orthopedic shoulders, gynecologic, urologic, and gastroenterology. Two Southeast is the OR for the Heart and Vascular Institute where over 1100 procedures are done every year. Bypass cardiac cases include CABG, valve replacement, and MAZE procedures. Minimally invasive transaortic valve replacements (TAVR), endovascular aortic aneurysm repairs, and other major vascular procedures are included among the HVI cases. The site has a robust in-service schedule for all employees and trainees to attend.
2. **Monongalia General Hospital (Morgantown, WVU)** is situated less than a mile from Ruby. The staff of the anesthesia department provide over 15,000 anesthetics per year. Students encounter a variety of specialty cases including thoracic, cardiac, and obstetrics.
3. **United Hospital Center (Bridgeport, WV)** is 35 miles south of Morgantown. Included among 24,000 cases per year, thoracic, pediatric, general and obstetric cases are available at UHC. Student nurse anesthetists will gain experience in general and regional anesthesia, including spinals, epidurals, and peripheral nerve blocks.
4. **Berkeley Medical Center (Martinsburg, WV)** is 150 miles from Morgantown and offers over 6800 anesthetics per year. Students manage anesthetics for general, pediatric, orthopedic, and neurosurgical spine cases at this site. The obstetric service is largely managed by CRNAs and provides care for approximately 120 obstetric cases per month. Students will have the opportunity for an in-house, overnight call shift at this site.
5. **Cabell Huntington Hospital (Huntington, WV)** is 207 miles from Morgantown and provides about 12,000 anesthetics per year. Students manage anesthetics for intracranial, thoracic, pediatric, and obstetric cases.
6. **Camden Clark Medical Center (Parkersburg, WV)** is 150 miles from Morgantown and is a site at which over 13,000 cases are performed per year. Students manage anesthetics for intracranial, thoracic, pediatric, and obstetric cases.
7. **Conemaugh Memorial Medical Center (Johnstown, PA)** is 88 miles from Morgantown and requires a student to have a PA nursing license. CMMC anesthesia staff provide over 13,000 general and regional anesthetics per year in general, thoracic, intracranial, cardiovascular, and obstetric surgeries.
8. **Garrett Regional Medical Center (Oakland, MD)** is 54 miles from Morgantown and provides services to over 5000 patients per year. Students gain experience with general, orthopedics, pediatric, and regional anesthesia in a community hospital.
9. **Jefferson Medical Center (Ranson, WV)** is 168 miles from Morgantown. It is a CRNA-only site in which CRNAs work in cooperation with the surgeon, providing over 2400 anesthetics per year. Students care for adult and pediatric patients undergoing orthopedic and general surgical procedures.
10. **Marietta Memorial Hospital (Marietta, OH)** is 120 miles from Morgantown. Students have the opportunity to participate in approximately 27,000 anesthetics for specialty cases including liver resections, pediatrics, obstetric, and occasional intracranial cases. This site will help the student reach clinical numbers for regional blocks including spinals, TAP blocks, and new strategies for decreasing opioid use in the operating room.
11. **Raleigh General Hospital (Beckley, WV)** is 173 miles from Morgantown. Students provide general and regional anesthesia at a site that sees approximately 6000 adult and pediatric patients per year undergoing general, orthopedic, intrathoracic, and obstetric procedures.
12. **St. Mary's Medical Center (Huntington, WV)** is 207 miles from Morgantown. At a site providing care to around 12,000 patients per year, students provide general and regional anesthesia for adult intracranial, thoracic, cardiac, pediatric, and obstetric cases.
13. **Stonewall Jackson Memorial Hospital (Weston, WV)** is 60 miles from Morgantown and provides clinical experiences with CRNAs who practice independently. Over 2000 basic orthopedic, general, and pediatric cases are performed at this site every year.
14. **Summersville Regional Medical Center (Summersville, WV)** is 124 miles from Morgantown. This site provides an experience with CRNAs who practice independently. Over 2000 basic orthopedic, general, and pediatric cases are done at this site every year.
15. **Western Maryland Health System (Cumberland, MD)** is 75 miles from Morgantown. The site provides over 6000 cases per year in care to its population. Students experience a variety of routine and specialty cases including thoracic, cardiac, pediatric, and obstetric cases. This site will help the student reach clinical numbers for regional blocks.

## Community Advisory Council (CAC)

Membership on the Community Advisory Council (CAC) is by invitation from the Nurse Anesthetist Program director in accordance with the guidelines of the COA. The CAC is comprised of the Nurse Anesthetist Program faculty, clinical coordinators, assistant clinical coordinators, and student representatives elected by each class. A complete listing of CAC members is maintained by the program director. Confidentiality of student information is required from each member of the CAC.

The purpose of the CAC is to provide stakeholders of the West Virginia University Nurse Anesthetist Program a regular opportunity to:

1. Review information and issues relevant to the academic and clinical experience of students, including:
  - a. Student clinical schedules
  - b. Admissions
  - c. Program policies and guidelines
  - d. Academic curriculum
  - e. Council on Accreditation (COA) requirements for students and programs
2. Provide information to the Nurse Anesthetist Program and other clinical sites.
3. Participate in the Nurse Anesthetist Program through a process of discussion and deliberation. Recommendations by the CAC will be used to establish short- and long-term goals for the Nurse Anesthetist Program.
4. CAC members, excluding student representatives and guests, will report on individual student clinical progress, assist with problem identification, review relevant SON policy regarding clinical performance, and make recommendations for development of performance improvement and remediation goals.

### CAC Meetings

Meetings are scheduled once each academic semester. Date and time of meetings will be determined for the year by the Nurse Anesthetist Program and will be communicated to members electronically. All CAC members are strongly encouraged to attend. Clinical coordinators are expected to communicate student progress information to the faculty in advance of the meeting if unable to attend. Agenda items should be submitted in writing to the program director in advance of the meeting. The agenda, announcements, and minutes from the prior meeting will be distributed prior to the meeting.

## Technology Requirements for Delivering Graduate Program Courses

The graduate programs at WVU make use of the latest in technological advances. Students will need to have access to appropriate hardware, software, and systems to be successful. The following is a guide and recommendations for technology.

### WVU Student Email System

All students in the University have access to email through the Mobile Friendly App [portal.wvu.edu](http://portal.wvu.edu). where information about the Mountaineer Information Express (MIX) system is found. Students must use this email system for all graduate program coursework and any WVU SON communication. No other email addresses will be used by faculty or administrators to contact students regarding course-related or program information. Students can access MIX from any computer where there is internet access or from [portal.wvu.edu](http://portal.wvu.edu). A username and password is required.

All students are assigned a WVUID number, username, and account. Please follow the steps below to claim the WVUID username and account:

Find WVUID:

1. Go to [Look Up WVUID](#)
2. Under Alternate WVUID Lookup, enter your date of birth, then select "Social Security Number from the ID Type" drop down box and enter your SS#, and
3. Click Look Up.
4. Write down your WVUID number and memorize it!

