



**SCHOOL OF NURSING**

OAKLAND UNIVERSITY

**STUDENT HANDBOOK  
ACADEMIC YEAR 2024 -2025  
OAKLAND UNIVERSITY – BEAUMONT  
GRADUATE PROGRAM OF NURSE ANESTHESIA  
DNP-NURSE ANESTHESIA**

SON website: [SON Website](#) [Follow us on social media](#)

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## Glossary

AACN	American Association of Colleges of Nursing
ACE	Alliance for Clinical Experience
ACLS	Advanced Cardiac Life Support
AGNP	Adult Gerontological Nurse Practitioner
ANA	American Nurses Association
APA	American Psychological Association
APRN	Advanced Practice Registered Nurse
ASD	Accelerated Second Degree
ATI	Assessment Technologies Institute
BLS	Basic Life Support
BSN	Bachelor of Science in Nursing
CCNE	Commission on Collegiate Nursing Education
CITI	Collaborative Institutional Training Initiative
CNP	Certified Nurse Practitioner
CNS	Clinical Nurse Specialist
COA	Council on Accreditation of Nurse Anesthesia Educational Programs
CRNA	Certified Registered Nurse Anesthetist
DNP	Doctor of Nursing Practice
FNP	Family Nurse Practitioner
FOR	Faculty of Record
IRB	Institutional Review Board
MACN	Michigan Association of Colleges of Nursing
MAE	Medication Administration Examination
MARC	Medication Administration Remediation Course
MSN	Master of Science in Nursing
NA	Nurse Anesthesia
NCLEX	National Council Licensure Examination
OU	Oakland University
OUBGPNA	Oakland University-Beaumont Graduate Program of Nurse Anesthesia
OUCA	Oakland University Computer Account
PhD	Doctor of Philosophy
POS	Plan of Study
RN	Registered Nurse
RN-BSN	BSN Degree Completion Sequence for Registered Nurses
SON	School of Nursing
USCIS	United States Citizenship and Immigration Services

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia publishes a student handbook each year. The academic requirements, policies, and procedures described in this handbook are in effect from Fall 2024 through Summer 2025 for students admitted to the SON graduate program. Students are responsible for following the most current handbook. All data in this DNP Student Handbook reflect information as it was available at the publication date. The reader should take notice that while every effort is made to ensure the accuracy of the information provided in the DNP-NA Student Handbook, Oakland

University reserves the right, in its exclusive and absolute discretion, to make changes to the DNP-NA Student Handbook at any time without prior notice. Oakland University provides the information in the DNP Student Handbook solely for the convenience of the reader and expressly disclaims any obligations which may otherwise be stated, implied or inferred. This DNP Student Handbook, in its entirety or in its component parts, is not a contract and cannot be utilized, construed or relied upon as a contract..

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**Beaumont Graduate Program of Nurse  
Anesthesia**

Dear Student:

Welcome to the Oakland University - Beaumont Graduate Program of Nurse Anesthesia (OUBGPNA). The 36-month program of study includes intense didactic instruction and a wide range of clinical experiences that will prepare you to take the National Certification Examination offered by the National Board of Certification and Recertification for Nurse Anesthetists. Upon completing the graduate program, you will be conferred the Doctor in Nursing Practice degree with a specialty focus in Nurse Anesthesia.

Program administration has developed this student handbook for you to use as a resource, reference, and guide to all programmatic policies and procedures. In addition to this handbook, you must read and understand all information in the Oakland University (OU) Graduate Catalog and the OU School of Nursing (SON) DNP Student Handbook.

The program reserves the right to revise the information in this handbook at its discretion and make reasonable changes in requirements that enhance the program and/or improve the quality of your education. OUBGPNA faculty will communicate changes verbally, in writing, or electronically to all students should changes occur.

We look forward to working with you in the classroom and clinical area. The faculty is passionate about the profession of nurse anesthesia and eager to facilitate your education.

Linda McDonald, DNAP, CRNA  
Anne Hranchook, DNP, CRNA  
Andrea Bittinger, DNP, CRNA  
Mary Golinski, PhD, CRNA  
Lori Shannon, DNAP, CRNA  
Holly Franson, DNP, CRNA  
Stefanie Glasgow, DNP, CRNA  
Susan Davis, BS

Program Director  
Assistant Program Director  
Adjunct Instructor and Program Faculty  
Associate Professor and Program Faculty  
Adjunct Instructor and Program Faculty  
Part-time Faculty  
Part-time Faculty  
Program Coordinator

# Overview of the School of Nursing

## ***SON Mission, Vision, Philosophy***

### **School of Nursing Mission**

Approved by the SON Faculty Assembly on *March 24, 2023*

The School of Nursing prepares innovative, caring, and competent nurse leaders committed to the health and well-being of individuals and communities through education, practice, and scholarship.

### **School of Nursing Vision**

Approved by the SON Faculty on *March 24, 2023*

The School of Nursing inspires nurses to have a sustained positive impact on the health of a diverse society through community partnerships and excellence in education.

### **School of Nursing Philosophy**

Approved by the SON Faculty on February 18, 2016

The Oakland University School of Nursing (OU-SON) Philosophy of Nursing Education is informed by insights into the empirical, aesthetic, ethical, and personal ways of knowing that undergird nursing as a practice discipline, the position that nursing holds in society, and the relationship that exists between the SON and OU. Nursing's disciplinary domain has both a scientific and professional practice component. Nursing science discovers, develops, synthesizes, validates, and brings order to the theoretical and practical knowledge that informs the professional practice of nursing. Professional nursing care of individuals, families, and communities is a social mandate that carries with it the responsibility to educate nurses qualified to fulfill the professional role and uphold the standards of the profession.

The faculty of the SON believes that nursing education:

- Requires innovative approaches in order to prepare professional nurses now and in the future to address the health care needs of individuals, families, and communities through patient-centered nursing care, teamwork and collaboration, communication, and information technology.
- Has a foundation in the arts and sciences of liberal education which is needed to ground nursing in the complexity of the human experience.
- Prepares students to recognize, understand, and work with nursing phenomena and to understand the results of these efforts in relation to human values including life, justice, personal freedom, health, and well-being.
- Prepares students to use empirical knowledge as a guide for judgment, decision-making, and the provision of quality and safe professional nursing practice.
- Prepares students across all curriculum levels to learn, work, and live productively in ever changing national and international societies.

The faculty of the SON also believes that:

- Students learn best when challenged by educational experiences that are salient and incorporate real-life situations and issues related to systems-based practice.



- Diversity among faculty, students, and members of national and international societies enriches the educational experience.
- A commitment to life-long learning is essential to the professional development of nurses, the health of national and international societies, and the growth of the discipline.
- Faculty members are responsible for determining what is to be learned and how that learning can be assessed, evaluated, and enhanced.

## ***Doctoral Program Outcomes, Essentials, Organization Chart***

### **The Essentials of Doctoral Education for Advanced Nursing Practice**

**The Essentials of Doctoral Education for Advanced Nursing Practice (American Association of Colleges of Nursing [AACN] 2021) are the guiding framework for the SON Graduate Program.**

#### **Domains**

1. Knowledge for Nursing Practice
2. Person-Centered Care
3. Population Health
4. Scholarship for the Nursing Discipline
5. Quality and Safety
6. Interprofessional Partnerships
7. Systems-Based Practice
8. Informatics and Healthcare Technologies
9. Professionalism
10. Personal, Professional, and Leadership Development

#### **Concepts**

- Clinical Judgment
- Communication
- Compassionate Care
- Diversity, Equity, and Inclusion
- Ethics
- Evidence-Based Practice
- Health Policy
- Social Determinates of Health

## **Doctor of Nursing Practice Program Outcomes**

*Approved by School of Nursing Faculty Assembly March 29, 2018*

At the end of the DNP program, the DNP graduate will be able to:

<b>DNP OUTCOME</b>	<b>Link to AACN DNP ESSENTIALS</b>
Integrate scientific and theoretical knowledge from nursing and other disciplines to develop, identify, evaluate, and disseminate best practices to improve health care and health care systems	I, II, V, VI
Lead organizations and systems to enhance quality and safety to improve patient, population, and organizational outcomes.	II, III, IV, V, VII, VIII
Employ data analytic methods, information systems and technology to evaluate, integrate, and translate evidence to improve programs of care, outcomes of care and care systems.	I, II, III, IV
Lead and influence health policy to reduce health disparities, encourage cultural sensitivity and promote access to quality care while advocating for social justice and equity at the system, state, national, and international levels.	II, V, VI, VIII
Use models of interprofessional collaboration to enhance patient and population health outcomes.	I, II, IV, VI, V, VI, VII, VIII
Provide the highest level of ethical, patient-family-centered care as a scholar in nursing specialty practice.	I, III, V, VI, VII, VIII

## **Accreditations**

The Doctor of Nursing Practice program at Oakland University is accredited by the Commission on Collegiate Nursing Education <https://www.aacnnursing.org/CCNE>. The Council on Accreditation of Nurse Anesthesia Education Programs accredits the Oakland University-Beaumont Graduate Program of Nurse Anesthesia (OUBGPNA). Contact the COA directly at 847-655-1160 or 10275 W. Higgins Rd, Suite 906, Rosemount, IL 60018-5603, or visit their website at <https://www.coacrna.org/>.

## ***Professional Organizations***

### **National**

#### **Sigma Theta Tau International**

Sigma Theta Tau International, the Honor Society of Nursing, was chartered at OU in April 1986. Each year, academically eligible nursing students are invited to become members. Candidates for membership are selected solely based on superior academic achievement.

#### **The American Association of Colleges of Nursing (AACN)**

OU is a member of the AACN, the national voice for baccalaureate and graduate-degree nursing education. A unique asset for the nation, AACN serves the public interest by providing standards and resources and fostering innovation to advance professional nursing education, research, and practice.

#### **American Association of Nurse Anesthetists (AANA)**

Founded in 1931, the AANA is the professional association representing more than 59,000 certified registered nurse anesthetists (CRNA) and student registered nurse anesthetists nationwide. The AANA promulgates education and practice standards and guidelines and consults private and governmental entities regarding nurse anesthetists and their practice.

### **State**

#### **Michigan Association of Nurse Anesthesia Students (MANAS)**

The Michigan Association of Nurse Anesthetists (MANA) is a statewide association representing over 2,600 CRNAs and students. MANAS is the student chapter of MANA. Student registered nurse anesthetists (SRNAs) can participate in MANAS as elected officers or as representatives for the OUBGPNA.

### **Oakland University**

#### **Student Representation on SON Committees:**

Graduate nursing students may serve on the SON Graduate Committee on Instruction (GCOI).

#### **Black Student Nurses Association at Oakland University (BSNA – OU)**

The BSNA-OU allows nursing students to promote unity among minorities and other students by providing a support network for pre-nursing and current nursing students. In addition, the BSNA-OU allows members to improve their networking skills while informing the greater OU community about health issues that affect minorities.

#### **Dean's Circle**

The Dean's Circle is a select group of SON students invited to apply for membership to serve as SON ambassadors. Participation in the Dean's Circle allows students to develop leadership skills

by assisting with various SON events, interacting with the SON Dean and other administrators, and representing the SON at various university functions.

## ***Oakland University Policies***

### **Lines of Communication Policy**

This policy aims to delineate various modes of communication that a student may use for conflict resolution or questions. Standard lines of student communication begin with the clinical and didactic faculty. Subsequent steps include contacting the clinical coordinator(s), followed by the assistant director and then the program director. Students may contact the Associate Dean, and ultimately the Dean of the School of Nursing at Oakland University, after the program faculty. Generally, any program's administrative faculty can answer questions as they arise.

### **OU Judicial Process**

All members of Oakland University's academic community must practice and uphold standards of academic integrity. Academic integrity means representing oneself and one's work honestly. Misrepresentation is cheating since the student claims credit for ideas or work not their own, thereby seeking an unearned grade. All academic misconduct allegations are forwarded to the Dean of Students office and adhere to the [student judicial system](#).

### **Oakland University Formal Complaint/Incident Report Process**

Students, faculty, staff, parents, and others are strongly encouraged to report behaviors that they feel are concerning, problematic, or threatening (no matter how small or insignificant that may seem). Students may find the link to submit a formal complaint or report an incident of concern on the [OU Dean of Students website](#). Students should immediately report imminent threats to the Oakland University Police Department (OUPD).

Sexual misconduct can occur in any University-sponsored program, both on-campus and off-campus. Sexual misconduct is *unwelcome* conduct of a sexual nature *without consent* and includes sexual harassment, sexually hostile environments, and sexual violence. For a more complete understanding of OU's Sexual Misconduct Policy and corresponding laws, please click [here](#).

### **Boundary Violations**

Divulging confidential patient and/or family information of any kind without authorization,

including without limitation in-person, via telephone, and/or via any electronic media (e.g., email, text, social media, or any other electronic communications of any kind), violates the applicable ethical, professional and legal standards, and may result in discipline up to and including suspension or dismissal from the SON and/or the University. See additional information from the ANA and National Council of State Boards of Nursing regarding [social media guidelines for nurses](#).

In addition, the use of any language or materials, including without limitation in-person, via telephone, and/or via any electronic media (e.g., email, text, social media, or any other electronic communications of any kind), may also result in discipline up to and including suspension or dismissal from the SON and/or the University if it:

- Contains illegal content
- Violates any University or SON policy or any provision of this handbook
- Constitutes fighting words, obscenity, defamation, invasion of privacy, harassment, threats, intimidation, or discrimination on a basis prohibited by federal or state law
- Has the effect or likelihood of inciting imminent unlawful action
- Conveys an imminent threat of physical harm to specific individuals, including without limitation in-person, via telephone and/or electronic communications, the internet, and/or any other social media

### **Family Educational Rights & Privacy Act**

FERPA (1974) is a federal law designed to protect the privacy of educational records and to establish the rights of students to inspect, review, and restrict access to their education records. A full copy of the OU FERPA policy is available [here](#). All SON policies and practices governing the collection, maintenance, review, and release of student education records are based on confidentiality and the student's right to privacy, consistent with FERPA.

## Overview of Oakland University Beaumont Graduate Program of Nurse Anesthesia

### ***Program Faculty***

#### ***Program Faculty***

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#### ***School of Nursing***

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## ***Mission, Philosophy, History, Organization Chart***

### **OUBGPNA Mission**

The mission of the Oakland University-Beaumont Graduate Program of Nurse Anesthesia (OUBGPNA) is to provide the highest quality graduate educational program that prepares CRNA exemplars in clinical practice, education, research, and leadership.

### **OUBGPNA Philosophy**

Faculty of the Oakland University-Beaumont Graduate Program of Nurse Anesthesia believe that nurse anesthesia students bring a wealth of knowledge, skills, and experiences, thus providing a unique lens from which they view their rich educational experiences. We believe students possess natural intellectual curiosity, are highly motivated, and desire self-direction and life-long learning.

Specific to learning the art and science of nurse anesthesia, the faculty believes that experiences offered in the classroom and clinical environment are specialized instruments to be embraced as progression to advanced practice nursing arises. Students are taught that anesthesia care should be delivered holistically and without bias, discrimination, or prejudice. Competency is the outcome for each learner, and the recipients of care trust the faculty to uphold this commitment. We promote an educational environment of scholarly inquiry, and each student is supported as they develop many cognitive, psychomotor, and psychosocial skills necessary for safe clinical practice. These skills include but are not limited to the ability to think critically, effectively communicate, respect the external environment, problem solve, and apply best evidence to practice.

Faculty are designers of active, goal-directed learning processes who guide the students in translating the fund of knowledge they have acquired into an environment of mutually respectful exchange of ideas, discussion of new and innovative plans of care, and individualized perspectives. Graduate education is a shared responsibility between students and faculty. Students must be intensely committed to achieving their goals by consistently demonstrating purpose, motivation, responsibility to patients and colleagues, independence of thought, creativity, and personal demeanor. Likewise, the Faculty is committed to acting as a competent resource, providing expert guidance, and demonstrating high professionalism.

As faculty, we believe we have a responsibility to the profession, expressed in our desire to prepare nurse anesthetists who will serve as an invaluable resource supporting the American Association of Nurse Anesthetists (AANA) goals. The AANA mission is to advance patient safety, practice excellence, and the profession of nurse anesthesia. Ultimately, we endeavor to provide an educational program that will ably prepare the nurse anesthetist to meet the healthcare needs of a culturally diverse population.

