

# School of Nursing



## DNP Nurse Anesthetist Program Student Handbook

Academic Year 2022-2023

6417 Health Sciences Center, South  
64 Medical Center Drive  
Morgantown, WV 26506  
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The [WVU Graduate Catalog](#) is the official reference for all program and course information.

April 2022

Table of Contents

NURSE ANESTHETIST PROGRAM FACULTY AND STAFF \_\_\_\_\_ 7

WEST VIRGINIA UNIVERSITY DNP NURSE ANESTHETIST PROGRAM ORGANIZATIONAL CHART \_\_\_\_\_ 7

INTRODUCTION \_\_\_\_\_ 8

**West Virginia University** \_\_\_\_\_ 8

**West Virginia University School of Nursing** \_\_\_\_\_ 8

**Welcome from Dean, Tara Hulsey** \_\_\_\_\_ 8

**Nurse Anesthetist Program Mission** \_\_\_\_\_ 8

**Handbook and Policy Changes Disclaimer** \_\_\_\_\_ 8

**Non-discrimination** \_\_\_\_\_ 8

NURSE ANESTHETIST PROGRAM DESCRIPTION \_\_\_\_\_ 9

**Accreditation Information** \_\_\_\_\_ 9

DNP NURSE ANESTHETIST PROGRAM OUTCOMES \_\_\_\_\_ 11

GRADUATE OUTCOME CRITERIA \_\_\_\_\_ 11

**Patient Safety- The graduate must demonstrate the ability to:** \_\_\_\_\_ 11

**Perianesthesia- The graduate must demonstrate the ability to:** \_\_\_\_\_ 11

**Critical Thinking- The graduate must demonstrate the ability to:** \_\_\_\_\_ 11

**Communication- The graduate must demonstrate the ability to:** \_\_\_\_\_ 11

**Leadership- The graduate must demonstrate the ability to:** \_\_\_\_\_ 12

**Professional Role- The graduate must demonstrate the ability to:** \_\_\_\_\_ 12

DNP NURSE ANESTHETIST PROGRAM PROGRESSION PLAN \_\_\_\_\_ 13

CLASS OF 2022 ONLY \_\_\_\_\_ 13

STANDARD DNP NURSE ANESTHETIST PROGRAM PROGRESSION PLAN \_\_\_\_\_ 13

COURSE DESCRIPTIONS \_\_\_\_\_ 14

DNP PROJECT \_\_\_\_\_ 19

	3
Introduction _____	19
<b>ACADEMIC POLICIES _____</b>	<b>19</b>
Admissions _____	19
Non-Degree Seeking Status _____	20
Academic Advising _____	20
Registering for Courses _____	20
Credit Loads _____	20
Attendance Policy and Class Participation _____	20
Late Assignment and Missed Exam Policy _____	21
Grading Policy _____	21
Extra Credit and Bonus Point Policy _____	21
Graduate Student Academic Progression Policy _____	21
Withdrawal and Leave of Absence Policies _____	22
Writing Expectations _____	22
Incomplete Grades _____	23
Transfer of Course Work _____	23
Degree Requirements _____	23
Graduation _____	23
WVU Student ID Card _____	23
Responsible Conduct of Research _____	23
Self-Evaluation Examination (SEE) _____	23
<b>STUDENT NURSE ANESTHETIST CLINICAL INFORMATION AND REQUIREMENTS _____</b>	<b>24</b>
Clinical Time Commitment _____	24
Remote Learning When Practicing at Remote Site _____	24
Clinical Coordinator _____	24
Clinical Scheduling _____	25
Alternative Scheduling _____	25
Clinical Supervision of Student Nurse Anesthetists _____	26
Clinical Assignments and Student Responsibilities _____	26

	4
Clinical Experience Data Entry _____	26
Management Plans _____	26
Infection Control _____	27
Health Insurance Portability and Accountability Act (HIPAA) _____	27
Criminal Background and Immunizations _____	27
PreCheck/SentryMD Documentation Policy _____	27
Student Health Insurance and Responsibility for Medical Expenses _____	28
Maintenance of RN Licensure _____	28
Tuition and Transportation _____	28
Housing at Clinical Sites _____	28
Financial Aid _____	29
 LISTING OF CLINICAL SITES _____	 29
 COMMUNITY ADVISORY COUNCIL (CAC) _____	 30
CAC Meetings _____	31
 TECHNOLOGY REQUIREMENTS FOR DELIVERING GRADUATE PROGRAM COURSES _____	 31
WVU Student Email System _____	31
Distance Course Delivery _____	31
SOLE (Study, Observe, Learn, Engage) _____	31
Blackboard Collaborate Ultra _____	32
Computer Specifications _____	32
Internet Standards _____	32
Software Requirements _____	32
Webcast _____	32
Computer skills _____	32
Morgantown Computer Lab _____	32
Student Participation in Online Courses _____	32
 TECHNICAL/FUNCTIONAL STANDARDS _____	 33
 CONDUCT POLICIES _____	 34

	5
<b>American Association of Nurse Anesthetists Code of Ethics (AANA): 2018</b>	<b>34</b>
<b>Academic Integrity Statement</b>	<b>34</b>
<b>Appeals Policy</b>	<b>35</b>
<b>Professionalism and Vigilance in the Student Role</b>	<b>36</b>
<b>Electronic Devices</b>	<b>36</b>
<b>American Nurses Association (ANA) Position on Incivility, Bullying, and Workplace Violence</b>	<b>36</b>
<b>Dress Code</b>	<b>36</b>
<b>Social Media Policy</b>	<b>37</b>
<b>Clinical Events Reporting</b>	<b>37</b>
<b>Student Injury or Needlestick</b>	<b>37</b>
<b>Work Outside of the Student Role</b>	<b>37</b>
<b>Standards of Professional Practice and Violation Procedures</b>	<b>38</b>
<b>Procedure for Violation of Professional Practice</b>	<b>40</b>
<b>Procedures for Proceedings Related to SON Policy and Standards Violations</b>	<b>42</b>
<b>WVU SCHOOL OF NURSING DRUG AND ALCOHOL SCREENING POLICY</b>	<b>49</b>
<b>GUIDELINES FOR TAKING TIME OFF AND MAKING REQUESTS</b>	<b>50</b>
<b>Personal Time Off</b>	<b>50</b>
<b>Holidays</b>	<b>51</b>
<b>Ill Time</b>	<b>51</b>
<b>Compensatory Time</b>	<b>51</b>
<b>Conference Time</b>	<b>52</b>
<b>SPECIAL CONSIDERATIONS FOR TIME OFF</b>	<b>52</b>
<b>Bereavement</b>	<b>52</b>
<b>Maternity or Paternity Leave</b>	<b>52</b>
<b>Jury Duty</b>	<b>52</b>
<b>Military Duty</b>	<b>52</b>
<b>Personal Leave of Absence</b>	<b>52</b>
<b>Medical Leave</b>	<b>53</b>
<b>Health Issues</b>	<b>53</b>