Claim WVUID Account:

1. Go to [Claim Account](#) and click the Claim Account button,

2. Enter your name and date of birth,
3. In the ID Type drop-down field, select WVUID and enter your 9-digit WVU ID number,
4. Answer the validation question,
5. Read and accept the Annual Security Responsibility Statement,
6. Choose if you would like to extend your password from 90 to 180 days and complete the instructions listed,
7. Select three different security questions,
8. Create a password, and
9. Write down and memorize your username and password. You will use this for all WVU logins unless otherwise instructed.

Students should access MIX as soon as possible. Faculty and advisors will send important information through this account. Students are requested to check email daily and be accountable for any information found in the MIX email. The MIX homepage has a great tutorial that should be completed before classes begin.

### **Distance Course Delivery**

Courses taken in the graduate program will be delivered via distance education technologies using the SOLE (Study, Observe, Learn, Engage) platform for course deliveries. Technologies used within SOLE include Blackboard Collaborate, Camtasia, and Mediasite Live webcast.

### **SOLE (Study, Observe, Learn, Engage)**

SOLE is the WVU Health Sciences Center's portal for online education and information. It is a web-based tool for students to access courses and for instructors to build and maintain those courses. SOLE was developed by HSC Information Technology Services as an open-ended system for online course development and management with a single-login and user-friendly environment. Login to SOLE at [SOLE Login](#) using your WVUID username and password. Students are expected to check SOLE courses and mix e-mail on at least a daily basis. If assistance is needed with SOLE, go to the [SOLE support](#) page.

### **Blackboard Collaborate Ultra**

Blackboard Collaborate delivers synchronous real-time online classes. To begin, log into the SOLE home page of each course with links to the Collaborate sessions. Students are active participants in the Collaborate sessions, discussing issues using a microphone or answering live poll questions. Because exchange of ideas is an important function of University education, students are required to be present for these real-time Collaborate sessions, unless otherwise instructed by faculty.

### **Computer Specifications**

Supported Browsers and Operating systems for SOLE and Collaborate are available at this [SOLE Supported Browsers page](#). SOLE support has recommended computer specifications for PC, MAC, hardware, software, modem, Ethernet adapter, and other devices also at [Are you SOLE Ready?](#) Students who use MAC computers have reported problems engaging in the learning environment.

### **Internet Standards**

An internet connection is required for online course participation along with a soundcard with microphone and a headset, instead of external speakers. Students must complete the Audio Wizard as soon as possible to be sure that the computer supports Collaborate. The wizard should be completed on every computer to access coursework. The audio wizard must be repeated each time Collaborate is accessed. High speed internet access through a cable modem, DSL, or satellite is required.

### **Software Requirements**

Microsoft Office (includes Word, Excel, Power Point, and Outlook) is required for all West Virginia University School of Nursing coursework. The software is preloaded on the computers of students participating in the laptop program.

### **Webcast**

Webcast technology is used for the asynchronous lectures that are viewed from a remote class location. Webcast uses web-based streaming video and synchronized multimedia presentation. The West Virginia University School of Nursing has adopted webcast technology to deliver some of core graduate nursing content.

**Computer Help Desk Contact Information:**

Phone: 304-293-4444  
 Toll Free: 877-327-9260  
 Help Desk Email:  
[ITSHelp@mail.wvu.edu](mailto:ITSHelp@mail.wvu.edu)

**Computer Help Desk Hours:**

Monday-Thursday:	7:30 am-10:00 pm
Friday:	7:30 am-8:00 pm
Saturday:	10:00 am-5:00 pm
Sunday:	10:00 am-10:00 pm

For problems any time during online coursework, students should contact the Help Desk and not call the instructor for help with technical problems. Prior to calling the help desk, determine the version of Internet Explorer and Microsoft media player installed on the computer, and be prepared to identify the online delivery system (i.e. Collaborate, Webcast).

**Computer skills**

It is expected that students be familiar with operating and using electronic technology. The skills of word processing on Microsoft Word, database utilization, internet competence, and email know-how, including the use of attachments, are essential to course work in the graduate program. It is an expectation that students are proficient with these computer skills. We recommend you visit the [Office 365 Training Center](#) for online tutorials to help with Microsoft Office product use. For update with general computer skills, students may consult the following book:

Joos, I., Nelson, R., and Smith, M., (2010). *Introduction to computers for health care professionals*, 5<sup>th</sup> Edition. MA: Jones and Bartlett Learning.

**Morgantown Computer Lab**

The Health Sciences Center Computer Based Learning Center (CBLC) offers a computer lab on the 2nd floor of Health Sciences Center South. The lab contains both PC and Macintosh computers. The computers are supported by a local area network that provides internet access.

**Student Participation in Online Courses**

Students in online courses have the professional responsibility to devote their full attention to the class while it is in session, just as they would in a traditional classroom setting. Students may not attend an online class session while responsible for patient care in the workplace. If a student is permitted by an employer to participate in an online course during working hours, he or she must do so away from the clinical setting and only after being completely relieved of patient responsibilities. Students will not be permitted to make up course work or testing that is missed if called back to the workplace.

**Technical Standards**

Students admitted to the School of Nursing are expected to be able to complete curriculum requirements which include physical, cognitive, and behavioral skills that are essential to the functions of the advanced practice professional nurse. Any student who thinks he/she does not possess one or more of the following skills should seek assistance from an academic counselor or faculty advisor and the WVU Office of Disability Services concerning any flexibility in program requirements, and possible accommodation through technical aids and assistance.

Students in the Graduate Program must have somatic sensation and the functional use of the senses of vision and hearing. Students' assessment skills will be lessened without the functional use of the senses of equilibrium, smell, and taste. Additionally, they must have sufficient exteroceptive sense (touch, pain, and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis, and vibratory) and sufficient motor function to permit them to carry out the activities listed in the sections that follow.

Students in the DNP program must have abilities and skills of five varieties including observation, communication, motor, conceptual, including integrative and quantitative; and behavioral and social. Technological compensation can be made for some disabilities in certain of these areas, but a student should be able to perform in a reasonably independent manner. The five abilities and skills are:

- I. **Observation:** The student must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A student must be able to



observe a client accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

- II. **Communication:** A student should be able to speak, to hear, and to observe clients in order to elicit information, describe changes in mood, activity and posture, and perceive non-verbal communications. A student must be able to communicate effectively and sensitively with clients. Communication includes not only speech but reading and writing. The student needs to be able to communicate effectively and efficiently in oral and written form with clients, families, peers, and other members of the health care team.
- III. **Motor:** Students should have sufficient motor function to elicit information from clients by palpation, auscultation, percussion, and other assessment maneuvers. A student should be able to execute motor movements reasonably required to perform general care and emergency treatment of clients. Examples of emergency treatment reasonably required are cardiopulmonary resuscitation, the administration of certain medications, and the manipulation of life support devices. Such actions require coordination of both gross and fine muscular movements, equilibrium, functional use of the senses of touch and vision, and the ability to think critically.
- IV. **Intellectual-Conceptual, Integrative and Quantitative Abilities:** These abilities include measurement, calculation, reasoning, analysis and synthesis. Critical thinking and problem-solving skills demanded of nurses require all of these intellectual abilities.
- V. **Behavioral and Social Attributes:** A student must possess the emotional health required for full utilization of his/her prompt completion of all responsibilities attendant to the care of patients; and the development of mature, sensitive, and effective relationships with patients.

