SCHOOL OF NURSING

Part 2
DNP–Nurse Anesthesiology Program Student Handbook

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School of Nursing

College of Health, Education, and Social Transformation

NMSU DNP–Nurse Anesthesiology

(DNP-NA) Program
Nurse Anesthesiology Resident Handbook Addendum

Part 2 - Clinical Policies

Academic Year 2026–2027

Students/residents are responsible for complying with the policies and procedures contained in the current published version of the Student Handbook. Policies may be revised during a student's enrollment in response to changes in University requirements, accreditation standards, regulatory requirements, or program needs. Students will be notified of substantive changes and are expected to comply with revised policies from their stated effective date.
Policy changes that occur during the academic year are communicated by email.

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FORWARD

Part 1 and Part 2 of the Doctor of Nursing Practice (DNP) Nurse Anesthesiology Resident (NAR) Handbook Addendums provides guidance to Nurse Anesthesiology Residents (NARs), faculty, and staff regarding program expectations, policies, and procedures.

NARs must use these handbook addendums in conjunction with the DNP Program Certificate Student Handbook, the NMSU Student Handbook, and the Graduate Catalog. In the event of conflicting information, the policies outlined in this Handbook Addendum supersede those in the DNP Handbook.

The New Mexico State University Doctor of Nursing Practice–Nurse Anesthesiology (DNP-NA) Program structures its clinical curriculum in accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate and applicable COA guidelines. The COA standards are designed to prepare graduates with the entry-to-practice competencies necessary to provide safe, competent, and ethical anesthesia and anesthesia-related care.

Throughout the clinical residency sequence, Nurse Anesthesiology Residents (NARs) are provided with progressive and diverse clinical experiences across the perioperative continuum and the full scope of nurse anesthesia practice. Clinical experiences are designed to develop increasing competency in preanesthetic assessment and preparation, intraoperative and procedural anesthesia management, postanesthetic care, pain management, and other anesthesia-related services. The clinical curriculum provides unrestricted perioperative experiences intended to promote the development of competent nurse anesthetists.

Each NAR is responsible for accurately documenting clinical hours, cases, procedures, patient populations, anesthetic techniques, and other required clinical experiences in accordance with Program and COA requirements. Clinical experiences may only be counted when the NAR personally participates in the critical portions and management of the anesthetic or personally performs the applicable procedure; observation alone does not constitute a countable clinical experience.

Meeting the minimum number of clinical hours or total cases alone does not constitute completion of clinical requirements. Each NAR must individually satisfy all applicable COA minimum clinical experience requirements and Program requirements prior to graduation.

The COA requires a minimum of 2,000 clinical hours and establishes minimum requirements across specific case, patient, procedure, and clinical experience categories.

The Program monitors each NAR's clinical progression throughout the curriculum and may modify clinical assignments or require additional clinical experiences as necessary to ensure achievement of required clinical experiences and entry-to-practice competencies.

These clinical experiences, in conjunction with the didactic and simulation curriculum, support achievement of COA entry-to-practice competencies and prepare the NAR for successful transition to professional nurse anesthesia practice and eligibility for the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) National Certification Examination (NCE) upon graduation. Graduation from an accredited nurse anesthesia program is a prerequisite for eligibility for national certification.

COA requires that residents use the Nurse Anesthesiologist Resident (NAR) title during all clinical experiences. Under no circumstances may NARs use the titles Certified Registered Nurse Anesthetist/Anesthesiologist (CRNA), Nurse Anesthetist/Anesthesiologist, or represent themselves by title or function as a CRNA or nurse anesthetist/anesthesiologist while enrolled in the DNP-NA program.

CLINICAL EDUCATION OVERVIEW

Clinical Residency (CR) courses provide supervised, progressive clinical experiences that integrate didactic knowledge with anesthesia and anesthesia-related care across the lifespan, patient populations, clinical settings, and surgical and procedural specialties. Clinical education is designed to develop the knowledge, skills, clinical judgment, and professional behaviors necessary to achieve COA Graduate Standards and entry-to-practice competencies and prepare NARs for entry into nurse anesthesia practice.

Clinical education is progressive and competency based. As NARs demonstrate increasing knowledge, technical skills, clinical judgment, and professional behaviors, they assume progressively greater responsibility for planning, implementing, managing, and evaluating anesthesia care under appropriate supervision. NARs are expected to actively participate in preanesthetic, intraoperative/intraprocedural, and postanesthetic care appropriate to their level of education and demonstrated competence. Clinical experiences are assigned based on educational objectives, individual learning needs, and progression toward required competencies and COA clinical experiences.

Clinical faculty, coordinators, and preceptors provide supervision, feedback, and evaluation throughout the clinical curriculum. NARs are expected to demonstrate professionalism, accountability, ethical practice, patient safety, and effective communication.

Clinical Residency courses are sequential and must be completed in the designated order. In accordance with NMSU DNP-NA Program progression requirements, Clinical Residency courses may not be repeated. Failure of a Clinical Residency course (i.e. earning a U = Unsatisfactory work) results in dismissal from the Program.

Clinical education is conducted in accordance with applicable COA standards, NMSU policies, clinical site requirements, and federal and state laws and regulations. New Mexico State University Nurse Anesthesiology Program requires a minimum of 2400 clinical hours along with the COA minimum case numbers per specialty prior to graduation.

Failure to comply with the requirements outlined in Part 2 NAO Clinical Handbook may result in corrective action under the Performance Improvement and Corrective Actions Policy described in Part 1 of the NAP Resident Handbook, as well as restriction or suspension of clinical participation until any deficiencies have been resolved and verified.

