

Western Carolina UNIVERSITY

Nurse Anesthesia Program



**Student Handbook
2015**

**WCU NURSE ANESTHESIA PROGRAM
STUDENT HANDBOOK**

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Western Carolina University

Our Mission:

Western Carolina University is a public regional institution of higher education whose mission is to create learning opportunities that incorporate teaching, research, service, and engagement through on-campus, off-campus, online, and international experiences. The university focuses its undergraduate and graduate academic programs, educational outreach, research, creative, and cultural activities to sustain and improve individual lives and enhance economic and community development in Western North Carolina and beyond.

Our Core Values and Guiding Principles:

1. Excellence, Scholarship, Teaching and Learning
2. Collaboration with and Respect for our Communities
3. Free and Open Interchange of Ideas
4. Responsible Stewardship and Organizational Effectiveness
5. Organizational and Environmental Sustainability
6. Cultural Diversity and Equal Opportunity

Our Vision:

To be a national model for student learning and engagement that embraces its responsibilities as a regionally engaged university.



Western Carolina University School of Nursing

Vision Statement

To be recognized for excellence in the transformation of health care through the scholarship of teaching, practice and research.

Mission Statement

Educate nurse leaders who are dedicated to caring and participating with individuals, families and communities to meet health needs.



Western Carolina University Nurse Anesthesia Program

Mission Statement

The mission of the Nurse Anesthesia Program is congruent with the mission of the Department of Nursing and Western Carolina University.

The Nurse Anesthesia Program mission is to create an academic center of teaching and learning excellence for the advancement of nurse anesthesia practice. The program seeks to promote clinical scholarship and life-long learning and aims to support skilled and ethical service to our communities. Through nurse anesthesia research, education, and practice, students and faculty will seek to enhance the quality of life for people of all cultures, economic levels and geographic locations.

Program Purpose

Our purpose is to prepare outstanding nurse anesthetists by fostering an educational environment where scholarly thinking, dialogue, creativity and ideas flourish. The Western Carolina University Nurse Anesthesia Program is focused on excellence and high quality education in the development of nurse anesthesia leaders in research, education, and practice.

Accreditation

The Nurse Anesthesia Program is accredited by the Council on Accreditation of Nurse Anesthesia Education Programs (COA), and Southeastern Association of Colleges and Universities. The Council on Accreditation is a specialized accrediting body recognized by both the United States Department of Education and Council for Higher Education Accreditation (CHEA). In October, 2012, the program was awarded maximum reaccreditation through October, 2022. (www.aana.com AANA, 222 S. Prospect Ave., Suite 304, Park Ridge, IL 60068, 847-692-7050).

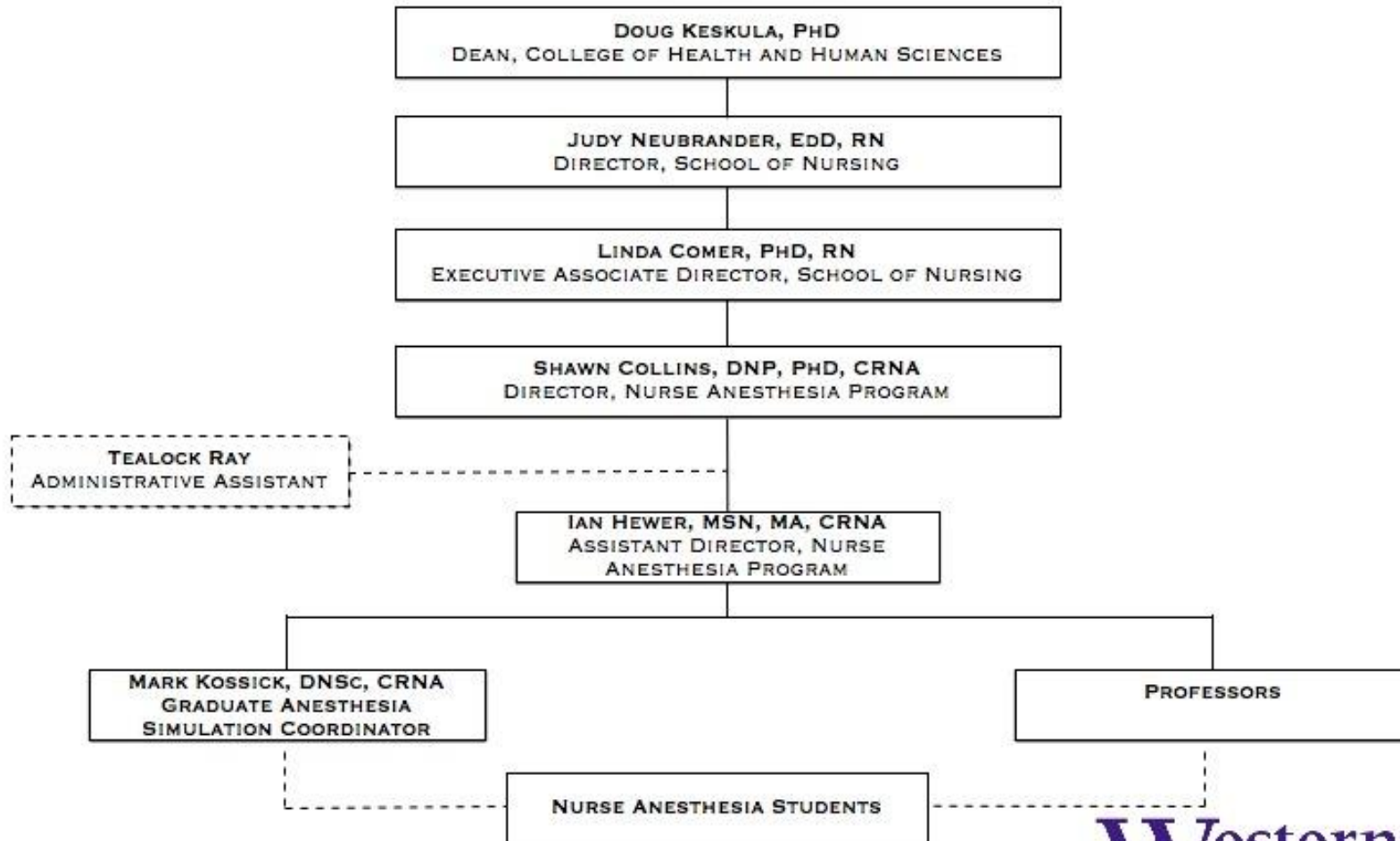
Truth in Accreditation

Western Carolina University and the Nurse Anesthesia Program believe that no person or organization should be allowed to make false claims as to the accreditation status of this program.

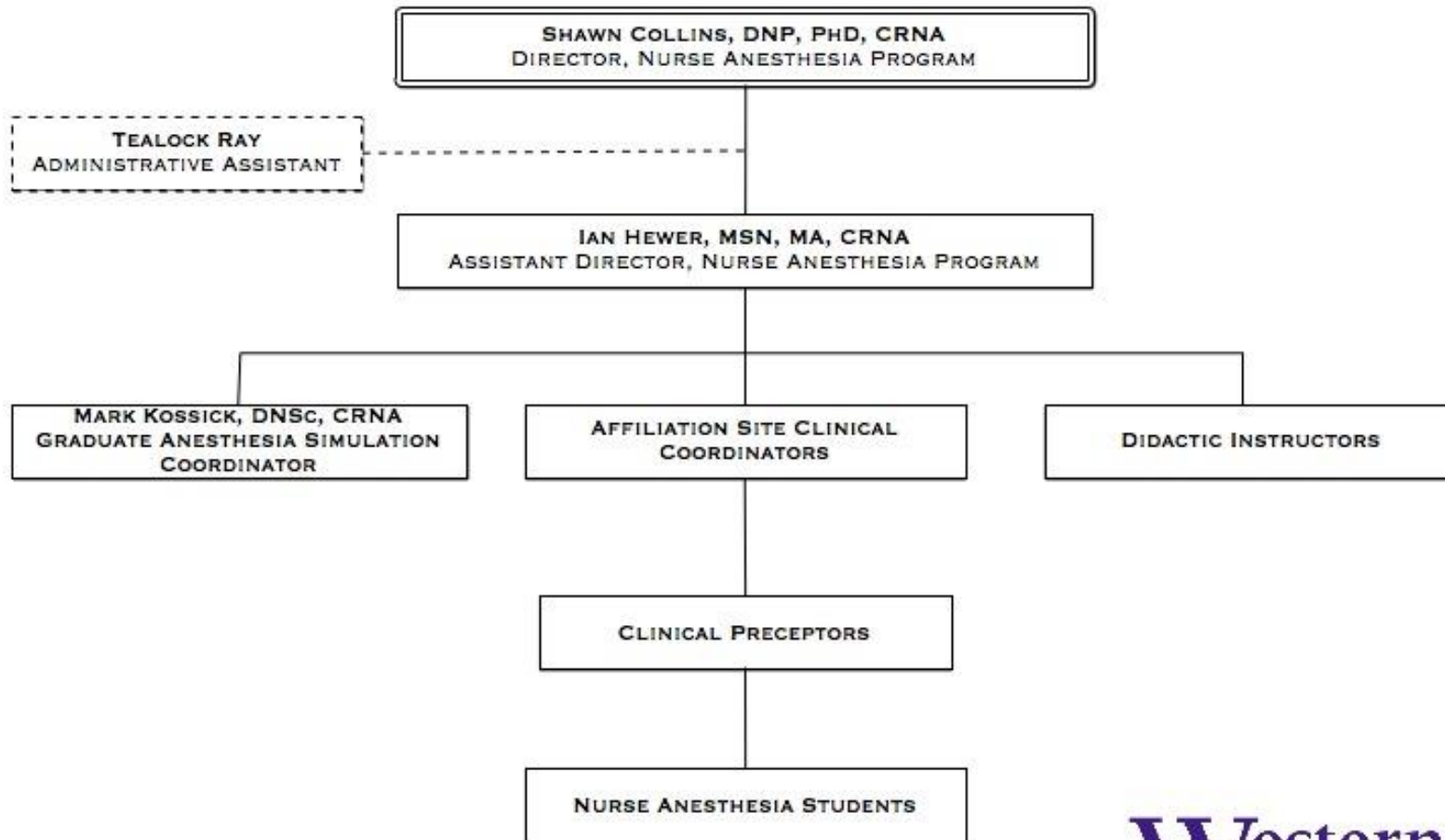
Advertising

All disclosures concerning the program will be kept honest and truthful. This policy extends to all aspects of the program including accreditation, curriculum, admissions, evaluation, quality issues and case requirements.

WCU NURSE ANESTHESIA PROGRAM ORGANIZATIONAL STRUCTURE



WCU NURSE ANESTHESIA PROGRAM CLINICAL ORGANIZATIONAL STRUCTURE



Program Administration

College of Health and Human Sciences

School of Nursing (SON)

Judy Neubrandner, EdD, RN, FNP
Director, School of Nursing
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NA Assistant Director

Ian Hewer, MSN, MA, CRNA
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828-654-6508

NA Administrative Assistant

Tealok Ray
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828-654-6511

**DEPARTMENT OF NURSING / NURSE ANESTHESIA PROGRAM
COMMITTEES**

COMMITTEES	SCHEDULED MEETINGS	MEMBERSHIP
GRADUATE CURRICULUM	Monthly	FNP, CRNA (M. Kossick, DNSc, CRNA), Nurse Educator, Nurse Administrator, DNP faculty Senior NA Student
GRADUATE STUDENT AFFAIRS	Monthly	FNP, CRNA (I. Hewer, MSN, MA, CRNA), Nurse Educator, Nurse Administrator, DNP faculty Senior NA Student
GRADUATE PROGRAMS (MS(N))	Monthly	FNP, CRNA, Nurse Educator, Nurse Administrator, DNP faculty
NA ADMISSIONS	Annual	S. Collins, DNP, PhD, CRNA I. Hewer, MSN, MA, CRNA Dustin Degman, MSN, CRNA M. Kossick, DNSc, CRNA Clinical Coordinators, CRNA Senior student Executive Associate Director, SON
NURSE ANESTHESIA FACULTY (CRNAs)	Monthly	S. Collins, DNP, PhD, CRNA I. Hewer, MSN, MA, CRNA M. Kossick, DNSc, CRNA D. Degman, MSN, CRNA
NURSE ANESTHESIA EVALUATION	Two times per year after fall and spring semesters	S. Collins, DNP, PhD, CRNA Ian Hewer, MSN, MA, CRNA M. Kossick, DNSc, CRNA Dustin Degman, MSN, CRNA Junior student Senior student Michael Landolfi, CRNA (Mission) Jed Godfrey, CRNA (St. Joseph) Cindy Bononcontri, CRNA (Park Ridge) Jack Bryant, MD (Mission) Randy Parker, CRNA (Haywood) Chris Rich, CRNA (Harris) Ric Osborn, CRNA (St. Luke's) Rob Hartman, CRNA (Frye) Kevin Hollifield, CRNA (BRRH) Bryan Haslam, MS, CRNA (Pardee) Andrea Kristofy, MD (Kosair Children's)
SCHOOL OF NURSING ADVISORY	Annual	Director, School of Nursing Director, Nurse Anesthesia Program Public Member Regional health care and nursing program representatives Nurse leaders Two SON students Level Coordinators

Western Carolina University

Standards of Conduct

The university is committed to developing and maintaining the highest standards of scholarship and conduct. Therefore, all students are subject to the rules and regulations of the university. In accepting admission to Graduate School, students indicate their willingness to abide by university rules and regulations and acknowledge the right of the university to take appropriate disciplinary action, including suspension and/or expulsion as may be deemed appropriate, for failure to abide by university rules and regulations. Rules related to student conduct and procedures for the resolution of cases may be found in the Code of Student Conduct in the Student Handbook at <http://www.wcu.edu/student-life/division-of-student-affairs/departments/student-community-ethics/code-of-student-conduct.asp>

Academic Honesty Policy

Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity. Academic dishonesty is a serious offense at WCU because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity.

Academic Honesty

Honesty and integrity are fundamental values for the nursing profession and the University. Students will not lie, steal, or cheat in their academic endeavors, nor will the student tolerate the actions of those who do. It is the student's responsibility to be aware of the consequences of violating academic honesty policies and the impact such violations can have on their standing in the nursing program, the University, and in their careers.