If any change occurs in the student's ability to perform these skills, the Associate Dean for Academics must be notified. The student will be required to provide documentation from a health care provider noting any restrictions or necessary accommodations.

## Conduct Policies

### **American Association of Nurse Anesthetists Code of Ethics (AANA): 2018**

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

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

Each student must sign an acknowledgement of the [AANA Code of Ethics](#) as an assignment in the NAP SOLE site, see Appendix 5.

### **Academic Integrity Statement**

It is the desire of the SON faculty to create and foster a positive learning environment that promotes professionalism, integrity, and mutual trust. The WVU SON follows the [WVU Policy on Student Academic Integrity](#). In addition, students can find detailed information about the SON procedures for academic dishonesty charges, outcomes, sanctions, and appeals in the appeal policy in the program's [student handbook](#).

It is important that instructors and students adhere to rigorous standards of academic integrity in all aspects and on all assignments and coursework to maintain the integrity of the education provided and ensure the validity of student assessment. In addition, RN licensure and safe nursing practice require that students exhibit characteristics of good moral character, including honesty and integrity. Studies have suggested that students who are dishonest in the academic setting are more likely to engage in those behaviors in the work environment (LaDuke, 2013) and the clinical setting (Kreuger, 2014).

**All forms of academic dishonesty are prohibited.** Nursing students are expected to act with integrity and honesty in all didactic and clinical settings, regardless of the nature of the assignment or activity or percentage weight toward course grade. For example, the SON places as high an expectation on academic integrity for quizzes and short discussion board writing submissions as it does for exams or end-of-semester papers.

WVU defines academic dishonesty in its policy referenced above and includes any dishonest act during didactic or clinical activities that violates professional nursing standards. Such standards can be found in the American Nurses Association ([ANA Code of Ethics](#) (2015) and the [ANA Scope and Standards of Practice](#) (2015). Specific examples of academic dishonesty in nursing programs include, but are not limited to:

- Engaging in any act which may give an unearned advantage in a student's evaluation or performance
- Manipulating, altering, or destroying another student's academic work or faculty material
- Using the ideas, language, or work of another without permission and acknowledgement
- Allowing someone to or paying someone to complete an assignment or portion of an assignment to be submitted as your own
- Facilitating academic dishonesty
- Asking someone to commit dishonest acts
- Altering or misrepresenting data
- Lying or committing fraud or forgery
- Adjusting or falsifying clinical or service hours
- Entering assessment data not observed or falsifying medical records or clinical documents
- Using unauthorized resources to complete assigned work
- Engaging in unauthorized collaboration
- Accessing potential test questions by any means or discussing tested or evaluated materials with other students
- Committing plagiarism (copying and pasting someone else's words, omitting sources or quotation marks, reusing your own work for multiple assignments or courses without authorization, and replacing another person's key words with synonyms while maintaining the original structure)

Students are strongly encouraged to ask a faculty member or administrator if they are unsure if a practice would be considered academic dishonesty prior to engaging in that practice. Students and faculty are expected to model the highest professional standards and to report possible instances of academic dishonesty.

Academic dishonesty in a nursing program may result in course failure and/or program dismissal. A list of possible sanctions can be found in the [WVU Policy on Student Academic Integrity](#), and sanctions range from a change in course grade to university expulsion.

Any questions about professional standards or policies may be directed to the instructor, program director, or associate dean of academics.

Kreuger, L. (2014). Academic dishonesty among nursing students. *Journal of Nursing Education*, 53(2), 77-87.

LaDuke, RD. 2013. Academic dishonesty today; unethical practices tomorrow? *Journal of Professional Nursing*, 29, 402-6.

### **Appeals Policy**

General Information about the Student Appeals Process

The primary purpose of the appeal procedure is to allow review of a penalty or sanction in cases in which a student believes that due process was not followed or that the penalty or sanction was imposed unfairly or inconsistently with regard to course requirements and policies or with program and university standards and regulations. Students have the right to appeal a final grade, charge of academic dishonesty, or academic penalty that they believe reflects a capricious, arbitrary, or prejudiced academic evaluation or reflects discrimination based on race, gender, age, handicap, veteran status, religion or creed, sexual orientation, color, or national origin. Additional grounds for appeal may include: unreasonable severity of the penalty, demonstrable prejudice in the decision-making process, a belief that the evidence does not support the finding of responsibility (in the case of academic dishonesty) or the choice of penalty, or additional evidence or new information that was not considered in determining the penalty.

If a student does not appeal an academic penalty or fails to follow the appeal procedures described below, the academic penalty will be upheld. The complete policy and general procedures concerning academic standards and

appeals is available in both the [Undergraduate Catalog](#) and [Graduate/Professional Catalog](#).

#### Student Appeals Procedure

Provided below are separate descriptions of the procedures for appeals of a final grade, appeals involving a charge of academic dishonesty, and appeals of other academic penalties (such as program suspension or dismissal).

#### Appeal of a Final Grade

For the School of Nursing, the Level 1 appeal should be submitted through WVU email to the associate dean of academics, and Level 2 appeals are submitted to the dean. Please refer to the [WVU Policy for Appealing a Final Grade](#) for more information.

#### Appeal of an Academic Penalty (Other Than a Final Grade and Not Based on Academic Dishonesty) (includes appeal of admission decisions)

Students may also appeal academic penalties other than a final grade, such as program dismissals, probation, or progression policy penalties. This type of appeal is not used for academic dishonesty cases. Please refer to the [WVU Policy for Appeal of an Academic Penalty](#) for additional information.

In the School of Nursing, the Academic and Professional Standards Committee presides over the first level of this type of appeal. The letter of appeal should be submitted through WVU email to the associate dean of academics, who will forward the appeal to the committee chairperson. Level 2 appeals of this type are submitted through WVU email to the dean, and [Level 3 appeals](#) are submitted through WVU email to the appropriate associate provost.

#### Appeal of a Charge and/or Penalty Based on Academic Dishonesty

There is one appeal level for academic dishonesty cases. If the case is reviewed through the course-level process, the student will submit the appeal through WVU email to the School of Nursing dean. If the case is managed by the Office of Academic Integrity through the university-level academic dishonesty conduct process, appeals should be submitted to the Office of the Provost. Please refer to the [WVU Policy on Appeal of a Charge of and/or Penalty Based on Academic Dishonesty](#) for additional information.

Students should consult the complete [WVU Policy on Student Academic Integrity](#), [additional student resources](#), and SON academic integrity statement in the appropriate [student handbook](#).

#### **Professionalism and Vigilance in the Student Role**

Students are expected to demonstrate conduct reflective of professional values. Students are expected to be punctual for class, clinical and other program functions; *attend and participate* in professional meetings at local, state, and national levels; and maintain academic, clinical, and personal integrity while in the student role.

Students are discouraged from participating in activities that abandon or minimize vigilance while providing direct patient care. Students are advised that many patterns of communication exist among departments, through cell phone texting, text paging, and email. While students may need to occasionally use a device for communication at a clinical site, it should not be done while in engaged in patient care or in a patient care area. Personal texting is forbidden, and in clinical sites in which texting is NOT a standard method of communication, students will be asked to leave smart phones in a locker or other secured location. Students are reminded that metadata is searchable in a legal case, and any negative patient outcome traced to use of a device could be evidence of malpractice.