APPENDIX 1: WEST VIRGINIA UNIVERSITY SON WRITING RUBRIC _____	6 54
APPENDIX 2: CONTRACT TO REMOVE GRADE OF INCOMPLETE _____	56
APPENDIX 3: COA REQUIRED AND PREFERRED CLINICAL EXPERIENCES _____	57
APPENDIX 4: WVU NURSE ANESTHETIST PROGRAM TUITION AND ASSOCIATED FEES _____	62
APPENDIX 5: AANA CODE OF ETHICS _____	63
APPENDIX 6: CONSENT FORM FOR ALCOHOL, DRUG, AND SUBSTANCE TESTING _____	66
APPENDIX 7: DNP NURSE ANESTHETIST PROGRAM HANDBOOK SIGNATURE PAGE _____	67

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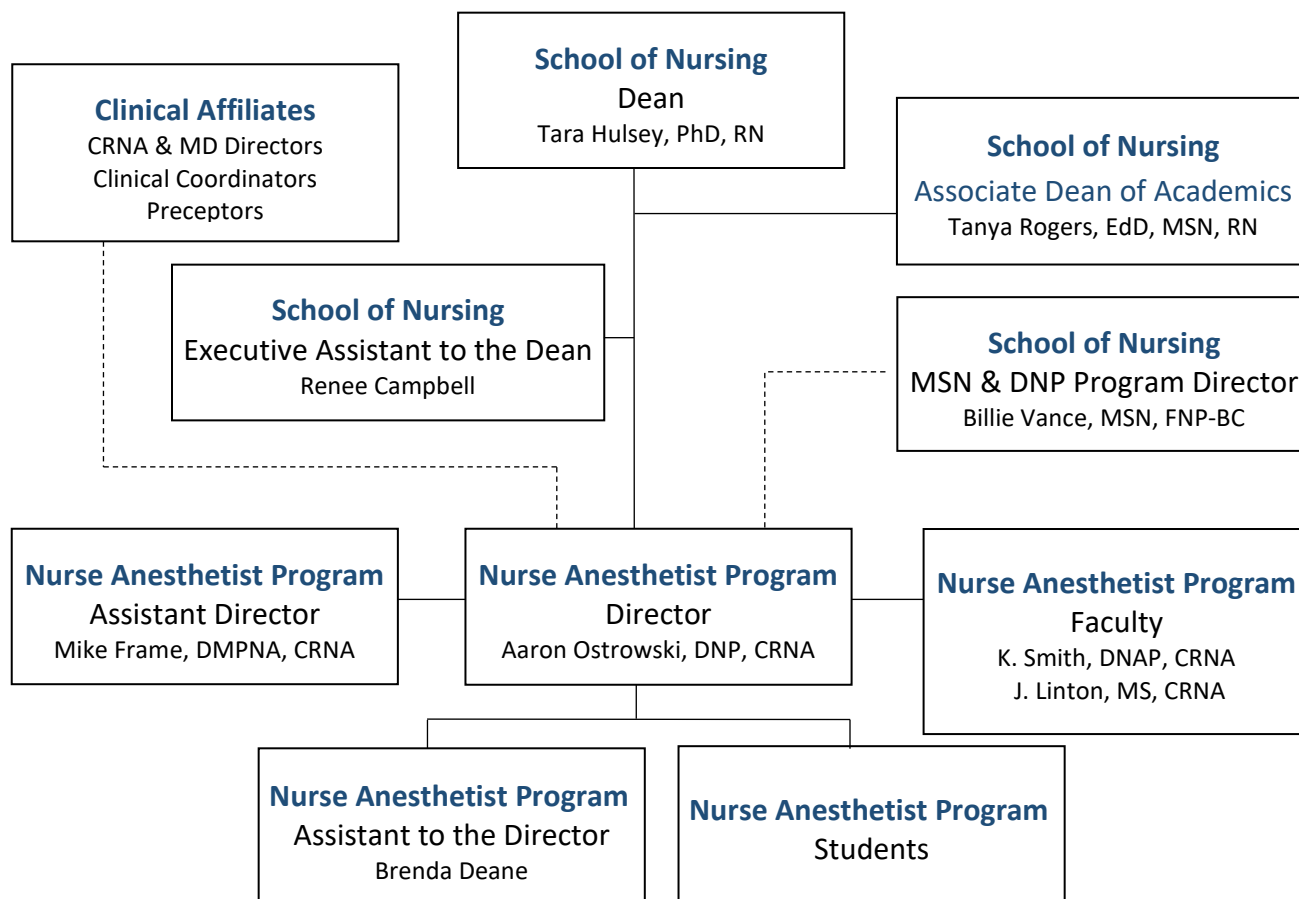
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### West Virginia University DNP Nurse Anesthetist Program Organizational Chart



## 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 Hulsey

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; 224-275-9130 or on the web at <https://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				
<b>Total Core DNP Credits</b>	30	<b>Total Anesthesia Specialty Credits</b>	36	<b>Total Clinical Practicum Credits</b>	15	<b>Total DNP Project Credits</b>	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	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, and 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
	<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.

#### Nurse Anesthesia Specialty Courses

Course #	Course Name	Course Description
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.
DNP Project Courses		
Course #	Course Name	Course Description
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 applied statistics (ie. WVU STAT 211) with a grade of C or better prior to the first day of classes.
- 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 prior to the first day of classes.
- 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. Admission criteria are subject to change. Please see the School of Nursing website for the most up-to-date criteria at <https://nursing.hsc.wvu.edu>. Any student who has been dismissed from the WVU SON will not be readmitted to the program.

### **LEAP Program**

The WVU DNP Nurse Anesthetist Program partners with the Leadership, Excel and Achievement Program (LEAP) to improve the access of diverse applicants to admission to nurse anesthesia programs and the CRNA workforce. LEAP is a program administered by Case Western University's Frances Payne Bolton School of Nursing and the WVU NAP is one of a host of nurse anesthesia programs across the country to engage in this partnership. LEAP prepares its students with science, writing, and professionalism courses. Graduates of LEAP then apply, interview, and are subject to the same admission requirements as all other at-large applicants. WVU NAP plans to enroll two LEAP graduates annually.