CLINICAL SUPERVISION

Direct clinical supervision of first-year (NARs) shall be maintained at a 1:1 preceptor-to-resident ratio. As NARs progress and demonstrate increasing clinical competence, junior and senior NARs may be supervised at a ratio not exceeding 2:1 by a qualified CRNA or physician anesthesiologist, consistent with the COA standards. Clinical supervision is limited to institutionally credentialed CRNAs and physician anesthesiologists who are immediately available for consultation and responsible for the anesthesia care of the patient. The supervising provider provides direct guidance, evaluates NAR performance, and approves the NAR's plan of care. A medical resident, fellow, anesthesiologist assistant (AA), NAR, or another learner may not serve as the clinical supervisor of a NAR. NARs participating in non-anesthetizing clinical experiences may be supervised by appropriately credentialed experts in accordance with COA Standards.

Clinical supervision and responsibility are progressively adjusted based on the NAR's level of education, demonstrated competence, clinical judgment, patient acuity, and complexity of the anesthetic. As competence develops, NARs are provided opportunities to assume progressively greater responsibility for anesthesia care while remaining under appropriate supervision. NARs 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 NARs develop knowledge, skills, and abilities for entry into practice, NARs must participate in all phases of their clinical cases including preoperative, intraoperative, and postoperative anesthesia of care. Opportunities for advanced clinical experiences or increased autonomy must occur as the NAR progresses through clinical residencies and as the NAR demonstrates capabilities, and knowledge.

CLINICAL COMPLIANCE REQUIREMENTS

Clinical eligibility is a condition of participation in all clinical education activities. Nurse Anesthesiology Residents (NARs) must complete all required clinical clearance requirements before beginning clinical experiences and maintain continuous eligibility throughout enrollment in the DNP-NA Program.

NARs are responsible for:

- Maintaining current required licensure, certifications, health clearances, training, credentialing, and documentation.
- Monitoring expiration dates and completing renewals before expiration.
- Uploading renewed or updated documentation within 48 hours of renewal or a change in status.
- Responding to Program requests for compliance documentation within 48 hours, unless otherwise specified.
- Meeting all applicable NMSU, DNP-NA Program, affiliated clinical site, and regulatory requirements for clinical participation.

Program reminders are provided as a courtesy and do not relieve NARs of responsibility for maintaining clinical eligibility. Unless otherwise specified, requirements, renewals, documentation, and associated costs are the responsibility of the NAR.

Failure to maintain clinical eligibility may result in restriction or suspension from clinical education until all deficiencies have been corrected and verified. Missed clinical time resulting from failure to maintain required eligibility is subject to the attendance, progression, loss of authorized time off, and clinical make-up policies outlined in this handbook.

Mid-Semester Compliance Verification

NARs enrolled in Introduction to Clinical Residency through Clinical Residency V must complete a Mid-Semester Clinical Clearance Review using the Clinical Clearance and Credentialing Verification Form. NARs must verify their compliance records, identify requirements expiring during the semester or within the next six months, establish a timely renewal plan, submit required documentation, and complete the verification form.

Refer to the Clinical Clearance Requirements at the end of this handbook for specific requirements.

CLINICAL ORIENTATION

The DNP-NA Program provides a comprehensive clinical orientation before the start of the first clinical residency course. Orientation prepares NARs for clinical practice and includes information related to program expectations, clinical requirements, and professional standards.

Topics covered during the program clinical orientation include:

- Clinical policies, procedures, and expectations
- NARs roles and responsibilities
- AANA Standards for Nurse Anesthesia Practice
- AANA Code of Ethics
- Program outcomes and clinical progression expectations
- Drug screening requirements and prescription medication policies
- Formative and summative evaluation processes, grading, and clinical performance expectations
- Development and implementation of anesthesia management plans
- COA clinical experience and case requirements
- COA Guidelines for Counting Clinical Experiences
- Documentation of clinical cases and hours within the program's electronic clinical tracking system (e.g., Typhon)
- Clinical scheduling processes and requirements
- Clinical site orientation requirements and checklists

In addition to the program's clinical orientation, each clinical site provides site-specific orientation as required. Site orientation may include facility policies, electronic health record training, safety procedures, workflow expectations, and other requirements necessary for participation in clinical activities. Clinical site orientation do not count toward required clinical hours or clinical case requirements and must not be recorded as clinical experiences in accordance with COA Standards.

CLINICAL RESIDENCY PROGRESSION AND COURSE SEQUENCE

Nurse Anesthesia Residents (NARs) integrate didactic knowledge with clinical practice throughout the perianesthesia period. Clinical education is designed to support progressive development from closely supervised anesthesia care in the initial clinical residency experience to increasing autonomous practice with appropriate preceptor oversight in advanced clinical residencies.

Clinical residency experiences are completed in a sequential manner and provide progressive responsibility in patient assessment, anesthesia planning, delivery of care, clinical decision-making, communication, professionalism, and management of perioperative events. NARs participate in all phases of anesthesia care, including preoperative, intraoperative, and postoperative management, across diverse patient populations, practice settings, and surgical specialties.

The clinical curriculum is structured to align with the developmental stages of nurse anesthesiology practice.