#### **Electronic Devices**

Cell phones, laptops, and any devices with ringtones or other audible notifications must be silenced when in the classroom, workshop, or clinical area. Students may not accept or access personal cell phone calls or text messaging when providing anesthesia. Students must adhere and will be subject to WVU SON and clinical institution policies regarding cell phone use and social media activity.

#### **American Nurses Association (ANA) Position on Incivility, Bullying, and Workplace Violence**

According to the ANA's Code of Ethics for Nurses with Interpretive Statements, nurses are required to "create an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect." Similarly, nurses must be afforded the same level of respect and dignity as others (ANA, 2015a). Thus, the nursing profession will no longer tolerate violence of any kind from any source. All registered nurses and employers in all settings, including practice, academia, and research must collaborate to create a culture of

respect, free of incivility, bullying, and workplace violence. Best practice strategies based on evidence must be implemented to prevent and mitigate incivility, bullying, and workplace violence; to promote the health, safety, and wellness of registered nurses; and to ensure optimal outcomes across the health care continuum. This position statement, although written specifically for registered nurses and employers, is also relevant to other health care professionals and stakeholders who collaborate to create and sustain a safe and healthy interprofessional work environment. Stakeholders who have a relationship with the worksite have a responsibility to address incivility, bullying, and workplace violence.

\*The ANA position statement may be viewed in its entirety at: [ANA: Violence, Incivility, & Bullying](#)

### **Dress Code**

#### Classroom:

- Business casual attire in the classroom is expected to be clean, neat, and appropriate at all times.
- Hair must be of a naturally occurring color and neatly groomed.

#### Clinical:

- Attire in the clinical sites is to be professional at all times.
- Jewelry: Earrings - one per ear lobe, button style, are permitted. Visible body jewelry must be removed including facial piercing. Smooth band rings, service or professional pins are acceptable.
- Hair must be of a naturally occurring color and neatly groomed.
- Nails are to be clean and short and follow the CDC recommendations (less than 1/4 inch length, no acrylic/synthetic nail tips). The definition of artificial fingernails includes, but is not limited to, acrylic nails, all overlays, tips, bondings, extensions, tapes, inlays, and wraps. Nail polish without embedded enhancements in good repair is permitted.
- When visiting patients on a clinical unit, either business professional street clothes or scrubs under a lab coat is acceptable. A lab coat must be worn at all times when outside the OR area. Shoe covers, OR hats, and masks must be removed when leaving the OR.

### **Social Media Policy**

Students are personally responsible for the content they publish on blogs, wikis, social networks, forum boards, or any other form of user-generated media. Failure to maintain these responsibilities may result in dismissal from the program and infringements may be reportable to the State Board of Nursing and may result in disciplinary action from the School of Nursing. All content contributed on all platforms becomes immediately searchable and can be immediately shared. This content immediately leaves the contributing individual's control forever and may be traced back to the individual after long periods of time. Students enrolled in the WVU School of Nursing are required to follow the guidelines of the University, Health Science Center, and the National Council of State Boards of Nursing (NCSBN) regarding social media and online social networking throughout their entire program of study until graduating or leaving the program. Please visit each webpage below to read the social media guidelines that you must comply to as a student in our program.

WVU, HSC, and NCSBN Social Networking Policies:

1. [WVU Social Media Guidelines](#)
2. [HSC Social Media Guidelines](#)
3. [NCSBN: A Nurse's Guide to the Use of Social Media](#)
4. [NCSBN: Social Media Guidelines for Nurses](#)

### **Clinical Events Reporting**

Students are required to report involvement in any event, incident, or near miss that results in possible or actual adverse patient outcomes or injury to self. Students must contact the faculty-on-call and discuss the event. If requested to submit a written report, please follow the instructions listed Incident Report Form under the Clinical Overview folder of the WVU NAP Induction SOLE site. Clinical Incident forms must be typed and hand-delivered to the program director. When a clinical incident results from actions of the student, the clinical coordinator is to notify the Nurse Anesthetist Program Director or the Director's designee at the School of Nursing to verify that the student has filed a report. Student failure to report a clinical incident to the clinical site coordinator and Program is grounds for probation or dismissal from the program.

**Student Injury or Needlestick**

Students must immediately report any health incident to the CRNA/MD with whom they are working and to the Clinical Coordinator or Chief CRNA. They are required to complete the treatment and documentation required by the facility and the SON Incident Report Form. When treatment is not available in the clinical agency, the student should be referred to Student Health Service. Follow-up care is the responsibility of the student through his/her primary health providers. *All costs related to treatment are the responsibility of the student.*

Students that incur injuries that do not involve exposure to blood or body fluids must contact their own personal physician for care. Students with allergies to specific personal protective equipment that is provided by the clinical site are responsible for obtaining whatever special products they require. The cost of these supplies is the responsibility of the student. Assistance will be provided in directing the student to suppliers.

**Work Outside of the Student Role**

The faculty of the Nurse Anesthetist Program do not recommend student employment during Semesters 4-10. No student will be excused from class or clinical assignments to report for outside employment. If circumstances should necessitate casual employment, students may not work the shift preceding class or clinical. Scheduled work shifts will not be considered a valid excuse to leave clinical. Faculty and clinical site personnel will make no concessions in clinical or class time due to outside employment. In accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs: Registered Nurse Anesthesia Students shall not be employed as Nurse Anesthetists by title or function while in the student status of a Nurse Anesthetist Program.

## WVU School of Nursing Drug and Alcohol Screening Policy

The WVU SON has a responsibility to maintain a safe environment for its students as well as maintaining safe conditions for patients. Any student under the influence of drugs or alcohol during a clinical experience may pose serious safety and health risks, not only to themselves, but to all those who work with them and to patients for whom they provide care. The unlawful possession, use, or sale of illegal drugs, prescription drugs, over the counter drugs, and/or alcohol in the clinical agency, poses an unacceptable risk for unsafe patient care. The WVU SON recognizes that chemical dependency is an illness that can be treated. Assistance for students who are dependent on a chemical substance is available through WVU and WV Restore.