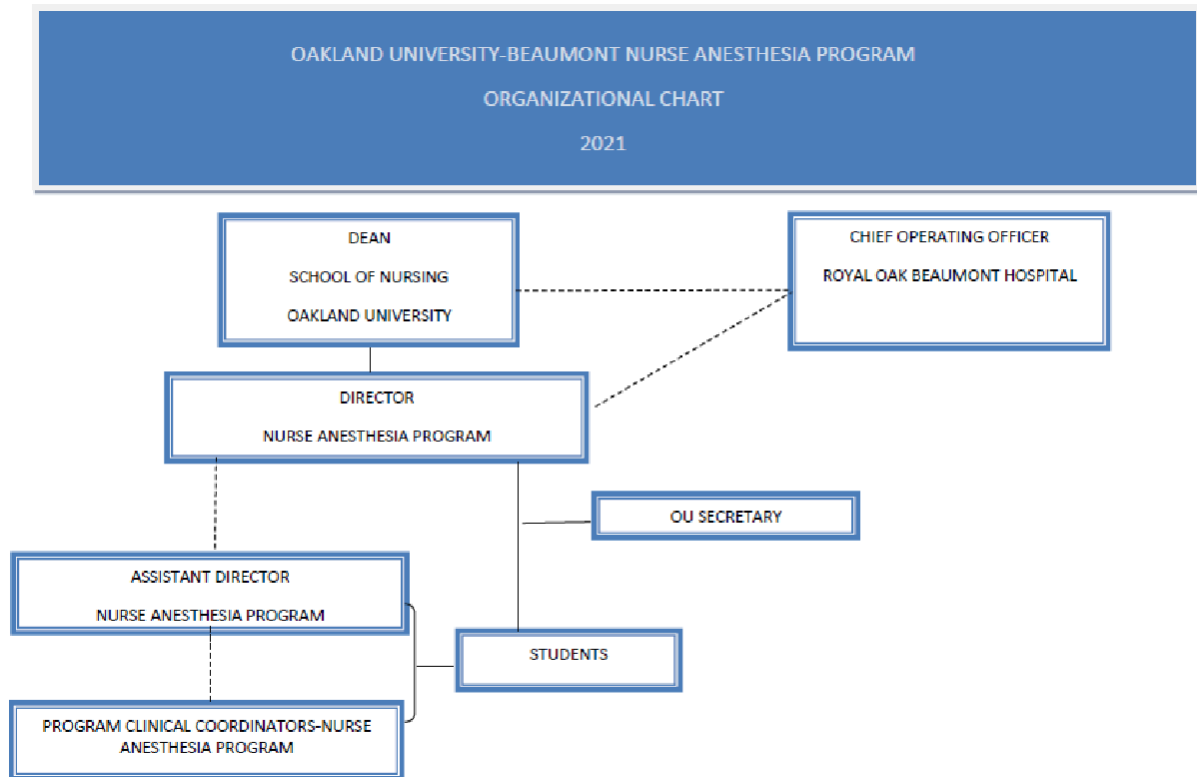
## **OUBGPNA History & Overview**

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia began in 1991 as a collaborative initiative to address the nurse anesthesia shortage and provide an exceptional educational environment for the student nurse anesthetist. Authority for the program continues to be shared between Oakland University and Corewell Health-William Beaumont University Hospital. Since its inception, over 4000 baccalaureate-prepared Registered Nurses have applied, and >500 have successfully graduated. The following timeline offers a historical perspective of program development:

1991	Inaugural class admitted and began full-time study
1992	Nurse anesthesia track receives accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
1993	First class graduates (11 graduates achieve 100% pass rate on National Certification Examination)
1996	Nurse anesthesia track receives continued accreditation by (COA)
2002	Program receives a 10-year continued accreditation from the COA and is accredited by CCNE
2003	Nurse Anesthesia track is cited in the Federal Register as the only nurse anesthesia program in the United States to receive an HHS grant for program development in distance education. Distance education students attend classes via video conferencing and complete the majority of their clinical requirements at their primary hospital(s)
2006	The Marcia and Eugene Applebaum Surgical Learning Center launched under the direction of the Program Director of the Nurse Anesthesia Track
2006	Oakland University School of Nursing became the first university in Michigan to offer a post-master's Doctor of Nursing Practice (DNP) degree program.
2011	The renovation of the anesthesia classroom and student study area was completed, demonstrating the enduring commitment of Oakland University and Beaumont Hospital to the education of student nurse anesthetists.
2011	Initial meetings begin for the development of the BSN to DNP curriculum
2012	Program receives a 10-year continued accreditation from the COA
2012	School of Nursing moves to Human Health Building
2013	Proposal formalized for the Nurse Anesthesia BSN to DNP curriculum
2015	Proposal for the Nurse Anesthesia BSN to DNP curriculum approved by the School of Nursing
2016	Nurse Anesthesia BSN to DNP proposal approved by Graduate Council
2017	Nurse Anesthesia BSN to DNP approved by the BOT and the COA
2018	Inaugural Nurse Anesthesia BSN to DNP class begins full-time study in the fall
2021	Inaugural Nurse Anesthesia BSN to DNP class graduated
2022	Program receives a 10-year continued accreditation from the COA



## Oakland University-Beaumont Graduate Program of Nurse Anesthesia Organizational Chart



### Program Description

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia involves 36 continuous months of full-time study. The curriculum includes core courses in nursing, the basic sciences, and specialty courses specific to the art and science of nurse anesthesia. An intensive clinical internship parallels the didactic curriculum and provides an ongoing opportunity to apply theory to practice. The program proudly boasts that students gain exposure to over 40 clinical sites offering clinical instruction for a wide range of anesthesia techniques and experiences. Additionally, the program exceeds minimum accreditation standards set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) in clinical and didactic instruction. For example, students graduate with hundreds of cases and hours of didactic instruction over the minimum requirement by the COA. Students also have numerous opportunities to engage in research, quality improvement, manuscript development and publications, and leadership development.

The program is recognized for faculty and alumni who currently serve or have served in leadership positions for the American Association of Nurse Anesthetists (AANA), the Michigan

Association of Nurse Anesthetists (MANA), COA, and the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).

## ***Student Resources***

### **Oakland University Resources**

#### **OU Website**

The [OU website](#) is an essential source of information for all OU students. Students should refer to the OU website for university academic resources (i.e., Office of Disability Support Services, Writing Center, Academic Success Center, Graham Health Center, etc.).

#### **MySAIL**

The [OU MySail](#) system allows students to register for classes, view their financial aid status, and set up an e-bill online payment system.

#### **Student Name, Address, and Phone Number Changes**

The SON uses the student's name and address information on file with OU. Each student is responsible for informing the OU [Office of the Registrar](#) of any changes to their name, address, and/or telephone number.

#### **Schedule of Classes**

The schedule of classes is provided through the OU Sail system, which gives students times and dates for each specific course offered at Oakland University.

#### **Academic Calendar**

The [academic calendar](#) provides students with a table of important dates. Students should access the academic calendar before each semester.

#### **OU Email Account**

Students use their OU email accounts to receive information about courses, scholarships, health requirements, etc. All SON students must check their OU email daily and use their OU email accounts when communicating with SON/OU faculty, staff, administration, and advising.

Program faculty will use your OU e-mail address to communicate important information; therefore, students must check their e-mail daily for updates. A response within 48 hours is the

expectation for students and faculty. Use professional language, appropriate grammar, and spell check for all emails, letters, phone messages, and pages.

### **SON Website**

The [SON website](#) is an essential source of information for current nursing students.

### **Moodle**

Oakland University uses Moodle as its learning platform. The homepage of each SON course contains information about the course, including the syllabus. Course instructors and students use Moodle to look up course schedules, syllabi, outlines, PowerPoints, and assigned readings. We encourage you to bring your laptop to class. Exam results and final grades are posted on Moodle. Help for Moodle is available online.

### **Plan of Study**

The Program Director develops the Plan of Study (POS) with the advising office. It details specific courses and other requirements to earn your graduate degree.

### **SON Faculty**

Students can communicate with [SON faculty](#) via OU email, internal Moodle email, telephone, or in person. SON faculty can assist students with their questions and/or concerns regarding nursing courses, clinical experiences, course grading, professional nursing, etc.

### **SON Academic Advising**

Academic Advisors are available by appointment to assist students with program planning, course scheduling, petitions of exception, transfer equivalencies, etc. [Emily Stepanian-Bennett](#) (fox2@oakland.edu) is the advisor for the DNP-NA students. The advising office is located at 3027 Human Health Building at 248-370-8733.

### **Graduate Catalog**

The OU [Graduate Catalog](#) lists academic programs, degree requirements, policies, and related program information.

### **The Graduate School**

The [Graduate School website](#) is an essential source of information for current graduate students.

### **Graham Health Center**

[Graham Health Center](#) (GHC) is Oakland University's on-campus health center. Its services are available to all current students, faculty, and staff.

### **Oakland University Counseling Center**

[The Oakland University Counseling Center](#) (OUCC) supports the University's academic mission by providing high-quality, short-term, confidential counseling for students.

### **SON Scholarships**

A variety of SON scholarships are available to SON students. The program director will send announcements regarding the scholarship application process via OU email.

### **Kresge Library**

Kresge Library is a critical learning center located at the heart of OU's campus. It provides access to scholarly information, research support, library instruction, and computing and study facilities. Students will find services and resources to help them meet their academic and research goals in the [library](#).

### **Student Financial Service**

Support your best investment with [financial assistance](#) from Oakland University. Oakland University participates in various financial assistance programs to help you plan and pay for educational expenses. Aid can be awarded by Oakland University, the federal government, and by private sources.

### **School of Nursing Resources**

#### **Faculty Names and Addresses**

Faculty names, email addresses, office addresses, and phone numbers can be found on the SON website: <http://wwwp.oakland.edu/nursing/directory/>

### **OUBGPNA Student Resources**

#### **Computers**

Students have unlimited access to the computers designated for student use within the office and suites of the School of Anesthesia at Corewell Health-William Beaumont University Hospital. Computers are in the quiet study, faculty offices common area, and the student lounge. Computer use is for graduate program education only. Personal use of computers or internet services for nonacademic purposes is not permitted. Students are not allowed to download software onto Corewell or program computers.

Students must properly care for all computers, distance education equipment, telephones, and patient care equipment. If a computer is not working correctly, please notify the program coordinator.

### **Student Lounge**

Books scribed as program property in the student lounge are to always remain in the lounge. Students are responsible for maintaining a clean work area. Students should report maintenance issues to the program coordinator.

### **OUBGPNA Office Library**

Books are also available for loan in the administrative office area at Beaumont and should be checked out with the help of the program coordinator.

- Students may select a book from the library outside the faculty's office by signing the book out from the program coordinator.
- Books signed out from the department collection must be returned within seven days.
- The student will replace or pay for books missing for two weeks.
- Students may use the program office copying machine. Please use paper conservatively for educational materials only.

### **Medical Library**

- Students may use the Kresge Library at Oakland University or the medical library at Corewell Health- William Beaumont University Hospital during operating hours.
- The student must bring their library card and ID badge whenever using library services.
- Students may request a literature search by the library staff or perform their own.
- Library online services are provided through the [Oakland University Library](#)

## ***Components of the DNP Curriculum***

### **Foundation Courses**

Foundation courses (14 credits) address critical content all graduate nursing students need as outlined by the Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). These courses include content on nursing theory, health policy, interprofessional collaboration, informatics, professional role development, and leadership.

- **NRS 8712**      **Adv. Practice Seminar: Translating Research for Evidence-based Practice (2 cr.)**
- **NRS 8211**      **Advanced Nursing Theory (3 cr.)**
- **NRS 8221**      **Health Systems Policy and Regulation (3 cr.)**
- **NRS 8231**      **Organizational and Systems Leadership (3 cr.)**
- **NRS 8241**      **Nursing and Healthcare Informatics Leadership (3 cr.)**

## **Research Courses**

The purpose of the research sequence (15 credits) is to prepare DNP students to complete a DNP scholarly project. As healthcare team members, nurses are expected to be prominent in transforming our nation's healthcare. The DNP curriculum prepares students for advanced practice by applying scholarship, leadership, and teamwork skills. The DNP Final Project is a *scholarly work that aims to improve clinical practice through:*

- identification of a practice problem
- a search, analysis, and synthesis of the literature and evidence
- translation of evidence to construct a strategy or method to address a problem
- designing a plan for implementation and actual implementation when possible
- an evaluation of the outcomes, process, and/or experience

The School of Nursing DNP Project and Student Handbooks provide information and policies related to the project. The course sequence for the DNP Final Project includes:

- **NRS 8671**            **Advanced Scientific Methods for Evidence-Based Practice (4 cr.)**
- **NRS 8681**            **Clinical Prevention and Population Health (3 cr.)**
- **NRS 8998**            **DNP Final Project (8 cr.)**

## **Specialty Courses**

The specialty courses include didactic and clinical courses that prepare students for advanced practice. They build upon nursing knowledge and skills learned at the undergraduate level and during foundation and clinical core courses.

### **Anatomy, Physiology, and Pathophysiology (9 credits)**

- **BIO 5101**            **Gross Anatomical Dissection (3 cr.)**
- **BIO 5600**            **Advanced Physiology & Pathophysiology I (3 cr.)**
- **BIO 5602**            **Advanced Physiology & Pathophysiology II (3 cr.)**

### **Nurse Anesthesia Specialty (17 credits)**

- **NRS 6642**            **Biophysics and Chemistry for Nurse Anesthesia (2 cr.)**
- **NRS 6652**            **Nurse Anesthesia Practice I (4 cr.)**
- **NRS 6662**            **Nurse Anesthesia Practice II (4 cr.)**
- **NRS 6672**            **Nurse Anesthesia Practice III (4 cr.)**
- **NRS 6682**            **Regional Anesthesia and Pain Management (3 cr.)**

### **Pharmacology (10 credits)**

- **NRS 7712**            **Advanced Pharmacology for Nurse Anesthesia Practice I (4 cr.)**
- **NRS 7722**            **Advanced Pharmacology for Nurse Anesthesia Practice II (3 cr.)**
- **NRS 7732**            **Advanced Pharmacology for Nurse Anesthesia Practice III (3 cr.)**

### **Advanced Health Assessment (3 credits)**

- **NRS 7611**            **Advanced Health Assessment I (3 cr.)**

### **Seminars and Nurse Anesthesia Topics (7 credits)**

- NRS 8504 Interprofessional Role Development and Ethics for Nurse Anesthesia (2 cr.)
- NRS 8722 Adv. Practice Seminar: Adv. Concepts in Respiratory & Pain Physiology (1 cr.)
- NRS 8732 Adv. Practice Seminar: Adv. Concepts in Perioperative Cardiac Care (1 cr.)
- NRS 8742 Advanced Practice Seminar: Approaches to Healthcare Education ( 1 cr.)
- NRS 8762 Cumulative Review (2 cr.)

### **Clinical Internships (12 credits)**

- NRS 7715 Nurse Anesthesia Clinical Internship I (1 cr.)
- NRS 7725 Nurse Anesthesia Clinical Internship II (1 cr.)
- NRS 7735 Nurse Anesthesia Clinical Internship III (1 cr.)
- NRS 7745 Nurse Anesthesia Clinical Internship IV (1 cr.)
- NRS 7755 Nurse Anesthesia Clinical Internship V (2 cr.)
- NRS 7765 Nurse Anesthesia Clinical Internship VI (2 cr.)
- NRS 7775 Nurse Anesthesia Clinical Internship VII (2 cr.)
- NRS 7785 Nurse Anesthesia Clinical Internship VIII (2 cr.)

