SCHOOL OF NURSING

NM STATE UNIVERSITY

1780 E University Ave,
Las Cruces,
NM 88003

DNP-NA

Student Handbook

2023-2024

School of Nursing

College of Health, Education, and Social Transformation

Nurse Anesthesiology DNP Resident Registered Nurse Anesthesiologist Handbook

(Addendum to NMSU DNP program and Post Graduate APRN Certificate Student Handbook)

2023-2024 Academic Year

Information in this handbook is subject to change without notice.
The handbook is updated and distributed to all RRNAs
at the beginning of each academic year.
Changes that occur during the academic year are communicated by email.

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FORWARD

This Doctor of Nursing Practice (DNP) resident registered nurse anesthesiologist (RRNA) handbook addendum contains policies and procedures specific to the Nurse Anesthesiology (NA) specialty track. Resident registered nurse anesthesiologists will use this handbook in conjunction with the Student Handbook for the DNP Program and Post Graduate APRN Certificates, the NMSU Student Handbook, and the Graduate Catalog. Nurse anesthesiologist residents will know and follow the requirements described in these handbooks unless they conflict with this handbook addendum (in which case, this handbook addendum supersedes all others). This handbook addendum is subject to updates and changes.

Please do not hesitate to consult with the DNP-NA Specialty Track Director (PD) or Assistant Director (APD), the Associate Director for the Graduate Programs, program faculty or the School of Nursing (SON) graduate advisor if further information is needed. We are here to help you attain your goals.

NURSE ANESTHESIOLOGY PROGRAM MISSION STATEMENT

The mission of the NMSU NAP is to educate registered nurses to be competent full-service anesthesia providers who are recognized leaders of high quality, evidence-based, safe anesthesia care delivery.

ACCREDITATION

The NMSU NAP is pursuing initial accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 10275 W. Higgins Rd., Suite 906, Rosemont, IL 60018-5603; (847) 655-1160, https://www.coacrna.org/. The NAP is undertaking capability review and is planning for an accreditation decision in October 2023.

NON-DISCRIMINATION STATEMENT

The NMSU NAP does not discriminate based on age, creed, gender, sexual orientation, color, national origin, marital status, religion, or any other factor prohibited by law.

NURSE ANESTHESIOLOGY EXPECTED PROGRAM OUTCOMES

The DNP portion of this curriculum includes the NMSU DNP Expected Program Outcomes found in the NMSU DNP Student Handbook. The NAP outcomes include:

1. Maintain Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accreditation.
2. Maintain or exceed COA benchmark first time national certification exam pass rates (currently 80%).
3. Maintain attrition rate of 10% or less.
4. Monitor graduate employment rate within 6 months of graduation.

NURSE ANESTHESIOLOGY STUDENT LEARNING OUTCOMES

In addition to the NMSU DNP Program Expected Program Outcomes and the NAP Outcomes, DNP-NA graduates will have knowledge, skills, and competencies related to patient safety, perianesthesia patient management, critical thinking, communication, leadership, and the professional role. These items include the following elements.

RRNA will demonstrate patient safety by the ability to:
- be vigilant in the delivery of patient care.
- conduct a comprehensive equipment check.
- protect patients from iatrogenic complications.

RRNA will demonstrate perianesthesia patient management by the ability to:
- perform comprehensive histories and physical assessments.
- provide individualized, culturally competent, evidence-based perianesthesia care to patients across the lifespan.
- administer and/or manage various types of anesthesia techniques to patients with various physical conditions for a variety of surgical and medically related procedures.
- maintain ACLS and PALS certifications.

RRNA will demonstrate critical thinking by the ability to:
- Apply theory and evidence-based principles in decision making/problem solving and when providing anesthesia services.
- Perform a preanesthetic assessment and formulate an anesthesia plan of care before providing anesthesia services
- Identify and appropriately manage complications and/or anesthetic equipment-related malfunctions
- Interpret and utilize data obtained from noninvasive and invasive modalities
- Recognize, evaluate, and appropriately manage physiological responses and/or complications coincident to the provision of anesthesia services
- Use science-based theories and concepts to analyze new practice approaches
- Calculate, initiate, and manage fluid and blood component therapy

RRNA will demonstrate communication skills by the ability to:

- Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families while maintaining respect, privacy, and confidentiality of patients
- Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals
- Utilize appropriate verbal, nonverbal, and written communication in the delivery and transfer of perianesthesia care
- Maintain comprehensive, timely, accurate and legible healthcare records
- Transfer responsibly of care of the patient to other qualified providers in a manner that assures continuity of care and patient safety
- Teach and mentor others

RRNA will demonstrate leadership skills by the ability to:

- Integrate critical and reflective thinking in his or her leadership approach
- Employ strategic leadership skills to influence complex healthcare systems and facilitate intraprofessional and interprofessional collaboration

RRNA will demonstrate a professional role by the ability to:

- Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetists
- Function professionally within legal and regulatory requirements with integrity and accept responsibility and accountability for his or her practice
- Apply ethically sound decision-making processes
- Provide anesthesia services in a cost-effective manner
- Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession
- Participate in activities that support and improve patient care
- Inform the public of the role and practice of the CRNA
- Advocate for the advancement of the CRNA specialty and improved patient care
- Demonstrate scholarship through presentations, publications, or leadership activities
- Evaluate how public policy making strategies impact the financing and delivery of healthcare
- Analyze strategies to improve patient outcomes and quality of care
- Analyze health outcomes in a variety of populations, clinical settings, and systems
- Disseminate scholarly work
- Use information systems/technology to support and improve patient care and healthcare systems
- Analyze business practices encountered in nurse anesthesia delivery settings

NMSU DNP-NA PROGRAM COMMITMENT TO RRNAs AND PATIENTS

Residents' Rights and Responsibilities

In addition to the SON Commitments, RRNAs have a right to expect that upon acceptance into the NAP, they will receive quality education necessary to:

1. Attain the program RRNA learning outcomes;
2. Meet the COA Graduate Standards for the Practice Doctorate;
3. Meet the NBCRNA requirements to take the National Certification Examination;
4. Integrate theory underlying the practice of anesthesiology with the actual practice;
5. Provide anesthesia management to all categories of patients for all varieties of diagnostic or therapeutic intervention, utilizing consultation as required;
6. Function with minimal supervision in all hospitals or agencies;
7. Assure patient comfort and safety within the confines of those aspects of care over which a RRNA has control or can influence through consultation, advice, or other actions;
8. Incorporate sound ethical and moral practices into their own personal value system;
9. Successfully complete the DNP Project.

RRNAs have a right to expect that:

1. The NAP and clinical sites will not exploit time commitment for pay or profit of the conducting institution or its affiliates;
2. Enrollment in a NAP grants certain rights and responsibilities to the RRNA and the program. These rights and responsibilities of each party will be fully understood and complied with;
3. RRNA's progress evaluations in the educational program occur a minimum of once a semester and RRNAs know their progress by the PD or APD;
4. A RRNA's failure to achieve the goal within the time frame expected will be based on valid, reliable data and information from evaluations, viewed objectively and fairly and reviewed as will be required;
5. Appeals mechanisms are available when the RRNA contests a decision;
6. Appeal mechanisms are fair and objective.

RRNAs are accountable for:

1. The quality of preparation, completion, and performance of assignments;
2. Compliance with the policies and procedures pertaining to the NAP, SON, NMSU and all affiliate sites. The NAP will define RRNA responsibilities at enrollment into the program or made part of the educational experience during the period of enrollment;
3. Their ethical and legal responsibilities for repayment of RRNA loans from any source, public and private;

4. Monitoring their NMSU email account since communications sent to the RRNA through NMSU email is adequate notice.
5. Using their NMSU email account to communicate with University faculty, staff and clinical coordinators;
6. Ensuring that the NAP, the NMSU Registrar, and the National Board of Certification and Recertifications for Nurse Anesthetists (NBCRNA) (https://www.nbcrna.com) always have the RRNA's current information (name, email, postal address, phone number);
7. Submitting current records, such as: case logs, licensure, certifications (ACLS, BLS, and PALS), health status, immunizations and vaccinations, and other records which the NAP will request.

Patients

Patients have a right to know who will administer their anesthesia, who will supervise the administration of the anesthetic, and the relationship between the two. No practice is tolerated in which the intent is to deceive or mislead the patient about these relationships. Patients have a right to expect that those anesthesia services provided by RRNAs is under the supervision of a CRNA and/or a physician anesthesiologist. The degree of supervision is consistent with the anesthetic risk of the patient, the magnitude of the anesthesia and surgery, and the educational level of the RRNA. At all times a CRNA and/or anesthesiologist shall be immediately available in all anesthetizing areas where RRNAs are performing anesthesia. Patients have a right to expect that the RRNA and supervisory personnel providing their services are mentally competent and not impaired by fatigue, drugs, or other incapacitating conditions. The patient's surgeon, or responsible physician, will keep the patient informed pertaining to the anesthetic management and any complications arising from that management. Costs to patients for RRNA and supervisory services will be fair and equitable. Nothing shall prevent any patient from requesting not to be a teaching patient or prevent any member of the medical staff from designating any patient as a non-teaching patient.

DNP-NA PROGRAM OVERVIEW

The Nurse Anesthesiology specialty track of the DNP Program prepares graduates to become full-service anesthesia providers with an emphasis on rural anesthesia and to be eligible to take the national certification exam (NCE) administered by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA). The NAP adheres to the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) entry-into-practice competencies for the nurse anesthesiology professional prepared at the practice doctoral level. Graduation requirements for this program include meeting these competencies which are to provide safe, competent, and ethical anesthesia and anesthesia-related care to patients across the lifespan for diagnostic, therapeutic, and surgical procedures.

Entry-into-practice competencies is the structure upon which nurse anesthesiologists continue to acquire knowledge, skills, and abilities along the practice continuum that starts at graduation (proficient) and continues throughout their entire professional careers (expert). See https://www.coacrna.org/.

The NAP curriculum is based on the Standards for Accreditation of Nurse Anesthesia Programs, Practice Doctorate, revised January 29, 2022.