Nursing students are held to the University's Academic Honesty Policy, on the web at <http://catalog.wcu.edu/content.php?catoid=10&navoid=143-honestypolicy>. To maintain the public's trust in nurses, dishonesty will not be tolerated. Acts of academic dishonesty may result in penalties ranging from a grade of zero on the paper/project/test, or a "U" in a clinical course, to failure of the entire course and immediate dismissal from the program. Consequences will be determined by the supervising instructor. Circumstances of the act of academic dishonesty and consequent penalties will be documented in the student's academic file and reported to the School Director, Dean, and the School of Nursing Student Affairs Committee in accordance with WCU policy. Students may appeal the instructor's decision through the School or Graduate School appeals process. Academic dishonesty includes the following:

- Cheating. Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
 - Giving unauthorized aid to another student or receiving unauthorized aid from another person on tests, quizzes, assignments, or examinations;
 - Using or consulting unauthorized materials or using unauthorized equipment or devices on tests, quizzes, assignments, or examinations;
 - Using any material portion of a paper or project to fulfill the requirements of more than one course unless the student has received prior faculty permission to do so;

- Commencing work or failing to terminate work on any examination, test, quiz or assignment according to the time constraints imposed; or
- Failing to adhere to an instructor's specific directions with respect to the terms of academic integrity or academic honesty.
- Fabrication. Intentional falsification or invention of information or citation in an academic exercise.
- Plagiarism. Intentionally or knowingly representing the words or ideas of someone else as one's own in an academic exercise.
- Facilitation of Academic Dishonesty. Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

Selected examples of Academic Dishonesty include:

- falsification of any University application;
- unauthorized access to, use of, or impersonation of a school computer account;
- fabrication of patient records, reports or clinical hours;
- copying or appropriating on-line course material (audio or visual) without permission of the instructor

The procedures for cases involving allegations of academic dishonesty are:

1. Instructors have the right to determine the appropriate sanction or sanctions for academic dishonesty within their courses up to and including a final grade of "F" in the course. Within 5 calendar days of the event, the instructor will inform his or her department head in writing of the academic dishonesty charge and sanction.
2. The department head will meet with the student to inform them orally and in writing of the charge and the sanction imposed by the instructor within 10 calendar days of written notice from the instructor. Prior to this meeting, the department head will contact the Office of Student Judicial Affairs to establish if the student has any record of a prior academic dishonesty offense. If there is a record of a prior academic dishonesty offense, the matter must be referred directly to the Office of Student Judicial Affairs. In instances where a program does not have a department head, the Dean or Associate Dean of the college will assume the duties of department head for cases of academic dishonesty.
3. If the case is a first offense, the student can choose to accept the charge and sanction from the instructor by signing a Mutual Agreement with the department head or can choose to have a hearing with the Academic Integrity Board. Within 10 calendar days of the meeting with the student, the department head will 1) report the student's choice of action in writing to the Office of Student Judicial Affairs, 2) file a copy of the Mutual Agreement (when applicable) with the Office of Judicial Affairs, and 3) inform the student of the sanction or sanctions to be imposed under the Mutual Agreement or inform the student of the procedure for requesting a hearing with the Academic Integrity Board if the Mutual Agreement is not accepted. Mutual Agreements are final agreements not subject to further review or appeal.
4. In instances of second offenses, or when the student chooses a hearing, the Office of Student Judicial Affairs will meet with the student to provide an orientation to the hearing process and to

schedule a date no less than 10 and no more than 15 calendar days from the meeting for the hearing. The student can waive minimum notice of a hearing; however, extensions are at the sole discretion of the Office of Student Judicial Affairs. Should the student choose not to attend the orientation meeting, a hearing date will be assigned to the student.

5. The hearing procedures will follow the same format as stated in the Code of Student Conduct (Article V.A.5). The hearing body (Academic Integrity Board) will consist of 2 students from the Student Judicial Affairs Student Hearing Board and 3 faculty members. The faculty fellow for academic integrity will be one of the faculty members and will serve as the chair. The other two faculty members will be chosen by the Director of Student Judicial Affairs from a pool of eight faculty hearing officers. Each academic year, each college dean will appoint two faculty members from their college to comprise the pool of eight faculty hearing officers. When a student fails to attend the hearing for any reason, the hearing will be held in a student's absence. The hearing body may impose any sanctions as outlined in Article V.B. in the Code of Student Conduct. Students given a sanction of probation for academic dishonesty will remain on probation at Western Carolina University until graduation.

6. Following a decision from the Academic Integrity Board, the Office of Judicial Affairs will inform the student of the sanction or sanctions to be imposed upon the student and of the student's right to file an appeal with the University Academic Problems Committee. The appeal is limited to those rules and procedures expressly mentioned in the Code of Student Conduct (Article V.D.2) and is limited to the existing record. If the student does not file an appeal with the University Academic Problems Committee within 5 calendar days, the sanction or sanctions from the Academic Integrity Board will be imposed. The decision of the Academic Problems Committee may be appealed to the Vice Chancellor for Student Affairs. Any decision of the Vice Chancellor for Student Affairs may be appealed to the Chancellor.

7. Upon final resolution of a case involving suspension or expulsion, the Director of Student Judicial Affairs will inform the appropriate dean, department head, and the administrator in the One Stop Office who is responsible for University Withdrawals of the sanction.

An Act of academic dishonesty, including a first offense, may place the student in jeopardy of suspension from the university. A repeated violation or more serious first offense may result in expulsion. Disciplinary records for any act of academic dishonesty are retained by the Department of Student Judicial Affairs for at least five years from the date of final adjudication. These records are available to prospective employers and other educational institutions in accordance with federal regulations.

Note: Resolution of academic honesty complaints will be handled according to the provisions of the Academic Honesty Policy. Records of academic dishonesty cases are maintained in the Office of Student Judicial Affairs.

For specific information on procedures for cases involving allegations of academic dishonesty, see relevant sections in the *Student Handbook*.

Transcripts

Transcripts are furnished, either to the student or by mail, only after accounts are cleared and only upon the student's written request, which must include the student's signature and student identification number. There is no charge for transcripts issued.

The forgery of transcripts and diplomas or the use of such documents with intent to defraud is illegal under North Carolina law. Appropriate action will be taken.

Criminal Background Checks

All nursing students must have an approved criminal background check upon admission to the program. Student criminal background checks are required by many of the clinical agencies which partner with the School of Nursing. Students admitted to any School of Nursing program must complete the process of the background check by deadlines stated in the admission packet.

Approved background checks are performed by Certiphi Screening Incorporated, a web based service (certiphi.com). Certiphi initiates the background check process via e-mail to the student. Students must provide the School of Nursing with a reliable e-mail address in order to receive the notification. The student's WCU Catamount web address is preferred.

Cost of the Certiphi background check is variable, ranging from approximately \$20 to \$30. The student is responsible for cost of the Certiphi criminal background check.

Background check results are reviewed by the office of the Dean of the College of Health and Human Sciences. Positive findings will be reported to the Director of the School of Nursing and will be reviewed with the student.

If a clinical agency declines to accept a student based on the result of the criminal background check, the student will not be eligible to complete the clinical course and will thus fail to progress in the program.

**Western Carolina University
Policy # 93**

Electronic Mail Policy

PURPOSE:

To ensure the appropriate use of the University's Electronic Mail System (E-Mail) by its students, faculty, and staff

- The IT Division maintains the University's official E-Mail System
- An E-Mail message regarding University matters sent from an administrative office, faculty or staff member is considered to be an official notice
- E-Mail may be used for incidental personal purposes if it does not violate policy #52 & #93
- Privacy of personal E-Mail content through University equipment should not be expected
- E-Mail accounts are only for the individual that it is assigned to
- Faculty, staff and students are required to read their E-Mail messages on a regular basis

For the complete details about Policy #52 and #93, visit the website at:

<http://www.wcu.edu/25191.asp>

Title: 1.2 Ethical Guidelines of the Program

Purpose: To provide guidelines for the implementation of ethical conduct by program faculty and students

Policy and Procedures:

- A. Ethical conduct by NA Program faculty and students is expected. Honoring commitments, keeping confidences, and demonstrating high principles and professional behavior demonstrate ethical conduct. This conduct is monitored by tracking student loan default rates, clinical performance evaluation tools, annual faculty evaluations, student conduct in the classroom, and clinical site assessment.
- B. Students and faculty have an ethical responsibility regarding financial assistance they receive from public or private sources.
- C. The Department of Nursing in accordance with the University of North Carolina policy, does not discriminate on the basis of race, color, religion, marital status, national or ethnic origin, disability, sexual orientation or preference, gender, age, or any other factor protected by law in the administration of educational policies, admission policies, financial aid, employment, or any other University program or activity.
- D. Harassment of any kind is not acceptable at Western Carolina University; it is incompatible with the University's commitments to excellence and to respect for all individuals.
- E. Improper Computer Use: Unauthorized access, modification, use, creation or destruction of computer-stored data and programs, selling or giving away all or part of the information on a computer disk or hard drive which will be used as graded material, or any copying of online testing material will result in dismissal from the program.
- F. Leaving a clinical site with drugs or equipment is a serious and potentially dismissable offense.
- G. The Nurse Anesthesia Program and its affiliations will not knowingly distort and/or misrepresent faculty accomplishments, program travel requirements, program length, tuition and fees, the academic calendar, or the program's accreditation status.
- H. Recruitment literature and recruitment activities for the Nurse Anesthesia Program will accurately reflect the clinical and didactic program.
- I. Admission requirements will be clearly and accurately stated in program literature.
- J. The grading policy will be clearly outlined in the *Graduate Catalog*, the *Nurse Anesthesia Student Handbook*, and course syllabi.
- K. The program will provide accurate information about student achievement, retention, and attrition to the public.

- L. Students who do not adhere to the ethical guidelines of the program are subject to dismissal from the program. The NBCRNA will not allow any student dismissed from an anesthesia program for ethical reasons to take the National Certification Exam.

Nurse Anesthesia Policy Jan-11. Rev 1/12, 11/15

Title: 2.6 Faculty Rights and Responsibilities

Purpose: The Department of Nursing and Nurse Anesthesia Program place a high value on open communication with students, fair and equitable treatment, and effective instruction. The following list of specific faculty rights and responsibilities is predicated on the belief that students are fellow members of the academic community, deserving of respect and consideration in their dealings with faculty.

Policy and Procedures:

1. Class attendance: Faculty will make every effort to attend all class meetings. If unable to attend, a substitute instructor will be sought or class rescheduled.
2. Course content: Faculty will update their courses periodically to reflect the latest scholarship in the areas they teach.
3. Grading: Faculty will make clear at the outset how grades will be determined, what work in the course will be graded, and what standards will be applied.
4. Office hours: Faculty will be available to meet with students through scheduled appointments, phone, and email correspondence. Upon student request for a meeting, every effort will be made to meet with the student as expeditiously as possible.
5. Advising: Faculty are responsible for guiding students through the academic program of study and for referring students for additional assistance as needed. Faculty monitor students' degree audits.
6. Scheduling of exams, papers, and assignments: Exam schedules, deadlines for papers and so forth will be established early in the semester and kept.
7. Syllabi: Faculty will distribute to their classes at the beginning of each semester a syllabus covering the course for that semester to give students an overview of course content.
8. Letters of recommendation: Students depend upon faculty recommendations when applying for jobs or doctoral programs. If a faculty member agrees to write such a letter, it will be prepared promptly, accurately, and thoroughly.
9. Faculty has the right to expect that students will abide by the ethical guidelines and standards of conduct set forth by Western Carolina University and the Nurse Anesthesia Program.

Title: 3.3 Transfer of Graduate Credits

Purpose: To outline the guidelines regarding transfer of credits

Policy and Procedure:

Graduate students may transfer in hours (with a grade of B or better) with approval of the Program Director.

- A. A maximum of nine units of graduate credit may be transferred for graduate courses completed at other regionally accredited institutions.
- B. Transfer credit will be given only for academic work completed within six years prior to matriculation in the Nurse Anesthesia Program.
- C. Such units are transferable only if the student has received a grade of B (3.0 or equivalent).
- D. Courses used toward a prior degree may not be used for a degree program.
- E. Transferred courses must be appropriate to the student's program and be approved by the Program Director. A student wishing to transfer course work should make a written request to the Program Director and provide a syllabus or some other description of the course he/she wishes to have considered for transfer credit.
- F. Forms for the transfer of credits are available at the Graduate School.
- G. Students may transfer nine semester hours of graduate credit earned at WCU with grades of B or better from non-degree status.

Title: 5.1 Grades/Progression in the Program

Purpose: To establish guidelines for award of grades and acceptable progression in the program.

Policy and Procedure:

A. **Course Load:** The maximum full-time course load for graduate students is fifteen hours per semester. The minimum full-time load per semester is nine hours in Fall and Spring, and five hours in Summer semesters.

B. **Grading System:** Grades that may be assigned to graduate credit courses are:

A	Superior	(4.0)
B	Good	(3.0)
C	Passing	(2.0)
F	Failure	(0)
I	Incomplete	
S	Satisfactory	
U	Unsatisfactory	

C. **Grade Average for Graduation:** An average of B (3.0 GPA) is required for all graduate degrees. Grades received in all graduate courses will be included in the graduate cumulative average.

D. **Incomplete Grades:** Instructors may give an incomplete (“I”) grade when students are unable to complete a course for nonacademic reasons. An incomplete is not a satisfactory grade and may lead to an academic warning. All incomplete grades must be removed and a grade of A, B, C, F, S, or U must be submitted to the registrar by the last day of classes in the next semester, excluding the summer. An F grade is automatic if the student has not completed the coursework.

A grade of incomplete will be awarded only when there is a reasonable prospect that the student can pass the course by making up the work missed. All incomplete grades in courses taken as part of the degree program must be removed before graduation.

E. **Course Withdrawal.** After consultation with the academic adviser and the instructor of the course, a student may withdraw from any course prior to the expiration of one-half of the term and receive a “W”. A completed withdrawal form must be presented to the registrar prior to the withdrawal deadline for posting. Course withdrawals do not count toward the nine hours required for full-time enrollment.

After one-half of a term, but prior to the fourteenth week of the semester (or before the last two class days of summer sessions), a “W” will be assigned only for written verifiable mental health, medical, legal, or administrative reasons. In order to obtain a “W”, the student must first consult with the course instructor, who may elect to support or withhold support for the student’s request. If the instructor supports in writing the student’s request, the student must receive written verifiable support from Western Carolina University Health Services’ staff, Counseling and Psychological Services’ staff, an official court of law, or a college dean, as appropriate. If a withdrawal is granted by

the course instructor, the head of the department offering the course, and the student's adviser, the withdrawal form must be submitted to the registrar no later than the last day of the thirteenth week of the semester. No "W"s will be assigned after the last day of the thirteenth week of a semester, or during the last two class days of a summer session. In extenuating circumstances, or if the student's request is not approved by any university party involved, the student can appeal through the Academic Appeal Procedure within thirty five days after the end of final exams.

- F. University Withdrawal.** To withdraw from the university (i.e. cease to attend all courses), a student must complete a withdrawal form from the One Stop Office. If an emergency prevents a student from completing the withdrawal process before leaving the campus, the student should call, write, or arrange for a relative to contact the One Stop Office at 828-227-7170.