## Academic Plan of Study

OAKLAND UNIVERSITY SCHOOL OF NURSING DOCTOR OF NURSING PRACTICE: NURSE ANESTHESIA (DNP) FULL TIME PLAN OF STUDY				OAKLAND UNIVERSITY
FALL		WINTER		SUMMER
Students are required to take courses in the sequence listed on the POS				
Fall 2023 Winter 2024 Summer 2024	NRS 7712 – Advanced Pharmacology for Nurse Anesthesia Practice I (4cr.)  BIO 5600 – Advanced Phys. and Pathophysiology (3cr.)  NRS 8671 – Advanced Scientific Methods for Evidence Based Practice (4cr.)  NRS 6642 – Biophysics & Chemistry for Nurse Anesthesia (2cr.)  BIO 5101 – Gross Anatomical Dissection (3cr.)	BIO 5602 – Adv. Phys. And Pathophysiology (3cr.)  NRS 6652 – Nurse Anesthesia Practice I (4cr.)  NRS 7722 – Advanced Pharmacology for Nurse Anesthesia Practice II (3cr.)  NRS 8211 – Advanced Nursing Theory (3cr.)  NRS 7715 – Nurse Anesthesia Clinical Internship I (1cr.)	NRS 6662 – Nurse Anesthesia Practice II (4cr.)  NRS 7725 – Nurse Anesthesia Clinical Internship II (1cr.)  NRS 8241 – Nursing and Healthcare Informatics & Leadership (3cr.)	
Fall 2024 Winter 2025 Summer 2025	NRS 6672 – Nurse Anesthesia Practice III (4cr.)  NRS 8712 – Theory and Translating Research for Evidence Based Practice (2cr.)  NRS 7735 – Nurse Anesthesia Clinical Internship III (1cr.)  NRS 8732 – Adv. Prac Seminar: Advanced Concepts in Perioperative Cardiac Care I (1cr.)	NRS 8998 – DNP Project (1cr.)  NRS 6682 – Regional Anesthesia & Pain Management (3cr.)  NRS 7611 – Adv. Health Assessment for Nurse Anesthesiology (3cr.)  NRS 7745 – Nurse Anesthesia Clinical Internship IV (1cr.)	NRS 7755 – Nurse Anesthesia Clinical Internship V (2cr.)  NRS 8221 – Health Systems Policy and Regulation (3cr.)  NRS 8998 – DNP Project (2 cr.)  NRS 8722 – Adv. Prac Seminar: Advanced Concepts in Respiratory and Pain Physiology (1cr.)	
Fall 2025 Winter 2026 Summer 2026	NRS 8681 – Clinical Prevention and Population Health (3cr.)  NRS 8998 – DNP Project (1cr.)  NRS 7765 – Nurse Anesthesia Clinical Internship VI (2cr.)  NRS 8231 – Organizational & Systems Leadership (3 cr.)	NRS 7732 – Advanced Pharmacology for NA Practice III (3cr.)  NRS 8998 – DNP Project (2cr.)  NRS 8742 – Adv Prac Seminar: Approaches to Healthcare Education (1cr.)  NRS 7775 – Nurse Anesthesia Clinical Internship VII (2cr.)	NRS 8998 – DNP Project (2cr.)  NRS 8504 – Interprofessional Role Development & Ethics for Nurse Anesthesia (2cr.)  NRS 7785 – Nurse Anes. Clinical Internship VIII (2cr.)  NRS 8762 – Cumulative Review (2cr.)	

## COA Outcome Criteria

The Council on Accreditation standards are designed to prepare graduates with competencies for entry into anesthesia practice. Standard D: Graduate Standards describe the knowledge, skills, and competencies that are expected throughout and at the end of nurse anesthesia educational programs.

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

### Patient Safety:

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:



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

**Critical Thinking:**

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

**Communication:**

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:**

31. Integrate critical and reflective thinking in his or her leadership approach.

32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

**Professional Role:**

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

## Clinical Internship Guideline Policies

These guidelines delineate the student's responsibilities relative to the clinical internship. Although didactic courses follow the university calendar, the clinical internship spans the entire calendar year to provide an optimal variety of case experiences.

The clinical internship provides an invaluable and essential educational opportunity for the student to apply didactic learning in the clinical setting. Students must integrate information from the nursing foundation, research, and specialty courses. To optimize the time spent in the clinical area, the student must actively seek learning experiences and function in a self-directed manner to achieve the knowledge, skills, and abilities necessary to practice as a CRNA.

### ***Requirements to Participate in Graduate-Level Clinical Experiences***

#### **Before the start of the program**

1. Enroll in Typhon and upload the required documents.
2. Health Insurance- ***Students must maintain their health insurance throughout the program. Clinical agencies do not provide health care services to students, and contracts require students to have health insurance.***

#### **Before September 30<sup>th</sup>:**

1. Obtain AANA/NBCRNA membership- the program coordinator will send you an invitation after you begin classes. Do **not** join the AANA/NBCRNA before you receive the invite.
2. Complete Corewell Health mandatories. ALL students (including distant students) must maintain compliance with mandatory education annually.

#### **Between January 1-January 30<sup>th</sup>**

1. Purchase liability insurance from the AANA and maintain it for the duration of the program. Students must purchase liability insurance by January 30<sup>th</sup> of the first year in the program.

#### **Annually**

1. Complete Corewell Health mandatories (ALL students)
2. Maintain ACLS, BLS, and PALS certifications
3. Maintain RN licensure in Michigan and other appropriate states
4. Maintain health insurance coverage
5. Annual TB test
6. Background checks- Many clinical sites require a background check within 90 days of starting. Check Typhon for requirements.

#### **Before Graduation**

1. ACLS, BLS, and PALS certification must be current for three months after the graduation date
2. Apply to graduate. See the [graduation page](#) for the final date to apply.

### **Clinical Site Requirements**

Each affiliate site has an information page in Typhon. Typhon contains specific information regarding clinical requirements for each affiliate site. In order to participate in clinical placements, students must fulfill all

specified clinical requirements. Students should contact the site coordinator and complete all necessary paperwork **at least six weeks before the first day of their rotation**. Certain clinical sites may require the paperwork earlier than six weeks prior to beginning the rotation. Students should check Typhon for due dates for clinical rotations. Failure to complete these requirements will result in the student being unable to attend clinical sessions and failure of the Clinical Internship.

The following *may* be required by clinical agencies where students are placed for clinical courses:

1. Criminal background check. NOTE: Although everyone must get a background check at the beginning of the program, some clinical sites may require students to get a new background check. Background checks and drug screens must be done within 45 days of starting the rotation. Students must complete drug screens and background checks through American Databank. Students must contact American Databank at [oaklandunivcompliance.com](http://oaklandunivcompliance.com) and follow the directions provided for graduate (FNP, AGNP, NA, FN) students
2. Urine drug screen
3. Flu vaccine
4. COVID-19 vaccination
5. Annual TB test
6. ACEMAPP- Some clinical sites use ACEMAPP to collect necessary paperwork from students. If you rotate to a site that utilizes ACEMAPP, there is an annual student fee of \$50. The program coordinator will email you a link to sign up for ACEMAPP a few months before you rotate to that clinical site.

***Students must comply with any additional requirements of any clinical site they are assigned to.***

### **Liability Insurance**

Students must apply for and maintain student liability insurance through the AANA throughout the program. Proof of liability insurance and or renewal of liability insurance must be maintained for the remainder of the program. Students cannot rotate to affiliate sites without student liability insurance coverage from the AANA. Any clinical missed due to failure to obtain coverage or lapse in coverage must be made up during the next semester break.

### **Health Insurance**

Students must obtain and maintain health insurance coverage for the 36-month program.

1. Students must obtain health insurance coverage on their own
2. Clinical agencies are not required to provide free treatment for students and will bill individuals for the use of their emergency or employee health services.
3. OU is not responsible for any costs associated with student exposures or accidents at clinical.

## ***Clinical Scheduling***

### **Student's Monthly Schedule**

1. Schedule requests must be entered in Typhon by the 15<sup>th</sup> of each month, approximately six weeks before the start of the new schedule. (For example, schedule requests for November would be due by September 15th.) Requests will not be honored if submitted past the scheduled request date.
2. Students may request a maximum of 1 weekend off per month or two weekend days.
3. Once the clinical coordinator sends the schedule to the clinical sites, the coordinator must grant permission before making any changes to the approved Typhon schedule.

4. Students may not change their clinical schedule at any clinical sites. If an emergency arises, the student must contact the program faculty, who will determine if clinical schedules change. Program faculty reserve the right to make changes as deemed necessary.

### **Specialty Rotation Schedule**

The specialty rotation schedule is published 1-2 months before the start of specialty rotations. The clinical coordinator may revise the rotation schedule based on individual clinical site or program needs. The coordinator will inform the student if changes are made to the clinical rotation schedule.

### **Clinical Attendance**

Clinical attendance is integral to the success of the student. Students must make every effort to attend clinicals each scheduled day. Students should familiarize themselves with the call-in procedure for each clinical site on the first day of their rotation and follow the site guidelines. *In the event of an unscheduled absence on a scheduled clinical day, the clinical coordinator and the program coordinator, Susan Davis (davis@oakland.edu), must be notified via email before the start of the clinical day. This procedure must be followed for each day of absence from class or clinical unless discussed with program faculty. See the call-in procedure below.*

Students must not leave clinical early without faculty permission, which may result in an unexcused absence. If a clinical instructor dismisses a student from clinical due to lack of preparation or poor performance, the student must report it immediately to a faculty member.

Students must attend all departmental educational offerings on scheduled clinical days at clinical sites unless excused by the clinical or site coordinators.

### **Call in Procedure**

1. If you need to call in, email the program coordinator ([davis@oakland.edu](mailto:davis@oakland.edu)) and the clinical coordinator, Andrea Bittinger ([bitting2@oakland.edu](mailto:bitting2@oakland.edu)).
2. Follow the call-in procedure for each respective clinical site.
  - i. At Corewell Health- Wm. Beaumont University Hospital
    - i. Day shift- Call 248-898-7814 before 0630. Leave your name, shift, and OR to which you are assigned.
    - ii. Evening/Midnight shift- Contact the NT board runner via Mobile HeartBeat (MHB) and inform them of your absence
    - iii. Text your CRNA instructor via MHB to inform them of your absence.
  - ii. All other clinical sites
    - i. Contact the site coordinator. Site coordinator contact information may be found in Typhon.
    - ii. Review site information on Typhon and follow any further instructions.
    - iii. If you are at a Corewell Health site that uses Mobile Heartbeat, you should also text your CRNA instructor and inform them of your absence.

## Clinical Sites & Contact Directory

For a complete listing of clinical sites and contact information, please see Typhon.

## Time Commitment

Students will be scheduled for clinical time based on the operating room schedule at each clinical site. Shift times vary as directed by clinical schedules and specific learning needs.

1. Call experience and off-shifts will be scheduled throughout the program. The scheduling of clinical experiences on the off-shift and weekends will begin with Clinical Internship II.
2. Students will be scheduled for one eight-hour shift at a time. Because of the nature of a clinical assignment, the student may need to extend their time beyond eight hours to achieve the optimum clinical learning experience. Should a clinical assignment extend beyond 14 hours, the student should contact the clinical coordinator.
3. Students must have a minimum 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). If a student does not have a 10-hour rest period between scheduled clinical duty periods, the student should notify the program clinical coordinator.
4. A student may not provide direct patient care for more than 16 continuous hours.
5. Reasonable time commitment—A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed an average of 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours averaged over four weeks.
6. Check with the clinical or site coordinator if a clinical assignment is canceled or finishes early. **It is never acceptable to leave the clinical area early without permission of the program faculty.**

## ***Human Patient Simulation Laboratory (SIM LAB)***

The Marcia and Eugene Applebaum Surgical Learning Center is a 5,500-square-foot, \$4.5 million-dollar comprehensive laboratory facility within Corewell Health- William Beaumont University Hospital. It is designed to educate surgical teams and healthcare providers in advanced techniques through computer simulation and laboratory skills. The Learning Center has three mock operating rooms where anesthesia students can approximate the complexities of anesthesia in a simulated environment. Workshops focusing on various multifaceted scenarios are presented as a way for students to perfect their cognitive and psychomotor skills before contact with patients in the operating rooms and other anesthetizing locations. Experiences in the Surgical Learning Center will begin in the second semester and continue until the end of the program. The benefit of patient simulation is the ability to fashion critical thinking and make efficient decisions without fearing harm to the patient or punitive actions. Simulation offers a methodology that fosters the attainment of knowledge not readily acquired through traditional approaches; it presents learning opportunities not possible in the classroom or clinical arena. High-risk/low-frequency scenarios are played out in a realistic atmosphere, allowing students the environment to think critically through their actions/reactions to critical situations.

Beginning with Clinical Internship II and continuing through the end of the program, students are assigned to the SIM Lab to enhance further their understanding of didactic material presented in lectures. The SIM Lab provides instructor-student interactions using scenarios for patient assessment utilizing mannequins

and/or student confederates to introduce basic and complex concepts, including assessment, troubleshooting and working with equipment, airway skills, difficult airway management, central invasive line insertion, administration of regional anesthesia including ultrasound-guided techniques, critical thinking, and decision-making in anesthesia, crisis management, crew resource management, team training and specialty anesthesia management skills (obstetrics, cardiovascular, vascular, thoracic, trauma, and pediatrics). Students are expected to schedule additional simulation sessions and utilize task trainers as needed to improve individual areas of weakness.

Simulation hours and simulated case experiences are never counted as real patient experiences. Simulation time cannot be counted as hours of clinical case time. Refer to the [Record of Clinical Experiences](#) provided in this handbook for the COA requirements for a minimum number of case experiences, preferred number of case experiences, and simulation number/experiences allowed. Students can also find this information on the Council on Accreditation [website](#).

### **Guidelines for Simulation Assignments**

1. Assignment to the SIM lab is for an 8-hour day. The student is expected to be available in the hospital for this entire time. Time outside of the SIM Lab can be used for assignments and may include opportunities such as:
  - a. Clinical cases
  - b. Regional anesthesia
  - c. Emergency add-on cases.
  - d. Starting IVs in preop hold areas and patient care areas
  - e. Responding to CPR codes in patient care areas
2. On each simulation day, students are required to:
  - a. Come prepared, having studied the subject to be covered in that SIM session
  - b. Complete a student simulation evaluation form
  - c. Perform skills and discuss anesthesia management for specialty anesthesia topics
  - d. Use critical thinking skills to manage simulated scenarios independently
  - e. Maintain confidentiality regarding simulation scenarios

Simulation lab sessions and their content are proprietary. Purposeful dissemination of this information without faculty permission is considered academic misconduct.

## ***Student Responsibilities***

### **Clinical Area:**

1. When in the clinical area, students are expected to:
  - a. Review and be aware of clinical internship objectives.
  - b. Be prepared to administer anesthesia for every patient assigned at the start of each assigned shift.
  - c. Submit an evaluation form and written anesthetic plan to the clinical instructor at the beginning of each day.
  - d. Check the operating room schedule for any changes throughout the day.
  - e. Arrive promptly and be prepared to participate in scheduled department meetings. Have OR set up by 0700.
  - f. Check with a clinical/site coordinator regarding reassignment whenever cases are canceled.
  - g. Comply with departmental policy regarding time spent out of the department for breaks and lunches.

- h. Use unassigned clinical time for educational endeavors. Clinical days are always at least an 8-hour commitment, and students are expected to remain on-site for the entire day.
  - i. Observe the program's and the clinical site's dress code policies. Lab coats are required over scrubs when seeing patients in the hospital.
  - j. Introduce themselves to patients and family by saying, "Hello, my name is \_\_\_\_\_. I am a Registered Nurse and a doctoral student studying nurse anesthesia. I will work with the Certified Registered Nurse Anesthetist to provide your anesthesia."
  - k. Obtain informed consent (when appropriate), verify the correct patient, procedure, site, and sidedness, and participate in the final preoperative verification for the surgical procedure according to institutional policy.
  - l. Verbalize the anesthetic plan with the clinical preceptor.
  - m. Practice ethically. Falsifying information about a patient or anesthetic care or failing to share information regarding a patient or anesthetic care is considered unethical behavior and may be grounds for dismissal from the program.
  - n. Complete pre-and post-anesthetic assessments on all inpatients assigned; follow up with appropriate clinical instructors.
  - o. Participate in continuous quality improvement activities relative to post-anesthesia assessments and review of perioperative anesthetic complications.
  - p. Report any significant complication involving a student to a faculty member immediately.
  - q. Be vigilant. Using cell phones for activities other than patient care is strictly prohibited and constitutes negligent action that may harm the patient.
2. The student is expected to continually review didactic material and work toward meeting the program's terminal objectives.
  3. Students may be required to present a brief case report during scheduled CRNA staff meetings at Corewell Health or affiliate sites.
  4. The student must adhere to all program policies and the policies of each clinical site. Any student who does not abide by a clinical site's policies or who exhibits unprofessional behavior or conduct endangering patient safety may be recommended for dismissal from the program. A student may be placed on probation or recommended for dismissal for demonstrating willful or negligent actions reflecting professional misconduct.
  5. Students cannot bring backpacks or textbooks into the operating room.
  6. Time designated for a clinical internship may be assigned for other educational activities such as simulation lab, demonstrations, continuous quality improvement activities, journal clubs, seminars, learning laboratory, interviews, IV starts, career fairs, and other professional activities. Program faculty will determine which students will be assigned to these activities based on availability, current academic standing, and rotation schedules.

### **Anesthetic Plan of Care Requirements**

This policy defines the requirements for completing verbal and written anesthetic plans within the clinical internship. A well-researched plan of care is essential to the safe management of a patient. A care plan template will be provided for guidance.