**Students who are prescribed any controlled substance that may impair their alertness or cognition while enrolled in a nursing course with a clinical component must notify their instructor as soon as possible.**

1. Students are required to submit a urine drug screen during the month prior to matriculation and annually through Precheck (See the Precheck Documentation Policy). The SON reserves the right to request random drug screens, which would be conducted through the SON Office of Student Services.
2. Re-tests for positive drug screens are prohibited. New program applicants with a positive drug screen will be ineligible for admission to the program and will forfeit their admission "seat." Current nursing students with positive drug screens will be dismissed from the nursing program and referred to WV Restore. The applicant/student may submit documentation regarding prescriptions and healthcare professional recommendations for review.
3. Reasonable suspicion of substance use is considered when any student demonstrates unusual, unexplained behavior. Observable signs might include, but are not limited to:
  - a. Slurred speech
  - b. Odor of alcohol on breath or person
  - c. Unsteady gait
  - d. Disoriented or confused behavior
  - e. Significant changes in work habits
  - f. Observed behaviors indicative of hallucinations
  - g. Unexplained accident or injury
  - h. Sloppy, inappropriate clothing and/or appearance
  - i. Physically assaultive, unduly talkative, exaggerated self-importance, making incoherent or irrelevant statements in the agency setting
  - j. Excessive sick days, excessive tardiness when reporting for clinical or class
  - k. Missed deadlines, careless mistakes, taking longer than customary to complete work
  - l. Coordination (not normal, swaying, staggering, lack of coordination, grasping for support)
  - m. Performance (unsafe practices, unsatisfactory work)
  - n. Alertness (change in alertness, sleepy, confused)
  - o. Demeanor (change in personality, fighting, excited, combative, aggressive, violent, argumentative, indifferent, threatening, antagonistic)
  - p. Eyes (bloodshot, dilated)
  - q. Other clinical observations consistent with impairment
4. Drug testing may be required for any student who demonstrates behaviors of reasonable suspicion (3a-q) or who demonstrates suspicion of substance use impairment and who has access and/or direct responsibility for controlled substances, if known drugs of abuse are missing or otherwise unaccounted for while in the clinical agency. This determination will be made on a case-by-case basis by the agency manager or administrator, the Dean of WVU SON, or the Dean's representative. Informed consent will be obtained prior to testing, and fees associated with testing will be the responsibility of the student.
5. Noncompliance with requests for drug and alcohol screening from a student who demonstrates suspicion of substance use impairment will be viewed as a violation of the WVU SON Drug and Alcohol Testing Policy. The student will be subject to dismissal from the nursing program.
6. The student who is suspected of substance use impairment may be escorted to the collection site with the appropriate faculty member, assigned preceptor, or approved WVU SON representative, who may remain at the

collection site until the required specimens are obtained. Agency policy will be followed as required. When possible, the nurse/faculty member will obtain an instant-read sample onsite. If the instant results are positive, the sample will be sent to a certified lab for further analysis. The student is responsible for any incurred expenses.

7. Following an incident that requires drug or alcohol testing, the student will be sent home by cab (at student's expense) or responsible individual. Under no circumstances will the student be allowed to drive home or return to class/clinical. Arrangements will be made so that the student will be at home after the incident with another individual.
8. The student who is suspected of substance use impairment will be suspended from all clinical activities until the case has been reviewed by the appropriate personnel of committees designated by the WVU SON.
9. The student's confidentiality will be strictly maintained. The test results will be communicated only to the student, the physician reviewing the results with the student, the program director, The Associate Dean of Academics, The Assistant Dean for Student Affairs, and the Dean. Records will be maintained in a separate file by the WVU SON in a secured area. Requests for information will require a court order or may be released by the student's signed written consent and liability waiver.

Any violation of this policy by a student will result in disciplinary action and will include dismissal from the nursing program, pending a disciplinary hearing.

Under the University's Code of Conduct and the laws of WV, bystanders and those affected by drug or alcohol overdose may be safe from prosecution and may not face charges under the campus Student Code of Conduct if they seek medical assistance in an emergency.

<https://studentconduct.wvu.edu/campus-student-code>

### **Guidelines for Taking Time Off and Making Requests**

The WVU Nurse Anesthetist Program does not follow the University Academic Calendar due to requirements for clinical cases and hours. All vacation/time requests must follow the guidelines established by the NAP for Semesters 4-10.

#### **Vacation**

Students take vacation at designated times which will be posted one academic year ahead. Students receive 2 weeks off a year in addition to the break when the university closes between the Christmas and New Year holidays. Students are granted an additional 5 days a year for personal time off which may be used for illness, appointments, or interviews. Personal time may carry over from year to year. Scheduled personal time off needs to be approved by the program directors and should be requested 14 days in advance. Students are prohibited from taking vacation days during scheduled final exams and discouraged from taking days off during specialty clinical experiences such as pediatric, obstetric, and cardiac rotations.

#### **Holidays**

The following eight days are observed by the WVU Nurse Anesthetist Program as national holidays. Not all clinical sites observe these holidays, therefore it is the student's responsibility to inform the clinical coordinator if holiday time is not scheduled. If the clinical site does not observe one of these holidays, students have the option of working the holiday and taking a different day as holiday time. This must be scheduled in advance with the clinical coordinator and substitute holiday time must be taken in the current rotation.

Recognized WVU Holidays include:

New Year's Day  
 Martin Luther King Day  
 Memorial Day  
 Independence Day  
 Labor Day  
 Thanksgiving Day  
 Christmas Day

If the holiday falls on a weekend, the celebrated day will be determined by the University or the applicable clinical site. To be consistent among all students, holiday time replaces a clinical or class day, not a regularly scheduled “off” day. Therefore, all students will have the same number of clinical days in any week that has a holiday. Other University Holidays may occur during class time but do not affect clinical schedules. Classes or program activities may be scheduled during University breaks. Students will observe the operating room schedule of the clinical site at which they are assigned with regard to additional holiday time. Compensatory time will not be given to students at other clinical sites.

### Ill Time

Excessive ill time or calling off is a reflection of professional reliability and may be reflected in the end of program evaluation.

1. There are 5 allowable ill days for Semesters 4-6 and 7-9 and 2 ill days for Semester 10. Ill days are based on equivalent 8-hour days. Call offs for shifts longer than 8 hours consumes an equal amount of ill time (e.g. 12-hour shift call off = 12 hours, or 1.5 ill day used)
2. Students may not make-up ill day(s) or re-arrange clinical schedules/off days to compensate for ill time.
3. Call offs to a clinical site must be in accordance with the guidelines established by the individual clinical sites and coordinators. Students should record the name of the person who takes the call off message.
4. Students are required to notify the program assistant on the morning of the missed clinical or academic class day at (302) 293-5446. Leave a message if the office is closed or there is no one to answer the call. Students MUST note the hours scheduled for the ill/call off day when notifying the program and in the Typhon NAST System time logs. Failure to notify the school of ill days will result in loss of time off for each occurrence and/or additional disciplinary action.
5. Any student exceeding allowable ill days must submit a provider’s excuse. If an excuse is not provided, the absence will be considered unexcused and disciplinary action may result. Even with a provider’s excuse, the student must meet clinical hour requirements for the clinical practicum or risk failing the practicum course.
6. In addition, the following require written documentation of medical illness:
  - a. Calling off on the day preceding an examination (including Friday for Monday exam)
  - b. Calling off on the day of an examination
  - c. Calling off clinical on the day preceding or following a legal holiday (including Friday for Monday holiday)
  - d. Calling off clinical on the day preceding a vacation or on the final day of the clinical rotation.
7. Failure to produce the required documentation of illness will result in disciplinary action.

### Compensatory Time

Only Program Faculty can grant comp time for activities such as attending a conference or participating in a program activity on an off day.