Initial Certification: Upon successful completion of the three year, 9-semester curriculum, RRNAs will be eligible to apply for the NCE through the NBCRNA. Certification to be a CRNA requires a passing score on the NCE. The NBCRNA administers the NCE to measure the knowledge, skills, and abilities necessary for entry-level nurse anesthesia practitioners. The NCE is a variable-length computerized adaptive test for entry into nurse anesthesia practice. See https://www.nbcrna.com/

Enrollment Requirements

The NAP is offered exclusively as a full-time, 3-year program of study that features a curriculum that RRNAs must be take in sequence, completed without interruption, and includes core science courses, anesthesiology-specific courses, and DNP courses. The curriculum is designed to provide the graduate with a sound foundation for evidence-based, high quality safe anesthesia practice. Residents enrolled in the NAP must attend all program orientations, classes, onsite clinical trainings including intensive clinical bootcamps, clinical rotations, testing, and other activities required by the program. Failure to attend any required events will result in a failure to progress in the program.

The NMSU SON has specific DNP Clinical Clearances requirements (background check, drug testing, and required screening for diseases and immunizations) that DNP-NA RRNAs must follow. These requirements begin on page 40 in the Student Handbook for the DNP Program and Post Graduate APRN Certificate. These requirements are subject to change without advanced notice. In addition, DNP-NA RRNAs must meet these additional requirements to remain enrolled and/or progress in the program:

1. RRNA's must hold current active unencumbered registered nurse licensure for NM or a compact state with the ability to do clinical coursework while enrolled the program. The RRNA will provide the program office copies of required documents and maintain licensure.
2. RRNA's must maintain current ACLS, BLS, and PALS certifications while enrolled in the program. Documentation must be on file with the program office.
3. It is the responsibility of the RRNA to provide documentation of the requirements to the DNP-NA Program Coordinator (PC). Residents will keep a personal copy of all documents as well.
4. Failure of the RRNA to provide and/or maintain current certification(s), licensure, and/or immunizations will result in dismissal from any clinical activities. Any missed clinical time due to these infractions must be made up at the discretion of the PD and/or APD.
5. RRNAs in the NAP have a continual obligation to report any criminal felony or misdemeanor (including drug/alcohol) charges pending against him/her, which occur after the RRNA accepted into the program. Once admitted to the NAP all RRNAs must complete an updated criminal background check, finger printing check, and drug screen. The criminal background check, finger printing check, and drug screen while in the program or more frequently if warranted.
6. All RRNAs are required to have medical health insurance throughout the duration of their program.

Roles of Faculty Administrators

The administrative structure for the School of Nursing and Graduate programs is found on the [School of Nursing website](#) under the 'About Us' menu.

School of Nursing Director

The Director serves as the chief nurse executive and the department head for the School of Nursing. The SON Director oversees SON faculty, staff, and academic programs, and responds to departmental level RRNA appeals. Other responsibilities include budgetary oversight, strategic planning, legislative advocacy at the state and federal levels, fundraising, and alumni relations. The SON Director provides leadership to this academic unit a manner that aligns with the mission, vision, values and strategic goals of NMSU.

School of Nursing Associate Director for Graduate Programs

The Associate Director for the Graduate Programs coordinates the academic functions of the Master's and DNP programs and post graduate APRN certificate in a manner that aligns with the mission, vision, values and strategic goals of the School of Nursing. The individual in this leadership role is responsible for implementing academic policies of the School of Nursing, College of Health, Education & Social Transformation (HEST) and university, as well as the requirements of the New Mexico Board of Nursing and accreditation agencies.

DNP-NA Program Administrator – Specialty Track Director for the DNP-NA Program (PD)

The Director of the DNP-NA program provides strategic, academic, and operational leadership for the program. This individual has primary responsibility for compliance with COA accreditation standards and has oversight of the DNP-NA curriculum to assure rigor and quality of learning experiences. This individual has primary responsibility for assessing and responding to RRNA concerns, problems, and grievances. The DNP-NA Director advises and counsels RRNAs as necessary.

DNP-NA Assistant Program Administrator – Specialty Track Assistant Director for the DNP-NA Program (APD)

The Assistant Director of the DNP-NA program supports the director in the administrative and operational functions of the nurse anesthesiology program. This individual supervises and works with the clinical site coordinators and clinical faculty on the clinical instruction of the nurse anesthesiology RRNAs to assure compliance with clinical requirements set by the COA. The DNP-NA Assistant Director advises and counsels RRNAs as necessary.

DNP-NA ADMISSION REQUIREMENTS

This specialty track in the DNP program is designed for BSN-prepared RNs with at minimum one year of full-time critical care/intensive care unit (ICU) experience. RNs with a master's degree or a previous DNP degree in nursing are also eligible for admission if they have the required critical care/ICU experience. Applicants with a prior DNP degree may apply to have core DNP courses waived, however they must complete all of the DNP-NA specialty courses and a DNP project in the area of anesthesia.

The program enrolls only RRNAs who by academic and experiential achievement are of the quality appropriate for the profession. The NAP will only enroll applicants who have the perceived ability to succeed in the program.

NMSU Graduate School Admission Requirements:

- A minimum of a bachelor's degree or an advanced degree from a regionally accredited institution of higher education. The accrediting agency must be recognized by the U.S. Secretary of Education and the Council on Higher Education Accreditation.

- Minimum 3.0 GPA in prior degree coursework

DNP-NA Program-specific Requirements

- Certificate of admission from the NMSU Graduate School

- Bachelor of Science in Nursing (BSN) degree from a nationally accredited institution of higher education. Accrediting agency must be recognized by the U.S. Secretary of Education and the Council on Higher Education Accreditation AND a nursing program that is accredited by either the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

- An unencumbered license as a registered professional nurse and/or an advanced practice registered nurse (APRN) in the United States or its territories or protectorates. Upon matriculation all RRNAs must have an RN license in the state of New Mexico (or a compact state).

- A minimum of 1-year full-time work experience, or its part-time equivalent, as a registered nurse in a critical care setting at the time of the application deadline. The applicant must have developed as an independent decision maker capable of using and interpreting advanced monitoring techniques based on knowledge of physiological and pharmacological principles. Best qualified candidates have at least 2-5 years of critical care experience and are certified as a critical care registered nurse (CCRN).

- Minimum of one (1) year experience as an RN in a critical care setting (ICU or Pediatric ICU units only) in a U.S. hospital at the time of application deadline.

- ACLS, PALS and BLS certification prior to enrollment and that will remain current through the first semester.

Application submitted by the applicants include:

- Current CV/resume

- Unencumbered RN license or APRN license

- Unofficial transcripts from nursing programs/degrees (The NAP will request official transcripts if accepted)

- Professional Essay: 1) In detail, discuss your motivation for being a Certified Registered Nurse Anesthetist (CRNA).

- A two-to-three-page essay describing an example of a problem in anesthesia practice that could improve with implementation of a quality improvement process and might be the basis for your DNP Project. For more information on the scope of the final DNP project, please refer to the American Association of Colleges of Nursing DNP Guidelines.

- One letter of recommendation, from your current or recent direct supervisor. References will be recent, written for the purpose of your application to this program and from employers who know you as a professional in a job setting preferably in a supervisory role. Personal references from colleagues, charge nurses, friends, or family members do not meet the requirement.

- NMSU CRNA Shadow Experience Log(s) – Three shadow forms completed online by certified registered nurse anesthetist (CRNA) who you had a shadowing experience with.

- The NAP does not require GRE scores but will accept them.

- TOEFL or IELTS scores if English is not your first language (see NMSU Information regarding the TOEFL or IELTS for Graduate RRNA's)

Prerequisites*
1. Undergraduate statistics.
2. Undergraduate chemistry.
3. Anatomy and Physiology 1
4. Anatomy and Physiology 2
5. Pharmacology
6. Pathophysiology
7. Prior to matriculation DNP-NA RRNAs must have basic life support (BLS), advanced cardiac life support (ACLS) and pediatric advanced life support (PALS).

*Applicants must complete courses at a regionally accredited college or university with a letter grade of B or better. It is recommended but not required that applicants have taken these courses within the last five years.

Selection of Applicants for Admission

Initial application admission scores are based on BSN (and if applicable MSN) GPA, science course GPA, relevant clinical experience, leadership experience, letters of reference, professional essay, and overall impression. After an initial review of applications, selected applicants will be invited to attend an interview with Nurse Anesthesiology faculty via videoconferencing. Admission is based on an admission score based on each applicant's application and interview.

ACADEMIC POLICIES

Academic Advising

The SON will assign each RRNA a DNP-NA faculty advisor at the time of matriculation. The DNP-NA faculty advisors will mentor RRNAs throughout their academic experiences in the program and provide guidance on meeting graduation requirements and deadlines. The DNP-NA faculty advisor and RRNA will meet at least once per semester to discuss RRNA progression, semester achievements, highlights, formative and summative clinical evaluations (if applicable), clinical case numbers (if applicable), DNP Project progress, and other programmatic and/or RRNA goals/issues (see End of Semester Student Evaluation Tool - Appendix 1). RRNA's will complete a Self-Evaluation (Appendix 2) that outlines strengths, areas of improvement, semester goals and attainment of previous goals. The RRNAs electronic file will include all evaluations. The SON graduate faculty will assign a DNP-NA faculty as their DNP Project chair, who will advise them regarding their DNP project.

Transfer Policies

The SON will transfer DNP core courses if approved by the PD, Associate Director for the Graduate programs and the NMSU Graduate School. Please refer to the *NMSU Student Handbook for the DNP Program and Post Graduate APRN Certificate* for DNP program for more information. NMSU polices on transfer credit found at [Transfer of Credits into a Degree Program](#) in the NMSU Graduate Catalog.

NMSU will not accept nurse anesthesiology courses taken at another university for transfer. Residents dismissed from a previous nurse anesthesia program are not eligible to apply to the NMSU DNP-NA program.

Absences

The NAP follows the *NMSU Student Handbook for the DNP and Post Graduate APRN Certificate* policy on absences. The PD/APD will authorize absences (e.g., during clinical residency courses) and will determine the time and date for the RRNA to make up the missed time.

See Section 4.46, Authorized Absences of the NMSU Administrative Rules and Procedures at https://arp.nmsu.edu/4-46/

Residents with injuries or illness that impact their ability to complete their DNP-NA education and training will contact NMSU Disability Access Services (DAS) and the PD/APD. Residents who become pregnant during the program will contact the Office of Institutional Equity (OIE) and the PD. For more information about pregnancy protections and leave, please review the information provided on the [OIE website](#).