#### **AANA Standard III: Plan for anesthesia care.**

Interpretation: After the patient has had the opportunity to consider anesthesia care options and address their concerns, formulate a patient-specific plan for anesthesia care. When indicated, the anesthesia care plan can be formulated with members of the healthcare team and the patient's legal representative (e.g., healthcare proxy, surrogate)



COA Standard D. 17: Formulate an anesthesia plan of care before providing anesthesia services.

### **Program Guidelines**

The following guidelines must be followed to meet the requirements of the program in preparation of care plans:

1. The student must complete a thorough assessment & chart review of each patient.
2. All inpatients must be seen the day before.
3. The program-derived care plan template must be used.
4. Care plans must demonstrate in-depth preparation and planning. Students should not copy and paste care plans.
5. During Clinical Internship I-VII, a complete patient-specific anesthetic plan must be provided for the most challenging case of the day. In addition, an abbreviated patient-specific anesthetic plan must be submitted for every scheduled case. The entire anesthetic plan should be completed for the most complex surgical procedure or patient diagnosis.
6. Specialty rotation care plans must be completed before each rotation and submitted to the designated faculty before the specialty rotation begins. Specialty care plans are due by 0700 the day before a new rotation starts. Failure to upload specialty care plans before specialty rotation will result in removal from clinical care so they can be completed. One vacation day will be deducted from the student's combined time off balance for each day out of the specialty rotation.
7. During clinical internship VIII students are relieved of the previous care plan requirements with the following exceptions: a patient-specific care plan must be completed on any cases not previously done or patient disease states not previously encountered during the previous months in the program.
8. Three signed, patient-specific care plans must be submitted with the end-of-semester self-evaluations. Failure to do so will result in an incomplete for the clinical internship.
9. Care plans must be printed out and submitted to the clinical instructor at the beginning of the day, along with the appropriate daily clinical evaluation.
10. All care plans must be signed and dated by the instructor.
11. Collaboration and sharing ideas are encouraged, but individual work is required on care plans. Copying information from other people's care plans or texts is not permitted and is considered academic misconduct. The use of generative AI is not allowed to formulate care plans.
12. Students will verbally discuss their care plan with their clinical instructor and/or anesthesiologist before proceeding with an anesthetic.
13. Students struggling to write care plans are encouraged to seek assistance from their preceptor or program faculty.
14. Students with difficulty developing care plans will meet with the program clinical coordinator for remediation.

### **Tracking Clinical Experiences**

#### **Clinical Case Tracking: Typhon**

The Typhon Nurse Anesthesia Student Tracking System (NAST) is a real-time online tracking system for all cases. It is also used for daily instructor evaluations, clinical affiliate site evaluations, simulation evaluations, time logs, and schedules.

- Students are expected to enter case data daily. Accurate and honest data is expected.
- Fifteen clinical instructor evaluations must be completed each semester.
- Clinical affiliate site evaluations will be completed at the end of each monthly rotation.

- The program faculty will track case entry during the program. The program faculty will contact students failing to enter case data daily. If the situation is not rectified or persists, the program faculty will suspend the student from clinical. The time missed from clinical will be considered an unexcused absence.

### **Guidelines for Counting Clinical Experiences**

Nurse anesthesia students must have the opportunity to develop as competent, safe nurse anesthetists capable of engaging in full scope of practice as defined by the AANA’s “Scope and Standards for Nurse Anesthesia Practice.” To ensure nurse anesthesia students develop the knowledge, skills, and abilities for entry into practice, students must participate in all phases of their clinical cases, including preoperative, intraoperative, and postoperative anesthesia care.

While it may not be possible to participate in all phases of care in every case, students must personally provide anesthesia for the majority of any case in which they claim personal participation. In addition, personal participation must include the management of the patient during the beginning or induction of the anesthetic experience and/or the ending or emergence of the anesthetic experience. Students cannot take credit for an anesthetic case if they provide care on a limited basis (e.g., sharing cases with another student, only lunch/or break relief), are not personally involved with the implementation and management of the anesthetic plan of care, or only observe another anesthesia provider manage a patient or their anesthetic care.

For clarification regarding counting clinical experiences, please see [“COA Guidelines for Counting Clinical Experiences”](#) or “Counting Clinical Experiences” PowerPoint on the OUBGPNA eSpace.

## ***Attendance***

### **Combined Time Off**

1. All students will receive 54 days (or the equivalent of 432 hours) of combined time off. This includes the following:
  - a. One week of scheduled time off will be assigned to students between each semester, accounting for 48 days of the 54 days (or the equivalent of 384 hours) of combined time off.
  - b. Six days (48 hours) of unscheduled time off, which may be used for unscheduled absences.
2. The scheduled weeks for 2024 -2025 are as follows:
  - a. December 21, 2024 - January 2, 2025
  - b. April 26, 2025 -May 4, 2025
  - c. Future weeks will be provided to students as the academic calendars are published.
  - d. First-year students’ vacation week in December will begin on the last day of finals (December 14, 2024) and continue until January 2, 2025
3. During the program, students are scheduled for clinical rotations during university-recognized mid-semester breaks.

### **Unscheduled Absences**

1. Unscheduled absences include illness or unforeseen problems preventing a student from attending clinical.
2. Students will receive six days of unscheduled time off during the program.

3. If a student exceeds the number of unscheduled combined hours off, the time missed from clinical must be made up. Time must be made up in 8 or 12-hour increments. It will be made up at the end of the program or during scheduled time off between semesters. For extenuating circumstances, time may be made up on weekends. Making up time on weekends requires program faculty approval.
4. Any remaining unscheduled time off may be used at the end of the program and taken as study days. These days can be used in the final month but not the last two days of the program.
5. Students who become seriously ill and require extended absence must notify the program director. Students seeking extended periods off should refer to the [leave of absence](#) policy.
6. Patterns of unscheduled absences, such as calling in before exams, immediately before or after vacations/holidays, etc., are discouraged and will require a physician's note.
7. Absence due to illness on the day of an exam will require documentation from a physician.

### **Unexcused Absences**

1. An unexcused absence includes but is not limited to the following:
  - Calling in the day before an exam
  - Not attending class or clinical without notifying a faculty member
  - Leaving clinical early without faculty permission
  - Dismissal from a clinical assignment due to lack of preparation
  - No call/ no show
2. In the event of an unexcused absence, the time must be made up during the next scheduled week off.
3. A pattern of unexcused absences may result in dismissal from the program.

### **Travel Days**

One travel day per month will be given when students must travel more than 4 hours to get to their clinical site. Unless the student requests otherwise, this will be scheduled on the last clinical day of the month.

### **DNP Project Days**

NRS 8998-DNP Project is an 8-credit hour course that spans five semesters. Occasionally, there may be an instance in which students are granted a "DNP Project Day" to complete work during the regularly scheduled clinical time. Appropriate reasons for a "DNP Project Day" include meetings with stakeholders, data collection, and meetings with statisticians. DNP Project Days are not intended for students to complete assignments for NRS 8998 (writing proposals, completing IRB applications, analyzing data, writing results/discussion sections, preparing for dissemination, etc.). Students should request a DNP Day in Typhon **after** receiving approval from their DNP chair. Students will email the clinical coordinator requesting a "DNP Project Day" and cc their DNP chair. The DNP chair will communicate approval with the clinical coordinator. "DNP Project Days" should be scheduled per standard scheduling guidelines (6 weeks before the date) when possible.

### **Mission Trips**

Students may request up to 5 days off to serve on a medical mission experience. Although this experience can be extremely valuable, mission trips are not part of the curriculum and are not sponsored by the Oakland University-Beaumont Graduate Program of Nurse Anesthesia. The student may participate in a more extended mission trip, but any additional time must be made up. OUBGPNA does not insure, endorse, protect, or assume liability for any aspect of these experiences. The student assumes all risks. Students must request permission from the clinical coordinator to participate in mission trips. Students must be in

good academic and clinical standing, and the timing of the mission trip should not interfere with any specialty rotation. Upon return, students must present their experience and what they learned at a faculty-staff meeting.

### **Time off for Certification Renewal**

1. **During the program, one certification/recertification day for BLS, ACLS, and PALS will be granted.** This time must be used on the actual day of the certification/recertification course. Any other time needed to maintain certifications/re-certifications will be completed on the student's own time.
2. Students cannot attend clinical without current certifications on file. If the student allows certification to lapse, they will not be assigned to the clinical area, and unexcused absences will be given for each day of absence.

### **Holidays**

Seven holidays per year are recognized: New Year's Day, MLK Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving, and Christmas Day. Students are not scheduled for class or clinical on these days.

### **Bereavement**

Up to 24 hours (three 8-hour days) of bereavement may be granted for the death of an immediate family member.

1. Immediate family members are the wife/husband, grandparents, parents, brothers/sisters, children, and grandchildren. The above designations include "step" and "in-law" derivations.
2. Students should be prepared to provide an obituary notice or other documentation if asked.

### **Jury Duty**

Students must notify their clinical coordinator immediately upon possible selection for jury duty. A copy of the order to appear for jury duty must be submitted to the program faculty.

## ***Clinical Policies***

### **Attendance at Orientations/SRNA days**

Students must attend all scheduled orientations and SRNA days unless given permission by faculty.

### **Graduation Events**

Graduating seniors are expected to attend program and university graduation events.

### **Attendance at Conferences and Departmental Meetings**

1. Students are required to attend departmental conferences at Corewell-Wm. Beaumont University Hospital and other clinical sites when offered. These include monthly Morbidity and Mortality conferences, guest speakers, and off-site conferences. Currently, at Royal Oak, guest speakers are held on the first Tuesday of every month in the ABW auditorium, and M & M conferences are on the third Tuesday of every month in the ABW auditorium. Both begin promptly at 7:00 a.m. Attendance is mandatory if you are scheduled to be at Corewell Health Royal Oak any time during the day shift. Students will not attend staff meetings at Royal Oak and will be notified when a staff meeting replaces a guest speaker or M & M conference.
2. Students are encouraged to attend the AANA Annual Meeting. Conference time and a return travel day will be provided for the duration of the conference. Students will be given an outline of the required sessions each year. Students must attend scheduled sessions each day, or the conference

- days must be made up. Attendance at the AANA Annual Meeting, AANA Mid-Year Assembly, or MANA Impact Day is encouraged but does NOT count as one of the required three MANA meetings.
3. **All students must attend at least three Michigan Association of Nurse Anesthetists (MANA) meetings during the program.** MANA meetings are held in the spring and fall of each year. Second- and third-year students may also attend CRNA Impact Day in Lansing or the Mid-Year Assembly in Washington D.C. If a student must travel more than 2 hours from their assigned clinical site to the MANA conference, one travel day will be given. All students attending fall MANA will receive a conference day on the Monday after the meeting.
  4. **One conference day** will be given for a board review class.
  5. Requests for additional conference time will be reviewed individually.
  6. Students must upload proof of conference attendance to Typhon within five days of attending a conference. Failure to do so will result in making up the conference day(s).
  7. Students must have good academic and clinical standing to attend conferences/meetings. Conference registration does not guarantee that a student will be permitted to attend. If academic, clinical, or professional performance is questioned, permission to attend may be denied.

### **Snow Days/Oakland University Emergency Closing**

When Oakland University is closed due to inclement weather, students are NOT required to attend classes held on campus or by non-anesthesia program professors. Students will be notified if courses held in the anesthesia classroom at Corewell-Wm. Beaumont University Hospital are canceled or will be transitioned to a Zoom meeting. Students are required to attend scheduled clinical experiences. Students who feel they cannot travel safely should call in according to proper procedure and will be required to use an unscheduled day off.

Oakland University encourages you to explore the information on its website. To sign up to receive text message alerts in the event of a major campus emergency, university closure, or campus-wide class cancellation, visit the [Emergency Notification](#) website. To register, you must have a Grizzly ID number and a valid OU e-mail address. Voice alerts are available for OU community members without text message capability.

### **Procedure for Injury, Illness, or Exposure in the Clinical Area**

1. When a student has a work-related illness, exposure, or injury, he/she should immediately report it to the program faculty and the clinical site's anesthesia/operating room supervisor.
2. The student is responsible for the cost of diagnosing and treating injuries that occur during clinical time. Any treatment expenses will be billed to the student's health insurance.

### **Exposure to Communicable Diseases**

Any student exposed to a communicable disease may not be allowed to provide patient care during the potential period of communicability. Any student who believes they have a transmissible infectious disease, including disease of the respiratory, gastrointestinal, or integumentary systems, must report this to program administration. Students and faculty will refer to the most up-to-date information and protocols available on Oakland University's website for COVID-related exposures or illness.

### **Exposure to Environment and Chemical Hazards**

Specific environmental and chemical hazards exist in the operating room, which the student entering the nurse anesthesia profession should be aware of.

1. Selected inhalation anesthetic agents are known to be hepatotoxic, and on occasion, an individual may develop sensitivity to agents, which is reflected in abnormal liver function studies. In addition, studies performed in the past have demonstrated an association between sustained exposure to an anesthetic environment and an increased incidence of spontaneous abortions, congenital disabilities, and certain types of malignancies for both male and female personnel. While no cause-and-effect relationship has been established, these findings should be considered before entering an anesthetizing area.
2. Students will be exposed to radiation during certain operative procedures. Lead aprons, thyroid shields, and lead glass eye protection are available at each anesthetizing location and must be worn during radiology procedures.
3. The individual who chooses to work in this environment is responsible for accepting the risks associated with this specialty rather than with the institution, which takes required precautions to minimize potential hazards.

### **Health Related Costs**

Oakland University and the OUBGPNA are not responsible for student healthcare-related costs. All students must maintain current health care coverage while enrolled in the program.

### **HIPAA**

Per HIPAA (Health Insurance Portability and Accountability Act), patient information is not to leave the hospital or be left in open view of those not caring for the patient. Students should never copy, carry, or share any secured patient information (name, hospital number, etc.) outside hospital premises. Computer programs that display patient information must be closed and not left unattended. This includes but is not limited to the surgery schedule used to obtain assignments and specific patient information obtained in preparation for your clinical day. Failure to comply with HIPAA requirements could result in immediate dismissal from the program.

## **Program Evaluation Process**

Continuous evaluation of the nurse anesthesia program occurs at regular intervals. The nurse anesthesia program administration, faculty, curriculum, students, and resources will be continuously evaluated to ensure the attainment of educational excellence and compliance with the Standards set forth by the Council on Accreditation. Data will be used to inform evidence-based improvements. The evaluation plan for both undergraduate and graduate programs is described in the Oakland University School of Nursing Master Evaluation Plan document. Some components that relate directly to the Nurse Anesthesia Track are described below. See [Appendix A](#) for the table describing the program's evaluation process.

### ***Evaluation of Student***

#### **Daily Evaluation of Student Clinical Performance**

1. Beginning with Clinical Internship I, clinical CRNA/MD instructors will complete a Clinical Performance Evaluation tool each clinical day. Students must submit and collect daily clinical evaluations through the last clinical day of the program. See [Appendix D](#) for the clinical evaluation tool.

- a. The Clinical Internship objectives are based on the Standards of Nursing Practice for Advanced Practice Nurses (ANA), the AANA Standards for Nurse Anesthesia Practice, and COA Doctoral Standard D: Graduate Standards.
  - b. The student is responsible for submitting the daily clinical evaluation tool to the CRNA/MD instructor at the beginning of each clinical day.
2. The student should complete the top section of the evaluation form, including the procedure, date, ASA status, and other information. Incomplete evaluation forms will be returned to the student.
3. If a student has a question about their evaluation, they should first speak with their clinical instructor. The student may then discuss their evaluation with the site coordinator, program clinical coordinator, assistant director, and director.
4. Students who receive a "1", indicating they performed an action that may be harmful, unsafe or does not meet the objective, must discuss the circumstances with a program faculty member within 24 hours of receiving the evaluation.
5. Each student must be sure they have received a completed written evaluation for each clinical day. The number of daily evaluations returned will be tallied by the student and graded accordingly at the end of each semester.
6. If an instructor fails to return an evaluation, the student should send a reminder for the completed evaluation to the CRNA/MD instructor and copy the clinical coordinator on this email. Students are expected to have 70% of their daily evaluations returned by the end of the semester. Repeated reminders to preceptors may be necessary.
7. Simulation Evaluations: Students will be evaluated when assigned to the simulation lab using the student simulation evaluation tool and skill competency checklists as appropriate. Students will also evaluate the simulation faculty utilizing the faculty evaluation tool after each simulation session.
8. In the second and third years of the program, students may be assigned to a clinical site that requires monthly evaluations. The program and clinical site will inform students when this applies.