Any time a student is forced to withdraw from the university during a term for mental health, medical, legal, or administrative reasons that are verified in writing, a grade of "W" will be assigned in all courses in which the student is registered. If a student withdraws from the university for other than mental health, medical, legal, or administrative reasons after one-half of the total class time has elapsed, an F, W, I, or IP grade will be assigned by the instructor according to the following guidelines.

1. A "W" grade will be assigned if the student is passing or if the student's progress has not been evaluated.
2. An "I" or "IP" grade will be assigned if the instructor agrees that there is a reasonable prospect that the work can be made up and agrees to allow the student to do so.
3. An "F" grade will be assigned if the student is failing.

Current policies and procedures pertaining to grades, indebtedness, and refunds are applicable upon withdrawal from the university. A student who withdraws from the university either during or at the end of a term for any reason is responsible for clearing any indebtedness to Residential Living, bookstore, financial aid office, controller's office, library, university police department, academic departments, and health services.

- G. Psychological/Mental Health University Withdrawal and Readmittance.** If a student obtains a psychological or mental health withdrawal, readmittance to WCU is contingent upon review by Counseling and Psychological Services to ensure that recommended services can be obtained. These students will not be allowed to pre-register or register for future classes until they have met the criteria outlined at the time of withdrawal.

- H. Time Limits for Graduation.** The twenty-eight month program is measured from the first registration as a full-time matriculating student. Students who do not complete their program within 28 months must petition for an extension. Recommendations from at least two nurse anesthesia faculty members must accompany the petition for an extension of time in order to be considered to continue working toward a degree. Extensions are granted to students with the understanding that sitting for the CRNA qualifying examination will also be delayed.

- I. Comprehensive Exam.** Students are required to pass a comprehensive exam that will be given at the end of the final semester of the program. The exam will be graded as satisfactory or unsatisfactory. A minimum satisfactory score on the comprehensive exam will be 70%. The comprehensive examination may be repeated only once; the retake will be completed within 7 days. Failure to pass the retake examination will result in an unsatisfactory (U) grade and immediate dismissal from the nurse anesthesia program.

The comprehensive exam will consist of questions in each of the following areas: basic sciences, pharmacology, basic and advanced principles of anesthesia, equipment and technology, theories of anesthesia practice, clinical, professional roles and issues and research.

Title: 5.3 Nurse Anesthesia Student Clinical Evaluation Process/Grades

Purpose: To provide a process for evaluation of nurse anesthesia student clinical performance

Policy and Procedures:

A. Formative Student Clinical Evaluations

1. Each student shall be evaluated each clinical day by appropriate clinical faculty using the Daily Clinical Evaluation Form (Medatrax—Medical Data Tracking System).
2. Each Daily Clinical Evaluation Form contains objectives specific for each clinical semester.
3. At least one Medatrax form will be submitted for each clinical day.
4. Each student is evaluated each clinical day on his/her performance. Faculty will comment on the ability of the student to meet stated objectives in each of the 5 evaluation categories. Any area of failure on a clinical day's objective will result in the need to repeat/reschedule that clinical day.
5. The clinical instructor will review the evaluation with the student upon completion of the clinical day. The review will then be submitted through Medatrax for administrative review.

B. Summative Student Clinical Evaluations

1. Monthly
 - i) Each student's clinical progress will be monitored on an ongoing basis by the academic faculty via on-site visits and ongoing communication with the Program Director.
 - ii) Nurse Anesthesia Program faculty will communicate with and visit clinical sites at least once a year to determine student progress, evaluate specific clinical practice issues, and discuss general clinical faculty and clinical preceptor concerns.
2. End of Semester
 - i) Each student will receive a final semester clinical grade of S or U based on composite daily semester clinical evaluation forms and feedback from clinical preceptors and coordinators.
 - ii) A student may not progress to the next semester's clinical level unless they satisfactorily meet the semester's clinical behavioral objectives. A student must receive a S grade in each category of the evaluation form and an overall S grade in the clinical practicum to continue in the program.

C. Clinical Standards

5. Nurse Anesthesia students must adhere to the Western Carolina University Code of Ethics and Standards of Conduct, and policies on use of illegal drugs.
 - a. Academic Honesty Policy: <http://catalog.wcu.edu/content.php?catoid=16&navoid=249 - AcHonesty>
 - b. University Policy #38 (Drug Use): <http://www.wcu.edu/chancellor/index/universitypolicy/policy38.html>
 - c. Western Carolina University Student Handbook: <http://catalog.wcu.edu/index.php>

6. DISMISSAL POLICY**

Nurse Anesthesia students may be dismissed from the program for unprofessional, unsafe, or academic behavior including but not limited to:

1. Unsafe practice
2. Clinical error or poor clinical judgment affecting patient safety
3. Inability to cooperate with supervisors, clinical preceptors, peers, or hospital staff
4. Habitual tardiness or absenteeism
5. Unexplained absence from the clinical area
6. Leaving the clinical area without notification of supervising staff
7. Violation of policies, rules and regulations of the hospital or anesthesia department to which the student is assigned for clinical practice
8. Dishonesty
9. Inappropriate behavior or language in the classroom or clinical setting
10. Reporting for duty while under the influence of any substance that impairs the student's ability to perform his/her clinical tasks.
11. Insubordination or threats directed at faculty or clinical instructors, including talking back to, cussing at, gossiping about, or demeaning any instructor, co-worker, or hospital employee
12. Administering anesthesia outside the confines of the anesthesia program
13. Lack of preparation for clinical practicum
14. Evidence of drug or alcohol abuse
15. Falsification of records
16. Medication diversion
17. Failed criminal background check
18. Unsuccessful completion of the clinical probationary status
19. Unsatisfactory performance of clinical objectives or poor performance necessitating changes in clinical assignments (including rotations)
20. Material misrepresentation concerning past achievements or present endeavors, including falsification of documents or records.
21. Failure of a student to complete a clinical assignment or clinical shift without permission from Anesthesiology or Nurse Anesthesia faculty
22. Theft of program, university, or affiliate property
23. Surrender of nursing license
24. Failing to turn in unsatisfactory clinical evaluations
25. Plagiarism
26. Academic dismissal: See Title: 6.4 Academic Standards and Academic Appeals

**This list in no way implies or represents all reasons for discipline and/or dismissal.

D. Program Dismissal Appeal Procedures:

The following procedures detail the steps for appealing a dismissal from a program for any reason other than final assigned grade(s), including failure to adhere to technical standards. Dismissal from the Graduate School (and therefore dismissal from the program) based on bad grades may not be appealed. In this case, the affected student must appeal the final grade(s) resulting in the dismissal from the Graduate School. The student is encouraged to meet/talk with

the program director prior to filing a formal appeal. The student must demonstrate that dismissal was impermissibly or arbitrarily assigned (see Academic Action Policy). That the student simply disagrees with the dismissal does not constitute a basis for a review.

(Step 1) Appeal to Program Director: Within 35 calendar days after the student receives notification of the academic action (cause for program dismissal) the student should submit a formal written appeal to the instructor. This appeal must include: a) a statement of the reason(s) why the student believes the dismissal was impermissibly or arbitrarily assigned (see policy Academic Action Appeal Policy) b) the resolution sought. When appealing a dismissal from a graduate program, the student must copy the Dean of the Graduate School on this initial appeal. All correspondence should include contact information. The program director must respond to the student's request in writing as soon as possible (no later than ten working days after receiving the student's written appeal). This response should detail whether or not the program is approving or denying the appeal.

(Step 2) Appeal to Department Head: If the student is unable to resolve the grievance through the appeal to the program director, the student should submit a written appeal to the department head within 10 working days of receiving the program director's written response (from Step 1). If the department head is the instructor for the grade assigned, the associate dean of the department's college will serve this function. Students appealing to the department head assume the burden of proof. Therefore, the appeal must include: a) A statement of the reason(s) the student believes the dismissal was impermissibly or arbitrarily assigned; b) The steps taken to resolve the disagreement over the dismissal; and c) The resolution sought. The appeal must be accompanied by evidence the student believes supports the conclusion that the dismissal was impermissibly or arbitrarily assigned. Evidence might include papers, tests, syllabi, or written documentation. Within ten working days of receiving this appeal, the department head will attempt to resolve the appeal. If the department head is unable to resolve the appeal within ten working days, the department head will notify the student of the decision and copy the dean of the Graduate School, and the student has 10 days to appeal to the associate dean of the academic college.

(Step 3) Appeal to the Academic College (Associate Dean Review): If appealing to the academic college, the student should forward (to the associate dean of the academic college) his/her initial Appeal to the Program Director and the program director's response (from Step 1), the subsequent Appeal to the Department Head, and the department head's written notification (from Step 2). Upon receipt of the appeal and these materials the associate dean may request further information from the student, the program director, and/or the department head. If the associate dean concludes that the facts alleged by the student do not constitute permissible grounds for appeal as set forth in this Academic Action Appeal Policy or Procedures, the associate dean may, in consultation with the academic Dean and Graduate Dean if applicable, dismiss the review. The student will not be allowed any further appeal. If the associate dean determines that the facts alleged in the student's written appeals could, if true, constitute a violation of the Academic Action Appeal Policy or Procedures, the associate dean, within ten working days of receiving all information, shall refer the case to the College's Academic Action Committee.

(Step 4) Academic Action Committee Review: The College Academic Action Committee (CAAC) will consist of faculty members (who do not teach in the program from which the appeal originated) and students as designated by the academic college (graduate or undergraduate based upon appeal) appointed by the appropriate Academic Dean or Associate Dean. At least two of the faculty members shall be selected from “allied” disciplines or programs. The Associate Dean will serve as ex officio (non-voting) chair of this committee. The purpose of this Committee is to determine whether the facts support the student’s contention that the dismissal was impermissibly or arbitrarily assigned, or there was a material procedural deviation, as defined in the policy. It is not the function of the CAAC to re-evaluate the student’s work to determine whether the Committee agrees with the professional judgment of the program director or faculty member(s).

The CAAC Chair shall convene the Committee not later than ten working days from the request by the associate dean to examine the student’s appeals to the program director and department head. The committee will also take into consideration any written statements received by the associate dean from either the student or the program director, and any additional relevant documentation. Additionally, the Committee may request oral presentations from both parties. Other relevant parties may be questioned.

Neither the student nor the program director may be accompanied or represented in the hearing by legal counsel or other advisor. The CAAC may consider only such evidence as is offered by the parties and at the hearing(s) and need consider only the evidence offered that it considers fair and reliable. The burden of proof shall be on the student to satisfy the Committee that a preponderance of the evidence supports a conclusion that the dismissal was awarded arbitrarily or impermissibly as defined. All recommendations of the CAAC shall be made by a simple majority vote.

Within ten working days from the conclusion of its hearing(s) on the matter, the CAAC Chair will provide a written report to the academic dean and to the graduate dean (for graduate-level grade appeals). The Committee report must include the Committee’s finding as to whether or not the dismissal assigned was awarded arbitrarily or impermissibly as defined in the policy. If such a determination is made, the CAAC shall recommend a course of action which could include recommending readmission or implementation of some process to re-evaluate the student’s actions/work that lead to the program dismissal.

(Step 5) Review by the Dean: Within ten working days after receiving the CAAC’s report, recommendations, and other documentation assembled in the review, the academic Dean will, in consultation with the program director and department head, determine a final course of action. S/he will then communicate the final action in writing to the student, faculty member, department head, and the dean of the Graduate School.

Appeal to the Provost: An appeal to the Provost is only allowed if the student can establish a reasonable basis that the appeal procedures were not followed, discrimination of a protected class has occurred, and/or a student’s exercise of rights guaranteed by the First Amendment has been violated. If the student feels one of these conditions applies, s/he must file a written appeal to the Provost explaining the situation that warrants this level of appeal. The Provost shall provide his/her written decision to the student within ten calendar days of receipt of the appeal. No right

of appeal is available beyond the Provost.

Substitution Provisions: In the event that the faculty member whose grade is being reviewed is also a department head/school director, the associate dean shall do those things required by the head or director. In the event that the faculty member whose grade is being reviewed is also an associate dean, the academic dean or Provost can name an appropriate substitute to perform the functions of the associate dean as required by this policy.

E. Clinical Probation

1. Each student's clinical progress will continually be monitored by the Clinical Education Coordinators and Program Director.
2. If a student is not satisfactorily meeting the clinical objectives, the student may be placed on Clinical Probation. A "Probationary Action Form" outlining the reasons for probation and the necessary actions to correct the stated problem(s) will be completed.
3. Clinical Probation is defined as a 30-day period designed to remediate and evaluate the clinical performance of a student who has not satisfactorily met the semester's clinical objectives. The probationary clinical site will be assigned by the Program Director.
4. Probation may be terminated at any time during probation for cause and the student dismissed at the discretion of the Program Director in consultation with clinical preceptors, coordinators, and other faculty.
5. A maximum of two probation periods will be allowed for each student. Exceptions to this rule may be made by the Program Director.
6. Student vacation and time-off will not be allowed during the probation period, except for extenuating circumstances.
7. During the clinical probation period the clinical coordinator will meet weekly with the student to evaluate the student's progress. A "Preceptor Weekly Evaluation Form" will be completed and forwarded to the Clinical Education Coordinator.
8. At the end of the 30-day period the student, clinical preceptor and Clinical Education Coordinator will meet. If the student continues to fail to meet the specific clinical objectives, the student may be allowed a second 30-day probationary period or they may be dismissed from the program.