### **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

Grades are calculated to two decimal places (hundredths), and are rounded at the 0.5 level.

Rounding will occur on final grades only and not on individual assignments or in grading categories.

The following grading scale illustrates incorporation of rounding procedures. Percentage ranges are strictly enforced, and no additional rounding will occur.

A= 92.50-100, B=84.50-92.49, C=76.50-84.49, F= 76.49 and below.

### **Extra Credit and Bonus Point Policy**

No bonus points or extra credit will be offered in nursing courses (courses with the prefix NSG). Bonus points are defined as any points (or percentages) added to the student's score that do not also add the same number of points (or percentages) to the total possible for the course. No academic points will be awarded for survey completion, research participation, or other non-academic, non-clinical activities.

### **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 a cumulative 3.0 GPA 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) in 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.
5. Students may withdraw from only one course (resulting in a "W" on the academic transcript, 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 and Withdrawal Form provided by the program director or advisor upon request. 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.). Berkeley, 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.
- The applicant must provide a statement of good standing from the program in which currently enrolled.

### 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.

### Remote Learning When Practicing at Remote Site

A student may request to attend didactic classes remotely when practicing at a clinical site more than a 2-hour drive from the face-to-face class. Students are required to be present for any workshops or simulations associated with the course. Faculty reserve the right to require in-person presence for any given class or other program activity at their discretion.

### 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. Clinical coordinators are expected to 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/SentryMD, to manage this information and documentation. See the PreCheck/SentryMD 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/SentryMD 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/SentryMD account, and the student is responsible for maintaining the current information in the PreCheck/SentryMD 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/SentryMD 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 still noncompliant by 4pm on Friday of the first week of classes will be subject to the policies for clinical attendance and professional role violations and may be administratively dropped from the course or dismissed from the program.**

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 is 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, a current two-step PPD, or Quantiferon Gold test \*If there is documentation of BCG vaccine or a previous positive PPD, then a serum Quantiferon Gold test will be accepted. (upon admission only, TB questionnaire required annually)
- Official documentation of an influenza vaccine (annual, November 1 deadline)
- Documentation of health insurance
- Covid-19 Vaccination Documentation (if required by a clinical facility)(recommended that all students that are vaccinated upload documentation)

### 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 enrolling or progressing in the Nurse Anesthetist Program curriculum courses.

### 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.

### 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. Information pertaining to costs of lodging at particular clinical sites are described in the Induction SOLE site for each cohort in the Clinical Information folder.

## 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  
<https://financialaid.wvu.edu>

## Listing of Clinical Sites

1. **J.W. Ruby Memorial Hospital – WVUM (Morgantown, WV)** is the flagship clinical site of the West Virginia University Nurse Anesthesia 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 (HVI) 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.
2. **WVU Medicine Children’s – WVUM (Morgantown, WV)** is a new tower constructed next to J.W. Ruby Memorial Hospital. The 150-bed hospital is a self-contained unit of the WVU Health System providing pediatric care with its own emergency department, radiology suite, and operating room. The pediatric surgical team completes over 6900 procedures annually including ENT, general surgery, urologic, plastic, orthopedic, and cardiac specialties.
3. **Berkeley Medical Center – WVUM (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.
4. **Braxton County Memorial Hospital – WVUM (Gassaway, WV)** is 95 miles from Morgantown and is a CRNA-only clinical site where CRNAs provide anesthesia to over 1500 patients per year. WVU SRNAs will learn critical decision-making as they work side-by-side with CRNAs in a rural and independent practice setting. Students will attend 2 clinical sites in this one rotation, because the same CRNA staff provide anesthesia at Summersville Regional Medical Center and Braxton County Memorial Hospital on alternating days during the weekly schedule of procedures. Students will acquire general and regional anesthesia experiences while providing anesthesia to patients receiving orthopedic and general surgeries.
5. **Cabell Huntington Hospital – MHN (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 – WVUM (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 – CHS (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 – WVUM (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 – WVUM (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 – MHS (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, obstetrics, 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. **Mon Health Medical Center – MH (Morgantown, WV)** 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.

12. **Potomac Valley Hospital – WVUM (Keyser, WV)** is 89 miles from Morgantown. Students at this CRNA-only site will be able to participate in many of the site's 1600 cases per year which include orthopedic and general cases and an immersive acute pain management and regional anesthesia experience.
13. **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.
14. **St. Joseph's Hospital – WVUM (Buckhannon, WV)** is 72 miles from Morgantown. CRNAs serve the population in the Appalachian foothills by providing anesthesia to over 9600 patients per year. Students will be able to care for patients undergoing obstetric, general, and orthopedic procedures while administering regional central and peripheral nerve blocks.
15. **St. Mary's Medical Center – MTN (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.
16. **Stonewall Jackson Memorial Hospital – MH (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.
17. **Summersville Regional Medical Center – WVUM (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. Students will practice at this site and the Braxton County Memorial Hospital with these independently practicing CRNAs.
18. **Uniontown Hospital – WVUM (Uniontown, PA)** is a community hospital 26 miles from Morgantown across the state line in Pennsylvania. This WVU Medicine hospital provides surgical care to over 6700 patients per year in general, orthopedic, vascular, thoracic, and pediatric subspecialties.
19. **United Hospital Center - WVUM (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.
20. **UPMC Western Maryland (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.
21. **Washington Health System (Washington, PA)** is 48 miles from Morgantown. The site provides over 12,000 cases per year in care to its population. Students experience a variety of routine and specialty cases including thoracic, cardiac, and obstetric cases.

### **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/Functional Standards**

The WVU School of Nursing is committed to diversity and inclusion in the educational preparation of healthcare professionals. SON personnel strive to provide quality opportunities to students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

The Office of Accessibility Services (OAS), SON personnel, and clinical agencies collaborate with students with disabilities regarding options available for academic and nonacademic accommodations. Students are not required to disclose their disability; however, registration with OAS is required to seek reasonable accommodations.

Students will be required to meet program outcomes, clinical facility requirements, WV state code for nursing programs, and the following technical standards independently with or without reasonable accommodations. It is recommended that students report any potential issues regarding meeting these outcomes at the time of admission to avoid problems with clinical placement and progression in nursing courses. Students cannot attend clinical if there are limitations in the ability to safely provide care to assigned patients. Students are encouraged to reach out to OAS or program administrators if they are unsure whether or not they have a qualified disability or are able to meet the technical standards. Reasonable accommodations cannot be implemented retroactively.