### **Student Self-Evaluation**

1. Students will complete a self-evaluation at the end of each semester, beginning with Clinical Internship II and ending with Clinical Internship VII. See [Appendix B](#).
2. Students must have at least 70% of their daily evaluations by the end of the semester. Students will receive a grade commensurate with the daily evaluations returned in the Clinical Internship grade. Failure to have 70% of daily evaluations returned will result in a failing grade for the clinical internship.

### **End of Semester Clinical Summary Evaluation of Student**

At the end of each semester, the clinical course faculty of record completes a semester summary of the student's clinical performance and suggests a plan for continued improvement. The process for these meetings is described below.

1. The program coordinator will distribute evaluation materials to each student's clinical course faculty of record at the end of each semester.
2. At the end of each semester, students will submit their completed self-evaluation, preceptor and clinical site evaluations, postoperative rounds, and care plans to the Clinical Internship Moodle page.
3. The clinical course faculty of record will review the student's self-evaluation, care plans, postoperative rounds, and clinical performance evaluations.
4. The clinical course faculty of record will develop a summary statement that details the student's progress, strengths, and weaknesses and offers recommendations for continued improvement and

development in the clinical area. If a full summary statement has been completed for the student from their distant site coordinator at Kalamazoo, Toledo, Petoskey, or Marquette, the faculty of record will review the summary and add comments as appropriate. A second summary statement is not mandated.

5. At the end of the semester, students will meet with their clinical course faculty of record to review and discuss the Clinical Summary statement summarizing clinical performance. The statement will be signed by the student and clinical course faculty of record and placed in the student's file. Students will be given a copy of this summary.
6. At the end of each semester, the clinical course faculty of record will assign a letter grade for each clinical internship completed. Students must earn a course grade of B or better to progress to the next clinical internship.

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

The SEE examination is an NBCRNA-developed computerized adaptive test available for students enrolled in an accredited nurse anesthesia educational program. Nurse Anesthesia students enrolled in the OUBGNPA must take the self-evaluation exam (SEE) during the second and third years of the program. The faculty designates the month that the exam must be taken. Students are given one day out of clinical per year to take the exam. Students are responsible for contacting the testing center to schedule their exam and for the costs of the exam.

The three main objectives of the SEE are as follows:

- 1) To inform students about their progress in the nurse anesthesia educational program.
- 2) To provide program administrators with information on how well their programs prepare students with the knowledge they need for anesthesia practice.
- 3) To prepare students for the National Certification Examination (NCE) experience.

To meet these objectives, the examination has specifications like the NCE, is administered under secure conditions, and has a reporting system designed to provide maximum feedback to students and program administrators.

During the third year, OUBGNPA students must achieve a SEE score that equates to NCE success. This minimal score will be provided by faculty before taking the exam. If a student fails to achieve this score, the student must repeat the SEE until that score is achieved. Failure to achieve this score before the last day of the final semester may delay degree conferral. The cost of taking the SEE exam is the student's responsibility. The repeat SEE must be taken on a non-clinical day.

## ***Evaluation of Faculty***

### **Faculty of Record and Didactic Instructor Evaluation**

1. Course Evaluation — Students can evaluate each course at the end of each semester per the Oakland University School of Nursing evaluation plan. Faculty effectiveness evaluations are completed online via Moodle.



## **Student and Faculty Evaluation of Clinical Agencies/Clinical Instructors**

1. Students will evaluate clinical affiliate agencies, clinical instructors, and site coordinators using Typhon at the end of each assigned rotation. This should be done within one week of each site's completion.
2. Nurse anesthesia faculty is ultimately responsible for evaluating student experiences and will visit affiliating agencies during clinical courses.
3. Nurse anesthesia faculty will visit each clinical site annually
  - a. Results from student Typhon evaluations will be de-identified, summarized, and distributed to the affiliate sites during annual site visits.

# Academic Program Policies

## ***Class Attendance***

1. **Attendance for all lectures and exams is mandatory.**
2. Students rotating to a distance site will be expected to attend class at the nearest classroom location unless another arrangement has been made with the faculty of record.
3. Instructors will notify program administration if a student is absent or consistently tardy to class.
4. In an extreme emergency, students who cannot attend a class day must notify the faculty of record for the course and email the program coordinator at [davis@oakland.edu](mailto:davis@oakland.edu) within 2 hours of the scheduled class start time. Failure to do so will result in an unexcused absence.
5. The academic calendar detailing specific class start dates, final exam dates, and school breaks is available via the [Oakland University Important Dates](#) and the current Oakland University Graduate Student Catalog.
6. All students are expected to be attentive and respectful of all lecturers. Casual conversation, inattentiveness, behaviors that others will find distracting, and leaving the classroom during lectures are inappropriate and disrespectful to classmates and lecturers.
7. All students are expected to wear professional attire on class days, regardless of location. Professional attire is defined as business casual.
8. Laptops and electronic devices will be used during class for class purposes only.
9. Due to the nature of the anesthesia profession and because patient care is a priority, instructors may not be available as scheduled. Therefore, class will occasionally be canceled, moved to an earlier or later time, or moved to a different day. The program makes every attempt to ensure that instructors arrive promptly and that class is held as scheduled. Program faculty reserves the right to reschedule class/clinical days to meet learning objectives.

## ***Academic Conduct***

Students are expected to practice and uphold academic integrity and honesty standards outlined in the [Oakland University Academic Conduct policy](#). Academic dishonesty may result in a numerical grade of 0.0 (F) for a course.

In addition to the Oakland University Academic Conduct policy, completion of all course-related assignments must result from the student's effort, except when the instructor communicates that the assignment requires a group effort.

### **Academic Conduct Policies**

1. Students must follow instructions in policies and procedures provided by the instructor, program, and university. The student ensures that rules and guidelines are understood to avoid inadvertent misrepresentation of their work.
2. A lockdown browser must be utilized for every exam in person or online.
3. Students cannot leave the classroom or sign off online before submitting their exams.
4. Individual work on in-class, take-home, or online examinations, reports, care plans, and online coursework is expected unless the instructor specifically makes an exception to this policy. Documentation of references must be honest and accurate.

5. Students must assume that an instructor intends for work to be completed for that course only. Any work a student completed for a course taken in the past or is completing for a concurrent course must not be submitted in a different course unless the student receives the instructor's specific permission.
6. Misrepresentation by words or conduct regarding the source of a student's work is characterized as academic misconduct, meaning a student is claiming credit for ideas or work that is not his or hers, and the student is attempting to obtain a grade that is not earned. The following are examples of academic misconduct:
  - a. Looking at another student's test during the exam
  - b. Using materials such as books, notes, or electronic devices when not authorized by the instructor during exams
  - c. Taking advantage of prior information not authorized by the instructor regarding questions to be asked on the exam or in the simulation lab
  - d. Copying from another student's work, paper, or care plans
  - e. Sharing answers or working together on take-home or online exams
  - f. Helping someone copy work
  - g. Substituting another person or that person's work during an examination or on any coursework
  - h. Failure to submit an exam before leaving the classroom
7. Plagiarizing the work of others is prohibited. When utilizing written sources, a clear distinction should be made between quotations, which reproduce information from the source word for word within quotation marks, and paraphrases, which restate the source information produced in the student's own words. Both direct quotations and paraphrases must be referenced. Sources are cross-checked by computer verification.

The practice of anesthesia always requires a commitment to honesty and integrity. Because of the potential for patient harm in the clinical area, any examples of unethical or academic misconduct are extremely serious and will not be tolerated. Students who commit unethical acts or academic misconduct will be reported to the Program Director, the Dean of the School of Nursing, and the Dean of Students.

Students must report any evidence of academic or clinical misconduct or dishonesty to their instructor and program director. This information will be kept confidential, and an investigation will be conducted.

### ***Testing Procedure***

This procedure aims to identify the minimum guidelines required for administering examinations in nurse anesthesia didactic courses.

Due to the nature of the field of practice, evaluative measures, such as written or oral examinations, are essential. Test security must be preserved, and the opportunity for academic misconduct must be minimized. The following elements will be present when an examination is administered as part of a nurse anesthesia didactic course.

The instructor responsible for the class will provide an examination schedule. This schedule will include major examinations but may not include other evaluative measures such as quizzes, demonstration evaluations, or oral examinations.

1. During exam administration, the following measures may be employed:
  - Spacing of students as the room permits.

- Shuffled responses within questions.
  - Seating that permits the instructor a clear view of laptops or computers.
  - Required utilization of a lockdown browser.
2. Students may not use cell phones or other unapproved electronic devices during examinations. If calculations are required, a basic calculator may be used.
  3. The instructor, or a proctor appointed by the instructor, will administer exams.
  4. The table must be cleared of all personal items except a pencil/pen and scrap paper.
  5. Students cannot leave the classroom until their completed exam is submitted. Once students leave the classroom, they cannot return until everyone has completed their exam.
  6. Once a quiz or examination has been submitted, it is considered complete, and the student may not request to review the exam or change answers.
  7. Examinations and quizzes are the property of the program, and students may not possess or make copies of any exams or exam questions. Failure to observe this is a serious violation of academic conduct and will be handled according to the policy on academic conduct.
  8. A completed exam must be reviewed in the presence of program faculty or a designated person.
  9. Students are not permitted to make written notes regarding exams or place marks on the exam while reviewing it.
  10. If proctoring cannot be done in person or via distance technology, a mechanism for monitoring students will be implemented. There may be a cost to students for proctoring services. Methods recognized by Oakland University's e-learning and instruction support office (e-LIS) include
    - ProctorU
    - Live proctoring via Zoom
    - Yuja

### **Testing Procedure for Students Located at Distance Sites and Non-Face-to-Face Exams**

At distant sites, students will be proctored via distance technology.

1. Most exams, except for labs and simulation, are given through the Moodle exam platform.
2. Student computers must be visible to the instructor via distance technology or live Zoom in gallery mode. A lockdown browser must be used, and microphones must be on.

## ***Student Employment***

This policy aims to define the school's position related to student employment while enrolled in the program. The time commitment involved in graduate study may prohibit a student from working during the program. If a student chooses to work, the following guidelines are given:

- The student's performance in the program will dictate how much the student may work. If a student is having trouble in the didactic or clinical areas, the student may be advised to stop working as part of the corrective plan for didactic/clinical deficits.
- **Under no circumstances may a student be employed or represent themselves as a Certified Registered Nurse Anesthetist (CRNA) by title or function while matriculating in the program.** Violation of this policy is grounds for immediate dismissal from the program.

## ***Hospital Property and Security***

Equipment (hospital/program) can only be removed from the hospital with proper authorization. Students who want to take any program property from the premises must first obtain permission from the faculty. An official Corewell Health permission form signed by faculty must accompany this property. Security personnel reserve the right to search all hospital areas, including lockers, and inspect all packages (purses, backpacks, etc.) entering and leaving the premises. Failure to comply with this procedure constitutes theft of hospital property and will be subject to penalties.

## ***Impairment/Chemical Dependency/Substance Abuse***

Patients have the right to expect that the student and supervisory personnel providing services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions. Therefore, students must not be impaired by drug or alcohol use, fatigue, physical or mental illness, or any condition that causes impairment during the program. This includes clinical and classroom education at all locations. Students are expected to report any individual suspected of drug, alcohol, or cognitive impairment to the program director at any time during the program.

Students in the program are subject to the Oakland University [Student Code of Conduct](#), the judicial system, and the policies and procedures of the institutions they rotate to. All students are directed to review the policies and procedures of the individual institutions they are assigned to.

## ***Nondiscrimination Policy***

Oakland University prohibits unlawful discrimination against anyone based on race, sex, gender identity, gender expression, sexual orientation, age, height, weight, disability, color, religion, creed, national origin or ancestry, marital status, familial status, or veteran status.

## Standards of Professional Performance

The American Association of Nurse Anesthetists (AANA) Standards for Nurse Anesthesia Practice and the American Nurses Association (ANA) Scope & Standards of Practice provide the foundation for the OUBGPNA student expectations. The ANA Standards identify seventeen areas of professional performance expected of every nurse. This professional conduct must be demonstrated in all healthcare and academic settings as part of the graduate nursing student's development. Each standard is followed by competencies for the registered nurse and additional competencies for the graduate-level prepared specialty nurse and the APRN.

Reference: AANA [Professional Practice Manual](#)

American Nurses Association. (2021). Nursing: scope and standards of practice (4th ed.)

### ***Core Performance Standards***

Graduate students must be able to demonstrate all the Core Performance Standards. Any graduate student who believes that he/she may need assistance meeting the Core Performance Standards should contact the OU Office of [Disability Support Services \(DSS\)](#).

<b><u>Competency</u></b>	<b><u>Standard</u></b>
Critical Thinking	Inductive/deductive reasoning sufficient for clinical judgment and decision-making
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, spiritual, and intellectual backgrounds
Emotional Stability	Emotional stability sufficient to assume responsibility/accountability for actions
Communication	Communication abilities sufficient for interaction with others in verbal and written form
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care
Visual	Visual ability sufficient to provide safe and effective nursing care
Hearing	Auditory ability sufficient to provide safe and effective nursing care
Tactile	Tactile ability sufficient for assessment and implementation of care
Health	Characteristics that would not compromise health and safety of clients

### ***Standards for Nurse Anesthesia Practice***

The graduate student is responsible for reading and adhering to the most up-to-date practice-related documents, including the [Scope of Nurse Anesthesia Practice](#) and [Standards for Nurse Anesthesia Practice](#). The AANA Standards for Nurse Anesthesia Practice offer guidance for Certified Registered Nurse

Anesthetists (CRNAs) and healthcare institutions regarding nurse anesthesia practice. CRNAs are responsible for the quality of services they render.

These standards are intended to:

1. Assist the profession in evaluating the quality of care its practitioners provide.
2. Provide a common base for practitioners to develop a quality practice.
3. Assist the public in understanding what to expect from the practitioner.
4. Support and preserve the basic rights of the patient.

### ***Oakland University-Beaumont Graduate Program of Nurse Anesthesia Professionalism***

Students are responsible for reviewing all content in the Oakland University Graduate Catalog, Oakland University School of Nursing DNP Student Handbook, and DNP Nurse Anesthesia Student Handbook. As a Student Registered Nurse Anesthesia Student (SRNA), you are a representative of our profession, Oakland University, and our affiliate clinical agencies. Students will conduct themselves professionally and respectably during class time, in the clinical area, and at professional meetings and conferences. SRNAs must always identify as nurse anesthesia students and never misrepresent their professional status.

### ***Ethics***

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia shall be conducted within the ethical and moral standards defined by professional groups (organizations, institutions, agencies, government boards, or other entities) that impact the individual program and nurse anesthesia in general.

#### **Interpretation and Guidelines**

- A. Those professional groups (organizations, institutions, agencies, or governmental entities) that have an impact on this program and nurse anesthesia are defined to include, as a minimum, the American Association of Nurse Anesthetists, the American Society of Anesthesiologists, the American Hospital Association, the American Medical Association, and the American Nurses Association. Consumer interests are further defined as patients, employers, and students (as consumers of educational programs). These third parties shall have access by oral and/or written presentations to the Council on Accreditation.
- B. Maintaining high ethical and moral standards is the joint responsibility of the conducting institutions, the faculty, affiliating institutions, the students, and the accrediting agency. Many of these responsibilities are reciprocal. However, each bears responsibility for assuring that the services provided to patients conform to defined ethical and moral standards.
- C. The nurse anesthesia program is responsible for promoting attitudes conducive to developing high ethical and moral standards among practitioners relative to the practice of nurse anesthesia. Attitudes and standards of conduct can seldom be learned from lectures or preachments. The most effective means of teaching these is through acting as role models. Thus, the conduct of the program, as well as the environment within which it exists, will be conducive to promoting appropriate attitudes and standards of conduct, and the criteria for graduation will be reasonable assurance that the graduate has accepted these as a part of his or her personal value system.
- D. Loyalty flows up and down the organizational channels as a part of an ethical or moral code. It should not be misconstrued as an absence of valid critique, complaint, discussion, or total

agreement with consensus or other managerial decisions. It does imply support of management policies or decisions and working within the system to effect change in those policies or decisions in which there is disagreement or difficulty.

- E. Students are expected to demonstrate commitment/loyalty to institutions where they have accepted financial support and/or made employment agreements.
- F. Third-party presentations to the Council on Accreditation shall only be made after exhausting all avenues of due process within the conducting institution.