PROBATIONARY ACTION FORM

Student Name:

Date:

Probationary Period: _____ to _____

REASON(S) FOR PROBATION:

PROPOSED REMEDIAL ACTIONS:

Program Director

Student

Faculty

Faculty

Preceptor Evaluation Form

(Complete weekly and return to WCU Nurse Anesthesia Program at the end of the probation period)

Nurse Anesthesia Student on Probation:

Student Signature: _____

Clinical Coordinator Signature: _____

Site: _____

Clinical Dates included in evaluation: _____

1. Areas identified as needing further improvement:

2. Areas that have improved and are meeting semester expectations:

3. Overall impression and recommendations following probation period:

Title: 5.6 Nurse Anesthesia Student Clinical Progress

SRNA CLINICAL PROGRESS GUIDE

SEMESTERS II & III

BASIC CLINICAL SKILLS

High level supervision/direction; **consistently requires guidance** to perform the clinical skill being evaluated; occasionally responds appropriately to clinical events; application of beginning body of knowledge and novice level skills

Pre-op Evaluation	Airway Skills	Intubation Skills	Knowledge and Confidence	Regional Anesthesia	Monitoring, Safety and Awareness	Situational Behavior (pt. status changes)	Independence and Cooperation	Communication and Professionalism
PS 1 & 2 (PS 3 & 4 may be added at the discretion of clinical faculty)	Proper head positioning Places oral airway Successful mask ventilation most of the time	Performs airway assessment Occasional minor airway trauma Success 50% of time Familiar with airway algorithms	Anxious, unsure, but well-prepared Task oriented	Minimal understanding Familiar with basic techniques	Observes changes in a timely manner q 5 min sweep most of the time Aware of changes Most often applies proper monitors Developing organizational skills	Institutes proper treatment with encouragement and guidance	Requires, receptive, and accepts close guidance and supervision	Displays professional and courteous communication skills Accepts direction from staff without argument

**SEMESTER IV & V
INTERMEDIATE CLINICAL SKILLS**

Increase in self direction; consultation with team; requires **occasional guidance** to perform the clinical skill being evaluated; consistently responds appropriately to clinical events; demonstrates application of growing body of knowledge and increasing skill level

Pre-op Evaluation	Airway Skills	Intubation Skills	Knowledge and Confidence	Regional Anesthesia	Monitoring, Safety and Awareness	Situational Behavior (pt. status changes)	Independence and Cooperation	Communication and Professionalism
PS 1 2 & 3 (PS 4 may be added at the discretion of clinical faculty)	Proper insertion and use of LMA	Successful most of the time Knows airway management protocols Familiar with alternative approaches to airway management	Good grasp of anesthesia knowledge Occasionally anxious	Excellent understanding of didactic concepts Familiar with techniques	Very safety minded Proper positioning Anticipates potential safety problems Good organizational skills	Recognizes changes quickly Initiates treatment in a timely manner	Requires, receptive, and accepts guidance and supervision	Knows when to call for help

**SEMESTER VI
ADVANCED CLINICAL SKILLS**

Advanced self direction; appropriate consultation; accurately performs clinical skill with **minimal supervision**; occasionally demonstrates anticipation of clinical events

Pre-op Evaluation	Airway Skills	Intubation Skills	Knowledge and Confidence	Regional Anesthesia	Monitoring, Safety and Awareness	Situational Behavior (pt. status changes)	Independence and Cooperation	Communication and Professionalism
All PS classes	Easily establishes and maintains airway Recognizes obstruction quickly & confidently Appropriately intervenes with minimal encouragement	Rarely misses easy intubations Successful most of the time with more challenging airways	Somewhat confident Rarely anxious with routine anesthetic techniques Excellent understanding and application of didactic knowledge	Continues to build didactic knowledge	Appropriate fluid management Safe practitioner Vigilant Excellent organizational skills	Recognizes changes quickly Initiates best treatment promptly	Minimal supervision and direction, but is receptive to guidance	Team behavior well established Personable with staff, surgeons, nurses and technicians

**SEMESTER VII
COMPLEX CLINICAL SKILLS**

Self directed; appropriate consultation; able to manage cases independently;
responds appropriately to anticipated clinical events; application of comprehensive body of knowledge and advanced skill level

Pre-op Evaluation	Airway Skills	Intubation Skills	Knowledge and Confidence	Regional Anesthesia	Monitoring, Safety and Awareness	Situational Behavior (pt. status changes)	Independence and Cooperation	Communication and Professionalism
All PS classes	As in semesters IV & V, but with increased skill	Rarely misses intubations	Confident and self-assured Knows job well Autonomous	Thorough understanding of didactic knowledge Able to perform regional techniques at a competent level	Highly vigilant	Initiates best treatment without hesitation Autonomous in treating problem situations	Autonomous yet knows when to call for help Receptive to guidance	Readily participates in program activities Demonstrates interest in state and national issues

Title: 6.1 Academic Advisement

Purpose:

To provide each student with personalized academic advisement opportunity throughout the program

Policy and Procedures:

- A. The student is assigned a WCU nurse anesthesia faculty advisor at the start of the program of study. The assigned faculty advisor may change during the duration of the student's academic tenure.
- B. The advisor assists the student in planning and implementing his/her course of study throughout the master's program, including the student nurse anesthesia self-evaluation form completed at the end of each semester. This completed form is kept in the student file and will be used in the advising session.
- C. The student is responsible for knowing the curriculum of the School of Nursing and progression criteria. Advising sessions will occur in the spring and fall semesters. The advisor will determine advising dates and times and the student notified.
- D. The ultimate responsibility for choosing classes, dropping classes, and meeting curriculum and graduation requirements belongs to the student, not the advisor.

The student advisee is expected to:

1. Consult the *WCU Graduate Record* and the Schedule of Classes to become familiar with procedures and deadlines. Contact the assigned advisor to schedule and appointment, especially during early registration.
2. Do preliminary planning and course selection prior to the advisor appointment; the later the registration date, the more options in courses and sections should be prepared. Fill out forms completely and accurately.
3. Make final course selection and do course scheduling after having consulted with your advisor. Let your advisor know if major problems are expected or encountered (not just a section change).
4. Keep your advisor informed about academic difficulties **AS THEY OCCUR.**
5. Ask about changing advisors if the assigned advisor is not meeting your needs.
6. Perform regular degree audits.

The Academic Advisor is expected to:

- A. Provide academic guidance and course selection prior to registration appropriate to the selected program.
- B. Post and keep office hours, including expanded schedules for early registration.
- C. Know about university resources and make referrals as needed.
- D. Maintain confidentiality.
- E. Consult to explore alternative courses of study when advisees are not achieving a record of academic success.

Registration

Dates, materials, and instructions for pre-registration are published in the *WCU Record* and the Class Schedule that is available in late October and February. Web registration is required. You may obtain your access number to register only by scheduling an advisement appointment with your advisor. Directions for Web registration are printed in the Schedule of Classes. Students may also access final grades through MyCat. The two data items needed by graduate students to register on the Web are the student ID (92 number) and password. **DO NOT REGISTER UNTIL THE PROGRAM DIRECTOR NOTIFIES YOU TO DO SO.**

Title: 6.2 Identification of Nurse Anesthesia Students

Purpose: To establish appropriate methods of identifying nurse anesthesia students to patients, visitors, and other professionals within the hospital setting.

Policy and Procedures:

- A. The Nurse Anesthesia Program recognizes an obligation to assure the proper identification of nurse anesthesia students to patients, visitors, and other professionals in the clinical setting. Clear recognition of the student's status is necessary to increase the understanding and knowledge of others of the role and abilities of the student.
- B. Nametags identifying the nurse anesthesia student as a WCU student must be worn in the clinical area at all times.
- C. All students should introduce themselves to patients as a graduate nurse anesthesia student who is part of the anesthesia team.
- D. The Nurse Anesthesia Program forbids the employment of nurse anesthesia students as nurse anesthetists by title or function.

Title: 6.3 Health and Immunization

Purpose: North Carolina law requires all new students to present proof of certain immunizations before entering a clinical area.

Policy and Procedure:

- A. A Department of Nursing Student Health Form must be completed prior to entering the clinical area. The form is considered current for two calendar years.
- B. Tuberculosis screening must be repeated and results submitted to the Nurse Anesthesia Program each year.
- C. A flu shot is required annually for clinical placement. Proof must be submitted to the Nurse Anesthesia Program each year. Clinical requirements mandate the flu shot. **NO EXCEPTIONS.**
- D. Pathogen Exposure
All students who experience a potentially hazardous exposure to blood or body fluid should follow the policy of the facility where the exposure occurs. The student should immediately notify the facility Clinical Coordinator, Program Director and/or Assistant Director prior to leaving the clinical site. The student will be responsible for any fees incurred that are not covered by the facility where the exposure occurred.

Title: 6.4 Academic Standards and Academic Appeals

Purpose: To describe the criteria and processes for academic warning, academic appeal, and dismissal.

Policy and Procedure

Academic Warning:

- A. A student who is not progressing satisfactorily in a course or in the program will receive documentation of academic warning and recommendation that the student meet with his/her academic advisor to discuss academic assistance.
- B. A copy of the warning will be sent to the academic advisor and will be added to the student's school file.
- C. The Program Director will document the advisement provided to the student. Such documentation will be signed by the student and placed in the student's school file.
- D. If unsatisfactory progression involves clinical performance, the student may be placed on Clinical Probation.

Academic Dismissal:

A graduate student “who accumulates more than three grades of C or any grade of F will automatically be dismissed from the Graduate School. A student who has been admitted provisionally and fails to meet the terms of admission will also be dismissed from the Graduate School” (*WCU Record, Graduate Catalog*).

The graduate nursing program student is held to a higher standard, and a student who accumulates two grades of C or any grade of F or U will automatically be dismissed from the Graduate Nursing Program.

- A. Nurse Anesthesia students seeking readmission must petition in writing the Dean of the Graduate School and must reapply to the program. Approval for readmission may be accompanied by additional requirements. A readmitted student who receives any additional grade of C or lower will be permanently dismissed.
- B. A student who has been dismissed from the Graduate School for failure to meet the terms of provisional admission or for accumulation of excessive unsatisfactory grades, will be notified by the Dean of Research and Graduate Studies. The student has two weeks from the date of the letter of notification of dismissal to appeal. The letter of appeal should be addressed to the Dean of Research and Graduate Studies. The appeal will be considered by the Graduate Council, who will make a recommendation to the Dean of Research and Graduate Studies. The student will be notified of the outcome of the appeal by the dean. If, after appealing to the graduate dean, the student is still dissatisfied or suitable action has not been taken, the student may appeal to the provost, and finally to the chancellor.

Academic Action Appeal Policy

A student (undergraduate or graduate) has the right to appeal a final assigned grade or dismissal from a program level. A student may only appeal a final grade or program dismissal if he/she can show the grade or program dismissal was assigned arbitrarily or impermissibly. A student who wishes to appeal a grade on a particular assignment or exam can do so if it affects their final assigned grade or dismissal from a program. A final grade or program dismissal can be deemed assigned arbitrarily or impermissibly if, by a preponderance of the evidence, a student establishes that:

7. The final grade or dismissal was impermissible based in whole or in part upon the student's race, color, religion, national origin, age, sex, disability, sexual orientation, or for some other arbitrary or personal reason unrelated to the instructor's reasonable exercise of his or her professional academic judgment in the evaluation of the academic performance of the student; or
8. The final grade or program dismissal was assigned in a manner not consistent with the standards and procedures for evaluation established by the instructor, the program, or the University in the Catalog, in the course syllabus, or during the class/program in written or oral communications directed to the class/program as a whole; or
9. The final grade or program dismissal was the result of a clear and material mistake in calculating or recording grades or other evaluation.
10. Individual elements (e.g., assignments, tests, activities, projects) which contribute to a final grade are generally NOT subject to appeal or subsequent review during a final grade appeals procedure. However, individual elements may be appealed under these procedures providing all of the following conditions are met: a) The student presents compelling evidence that one or more individual elements were graded on arbitrary or impermissible grounds; b) Grounds can be established for determining a professionally sound grade for the appealed element(s); and c) The ensuing grade for each appealed element would have resulted in a different course grade than that assigned by the faculty member.

If dismissal from the Graduate School is a result of grades (3 C's or an F), the student may appeal the grade causing the dismissal. If the appeal is unsuccessful, the dismissal stands; the student cannot appeal the dismissal as well as the grade because dismissal is based upon the grades. If the appeal is successful, the dismissal will be rescinded. If a student is appealing dismissal from a program, or a final assigned grade that results in dismissal, the student shall be allowed to continue taking courses until the appeal is resolved (with the approval of the program in which the classes are taken), with the exception of clinical placements or internships, or when the students' continued participation is deemed by the program director or department head to be harmful or disruptive to other students and/or the program. If the appeal is unsuccessful and the dismissal stands, the student will be removed from any classes in which he or she is registered and will be responsible for any tuition and fees accrued as a result of registration during the appeals process.

Academic Action Appeal Overview:

Students who wish to appeal a final assigned grade or dismissal from an academic program for any reason other than academic dishonesty should follow, in order, the academic appeal procedure outlined below. (n.b. For these procedures, a “working day” = a day classes are held on campus) Appeals of a final assigned grade and appeals of dismissals from an academic program follow similar procedures:

1. Appeal to Instructor
2. Appeal to Department Head (The term “Department Head” in these procedures refers both to Department Heads and School Directors)
3. Appeal to Academic College – Associate Dean – may dismiss appeal or send to:
4. College Academic Action Committee Review
5. Academic Dean Review

An Appeal to Provost is only allowed for (1) alleged violations of procedures, (2) discrimination based on a protected class, or (3) the student’s exercise of rights guaranteed by the United States Constitutional. No right of appeal is available beyond the Provost.

Title: 6.5 Students Rights and Responsibilities

Purpose: Students are expected to assume a respectful decorum in the classroom, to assume the responsibilities of a well-prepared nurse anesthetist student when they enter the clinical area for training and to exercise professional socialization.

Policy and Procedures:

The Department of Nursing and Nurse Anesthesia Program place a high value on open communication with students, fair and equitable treatment, and effective instruction. Teaching/learning in the WCU Nurse Anesthesia Program is predicated on the belief that students are fellow members of the academic community, deserving of respect and consideration in their dealings with faculty.

Students are encouraged to review the Western Carolina University Student Bill of Rights and the Code of Student Conduct in the WCU Student Handbook. (<http://www.wcu.edu/4595.asp>)

Maintenance of Current Licensure and Certification

It is the Nurse Anesthesia Student's responsibility to maintain continuous state licensure as an RN in the state of North Carolina while enrolled in the NA Program. Students must maintain current certification in ACLS, PALS, and BLS while in the program. Students will also maintain liability insurance as required by the program. Any student with expired licenses or certifications will not be allowed into the clinical arena. Days lost due to failure to maintain licensures and certifications will be deducted from the student's vacation/sick time as sick days (unscheduled absence).

Students' Rights and Responsibilities in the Clinical Area:

- A. Plan activities with the clinical faculty to attain identified goals.
- B. Confer with the clinical preceptor and faculty when experiences are not conducive to meeting objectives.
- C. Complete all requisite evaluations in a timely manner.
- D. Arrive in the clinical area at a time established by each clinical site preceptor, allowing enough time for preoperative equipment check, case preparation and pre-anesthetic patient assessment.
- E. Unless otherwise noted, clinical commitment time is eight hours *or as specified* at each clinical site. Professional behavior is expected regarding finishing cases and other assignments as appropriate.