- Introduction to Clinical Residency (Nurs 6700): NARs apply concepts from the simulated perioperative environment and begin to learn communication and documentation skills. The NAR will analyze data from monitors and other equipment to ensure safe delivery of anesthesia care.
- Clinical Residency I (NURS 6710): NARs begin applying foundational anesthesia knowledge and basic clinical skills under close supervision while developing critical thinking, situational awareness, and professional behaviors.
- Clinical Residencies II–III (NURS 6720–6730): NARs expand clinical judgment, increase technical proficiency, apply evidence-based anesthesia care, and begin anticipating perioperative events with decreasing levels of guidance.
- Clinical Residency IV (NURS 6740): NARs demonstrate increasing organization, efficiency, and autonomy in the planning and management of anesthesia care, including anticipated and unanticipated perioperative events.
- Clinical Residencies V–VI (NURS 6750–6760): NARs integrate previous learning to provide safe, evidence-based anesthesia care with a high degree of autonomy, adaptability, and clinical reasoning consistent with entry into professional practice.

Because the curriculum is sequential, and residency courses are offered once annually, clinical residency courses may not be repeated

CLINICAL CLEARANCE REQUIREMENTS

Clinical eligibility is a condition of participation in all clinical education activities.

Residents must maintain all required licensure, certifications, health clearances, training, and documentation throughout enrollment in the DNP-NA Program. Unless otherwise specified, all clinical eligibility requirements, renewals, documentation submissions, and associated costs are the responsibility of the resident.

Clinical eligibility requirements include, but are not limited to, the following:

RN Licensure

NARs must maintain an active, unencumbered registered nurse (RN) license that authorizes practice in all states where clinical education occurs. This requirement may be met through active single state RN licensure in New Mexico **and** Texas or through a multistate compact RN license that permits practice in both states.

NARs must notify the Program Director within twenty-four (24) hours of any lapse, expiration, restriction, investigation, disciplinary action, or change in licensure status.

Required Certifications

NARs must maintain current certification in:

- Basic Life Support (BLS) - with in-person demonstration of skills
- Advanced Cardiovascular Life Support (ACLS), with in-person demonstration of skills
- Pediatric Advanced Life Support (PALS)- with in-person demonstration of skills

All certifications must remain valid throughout the clinical semester. Certifications scheduled to expire during a clinical semester must be renewed before clinical clearance documentation is submitted to the clinical site.

Drug Screening and Background Checks

NARs must comply with all drug screening, criminal background checks, and fingerprinting requirements established by the university, the DNP-NA Program, and affiliated clinical facilities.

Drug screening may be required:

- Prior to clinical placement
- Randomly
- For reasonable suspicion
- Following a patient safety event
- Upon return from leave
- At the request of a clinical facility

Clinical facilities reserve the right to deny, restrict, or revoke clinical placement based on screening results or facility policy.

Immunizations, Health Screening, and Health Training

NARs must maintain all immunizations, titers, health screenings, health training requirements, and medical clearances required by the university, program, and affiliated clinical facilities.

Requirement	Accepted	Resolution
Vaccination Record	A one-time requirement uploaded to Project Concert prior to the start of Introduction of Clinical Residency	N/A
Hepatitis B Titer	A positive Hepatitis B titer uploaded to Project Concert prior to the start of Introduction of Clinical Residency	• Two doses of HEPLISAV-B® one month apart • Three doses of Engerix-B and Recombivax HB (typically 0, 1, and 6 months)
Measles (Rubeloa), Mumps, and Rebella (German Measles)	A positive titer for all 3 uploaded to Project Concert prior to the start of Introduction of Clinical Residency	• Two doses of MMR vaccination series, with doses administered at least 28 days apart
Varicella Titer (Chicken Pox)	A positive Varicella titer uploaded to Project Concert prior to the start of Introduction of Clinical Residency	• Two doses of Varivax vaccination that are at least 28 days apart
Influenza (Flu) Vaccination	Annually by October 31st	N/A
Tetanus, Diphtheria, and Pertussis (TDaP)	A vaccine (or booster) within the last 10 years containing Pertussis.	N/A
COVID Vaccination Record	Proof of two doses of a COVID vaccine, and at least one booster	N/A
N95 Mask Fit Testing	N95 fit testing must be completed annually and	N/A

	remain valid throughout the clinical year. Tests are available to NARs from the DNP-NA Program staff by appointment only.	
QuantiFERON Gold TB Test	A negative QuantiFERON Gold TB test taken annually	• One negative chest x-ray AND a yearly negative TB Symptomatology Questionnaire
Tuberculosis Symptomatology Questionnaire	A questionnaire about Tuberculosis that must be completed annually	N/A

Additional Clinical Requirements

NARs must maintain all additional compliance requirements necessary for participation in clinical activities.

Requirement	Accepted	Resolution
Health Insurance	A current health insurance card must be uploaded to Project Concert before the start of Introduction of Clinical Residency course. Updated documentation must be uploaded whenever insurance coverage changes, or the card expires.	N/A
Medical Malpractice Insurance	Proof of Insurance provided by AANA Insurance uploaded to Project Concert annually. Insurance is paid for and initiated by the NAP program.	N/A
Driver's License	A current, valid driver's license must be maintained in Project Concert throughout enrollment in the program.	N/A
CV/Resume	A current CV/Resume must be uploaded to Project Concert before the start of Introduction of Clinical Residency course. NARs may upload the same version submitted with their program application.	N/A
Bloodborne Pathogen Training	One-time Bloodborne Pathogen Training completed through	N/A

	TRAIN.org. Upon completion, the training certificate must be uploaded to Project Concert.	
Health Insurance Portability and Accountability Act (HIPPA) Training	HIPPA Training must be completed every two years. Upon completion, the training certificate must be uploaded to Project Concert.	N/A
Compliance Requirements mandated by assigned clinical sites	Complete all required onboarding, orientation, credentialing, training, drug screening, and documentation required by assigned clinical sites	N/A

Clinical Site-Specific Requirements

NARs are responsible for completing all orientation, onboarding, credentialing, training, drug screening, background checks, and documentation requirements required by assigned clinical facilities before participating in any clinical education.