Disability Access Services

Website: https://RRNAlife.nmsu.edu/disability-access-services1/index.html

Email: das@nmsu.edu

Phone: 575-646-6840

Office of Institutional Equity

Website: https://equity.nmsu.edu/index.html

Email: equity@nmsu.edu

Phone: 575-646-3635

Academic Progression

In accordance with NMSU Graduate School policies, RRNAs in the NAP must maintain at least a 3.0 Grade Point Average (GPA). Residents must earn a grade of B or better in all required courses to progress to the next semester. The DNP-NA is a full-time 3-year program of study that features a curriculum taken in sequence and completed without interruption. This for optimal learning and optimal preparation for the national certification exam*.* **Note that Nurse Anesthesiology and DNP core courses are only offered once per year. If a RRNA fails to earn a grade of B or better in a nurse anesthesiology course, they cannot progress and must withdraw from the program. Readmittance is not an option.**

Residents cannot repeat Clinical Residency courses. A RRNA may go on clinical probation at any time during the Clinical Residency for failure to achieve clinical course objectives, unsafe clinical care, unprofessional decorum, or for unethical behavior. A RRNA's behavior must be safe in all areas of patient care. If a RRNA fails to meet clinical course objectives or is deemed unsafe, the NAP faculty will place the RRNA on clinical probation with a remediation plan or will dismiss the RRNA from the program. Residents who are not able to meet the terms of remediation plan or address issues of clinical probation will not progress in a clinical residency course.

Only one probationary period in the NAP is allowed. The NAP may dismiss a RRNA without warning for failing to meet clinical objectives at any time after successfully completing a first probationary period.

Residents not in good standing with the NMSU SON or Graduate School (i.e., dismissed for academic reasons), who have not met current NMSU program requirements, or have committed academic or non-academic misconduct at the time they ceased coursework are not eligible for readmitted into the program.

Program Dismissal

Dismissal from the program may be for academic, ethical, professional, or disciplinary reasons and may result from the following:

1. Serious academic misconduct as defined in NMSU Student Academic Code of Conduct
2. Any other violation of the NMSU Standards for Student Social Conduct
3. Failure to earn a B or better in all required courses
4. Failure to maintain a 3.0 GPA
5. Violation of program policies on professionalism, integrity, or ethical behavior

6. Unethical or unprofessional conduct in association or associated with didactic courses, faculty, University staff, or employees (See Code of Ethics, AANA Page 15)
7. False statements made or false documents submitted in the admissions process

Residents must continually meet standards of care and the requirements of state law that pertain to Registered Nurse practice. They are also expected to maintain the [American Association of Nurse Anesthesiology Standards for Nurse Anesthesia Practice](). The PD will report violations of law to appropriate authorities. The NAP faculty will notify RRNAs during the semester if they are not meeting expectations. However, notification prior to probation or dismissal may not be possible in all circumstances. Egregious deviations from standards of care, actions jeopardizing patient safety, or unprofessional conduct can result in immediate dismissal, even from a single incident in which no prior notification by faculty of RRNA deficiencies is possible. Clinical reasons for dismissal may include, but are not limited to:

1. Failed criminal background check;
2. Unsuccessful completion of clinical probationary status;
3. Failing to meet clinical objectives at any time after successfully completing a first probationary period.
4. Failure to make progress toward meeting DNP-NA Student Learning Outcomes in the third year of the program.
5. Unsatisfactory performance of clinical objectives, or poor performance necessitating changes in clinical assignments (including rotations)
6. False, inadequate, or inaccurate record-keeping
    a. Falsification of documents including, but not limited to, the patient medical record, narcotic administration records, and clinical evaluation forms (including failure to turn in all daily clinical evaluations, including unfavorable ones).
    b. Failure to keep electronic case records current, or turn in clinical evaluation forms in a timely manner.
    c. Failure to document all cases within 14 days of their occurrence, or repeatedly falling behind more than 14 days in case recording.
    d. Failure to turn in the expected number of completed written clinical evaluation forms as outlined in clinical residency syllabi.
7. Use of time/accountability
    a. Repeated instances of tardiness, lateness, or absenteeism
    b. Request by clinical site that a RRNA rotation be ended
    c. Patterned absence (i.e., before exams, weekends, holidays, before or after scheduled use of clinical release time)
    d. Unexplained absence from the clinical area
    e. No call/no show for class or clinical
    f. Leaving the clinical area without notification of supervising staff
8. Initiating anesthesia care without the physical presence and/or permission from the supervising CRNA or physician anesthesiologist preceptor.

9. Resident employment as a nurse anesthetist, by title or function, while in the DNP-NA program.
10. Unethical or unprofessional conduct associated with clinical assignments including but not limited to:
    a. Violation of policies, rules, and regulations of the hospital or anesthesia department to which the RRNA is assigned for clinical practice
    b. Dishonesty
    c. Inappropriate behavior or language in the clinical setting
    d. Insubordination or threats directed at faculty or clinical preceptors
    e. Violation of patient confidentiality such as posting protected health information, details of care, or images of patients publicly (e.g., social media web sites)
    f. Any violation of NMSU's Drug Free School policy
    g. Reporting for duty while under the influence of any substance that impairs the RRNA's ability to perform their clinical tasks
    h. Failure of the initial drug test and health screening, or refusal to cooperate with any aspect of the program substance abuse policy, or any hospital policy on substance abuse or narcotic accountability, will result in disciplinary action up to and including immediate dismissal, refusal of enrollment, and incident reporting to the New Mexico State Board of Nursing.
11. Medication errors
    a. Failure to self-disclose within 48 hours of occurrence to clinical coordinator and program director
    b. The error was deemed negligent by faculty (not meeting the standard we expect of an RN), especially if the patient was harmed
    c. Multiple medication errors

ETHICS

NAP RRNAs are expected to comply with NMSU SON ethics and the AANA Code of Ethics for the Certified Registered Nurse Anesthetist which outlines patient, professional, research, business practice, and society responsibilities.

FINANCIAL AID

NMSU participates in the Higher Education Opportunity Act, Title IV program. The financial aid office participates in annual compliance audits and program reviews. The three most recent default rates that are available from the national center for education statistics are 13.5% (2017), 10.3% (2018), and 3.9% (2019). Statistics were obtained from (College Navigator - New Mexico State University-Main Campus

Students are made aware of their ethical responsibilities and payback regarding financial aid during orientation.

Another NAP had this information (you should confirm your financial aid office does the same): The office of financial aid is located inside the Education Services building. The NMSU Student Financial Services performs the following functions:

- prepares financial aid counseling and packages for students
- facilitates the application process for loans, scholarships, Veteran's and Service members education benefits and other financial assistance programs
- coordinates work-study program for eligible students
- provides counseling to all graduating students on loan payment options with individualized loan portfolios

GRADUATION

In order to graduate from NMSU's Nurse Anesthesiology Program, RRNAs must also meet the requirement listed below and NMSU SON requirements.

- Satisfactory completion of all academic courses with a minimum GPA of 3.0. A grade of "B" or higher must be attained in all courses.
- A cumulative and term GPA of 3.0 or higher is required to progress in the program.
- Satisfactory completion of clinical experiences as required by the Nurse Anesthesia Program, the COA, and the NBCRNA.
- Satisfactory achievement of the Nurse Anesthesiology Program's Student Learning Outcomes
- Satisfactory completion of all academic and clinical assignments including but not limited to anesthesia management plans, evaluations, Doctoral project, etc.
- All clinical records must be completed and submitted to the Nurse Anesthesiology Program via an electronic clinical experiences platform (i.e., Exxat etc.)
- Satisfactory clinical performance
- Successful completion of the Self Evaluation Exam (SEE) twice
- Satisfactory completion of the anesthesia-focused DNP Project
- Satisfactory completion of all requirements of the COA and NBCRNA
- Current ACLS, BLS, and PALS, and unencumbered NM/TX (or compact state) RN license on file with the Nurse Anesthesiology Program

The Self-Evaluation Exam (SEE) is administered by the NBCRNA and RRNAs will take the SEE after the first year and about 6-8 months prior to graduation. The NAP requires RRNAs to obtain a score equivalent to the national mean for RRNAs in their level of the program (currently 432.4 for third year RRNAs). The SEE has four objectives: 1) to provide information to RRNAs about their progress in the nurse anesthesia educational program; 2) to provide information to program administrators on how well their programs are preparing the RRNAs with the knowledge they need for anesthesia practice: and 3) to prepare RRNAs for the National Certification Exam (NCE) SEE Resources | NBCRNA; 4) study plan

After graduating from the DNP program in the Nurse Anesthesiology specialty track (called a concentration on the NMSU transcript), RRNAs are eligible to apply for the national certification examination (NCE) through the NBCRNA. Certification to be a CRNA requires a passing score on the NCE. The NBCRNA administers the NCE to measure the knowledge, skills, and abilities necessary for entry-level nurse anesthesia practitioners. The NCE is a variable-length computerized adaptive test for entry into nurse anesthesia practice. NBCRNA

Residents demonstrate mastery several ways. First, RRNAs who pass all their didactic courses will demonstrate content mastery. Evaluation of didactic courses is via examinations, quizzes, and presentations. Second, RRNAs who pass their clinical courses demonstrate mastery of clinical skills necessary for entry-level full scope practitioners. Third, RRNAs who pass the SEE will demonstrate mastery of the knowledge needed for anesthesia practice. Residents who do not score the benchmark on the SEE will conduct a SWOT analysis and retake the SEE (at their own expense) until they do meet the benchmark to graduate. Finally, RRNAs who pass the NCE will demonstrate mastery of the knowledge, skills, and abilities necessary for entry-level nurse anesthesia practitioners. Residents who do not meet the didactic requirements will not progress in the program. Residents who cannot meeting clinical requirements will be on clinical probation with a remediation plan that may include simulation; if they are still unable to meet the requirements, they will not progress in the program.

The andragogy approach is utilized in the NAP program. Simulation is incorporated throughout the curriculum to allow RRNAs to practice skills, develop competencies, and reinforce didactic knowledge in a safe environment, without potentially harming an actual patient. Simulation activities include in-person, virtual simulation, and virtual reality experiences. In-person experiences included task trainers for skills development, standardize patient interactions for history & physicals and difficult conversations exercises, regional anesthesia workshops including ultrasound, difficult airway workshops including fiberoptic and other alternative intubations, high-fidelity mannequin operating room scenario enactment. A human anatomy course with an anatomy table will enhance the RRNA's anatomy knowledge. Didactic lectures may include audience-response systems, group projects, case scenarios, and workbooks to accommodate different learning styles.