- F. Clinical Supervision: Clinical supervision of students in anesthetic and non-anesthetic situations is restricted only to CRNAs and/or anesthesiologists with staff privileges who are immediately available and assume responsibility for the student. **YOU MAY NOT WORK WITH AN AA. NOT EVEN DURING A BREAK.** (Instruction by graduate registered nurse anesthetists is prohibited if they act as the sole agents responsible for the students.)
- G. Students are to document all perianesthesia complications and critical incidents immediately to the supervising Anesthesiologist or CRNA and to the Program or Assistant Program Director using the Clinical Event Form.
- H. Case Selection
- i) The anesthesiologist and/or clinical coordinator will be responsible for case selection each clinical day considering each student's individual ability, needs, and knowledge, and case availability.
 - ii) Each student is required to communicate their case requirements to the clinical coordinators the 1st day of the clinical site rotation. This will enable the anesthesiologist/clinical coordinator to assign cases based on student need.
- I. Universal Precautions
- Each facility has developed specific guidelines and policies regarding blood borne pathogens and universal precautions. All facilities provide and maintain personal protective equipment needed for the practice of universal precautions. The student will review and adhere to each facility's policies while on rotation.
- J. Vacation/Conference Time/Request for Time Off
- i) Students may request vacation time-off for 12 days during the 28-month program. In addition, all students have the week between Christmas and New Years Day off. Vacation requests must be made in writing to, and approved by, the Program Director **at least 1 month** before the requested time off.
 - ii) No vacations are allowed during the first four weeks of clinical practicum, during cardiovascular, pediatric, and OB specialty rotations, or during the final four weeks prior to graduation.
 - iii) Students are required to participate in at least one state and one national professional anesthesia conference during the 28-month program at their own expense. Attendance at other educational activities, outside of the normal course offerings, may be required at the student's expense. Fifteen days are allowed for participation in local, state, and national educational conferences. Students who are invited and elect to participate on program, department, university, or professional committees will be offered clinical release time to fulfill committee responsibilities. Educational conference requests must be made in writing to, and approved by, the Program Director **at least 1 month** before the requested time off.
 - iv) A student may request additional time-off from classroom or clinical activities for legitimate needs including:
 - (1) Face-to-face ACLS/PALS/BLS renewal
 - (2) Anesthesia review courses

- (3) Employment interviews (limited to three days total and time off excludes travel time.)
- v) All requests for excusal from the clinical area must be made **in writing** to the Program Director and to the affiliation site clinical coordinator. A student's absence from the clinical area is not excused unless it is approved by the Program Director. All requested clinical time-off, including time off for illness, must be rectified with the Program Director using vacation days. Rescheduling of missed clinical days due to illness may be rectified only after all 12 vacation/sick days have been used. In certain circumstances it may be permitted—at the discretion of the Program Director—to accrue extra days in anticipation of extenuating circumstances.
- vi) In the event of illness, the student must notify the clinical coordinator and the Program Director as early as possible.
- vii) Holidays: When a holiday falls on a clinical day, students are expected to follow the policy of the clinical site to which they are assigned. If the operating rooms are running on the holiday, students are expected to attend. When a holiday falls on a classroom day, students will follow the direction of the Program Director.

K. Pre- And Post- Anesthesia Visits

- i) Students are required to perform a pre- and post-anesthetic assessment on all patients they anesthetize.
- ii) Post-anesthetic rounds are to be made the day of surgery and/or on the first post-operative day (subject to patient availability). Failure to do Post-anesthetic rounds (subject to availability) will jeopardize the student's passing grade for NSG 688/689.
- iii) Perioperative complications should be reported immediately to the clinical preceptor and/or anesthesiologist involved with the case, and within 24 hours to the Program Director.

L. Clinical Experience Record

Each student is responsible for the accurate completion of the clinical case record required by the Council on Certification of Nurse Anesthetists. This record is to be completed using Medatrax prior to the 1st class day of each month. The student is responsible for submitting a copy to the clinical preceptor at the beginning of each clinical rotation site to identify case needs.

M. Care Plans

- i) A plan of care based on knowledge of the surgical procedure, the patient's history, and the type of anesthesia should be formulated for every patient.
- ii) A formal written care plan, using the Medatrax template will be required each clinical day for Semesters II and III. During semesters IV-VII care plans will be required for major cases (e.g. chest cases, major vascular, craniotomies) and by clinical instructor request for specific cases. The care plan must adhere to the Medatrax Care Plan format.
- iii) Care plan details should be representative of the student's educational level in the program.
- iv) Care plans will be graded as acceptable or unacceptable. If an unacceptable grade is given, the student will be required to submit a new care plan.

- v) Failure to submit the requisite number of accepted care plans will result in a clinical grade of U.
- vi) **To preserve patient confidentiality; at no time should the student record patient identifying material on the Anesthesia Care Plan (HIPAA).**
- vii) If the instructor feels a more appropriate anesthetic management can be performed, the student must comply with the instructor's plan of care or withdraw from the case. If the student withdraws from the case, notify the Program Director.
- viii) Under no circumstances will a case be initiated without a predetermined care plan discussed with the CRNA or Anesthesiologist clinical faculty.
- ix) Students are required to read about and prepare for all assigned cases throughout the program.
- x) The clinical instructor will review care plans for that day. Clinical faculty may make comments, as indicated, on the care plans as they review them with the student. Students failing to develop an appropriate care plan may be excused from the clinical area to make needed improvements to the care plan. If an instructor feels that a student is not prepared for the day's assignment, he/she may excuse the student for the day. Should this occur, it will be reported to the program director so that the absence can be subtracted from the student's pool of Excused Time Off.

N. Clinical Evaluations

The NAP goal is to have written evaluations. The NAP goal is to have written evaluations on a daily basis summarizing the student's performance. Preceptors are encouraged to write evaluations on a case-by-case basis for more complicated cases or if the student's performance on a given case is unsatisfactory or exemplary. It is the responsibility of the student to provide an evaluation form to the clinical preceptor. It is also the student's responsibility to obtain the completed clinical evaluation from the instructor. **We cannot evaluate (and students cannot pass clinical courses) unless we receive filled-out evaluations for at least 50% of assigned clinical days.**

O. Professional Liability Insurance

- i) Students are responsible to obtain and maintain professional liability insurance, through AANA Insurance (coverage of \$1,000,000 per incident/\$3,000,000 aggregate) prior to the start of clinical rotations in semester II.

P. Severe Weather Policy

- i) Severe weather information and class cancellation information for Nurse Anesthesia Program classes can be found at: <http://news-prod.wcu.edu/weather-related-schedule-changes/>
- ii) National Weather Services forecasts for Western North Carolina are available at: <http://weather.noaa.gov/pub/data/forecasts/zone/nc/ncz059.txt>
NC Department of Transportation road condition reports can be viewed at: <http://apps.dot.state.nc.us/tims/>
- iii) If the student feels that it is unsafe to travel during a weather emergency, they should not attempt and are under no obligation to attend clinical. The site clinical coordinator and Program Director should be notified ASAP if clinical will be missed.
- iv) Class/clinical sessions that are missed due to inclement weather will be rescheduled.

- v) It is the student's responsibility to reschedule clinical time that is missed due to inclement weather. Rescheduled clinical time must be remediated in minimum eight-hour blocks.

Students' Rights and Responsibilities in the Classroom:

- A. Attend all classes at scheduled times.
- B. Personal business (non-emergent physician appointments, job interviews, etc) must be handled during student's own time and are not to be scheduled during class or clinical time except in emergency situations.
- C. Notify the course instructor and, if applicable, the guest faculty or guest lecturer if unable to attend class.
- D. Students may be exempted from attendance at all didactic and clinical units of instruction during an approved leave. However, during those absences, students are held academically accountable for all instructional materials presented in both the clinical and didactic modules. If a student misses an examination, prior arrangements must be made with the faculty member for a make-up examination.
- E. Students who are absent from a didactic unit of instruction without valid authorization from the instructor are subject to disciplinary action.
- F. Maintain a respectful and professional decorum while in the classroom.
- G. Read all assigned course materials prior to class.
- H. Discuss course problems and academic difficulties with the instructor in a timely manner.
- I. Complete all requisite evaluations in a timely manner.
- J. Observe Western Carolina University Standards of Conduct, Code of Ethics, and Academic Honesty Policy.
- K. Students have the right to the Graduate School appeal/grievance procedure.
- L. Students have the right to academic and personal advisement at Western Carolina University.
- M. Students are required to be computer literate and have access to a PC or MAC laptop computer with high-speed wifi capabilities.

TARDINESS

Students who are tardy must follow the policies and procedures established by Program administrators and faculty. Excessive tardiness may result in disciplinary action.

Tardiness includes reporting late for class or having extended lunch periods and coffee breaks in the clinical area. A pattern of excessive tardiness will result in counseling by the Clinical Coordinator at the clinical site and/or by the Assistant Program Director.

Any further tardiness may result in disciplinary action. All counseling sessions related to tardiness will be documented and become part of a student's file.

If a student has knowledge that he/she will be delayed in reporting to class or clinical, he/she should make every effort to notify the appropriate faculty member

MILITARY LEAVE

Students who request a leave of absence for military training reasons must follow the policies and procedures established by the Program. Students who request a leave of absence **MUST**

receive approval from the Program Director prior to taking the leave.

In acknowledgement of the AANA position statement regarding support of the National Guard and Reserves of the U.S. Armed Forces, students may be granted a maximum of twelve work days annually during the seven-semester program for this activity. It is strongly recommended that the students perform their active training after graduation.

If students are assigned clinical duties, it is their responsibility to coordinate the active duty time to not interfere with their clinical commitments. Students who elect to accept active duty training during their course of study are required to discuss the leave with the Program administration prior to requesting active duty. To be eligible for military leave, a student must be in good standing in the Program (academic and clinical) and present official military orders to the Program as soon as orders are received by the student.

Students should clearly understand that any missed days may require delayed graduation.

JURY DUTY

In the event a student is summoned for jury duty, he or she shall notify the program director and clinical coordinator and every effort shall be made to have the student excused from service on the jury. In the event the student is not excused and has to serve involuntarily, he or she shall be excused from clinical responsibilities up to seven (7) days without penalty. Time beyond seven days will need to be made up regardless of the time spent on jury duty.

ELECTION DAY

In order to vote on Election Day, students must receive an absentee ballot, vote early, or vote after clinical assignments. Students will not be released from the OR to vote.

CONFIDENTIALITY AND HIPAA REGULATIONS

Patients are entitled to confidentiality with regard to their medical and personal information. The right to confidentiality of medical information is protected by state law and by federal privacy regulations known as the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Those regulations specify substantial penalties for breach of patient confidentiality. To meet federal requirements, all Nurse Anesthesia students will complete **HIPAA Training for Mission Hospital Students and the WCU HIPAA Training Module/Test**. The training covers patient rights and provider responsibilities under the HIPAA Privacy Rule. Each student also will read and sign the WCU Confidentiality Policy.

During clinical training at Mission, all nurse anesthesia students must abide by the Mission privacy policies and procedures that include:

1. All patient medical and personal information is confidential information regardless of my educational or clinical setting(s) and must be held in strict confidence. This confidential information must not become casual conversation anywhere in or out of a hospital, clinic or any other venue. Information may only be shared with health care providers, supervising faculty, hospital or clinic employees, and students involved in the care or services to the patient or involved in approved research projects who have a valid need to know the information.

2. Hospital Information System's user codes/passwords are confidential. Only the individual to whom the code/password is issued should know the code. No one may attempt to obtain access through the computer system to information to which he/she is not authorized to view or receive. If you are aware that another individual knows your code/password, it is your responsibility to request a new user code/password.

3. At NO TIME should patient information be printed at the hospital. Any patient information used in the process of completing assignments should be hand copied without ANY patient identifying information.

- Patient information needed for homework (e.g., case preparation or clinical seminar) **MUST** be de-identified per HIPAA standards, hospital policy and nurse anesthesia program policy.
- Any collected patient information must be handwritten ****(NOT PRINTED)**** and relabeled (e.g., Patient A, B, and C or 1, 2 and 3) for use by the student
- Failure to protect patient information (e.g., failure to de-identify information, failure to keep all patient information secure and protected) will result in administrative review that may result in suspension or dismissal from the WCU nurse anesthesia program

4. If a violation of this policy occurs or is suspected, immediately report this information to your supervising faculty.

5. Intentional misuse of protected health information could also subject an individual to civil and criminal penalties.

When nurse anesthesia students are training at other clinical sites, they are responsible for learning and following the privacy policies and procedures of that training site.

DRESS CODE

While at a clinical site, attending classes or otherwise, the mode of dress must be suitable to the attire of a professional person. You should dress business casual (no jeans, sweat shirts, scrub clothes, etc.). Men are expected to wear collared shirts. A white, long-sleeve, **blazer-length** consultation style jacket must be worn while attending visiting patients. Scrubs may be worn only while in the clinical area and during Anatomy Lab. The **WCU ID badge** must be worn at all times, both on scrub clothes and consultation jackets.

While in clinic, students are to follow the dress code policy of the clinical facility to which they are assigned. Clean scrub clothes, caps totally covering hair, masks, jackets covering arms, and conductive shoe covers are provided by the operating room department. These must be worn while in the clinical area. Shoe covers must be worn over street shoes as applicable to each clinical site. Head covers must be worn at all times when in the clinical area. All head and facial hair must be totally covered. Personal equipment identified as essential must be on your person at all times.

For men, hair may be of reasonable length (to exclude shoulder length) and must be well kept. Beards and mustaches must be well groomed at all times.

Students are expected to conform to dress codes of affiliating hospitals and will be informed of the same before rotating to a new clinical site. Protective eyewear must be worn anytime a student is administering and anesthetic.

REPRESENTATION

Program administrators and faculty encourage an active student representation to promote coordination and cooperation among all members of the student body and Program administration. During the first semester of the program, each class will elect a class representative.

Class representatives plan and conduct quarterly student meetings. The representatives meet with Program administration as necessary to discuss issues and concerns regarding the student body. The class representative will present student concerns, make suggestions, and keep students informed as to the results of meetings

CALL

To assure student learning in all areas and aspects of anesthesia practice, students enrolled in the Nurse Anesthesia Education program will be required to participate in call experience. Call is defined as follows: "A planned clinical experience outside the normal operation hours of the clinical facility..." (from Standards set forth by the AANA's Council on Accreditation of nurse Anesthesia Educational Programs).

Call will be consistent to meet the required objectives relative to emergency-trauma anesthesia call experiences deemed appropriate to the education of a nurse anesthetist. When a student is on "call", there must be a CRNA or Anesthesiologist clinical faculty immediately available to the student. If students relieve on a case that is in progress, the student may take credit only for that portion of the case or procedure in which they actually participated.

1. A call experience shall be no more than 36 hours total Monday through Friday. The call experience on Saturday and Sunday will be accomplished in minimum 12-hour shifts. Designated holidays will be accomplished by 24-hour shifts. In all cases, the student will have the next day uncommitted to clinical practicum, except for required classes, exams, or conferences.
2. A CRNA or anesthesiologist supervisor must be available in an anesthetizing area when students are administering an anesthetic. **Under no circumstances will a student assume an anesthetizing responsibility without a CRNA or an anesthesiologist. Students may not provide anesthesia services—emergency or otherwise—without the direct supervision of a CRNA or anesthesiologist.**
3. Exchanging call assignments after the schedule is finalized IS NOT ALLOWED. It will only be permitted in exceptional circumstances with approval from the Director of Clinical Education.

REPORTING CLINICAL EVENTS

Any clinical event that results in either a potential or actual adverse patient outcome or threatens patient safety must be documented. The goal is to further educational development regarding the identification and documentation of clinical events as they pertain to patient safety.