CLINICAL COMMUNICATION AND CHAIN OF COMMAND

Effective communication is essential to patient safety, clinical learning, professional development, and the resolution of clinical concerns. Nurse Anesthesiology Residents (NARs) are expected to utilize the established chain of command when seeking guidance, reporting concerns, resolving conflicts, requesting schedule changes, addressing patient safety issues, or communicating matters related to clinical education.

The chain of command promotes timely communication, supports appropriate problem resolution at the lowest practical level, and ensures that concerns are elevated to program leadership when necessary. While urgent patient safety concerns should be addressed immediately with the supervising anesthesia provider, most routine issues should follow the communication pathway outlined below.

Failure to use the established chain of command may delay problem resolution and disrupt communication between residents, clinical faculty, and clinical site personnel.

Professional Communication Expectations

NARs are expected to:

- Communicate respectfully and professionally with faculty, preceptors, staff, and program leadership.
- Respond to communications from clinical sites and program leadership within 24 hours..
- Monitor university email and other designated communication platforms daily.
- Seek clarification when expectations or instructions are unclear.
- Notify appropriate individuals promptly when issues arise that may affect clinical participation, patient care, or program progression.

NARs should generally address questions, concerns, or issues using the following communication pathway:

Clinical Communication Chain of Command

1. Assigned Clinical Preceptor
2. Clinical Site Coordinator (CSC) or Designee
3. Faculty of Record
4. Assistant Program Director (APD)
5. Program Director (PD)

Issues should be addressed at the lowest appropriate level whenever possible. If a concern cannot be resolved satisfactorily, the NAR may elevate the matter to the next level of the chain of command.

Patient Safety Concerns

Concerns involving patient safety, impairment, professional misconduct, ethical violations, harassment, discrimination, workplace violence, or other urgent matters must be reported immediately to the supervising anesthesia provider and appropriate clinical leadership. Program leadership should be notified as soon as reasonably possible.

Clinical Emergencies

In situations involving immediate danger to patient safety or significant clinical risk, NARs should follow clinical site policies and notify the appropriate supervising CRNA, physician anesthesiologist, or department leadership before following the routine chain of command.

CLINICAL PREPARATION AND PATIENT CARE RESPONSIBILITIES

Daily clinical assignments are made by the Clinical Site Coordinator (CSC) or designee. NARs are expected to obtain their clinical assignments before the scheduled clinical day when assignments are available to allow adequate time for preparation. Assignment availability and timing may vary among affiliated clinical sites based on patient scheduling and operational needs.

Clinical assignments are educational experiences designed to support achievement of course outcomes, required clinical experiences, and COA Graduate Standards. NARs are assigned patients and procedures appropriate to their level of education, demonstrated competence, and clinical learning needs. As competence develops, NARs are provided opportunities to manage patients of increasing complexity and assume progressively greater responsibility for anesthesia care under appropriate clinical supervision.

NARs are expected to arrive at the clinical site with sufficient time to prepare for assigned clinical experiences. Preparation includes reviewing pertinent patient information and preparing the anesthesia machine, airway equipment, medications, monitoring equipment, intravenous access supplies, regional anesthesia equipment, fluid management equipment, and other resources necessary for the planned anesthetic.

Clinical expectations may vary among affiliated clinical sites. Site-specific requirements are reviewed during clinical site orientation by the CSC or designated clinical leadership. NARs must comply with applicable NMSU, DNP-NA Program, and clinical site policies and procedures.

NAR Responsibilities

Obtain clinical assignments before the scheduled clinical day when available and prepare appropriately for assigned patients and procedures.

Review pertinent patient history, physical examination findings, laboratory results, diagnostic studies, medications, and other information relevant to anesthetic management.

Perform a thorough preanesthetic patient interview and assessment or Comprehensive exam, as applicable, for assigned patients. Depending on the clinical setting and patient availability, this may occur before the day of surgery or in the preoperative holding area.

Develop a comprehensive, individualized anesthesia management plan for each assigned patient and review the plan with the supervising CRNA or physician anesthesiologist before implementation.

Provide evidence-based, patient-centered, and culturally responsive anesthesia care under appropriate clinical supervision.

Actively participate in the preanesthetic, intraoperative, and postanesthetic phases of care for assigned clinical experiences.

Perform postanesthetic assessment and follow-up when appropriate and when the patient is available, consistent with clinical site policy.

Demonstrate flexibility and adaptability when patient assignments, schedules, patient conditions, or clinical priorities change.

Complete required clinical documentation, case records, time logs, anesthesia preparation worksheets (APWs), evaluations, and other required documentation in the designated clinical tracking system.

Comply with clinical site requirements related to patient safety, quality assurance, documentation, infection prevention, medication management, and professional conduct.

Clinical assignments may change based on patient care needs, clinical site operations, or educational objectives. NARs are expected to demonstrate flexibility and maintain appropriate preparation when assignments change.

Failure to comply with the requirements outlined in this section may result in corrective action in accordance with the Performance Improvement and Corrective Actions Policy described in Part 1 of the NAP Resident Handbook.

CLINICAL ROTATIONS

Clinical rotations are designed to support achievement of course outcomes, required clinical experiences, and COA Graduate Standards. Clinical placement is based on NAR learning needs, level of progression, available clinical experiences, and program requirements.

The Assistant Program Director (APD) and Administrative Clinical Coordinator develop and manage clinical schedules in collaboration with clinical site coordinators, clinical faculty, and program leadership. When possible, NARs will receive clinical schedules and rotation assignments at least one month before the beginning of the next clinical residency course.