CLINICAL COURSE INFORMATION AND POLICIES

Purpose of the Clinical Residency and Other Clinical Courses

Clinical residency courses will allow RRNAs to apply synthesized anesthesia principles and concepts to care for diverse populations across a variety of clinical settings and surgical specialties throughout the entire perioperative period. The courses are designed to meet COA graduate educational standards pertaining to clinical practice training.

Residents' will progress from novice through the full scope of practice of nurse anesthetists; manage patients across the lifespan with acute and chronic health problems; engage in varied practice models; experience institutions that serve rural, underserved and culturally diverse populations. The staff at each facility is dedicated to assuring RRNAs receive a wide range of skills and experiences that will assure fulfilling graduate requirements and becoming full scope of practice providers. As the clinical residencies advance, RRNAs will take on increasing responsibility for the planning and implementation of anesthesia care. As a result, the graduate will function independently in collaboration with the surgical team, and in a fashion consistent with the scope of nurse anesthesia practice.

The NAP offers clinical residency courses in sequence once per year. Residents cannot repeat clinical residency courses; therefore, failing a clinical residency course results in dismissal from the program (See Clinical Probation and Dismissal). Residents must use the title Resident Registered Nurse Anesthesiologist or Intern Registered Nurse Anesthesiologist. **Under no circumstance may RRNAs use the titles Certified Registered Nurse Anesthetist/Anesthesiologist, CRNA, Nurse Anesthetist/Anesthesiologist, or be employed as a CRNA or nurse anesthetist/anesthesiologist by title or function while enrolled in the DNP-NA program**.

Clinical Performance Objectives

RRNAs will correlate didactic knowledge with clinical practice in the perianesthesia period throughout the program with progression from providing anesthesia services with close preceptor supervision and guidance in Clinical Residency I to independently providing anesthesia services with minimal preceptor supervision (as appropriate) in Clinical Residency VI.

Level RRNA Clinical Performance Expectations and Outcomes

NURS 6710 Nurse Anesthesiology Clinical Residency I

Performance Expectations: The *novice* (see the definition below) RRNAs <u>understand</u> and <u>apply</u> the basic flow of anesthesia delivery to patient care. Upon entry into anesthesia practice, the RRNA begins to self-driven critical thought, self and situational awareness, and self-governing skills (AANA Executive Summary: Full Scope of Practice document).

- *Outcome #1*: <u>Translate</u> knowledge of anesthesiology principles, anatomy, physiology, pathophysiology, and pharmacology into evidence-based anesthesia planning and delivery of safe anesthesia care.
- *Outcome #2*: <u>Demonstrate</u> and <u>perform</u> a comprehensive history and physical assessment and <u>plan</u> an evidence-based anesthesia care based on the patient's underlying health status, culturally relevant information, and the surgical or medical procedure.
- *Outcome #3* – <u>Carry out safe</u> evidence-based, culturally competent perianesthesia care to a variety of patients undergoing surgical and medical procedures.
- *Outcome #4* - <u>Perform</u> basic anesthesia skills/techniques and incorporate new skills.
- *Outcome #5* - <u>Identify</u> perianesthesia patient physiologic alterations and/or equipment alterations and <u>initiate</u> appropriate management with evidence-based problem solving and decision-making skills.
- *Outcome #7* - <u>Use</u> effective communication and documentation skills with diverse patients, families, other healthcare workers, and ancillary personnel to <u>produce</u> safe patient care.
- *Outcome #8* - <u>Exemplify</u> integrity, ethics, honesty, and accountability in professional interactions.

- The *novice* RRNA has little to no situational anesthesia experience in the operating room. The novice RRNA lacks confidence cannot perform safe anesthesia practice without continual verbal and physical cures.

<u>NURS 6720 Nurse Anesthesiology Clinical Residency II and NURS 6730 Nurse Anesthesiology Clinical Residency III</u>

Performance Expectations: The *advanced beginner* (see the definition below) RRNA apply and <u>analyze</u> anesthesia prioritize and functions with minimal guidance, somewhat organized, and able to anticipate perioperative events. The RRNA continues in greater depth to integrate self-driven critical thought, self and situational awareness, and self-governing skills that began in Clinical Residency I (AANA Executive Summary: Full Scope of Practice document).

- *Outcome #1*: <u>Construct</u> and deliver safe evidence-based anesthesia care and <u>examine</u> how the <u>relationship</u> between anesthesiology, anatomy, physiology, pathophysiology, and pharmacology principles impact anesthesia care.

- *Outcome #2*: <u>Infer</u> how the patient's underlying health status, culturally relevant information, and procedure will impact anesthesia care. <u>List</u> anesthesia considerations and implementation strategies into an evidence-based anesthesia plan of care based on a comprehensive history assessment and physical exam.

- *Outcome #3*: <u>Utilize</u> safe evidence-based and culturally competent anesthesia care skills *for* a variety of patients undergoing surgical and medical procedures**.**

- *Outcome #4*: <u>Experiment</u> and <u>discover</u> new anesthesia skills/techniques.

- *Outcome #5*: <u>Identify</u> and <u>distinguish</u> perianesthesia patient physiologic alterations and/or equipment alterations and the appropriate evidence-based problem solving and decision-making actions.

- *Outcome #6*: <u>Apply</u> and <u>conclude</u> how anesthesia services in a rural versus urban community differ.

- *Outcome #7*: <u>Model </u>and <u>motivate</u> effective communication and documentation skills with diverse patients, families, other healthcare workers, and ancillary personnel to facilitate safe patient care.

- *Outcome #8*: <u>Solve</u> and assume integrity, ethics, honesty, and accountability in all interactions.

- The *advanced beginne*r RRNA now has actual experience and is able to demonstrate marginally acceptable anesthesia skills and clinical judgment. He/she is efficient and skillful in part of the anesthesia practice occasionally requiring supportive cues.

<u>NURS 6740 Nurse Anesthesiology Clinical Residency IV</u>

Performance Expectations: The *competent* (see definition below) RRNA evaluates anesthesia care to become more organized, autonomous, and able to properly manage perioperative events, both anticipated and unanticipated. The RRNA fully integrates self-driven critical thought, self and situational awareness, and self-governing skills learned in Clinical Residency 1 and 2 (AANA Executive Summary: Full Scope of Practice document).

- *Outcome #1*: <u>Appraise</u> knowledge of anesthesiology principles, anatomy, physiology, pathophysiology, and pharmacology into evidence-based anesthesia planning and delivery of safe anesthesia care.
- *Outcome #2*: <u>Determine</u> a patient's comprehensive history and physical assessment including any underlying health issues, culturally relevant information, and the type of procedure.
- *Outcome #3*: <u>Justify </u>an evidence-based anesthesia plan that is safe, culturally competent, and tailored for a specific procedure.
- *Outcome #4*: <u>Prioritize</u> which basic anesthesia skills/techniques to use and incorporate new skills.
- *Outcome #5*: <u>Interpret</u> paranesthesia patient physiologic alterations and/or equipment alterations and <u>deduce</u> appropriate management utilizing evidence-based problem solving and decision making.
- *Outcome #6*: <u>Compare</u> anesthesia delivery in a rural versus urban setting.
- *Outcome #7* - <u>Influence</u> effective communication and documentation skills with diverse patients, families, other healthcare workers, and ancillary personnel to <u>support</u> safe patient care.
- *Outcome #8* - <u>Judge</u> integrity, ethics, honesty, and accountability in all interactions.

- The *competent* RRNA demonstrates competence similar to a new graduate CRNA who has been on the job 1-2 years. The RRNA demonstrates efficiency, is coordinated and has confidence in his/her actions. The competent RRNA establishes a plan with perspective. The anesthesia plan is based on considerable conscious, abstract analytic contemplation of the problem. The conscious, deliberate planning is characteristic of the competent RRNA and helps him/her achieve efficiency and organization.

NURS 6750 Nurse Anesthesiology Clinical Residency V and NURS 6760 Nurse Anesthesiology Clinical Residency VI

Performance Expectations: The *proficient* (see definition below) RRNA <u>creates</u> safe, evidence-based anesthesia delivery with the ability to <u>formulate</u> and <u>choose</u> best actions to manage anticipated and unanticipated perioperative events. The RRNA has an autonomous practice that completely integrates self-driven critical thought, self and situational awareness, and self-governing skills learned during the previous clinical residencies and will continue for lifelong learning (AANA Executive Summary: Full Scope of Practice document).

- *Outcome #1*: <u>Combine</u> a comprehensive history and physical assessment to <u>formulate</u> and deliver an evidence-based anesthesia plan of care based on the patient's underlying health status, culturally relevant information, and type of procedure.

- *Outcome #2*: <u>Design</u> and execute an evidence-based anesthesia care that <u>maximizes</u> principles of anesthesiology, anatomy, physiology, pathophysiology, and pharmacology.

- *Outcome #3:* <u>Improve</u> basic anesthesia skills/techniques and <u>adapt</u> when the situation requires a different approach.

- *Outcome #4* – <u>Solve</u> the patient's physiologic and/or equipment alterations and <u>originate</u> a timely evidence-based solution to <u>improve</u> the situation.

- *Outcome #5*: <u>Estimate</u> prior anesthesia experience in the delivery of anesthesia services in a rural community.

- *Outcome #6*: <u>Elaborate</u> on the difference between anesthesia services in a rural versus urban community.

- *Outcome #6*: <u>Modify</u> effective communication skills to <u>solve</u> patient care issues with diverse patients, families, healthcare workers, and ancillary personnel.

- *Outcome #7*: <u>Predict </u>how integrity, ethics, honesty, and accountability all affect interactions.

- The *proficient* RRNA perceives situations as whole rather than in terms of separated parts or aspects. Proficient RRNA learns from experience what typical events to expect in a given situation and how to modify those plans in response to events. The proficient RRNA can now recognize when the expected normal picture does not materialize. This holistic understanding improves the proficient RRNAs' decision making becoming less labored. The RRNA now has perspective about what is most important in the present situation (AANA Executive Summary: Full Scope of Practice document).

Clinical Observation Days

During NURS 6700 Introduction to Clinical Residency, RRNAs will participate in 10 days of clinical observation and the remaining clinical hours in the skills lab. These hours will not count towards the required 2550 Nurse Anesthesiology clinical hours or required case numbers. The purpose of clinical observation days is for RRNAs to observe and become familiar with anesthesia routines, equipment, and layout of their clinical site(s). These observations days may

occur at more than one facility. Residents will receive information about scheduling and expectations during clinical orientation. The NAP requires RRNAs to complete a Clinical Orientation Checklist during observation days and during the first week in each new clinical site (Appendix 3).