Students are required to report any witnessed injury, breach in patient safety or poor patient outcome in which they are involved. Students must complete the **Clinical Event Report** form and submit it to the Nurse Anesthesia office **within 48 hours** of any unusual event or the discovery of any unusual event in the clinical area. Faculty may also complete the Clinical Event Report form.

Nurse Anesthesia faculty will review the report. A conference including faculty and the student will be held as needed to address the clinical event. A serious infraction of patient safety is grounds for possible probation and/or dismissal from the program.

Failure of the student to report an unusual clinical event within 48 hours of the event, or the discovery of the event, to the Nurse Anesthesia Department may result in possible probation and/or dismissal from the program.

Western Carolina University Nurse Anesthesia Program
Report of Clinical Event Form
Must be submitted to Nurse Anesthesia school within 48 hours
of any unusual clinical event or the discovery of any unusual clinical event

Student Name: _____

Date of Clinical Event: _____

Date of Discovery of Clinical Event (if different): _____

Location of Clinical Event: _____

List staff and students directly involved: _____

Brief description of the event (include specifics of how you were involved):

Date reported to Nurse Anesthesia Faculty/Program: _____

Submitted By: _____

CLINICAL RECORDS

Student's clinical records are maintained in the Medatrax system. The clinical records serve several purposes:

- It documents the student's cases and progress towards meeting the clinical experiences required for graduation;
- it assists the faculty and student in determining areas where sufficient experience has been obtained as well as areas where additional experience are needed;
- it documents the student's time commitment to the program;
- it documents the student's attendance at clinical correlative conferences; and
- it documents the student's clinical performance through evaluations.

Each student will record all cases in the Medatrax Nurse Anesthesia Student Tracking System. Cases should be entered in Medatrax at the end of each clinic day. If using the Medatrax PDA component, it must be synched daily.

The Medatrax Case Tracking System consists of many sections (physical status, hours of anesthesia time, anatomic categories, patient position, etc.). For each case, the student will enter "Anesthesia Start Time" and "Anesthesia Stop Time" to document the actual time a student is engaged in administering an anesthetic. It does not include set-up time or the time it takes to do pre- and post-op visits which are separate categories.

The Daily Time Log section of the Medatrax System documents the clinical time the student commits or is obligated to the program each day. This includes assigned OR shifts and pre and post-op visits. Students should record their time at the end of each day.

The Clinical Conferences section of the Medatrax System documents the clinical correlation conferences attended by the student. Students should enter any case conference attended as soon as possible; attendance can be verified by case conference sign-in sheets.

WCU Nurse Anesthesia Program Libraries

WCU Librarian

Ann Hallyburton, MSLS, MPH, AHIP

Research and Instruction Librarian / Liaison to the Health Professions

Hunter Library, Western Carolina University

Cullowhee, NC 28723

1-866-928-5424

<http://researchguides.wcu.edu/healthcare>

MAHEC Health Sciences Medical Library

Library Hours: Mon - Fri 8:00 am - 5:00 pm

Reference Desk: (828) 257-4444

Document Delivery (828) 257-4446

- A collection of current journals, anesthesia and medical textbooks, and audiovisual materials

Web site: <http://www.mahec.net/library/>

- Any journal article can be obtained by intra-library loan. Intralibrary loan articles mailed directly to student.
- Copying at MAHEC 20 cents/page
- UNC-Asheville library has shared resource agreement with WCU

Journal	In print	On-line
1. J. of Clinical Anesthesia		WCU, 1995-present via Elsevier's Science Direct – open to all WCU students and staff from off campus and on
2. AANA J.		WCU, 2001-present via EBSCO – open to all WCU students and staff from off campus and on
3. Anesthesiology	MAHEC Library, 1966-present	MAHEC Library, 1995-present in MAHEC Library via OVID through AHEC Digital Library
4. Anesthesia & Analgesia		MAHEC Library, 1995-present in MAHEC Library via OVID through AHEC Digital Library
5. New England J. of Medicine	WCU Library, 1959-present Print can be sent to MAHEC Library via ABC Express	MAHEC Library, 1993-present in MAHEC Library via OVID through AHEC Digital Library
6. JAMA	WCU Library, 1960-	WCU, 1998-present via

	present Print can be sent to MAHEC Library via ABC Express	EBSCO – open to all WCU students and staff from off campus and on
7. Canadian J. of Anesthesia		MAHEC Library, 2000-present with embargo on current 12 months in MAHEC Library via AHEC Digital Library
8. J. Cardiothoracic and Vascular Anesthesia		WCU, 1995-present via Elsevier's Science Direct – open to all WCU students and staff from off campus and on
9. Regional Anesthesia and Pain Management		WCU, 1998-present via Elsevier's Science Direct – open to all WCU students and staff from off campus and on
10. Lancet	MAHEC Library via ABC Express	MAHEC Library, 1993-present in MAHEC Library via OVID through AHEC Digital Library

Reference Sources for Students

Graduate Catalog

Western Carolina University publishes the Graduate Catalog. It describes academic programs, regulations, and policies. An on-line version can be accessed at:

<http://catalog.wcu.edu/index.php>

Copies are made available to students registered at the university. Additional copies are available from the Office of Research and Graduate Studies, WCU, Cullowhee, NC 28723, 828-227-7398 or gradsch@email.wcu.edu.

Bookstore URL: <http://books.wcu.edu>

Student Affairs

<http://www.wcu.edu/6974.asp>

Admin & Finance

<http://admfin.wcu.edu/>

IT (Educational Technology)

<http://www.wcu.edu/10582.asp>

Graduate Studies

<http://www.wcu.edu/43.asp>

How do I order and pay for my books? Where do I pick them up?

You may order your books from Western's Bookstore at (828) 227-7346 or toll free at (866) 272-4102 or online at: <http://books.wcu.edu/Home.aspx>. You may also order them elsewhere at your discretion.

Registrar/Graduation Info:

<http://www.wcu.edu/24093.asp>

Counseling and Psychological Services Center

<http://www.wcu.edu/7946.asp>

828-277-7469

Crisis Services 828-277-8911

Western Carolina University Nurse Anesthesia Program

General Information

School of Nursing Director:	Judy Neubrandner, EdD, RN, FNP
Program Director:	Shawn Collins, DNP, PhD, CRNA
Assistant Director:	Ian Hewer, MSN, MS, CRNA
Graduate Anesthesia Simulation Coordinator:	Mark Kossick, DNSc, CRNA
Didactic Instructors:	Jim Holleman, MD Dustin Degman, MSN, CRNA
Administrative Assistant:	Tealok Ray

Plan of Study

The Nurse Anesthesia Program is a minimum 28-month graduate program of study for full-time students that awards the graduate a Master of Science in Nursing (MS(N)) degree from Western Carolina University and preparation to sit for the national certification examination. The program integrates research, advanced physiology, advanced pharmacology, advanced pathophysiology, anesthesia principles, and chemistry and physics.

Students enrolled in the Nurse Anesthesia Program will complete a minimum of 66 course credits during the 28-month program. In addition to Nurse Anesthesia specialty course, students will take School of Nursing required core courses.

WCU Nurse Anesthesia Program Course of Study

****Subject to change**

FIRST YEAR	CREDITS	HOURS
Spring Semester (January-May)		
NSG 661 Advanced Anesthesia Pharmacology I	3	45
NSG 630 Advanced Physiology for Nurse Anesthetists	3	45
NSG 640 Basic Principles of Anesthesia	3	45
NSG 629 Foundational Science for Nurse Anesthesia	2	30
NSG 688 Clinical Anesthesia Practicum I (1 day/week)	1	120
Semester Total	12	
Summer Semester (May-August) Early May Start		
NSG 641 Advanced Principles of Anesthesia I	2	30
NSG 662 Advanced Anesthesia Pharmacology II	3	45
NSG 688 Clinical Anesthesia Practicum II (2 days/week) Clinical and Literature Review	2	240 14
NSG 631 Advanced Pathophysiology for Nurse Anesthetists I	3	45
Semester Total	10	
Fall Semester (August-December)		
NSG 642 Advanced Principles of Anesthesia II	2	30
NSG 632 Advanced Pathophysiology for Nurse Anesthetists II	3	45
NSG 511 Research	3	45
NSG 688 Clinical Anesthesia Practicum III (3 days/week) Clinical and Literature Review	3	360 15
Semester Total	11	
SECOND YEAR		
Spring Semester (January-May)		
NSG 618 Survey of Pharmacotherapeutics (on-line)	3	45
NSG 643 Advanced Principles of Anesthesia III	2	30
NSG 688 Clinical Anesthesia Practicum IV (4 days/week) Clinical and Literature Review	4	480 15
Semester Total	9	
Summer Semester (May-August)		
NSG 689 Clinical Anesthesia Practicum V (4 days/week) Clinical and Literature Review	4	440 14
NSG 602 Advanced Physical Assessment and Diagnosis	1	15
NSG 679 Research Project	1	15
Semester Total	6	
Fall Semester (August-December)		
NSG 679 Research Project (or NSG 699 Thesis, 3 cr)	1	30
NSG 510 Theory for the APN (on-line)	2	30
NSG 689 Clinical Anesthesia Practicum VI (4 days/week) Clinical and Literature Review	4	480 15
NSG 516 Econ and Org Health Care (on-line)	2	30
Semester Total	9	
THIRD YEAR		
Spring Semester (January-May)		
NSG 672 NA Review	3	45
NSG 501 Roles and Issues	2	30
NSG 689 Clinical Anesthesia Practicum VII (4 days/week) Clinical and Literature Review	4	480 15
Semester Total	9	
Program Total	66	

WCU Department of Nursing Graduate Program Outcome Objectives:

The masters nursing graduate will:

- I. Synthesize concepts and theories from nursing and related disciplines to form the basis for advanced practice.
 - II. Analyze socio-cultural, ethical, economic and political issues that influence patient/client and community outcomes.
 - III. Utilize the process of scientific inquiry to validate and refine knowledge and research relevant to advanced practice nursing.
 - IV. Demonstrate expertise in a defined area of advanced practice.
 - V. Integrate health promotion and disease prevention concepts in advanced practice nursing.
 - VI. Demonstrate cultural sensitivity and an understanding of human diversity in delivery of health care across the lifespan.
 - VII. Demonstrate proficiency in the use and management of advanced technology related to a defined area of advanced practice nursing.
 - VIII. Demonstrate the ability to engage in multidisciplinary professional relationships in the conduct of advanced practice.
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WCU Nurse Anesthesia Outcome Objectives

Graduates of the Western Carolina University Nurse Anesthesia Program will:

Patient safety

1. Be vigilant in the delivery of patient care.
2. Protect patients from iatrogenic complications.
3. Participate in the positioning of patients to prevent injury.
4. Conduct a comprehensive and appropriate equipment check.
5. Utilize standard precautions and appropriate infection control measures.

Individualized peri-anesthetic management:

1. Provide care throughout the peri-anesthetic continuum.
2. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and

equipment while providing anesthesia

3. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
4. Provide anesthesia services to all patients, including trauma and emergency cases.
5. Administer and manage a variety of regional anesthetics.
6. Function as a resource person for airway and ventilatory management of patients.
7. Possess current advanced cardiac life support (ACLS) recognition.
8. Possess current pediatric advanced life support (PALS) recognition.
9. Deliver culturally competent peri-anesthetic care throughout the anesthesia experience.

Critical thinking:

1. Apply theory to practice in decision-making and problem solving.
2. Provide nurse anesthesia care based on sound principles and research evidence.
3. Perform a pre-anesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
4. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
5. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
6. Calculate, initiate, and manage fluid and blood component therapy.
7. Recognize and appropriately respond to anesthetic complications that occur during the peri-anesthetic period.
8. Critically evaluate research and associated anesthesia-related outcomes.
9. Pass the Council on Certification of Nurse Anesthetists' (CCNA) certification examination in accordance with CCNA policies and procedures.

Communication skills:

1. Effectively communicate with all individuals influencing patient care.
2. Utilize appropriate verbal, nonverbal, and written communication in the delivery of peri-anesthetic care.
3. Demonstrate the ability to deliver a clear and organized public presentation.

Professional role:

1. Participate in activities that improve anesthesia care.
2. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
3. Interact on a professional level with integrity.
4. Teach others.
5. Participate in continuing education activities to acquire new knowledge and improve his or her practice.
6. Understands sound principles of anesthesia risk management to include preventive and procedural strategies.

Nurse Anesthesia Specialty Course Descriptions and Course Objectives

NSG 602 Advanced Physical Assessment and Diagnosis

Clinical evaluation and physical assessment for the nurse anesthetist.

Course Objectives:

Upon completion of this course the student will be able to:

1. Explain physiology/pathophysiology in relation to selected laboratory and imaging procedures, including electrophysiology, hematology, renal/urine, and blood chemistries.
2. Utilize knowledge of perianesthesia care to identify indications for specific laboratory and imaging procedures.
3. Interpret selected laboratory tests.
4. Perform a preoperative and perioperative physical examination of the surgical patient.

NSG 629 Foundational Science for Nurse Anesthesia, 2 credits

Applied sciences course that introduces the basic principles of chemistry, physics and neuroscience and the integration of these principles into the practice of nurse anesthesia.

Course Objectives:

Upon completion of this course the student will be able to:

1. Synthesize physical principles and their relationship to the practice of anesthesia
2. Differentiate neurologic anatomy and physiology and describe the effects of anesthetic medications on neurological systems.
3. Analyze and integrate select principles of organic and inorganic chemistry to the practice of anesthesia.

Major Topics:

- Math Review, Pressure, Tension, Flow, Solubility
- Gas Laws
- Solubility
- Diffusion and Osmosis
- Vaporization
- Electricity
- Chemistry Anesthetic Agents
- Neuroanatomy and Neurophysiology
- Mechanisms of General Anesthesia
- Physiology of Pain

Schedule: On campus – Semester I

NSG 618 Survey of Pharmacotherapeutics, 3 credits

Pharmacologic basis of drug management as it relates to the use of drugs, both prescriptive and non-prescriptive for patients throughout the life span. Includes pharmacodynamics and pharmacokinetics of drug groups, dosage calculations, drug interactions and patient education.

Course objectives: At the completion of this course, the student will be able to:

1. Understand the pharmacokinetics and pharmacodynamics of broad categories of drugs.
2. Describe the pharmacotherapeutics of broad categories of drugs including prescription drugs, complementary therapies, and over the counter medications.
3. Understand the relationship among pharmacologic agents, pathophysiology and physiologic response.
4. Describe adverse reactions, monitoring parameters, and drug interaction considerations for broad categories of drugs.