### **Guidelines for Ethical Conduct of a Nurse Anesthesia Educational Program**

These guidelines shall serve as the basis for assessing the ethical conduct of a nurse anesthesia educational program. They are defined in relation to the rights and responsibilities of the major participants in this joint endeavor - the profession, the patients, the students, the faculty, the conducting and affiliating institutions, and the accrediting agency.

#### **A. Relative to the Profession:**

- a. Honesty and integrity will be the basis for representing the program to patients, students, and the public.

#### **B. Relative to Patients:**

- a. Patients have a right to know who administers their anesthesia, who will supervise the administration, and what their relationship is. No practice shall be engaged in which is intended to deceive the patient in this regard. Student anesthetists are not to represent themselves by title or function as a CRNA.
- b. Patients have a right to expect that those anesthesia services provided by students will be under the supervision of a CRNA or an anesthesiologist, consistent with the anesthesia risk of the procedure, the magnitude of the anesthesia and surgery, and the student's educational level. At all times, a CRNA or anesthesiologist shall be immediately available in all anesthetizing areas where students are performing anesthesia.
- c. Patients have a right to expect that the students and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions. The program has the right to require drug screening and physical and psychological assessment when impairment or fatigue is suspected.
- d. The patient's surgeon or responsible physician shall be kept informed about the anesthetic management and any complications arising from that management.
- e. Patients have the right to expect that students will avoid conflicts between their integrity and their rights. When a student's convictions prohibit participation in a particular procedure, the student may refuse to participate or withdraw from the case, provided that such refusal or withdrawal does not harm the patient.
- f. Patients have the right to confidentiality as outlined in the HIPPA regulations.

#### **C. Relative to Students:**

- 1. Students have a right to expect that:
  - a. Upon acceptance into an accredited program of nurse anesthesia, they will receive the quality of education necessary to fulfill the program's objectives.
  - b. The program will prepare graduate nurse anesthetists with the knowledge, skills, and competencies in patient safety, perianesthetic management, critical thinking, communication, and the professional role.
  - c. The program provides the opportunity for:
    - i. Integrating theory underlying the practice of anesthesia with the actual practice.



- ii. Providing anesthetic management to all categories of patients for most or all varieties of diagnostic or therapeutic interventions utilizing consultation as required.
  - iii. Functioning with minimal supervision in all sizes and/or locations of hospitals or agencies.
  - iv. Assuring patient comfort and safety within the confines of those aspects of care over which a nurse anesthetist has control or can influence through consultation, advice, or other actions.
  - v. Incorporating sound ethical and moral practices into his/her personal value system relative to nurse anesthesia practice.
  - vi. They will not be exploited relative to time commitment or pay for the profit of the conducting institution or corporation.
- d. Enrollment in a nurse anesthesia program is equivalent to an agreement between the student and the program and that the rights and responsibilities of each party of the agreement are fully understood and complied with. Students' failure to achieve the goal within the time frame expected for which he/she enrolled is based on valid, reliable data and information from evaluations, viewed objectively and fairly, and reviewed as may be required by due process mechanisms when contested.
- e. Fair and accurate evaluations of their progress in the educational program and to be kept informed of the status of that progress.
- f. Normal lines of student communication begin with the clinical and/or didactic faculty. Subsequent steps include the Clinical Coordinator, Assistant Director, Program Director, Associate Dean, and ultimately the Dean of the School of Nursing.
2. Students and graduates have the right to access transcripts of their academic and clinical achievements and, upon their request, have verified copies furnished to institutions, agencies, other programs of nurse anesthesia, or others specified by the student or graduate. A fee for copying may be charged, and payment is the student's responsibility.
3. Graduates have the right to expect an official Transcript of Student Record to be forwarded to the National Board of Certification & Recertification for Nurse Anesthetists in sufficient time for eligibility determination so that graduates may schedule the Certification Exam at their earliest convenience following program completion. Students will be held accountable for:
- i. The quality of preparation, completion, and performance of graduate work.
  - ii. Complying with the nurse anesthesia program's policies, procedures, and regulations.
  - iii. Fulfilling all responsibilities and requirements connected with the program defined at enrollment or made a part of the educational agreement during enrollment.
4. In addition to the information in this handbook, students are referred to the Oakland University Graduate Catalog, the Oakland University School of Nursing DNP Student Handbook, and the DNP Project Handbook. Students are expected to read and be aware of the code of student conduct, rights, responsibilities, and policies and procedures outlined in these publications.

### **Guidelines for Student Ethical Conduct**

Relative to Completion of the DNP Final Project:

1. Students who complete the DNP Final Project must do so according to acceptable ethical research and reporting standards established by public law, institutional procedures, and the health professions.
2. The student protects the rights and well-being of people and animals that serve as subjects in research.

3. Students are expected to follow the policies and procedures of Oakland University, the School of Nursing, and the institutional review boards in the facilities where they are conducting the DNP Final Project.

Relative to Endorsement of Products and Services:

1. Students will adhere to each affiliate institution's Business and Ethical Conduct codes.

Relative to the Protection of Patient Privacy:

1. Students will refrain from sharing or discussing protected patient information in public places or through electronic media
2. Students will uphold the standards, policies, and procedures set forth by each institution they are assigned concerning HIPPA regulations and maintaining patient privacy.
3. Students will refrain from taking photos or sharing any information that may be used to identify patients or violate privacy.

**Social Media Guidelines** – see [Appendix H](#)

## Policies and Procedures for Progression, Retention, and Dismissal in the SON

### *Program Progression*

#### **Grading**

As stated in the Oakland University Graduate Catalog, many programs have more stringent grade requirements for credit and retention. Students enrolled in the Oakland University-Beaumont Graduate Program of Nurse Anesthesia will follow the policies in this handbook regarding grading and progression for both didactic and clinical courses. Students must pass the didactic and clinical components each semester to progress to the next semester.

#### **School of Nursing Grade Conversion Scale**

<b>Percentage</b>	<b>Grade</b>
95.00-100.00	A
90.00-94.99	A-
85.00-89.99	B+
80.00-84.99	B
75.00-79.99	B-
70.00-74.99	C+
65.00-69.99	C
60.00-64.99	C-
55.00-59.99	D+
50.00-54.99	D
0.00-49.99	F

#### **Didactic Evaluation**

Students' didactic performance is evaluated based on academic achievement in the classroom. Progression in the program requires a score of 80.00% or better for each course. The Faculty of Record may counsel and issue a midterm academic advisement if a student's course grade is less than 80.00%. If the student's course grade is less than 80.00% at the end of the semester, the program faculty will recommend that the student be dismissed.

#### **Clinical Evaluation**

Students must earn a clinical internship course grade of B (80.00) or better each semester to progress to the next semester. Students not making satisfactory clinical progress in the program may be placed on clinical advisement or probation. A remediation plan will be developed with the student, and the following additional steps will be taken:

- A written copy of the advisement will be given to the student.

- The Program Director, Academic Advising, and the Dean of the SON at OU will be notified of the clinical advisement.
- During the advisement period, program faculty will meet with the student weekly to discuss the student's clinical performance.
- A student who continues to make progress and meets the clinical objectives will receive a grade corresponding with the grading scheme found in the syllabus.
- A student who fails to progress in meeting the Clinical Internship Objectives or demonstrates unsafe or egregious practice will receive a grade below a B for that Clinical Internship and be recommended for dismissal from the program.
- A student can be placed on a maximum of one clinical advisement period during the program. Any subsequent pattern of performance that falls below acceptable standards will result in a recommendation for dismissal.

### **Professional ePortfolio**

Nurse anesthesia students must document their progression toward achieving graduate standards and program outcomes in multiple ways, including using an ePortfolio. Instruction on developing an ePortfolio will be provided during the first year of the program. Progressive ePortfolio completion is a requirement to be evaluated at each end-of-semester conference.

## ***Grounds for Dismissal***

While the procedure for dismissal of a student for clinical performance is generally preceded by an advisement period, grave misconduct may warrant immediate dismissal. Grounds for dismissal from the program may include, but are not limited to, the following:

- Theft
- Gross professional misconduct or insubordination
- Cheating
- Any egregious practice
- Conviction of a felony
- Inappropriate credentials/willful misrepresentation of any information provided to the OU SON or clinical affiliates
- Confirmed drug abuse
- Breach of ethical conduct
- Willful or negligent action that may lead to harmful effects on the patient
- Violation of any rules governing license to practice nursing
- Failure to meet clinical objectives after a clinical advisement period
- Failure to abide by the policies and procedures of the program and/or any clinical affiliate
- Falsifying information about a patient or anesthetic care or failing to share information regarding a patient or their anesthetic care

Falsifying information about a patient or anesthetic care or failing to share information regarding a patient or their anesthetic care.

### **Grievance Hearing Procedure**

Any student who feels that they have received an unfair grade, disciplinary action, dismissal, or unsatisfactory management of allegations relating to their failure to meet clinical objectives or professional misconduct may initiate grievance proceedings. Students must comply with the guidelines and procedures outlined in the Oakland University School of Nursing Doctor of Nursing Practice Student Handbook.

## **Leave of Absence Policy**

The OUBGPNA curriculum builds upon didactic and clinical experiences sequentially. In the event of an extended leave of absence, an amended POS will be generated. Returning to SON coursework is contingent upon space and course availability. Students absent beyond the end of an approved Leave of Absence are not guaranteed re-entry into the program.

It is the student's responsibility to ensure that the proposed leave is compatible with the regulations of any granting agency from which funding would generally be received during the leave period and that such agencies are informed of the proposed leave. Students receiving loans or financial aid should determine the consequences of a leave of absence on their repayment status.

Students contemplating a leave of absence should meet with the Program Director and Advising before withdrawing from any courses or the program.

## ***Application to Graduate***

### **Criteria for Graduation**

After meeting all graduation criteria, students will be eligible to take the National Certification Examination, administered by the NBCRNA. Refer also to the Oakland University DNP Student Handbook.

Program graduation criteria:

1. Completion of all program and university requirements
2. Certification of attainment of outcome criteria (see [Appendix I](#) and [Appendix J](#))
3. Achievement of all program outcome criteria as described in the student handbook
4. Current ACLS, BLS, and PALS (current until three months after graduation)
5. Current RN license
6. Return of program property, including keys, ID badge, and library materials
7. Forwarding address and e-mail to the program coordinator
8. Completion of senior exit evaluation
9. Submission of final case records.
10. Payment of all tuition and fees

Students will complete the application for the National Certification Examination before graduation. Proof of a current nursing license and current ACLS, BLS, and PALS certification will be required. RN licensure must not expire within 90 days of the program's end date.

You must [apply for graduation](#) by the semester deadline through the Graduate School.

## APPENDIX A: PROGRAM EVALUATION

### Evaluation of the Program

Evaluation of the Oakland University-Beaumont Graduate Program of Nurse Anesthesia will occur as depicted in the following tables:

#### Program Evaluation Summary

##### 1. Evaluation of Student:

Area	Evaluator	Evaluation Tool	Frequency	Action/ Intervention
<b>Clinical Performance</b>				
	CRNA/MD A Clinical Instructors	Formative: Clinical Evaluation Tool – Appendix D	* Completed each clinical day semesters II-VIII  *Monthly at some sites	Remedial instruction as indicated, formal plan of remediation if indicated by warning of failure
	Student	Summative: Student Self Evaluation Tool – Appendix B	Formal summative student self-evaluatio n submitted at the end of each semester II-VII	Reflection on accomplishments and identification of areas needing improvement
	Faculty of Record (Mentor)	Summative: End of Semester Summary Tool Appendix C	Formal summative evaluation of student's achievement of course objectives at the end of semesters II-VII	Determination of course grade and progression to subsequent clinical courses.
<b>Didactic Performance</b>				
	Didactic Faculty of Record	Formative and Summative: Written exam and CBE assessments. Assignment of grades according to course syllabi.	Each semester & as outlined in course syllabi	Verbal and/or written counseling or remedial instruction by instructor as indicated. Midterm warnings when indicated.
	Student	Formative:	Scheduled by students	Verbal and/or written counseling or remedial

		NBCRNA SEE interim score reports	during the second and third year of program	instruction by instructor as indicated
	Student and Faculty of Record (Mentor)	Formative: Students are asked to self-assess if they have met all COA outcome criteria. The student's faculty mentor certifies attainment of outcomes. COA Outcome Criteria Certification Tool Appendix I:	End of program	Successful completion of all COA competencies required for graduation.
	Student and Faculty of Record (Mentor)	Formative: Students are asked to self-assess if they have met all DNP program outcomes. The student's faculty mentor certifies attainment of outcomes. DNP Program Outcomes Certification Tool Appendix J	End of program	Successful completion of all DNP program outcomes is required for graduation.
<b>Overall Performance</b>				
	Student	Formative and summative: Students are required to build and maintain an ePortfolio in Google Sites. The ePortfolios are graded according to course syllabi. Students also maintain an	End of semester per course syllabi	Documentation and reflection on progress in meeting the DNP Essentials and Program Outcomes.

		ePortfolio table to track progress. Appendix K: DNP Essentials Grid Table		
	Student	Formative: Written self-reflection at the end of the third year and uploaded to ePortfolio. Appendix L: Self Reflection Rubric	End of the third year	Provides evidence that is clearly linked to DNP – NA programmatic outcomes/ AACN 2021 Essentials. Development of critical thinking skills and clinical and reasoning. Offers an opportunity to demonstrate evidence of learning and professional growth. Fosters professionalism.

2. Evaluation of Faculty:

Area	By Whom	Form	Frequency	Action/ Intervention
<b>Course &amp; Instructor Performance</b>				
	Student	<b>Didactic Instructor/FOR</b> : Electronic submission of anonymous evaluations are requested of students at the conclusion of each didactic course. <b>Tool:</b> OU Classroom Faculty Effectiveness Online Survey	End of each semester	Data will be analyzed and utilized to recognize accomplishments and needs for improvement.
	Student	<b>Clinical Instructor/Preceptor:</b> Electronic submission of anonymous evaluations are	Students are encouraged to do this daily—minimum requirement set	Data will be analyzed and utilized to recognize accomplishments and needs for improvement.



		requested of students at the conclusion of each clinical course <b>Tool:</b> Typhon Clinical Instructor Evaluation Tool	according to clinical syllabi.	
	Program Faculty	<b>Program Faculty Self Evaluation:</b> Written self-evaluations are required annually. <b>Tool:</b> OU SON Faculty Annual Report & Merit Summary Rubric	Annually	Program Faculty assess their accomplishments and set goals for improvements annually.
	Dean	<b>Program Faculty Administrative Review:</b> Data is reviewed, compiled and decisions regarding promotion and merit are shared with faculty. <b>Tool:</b> OU SON Merit Performance Rubric	Annually	Data is used to note accomplishments, encourage improvement, and guide faculty development and scholarship.

### 3. Evaluation of Clinical Sites:

Area	By Whom	Form	Frequency	Action/ Intervention
Clinical Site Performance				
	Student	Electronic submission of anonymous evaluations are requested of students after each rotation and, if not	End of each rotation/ semester	Data is analyzed and utilized to recognize strengths and needs for improvement.

		completed sooner, at the end of each semester. <b>Tool:</b> Typhon Clinical Site Evaluation		
	Program Faculty	Clinical site visits: <b>Tool:</b> Written summary of annual site visit	Annually and as needed	Data is analyzed and utilized to recognize strengths and needs for improvement

4. Evaluation of Program:

Area	By Whom	Form	Frequency	Action/ Intervention
<b>Program Performance</b>				
	Students	Program Faculty -Student meetings: Student reps are invited to attend. Program-focused questions are asked. Students also bring forward questions and concerns. Open dialogue is encouraged. <b>Method:</b> Face to Face Meeting	Several times annually and more frequently as needed.	Student feedback is used to recognize strengths and identify areas for improvement.
	Senior Students	Electronic submission of anonymous evaluations are requested of students after the program. <b>Tool:</b> Anonymous Senior Exit Evaluation Survey via Qualtrics or equivalent survey tool.	End of Program	Data is used to guide academic and administrative decision-making to improve the program.
	Graduates	Alumni are asked to	One year after	Data is used to guide academic and

		complete a survey. <b>Tool:</b> 1-Year Post Graduate Employee Evaluation	program completion	administrative decision-making to improve the program.
	Employers of Program Graduates	Employers are asked to complete a survey. <b>Tool:</b> 1-Year Post Graduate Employer Evaluation	One year after Program completion	Data is used to guide academic and administrative decision-making to improve the program.
	Faculty	All faculty must submit evaluations of the overall program utilizing established criteria and measures.	As indicated by the COA accreditation cycle.	Data is used to guide academic and administrative decision-making to improve the program.
	Students	NBCRNA NCE and SEE interim reports and NBCRNA Annual report	Annually	Data is used to guide academic and administrative decision making with the intent of improving the program.
	Program Director	COA Annual Report	Annually	Data is used to guide academic and administrative decision making with the intent of improving the program.
	External Reviewers	Program Self-Study and COA Onsite Visit	Accrediting Cycle	Data is used to guide academic and administrative decision making with the intent of improving the program.
	Clinical Preceptors, Clinical Site Coordinators, Program Faculty, OUSON Faculty & Students	COA Mid-Point Evaluation Survey	Mid Accrediting Cycle	Data is used to guide academic and administrative decision making with the intent of improving the program.
	Outcome Indicators	1 <sup>st</sup> Time NCE Pass Rates: Attrition, Employment Rates, Application Rates	Annually	Data is used to guide academic and administrative decision making with the intent of improving the program.