1. Students should email requests to their advisors prior to submitting a registration and making travel arrangements.
2. Conferences/activities attended in lieu of clinical do not generate compensatory time off.
3. Students are permitted to accumulate a maximum of 3 compensatory days per year.
4. If a student attends a conference in place of a clinical day, no compensatory time is given. Permission to attend a conference in lieu of clinical must have the approval of the clinical coordinator and faculty advisor and is dependent on satisfactory clinical progress.
5. If a conference is attended on the student’s day off or on a weekend, compensatory time may be granted for each full day attended. A compensatory day will be granted for half-day meetings ONLY if the preceding full day was attended. Compensatory time is not guaranteed but decided on a circumstantial basis.
6. BLS, ACLS, and PALS certification is required at all times during the program. These certifications are mandatory requirements for this program. Compensatory time is not granted for BLS/ACLS/PALS course attendance. Students may not register for these courses on a scheduled clinical day.

### Conference Time

1. Registration for meetings and conferences as a student usually requires a “letter of verification” of student status. Please request this from the program secretary at least **two weeks** in advance.
2. All conferences attended must be entered in the Typhon NAST System Time Log and Conference Record.
3. A copy of the certificate of attendance must be submitted to the program director to receive compensatory days off.



4. Attendance at WVANA Meetings, AANA Mid-Year Assembly, and AANA Annual Congress is strongly supported by the program. Proof of attendance and Continuing Education (CE) Records must be submitted to the program office within 2 weeks of attending the meeting.
5. All costs related to attendance at any meeting are the responsibility of the student.
6. Board Review Courses will be treated as a conference and a maximum of 2 days will be granted.

## Special Considerations for Time Off

### **Jury Duty**

When a student receives notification of jury duty, they should immediately contact the program director. The program may provide the appropriate office with a request for postponement of jury duty for the student. Public service by students is strongly supported, however meeting certification eligibility requirements may supersede such public service. If a student chooses to perform jury duty, the missed clinical time must be made up.

### **Military Duty**

Members of the United States Armed Forces may be excused from the program as ordered to fulfill their military duty. Students are strongly encouraged to seek deferral of Active Duty obligation because of the full-time educational commitment. Students should notify the program director upon receiving active duty orders. The program director will provide a letter of support for the deferral of Active Duty Training. Students electing to perform temporary military duty are responsible for any class material missed during their leave from the Program and must use vacation time.

### **Personal Leave of Absence**

All clinical and class time missed during any leave of absence must be made up. Vacation time may be used if available and plans for making up time will be decided on an individual basis. This can include additional call time or extra clinical days if possible and/or extension of the program. Students are responsible for keeping accurate records of clinical and class time missed.

### **Medical Leave**

Any student requiring medical leave must provide the program director with a written request and documentation of necessity from his/her attending physician. Whether the student plans to attend class during medical leave must be addressed. Once a student has been placed on medical leave, a medical clearance for return to full and unrestricted clinical duties must be provided prior to reinstatement into the clinical environment.

### **Health Issues**

In the event of an acute injury to a student or the onset of a medical issue, the program director should be notified as soon as possible. All students must maintain health insurance coverage at all times while in the program. This is for student protection in the event that an injury does occur in the clinical setting. Should the program become aware of failure to maintain coverage, the student will be immediately removed from clinical.

All students are required to follow OSHA policy. Failure to follow blood and body fluid precautions is a critical clinical weakness. This means that protective gear such as goggles/face shield masks must be worn whenever body fluid contact is likely. In the perioperative area, this is on MANY occasions but certainly induction, emergence, invasive procedures, trauma cases, and 'splashing' from the surgical field, etc. Other practitioners in the clinical setting may not always follow strict blood and body fluid standards. This fact is not relevant to the student requirement. Students must abide by strict blood and body fluid guidelines. Recapping of needles should never occur after they have been used on a patient. All used needles should be disposed of as soon as possible after use.

## Appendix 1: West Virginia University SON Writing Rubric

<b>Criteria</b>	<b>Paragraph structure (logic):</b> <ul style="list-style-type: none"> <li>• Development</li> <li>• Coherence</li> <li>• Clarity</li> </ul>	<b>Sentence structure (syntax):</b> <ul style="list-style-type: none"> <li>• Parallel construction</li> <li>• Subject verb agreement</li> <li>• Noun pronoun agreement</li> <li>• Precision</li> <li>• Economy of expression</li> </ul>	<b>Word choice:</b> <ul style="list-style-type: none"> <li>• Appropriate word choice for topic and audience</li> <li>• Appropriate verb tense</li> <li>• Avoidance of jargon</li> <li>• Avoidance of anthropomorphism</li> <li>• Avoidance of gender bias</li> <li>• Avoidance of errors with referents</li> <li>• Avoidance of pretentious words</li> </ul>	<b>Mechanics:</b> <ul style="list-style-type: none"> <li>• Spelling</li> <li>• Punctuation</li> </ul>
<b>Unacceptable</b>	There is no clear topic sentence. The paragraph does not build upon and support a single coherent idea. Sentences have no clear relationship. Transition words are inappropriate or absent.	Most sentences are flawed by errors in parallel construction, subject verb agreement, noun pronoun agreement, precision, and economy of expression.	Poor word choice is very frequent and may include incorrect use for topic, audience and verb tense. There are many errors in jargon, anthropomorphism, gender bias, referent error, and Use of pretentious words.	Errors in spelling and punctuation are very frequent.
<b>Poor</b>	The topic sentence is not the first sentence in the paragraph. The order in which ideas in the paragraph are presented is not coherent. Transition from sentence to sentence, or paragraph to paragraph is abrupt.	Sentence structure is adversely affected by many errors in parallel construction, subject verb agreement, noun pronoun agreement, precision, and economy of expression.	Poor word choice is frequent and may include incorrect use for topic, audience and verb tense. There are many errors in jargon, anthropomorphism, gender bias, referent error, and use of pretentious words	Writing is adversely affected by errors in spelling and punctuation.
<b>Satisfactory</b>	The topic sentence is the first sentence in the paragraph but the relationship of topic sentence to paragraph development is difficult to discern. Transition words are limited.	Sentence structure is weakened by more than a few errors in parallel construction, subject verb agreement, noun pronoun agreement, precision, and economy of expression.	Word choice does not meet criteria and may incorrect use for topic, audience and verb tense. There are more than a few errors in jargon, anthropomorphism, gender bias, referent error, and use of pretentious words.	Writing is weakened by occurrence of errors in spelling and punctuation.
<b>Good</b>	One idea is stated in each paragraph topic sentence (first sentence) but not adequately developed in the paragraph. Transition words are used inconsistently.	Sentence structure meets criteria except for occasional errors in parallel construction, subject verb agreement, noun pronoun agreement, precision, and economy of expression.	Word choice meets criteria except for occasional errors in correct use for topic, audience and verb tense. There are few errors in jargon, anthropomorphism, gender bias, referent error, and use of pretentious words	Writing demonstrates meeting the criteria except for minor errors in spelling and punctuation.
<b>Excellent</b>	The topic sentence is the first sentence in each paragraph. One idea is stated in the paragraph topic sentence and developed logically in the paragraph. Transition words are used consistently to maintain the flow of thought.	Sentence structure demonstrates correct use of parallel construction, subject verb agreement, noun pronoun agreement, precision, and economy of expression.	Word choice demonstrates correct use for topic, audience and verb tense. There is avoidance of errors in jargon, anthropomorphism, gender bias, referent error, and use of pretentious words.	Writing demonstrates correct use of spelling and punctuation.