Clinical Orientation

The clinical faculty will provide a detailed general clinical orientation prior to the first clinical residency course. The following topics during clinical orientation include: clinical policies, clinical expectations/roles/responsibilities, AANA Standards of Care, Code of Ethics for CRNAs, program outcomes, drug testing/prescriptions, formative and summative evaluations and grading, anesthesia management plans, COA case requirements, COA counting cases document, clinical case/hours documentation in an electronic clinical experiences platform (i.e. Exact, etc.), clinical schedules, clinical site orientation check lists. Each clinical site will provide additional orientation to their site as needed.

Clinical Rotation Schedules

The NPA will ensure each RRNA has a clinical schedule/ site rotation schedule to each RRNA one month or more prior to next clinical course. *Please note: the rotation schedule is subject to change at any time due to unforeseen events.*

Clinical Daily Assignments

The Clinical Site Coordinator (or designee) makes the daily assignments. Every attempt is made to complete and communicate assignment schedules the afternoon prior to the clinical experience day to allow RRNAs to prepare adequately. Responsibilities and expectations related to clinical experience preparation are specific to each individual clinical institution policies and the clinical coordinator will discuss during the clinical site orientation. However, in general, RRNAs are responsible for:
- Obtaining their patient assignment prior to the clinical day
- Preparing in advance for all assigned patients to administer anesthesia
- Performing a preoperative patient interview/assessment on all assigned cases
- Prepare a comprehensive, individualized written and/or oral anesthetic management plan for every clinical case as required for each clinical residency course
- Discussing the plan of care with the supervising CRNA and/or MD Anesthesiologist (if applicable) prior to the case
- Implement an appropriate evidence-based culturally competent plan of care
- Perform a postoperative patient evaluation on all assigned cases as appropriate or per clinical site policy
- Document all case information, time logs, anesthesia management plans, and required evaluations in the electronic clinical experiences platform (i.e. Exxat etc.)

A clinical preceptor (CRNA or Physician/MD Anesthesiologist) will directly supervise the RRNA in a 1:1 or 1:2 ratio, depending on RRNA's skill level. The clinical preceptor must always be immediately available in the anesthetizing area (OR suite or non-OR location) when the RRNA is managing the anesthetic. If not in the room, the RRNA must know how to contact the preceptor. In accordance with COA Standards and Guidelines, a medical resident, fellow, anesthesiology assistant (AA), RRNA, or graduate registered nurse anesthetist may not be responsible for the direct supervision of a RRNA. Only physicians or CRNAs with staff privileges may supervise RRNAs in a non-anesthetizing area. Documentation of staff privileges and credentials is maintained by each clinical affiliation site.

Residents must have the opportunity to develop into competent, safe, nurse anesthesiologists capable of engaging in full scope of practice as defined in the [AANA's Scope of Nurse Anesthesia Practice and Standards for Nurse Anesthesia Practice](). To ensure RRNAs develop the knowledge, skills, and abilities for entry into practice, RRNAs must participate in all phases of their clinical cases including preoperative, intraoperative, and postoperative anesthesia care. Opportunities for advanced clinical experiences or increased autonomy are expected as the RRNA progresses through the clinical residencies and as the RRNA demonstrates capabilities, and knowledge.

Preoperative and Postoperative Visits

In all clinical sites, RRNAs will perform preanesthetic assessments on all assigned patients. In some instances, the RRNA may complete a preanesthetic assessment in the preoperative holding area. Residents will conduct postoperative/post-anesthesia assessments on all patients for whom they provide anesthesia unless the patient has been discharged as per clinical facility policy. In some situations, RRNAs will not have the opportunity to see the patient or obtain patient information the day before the proposed procedure.

Residents must learn to be flexible and develop strategies to adapt to change. There will be occasions when you develop an anesthesia management plan for a patient but had an assignment change and provided anesthesia for an unexpected case. This is a common occurrence in clinical sites, but the preparation is important for the novice RRNA. Residents will wear appropriate professional attire or scrubs when visiting patients. Residents are responsible for compliance with documenting quality assurance information per specific clinical site guidelines.

Specific information regarding quality assurance guidelines will be discussed during the clinical site orientation. An unsatisfactory grade for clinical residency may result from failure to comply with this directive.

Clinical Hours

- Clinical attendance is mandatory.
- Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, preanesthetic assessment, post-anesthesia

- assessment, patient preparation, operating room preparation, and time spent participating in clinical rounds.
- Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time. The minimum number of clinical hours is **2550 hours** over the course of the program.
- Call Experiences: During some clinical rotations, RRNAs will provide care outside of normal business hours "call experiences". Call experiences are planned clinical experiences outside the normal operating room schedules. Assigned duty on shifts falling within these hours (e.g., 3-11PM, 11PM-7AM, weekends, etc.) is the equivalent of an anesthesia call, during which a RRNA is afforded the opportunity to gain experience with urgent and emergent cases. Although a RRNA may work a 24-hour call experience, at no time may a RRNA provide direct patient care for a period longer than 16 continuous hours.
- Operating rooms are unpredictable and clinical schedules often change many times during the day. Cases may cancel, room assignments may change, and the operating room may add urgent/emergency cases. An emergency case is never planned, and surgery often lasts longer than predicted. We ask that RRNAs make the most of their clinical residency days to optimize their clinical learning experience. This may include staying late to provide a continuum of care through emergence and post anesthesia transfer of care.
- Anesthesia departments will release the RRNAs from the operating room in a timely manner for university functions (classes or seminar), which is a priority. **At no time are RRNAs allowed to ask to leave early without permission of the site clinical coordinator and DNP-NA faculty supervising the RRNA.** Residents **are not allowed to negotiate their schedules with site clinical coordinator.** The DNP-NA faculty **must approve all changes in the schedule.** It is expected that all clinical sites, CRNAs, and physician/MD anesthesiologists at affiliated clinical sites adhere to all AANA and ASA Standards of Care and to the standards and clinical privileges outlined by each facility for the safe delivery of anesthesia to patients. DNP-NA program administrators will make an annual, and more if needed, clinical site visit to ensure smooth clinical experiences for all parties.

Clinical Experience Documentation

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) require RRNAs and the NAP to maintain a record of clinical experiences. Residents must participate in all phases of anesthesia care including preoperative, intraoperative, and postoperative care. While it may not be possible for RRNAs to participate in all phases of anesthesia care on every case, RRNAs must personally provide anesthesia care for every case which they claim personal participation. Residents may not claim a case if they provided care on a limited basis (i.e., break), are not personally involved with the implementation and management of the anesthetic plan of care, or only observe another anesthesia provider manage a patient or their anesthetic care. A RRNA may only count a procedure (e.g., endotracheal intubation, central venous catheter placement, regional block, etc.) that they personally perform. To optimize the time spent during the clinical

rotation, the nurse anesthesia RRNA must proactively seek learning experiences and function in a self-directed manner to achieve the knowledge, skills and abilities to practice as a CRNA. Please refer to the COA Guidelines for Counting Clinical Experiences Rev 2017 document for a detailed explanation of how to count cases and follow these guidelines when documenting cases.

The NAP requires RRNA to subscribe to and accurately record clinical learning experiences in an electronic clinical experiences platform (i.e. Exxat). Residents will also complete clinical case count records and daily/weekly time logs in the electronic clinical experiences platform for all clinical case records and time log information. **The deadline of submission is within 7 days of the clinical experience.** Failure to submit clinical case count and time log information in a timely and accurate manner may result in a warning which could lead to an unsatisfactory grade for the clinical residency course. The NAP will orient RRNAs to the electronic clinical experiences platform during clinical orientation. Falsification of RRNA case records and/or experiences is grounds for disciplinary action including dismissal from the program. Final authority for quantifying clinical experiences rests with the PD who must affirm the accuracy of the clinical experience record. Any questions that arise regarding how clinical experiences will be counted will be directed to Clinical Residency course faculty and/or PD/APD.

Anesthesia Management Plans

Anesthesia management plans are invaluable tools created to reinforce didactic knowledge in physiology, pathophysiology, and pharmacology as well as clinical knowledge for procedures, surgeries, and potential complications. They help develop sound anesthesia planning and judgment. Anesthesia management plans will outline the anesthesia plan of care taking into consideration patient comorbidities and type of procedure. Residents will create care plans in advance, submit to, and discuss with the assigned preceptor prior to administering the anesthetic. It is the clinical preceptor's responsibility to review the anesthesia management plans and provide RRNA feedback; RRNAs will benefit from experienced practitioner's feedback. At no time will a RRNA administer any anesthetic without first discussing it with the assigned preceptor for the day.
The NMSU NAP expects RRNAs to develop complete anesthesia management plans (written and/or oral) for each case in which they provide anesthesia. As the RRNA progresses through the clinical residency courses, anesthesia management plans will reflect management of more complex cases and higher acuity patient population. The clinical residency course outlines the required number of written anesthesia management plans. Faculty will consider anesthesia management plans in the RRNA's formative and summative evaluations. In some clinical settings the anesthesia team preceptor may request to review the anesthesia plan in hard copy form. Residents must submit all written care plans via the electronic clinical experiences platform. In some situations, RRNAs will not have the opportunity to see the patient or obtain patient information the day before the proposed procedure. In these situations, the RRNA will create an anesthesia management plan based on specific procedure considerations.

Clinical Evaluations

Preceptors will evaluate RRNAs daily using the NMSU NAP RRNA Formative Clinical Evaluation tool (Appendix 4) in the electronic clinical experiences platform. Clinical Coordinators or their designees will conduct clinical performance midterm, end of semester, and/or end of rotation Summative Evaluations (Appendix 5) for each RRNA at their clinical site. The Summative Evaluation is based on RRNA's clinical performance, formative clinical evaluations, and input from the clinical preceptors. It is critical that RRNAs take the initiative to improve their performance based on the feedback from formative evaluations by clinical instructors. RRNA Registered Nurse Anesthetists who do not meet the expectations of the Clinical Residency Course will go on clinical probation. The Clinical Residency Course Coordinator (Appendix 6) will also evaluate the RRNA mid-semester and at the end semester. These evaluations are formative clinical evaluations, summative clinical evaluations, anesthesia management plans, orientation forms, clinical site evaluations, clinical case experiences documentation, and clinical time logs. In order to receive a passing grade in a clinical residency course and progress through the program, RRNAs must obtain a satisfactory grade on the summative evaluation.