## APPENDIX B: STUDENT SELF-EVALUATION

### STUDENT SELF EVALUATION

DATE:

NAME:

FACULTY OF RECORD

EVALUATION PERIOD (MONTHS):

ROTATIONS COMPLETED DURING THIS EVALUATION PERIOD:

NUMBER OF **SIGNED** CARE PLANS SUBMITTED:

NUMBER OF **CLINICAL DAYS** PROVIDING ANESTHESIA:

NUMBER OF RETURNED EVALUATIONS (MUST MATCH # OF O.R. DAYS):

NUMBER OF EVALUATIONS **NOT RETURNED** (Indicate site and CRNA):

PLEASE RATE YOUR PERFORMANCE **SINCE YOUR LAST EVALUATION** IN THE FOLLOWING AREAS:

1-NEVER    2-SOMETIMES    3-USUALLY    4-MOST OF THE TIME    5- ALWAYS

#### **COGNITIVE SKILLS**

Formulates appropriate care plans	1	2	3	4	5
Demonstrates peri-operative preparation and knowledge of anesthetic and surgical procedures	1	2	3	4	5
Exercises good judgment in problem solving	1	2	3	4	5

#### **PSYCHOMOTOR SKILLS**

Meets criteria for safe induction and emergence of patients	1	2	3	4	5
Selects, utilizes and places appropriate monitoring lines and equipment	1	2	3	4	5
Manages intraoperative hemodynamics skillfully	1	2	3	4	5
Maintains organization throughout the day	1	2	3	4	5
Charts completely and legibly	1	2	3	4	5

#### **PROFESSIONALISM**

Exhibits a professional demeanor	1	2	3	4	5
Communicates effectively with members of the health care team	1	2	3	4	5
Seeks out learning opportunities	1	2	3	4	5
Demonstrates interest and enthusiasm	1	2	3	4	5

PLEASE IDENTIFY **TWO** AREAS IN WHICH YOU FEEL YOU HAVE IMPROVED SINCE YOUR LAST EVALUATION.

DESCRIBE **TWO** CHALLENGING DAYS THIS EVALUATION PERIOD AND STATE:

A) WHY THEY WERE CHALLENGING TO YOU

B) HOW YOU THINK YOU PERFORMED

C) WHAT YOU LEARNED DURING YOUR EXPERIENCE.

LIST **TWO** OR MORE AREAS IN WHICH YOU WOULD LIKE TO IMPROVE DURING THE NEXT EVALUATION PERIOD AND DEFINE A PLAN OF GROWTH IN THESE AREAS.

COMMENTS

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX C: END OF SEMESTER SUMMARY

Oakland University-Beaumont Graduate Program of Nurse Anesthesia  
Example: Clinical Internship II-IV Semester Summary

STUDENT:  
SEMESTER:  
EVALUATION SUMMARY COMPLETED BY:

Number of written evaluations reviewed (**Please arrange evaluations in order by date from last to first**): \_\_\_\_\_

SPECIALTY ROTATIONS COMPLETED THIS SEMESTER:

**Evaluate the student using the following scale:**

- 1-Does not meet objectives**
- 2-Meets objectives with assistance**
- 3- Meets objectives**
- N/A- Not applicable or not mentioned**

Patient Care/Clinical Skills	
1. <b>Assessment:</b> performs a comprehensive preoperative interview, incorporates assessment data in diagnostic and therapeutic decisions, sound judgment, obtains informed consent, identifies potential difficult airway	
2. <b>Planning:</b> formulates patient-specific written & verbal care plans, selects & prepares appropriate equipment, performs appropriate safety checks, labels & secures medications properly, uses evidence-based practice	
3. <b>Implementation</b>	-----
<ul style="list-style-type: none"> <li>● <b>Induction:</b> Independently performs induction sequence, appropriate monitoring, positioning</li> </ul>	
<ul style="list-style-type: none"> <li>● <b>Maintenance:</b> Independently adjusts anesthetic plan as appropriate, vigilant monitoring, documentation</li> </ul>	
<ul style="list-style-type: none"> <li>● <b>Emergence:</b> timely independent emergence, safe extubation, transfer to PACU/ICU safely</li> </ul>	
<ul style="list-style-type: none"> <li>● <b>Airway skills:</b> skilled at various modalities of airway management</li> </ul>	
<ul style="list-style-type: none"> <li>● <b>Arterial lines:</b> Independently inserts arterial lines</li> </ul>	
<ul style="list-style-type: none"> <li>● <b>Spinals/epidurals:</b> Inserts SAB independently, epidurals with assistance</li> </ul>	

**Comments:**

Knowledge Base	
<ul style="list-style-type: none"> <li>● Knowledge base is appropriate to the student's level of training</li> </ul>	
<ul style="list-style-type: none"> <li>● Uses analytical thinking in clinical situations</li> </ul>	

**Comments:**

Evaluation	
<ul style="list-style-type: none"> <li>Evaluates own performance, incorporates feedback into improvement activities</li> </ul>	
<ul style="list-style-type: none"> <li>Completes post-operative evaluations on patients</li> </ul>	

Comments:

Professionalism	
<ul style="list-style-type: none"> <li>Respectful, compassionate, honest, responsible, considerate</li> </ul>	
<ul style="list-style-type: none"> <li>Attitude: enthusiastic to do cases, flexible, able to accept criticism</li> </ul>	
<ul style="list-style-type: none"> <li>Attendance: on time, available when needed, prepared for the day</li> </ul>	
<ul style="list-style-type: none"> <li>Utilizes appropriate resources with regard to safety and cost effectiveness</li> </ul>	

Comments:

What are this student's strengths?

What are some things this student needs to work on?

Additional comments:

Student comments:

- Case numbers reviewed with student
- Portfolio progression reviewed with student

Student: \_\_\_\_\_

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

Faculty of Record: \_\_\_\_\_

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

\*Site Coordinator: \_\_\_\_\_

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

\*Site coordinators at sites with small departments may also use this form instead of daily clinical evaluations at the end of rotations.

## APPENDIX D: CLINICAL EVALUATION TOOL

### Clinical Internship: \* \_\_\_\_\_ Evaluation of Clinical Performance

Oakland University Beaumont Graduate Program of Nurse Anesthesia

Student \_\_\_\_\_ Year \_\_\_\_\_ Date \_\_\_\_\_ Shift/Location \_\_\_\_\_

Clinical Site \_\_\_\_\_ CRNA \_\_\_\_\_ Anesthesiologist \_\_\_\_\_

Case \_\_\_\_\_ ASA \_\_\_\_\_ Technique \_\_\_\_\_

Case \_\_\_\_\_ ASA \_\_\_\_\_ Technique \_\_\_\_\_

Case \_\_\_\_\_ ASA \_\_\_\_\_ Technique \_\_\_\_\_

Evaluation Scale: N = not applicable; 1=does not meet objective; unsafe or harmful, 2=meets objective with assistance, 3=meets objective

#### Faculty Comments

I. Assessment and Diagnosis				
A. Performs health history, physical, and psychosocial assessment	1	2	3	N
B. Initiates and interprets diagnostic testing	1	2	3	N
C. Prioritizes data collection based on patient's current needs	1	2	3	N
D. Derives appropriate diagnosis from assessment data	1	2	3	N
II. Outcome				
A. Educates patient	1	2	3	N
B. Obtains informed consent	1	2	3	N
C. Incorporates evidence based practice to identify outcome	1	2	3	N
III. Planning				
A. Formulates patient specific verbal & written anesthetic plan of care	1	2	3	N
B. Selects appropriate equipment, medication, & monitoring modalities	1	2	3	N
C. Performs and documents appropriate safety checks	1	2	3	N
IV. Implementation				
A. Performs appropriate induction sequence	1	2	3	N
B. Performs appropriate airway management	1	2	3	N
C. Positions patient for optimal safety, comfort and surgical exposure	1	2	3	N
D. Adjusts anesthetic plan according to patient's physiological response	1	2	3	N
E. Manages invasive procedures with skill	1	2	3	N
F. Tailors patient monitoring in accordance with patient needs	1	2	3	N
G. Completes accurate and timely documentation	1	2	3	N
H. Manages emergence	1	2	3	N
I. Is vigilant in the delivery of patient care	1	2	3	N
J. Calculates, initiates and manages fluid and blood component therapy	1	2	3	N
K. Assures patient safety while transferring responsibility of care	1	2	3	N
L. Collaborates with other health care professionals to provide optimal care	1	2	3	N
M. Utilizes universal precautions	1	2	3	N
N. Protects patient from iatrogenic complications and nosocomial infections	1	2	3	N
O. Adheres to safety precautions established by the institution	1	2	3	N
P. Practices standards that promote environmental health	1	2	3	N
V. Evaluation				
A. Evaluates effectiveness of interventions	1	2	3	N
B. Completes post operative evaluation on patients	1	2	3	N
C. Participates in the continuous quality improvement process	1	2	3	N
VI. Standards of Professional Performance				
A. Respects and maintains basic rights of patients	1	2	3	N
B. Collaborates with members of the interprofessional team	1	2	3	N
C. Seeks learning experiences to develop clinical knowledge	1	2	3	N
D. Seeks feedback regarding practice from health care team	1	2	3	N
E. Mentors peers in acquisition of clinical knowledge and skills	1	2	3	N
F. Models expert practice to interprofessional team	1	2	3	N
G. Utilizes appropriate resources with regard to safety and cost effectiveness	1	2	3	N

Student Comments

CRNA signature: \_\_\_\_\_



# APPENDIX E: DISTANCE STUDENT GUIDELINES

## Distance Student Guidelines

One of the goals of OUBGPNA's distance education program is to overcome barriers of place and time. Distance learning allows education to reach those located at distant primary sites. The program endeavors to connect students at Corewell Health- Wm. Beaumont University and off campus in an atmosphere that promotes a feeling of belonging and camaraderie through video, audio, and active learning.

Distance students have unique needs and concerns that program faculty recognize. Faculty and distance site coordinators are committed to providing students with the support and resources needed to succeed in the program.

The use of technology in classroom instruction has grown exponentially over the years. Most universities and colleges have adopted some form of online learning. Distance learning is a rapidly expanding educational advance in nurse anesthesia. The Oakland University—Beaumont Graduate Program of Nurse Anesthesia has made great strides in the use of distance technology.

The Council on Accreditation requires that distance education programs and courses meet the same standards and achieve the same outcomes as traditional educational offerings.

Some helpful tips for staying connected to your classmates include:

- Make connections with fellow students
- Establish a relationship with a Royal Oak classmate. In the event you miss a concept presented or have interruptions in transmission, you have an established contact person to provide you with missed information.
- Do not hesitate to notify the instructor to adjust the camera or volume or pause to clarify a point. Take initiative. Ask questions as if you were physically present in the classroom.
- Make sure your microphones are not muted. If you experience connection problems, call the anesthesia classroom. A director of phone numbers for all classrooms is at the end of this appendix.
- The program will have a list of your classroom phone and classroom fax machine in our classroom. Please provide your cell phone numbers so we can contact you if needed.
- Instructors attempt to have our lecture material e-mailed (or posted to Moodle) before the scheduled lecture, but that is not always possible. Take responsibility for contacting the faculty of record if you do not have lecture materials before the scheduled lecture time.
- It is each student's personal responsibility to check his or her OU email every day. As a distance student, you may want to check it each morning before class.

### **Communication**

Microphones are at each table in the classroom at Corewell Health, Royal Oak. Fellow classmates are instructed to use the microphones for all discussions to ensure that distance students are included.

Distance students are encouraged to communicate frequently via e-mail or phone with the Oakland University-Beaumont clinical coordinator and faculty of record for courses to maintain a consistent, open dialogue about any matter of concern to you.

## **Evaluations at Distance Sites**

### **Daily Clinical Evaluations:**

Distant students must send **white copies** of the daily evaluations to the program coordinator each month via a prepaid envelope. The site coordinator may assign students to a clinical instructor. At the end of each semester, the site coordinator or faculty mentor will complete a summary of your clinical progress (see [Appendix C](#)), which will be forwarded to the Beaumont clinical coordinator and placed in your files.

The first line of communication about clinical-related issues should be with the individual instructor and the distance site coordinator. Students should contact the OU-Beaumont clinical coordinator if the problem cannot be resolved. The next line of communication would be the assistant director, then the program director. Students are expected to contact an OU-Beaumont faculty member any time a sentinel event or major error on their part occurs (i.e., drug error).

Students should communicate regularly via phone or email with the OU-Beaumont clinical coordinator to keep them apprised of their clinical progress. This also allows students to communicate questions or concerns regarding didactic and clinical issues.

### **Instructor Evaluations:**

All students are expected to complete fifteen instructor evaluations each semester using the Typhon Case Tracking Instructor Evaluation form.

## **Distance Student Rotation to Corewell Health-William Beaumont University Hospital**

1. Distance students will be required to spend 4 weeks at Corewell Health William Beaumont University Hospital in clinical during the second year of the program. Additional weeks may be required depending on the individual student's performance. The month you are scheduled to rotate to William Beaumont University Hospital will be assigned at the beginning of the semester.
2. Distance students scheduled to rotate to Corewell Health Wm. Beaumont University Hospital should contact the program coordinator and simulation coordinator six weeks before their scheduled start date. They will schedule an Epic class and notify Security IT to gain access to the EPIC system.
3. Once scheduled, students must contact the OU clinical coordinator one week before their scheduled rotation to communicate the specific learning experiences needed. Students are responsible for making travel plans so that they can get assignments, visit patients, and collect all necessary information regarding cases preoperatively.
4. The faculty will facilitate clinical experiences with distance students by working with them, if possible, during their rotations to Corewell Health. The clinical coordinator will assign clinical instructors to work with students.
5. Students are encouraged to communicate with the clinical coordinator frequently during their rotation at Corewell Health
6. Students may be required to attend simulation learning sessions while on rotation at William Beaumont University Hospital.
7. You will be required to return to William Beaumont University Hospital if it is determined that your primary site cannot provide the mandated clinical experiences paralleling that of traditional classmates. The primary goal is to attain the objectives of your clinical internships and obtain the needed experiences to graduate.

8. Distance students will be required to travel away from their home site for **at least five months** throughout the program. Many of these sites will be located more than 1 hour away from your home site and you will be required to obtain housing at these sites.

**One important consideration:** Your position as a distance student is unique. You have the advantage of being assigned to your “home site” for nearly all your clinical training. Your month-long rotation to William Beaumont University Hospital provides the program faculty with an opportunity to evaluate you over a very short period. An important goal of having students travel to Beaumont and other affiliate clinical sites for clinical experiences is to expose them to surgical procedures and anesthetic techniques that may not otherwise be gained at your distance primary site.