If any change occurs in the student's ability to perform these skills, whether temporary or permanent, the program director must be notified. The student may be required to provide documentation from a health care provider, noting any restrictions or necessary accommodations.

### **Outcomes and Standards**

#### **Patient-centered Care**

- Provide direct patient care in a variety of settings, including, but not limited to, long-term care facilities, community agencies, hospitals, and primary care clinics
- Conduct comprehensive and focused patient assessments (including, but not limited to, skills in interviewing, observation, auscultation, palpation, and percussion)
- Create a safe care environment that results in high-quality patient outcomes
- Implement evidence-based interventions for managing acute and chronic care
- Apply psychomotor skills to accurate, effective skill demonstrations and safe, efficient patient care
- Provide emergency care, including, but not limited to, assisting patients during a fall, a fire, or cardiac arrest
- Manage the interaction of multiple patient functional problems
- Move, transfer, and position patients or equipment safely under a variety of circumstances
- Participate in emergency preparedness and disaster response
- Manage care for individuals that approximates a workload appropriate for student level

#### **Communication**

- Communicate effectively and sensitively with the healthcare team, patient, and patient support network (in electronic, oral, and written form)
- Provide appropriate and individualized education
- Demonstrate effective delegation and supervision

#### **Affect and Professionalism**

- Develop awareness of patient and peer spiritual beliefs and values
- Demonstrate tolerance for ambiguity and unpredictability in the healthcare system
- Deliver compassionate and holistic care
- Implement patient and family care around end-of-life and palliative care issues
- Engage in caring, healing, and therapeutic relationships
- Demonstrate emotional stability to function under stress and adapt to changing environments inherent to the classroom and practice settings

### **Cognition, Critical Thinking, and Clinical Judgment**

- Synthesize and analyze data to provide quality care and solve patient care and healthcare system problems
- Complete mathematical calculations related to medication administration and patient data
- Successfully complete course and program examinations
- Demonstrate sound judgment

Students seeking academic or nonacademic accommodations should contact the WVU Office of Accessibility Services. More information regarding OAS services can be found at <https://accessibilityservices.wvu.edu/>.

## **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)

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.

### Standards of Professional Practice and Violation Procedures

All students in the WVU School of Nursing are expected to uphold and demonstrate professional and personal moral standards as defined and described in the following documents:

- West Virginia Code and Legislative Rules; Section 30-7 and Title 19
- West Virginia University Board of Governors Student Conduct Code
- West Virginia University Board of Governors Student Rights and Responsibilities
- American Nurses Association Standards of Practice
- American Nurses Association Code for Professional Nurses
- American Nurses Associate Code of Ethics

Students are expected to, (1) abide by federal, state, and local statutes and ordinances, both on and off campus; (2) refrain from behavior that is incompatible with the responsibilities and values of the nursing profession; and (3) follow the specific rules of conduct established in the above documents and in SON policies and procedures, such as admission and onboarding, attendance, dress code, drug and alcohol, PreCheck/SentryMD documentation, social media, and HIPAA policies.

Students who engage in illegal or immoral acts, violate policy or professional standards, or exhibit unprofessional conduct that directly or indirectly endangers the health or well-being of another individual or themselves will be subject to action pursuant to this policy and guidelines outlined in the Procedures for Proceedings Related to SON Policy and Standards Violations. Incidents for which a sanction could potentially lead to significant delay in graduation, program dismissal, University suspension, and/or expulsion will be referred to the WVU Student Conduct process.

The West Virginia Board of Examiners for Registered Professional Nurses (WVBOERPN) requires that the program report misdemeanors or felonies and that applicants for licensure undergo a criminal background check and provide an explanation of any criminal incident. Depending on the Board's action, applicants for licensure may be barred from taking the NCLEX-RN, disciplinary action may be applied, and/or the nursing license may be restricted. An active, unencumbered nursing license is required to remain in some WVU SON programs.

### Standards of Professional Practice

The student is expected to practice with responsibility and accountability as a professional nursing student. The ultimate goal of nursing practice is to promote health while preventing harm to others. The School of Nursing believes that this goal will be attained if the student's daily nursing practice is guided by the Standards of Professional Practice. These standards reflect minimum acceptable professional conduct.

- The role of the professional nurse involves demonstrating attitudes, values, and behaviors consistent with professional nursing practice. Behavior in conflict with professional nursing practice is inconsistent with professionalism and will not be tolerated.
- Unprofessional behaviors consist of actions that do not demonstrate the minimum behaviors described as acceptable nursing practice. Incidents may be a single event or a pattern of behaviors. Professional Standards include, but are not limited to:
  1. Maintain professional integrity.
  2. Practice within boundaries of the nursing student role.
  3. Comply with the policies and procedures of the School of Nursing, course syllabi, the clinical agency, and the West Virginia Board of Nurse Examiners for Registered Professional Nurses.

4. Demonstrate behaviors consistent with expectations outlined by the 5 core competencies (Critical Thinking, Nursing Interventions, Professionalism, Caring, and Communication).
  5. Maintain patient privacy at all times.
- Prohibited behaviors in class, in clinical, and outside the classroom or clinical area include, but are not limited to:

### **Major Violations (may result in program dismissal upon first offense)**

- Disorderly conduct
- Theft or damage of property
- Disruption of the learning environment
- Hazing
- Unlawful discrimination or harassment
- Behavior or conduct that demonstrates a lack of personal qualities necessary for the practice of nursing, including incivility and unprofessional communication
- Behavior or conduct adversely reflecting upon the nursing profession or the School of Nursing
- Posting on social media, any content that negatively reflects upon the nursing profession or the School of Nursing.
- Alcohol or drug-related offenses
- Violation of HIPAA and patient privacy standards (also referred to Risk Management)
- Failure to maintain professional boundaries
- Abandonment of patients by terminating responsibility for nursing care without properly notifying appropriate personnel and ensuring the safety of patients
- Practicing beyond the scope of the student role or the student's ability/level
- Refusal to follow appropriate directives or instructions from faculty or nursing personnel
- Dishonest behavior, including but not limited to giving false reports, falsifying documentation, theft, academic dishonesty (handled through a separate academic dishonesty charge process and referred to the Office of Academic Integrity).
- Practicing nursing while the ability to safely and effectively practice is compromised by physical or mental disability, medication, or lack of sleep
- Violation of policies and procedures (dependent on severity)

### **Minor Violations (more severe sanctions, including program dismissal, may occur with repeated offenses)**

- Noncompliance with requirements outlined in the PreCheck/SentryMD Documentation Policy
- Unauthorized clinical absences, tardiness, or call-offs (also refer to program's Clinical Attendance Policy, if applicable)
- Inappropriate use of cell phones
- Inadequate preparation for clinical experiences
- Violation of policies and procedures (dependent upon severity)

Disciplinary action by the School of Nursing will be commensurate with the severity of the infraction. SON personnel will complete a Professional Role Violation Referral Form to indicate a student has failed to uphold professionalism standards. Refer to the Procedures for Proceedings

Related to SON Policy and Standards Violations for cases referred to the SON disciplinary process and the WVU Campus Student Code for those referred to the WVU Student Conduct Process.