## Writing Rubric Definitions and Resources

- [Paragraph development](#)
  - o Definition: A process resulting in the clear statement of a main idea and supporting details in multiple sentences.
- [Paragraph coherence](#)
  - o Definition: Singularity of focus in a paragraph. Ideas are linked through logical or verbal bridges.
- [Paragraph clarity](#)
  - o Definition: Each idea presented relates directly to the paragraph's topic sentence.
- [Parallel construction](#)
  - o Definition: Using similar patterns of words to show that 2 or more words have the same importance.
- [Subject verb agreement](#)
  - o Definition: A singular subject takes a singular verb, while a plural subject takes a plural verb.
- [Noun pronoun agreement](#)
  - o Definition: Pronoun should be consistent with the noun it replaces.
- [Precision](#)
  - o Definition: Using the exact words needed and eliminating extraneous words.
- [Economy of expression](#)
  - o Definition: Limiting word usage to a clean, direct style that is most effective in expressing the idea.
- [Word choice for topic and audience](#)
  - o Definition: Selecting words that are appropriate for the age, culture, and education of the reader.
- [Verb tense](#)
  - o Definition: Consistency of verb tense within the paragraph and paper.
- [Jargon](#)
  - o Definition: Language specific to one group or profession that might not be understandable to everyone.
- [Anthropomorphism/personification](#)
  - o Definition: Attributing human characteristics to anything other than a human being.
- [Gender bias](#)
  - o Definition: The use of gender-specific pronouns when referring to nouns that include both genders.
- [Referent](#)
  - o Definition: A clear connection between the pronoun and the noun that precedes it.
- [Pretentious or flowery words](#)
  - o Definition: Dramatic, flamboyant words that do not necessarily convey the desired meaning.
- [Punctuation](#)
  - o Definition: Proper use of symbols to indicate structure and organization of thought, including commas, quotation marks, apostrophes, and hyphens.
- [Spelling](#)
  - o Definition: The forming of words with letters in the correct sequence.

## Appendix 2: Contract to Remove Grade of Incomplete

Department:			
A Contract to Remove Grade of I should be completed before a grade of I is given or during the first two weeks following the semester during which the I was given.			
Student Name:		Student No.:	
Course:	Section:	Semester:	Year:
Student Rank (F, S, SI, SII):		Major:	
Advisor:		Name(s) of textbook(s)	
Instructor:			
Course grade at this time:			
If the student will not be enrolled as a full-time student when the course is completed, give mailing address:			
Street			Apt
City		State	Zip
Reason for grade of I:	<input type="checkbox"/>	Work was unavoidably incomplete	
	<input type="checkbox"/>	An additional examination is justified	
Work necessary to remove the I:			
Date by which course must be completed:			
Grade to be assigned if the incomplete work is not completed:			
I understand that the course work must be completed by the date indicated above; otherwise the grade for the course will be as specified above.			
Student's Signature:			Date:
Instructor's Signature:			Date:

copy: Student  
 Department (Office where course  
 offered) Student's Advisor  
 Instructor

### Appendix 3: COA Required and Preferred Clinical Experiences

The minimum number of clinical hours is 2,000.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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#### Patient Physical Status

Class I		
Class II		
Classes III-VI (total of a, b, c, & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
Total cases	600	700

#### Special Cases

Geriatric 65+ years	100	200
Pediatric		
Pediatric 2 to 12 years	30	75
Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5
Trauma/emergency (E)	30	50
Obstetrical management (total of a & b)	30	40
a. Cesarean delivery	10	15
b. Analgesia for labor	10	15
Pain management encounters ( <i>see Glossary, "Pain management encounters"</i> )	15	50

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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**Anatomical Categories<sup>4</sup>**

Intra-abdominal	75	
Intracranial (total of a & b)	5	20
a. Open	3	10
b. Closed		
Oropharyngeal	20	
Intrathoracic (total of a, b, & c)	15	40
a. Heart		
1. Open heart cases (total of a & b)	5	10
a) With cardiopulmonary bypass		
b) Without cardiopulmonary bypass		
2. Closed heart cases		10
b. Lung	5	
c. Other		
Neck	5	10
Neuroskeletal	20	
Vascular	10	30

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<sup>4</sup> Count all that apply.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
<b>Methods of Anesthesia</b>		
General anesthesia	400	
Inhalation induction	25	40
Mask management <sup>6</sup>	25	35
Supraglottic airway devices (total of a & b)	35	50
a. Laryngeal mask		
b. Other		
Tracheal intubation (total of a & b)	250	
a. Oral		
b. Nasal		5
Alternative tracheal intubation/endoscopic techniques <sup>7</sup> (total of a & b) (see Glossary, "Alternative tracheal intubation techniques")	25	50
a. Endoscopic techniques <sup>8</sup> (total of 1 & 2)	5	15
1. Actual tracheal tube placement		
2. Simulated tracheal tube placement		
3. Airway assessment		
b. Other techniques	5	25
Emergence from anesthesia	300	

<sup>6</sup> A general anesthetic that is administered by mask, exclusive of induction.

<sup>7</sup> Tracheal intubations accomplished via alternative techniques should be counted in both tracheal intubation and the alternative tracheal intubation categories.

<sup>8</sup> Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.



CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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Regional techniques		
Actual administration (total of a, b, c, & d)	35	
a. Spinal (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
b. Epidural (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
c. Peripheral <sup>9</sup> (total of 1 & 2)	10	50
1. Anesthesia		
Upper		
Lower		
2. Pain management		
Upper		
Lower		
d. Other <sup>10</sup> (total of 1 & 2)		
1. Anesthesia		
2. Pain management		
Management (total of 1 & 2)	35	50
1. Anesthesia		
2. Pain management		
Moderate/deep sedation	25	50

<sup>9</sup>Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

<sup>10</sup>Examples include truncal, cutaneous, head, and neck blocks (e.g., transversus abdominis plane, rectus sheath, ilioinguinal, iliohypogastric, oral, and maxillofacial blocks).

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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#### Arterial Technique

Arterial puncture/catheter insertion	25	
Intra-arterial blood pressure monitoring	30	

#### Central Venous Catheter

Placement <sup>11</sup> – Non-PICC (total of a & b)	10	15
a. Actual		5
b. Simulated		
Placement – PICC (total of a & b)		
a. Actual		
b. Simulated		
Monitoring	15	

#### Pulmonary Artery Catheter

Placement		5
Monitoring		10

#### Other

Ultrasound-guided techniques (total of a & b)		10
a. Regional		
b. Vascular		
Intravenous catheter placement	100	
Advanced noninvasive hemodynamic monitoring		

<sup>11</sup>Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone. Insertion of peripherally inserted central catheters (PICC) does not meet the requirements for central line placement.