Individual Clinical Site Policies

Residents are responsible to review and adhere to all hospital and anesthesia departmental policies and guidelines set forth by the clinical sites in which they are providing anesthesia. All RRNAs must be eligible to rotate to all COA approved clinical sites and understand that the NAP may assign them to any NMSU COA approved clinical site. The inability to place a RRNA at a clinical site for any reason may prevent them from completing the program. Residents are responsible for their own transportation to their assigned clinical site. Depending on place of residence, some RRNA may have to travel more than 60 miles to their assigned clinical site. The NAP believes that all our clinical sites provide a unique and valuable experience. Residents will expect to rotate to multiple clinical sites throughout their clinical residencies. The NAP director will consider all written requests to attend or exclude specific clinical site prior to clinical scheduling. Clinical Site Coordinators will orient RRNAs to the facility either prior to or on the first day of clinical rotation. Orientation includes the physical site, operating room, staff and personnel, and all equipment and work areas. Clinical Site Coordinators will review expected report times, call shifts, beeper call, off shifts, weekend time and any other site-specific expectations. Residents are responsible for all information presented during the orientation. Residents may not enter the operating room suite unless their orientation is complete. Clinical site will ensure that all requirements, documents, and other information is available to each RRNA electronically.

Credentialing

The NAP requires that all RRNAs maintain continuous compliance with all credentialing requirements at each clinical site. Noncompliant RRNAs may not remain at the clinical site. The NAP requires RRNAs to start the credentialing process for their next clinical site at least 4-8 weeks prior to the rotation, and submit any necessary paperwork and complete any mandatory training. The contact list and credentialing process is subject to change. Clinical Residency

Course will have the latest credentialing requirements and process that RRNAs must complete prior to a rotation at an assigned site. RRNA Registered Nurse Anesthetists will contact the Clinical Residency Course faculty for any concerns. The inability to place a RRNA at a clinical site for any reason will result in a makeup clinical experiences and/or may prevent the RRNA from progressing and completing the program as designed in the Program of Study.

Clinical Supervision

Anesthetizing Areas:
- A CRNA or anesthesiologist with staff privileges shall be immediately available in all anesthetizing areas at all times for consultation and/or assistance. The ratio of RRNAs to instructors in the clinical area shall not exceed 2:1 and shall be directly related to the RRNA's experience, patient condition, complexity of the procedure and anesthetic. Please note: MD RRNAs, fellows, anesthesiology assistants (AAs), RRNA and/or graduate registered nurse anesthetists are not permitted to supervise RRNAs

Non- Anesthetizing areas:
- RRNAs in non-anesthetizing areas must be supervised by physicians or CRNAs anesthetists with staff privileges. Documentation of staff privileges and credentials is maintained by each clinical affiliation site.

Clinical Probation and Program Dismissal

The NPP will place a RRNA on clinical probation at any time during the Clinical Residency or other clinical courses for failure to achieve clinical course objectives, unsafe clinical care, unprofessional decorum, or for unethical behavior.* Clinical probation is based on a review of the RRNAs formative and summative evaluations (if available) obtained from clinical preceptors; direct communications from clinical preceptors and/or the Clinical Site Coordinator; and review of written anesthesia care plans (as applicable). The length of clinical probation is 30 calendar days and may occur only once during the program.

Residents placed on clinical probation will meet with the Clinical Residency course faculty, the PD/APD to review the basis of the probationary status. Faculty will review the written evaluations and clinical preceptor communications (as applicable) with the RRNA at the time that a probationary status is assigned, noting specific areas needing improvement. A **remediation plan** will be formulated for the RRNA to remediate (with specific goals/objectives/actions/expectations) and resolve any concerns regarding the probationary issues.

The Clinical Residency course faculty, the PD/APD will provide written notification of the RRNA's probation and remediation plan prior to the commencement of the probationary period. If a RRNA does not meet the terms of the remediation plan during the probationary period, the PD/APD will dismiss the RRNA from the program. In addition, there are behaviors or actions that may require immediate dismissal regardless of remediation plan. See **Clinical Reasons for Dismissal** for more information.

During probation, the remediation plan may require the RRNA to meet additional expectations and/or clinical, didactic, or simulation. The RRNA will obtain daily formative evaluations for review by Clinical Residency Course faculty.

Clinical Residency Course faculty, PD/APD may require the RRNA to meet with them on a weekly basis for review of clinical performance. During these conferences, faculty will aid the RRNA with strategies to correct deficiencies and update the remediation plan as appropriate. Faculty will document the meetings and obtain signatures for all present.

Clinical Residency course faculty will assign the RRNA to a clinical site best equipped to execute the remediation plan and coordinate with the Clinical Site Coordinator all applicable elements of the remediation plan. The Clinical Site Coordinator will identify and assign CRNA preceptors to work with the RRNA to execute the remediation plan.

If the probationary period extends beyond a Clinical Residency course semester schedule, the RRNA will receive an Incomplete (I) for the course until the probationary period ends. At the end of the probationary period, the RRNA will either be:

- Reinstated in good standing and continue progression in the clinical residency course (or, if the clinical residency course had previously ended and an Incomplete (I) assigned, the grade will be changed to a Pass (P)), or
- Receive a Fail (F) for the Clinical Residency course, which may result in immediate dismissal from the Program. **

*The NAP may *immediately dismiss a RRNA from a clinical site and/or the program if there are serious concerns for patient safety or the RRNA exhibits egregious unethical and/or unprofessional behavior.*
**RRNA may not repeat *Clinical residency courses.*

Critical Events

Any RRNA that is involved in an adverse outcome, untoward anesthetic event, or critical incident at a clinical site must notify the Clinical Site Coordinator immediately as well as the PD/APD no later than 24 hours following the event (preferably immediately after occurrence). Critical incidents include, but are not limited to, any actual patient injury/complication/morbidity/mortality, medication errors, RRNA needle sticks, dental injury, nerve injury, medication error, unrecognized esophageal intubation, anaphylactic shock reaction, wrong side anesthetic or surgical procedure, cardiopulmonary arrest, patient death, or RRNA exposure to blood borne pathogens (needle exposure or splash to the eye, etc.), or airborne pathogens (i.e., tuberculosis). The RRNA will follow clinical site policy on how to document the event.

Dress Code

At each specific clinical site, RRNAs will follow the dress code policy. Residents will wear scrubs in most anesthetizing areas with closed-toed shoes. Use protective eyewear when administering an anesthetic (either eyewear provided, like a shield, or self-purchased), follow clinical site policy concerning warm-up jackets, decorative hats and clothing worn under scrubs, note all jewelry

restrictions, groom hair neatly, cover with a surgical cap, use a surgical mask and keep nails clean and short and follow the CDC recommendations (less than ¼ inch length, no acrylic/synthetic nail tips). Residents will use lab coats or cover up over scrubs when outside of all operating suites and when visiting patients in patient care areas. Residents will wear an NMSU at all times. Each facility may also require a site-specific name identification badge. Do not wear scrubs home. Failure to adhere to the dress code is grounds for clinical warning, probation, or additional action. Residents must adhere to the dress code policy of individual clinical sites or academic campuses as indicated.

RRNA Removal from the Clinical Area

If for any reason a clinical site requests a RRNA leave the anesthetizing area and/or dismisses them from the clinical site, the RRNA will contact the Clinical Residency course faculty immediately. The PD/APD and Clinical Residency course faculty will investigate the matter with the appropriate parties. Depending on the reason for removal/dismissal, the program may attempt to find an alternative clinical site for evaluation by a different group of anesthesia providers; however, this may not be feasible. If a RRNA is dismissed from a clinical site, the RRNA must surrender their clinical ID badge within 24 hours of being dismissed.

If the clinical faculty determine the RRNA is a danger to patients, staff, or self, the RRNA leave the clinical site and the PD/APD will investigate. Any instance in which a RRNA does not adhere to the Nurse Practice Act for RNs, ANA Code of Ethics, and/ or AANA Standards for Nurse Anesthesia Practice (https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/professional-practice-manual/standards-for-nurse-anesthesia-practice.pdf?sfvrsn=e00049b1_20-) may be grounds for immediate dismissal from the program without an option of probation.

ADDITIONAL DNP-NA PROGRAM-SPECIFIC INFORMATION

Impaired RRNA Policy

Any RRNA who is found impaired during the clinical portion of the program is in violation of the ANA Code of Ethics for Nurses, the AANA Code of Ethics for the Certified Registered Nurse Anesthetist, and possibly in violation of state and/or federal laws. If the RRNA is suspected of impairment, hospital policy will guide the process with notification of the Clinical Site Coordinator and DNP-NA program administrators. The RRNA may be subject to University disciplinary measures and/or criminal penalties and/or terminated from the DNP-NA program.

Any RRNA who is on prescription drugs that may affect his/her performance will notify the DNP-NA Assistant Director and/or Director and Clinical Residency course faculty. A note from a physician or other licensed healthcare provider that states the medications do not interfere with the decision-making capacity of the RRNA and the safety of the patient must be on file before the RRNA progresses into (or remains in) the clinical area.

Program Evaluations

Residents have the opportunity to provide the program feedback in a variety of ways. Feedback allows programs to improve. Feedback surveys are provided for courses, end of semester advisor meetings, end of clinical rotation surveys, an end of program survey, and a post-graduation survey.

Program Time Off

During the first year, RRNAs will follow a modified NMSU academic calendar for vacation/ time-off. During the second and third year, due to the clinical residency courses, vacation/ time-off will be granted during breaks between clinical residency courses. RRNAs are expected to schedule their appointments, interviews, etc. during their time off. Please note that clinical residency courses may be longer than the traditional 15 weeks, and therefore are not reflected on the NMSU academic calendar. Between the fall and spring semester you will receive 2 weeks off. Between Spring and Summer semester, you will receive 1 week off and between the summer and fall semester, you will receive 1 week off.

Residents will report illness to the didactic faculty prior to the class period. If they are ill during a clinical day, they must notify the PD/APD and the Clinical Site Coordinator prior to the start of the shift. Residents will make up all missed days.

Time Commitment

Residents can expect to dedicate an average of 60-64 hours per week throughout the program. During the portion of the program that includes clinical residencies, the time commitment for coursework class times and clinical time will not exceed 64 hours per week. This does not include study time. Please note that clinical assignments in the clinical residency courses may include 24-hour shifts, extended shifts, off shifts, weekend shifts, and night shift experiences.