Students are responsible for reading SON publications, such as the program student handbook, WVU and SON websites, and course syllabi. As part of the PreCheck/SentryMD Documentation Policy, students are required to submit a signature page indicating they read the student handbook. These publications, orientations, and other notifications serve as a verbal warning regarding expectations and potential consequences. First and subsequent offenses and additional warnings shall be documented using the Professional Role Violation Referral Form and through the appropriate disciplinary process (SON or WVU).

#### **Procedure for Violation of Professional Practice**

SON personnel complete a Professional Role Violation Referral Form when a breach of professionalism or behavior standards has occurred and send it via email to the program director. The complainant (reporter) may or may not notify the student of the infraction prior to submitting the violation referral form to the program director but should submit the form within three (3) calendar days of the infraction or of becoming aware that it occurred. If the form is submitted beyond the three-day timeframe, rationale for the delay should be included in the comments.

The program director will forward the Professional Role Violation Referral Form to the student and request an email acknowledgment of receipt and response via WVU email. The referral form and the student's response will be forwarded to the Associate Dean of Academics. Should the student refuse to respond to the referral form, or if efforts to reach the student are unsuccessful, a notation should be made on the referral form or forwarding email regarding the circumstances surrounding the missing student response.

The Associate Dean of Academics will consult with all parties involved. If it is determined that the student is not responsible of the violation or when warnings or educational sanctions are applied, the Associate Dean of Academics, or a designee, will send a formal letter to the student outlining the decision. Any role violation for which a sanction other than a warning or educational assignment is possible will be referred to the SON disciplinary process and the Procedures for Proceedings Related to SON Policy and Standards Violations. A role violation warning or educational assignment is not appealable. The Office of Student Services will maintain a log regarding role violations issued, including warnings.

A faculty member witnessing a violation that interferes with the ability to meet immediate classroom, clinical, or safety outcomes of the accused student or other involved parties has the discretion to dismiss the student from the experience. In this instance, the program director must be notified that the student was dismissed, and a notation of the dismissal and rationale should be included on the Professional Role Violation Referral Form. The Associate Dean of Academics must be notified if SON personnel believe it is necessary to suspend student participation of certain activities until resolution of the violation or adequate remediation has been completed and documented.



## PROFESSIONAL ROLE VIOLATION REFERRAL FORM

**To be completed by Reporter (Complainant):**

**Student Name:**

**Student ID:**

**Enrolled courses (if applicable):**

**Brief Description of the Violation:**

**Other Comments or Notations (see Standards of Professional Practice and Violation Procedures for required notations regarding reporting delays, the need for immediate suspension of activities, and/or a missing student response):**

**Complainant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Procedures for Proceedings Related to SON Policy and Standards Violations**

The nursing profession requires an emphasis on safety, integrity, and professionalism. This document outlines procedures regarding investigations and sanctions resulting from alleged breaches in professionalism and behavioral policies. This may include, but is not limited to, violations of HIPAA guidelines, drug and alcohol screening policies, professional role standards, PreCheck/Sentry documentation policies, and nursing safety and professionalism standards. Academic dishonesty cases are investigated through the Office of Academic Integrity and are not covered within these procedures.

### **Procedural Administration**

The Associate Dean of Academics will serve as the School of Nursing procedural administrator to assist any student, student organization, staff member, faculty member, or administrator in understanding and applying these procedures.

All documents related to the proceedings will be housed within the SON Office of Student Services, and formal student notifications will also be stored in the student's SON file.

The procedural administrator will:

- 1) advise any group or individual within the SON wishing to report professional role violations against one or more students;
- 2) investigate the credibility of reports brought forward and gather evidence related to the charge;
- 3) inform any student against whom a report has been submitted of substantive rights, due process rights, and procedures forthcoming, including the right of appeal and referrals to entities outside the School of Nursing;
- 4) refer cases to WVU Student Contact and/or Risk Management, when applicable;
- 5) appoint a PRV Review Committee sergeant of arms;
- 6) randomly select PRV Review Committee members and identify conflicts of interest;
- 7) provide and/or coordinate necessary training opportunities;
- 8) assist the sergeant of arms in setting up hearings, when applicable;
- 9) conduct PRV review conferences, when applicable and appropriate.

The PRV Review Committee sergeant of arms will:

- 1) prepare all papers necessary for the PRV review conference and outcome from the conference for appropriate dispensation and signature;
- 2) assist the procedural administrator in the appointment of the PRV Review Committee members;
- 3) oversee and facilitate hearings and manage questions asked of witnesses
- 4) participate in PRV review conferences

The sergeant of arms may ask questions of witnesses for clarification and data collection, however, will not vote on responsibility or sanctions except to break a tie.

The PRV Review Committee will be randomly selected for each PRV review conference and will consist of seven members, including at least one staff and at least 4 faculty. The student's home campus will be represented by at least two faculty or staff members. Conflicts of interest would preclude a member from participating.

### **Jurisdiction**

Conduct from the time of application for admission through the actual awarding of a degree,

even if conduct occurs before classes begin or after classes end, as well as during the academic year and during periods between terms of actual enrollment is subject to SON and course policies. Policies shall apply to a student's conduct even if the student withdraws from school while a disciplinary matter is pending, and even if the student's conduct is not discovered until after a degree is awarded.

This document shall apply to all students enrolled in SON undergraduate, graduate, and professional programs and to all SON student organizations.

### **Breach of Procedures**

Students will be found in violation of procedures in the following circumstances, which may result in additional sanctions.