Clinical schedules and rotation assignments are subject to change based on clinical site operations, case availability, NAR learning needs and progression, specialty experience requirements, and other circumstances affecting clinical education. NARs may be assigned to different clinical sites or schedules as necessary to ensure appropriate educational experiences and progression toward program and COA requirements.

NARs are responsible for daily monitoring of university email, Project Concert, and other designated communication platforms for clinical schedule updates and must comply with schedule changes and reassignment instructions.

Flexibility in clinical site, schedule, and rotation assignments is an expected component of clinical education and may be necessary to support NAR progression and achievement of program and COA clinical requirements.

CLINICAL HOURS AND CLINICAL ASSIGNMENT EXPECTATIONS

Clinical education is designed to prepare Nurse Anesthesiology Residents (NARs) for **safe, competent entry into nurse anesthesia practice**. Clinical hours and case requirements represent **minimum expectations and are not intended to define the point at which a resident's clinical education or an assigned clinical day is complete**.

CLINICAL HOURS PER CREDIT

The DNP–Nurse Anesthesiology degree plan assigns **150 clinical hours for each clinical credit**. These hours represent the **minimum clinical hours associated with the credit awarded** and must be completed by every NAR.

The course syllabus establishes the clinical schedule and minimum clinical expectations for each Clinical Residency course. Clinical schedules are adjusted as appropriate for the length of the academic term.

Meeting the minimum clinical hours associated with a course or degree plan does not automatically release a NAR from scheduled clinical assignments. Residents remain

responsible for completing all assigned clinical experiences through the end of the scheduled course or rotation unless otherwise directed by the Program.

CLINICAL DAY EXPECTATIONS

A clinical day is **not defined as a fixed 8-, 10-, or 12-hour shift**. NARs are expected to remain at the clinical site for the duration of their assigned clinical experience as determined by the clinical site, Clinical Coordinator, preceptor, and/or Program faculty.

Clinical assignments may include daytime, evening, overnight, weekend, holiday, and call experiences and may vary in length based on patient care, case complexity, learning opportunities, site operations, and the resident's educational needs.

NARs may not independently determine that their clinical day is complete based solely on the number of hours worked. **Residents must communicate with and receive approval from the appropriate preceptor or Clinical Coordinator before leaving the clinical site.** A resident should not leave an ongoing case or significant educational experience solely because a predetermined number of hours has been reached.

All clinical scheduling must remain within applicable Program and COA requirements governing resident time commitment, supervision, and rest.

Entry-to-Practice Readiness

Completion of the minimum required clinical hours and cases does not, by itself, demonstrate readiness for entry into practice. The Program evaluates each NAR's progression based on the **quality, breadth, complexity, and continuity of clinical experiences; achievement of required competencies; clinical performance; professional behaviors; and demonstrated readiness for increasingly independent practice within the required supervisory structure**.

The Program's goal is not for residents to complete only the minimum number of hours or cases. Clinical assignments are designed to provide sufficient experience for each resident to develop the knowledge, skills, clinical judgment, professional behaviors, and competencies necessary for **safe entry into nurse anesthesia practice**.

Accordingly, NARs should expect to exceed minimum clinical hours and case requirements when necessary to meet Program outcomes, clinical competencies, specialty experiences, and entry-to-practice expectations.

Clinical Attendance Requirements

Clinical experiences support the achievement of program objectives and Council on Accreditation (COA) requirements for clinical hours, case experiences, and competency development. NARs are expected to arrive prepared, actively participate in patient care activities appropriate to their level of training, and engage in all phases of perioperative care.

Clinical attendance is mandatory.

NARs are expected to fully participate in all assigned clinical experiences and comply with program, facility, and clinical site requirements related to scheduling, credentialing, documentation, attendance, and professional conduct.

Call experiences provide opportunities for NARs to participate in urgent, emergent, and after-hours anesthesia care and may include evening, overnight, weekend, holiday, or extended clinical assignments. COA specifically requires programs to provide opportunities for clinical experiences outside the regular clinical schedule through call or another mechanism.

In accordance with COA Standards, NARs' combined scheduled didactic and clinical activities must not exceed an average of 64 hours per week, averaged over a four-week period. NARs must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.

Clinical Absence Notification

NARs are responsible for timely communication regarding any absence, tardiness, or early departure from an assigned clinical experience to support patient care coverage, clinical scheduling, and accurate documentation of clinical hours.

Absences

NARs who are unable to attend a scheduled clinical assignment must:

- Notify the Clinical Site Coordinator, preceptor, or designated site representative and the Faculty of Record (FOR) at least one hour before the scheduled clinical start time. When circumstances prevent advance notification, communication must occur within 24 hours of the absence.
- Notify the clinical site and FOR in the same communication when possible.
- Use direct verbal or text communication; email alone is not sufficient unless authorized by the clinical site or program.
- Follow all program and clinical site absence-reporting procedures; such as leave forms and provide supporting documentation; healthcare providers note, when required.

Tardiness and Early Departure

A NAR is considered tardy when they arrive after the assigned clinical start time.

Anticipated tardiness must be communicated to the clinical preceptor or designated site representative and the FOR as soon as possible and ideally at least one hour before the scheduled clinical start time.

Early departure from an assigned clinical experience requires approval from the clinical preceptor and notification of the FOR and/or Assistant Program Director (APD), except when circumstances require immediate departure.

Unreported (no call-no show), excessive, or recurrent tardiness, absences, or unauthorized early departures will be considered unprofessional conduct and may result in action in accordance with program policies.