Vigilance

Residents will be vigilant in the delivery of patient care and refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g. texting, reading, emailing, etc.)

Medication Safety

Residents must report all medication errors and errors in controlled substances records to the PD /APD or designee within **48 hours** of their occurrence. The faculty expects that RRNAs can read labels, keep records, and administer medications accurately even when stressed. Residents are accountable for basic RN competency in medication administration. The intent of this policy is not punitive, as the faculty does not want to discourage self-reporting.

The faculty recognizes that errors do occur, especially when RRNAs are under stress. Residents who make medication errors or errors in controlled substances records may receive warning letter and go on probation or dismissed if one or more of the following occur:

- Failure to self-disclose within 48 hours
- The error was very negligent (not meeting the standard we expect of an RN even prior to anesthesia education), especially if the patient was harmed
- Repeated (more than one) medication errors occur

It is critical for infection control and patient safety that RRNAs adhere to single use of syringes, needles, IV tubing, and medication vials. Please refer to the AANA Safe Injection Guidelines for Needle and Syringe Use and the CDC One and Only Campaign for detailed information.

Inclement Weather

If the clinical site is open during inclement weather or during a disaster, the RRNA will report for their scheduled clinical duty if they can safely travel to the clinical site, even if the University is closed. Failure to do so will result in the RRNA using personal leave time which will need to be made up to be eligible for graduation.

Technical Standards

Nurse Anesthesia practice is physically, mentally, and emotionally challenging. The provision of safe, competent anesthesia services requires that practitioners demonstrate skills in observation, communication, and motor functions in evaluating applicants for admission and preparing RRNA. Curriculum integrity is important to NMSU's NAP so that the health and safety of patients is maintained. Residents with a documented, qualified disability may request reasonable accommodations. New Mexico State University will not grant the accommodation if it requires a substantial modification of an essential element of the curriculum, lowers the academic standards of the program, poses an undue administrative or financial burden, or poses a threat to patient safety. Residents will make requests for accommodation in a timely fashion. Because successful completion of the NAP signifies that the holder is a person prepared for entry into the practice of anesthesia, it follows that graduates must have the knowledge, skills, and ability to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Therefore, candidates for the NMSU NAP must have certain sensory and motor functions that permit them to carry out the activities described in the sections that follow. They must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze, and synthesize data.

A candidate for the NMSU NAP must have abilities and skills of five varieties, including:

1. Observation
2. Communication
3. Motor
4. Intellectual, conceptual, integrative, and quantitative abilities
5. Behavioral and social attributes

Technological accommodation may be available to assist for some disabilities in certain of these areas, but a candidate and RRNA must perform in a reasonably independent manner without reliance on a trained intermediary to replace the candidate's judgment or power of assessment and observation.

Observation

Residents must have sufficient capacity to make accurate visual observations and interpret them in the context of laboratory studies, medication administration and patient care activities. A RRNA must be able to observe a patient accurately at a distance and close at hand. Residents must have a sufficient level of hearing to determine both high and low levels of frequency and amplitude (monitor, assess and respond to health needs). Residents must be able to detect and interpret changes in monitoring alarms and equipment. Residents must have sufficient sensory capacity to observe in the lecture hall, the laboratory, the outpatient setting, and the patient's

bedside. Residents must have sensory skills adequate to perform a physical examination. Functional vision, hearing and tactile sensation must be adequate to observe a patient's condition and to elicit information from computerized monitors, and through procedures regularly required in a physical examination, such as inspection, auscultation, and palpation. Residents must be able to observe a patient accurately at a distance and close at hand.

Communication

Residents must communicate effectively both verbally and non-verbally to elicit information and to translate that information to others. A RRNA must be able to read and write English effectively to fulfill academic requirements, and to maintain accurate clinical records on patientcare. Communication includes not only speech but reading and writing. They must be able to communicate effectively and efficiently in oral and written form with all members of the health care team. They must be able to read and record observations in a legible, efficient, and accurate manner including the effective use of electronic documentations.

Motor Skills

Residents must possess motor skills sufficient to elicit independently information from patients by palpation, auscultation, percussion, and other manually based diagnostic procedures. Residents must be able to conduct laboratory and diagnostic tests and carry out physical assessments. Residents must possess motor skills required for their specialty's scope of practice. The RRNA must also be able to coordinate fine and gross muscular movements to treat patients in emergency situations. Emergency situations include any circumstance requiring immediate remedy (i.e., CPR, ACLS). Residents must be able to coordinate gross and fine motor movements and the senses of touch and vision to insert intravascular access, administer regional anesthetic techniques, and perform airway management. They must demonstrate sufficient physical strength to perform airway management, move and position patients and equipment, including the ability to lift > 35 lbs. and perform adequate chest compressions associated with administering CPR. Residents must have sufficient stamina to stand or sit for prolonged periods of time. They must safely maneuver in the operating room and other anesthetizing locations. Residents must respond appropriately to alarms and changes in patient conditions that require physical interventions.

Intellectual, Conceptual, Integrative, and Quantitative Abilities

The RRNA must be able to develop and refine problem-solving skills that are critical to practice as a nurse. The RRNA must have the ability to measure, calculate, reason, analyze and synthesize objective and subjective data and to make decisions that reflect consistent and

sound clinical judgment. Residents must possess good judgment in patient assessment, and the abilities to incorporate new information, comprehend three-dimensional relationships, and retain and recall pertinent information in a timely fashion. This includes decision-making to maintain safety and security of patients and to behave appropriately with patients, staff, RRNAs, supervisors, and faculty. A RRNA must be able to read and understand medical and nursing literature. To complete the degree, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely and often critical fashion in problem-solving and patient care.

Behavioral and Social Attributes

Residents must possess the physical and emotional health required for the application of his/her intellectual abilities and the employment of sound judgment in an appropriate and prompt manner. Residents must function effectively under physically and emotionally taxing workloads, and in times of physical and mental stress. Residents must display compassion, sensitivity, and concern for others, and always maintain professional integrity. Residents must adapt to changing environments; display flexibility; accept and integrate constructive criticism and learn to function cooperatively and efficiently in the fact of uncertainties inherent in clinical practice. This includes appropriately interacting with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

RRNA REPRESENTATION ON SON AND DNP-NA COMMITTEES

Residents will have opportunities to participate in the governance of the DNP-NA program and DNP program through service on the following committees or boards.

SON Graduate Programs Committee

The Graduate Programs Committee consists of all faculty teaching in the SON's graduate programs and is responsible for graduate curricula and defining policies regarding admission to and progression within the graduate programs. The Graduate Programs Committee has a RRNA representative from each degree program.

DNP-NA Program Committee

The School of Nursing will establish a DNP-NA program sub-committee of the Graduate Programs Committee. Membership will consist of all full-time DNP-NA faculty, as well as minimum of one clinical coordinator and preceptor from the Albuquerque region, and one clinical coordinator and preceptor from the Las Cruces region. This academic committee will also have one RRNA representative from each year of the DNP-NA program. The DNP-NA program committee will provide advisement to the program administrators, establish DNP-NA program-specific policies, evaluate the DNP-NA curriculum and design curriculum changes, and evaluate DNP-NA clinical training and design changes to clinical evaluation and other documents. Resident members are not party to any discussions of admission or progression. The committee will evaluate program outcomes and make recommendations for necessary changes (e.g., board exam preparation, RRNA remediation, simulation training, etc.) to the program administrators.

Nurse Anesthesiology Program Advisory Board

The mission of the advisory board is to support and advocate for the RRNAs and faculty from the nurse anesthesiology concentration in the New Mexico State University Doctor of Nursing Practice program. The DNP program is offered by the School of Nursing which is an academic unit of the College of Health, Education, and Social Transformation (HEST). The results of these efforts will be reflected in the quality of graduates from the program. The advisory board will have a minimum of one RRNA representative.

Actively participate in quarterly Advisory Board meetings and assigned subcommittee meetings to provide feedback on the program including, but not limited to, nurse anesthesiology program goals, degree plan, courses, clinical training experiences, and pervasive issues such as RRNA and faculty diversity, as requested by the program director and School of Nursing director, faculty, and RRNAs.

APPENDICES

Please note that all of these forms and documents are in the

DNP-NA Virtual Advising Canvas Course

Appendix 1

End of Semester RRNA Evaluation

Name: _____   Semester/Year: _____

Faculty Advisor: _____Date: _____

Topic	Yes	No	N/A	COMMENTS
RRNA's Self-Evaluation presented and discussed?				
RRNA's semester goals presented and discussed?				
RRNA's previous semester goals achieved?				
RRNA's current didactic performance discussed?				
RRNA's formative and clinical evaluations discussed?				
RRNA's case count/ clinical experiences record discussed?				
RRNA's DNP project progress discussed?				
RRNA's semester achievements/highlights discussed?				

Additional comments:

_____   _____

RRNA Signature   **Faculty Advisor Signature**

Appendix 2

RRNA Self-Evaluation

Name: _____   Semester/Year: _____

Faculty Advisor: _____Date: _____

This self-evaluation tool is to be completed and submitted with each semester evaluation. Please fill it out completely and add comments as needed. All portions of this form must be completed.