1. Failure to comply with the notice from the procedural administrator or PRV Review Committee to appear for a meeting or PRV review conference concerning violations of SON policies.
2. Falsification, distortion, or misrepresentation of information at any point in the process.
3. Disruption or interference with the orderly conduct of a PRV review proceeding.
4. Initiating a report in bad faith.
5. Attempting to discourage or discouraging an individual's proper participation in, or use of, proceedings.
6. Retaliating against an individual because of the individual's participation in, or use of, proceedings.
7. Attempting to influence or influencing the impartiality of a member of the hearing council prior to, and/or during, a proceeding.
8. Harassment (verbal or physical) and/or intimidation of a member of the PRV review committee or procedural administrator prior to, during, and/or after any proceeding (reportable to WVU conduct office).
9. Influencing or attempting to influence another person to commit an abuse or violation of the SON policies or WVU student code of conduct.
10. Failing to comply with one or more sanctions imposed.
11. Failure to comply with a University or SON directive.
12. Knowingly violating the terms of a disciplinary sanction imposed in accordance with the procedural outcome.

### **Sanctions**

It is expected that the SON will impose or seek a sanction that is fair under the circumstances. To that end, a student found responsible for a violation or violations of SON policies and/or the Standards of Professional Practice shall be subject to sanctions commensurate with the offense with consideration given to any aggravating and mitigating circumstances, including the student's conduct record. Any incident that could lead to sanctions that include or lead to significant delay in graduation (greater than one year), program dismissal, University suspension, and/or expulsion will be referred to the WVU Student Conduct Process (<https://studentconduct.wvu.edu/student-conduct/process>). Sanctions available for violations include any of the following:

- a) Program Dismissal: Permanent separation of the student from the School of Nursing programs. This is reserved for persistent violations of the SON policies or a single violation of marked severity.
- b) Course Failure: When an offense relates directly to the clinical or professionalism

outcomes of a specific course, course failure is an available sanction. Additional results of a course failure would fall under the jurisdiction of the program's progression policies. Course failures resulting from misconduct and resulting in program dismissal will be referred to the WVU Student Conduct Process. Course failures related to academic performance and course evaluation expectations are considered academic in nature and do not fall under the purview of this policy.

c) Probation: A written reprimand for prohibited conduct that specifies a designated period of time and includes the probability of more severe disciplinary sanctions if, during the designated probationary period, the student violates additional WVU or SON policies. Additional conditions may be stipulated based on the nature of the offense.

d) Warning: A notice in writing to the student that the student is violating or has violated policy and that any further prohibited conduct may result in more severe disciplinary action.

e) Revocation: Admission to the nursing program may be revoked for a violation committed before the student arrives on campus or related to conditions or criteria for admission.

f) Other Sanctions: Other sanctions may be imposed instead of or in addition to those specified. For example, community service, educational classes, and other work or research projects may also be assigned.

Attempts to commit acts may be punished to the same extent as completed violations.

### **Interim Suspension or Leave of Absence**

Imposition of Interim or Supportive Measures: When the alleged actions of a student threaten the operations or safety of the SON or patients or when the SON must take action to assist students pending the outcome of a matter, interim or supportive measures may be put into place. These measures are administrative directives that are intended to ensure the safety of all parties and prevent a situation from escalating. Interim or supportive measures may be made at any point after a referral is received and may include, but are not limited to:

- i. Administrative directives for no contact;
- ii. Temporary or permanent removal from the clinical setting; and/or
- iii. Immediate leave of absence.

The Dean of Nursing will make decisions on these measures after appropriate consultation. All measures described above will be documented in writing and will be made on an individualized basis. The notice will state the facts and circumstances warranting the interim leave of absence, the conditions of the interim leave of absence, and the student's review rights. The procedural administrator will notify the WVU Office of Student Conduct when interim suspension or a leave of absence is required.

Within three (3) calendar days of the imposition of the interim leave of absence, the student may petition the Dean of Nursing to review the reliability of the information concerning the alleged harm or ongoing threat. The petition for review must be in writing and may include evidence supporting the student's position that the student does not pose or no longer poses a significant

risk of substantial harm to the individual, others, or property or an ongoing threat of disrupting the normal operations of the University.

### **Investigation**

The procedural administrator shall investigate each report of student misconduct from a credible source. The administrator may require meetings for the purposes of investigating and/or discussing allegations of prohibited conduct, whether such allegations have been formally submitted or have otherwise been made known. Failure to comply with the investigation may result in additional sanctions.

### **Notice of Charge**

If, after an investigation, the procedural administrator finds that it is reasonable to believe that the student violated SON policy, then a formal and written notification of charge will be sent via the student's WVU email or by other means to ensure that the student receives it. The Notice of Charge shall be provided to any student suspected of prohibited conduct as soon as possible after the investigation is concluded.

The Notice of Charge shall include a brief outline of the facts upon which the charge is based and potential sanctions should the respondent be found responsible. When applicable, a copy of the Notice of Charge will be provided to the complainant. The Notice of Charge shall identify a date and time for the respondent to meet with the procedural administrator, or other appropriate personnel, to discuss the SON policy, hearing procedures, remedial options available to the respondent, and information regarding referrals outside the School of Nursing.

If, after investigating the complaint or allegation of student misconduct, the procedural administrator does not find that it is reasonable to believe that the student violated the SON policies and/or the Standards for Professional Practice, then the complaint or allegation will be dismissed. In the event the complaint or allegation is dismissed, the administrator shall indicate the reason for the dismissal and notify the student (respondent) and complainant, when applicable, in writing.

### **Agreed Resolution**

At any point prior to assignment of sanctions, SON administration and the respondent may reach an agreement on a decision regarding responsibility and sanctions. The Agreed Resolution shall be written, dated, and signed. It shall include the agreed upon facts, conditions, and sanctions.

An Agreed Resolution shall be final and not subject to any subsequent proceedings. If the student submits a written objection to cancel the agreement within 24 hours of signing it, the Agreed Resolution would be null and void.

### **PRV Review Procedures**

Complaints not seeking program dismissal or any other action that would lead to dismissal or a significant delay in graduation can be handled through a PRV review conference between the respondent, the procedural administrator, the program director or track coordinator, and the PRV Review Committee sergeant of arms.

In situations where a Notice of Charge has been distributed, an Agreed Resolution cannot be reached, and referral to the WVU Student Conduct Process is not necessary, the case may be referred to the SON PRV Review Committee for review.

If the case is referred for a SON conference, the procedural administrator or designee will schedule the conference within ten (10) calendar days. Maximum time limits for scheduling may be extended at the discretion of the procedural administrator. The student will be notified regarding the date, time, location of the scheduled conference, reports or materials considered, and anticipated witnesses.

If a respondent, after receiving a Notice of Charge and conference date, does not appear for a conference, the conference will proceed without the respondent. However, no inference may be drawn against a respondent for failing to attend, and no decision shall be based solely on the failure of the respondent to attend the conference.