Reporting Absences

NARs who are unable to attend a scheduled clinical assignment must notify the clinical site (Clinical Coordinator, preceptor, or designated representative) scheduled clinical day.

Authorized Time Off (ATO) and Clinical Scheduling

Attendance and participation in clinical education are essential components of progression within the DNP-NA Program. Because clinical education is competency-based and dependent upon direct patient care experiences, residents enrolled in clinical residency courses do not follow the New Mexico State University academic calendar for holidays, semester breaks, or other university closures.

Junior and Senior Nurse Anesthesiology Residents (NARs) are expected to participate in assigned clinical activities throughout the academic year and must comply with all attendance, leave, and scheduling requirements established by the program. Resident Time Off (RTO) is intended to provide limited flexibility for personal leave while supporting completion of required clinical competencies, case experiences, and graduation requirements.

Authorized Time Off (ATO)

Nurse Anesthesiology Residents (NARs) are expected to attend all scheduled clinical experiences and manage time away from clinical responsibly. Authorized Time Off (ATO) provides residents with limited flexibility for vacation, personal business, illness, emergencies, and other absences while maintaining required clinical education, competency, hours, and case requirements.

ATO Allotment

NARs are allotted fourteen (14) ATO days for the two-year clinical residency period.

- ATO may be used for vacation, personal business, illness, emergencies, and other approved absences from scheduled clinical activities.
- A maximum of five (5) consecutive ATO days may be used at one time. Multiple or sequential requests may not be used to circumvent this limit.
- ATO does not relieve residents of responsibility for meeting clinical course requirements, required clinical hours and cases, specialty experiences, competency expectations, or progression requirements.
- Unused ATO does not have monetary value and does not extend beyond completion of the clinical residency period.
- Once all available ATO has been exhausted, additional absences are not automatically authorized based on a resident's ability or willingness to make up the missed clinical time.

Transition for Current Clinical Cohorts

NARs who begin the two-year clinical residency period on or after implementation of this handbook provision receive the full fourteen (14)-day ATO allotment.

NARs already enrolled in clinical residency at the time of implementation with approximately one year of clinical residency remaining will receive a one-time transitional allotment of seven (7) ATO days for the remainder of their clinical residency.

Program Holidays

NARs who are scheduled for clinical on the following Program observed holidays are excused from clinical without use of ATO:

- Martin Luther King, Jr. Holiday
- Spring Holiday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the following Friday
- Christmas Eve and Christmas Day
- New Year's Eve and New Year's Day

If a Program holiday falls on a day the NAR is not otherwise scheduled for clinical, an additional day off or ATO credit is not provided.

Clinical sites may remain operational on university holidays. NARs must follow the clinical schedule communicated by the Program and may not independently alter their clinical schedule based on the University calendar.

Holiday Clinical ATO Earn-Back

A NAR who completes an approved, full clinical day (8 hrs or more) on a designated Program holiday may earn back one (1) ATO day.

- Holiday clinical experiences must be approved in advance by the FOR or APD.
- The earned day is credited after the completed clinical day is verified.
- Earned ATO is subject to the same approval requirements and restrictions as regular ATO.
- NARs may not independently arrange holiday clinical experiences for the purpose of earning ATO.

ATO Restrictions

Planned ATO will not ordinarily be approved:

- During the first or final week of a clinical rotation.
- During specialty rotations, including pediatric, obstetric, cardiac, and rural rotations.
- During mandatory simulation, examinations, clinical conferences, or other required Program activities.
- When the absence would interfere with required clinical hours, cases, specialty experiences, competency development, or course requirements.
-

Exceptions may be considered by Program leadership for extenuating circumstances.
ATO Requests and Approval

Planned ATO requests should be submitted using the Program's designated request process at least thirty (30) days in advance whenever possible.

Submission of a request does not constitute approval. Residents should not make travel or other non-refundable arrangements until written approval has been received.

NARs may not independently negotiate, exchange, or arrange time away from clinical with clinical sites or preceptors. Approved schedule changes will be communicated to the clinical site through established Program procedures.

Approval of ATO is based on educational priorities, clinical site requirements, patient care considerations, and the resident's progress toward completion of required clinical experiences. Program leadership may deny or modify a request when necessary to protect clinical education, clinical site obligations, patient safety, or Program and accreditation requirements.
Requests or absences exceeding the resident's available ATO balance may require additional clinical time and may result in delayed course completion, progression, or graduation.

Concurrent ATO Requests

ATO approval is dependent upon maintaining appropriate clinical coverage and educational opportunities. Generally, no more than 50% of NARs assigned to the same clinical site or rotation will be approved for ATO during the same period. The Program may approve fewer residents when necessary based on clinical site needs, rotation requirements, resident clinical progression, or other educational considerations.
When multiple requests for the same period cannot be accommodated, requests will be considered based on clinical and educational requirements and the order in which complete requests were received. Submission of an ATO request does not guarantee approval.

CLINICAL PROFESSIONAL CONDUCT

NARs are expected to maintain professional conduct consistent with the ANA Code of Ethics for Nurses, applicable nurse practice acts and regulations, professional standards of nurse anesthesia practice, NMSU policies, DNP-NA Program requirements, and clinical site policies.

While participating in clinical education, NARs must:

- Maintain patient confidentiality and comply with HIPAA and applicable privacy requirements.
- Communicate respectfully and professionally with patients, families, preceptors, faculty, staff, and members of the healthcare team.
- Demonstrate accountability, integrity, and professional judgment and maintain appropriate professional boundaries.
- Accept supervision, feedback, and corrective guidance in a professional manner.
- Recognize limitations and seek appropriate supervision or assistance to protect patient safety.
- Accurately and honestly document patient care, clinical experiences, case records, clinical hours, evaluations, and other program-required information.
- Comply with applicable laws, regulations, professional standards, and university, program, and clinical site policies.