Key: N= Needs improvement; **S**= Satisfactory; **O**= Outstanding; **U** =Unable to determine

KNOWLEDGE BASE	N	S	O	U	COMMENTS
Anatomy/Physiology/Pathophysiology					
Pharmacology					
Principles of Anesthesia					
Anesthetic Equipment/ Monitors					
PREOPERATIVE PREPARATION	**N**	**S**	**O**	**U**	**COMMENTS**
Thorough patient evaluation					
Diagnostic/lab data interpretation					
Pertinent evidence-based anesthetic plan developed					
Room set-up					
Appropriate Pre-op drugs & treatments					
ANESTHETIC MANAGEMENT	**N**	**S**	**O**	**U**	**COMMENTS**
General anesthesia					
Monitored anesthesia care					
Regional anesthesia					
OB anesthesia					
Pediatric anesthesia					
Neuroanesthesia					
Cardiothoracic anesthesia					
Perioperative pain management					
PACU hand-off/ immediate post-op management					
PSYCHOMOTOR SKILLS	**N**	**S**	**O**	**U**	**COMMENTS**
Bag-mask ventilation					
Intubation technique (ETT/LMA)					
Fiberoptic/ video-assisted intubation					
Ventilator management					
Peripheral IV insertion					
Arterial catheter insertion					
Central line/PA catheter insertion					
Regional neural blockade					
Compliance with universal precautions					
PROFESSIONAL CHARACTERISTICS	**N**	**S**	**O**	**U**	**COMMENTS**
Accepts responsibility for actions					
Professional/ethical conduct					
Confidence					
Recognizes professional limitations					
Utilizes evidence-based approach					
Effective communication					
Maintains required record-keeping					
Collaborates with other professionals					

1. Please list didactic and clinical strengths:

2. Please list didactic and clinical weaknesses that you would like to strengthen and a brief plan for improvement.

3. Please list 3 *measurable* goals that you would like to attain this semester

_____   _____
RRNA Signature   Date   Advisor's Signature   Date

Appendix 3

Clinical Orientation Checklist

RRNA Name: _____

Clinical Site: _____ Clinical Coordinator Name: _____

Rotation Dates: _____

*Completion of form required within 3 days of starting new rotation

Tasks to complete	Y= Yes; N= No; NA = Not applicable
ID Badge obtained	
Orientation packet received	
Contact information provided	
Access to patient electronic health records	
Electronic signature and password for anesthesia record	
Surgical scrubs access and policy	
Review with Clinical Onsite Coordinator: • Pre- and post-op policies • Patient sign-off from PACU • Beta blocker administration • PATIENT Checklist report hand-off • Management of patients with coronary artery stents, pacemakers, AICD's • Blood and blood-product administration • Airway emergency response • Clinical orientation packet and skills checklist	
Locate the following areas where anesthesia services or patient care may be provided: • ICU • Cath lab • GI • Ambulatory • Pharmacy • OB • Radiology • Blood Bank or Blood Product policy • Pre-op Holding area • Communication board for OR Schedule • Confirm Methods of Communication	
Locate Pyxis/Medication Dispenser Obtain Access to the Pyxis/Medication Dispenser	
Student understands and agrees to follow institutional policy and procedures on controlled substances (management, waste, and documentation)	

_____   _____

RRNA Signature/Date   Onsite Clinical Coordinator Signature/Date

Appendix 4

<h2 style="text-align:center">NMSU DNP-NA RRNA Formative Clinical Evaluation</h2>

Name: _____Preceptor: _____

Semester/Level: _____Date: _____

Clinical Site: _____

Case(s): _____

N= Novice: The *novice* RRNA has little to no situational anesthesia experience in the operating room. The novice RRNA lacks confidence cannot perform safe anesthesia practice without continual verbal and physical cures. Upon entry into anesthesia practice, the RRNA begins to self-driven critical thought, self and situational awareness, and self-governing skills (AANA Executive Summary: Full Scope of Practice document).

AB= Advanced Beginner: The *advanced beginne*r RRNA now has actual experience and is able to demonstrate marginally acceptable anesthesia skills and clinical judgment. He/she is efficient and skillful in part of the anesthesia practice occasionally requiring supportive cues. The RRNA continues in greater depth to integrate self-driven critical thought, self and situational awareness, and self-governing skills that began in Clinical Residency I (AANA Executive Summary: Full Scope of Practice document).

C= Competent: The *competent* RRNA demonstrates competence similar to a new graduate CRNA who has been on the job 1-2 years. The RRNA demonstrates efficiency, is coordinated and has confidence in his/her actions. The competent RRNA establishes a plan with perspective. The anesthesia plan is based on considerable conscious, abstract analytic contemplation of the problem. The conscious, deliberate planning is characteristic of the competent RRNA and helps him/her achieve efficiency and organization. The RRNA fully integrates self-driven critical thought, self and situational awareness, and self-governing skills learned in Clinical Residency 1 and 2 (AANA Executive Summary: Full Scope of Practice document).

P=Proficient: The *proficient* RRNA perceives situations as whole rather than in terms of separated parts or aspects. Proficient RRNA learns from experience what typical events to expect in a given situation and how to modify those plans in response to events. The proficient RRNA can now recognize when the expected normal picture does not materialize. This holistic understanding improves the proficient RRNAs' decision making becoming less labored. The RRNA now has perspective about what is most important in the present situation. The RRNA has an autonomous practice that completely integrates self-driven critical thought, self and situational awareness, and self-governing skills learned during the previous clinical residencies and will continue for lifelong learning (AANA Executive Summary: Full Scope of Practice document).

U=Unsatisfactory: The RRNA functions at or below the level of a bachelors prepared critical care registered nurse.

N/A=not applicable/not observed

Patient Safety	N, AB, C, P, U N/A	Comments
Vigilant in delivery of patient care		
Refrains from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (i.e., texting, reading, etc.)		
Conducts comprehensive equipment check Protects patients from iatrogenic complications		
Perianesthesia	N, AB, C, P, U N/A	Comments
Provides individualized care throughout the perianesthesia continuum		
Delivers culturally competent perianesthesia care Provides anesthesia services to all patients across the lifespan		
Performs a comprehensive history and physical assessment		
Administers general anesthesia for a variety of surgical and medically related procedures Administers a variety of regional anesthetics		
Critical Thinking	N, AB, C, P, U N/A	Comments

Apply knowledge to practice in decision making and problem solving based on evidence-based principles		
Perform a preanesthetic assessment and formulate an anesthesia plan of care prior to providing anesthesia services		
Assume responsibility and accountability for anesthesia care		
Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions		
Interpret and utilize data obtained from noninvasive and invasive monitoring modalities		
Calculate, initiate, and manage fluid and blood component therapy		
Recognize, evaluate, and manage patient physiologic responses		
Recognize and appropriately manage anesthesia complications Use science-based theories and concepts to analyze new practice approaches		
Communication	N, AB, C, P, U N/A	Comments

Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals		
Professional Role	**N, AB, C, P, U N/A**	**Comments**
Adheres to the Code of Ethics for the Certified Registered Nurse Anesthetist		
Interacts on a professional level with integrity Applies ethically sound decision-making processes		
Functions within legal and regulatory requirements Accepts responsibility and accountability for own practice		
Provides anesthesia services in a cost-effective manner		
Overall Assessment	**N, AB, C, P, U N/A**	
Functions mostly at what stage of clinical competence?		

Overall Comments:

Appendix 5

NMSU DNP-NA RRNA Summative Clinical Evaluation

Student Name: _____Clinical Site: _____

Summative clinical evaluation dated between: _____ and _____

Please match the best response that reflects the RRNA's acquisition and development of skills as the RRNA passes through the five levels of Benner's Stages of Clinical Competence. The definition of each stage is listed below.

The *novice* RRNA has little to no situational anesthesia experience in the operating room. The novice RRNA lacks confidence cannot perform safe anesthesia practice without continual verbal and physical cures.

The *advanced beginner* RRNA now has actual experience and is able to demonstrate marginally acceptable anesthesia skills and clinical judgment. He/she is efficient and skillful in part of the anesthesia practice occasionally requiring supportive cues.

The *competent* RRNA demonstrates competence similar to a new graduate CRNA who has been on the job 1-2 years. The RRNA demonstrates efficiency, is coordinated and has confidence in his/her actions. The competent RRNA establishes a plan with perspective. The anesthesia plan is based on considerable conscious, abstract analytic contemplation of the problem. The conscious, deliberate planning is characteristic of the competent RRNA and helps him/her achieve efficiency and organization.

The *proficient* RRNA perceives situations as whole rather than in terms of separated parts or aspects. Proficient RRNA learns from experience what typical events to expect in a given situation and how to modify those plans in response to events. The proficient RRNA can now recognize when the expected normal picture does not materialize. This holistic understanding improves the proficient RRNAs' decision making becoming less labored. The RRNA now has perspective about what is most important in the present situation.

1. **Resident's knowledge base** (anatomy, physiology, pathophysiology, pharmacology, basic laboratory/diagnostic information, chemistry/biochemistry/physics, anesthesia principles, equipment/technology)
   - a. Novice: 20 points
   - b. Advanced Beginner: 15 points
   - c. Competent: 10 points
   - d. Proficient: 5 points
   - e. Unacceptable: 0 points

2. **Resident's preanesthesia preparation of patient and anesthetizing area** (patient assessment/evaluation, cultural competence, evidence-based anesthesia management plan, medications/treatments, room setup)

a. Novice: 20 points
        b. Advanced Beginner: 15 points
        c. Competent: 10 points
        d. Proficient: 5 points
        e. Unacceptable: 0 points

3. **Resident's preanesthesia preparation of patient and anesthetizing area** (induction, maintenance, emergence, safety, pain management, post-anesthesia care)
        a. Novice: 20 points
        b. Advanced Beginner: 15 points
        c. Competent: 10 points
        d. Proficient: 5 points
        e. Unacceptable: 0 points

4. **Resident's psychomotor skills** (airway management, regional techniques, arterial/venous access techniques, infection control/universal precautions)
        a. Novice: 20 points
        b. Advanced Beginner: 15 points
        c. Competent: 10 points
        d. Proficient: 5 points
        e. Unacceptable: 0 points

5. **Resident's professionalism** (ethical/legal, receptive to instruction, interdisciplinary communication, patient/family communication, collaboration, leadership, considers quality improvement/cost effectiveness)
        a. Novice: 20 points
        b. Advanced Beginner: 15 points
        c. Competent: 10 points
        d. Proficient: 5 points
        e. Unacceptable: 0 points

Total Points: _____ out of 100 points

6. **Please provide additional comments that would be beneficial to the resident and the DNP-NA faculty.**

Clinical Coordinator Name: _____

Clinical Coordinator's Signature: _____Date: _____

Appendix 6

DNP-NA Clinical Residency Course Director Summative Evaluation

Student Name: _____Clinical Site: _____ Date: _____

Did student complete the following tasks? A "yes "or "n/a" in each category is required to receive a passing grade in this course.

Task	Yes	No	N/A	Comment
Orientation and Expectations Form completed and turned in				
At least 90% of Anesthesia Management Plans submitted				
100% of Daily Preceptor Formative Evaluations submitted to preceptors				
Clinical Coordinator Clinical Residency Summative Evaluation score 80 or better				
Clinical Site Evaluation submitted				
Clinical Experiences Log up to date in Medatrax				
Time Logs up to date in Medatrax				
DNP Practicum Hours submitted				
DNP Project Progress Report submitted				

Comments (*Course Director will comment on any below benchmark scores***):**

Final Grade: Pass/Fail   Course Director:_____ Date: _____