During conferences, the respondent will be given the opportunity to present evidence and to respond to all details regarding the current allegation and any other offenses considered in the assignment of sanctions. A list of witnesses and any documentation to be considered in the meeting should be submitted by the respondent prior to the conference.

Prospective witnesses, other than the complainant(s) or respondent may be sequestered during other witnesses' testimony. Cell phones and other electronic devices may be secured by reasonable means determined by the sergeant of arms prior to the conference in order to eliminate texting or e-mailing information to other witnesses. The devices will be returned to each witness after they have been excused from the conference.

PRV review conferences shall be conducted according to the following:

- a) Conferences shall be conducted in private.
- b) The procedural administrator will present the facts and information obtained from the investigation to the PRV Review Committee.
- c) The respondent, and, when applicable, the complainant may make statements and ask questions of witnesses.
- d) All procedural questions are subject to the final decision of the sergeant of arms.
- e) Formal rules of evidence shall not apply, nor shall deviations from prescribed procedures necessarily invalidate a decision or proceeding, unless significant prejudice to a student or the SON results. Rather, the sergeant of arms shall have the authority to decide any issues regarding relevancy or admissibility that may arise during the hearing.
- f) The sergeant of arms shall have the authority to discharge or to remove any person whose presence is deemed unnecessary or obstructive to the proceedings.
- g) The sergeant of arms may ask questions of a witness.

All conferences will be recorded. The SON will maintain the audio recordings which remain the property of the University. Participants are prohibited from making their own recordings. Upon written request, a respondent, and complainant, when applicable, shall be provided access only in compliance with the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g (2020)) and pursuant to any other conditions for access as may be deemed necessary by the Dean of Nursing or designee.

After the portion of the conference concludes in which all pertinent information has been received, the sergeant of arms shall privately deliberate with the PRV Review Committee whether the respondent is responsible as charged. The PRV Review Committee's determination of responsibility shall be based on a preponderance of the evidence. "Preponderance of the

evidence” means evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which, as a whole, shows that the fact sought to be proved is more probable than not.

In the event that a respondent has been found “responsible” on any charge, the PRV Review Committee may receive additional information regarding the student’s academic transcript and student conduct history, request proposed sanctions from the respondent, and hear impact statements by both the respondent and complainant, when applicable. After receiving the aforementioned information, the PRV Review Committee shall deliberate on the sanction(s) in private. The sergeant of arms may submit written recommendations for specific sanctions or a range of sanctions and rationale for those recommendations on behalf of the committee to the procedural administrator.

### **Notice of Outcome**

After the evidence is considered and a decision is made, the procedural administrator will send a written Notice of Outcome to the respondent. The Notice of Outcome shall plainly state the decision and the rationale for the decision. In the event that the student is found responsible for any part of the charge, the Notice of Outcome will include a brief statement of the facts relied upon, the assigned sanction, and an explanation of appeal rights. A copy of the Notice of Outcome will be provided to the complainant, when applicable.

### **Appeal**

The outcome that is issued may be appealed by both the complainant (when applicable) and respondent within five (5) calendar days from the date that the Notice of Outcome is sent. If the student does not submit an appeal within the prescribed time, the sanction(s) will be applied, no appeal will be considered, and the matter will be concluded.

A written appeal and supporting documents, if any, shall be submitted to the Dean of Nursing with a copy to the procedural administrator.

Sanctions are stayed pending the appeal outcome. However, if there is a perceived danger, interim sanctions may remain in place until the appeal process is complete.

The Dean of Nursing shall review the record and supporting documents to consider only the following:

- a) To determine whether jurisdiction was properly asserted
- b) To determine whether the underlying proceeding was conducted fairly in light of the charges and evidence presented, and in conformity with prescribed procedures, such that no significant prejudice resulted;
- c) To determine whether the decision reached was clearly unreasonable based on the information presented; and
- d) To determine whether the sanction(s) imposed were appropriate.

The Dean of Nursing shall consider the appeal and deliver a decision within ten (10) calendar days of receipt of such appeal, except where adherence to such time period would be impracticable, in which case such time period shall be extended as warranted by the particular circumstances.

The Dean of Nursing may decide to:

- a) Deny the appeal
- b) Modify, reduce, or otherwise limit the sanction(s) imposed (more severe sanctions may not be imposed on appeal);
- c) Refer the case to the University Student Conduct process; or
- d) Remand the matter to the original decision maker with specific instructions that shall be carried out.

If an appeal is not upheld by the Dean of Nursing, the matter shall be considered final and binding upon all involved.



## WVU School of Nursing Drug and Alcohol Screening Policy

The WVU SON has an obligation to protect the public and its students while also respecting students' privacy rights. Drug screening policies at the academic program level must balance safety and privacy rights. This drug and alcohol screening policy applies to all WVU SON programs that incorporate a clinical component, direct patient care provision, and/or handling prescription medications. In addition, the SON and its students must follow clinical facility policies and requirements regarding drug and alcohol screening.

### Prohibited Substances

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 also 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 poses an unacceptable risk for unsafe patient care.

Prohibited substances include cannabinoids, phencyclidine (PCP), cocaine, amphetamines, benzodiazepines, barbiturates, propoxyphene, methadone, methaqualone, methamphetamine, buprenorphine, opiates, and opioids. Students may not be under the influence of alcohol while performing patient care duties or handling prescription medication, and possession or consumption of alcoholic beverages by individuals under the age of 21 is a violation of state liquor laws. Likewise, it is illegal for anyone to provide alcoholic beverages to persons under the age of 21.

Students who are prescribed any 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 and prior to clinical experiences, medication administration, or patient care. Students are permitted to take medications that may affect urine drug screen results when legally prescribed to the student following documentation approval and as long as the student is able to safely provide care.

### Routine Urine Drug Screening Requirements

Students enrolled in programs with clinical components are required to submit a urine drug screen during the month prior to matriculation and annually through PreCheck/Sentry MD (See the PreCheck/Sentry MD Documentation Policy). Students are required to comply with clinical facility policies, which may include random drug screening.

### Reasonable Suspicion ("for cause") Screening

Students enrolled in courses with clinical components may be subject to additional blood alcohol testing or urine alcohol and drug screening if reasonable suspicion for drug screening is found. Reasonable suspicion requires some level of objective information to believe that drugs or alcohol are involved beyond a hunch. Reasonable suspicion of substance use is considered in the presence of the following factors.