### Distant Sites Contact List

	<u>Corewell-RO</u>	<u>Kalamazoo</u>	<u>Marquette</u>	<u>Petoskey</u>	<u>Toledo</u>
<b><u>Site coordinator</u></b>	<b><u>Andrea Bittinger</u></b> Bitting2@oakland.edu <b>248-930-8780</b>	<b><u>Cara Hermann</u></b> Cara.m.cunliffe@gmail.com 269-599-3308  <b><u>Jordan Sullenberger</u></b> Jordan.sullenberger@yahoo.com 517-648-7501	<b><u>Joshua Rajala</u></b>  rajala@uwalumni.com  (262)894-0123	<b><u>Todd Singleton</u></b> twsingleton73@yahoo.com <b>(541) 210-2876</b>	<b><u>Howard Brown</u></b> Howie53@bex.net (419) 291-4491
<b><u>Classroom phone #</u></b>	<u>248-898-3271</u>	(269) 226-7382	(906) 225-4505		
<b><u>FAX</u></b>	<u>248-898-8285</u>	(269) 226-7062	(906) 225-3203		
<b><u>Tech support</u></b>		<b><u>Jim Wertz</u></b> Phone: (269) 226-8443 Cell: 269-744-6524 Fax: (269) 226-7204  Email: <a href="mailto:jameswurtz@borge.ss.com">jameswurtz@borge.ss.com</a>	<b><u>Debra Reed</u></b> (906) 225-3018 <a href="mailto:Deborah.reddfo wler@mghs.org">Deborah.reddfo wler@mghs.org</a>		

# APPENDIX F: STANDARDS OF CONDUCT FOR INSTRUCTOR: STUDENT RELATIONSHIP

## OUBGPNA

### Standards of Conduct for the Clinical Instructor-Student Anesthetist Relationship

The Oakland University- Beaumont Graduate Program of Nurse Anesthesia (OUBGPNA) recognizes the importance of clinical instructors serving as role models for student anesthetists and that this role is fundamental to the program's educational mission. The clinical instructor-student anesthetist relationship confers rights and responsibilities on both parties. Behaving in ways that represent the ideal instructor-student relationship fosters respectful behavior, minimizes the likelihood of student mistreatment or abuse, and optimizes the educational experience for students.

#### Responsibilities of clinical instructors include:

- Be prepared and on time
- Provide learners with the most current materials
- Treat students respectfully and without bias based on legally protected characteristics
- Give students timely, constructive, and accurate feedback
- Avoid the embarrassment or humiliation of students

#### Responsibilities of student anesthetists include:

- Be prepared and on time
- Be courteous and respectful of instructors and fellow students and without bias based on legally protected characteristics
- Treat fellow students as colleagues and respect the mutual learning environment
- Take responsibility for maximizing educational experiences
- Address conflicts and discomforts that may impede learning while protecting the patient
- Be an enthusiastic learner
- Be trustworthy and honest
- Know limitations and ask for help when needed

#### In the clinical setting:

- Seek knowledge about patient illnesses. Put patient welfare ahead of educational needs
- Treat all patients and members of the health care team respectfully and without bias based upon legally protected characteristics
- Be compassionate
- Respect patients' privacy

The responsibilities of teachers and learners constitute the University's standards for respectful and professional behavior. Behaviors that fall outside of these standards are clearly abusive or represent poor judgment, unprofessional behavior, or mistreatment.

The behaviors listed below are clearly abusive:

- Unwanted physical contact
- Sexual harassment
- Discrimination based upon a legally protected characteristic.

Requiring students to perform personal chores (i.e. running errands, babysitting, etc.)

Disrespectful or unprofessional behaviors that may disrupt the student's educational experience, include:

- Repeated questioning of a student with the primary intent to humiliate or embarrass

- Clinical evaluation based on factors other than performance or merit

- Coercing students to do something they find morally objectionable

- Public humiliation

- Requiring excessive menial, non-educational chores

- Sharing information about student performance in a way that damages student's chances to progress

### **Reporting Incidents of Mistreatment**

Students, faculty, staff, parents, and others are strongly encouraged to report behaviors that they feel are concerning, worrisome, or threatening (no matter how small or insignificant that may seem). The link to submit a formal complaint or report an incident of concern can be found at the [OU Dean of Students website](#). Imminent threats should immediately be reported to the Oakland University Police Department (OUPD).

Sexual misconduct can occur in any University-sponsored program, both on-campus and off-campus. Sexual misconduct is unwelcome conduct of a sexual nature without consent and includes sexual harassment, sexually hostile environments, and sexual violence. For a more complete understanding of OU's Sexual Misconduct Policy and corresponding laws, please [click here](#).

Students who believe they have been mistreated by a faculty member, clinical instructor (CRNA/MDA), Oakland University, or Corewell Health System employee should notify the OUBGPNA program faculty.

Regarding an allegation against a faculty member or clinical instructor: A student may request to delay forwarding the complaint and resulting action or remedy until after the student is evaluated academically.

## APPENDIX G: CLINICAL EXPERIENCES

The minimum number of clinical hours is 2,000 (*See Glossary, "Clinical hours"*).

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
----------------------	------------------------	---------------------------

### Patient Physical Status

Class I		
Class II		
Classes III-VI (total of a, b, c, & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
Total cases	650 <sup>†</sup>	700

### Patient Assessment<sup>†</sup>

Initial preanesthetic assessment <sup>†</sup>	50	100
Postanesthetic assessment <sup>†</sup>	50	150
Comprehensive history and physical <sup>†</sup>		
a. Actual <sup>†</sup>		
b. Simulated <sup>†</sup>		

### Special Cases

Geriatric 65+ years	100	200
Pediatric		
Pediatric 2 to 12 years	30	75
Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5

<b>CLINICAL EXPERIENCES</b>	<b>Minimum Required Cases</b>	<b>Preferred Number of Cases</b>
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

#### **Anatomical Categories<sup>5</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

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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**Methods of Anesthesia**

General anesthesia	400	
Perform a general anesthetic induction with minimal or no assistance <sup>†</sup>	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 ) ( <i>see Glossary, "Alternative tracheal intubation techniques"</i> )	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
----------------------	------------------------	---------------------------

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>12</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 <sup>†</sup>	
a. Regional <sup>13</sup>	10 <sup>†</sup>	
1. Actual regional <sup>†</sup>		
2. Simulated regional <sup>†</sup>		

<sup>12</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.

<sup>13</sup> Regional includes neuraxial, truncal, and peripheral nerve blocks. No clinical experiences can be obtained by simulation alone.

b. Vascular <sup>14</sup>	10 <sup>†</sup>	
1. Actual vascular <sup>†</sup>		
2. Simulated vascular <sup>†</sup>		
Point of Care Ultrasound (POCUS) <sup>†, 15</sup>		
a. Actual <sup>†</sup>		
b. Simulated <sup>†</sup>		
Intravenous catheter placement	100	
Advanced noninvasive hemodynamic monitoring		
Assessment of chest X-ray <sup>†, 16</sup>	5	10

<sup>†</sup> Effective for all students matriculating into an accredited program on or after January 1, 2022.

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<sup>14</sup> Vascular includes arterial, peripherally inserted central catheters, central venous, and peripheral access. No clinical experiences can be obtained by simulation alone.

<sup>15</sup> Refers to the use of portable ultrasonography at a patient's bedside for diagnostic (e.g., symptom or sign-based examination) purposes. This is exclusive of using ultrasound for image-guidance purposes such as for regional anesthesia or vascular access.

<sup>16</sup> This experience can be gained in a healthcare institution, classroom, simulation center, or by using online resources. One case should be counted as the evaluation of one chest x-ray, regardless of the number of items assessed on that x-ray.

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## APPENDIX H: SOCIAL MEDIA GUIDELINES

### SOCIAL MEDIA GUIDELINES

Social networking sites have become an integral part of everyday life for millions of people around the world. How nurse anesthesia students and programs are represented and viewed through this social media has become increasingly important.

**The following are the main points Oakland University-Beaumont Graduate Program of Nurse Anesthesia students should consider when using blogs, social networking sites (Facebook, Twitter, etc.), and other social media.**

**Nothing is private:** Anything you say online could be misunderstood or misinterpreted. Anyone with access to the web can access your activity on social media sites. Regardless of how careful you try to keep them separate, in your online activity, your professional life and your personal life overlap.

**Do no harm.** Respect your audience. Don't use ethnic slurs, personal insults, or obscenities or engage in conduct that would not be acceptable at Oakland University or any of our many clinical sites. You should also properly consider others' privacy and topics that may be considered objectionable or controversial—such as politics and religion.

**Be polite.** Realize that social media communities have their own culture, etiquette, and norms. Respect them.

**Uphold patient confidentiality.** Do not provide confidential patient information in any manner. Don't publish or report on conversations that are meant to be private.

**Respect copyright, fair use, and financial disclosure laws.** You must respect the laws governing copyright and fair use of copyrighted material owned by others, including copyrights and brands such as Oakland University and Beaumont logos.

**Don't pick fights.** Be the first to correct your own mistakes and indicate that you have done so before altering previous posts.

**Try to add value and create interest.** Provide worthwhile information and perspective. Use your voice and bring your personality to the forefront.

**Be vigilant.** Refrain from using phones or other computing devices to engage in extraneous activities that minimize or abandon vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.). Be aware of your association with Oakland University and Beaumont in online social networks. If you identify as an Oakland University-Beaumont Graduate Program of Nurse Anesthesia student, ensure your profile and related content are consistent with how you wish to present yourself with colleagues and patients.

**Use your personal email address** (not your Oakland.edu address) as your primary means of identification. Just as you would not use Oakland or Beaumont letterhead when writing personal correspondence, do not use your Oakland email address to express your views.

**Use your best judgment.** If you're about to publish something that makes you even the slightest bit uncomfortable, review the suggestions above and think about why that is. Ultimately, however, you have sole responsibility for what you post to your blog or publish in any form of online social media.

**Students must know and abide by** the following Social Networking and Other Web-Based Communications Policies: Beaumont Policy (#297), Oakland University Policy #890, and the boundary violations policy stated in the OU School of Nursing Graduate Handbook.

# APPENDIX I: CERTIFICATION FOR ATTAINMENT OF COA OUTCOME CRITERIA

I certify that I have met the following COA outcome criteria:

<b>Patient safety</b>	
Be vigilant in the delivery of patient care.	
Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).	
Conduct a comprehensive equipment check.	
Protect patients from iatrogenic complications.	
<b>Perianesthesia</b>	
Provide individualized care throughout the perianesthetic continuum.	
Deliver culturally competent perianesthesia care.	
Provide anesthesia services to all patients across the lifespan.	
Perform a comprehensive history and physical assessment.	
Administer general anesthesia to patients with a variety of physical conditions.	
Administer general anesthesia for a variety of surgical and medically related procedures.	
Administer and manage a variety of regional anesthetics	
Maintain current certification in ACLS and PALS	
<b>Critical thinking</b>	
Apply knowledge to practice in decision-making and problem-solving.	
Provide nurse anesthesia care based on sound principles and research evidence.	
Perform a preanesthetic assessment before providing anesthesia services	
Assume responsibility and accountability for diagnosis.	
Formulate an anesthesia plan of care before providing anesthesia services.	
Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.	
Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.	
Calculate, initiate, and manage fluid and blood component therapy.	
Recognize, evaluate and manage the physiological responses coincident to the provision of anesthesia services.	
Recognize and appropriately manage complications that occur during the provision of anesthesia services.	
Use science-based theories and concepts to analyze new practice approaches.	
Pass the national certification examination (NCE) administered by the NBCRNA.	
<b>Communication skills</b>	
Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.	
Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.	
Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.	
Maintain comprehensive, timely, accurate and legible healthcare records.	
Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.	
Teach others.	
<b>Leadership</b>	
Integrate critical and reflective thinking in his or her leadership approach.	

Provide leadership that facilitates intraprofessional and interprofessional collaboration.	
Professional Role	
Adhere to the <i>Code of Ethics for the Certified Registered Nurse Anesthetist</i>	
Interact on a professional level with integrity	
Apply ethically sound decision-making processes	
Function within legal and regulatory requirements.	
Accept responsibility and accountability for his or her practice.	
Provide anesthesia services to patients in a cost-effective manner.	
Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder.	
Inform the public of the role and practice of the CRNA.	
Evaluate how public policy making strategies impact the financing and delivery of healthcare.	
Advocate for health policy change to improve patient care.	
Advocate for health policy change to advance the specialty of nurse anesthesia.	
Analyze strategies to improve patient outcomes and quality of care.	
Analyze health outcomes in a variety of populations.	
Analyze health outcomes in a variety of clinical settings.	
Analyze health outcomes in a variety of systems.	
Disseminate scholarly work.	
Use information systems/technology to support and improve patient care.	
Use information systems/technology to support and improve healthcare systems.	
Analyze business practices encountered in nurse anesthesia delivery settings.	

Student signature: \_\_\_\_\_

Faculty signature: \_\_\_\_\_

This document certifies that the above-signed student has successfully met all outcome criteria identified in COA Standard D: Graduate Standards following 36 months of study in the Oakland University-Beaumont Graduate Program of Nurse Anesthesia.

## APPENDIX J: CERTIFICATION FOR ATTAINMENT OF DNP PROGRAM OUTCOMES

	AACN Essential Domain	Met	Unmet	Faculty Initials
<p><b>Lead the application, integration, and translation</b> of established and evolving scientific knowledge from nursing and other disciplines as the basis for ethical clinical judgment, decision making, innovation, and diagnostic reasoning.</p> <p>Concept: Clinical Judgment</p>	<p>Domain 1: Knowledge for Nursing Practice; Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.</p>			
<p><b>Lead the design, delivery, coordination, management, and evaluation</b> of comprehensive person-centered care utilizing best evidence at the advanced nursing practice specialty level.</p> <p>Concept: Clinical Judgment</p>	<p>Domain 2: Person Centered Care; Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate.</p>			
<p><b>Collaborates</b> with public health, healthcare systems, community, academic community, governmental, and other entities to <b>lead</b> programs that promote health and disease prevention to improve equitable population health outcomes.</p>	<p>Domain 3: Population Health; Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.</p>			
<p><b>Generate, appraise, synthesize, translate, integrate, and disseminate</b> knowledge to improve person centered health and transform health care.</p>	<p>Domain 4: Scholarship for the Nursing Discipline; The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.</p>			
<p><b>Lead the application and evaluation of</b> established and emerging principles of translational and improvement science methodologies to enhance quality and minimize risk of harm for providers, patients, populations and systems.</p> <p>Concept: Clinical Judgment</p>	<p>Domain 5: Quality and Safety; Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.</p>			

	<b>AACN Essential Domain</b>	<b>Met</b>	<b>Unmet</b>	<b>Faculty Initials</b>
<b>Lead</b> interprofessional teams to optimize care with patients, families, communities, and other stakeholders to enhance healthcare experiences and improve outcomes. Concept Clinical Judgment	Domain 6: Interprofessional Partnerships; Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.			

This document certifies that following 36 months of study in the Oakland University-Beaumont Graduate Program of Nurse Anesthesia, the above signed student has successfully met all DNP program outcomes.





Winter Year I										
Summer Year I										
Fall Year II										
Winter Year II										
Summer Year II										
Fall Year III										
Winter Year III										
Summer Year III										


Semester Summary Narrative: In addition to completing the table, briefly describe how the assignments you selected for each semester helped you to meet the DNP Essentials identified. This is a document that keeps growing as you add to it. For each new semester, start your narrative by titling it with the name of the new semester such as "Fall Year I" and so on.

## APPENDIX L: REFLECTION RUBRIC

In the last semester of the program, senior students are required to reflect on attainment of the AACN Essentials. Due dates will be given at the beginning of semester IX.

<b>Reflection Level</b>	<b>Non Reflective – 1</b>	<b>Thoughtful Action – 2</b>	<b>Reflection – 3</b>	<b>Critical Reflection - 4</b>	<b>Score</b>
Writing Spectrum	No exploration of meeting the Essential (fact reporting, vague impressions)	Superficial exploration of meeting the Essential, shallow descriptive writing (absence of reflection)	Moderate attempt to understand, question, or analyze meeting the Essential/s.	Robust exploration of meeting the Essential/s, strong link to programmatic outcome/s, in depth analysis, strong argument with solid reasoning.	
Analysis and meaning making	None	Little or unclear	Some	Comprehensive	
Description of challenges and/or areas of concern	No description of challenges encountered in meeting the Essential/s, how challenges were met or plans to overcome them in the future.	Weak description of challenges encountered in meeting the Essential/s, how challenges were met or plans to overcome them in the future.	Moderate description of challenges encountered in meeting the Essential/s, how challenges were met or plans to overcome them in the future.	Robust description of challenges encountered in meeting the Essential/s, how challenges were met or plans to overcome them in the future.	
Learning and professional growth	No personal insight into learning and professional growth in meeting the Essential/s	Weak personal insight into learning and professional growth in meeting the Essential/s	Moderate personal insight into learning and professional growth in meeting the Essentials	Robust personal insight into learning and professional growth in meeting the Essentials	
Score					

## APPENDIX M: SIGNATURE PAGE



I have received a copy of the Oakland University – Beaumont Graduate Program of Nurse Anesthesia Student Handbook for the 2024-2025 academic year. I have had an opportunity to review and discuss its contents and I agree, as a student enrolled in this program, to adhere to the policies and guidelines within this handbook.

I am aware that the program faculty reserves the right to revise all information in this handbook at its discretion and make reasonable changes in requirements to improve the quality of education or upgrade the program.

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(Name-Printed)

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(Date)

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(Name-Signature)