Breaches of patient confidentiality, falsification of records, dishonesty, failure to follow supervisory requirements, or conduct that compromises patient safety are considered violations of professional conduct and will result in corrective or disciplinary action in accordance with the Performance Improvement and Corrective Actions Policy in Part 1 of the NAP Resident Handbook.

Clinical Dress Code

NARs are expected to maintain a professional appearance consistent with patient safety, infection prevention, and the clinical environment. The dress code and infection prevention requirements of the assigned clinical facility must be followed always.

NARs must:

- Wear facility-approved clinical or surgical attire and appropriate closed-toe footwear.
- Comply with clinical site requirements regarding surgical attire, hair coverings, masks, jewelry, piercings, tattoos, fingernails, personal surgical caps, and clothing worn under scrubs.
- Maintain professional grooming and personal hygiene consistent with the clinical environment.
- Wear required personal protective equipment (PPE), including protective eyewear, in accordance with clinical site requirements.
- Wear the official NMSU identification badge and any additional identification required by the clinical facility.
- Follow facility requirements regarding the use, laundering, and removal of facility-issued scrubs and surgical attire.

NARs are responsible for knowing and complying with the dress code and infection prevention policies of each assigned clinical site.

ELECTRONIC COMMUNICATION, SOCIAL MEDIA, AND DIGITAL PROFESSIONALISM

NARs must maintain patient confidentiality and professional conduct in all electronic and digital activities and comply with applicable laws, New Mexico Board of Nursing requirements, NMSU and DNP-NA Program policies, and clinical site policies.

Clinical-site social media is prohibited. NARs may not post, share, transmit, or publish photographs, videos, recordings, screenshots, or information related to patients, clinical experiences, clinical activities, or affiliated clinical sites on personal social media or other public digital platforms, regardless of whether patient information is identifiable.

NARs may not photograph or record the clinical environment without authorization or enter, upload, copy, or transmit patient information, clinical records, clinical-site information, or other confidential information into public, personal, or non-approved artificial intelligence (AI) platforms. AI platforms must be considered nonsecure for clinical information unless specifically approved by NMSU and the clinical affiliate.

Any actual or suspected unauthorized disclosure must be reported immediately through appropriate clinical site and program channels. Violations may result in removal from the clinical environment and corrective or disciplinary action in accordance with applicable NMSU, DNP-NA Program, clinical site, and regulatory requirements.

REMOVAL FROM THE CLINICAL SITE

Clinical sites retain the authority to remove a NAR from patient care or the clinical site when concerns arise regarding patient safety, clinical performance, professional conduct, or compliance with clinical site or program requirements.

If removed from patient care or a clinical site, the NAR must immediately notify the Clinical Site Coordinator and Faculty of Record (FOR)/Assistant Program Director (APD). The NAR may not return to clinical activities until authorized by the program and clinical site.

The DNP-NA Program will review the circumstances surrounding the removal and determine whether the NAR may return to clinical, requires remediation or additional clinical evaluation, or is subject to further corrective or disciplinary action in accordance with the Performance Improvement and Corrective Actions Policy in Part 1 of the NAP Resident Handbook.

Removal or dismissal from a clinical site does not guarantee placement at another clinical site. If a NAR cannot be placed in an appropriate clinical setting or cannot meet required clinical competencies and program requirements, the NAR may be unable to progress in the program.

CLINICAL EXPERIENCE DOCUMENTATION

NARs are responsible for the accurate and timely documentation of all clinical hours, anesthesia cases, and procedures in the program-designated clinical tracking system and in accordance with current COA Guidelines for Counting Clinical Experiences.

A NAR may count an anesthesia case only when personally involved in providing anesthesia for the critical portions of the case. Cases may not be counted when the NAR only observes, provides break relief, or is not personally involved in management of the anesthetic. Procedures may be counted only when personally performed by the NAR.

NARs are responsible for ensuring that all clinical records are complete, accurate, and submitted within required program timelines. Inaccurate, incomplete, late, or falsified clinical documentation may result in corrective action and may affect clinical progression or program completion.

Documentation Requirements

NARs are responsible for maintaining complete, accurate, and timely clinical documentation.

Clinical Timesheets

NARs must maintain a daily hard-copy timesheet documenting clinical start and end times, call or overnight experiences, make-up days, and alternate clinical sites when applicable. Each clinical day must include the clinical preceptor's signature.

Completed timesheets must be uploaded to the designated Canvas assignment by 11:59 p.m. on the due date in the required file format.

Clinical Case Records and Time Logs

All clinical cases and daily clinical hours must be entered into the program-approved electronic clinical tracking system (Typhon) by the applicable submission deadline. Electronic time records must match the hours documented on the submitted clinical timesheet.

NARs are responsible for obtaining required preceptor reviews, approvals, and signatures and for reviewing all submitted documentation for accuracy and completeness.

Audit and Corrections

Clinical documentation is reviewed and verified by the DNP-NA Program. The audit includes verification of required timesheets, preceptor signatures, correlating electronic time logs, and case records.

NARs will be notified of discrepancies and must correct them within seven (7) days. Unresolved discrepancies will result in the associated clinical time and case logs not being counted toward program or graduation requirements.

Timesheets or clinical records will not be accepted when required preceptor signatures are missing, documentation remains incomplete, or discrepancies are not corrected within the required timeframe.