## Appendix 4: WVU Nurse Anesthetist Program Tuition and Associated Fees

**Academic Year 2021-2022**  
**West Virginia University**  
**Professional - Health Sciences**

<b>Tuition Per Semester</b>	Resident Professional 2021-2022	Nonresident Professional 2021-2022
University Tuition	\$ 4,491.00	\$ 12,663.00
University Fees	\$ 675.00	\$ 675.00
College Tuition CRNA	\$ 6,327.00	\$ 6,327.00
<b>Student Tuition Subtotal</b>	<b>\$ 11,493.00</b>	<b>\$ 19,665.00</b>

<b>Approximate Additional Fees</b>			
Laptop Program	Once	\$ 2,061.00	\$ 2,061.00
AANA Membership	Once	\$ 200.00	\$ 200.00
APEX	Once	\$ 449.00	\$ 449.00
Typhon	Once	\$ 100.00	\$ 100.00
Precheck	Once	\$ 137.00	\$ 137.00
SEE	Once	\$ 250.00	\$ 250.00
My Clin Exch (\$40)	Year 2 & 3	\$ 80.00	\$ 80.00
Licensure (\$67)	Annually	\$ 201.00	\$ 201.00
BLS, ACLS, PALS (\$300)	Every 2 yrs	\$ 600.00	\$ 600.00
Books (\$150)	Every Semester	\$ 1,500.00	\$ 1,500.00
Health Insurance	Every Semester	\$ 9,000.00	\$ 9,000.00
Lab (\$150)	Every Semester	\$ 1,350.00	\$ 1,350.00
		Resident	Nonresident
<b>Subtotal Additional Fees</b>		<b>\$ 15,928.00</b>	<b>\$ 15,928.00</b>
<b>Estimated Tuition for 9 Semesters</b>		<b>\$ 103,437.00</b>	<b>\$ 176,985.00</b>
<b>Total</b>		<b>\$ 119,365.00</b>	<b>\$ 192,913.00</b>

## Appendix 5: AANA Code of Ethics

### 1. Responsibility to Patient

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

- 1.1 Respects human rights and the values, customs, culture, and beliefs of patients and their families.
- 1.2 Supports the patient's right to self-determination.
  - 1.2.1 Presents accurate, complete and understandable information to the patient to facilitate informed healthcare decisions.
  - 1.2.2 Encourages patients, including minors, to participate in healthcare decision making that is appropriate for their developmental capacity.
  - 1.2.3 Supports a patient's decision making without undue influence or coercion.
- 1.3 Acts in the patient's best interest and advocates for the patient's welfare.
  - 1.3.1 Discloses and manages or resolves perceived or real conflicts of interest (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict between the CRNA's interests and the patient's interests.)
  - 1.3.2 If the CRNA has a moral, religious or ethical conflict related to the patient's healthcare decisions or plan for care, the CRNA may, without judgement or bias, transfer care to an appropriately credentialed anesthesia provider willing to perform the procedure.
- 1.4 Prior to providing anesthesia, pain management, and related care:
  - 1.4.1 Introduces self, using name, a term representing the CRNA credential, and role.
  - 1.4.2 Verifies that students have introduced themselves or been introduced to the patient, and the patient has consented to student participation in anesthesia, pain management, and related care.
  - 1.4.3 Discusses the plan of care and obtains informed consent or verifies that the patient has given informed consent in accordance with law, accreditation standards, and institutional policy.
  - 1.4.4 Discusses the plan of care and obtains informed consent from a legal decision maker (e.g., healthcare proxy, surrogate) when the legal decision maker is responsible for the patient's healthcare decisions or verifies that the legal decision maker has given informed consent.
  - 1.4.5 Protects patient privacy, including confidentiality of patient information, except when necessary to protect the patient or other persons, or when required by law.
- 1.5 Protects patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, deceptive, abusive, disrespectful, or unethical practice.
- 1.6 Participates in honest and transparent disclosure of an adverse or unanticipated event to the patient and others with the patient's consent.

### 2. Responsibility as a Professional

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

#### Competence and Responsibility in Professional Practice

- 2.1 Engages in a scope of practice within individual competence and maintains role-specific competence.
- 2.2 Maintains national certification as a CRNA and a state license as a registered nurse and meets state advanced practice statutory or regulatory requirements.
- 2.3 Engages in continuing education and lifelong professional development related to areas of nurse anesthesia practice, including clinical practice, education, research, and administration.
- 2.4 Evaluates and integrates personal practice outcome data, scientific research, expert opinion, new technology, patient preferences, and relevant metrics to improve processes and outcomes.
- 2.5 Is physically and mentally fit for duty.
- 2.6 Clearly presents his or her education, training, skills, and CRNA credential.
- 2.7 Is honest in all professional interactions to avoid any form of deception.
- 2.8 Treats all others, including patients, families, staff, students, and colleagues, in a culturally sensitive manner and without prejudice, bias, or harassment.
- 2.9 Maintains professional boundaries in all communications and actions.

#### Leadership

- 2.10 Creates an ethical culture and safe work environment.
  - 2.10.1 Supports policies and behaviors that reflect this Code of Ethics.

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

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

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

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

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

2.12 Manages medications to prevent diversion of drugs and substances.

#### **Role Modelling and Education of Others**

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

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

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

#### **The Profession**

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

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

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

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

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

3.1 Protects the rights and wellbeing of the people that serve as participants and animals that serve as subjects in research.

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

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

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

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

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

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

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

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

3.9 Reports research findings in an objective and accurate manner.

3.10 Provides appropriate attribution for contributions by other individuals.

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

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

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

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

4.2 Is honest in all business practices.

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

The CRNA may endorse products and services only when personally satisfied with the product's or service's safety, effectiveness, and quality. The CRNA may not say that the AANA has endorsed any product or service unless the Board of

Directors of the AANA has done so. The CRNA must not endorse any product or service when presenting content for an AANA-approved continuing education activity as this is a prohibited conflict of interest. The CRNA:

- 5.1 Makes truthful endorsements based on personal experience and factual evidence of efficacy.
- 5.2 Discloses and manages or resolves perceived or real conflicts of interest associated with the endorsed product or service (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict).
  - 5.2.1 Only uses the CRNA credential when endorsing products or services that are related to CRNA professional practice or expertise.

## **6. Responsibility to Society**

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

- 6.1 Works in collaboration with the healthcare community to promote highly competent, ethical, safe, quality patient care.
- 6.2 Supports activities to reduce the environmental impact of disposable items and waste anesthetic gases

**Appendix 6: Consent Form for Alcohol, Drug, and Substance Testing**

I hereby consent for the agency’s laboratory to collect blood, urine, or saliva samples from me to conduct necessary medical tests to determine the presence or use of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the test result(s) and other relevant medical information to the WVU SON Dean. I also understand that if I refuse to consent, I may be subject to disciplinary action, which could include dismissal from the nursing program.

AGREED TO:

\_\_\_\_\_ Student \_\_\_\_\_ Date

\_\_\_\_\_ Witness \_\_\_\_\_ Date

REFUSED:

\_\_\_\_\_ Student \_\_\_\_\_ Date

\_\_\_\_\_ Witness \_\_\_\_\_ Date

Reason for Refusal: \_\_\_\_\_

Copies of completed form to:

- Student
- Faculty/Preceptor
- Agency
- WVU SON Student Services