Major Topics:

Basics of Pharmacotherapy & Dosage Calculations
Receptors, Peripheral & Autonomic Nervous System Drugs
Central Nervous System Drugs & Psychiatric Drugs
Gastrointestinal, Hematologic & Dyslipidemia Drugs
Smooth Muscle & Pulmonary Drugs
Cardiovascular-Renal System Drugs
Endocrine System Drugs
Anti-Infective Agents & Drugs
Analgesics, Pain Management, Drugs of Abuse, Arthritis, Gout

Schedule: On-line, Semester III

NSG 630 Advanced Physiology for Nurse Anesthetists, 3 credits

Cardiovascular, respiratory, renal, neurological, hematological, and cellular physiology, with particular emphasis on how these systems relate to anesthesia management.

Course objectives: At the completion of this course the student will be able to:

1. Describe the important anatomical structures for each of the body systems presented.
2. Discuss the major functions and processes of each of the major body systems discussed.
3. Synthesize the complex regulatory processes that produce homeostasis for each of the body systems discussed.
4. Analyze the effects of anesthesia on select physiologic systems.

Schedule: On campus-Semester I

NSG 631 Advanced Pathophysiology for Nurse Anesthetists I, 3 credits

Pathophysiologic disorders with emphasis on the surgical patient and implications for safe anesthesia management.

Course objectives: At the completion of this course the student will be able to:

1. Analyze the pathophysiologic basis, manifestations, and treatment options for the disorders discussed.

2. Integrate information regarding the presented pathophysiology with perioperative and anesthesia management.

Major topics: Hematological diseases

Cardiovascular disorders
Neuromuscular and musculoskeletal disorders
Pain
Psychiatric disorders
Neurological diseases

Schedule: On-campus-Semester II

NSG 632 Advanced Pathophysiology for Nurse Anesthetists II, 3 credits

Pathophysiologic disorders with emphasis on the surgical patient and implications for safe anesthesia management.

Course objectives: At the completion of this course the student will be able to:

1. Analyze the pathophysiologic basis, manifestations, and treatment options for the disorders discussed.
2. Integrate information regarding the presented pathophysiology with perioperative and anesthesia management.

Major topics: Reproductive System
 Endocrine disorders
 Respiratory diseases
 Pediatric disorders
 Renal disease
 Liver disease

Schedule: On-campus-Semester III

NSG 661 Advanced Anesthesia Pharmacology I, 3 credits

Pharmacologic effects, drug-receptor site interactions, structure activity relationships, therapeutic uses and adverse effects of agents used in the perioperative period.

Course objectives: At the completion of this course the student will be able to:

1. Explain the major principles of pharmacokinetics and pharmacodynamics as they relate to inhalational and intravenously administered drugs.
2. Analyze the mechanism of action and the pharmacologic effects of specific anesthetic agents including inhalational agents, benzodiazepines, and opioids.
3. Analyze the mechanism of action and the pharmacologic effects of adjunctive agents used in the perioperative period including anticoagulants, gastroprokinetic agents, diuretics, and antiemetics.
4. Integrate information regarding herbal products and their effects in the perioperative period.

Major Topics: Pharmacokinetics/Pharmacodynamics
 Herbal products
 Induction drugs
 Inhalational anesthetics
 Benzodiazepines and anxiolytics
 Intravenous analgesic agents
 Neuromuscular blocking agents and reversals

Schedule: On-campus, Semester I

NSG 662: Advanced Anesthesia Pharmacology II, 3 credits

Drug mechanisms, pharmacologic effects, drug-receptor site interactions, structure activity relationships, therapeutic uses and adverse effects of agents used in the perioperative period.

Course objectives: Upon completion of the course the student will be able to:

1. Analyze the appropriateness of specific general and local anesthetic agents considering patient-specific body habitus, age, physiology, concurrent medications, pathophysiology, and the surgical procedure.
2. Discuss the uses, limitations and contraindications of depolarizing and non-depolarizing neuromuscular blockers, local anesthetics, cardiovascular and asthma medications recognizing differences in onset, duration of action, clearance, and side effects.
3. Synthesize appropriate and safe anesthesia management protocols utilizing the anesthetic agents discussed

Major Topics Antacids, Histamine antagonists and Gastrointestinal Prokinetics

 Anticoagulants, Anti-platelet agents, Thrombolytics
 Local anesthetics
 Autonomic pharmacology
 Cardiovascular pharmacology
 Antiemetics
 NSAIDS

Schedule: On-campus Semester II

NSG 640 Basic Principles of Anesthesia, 3 credits

Basic principles of preoperative patient assessment, anesthesia planning, operating room preparation, interpretation of pertinent patient findings, and required documentation for safe anesthesia management.

Course objectives: At the completion of this course the student will be able to:

1. Outline the components, describe the operation, perform equipment checks and demonstrate procedures for safe use of the anesthesia machine and adjunctive equipment.
2. Synthesize information obtained in a comprehensive preoperative evaluation and formulate a basic anesthesia plan of care, including positioning, fluid administration, basic monitoring, and airway management.

3. Communicate perioperative assessment findings, derived from the synthesis of data, in appropriately documented form.

Major topics: Non-invasive monitoring

Airway anatomy, assessment, management

Preoperative assessment

Fluid and blood component therapy

Positioning

Anesthesia machine functions

Documentation

Universal precautions and infection control

Schedule: On- campus, Semester I

NSG 641, Advanced Principles of Anesthesia I, 2 credits

Anesthetic principles associated with specific specialty procedures; management of identified patient groups and patients with special problems.

Course objectives:

1. Synthesize appropriate and safe anesthetic management plans based on the patient's age, pathophysiology, and surgical procedure.
2. Differentiate anatomical and physiological features, equipment issues, and pharmacological considerations unique to pediatric patients.
3. Differentiate anatomical and physiological features and pharmacological considerations associated with geriatric patients.

Major topics: Gynecologic procedures

Orthopedic procedures

General surgery

Otolaryngologic procedures

Pediatric patients

Geriatric patients

Schedule: On-campus, Semester II

NSG 642, Advanced Principles of Anesthesia II, 2 credits

Anesthetic principles associated with specific specialty procedures; management of identified patient groups and patients with special problems.

Course objectives:

1. Synthesize appropriate and safe anesthetic management plans based on the patient's age, pathophysiology, and surgical procedure.
2. Differentiate anatomical and physiological features, equipment issues, and pharmacological considerations unique to pediatric patients.
3. Differentiate anatomical and physiological features and pharmacological considerations associated with geriatric patients.

Major topics: Cardiovascular procedures

Thoracic procedures

Plastic surgery
Ophthalmic procedures
Neurological procedures
Fiberoptic intubation
CVP insertion
Trauma
Genitourinary procedures

Schedule: On-campus, Semester III

NSG 643, Advanced Principles of Anesthesia III, 2 credits

Anesthetic principles associated with specific specialty procedures and management of identified patient groups and patients with special problems.

Course objectives:

1. Synthesize appropriate and safe anesthetic management plans based on the patient's age, pathophysiology, and surgical procedure.
2. Differentiate surgical and equipment issues, monitoring, and pharmacological considerations unique to the procedures presented.
3. Differentiate anatomical and physiological features and positioning considerations associated with procedures presented.

Major topics: Ambulatory and off-site anesthesia

Regional anesthesia
Obstetrical anesthesia
Obesity/bariatric procedures
The patient with burn injury
Critical care

Schedule: On-campus, Semester IV

NSG 688, NSG 689 Clinical Anesthesia Practicum I, II, III, IV, V, VI, and VII, variable credits

Practicum in simulation laboratory, hospital, or outpatient surgical sites with graduated, guided instruction in the clinical management of patients receiving various types of anesthesia. Each practicum builds on previously developed skills progressing from basic operating room orientation to the administration of anesthesia for patients exhibiting complicated pathophysiology. Focus is on preparation, planning, and implementation of a safe anesthetic, and application of prior classroom learning. Specialty areas such as pediatrics, obstetrics, cardiac, thoracic, trauma, urologic, vascular, orthopedic, neurologic, geriatrics and regional anesthesia are incorporated. Human Patient Simulation modules will be used to reinforce clinical concepts. Health care team communication, collaboration, and education are stressed. A clinical coordinator at each clinical site will coordinate and monitor the student's progress. It is expected that students will continue clinical rotations through university designated break periods.

Selected topics, journal articles and case reports are presented, critically analyzed and discussed by presenters and participants once a week at a clinical and literature review

conference. Prerequisite: Each practicum must be taken in sequential order; permission of instructor.

Course objectives:

1. Be vigilant in the delivery of patient care.
2. Protect patients from iatrogenic complications.
3. Participate in the positioning of patients to prevent injury.
4. Conduct a comprehensive and appropriate equipment check.
5. Utilize standard precautions and appropriate infection control measures.
6. Provide care throughout the perianesthetic continuum.
7. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
9. Provide anesthesia services to all patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Function as a resource person for airway and ventilatory management of patients.
12. Deliver culturally competent perianesthetic care throughout the anesthesia experience.
13. Apply theory to practice in decision-making and problem solving.
14. Provide nurse anesthesia care based on sound principles and research evidence.
15. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
16. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
17. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
18. Calculate, initiate, and manage fluid and blood component therapy.
19. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
20. Effectively communicate with all individuals influencing patient care.
21. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.
22. Participate in activities that improve anesthesia care.
23. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
24. Interact on a professional level with integrity.
25. Teach others.
26. Participate in continuing education activities to acquire new knowledge and improve his or her practice.
27. Understands sound principles of anesthesia risk management to include preventive and procedural strategies.
28. Present organized and clear evaluations and critiques of research, journal articles, and case presentations.

Schedule: Clinical practicum 1-4 days/week, 7 semesters
Clinical and journal review, 1 hour/week, 6 semesters

Evaluation: Evaluation tools are formulated to reflect the increased complexity of cases as the student progresses through the program. The clinical instructor completes an evaluation tool after each clinical day (formative evaluation) and the total grade is calculated and conferred by the course instructor from the semester total evaluations (summative evaluation). At least 4 comprehensive and acceptable care plans must be submitted each semester. Clinical practicum is graded as Satisfactory (S) or Unsatisfactory (U).

NSG 516 Economics and Organization of Healthcare, 2 credits

Students are presented content drawn from several disciplines in order to advance their knowledge of the evolution, organization, development of health policy, and the economics and financing of the contemporary American health care system.

Course objectives:

1. Analyze the organization, interrelationships among components, and function of the U.S. health care system.
2. Analyze contemporary health care issues related to cost control, distribution of services, health policy development, and access to care in the American health care system.
3. Evaluate governmental and managed care influences on reimbursement for advanced practice nurses.
4. Evaluate concepts and skills necessary to marketing advanced practice nursing.

Schedule: On-line, semester VI

NSG 501 Roles and Issues, 2 credits

This course provides an analysis of nurse anesthesia professional associations and councils, legal aspects governing nurse anesthesia practice, hospital and governmental regulatory agencies, nurse anesthesia scope of practice, informed consent, the impaired practitioner, cultural competency, and ethical and professional considerations relating to the nurse anesthesia profession. Pre-requisite: permission of instructor.

Course objectives:

1. Describe the historical development of an advanced practice nursing specialty.
2. Analyze major legal and ethical issues related to an advanced practice nursing specialty.
3. Differentiate advanced practice roles of nurse practitioner, clinical nurse specialist, nurse anesthetist, and nurse mid-wife.
4. Describe the significance of scope of practice issues in an advanced practice nursing specialty.
5. Analyze role stress and role strain experienced by students in advanced practice nursing programs.
6. Critique own skill development in communication, negotiation, conflict negotiation, and self-care.

Schedule: 2 hours/week, Semester VII, lecture/discussion/audiovisuals/presentation

NSG 672 Nurse Anesthesia Review, 3 credits

Review of the chemistry & physics, pathophysiology, pharmacology, physiology, and management principles associated with anesthesia care.

Course objectives

1. Contribute to class review of anesthesia management principles.
2. Demonstrate integration of anesthesia management concepts in all areas covered by the CCNA certification examination by passing a comprehensive examination.

Activities:

Each student will develop, organize and present a cogent analysis of assigned topics on anesthesia management. The final Satisfactory (S) / Unsatisfactory (U) grade will be based on successful completion (minimum 70% score) on a multiple choice comprehensive examination.

Satisfactory = 70% - 100%

Unsatisfactory = less than 70%

Schedule: On-campus, Semester VII

WCU NA Program **REQUIRED** Anesthesia Resources	**Approximate Price
Spring (Semester I)	
A Professional Study and Resource Guide for the CRNA. 2nd ed. Foster SD, Faut-Callahan. AANA Publishing, 2011. Item#1958 (http://www.aana.com/books.aspx)	\$75.00 (must fax or mail order to bookstore)
AANA Professional Practice Manual for the CRNA. 2010. http://www.aana.com/resources2/professionalpractice/Pages/Professional-Practice-Manual.aspx	free (AANA website)
Anesthesiologists Manual of Surgical Procedures, 4th ed, Jaffe R., Lippincott Williams & Wilkins, 2009. ISBN: 0781766702	\$169.00
Chemistry and Physics for Nurse Anesthesia (1st edition), Shubert, D and Leyba, J, Springer Publishing Company, 2009. ISBN:978-0-8261-1844-5 http://www.aana.com/books.aspx	80.00 (must fax or mail order to bookstore)
Pharmacology for Nurse Anesthesiology Richard G. Ouellette, CRNA, Med Joseph A. Joyce, CRNA, BS Publisher, Jones and Bartlett, 2011 ISBN-13: 9780763786076	\$77.00
Guyton and Hall Textbook of Medical Physiology, 12th Edition with STUDENT CONSULT Online Access By John E. Hall, PhD Saunders (Elsevier), # ISBN: 978-1-4160-4574-8, Copyright: 2011 Publisher direct website: http://us.elsevierhealth.com/product.jsp?isbn=9780721602400	\$120.00
Miller's Anesthesia: Expert Consult Premium Edition - Enhanced Online Features and Print, 2-Volume Set (7th ed) Churchill Livingstone Hardcover (2010) ISBN-13: 978-1416066248	\$361.48
Nurse Anesthesia, Nagelhout J, Plaus K. Elsevier, 5th ed. 2014. Publication Date: February 22, 2013 ISBN-10: 1455706124 ISBN-13: 978-1455706129	\$120.00
Virtual Anesthesia Machine, Gainesville, FL: http://vam.anest.ufl.edu	Free
Summer (Semester II) not needed until 2nd semester	
Anesthesia and Coexisting Disease, Stoelting RK, Dierdorf SF; 6th ed., Churchill Livingstone, Elsevier, 2012. ISBN: 978-1-4557-0082-0	\$169

Fall (Semester III)	
<u>Evidence Trumps Belief 2nd Edition</u> , Chuck Biddle, CRNA, PhD. Publisher, AANA Publishing, Inc. 2013 ISBN: 978-0-9829912-0-6 http://www.aana.com/resources2/bookstore/Pages/Book.aspx	\$26.95