1. Direct observation of the student engaging in drug or alcohol related activity
2. Direct observation of the student demonstrating symptoms of being under the influence, including, but not limited to:
  - a. Slurred speech
  - b. Odor of alcohol on breath or person
  - c. Unsteady gait
  - d. Dilated pupils or bloodshot/glassy eyes
  - e. Disoriented or confused behavior
  - f. Observed behaviors indicative of hallucinations
  - g. Unexplained accident or injury
3. Documented pattern of erratic behavior or sudden change in demeanor
4. Conviction of an alcohol or drug related offense
5. Documented sudden change in performance, including, but not limited to:
  - a. Excessive absenteeism or tardiness
  - b. Decline in academic performance, including missed deadlines
  - c. Work habits in the clinical environment, including increased errors
6. Specific and reliable information from a credible source

Following an incident that requires drug or alcohol testing, the student will be sent home by cab (at the student's expense) or a responsible individual. Under no circumstances will the student be allowed to drive home or return to class or clinical.

### **Urine Drug Screening Procedures**

Students are responsible for the cost of all drug screening. Routine drug screens are purchased and documented through PreCheck/Sentry MD. Random and “for cause” drug screening can be documented through PreCheck/Sentry MD or a participating LabCorp facility. More information regarding drug screen locations can be obtained through the Office of Student Services.

Students may not be permitted to begin or return to the clinical rotation until drug screen results are available. It is the student’s responsibility to ensure that drug testing is completed in a timely manner.

### **Positive Alcohol and Drug Screens**

Any positive alcohol or drug screen may result in a violation of academic program policies and professionalism standards. Refusal of a blood alcohol, urine alcohol, or urine drug screen will be treated as a positive drug screen result, and repeat specimen collection for a positive result is prohibited. Students are required to repeat urine screenings with a negative but dilute result within a timeframe established by SON personnel.

If the student feels that a positive test result is an error, the specimen may be immediately retested by the contracted laboratory to determine whether an error existed. In the event that the retest is negative, the immediately prior positive result will be considered an error, and the initial positive test will not result in a violation.

On-campus and off-campus incidents involving alcohol or prohibited substances may, based on the Standards of Professional Practice, result in a violation pursuant to this policy. All incidents resulting in a plea of guilty or conviction for an alcohol or drug offense will be a violation. Determination of whether an incident involving alcohol or prohibited substances is a violation will be made on a case-by-case basis; nevertheless, to the extent practicable, the SON will make determinations that are consistent with past practices and a thorough review of current circumstances. In the event that the SON deems an on-campus or off-campus incident involving alcohol or prohibited substance to be a violation, the violation will be treated as a positive alcohol or drug screen.

### **Sanctions**

Students in violation of the drug and alcohol screening policy will be subject to the Procedures for Proceedings Related to SON Policy and Standards Violations. Students found responsible for violating this policy and/or the Standards of Professional Practice will be subject to sanctions up to and including program dismissal. New program applicants with a positive drug screen will be ineligible for admission to the program and will forfeit their admission “seat.”

Interim suspension measures or an immediate leave of absence may be necessary during the investigation and/or during follow-up treatment and support.

Required documentation will be outlined in a formal outcome letter and will be maintained with the student’s academic program record.

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 (<http://wvrestoreprogram.com>), and any sanction regarding a violation of this policy will result in a WV Restore referral. If, through disciplinary proceedings and the resulting sanctions, the student is permitted to return to the academic program, full compliance with the recommendations of the counseling/support program will be required.

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.

### **Personal Time Off**

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, flexible time off which may be used for vacation, illness,

appointments, or interviews. Personal time may carry over from year to year. Scheduled personal time off needs to be approved by the program director 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 (304) 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**

### **Bereavement**

Requests for bereavement leave may be granted at the discretion of the program director. The student must notify the program director or their designee as soon as possible after the loss. The amount of time granted will be determined according to the following guidelines:

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

If the student requires more time, the student may request to use personal time off or request a leave of absence.

### **Maternity or Paternity Leave**

Students will receive three (3) days maternity or paternity leave from all clinical or classroom attendance. If additional days are required, the student may request to use personal time off, a medical leave, or a leave of absence in consultation with the program director.

### **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

Criteria	<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
<b>Patient Physical Status</b>		
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	*650	700

\*For all students matriculating into an accredited program on or after January 1, 2022.

<b>Patient Assessment</b>		
Initial preanesthetic assessment	50	100
Postanesthetic assessment	50	150
Comprehensive history and physical		
a. Actual		
d. Simulated		

<b>Special Cases</b>		
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	
Perform a general anesthetic induction with minimal or no assistance.	50	100
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)	20	
a. Regional	10	
1. Actual regional		
2. Simulated regional		
b. Vascular	10	
1. Actual vascular		
2. Simulated vascular		
Point of Care Ultrasound (POCUS)		
2. Actual		
2. Simulated		
Intravenous catheter placement	100	
Advanced noninvasive hemodynamic monitoring		
Assessment of chest X-ray		

<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 2022-2023  
West Virginia University  
Professional - Health Sciences

Tuition Per Semester	Resident Professional 2022-2023	Nonresident Professional 2022-2023
University Tuition	\$ 4,617.00	\$ 13,041.00
University Fees	\$ 684.00	\$ 684.00
College Tuition CRNA	\$ 6,489.00	\$ 6,489.00
Student Tuition Subtotal	\$ 11,790.00	\$ 20,214.00

Approximate Additional Fees				
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/SentryMD	Once	\$ 162.00	\$	162.00
Annual Drug Screen	Year 2 & 3	\$ 134.00	\$	134.00
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
Clinical Site Housing	Variable	\$ 5,000	\$	5,000
			Resident	Nonresident
Subtotal Additional Fees		\$ 16,087.00	\$	16,087.00
Estimated Tuition for 9 Semesters		\$ 106,110.00	\$	181,926.00
Total		\$ 122,197.00	\$	198,013.00

## 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

**Appendix 7: DNP Nurse Anesthetist Program Handbook Signature Page**

I acknowledge that it is my responsibility to read and clarify my understanding of the contents of the WVU Doctor of Nursing Practice Nurse Anesthetist Program Handbook and to access my WVU email Mountaineer Information Exchange (MIX) account at least weekly while I am a student at WVU. The Program Handbook is updated annually and emails are distributed regularly by program faculty, director, and advisors. These documents represent formal means of communication between students and the School of Nursing. Receiving information distributed to students through these mechanisms is the responsibility of the student.

I have received and read the 2022-2023 WVU Doctor of Nursing Practice Nurse Anesthetist Program Handbook.

Please sign, date, and upload to PreCheck/SentryMD.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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