<p>Spring (Semester IV) Publication Manual of the American Psychological Association, Sixth Edition By American Psychological Association Pages: 272 Item #: 4200066 ISBN: 978-1-4338-0561-5 Publication Date: July 2009 Format: Softcover Other Formats: Hardcover, Spiral Bound, Softcover (Spanish)</p>	\$29.95
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OPTIONAL Anesthesia Textbooks	<i>(not required)</i>
The following texts have been helpful to some students for supplemental reading. They are NOT required.	
<u>Anesthesia and Uncommon Diseases</u> , 6 th ed, Fleisher L., WB Saunders, 2012 ISBN: 978-1-4377-2787-6	\$169.00
Anesthesia Case Simulator, www.anesoft.com	\$199.00
<u>Atlas of Regional Anesthesia</u> , Brown DL. (Saunders 4th edition July 21, 2010) ISBN-13: 978-1416063971	\$166.19
<u>Basics of Anesthesia</u> , Stoelting RK, Miller RD, Churchill Livingstone, 6 th ed, 2011. IBSN: 978-1-4377-1614-6 ,6 th edition, published 2011.	\$88.95
<u>Chestnut's Obstetric Anesthesia: Principles and Practice</u> Mosby; 4 edition (April 15, 2009) ISBN-13: 978-0323055413	\$195.17
<u>Basic and Clinical Pharmacology</u> . Katzung & Masters. McGraw-Hill. Edition: 12th (copyright 2012) ISBN: 978-0071764018 Publisher link: http://www.mhprofessional.com/product.php?isbn=0071764011	65.00
<u>Clinical Anesthesia Procedures of the Massachusetts General Hospital</u> , 8 th ed, Hurfurd WE; Lippincott, 2010 ISBN: 9781605474601	\$56.99
<u>Clinical Anesthesia</u> , Barash PG, Cullen BF, Stoelting RK: Lippincott, Williams, & Wilkins, 7 th ed. (2013). ISBN: 978-1451144192	\$199.00

<u>Clinical Anesthesiology</u> . 5th ed, Morgan GE, Mikhail MS, Murray MJ, McGraw-Hill Publishing, 2006. ISBN: 978-0071627030	\$64.95
<u>Nursing Research 9th Edition</u> , D. Polit DF, Beck CT, Wolters Kluwer Lippincott Williams & Wilkins, 2012. ISBN 978-1-60547-708-4 http://www.lww.com/webapp/wcs/stores/servlet/product_Nursing-Research_11851_-1_9012051_Prod-9781605477084_50011161	95.99
<u>Cousins and Bridenbaugh's Neural Blockade in Clinical Anesthesia and Pain Medicine</u> , 4 th Ed., 2009. ISBN: 978-0781773881	
<u>Goodman and Gilman's The Pharmacological Basis of Therapeutics</u> . McGraw-Hill Professional; 12 edition (December 20, 2010) ISBN-13: 978-0071624428	\$179.00
<u>Smith's Anesthesia for Infants and Children</u> . Motoyama & Davis, Mosby. 8 th ed 2011 ISBN-13: 978-0323066129	\$195.17
<u>Understanding Anesthesia Equipment</u> , 5 th ed, Dorsch J, Dorsch S, Lippincott Williams & Wilkins, 2008 ISBN-13: 978-0781776035	\$153.00
Virtual Anesthesia Textbook http://www.virtual-anaesthesia-textbook.com/	Free

Rev. 09.30.13, 08/30/14

Title: 1.4 Evaluation Committee

Purpose: To perform regular evaluation of student progress and evaluation of program outcome objectives.

Policy and Procedures:

A. Membership:

1. Program Director
2. Program Assistant Director
3. NA Faculty
4. Clinical Coordinators
5. Senior Student
6. Junior Student
7. Department of Nursing Graduate Faculty Member

B. The evaluation committee will review:

1. Student evaluations of clinical sites and clinical instructors
2. Student clinical and didactic progression
3. Student graduation rates
4. Student employment rates
5. Student semester program evaluations
6. Certification examination and SEE pass rates and mean scores
7. Graduate evaluations
8. Graduate employer evaluations
9. Department of Nursing Alumni Assessment Survey results
10. Faculty evaluations of program

C. The Evaluation Committee will meet two times each year, at the completion of the spring and fall semesters. Student committee members will be excused for discussions regarding specific students' grades or evaluations.

D. Based on review of the evaluations and comments, the Evaluation Committee will evaluate program length and tuition and fees in relation to career opportunities and credentials earned.

E. The Evaluation Committee will assess whether current resources are adequate to achieve the program's purpose and outcomes.

F. The Evaluation Committee will make recommendations regarding improvements and changes to the evaluation process as indicated.

G. Based on student, faculty and graduate evaluations, course completion rates, program completion rates, and committee member input, the Evaluation Committee will address and respond to matters regarding major programmatic revisions to the

curriculum, propose appropriate faculty or student development activities, advise on future enrollment, and help determine changes to program policy and procedures.

H. Based on student, faculty and graduate evaluations and committee member input, the Evaluation Committee will evaluate the program's quality and integrity and determine whether the terminal objectives of the program are being met.

I. The Evaluation Committee will provide input for incorporating current and innovative trends in education and nurse anesthesia practice to enhance the quality of the curriculum.

Title: 4.1 Nurse Anesthesia Program Evaluation Plan

Purpose: Throughout the program, students, faculty, graduates and graduate employers will be asked to perform regular evaluations to assist in determining the program’s integrity and educational effectiveness. This process helps to identify not only the program’s present status, but also assists in determining future goals and methods of improvement for initiating purposeful change.

Policy and Procedures:

The following evaluations will be completed as outlined:

SON = School of Nursing/University evaluation process

NAP = Nurse Anesthesia Program evaluation process

COA = *Council on Accreditation*

Evaluation	Process	Reviewed by:	Date
1. Student Evaluation of Academic Faculty	Evaluation of each didactic instructor with teaching responsibilities using online tools that are tailored to standard, research, seminar, clinical, laboratory, televised, and on-line course formats. (SON)	<ul style="list-style-type: none"> ▪ Instructor ▪ Department Director 	End of each semester
3. Student Evaluation of Academic Course	Evaluation of each course using Survey Monkey that are tailored to specific course objectives. (SON)	<ul style="list-style-type: none"> ▪ Instructor ▪ Program Director ▪ SON Graduate Faculty 	End of each semester
4. Student Evaluation of Program	Evaluation of the program via Western Carolina University Nurse Anesthesia Program End of Semester Evaluation Form. (NAP)	<ul style="list-style-type: none"> ▪ Program Director ▪ Program faculty ▪ NAP Evaluation Committee 	End of each semester
5. Student Evaluation of Clinical Instructor	Evaluation of clinical instructors. (NAP) Via Medatrax Clinical Instructor Evaluation Form	<ul style="list-style-type: none"> ▪ Program Director ▪ Instructor 	End of each semester
6. Student Evaluation of Clinical Site	Evaluation of the clinical site. (NAP) Via Medatrax Clinical Instructor Evaluation Form	<ul style="list-style-type: none"> ▪ Program Director ▪ Clinical Coordinator 	End of each semester
7. Student's Self Evaluation	Students submit a written self evaluation of their progress and goals using WCU Nurse Anesthesia Program Student Self-Evaluation Form . The self-evaluation is discussed with program faculty at the student’s end of semester evaluation conference. (NAP)	<ul style="list-style-type: none"> ▪ Student ▪ Program faculty 	End of each semester

Evaluation	Process	Reviewed by:	Date
8. Student Council on Certification of Nurse Anesthetists (CCNA) Self-Evaluation Examination (SEE):	Students will complete the SEE. Examination scores will be discussed with students as a mechanism to recognize achievement and to focus on areas needing improvement. Self-Evaluation Examination pass rates and mean scores.	<ul style="list-style-type: none"> ▪ Program Director ▪ Program faculty ▪ Student ▪ Department Director ▪ NAP Evaluation Committee ▪ SON Advisory Committee 	Self Evaluation Examination: Spring Semester, Year II of program
9. Student CCNA National Certification Examination	Students will complete the NCE after graduation. Examination scores will be reviewed and discussed as a mechanism to recognize achievement and to focus on areas needing improvement. National Certification Examination pass rates and mean scores.	<ul style="list-style-type: none"> ▪ Program Director ▪ Program faculty ▪ Student ▪ Department Director ▪ NAP Evaluation Committee ▪ SON Advisory Committee 	Annual
10. Graduate Evaluation:	Nurse anesthesia students will evaluate the program's overall effectiveness in preparing them for the role of a nurse anesthetist at program completion. (NAP)	<ul style="list-style-type: none"> ▪ Students ▪ Program Director ▪ Program faculty ▪ SON Evaluation Committee 	Program completion (End of Semester VII)
11. Graduate Alumni Survey	The Department of Nursing sends a questionnaire to program graduates 1 year post-graduation and every 5 years to assess graduate programs and their alumni. (SON)	<ul style="list-style-type: none"> ▪ SON Director ▪ Program Director ▪ Program faculty ▪ Evaluation Committee ▪ Advisory Committee 	1 year post graduation and every 5 years

Evaluation	Process	Reviewed by:	Date
12. Employer Evaluation of Program Graduates	Employers will evaluate the competence of graduates entering clinical practice and graduate effectiveness in meeting program objectives. (NAP)	<ul style="list-style-type: none"> ▪ SON Director ▪ Program faculty ▪ Program Director ▪ NAP Evaluation Committee ▪ SON Advisory Committee 	Every 5 years
13. Clinical Faculty Evaluation of Student's Clinical Performance	Clinical faculty complete daily evaluations of student performance using outlined semester objectives via Medatrax Clinical Evaluation Forms . (NAP)	<ul style="list-style-type: none"> ▪ Student ▪ Clinical Coordinator ▪ Program Director 	Daily
14. Faculty Self-Evaluation	Faculty submit a dossier of accomplishments annually for the Reappointment, Promotion, and Tenure (RPT) review process. (SON)	<ul style="list-style-type: none"> ▪ SON Director ▪ TPR Committee (for tenure track faculty) 	Annual
15. Clinical and Didactic Instructor Evaluation of NA Program	Didactic and clinical instructors evaluate the program annually during the spring semester. (NAP)	<ul style="list-style-type: none"> ▪ Program Director ▪ Program faculty ▪ NAP Evaluation Committee 	Annual
16. Program Document Review	Program faculty review all program documents relevant to program operation and support, including <i>NA Faculty Handbook</i> , policies & procedures, program documents, and <i>NA Student Handbook</i> . (NAP)	<ul style="list-style-type: none"> ▪ Program Director ▪ Program faculty ▪ SON Director Curriculum Committee as indicated 	Annual
16. Administrative & logistical support	Examination and evaluation of program financial, personnel, administrative & material resources and their ability to support educational activities. Determination if CRNA program director and faculty office space is sufficient for completion of administrative & educational tasks. Evaluation of student educational environment. (NAP)	<ul style="list-style-type: none"> ▪ Program Director ▪ Program faculty ▪ SON Director ▪ Dean College of Health and Human Sciences 	Annual

Evaluation	Process	Reviewed by:	Date
17. Council on Accreditation Self Study	The NA Program will complete a Self-Study in accordance with Council on Accreditation requirements. (NAP, SON)	<ul style="list-style-type: none"> ▪ Program Director ▪ Program faculty ▪ SON Director ▪ Associate Dean for Academic Affairs ▪ Dean College of Health and Human Sciences ▪ COA 	On-going

In concert with the SON Master Evaluation Plan; Nurse Anesthesia Policy: Jan '14

Nurse Anesthesia Program Clinical Sites

Affiliation Site	Hospital Information	Type of Clinical Experience	Clinical Coordinator
Mission Health System 445 Biltmore Ave Asheville, NC 28801 Member NCHA JCHA accredited	800 bed hospital Level II Trauma Center	Pediatrics, thoracic, cardiovascular, trauma, advanced monitoring, neurosurgical, general surgery, ENT, OB Regional: SAB, epidural, peripheral nerve blocks	Michael Landolfi, CRNA Ian Hewer, CRNA Chief CRNA: Doug Roberts
Park Ridge Hospital Naples Rd. Fletcher, NC 28732 JCHA accredited	103 bed hospital 13 miles from Asheville	ENT, vascular, pediatric, general surgery, orthopedics, spine, regional anesthesia, hand service, obstetrics, neurosurgery, code calls	Jeff Coston, DO Cindy Bonincontri, CRNA Chief CRNA: Cindy Bonincontri
Haywood Regional Medical Center 262 Leroy George Dr Clyde, NC 28721 Hospital: (800) 834-1729 JCHA accredited	194-bed hospital 25 miles from Asheville	ENT, orthopedic, general surgery, regional anesthesia	Randy Parker, CRNA Chief CRNA: Tommy Reid
Harris Regional Hospital (part of WestCare Health System) 68 Hospital Road Sylva, NC 28779 JCHA accredited	86-bed hospital 48 miles from Asheville	Pediatrics, general surgery, gynecology, orthopedics, otolaryngology, regional anesthesia, obstetrics	Chris Rich, CRNA Chase Robinson, MD Chief CRNA: Chris Rich, CRNA
Frye Regional Medical Center 420 N. Center Street Hickory, NC 28601	355-bed hospital 85 miles from Asheville	Pediatrics, thoracic, cardiovascular, trauma, advanced monitoring, neurosurgical, general surgery, ENT, OB	Rob Hartman, CRNA Chief CRNA: Rob Hartman, CRNA
St. Luke's Hospital 101 Hospital Drive Columbus, NC 28722	25-bed hospital CRNA only practice	General surgery, orthopedics, ophthalmology, GYN, urology, pain	Ric Osborn, CRNA Chief CRNA: Jeff

	39 miles from Asheville	management, regional anesthesia	Burton, CRNA
Blue Ridge Regional Hospital 125 Hospital Drive Spruce Pine, NC 28777	46-bed hospital CRNA only practice 62 miles from Asheville	General surgery, orthopedics, ophthalmology, GYN, urology, pain management, regional anesthesia	Kevin Hollifield, CRNA Chief CRNA: Kevin Hollifield, CRNA
Asheville Surgery Center	9 OR, 2 Procedure rooms Outpatient surgery facility	Outpatient General, Pediatric, ENT, Orthopedic, GYN, regional anesthesia	Regina Pearson, CRNA
Kosair Children's Hospital	260-bed hospital 361 miles from Asheville	Pediatric: Outpatient, thoracic, Cardiovascular, spines, general, ENT, trauma, GU, Transplants, Craniofacial, Neurosurgery, Orthopedic	Andrea Kristofy, MD
Pardee Hospital 800 North Justice St. Hendersonville, NC 28791	222-bed hospital 14 miles from Asheville	General surgery, orthopedics, ophthalmology, GYN, urology, ENT, thoracic	Bryan Haslam, CRNA



I have received a copy, reviewed, and understand the guidelines, schedules and policies set forth in the Western Carolina University Nurse Anesthesia Program Student Handbook

Student Signature: _____

Date: _____