All clinical timesheets, case records, time logs, evaluations, and related clinical documentation are official program records subject to review and audit by the DNP-NA Program and COA and must be complete, accurate, and truthful. Falsification of clinical hours, case records, preceptor signatures, or other clinical documentation is a serious violation of professional and academic standards and may result in corrective or disciplinary action in accordance with the Performance Improvement and Corrective Actions Policy in Part 1 of the NAP Resident Handbook.

ANESTHESIA PREPARATION WORKSHEETS (APWS)

NARs must develop an individualized Anesthesia Preparation Worksheet (APW) for each scheduled anesthetic case, as required by the clinical residency course. APWs are designed to demonstrate preparation, integration of didactic knowledge, clinical reasoning, and progressive development of safe anesthesia practice.

The APW must integrate relevant patient history and comorbidities, preanesthetic assessment, airway and procedure-specific considerations, anesthetic technique, pharmacologic management, monitoring, positioning, fluid and blood management, anticipated complications and contingency planning, and postoperative care.

Before administering anesthesia, the NAR must discuss the Anesthesia Planning Worksheet (APW) with the supervising CRNA or physician anesthesiologist and receive approval to proceed. A NAR may not initiate anesthetic management without reviewing the APW by the supervising anesthesia provider. This is consistent with COA clinical supervision requirements, which include approval of the NAR's plan of care by the supervising CRNA or physician anesthesiologist. Availability and discussion of APW will be included in daily/weekly clinical evaluations.

When complete patient information is not available in advance, the NAR must prepare the APW using available information and revise the anesthesia management plan following patient assessment.

APWs must be completed and submitted according to the requirements and deadlines of the applicable clinical residency course. Failure to adequately prepare, discuss, or complete required APWs may affect clinical evaluation and course performance.

CLINICAL INCIDENTS AND PATIENT SAFETY

NARs must immediately report any adverse patient event, medication error, near miss, controlled substance discrepancy, patient injury, or other significant patient-safety event to the supervising CRNA or physician anesthesiologist and follow all clinical site reporting requirements.

The Clinical Site Coordinator and Faculty of Record (FOR)/Assistant Program Director (APD) must also be notified as soon as possible and no later than 24 hours following the event. Completion of a clinical site incident report does not replace the requirement to notify the DNP-NA Program.

NARs must cooperate with clinical site and program review of the event. Failure to report a required clinical incident may result in corrective or disciplinary action in accordance with program policy.

OCCUPATIONAL EXPOSURE AND INJURY

NARs must follow Standard Precautions and all infection prevention, occupational safety, and exposure-control policies of the assigned clinical site.

Any needlestick, blood or body-fluid exposure, occupational injury, or other potentially hazardous exposure must be reported immediately to the supervising preceptor and clinical site. The NAR must follow the site's exposure protocol and obtain prompt evaluation and treatment through the designated facility resource.

The Clinical Site Coordinator and FOR/APD must be notified as soon as possible and no later than 24 hours following the exposure. Required NMSU, program, and clinical site documentation must be completed.

Completion of a clinical site incident report does not replace the requirement to notify the DNP-NA Program.

CLINICAL EVALUATION PROCESS

CLINICAL SITE VISITS

To ensure the quality, safety, and effectiveness of clinical education, the Program Director (PD), Assistant Program Director (APD), and/or designated faculty conduct clinical site visits in accordance with Council on Accreditation (COA) requirements. An initial site visit is completed before NARs can use that clinical location, followed by annual site visits or updates thereafter, with additional visits conducted as needed.

During site visits, program representatives evaluate the clinical learning environment to ensure continued compliance with COA standards and alignment with AANA and ASA Standards of Care. The site visitor tours the facility; reviews available clinical resources, patient populations, and anesthesia case experiences; and meets with key clinical personnel, including facility administrators, anesthesia department leadership, CRNAs, anesthesiologists, and clinical preceptors. These discussions provide an opportunity to assess the quality and variety of educational experiences, evaluate supervision practices, address concerns, and ensure effective communication between the program and its clinical partners.

Information gathered during the site visit is used to determine the site's ongoing suitability and value as a clinical education partner and its ability to support NAR achievement of required clinical competencies, case experiences, and program outcomes. Site visits also promote collaboration, continuous quality improvement, and the maintenance of a safe, supportive, and educationally sound environment for NARs, faculty, and clinical partners.

CLINICAL EVALUATIONS

Clinical evaluation is a systematic assessment of a Nurse Anesthesiology Resident's (NAR's) clinical performance and progression using established course objectives, competencies, and performance expectations.

Clinical evaluations measure application of knowledge, technical skills, clinical judgment, patient safety, communication, professionalism, preparation, responsiveness to feedback, and progression toward entry-to-practice competency.

Evaluation findings are used to:

- Provide timely feedback and support professional growth.
- Identify strengths, learning needs, and performance concerns.
- Guide individualized learning and remediation when needed.
- Determine achievement of clinical course objectives and progression requirements.
- Support clinical placement and educational planning.
- Document attainment of Program and COA competency expectations.
- Support decisions related to course completion, progression, graduation, and program completion.

The DNP-NA Program uses multiple sources of information to evaluate clinical performance. These include formative preceptor evaluations, NAR self-evaluation, Clinical Site Coordinator evaluation, anesthesia preparation and management plans, clinical case and procedure records, clinical hours, faculty observations, and other relevant clinical performance data.

FORMATIVE EVALUATION OF NARS (DAILY OR WEEKLY CLINICAL EVALUATIONS)

Preceptors will complete formative evaluations of Nurse Anesthesiology Residents (NARs) using the NMSU DNP NAR Daily Clinical Evaluation form (see Appendix for link). NARs in intro to clinical residency and clinical residency 1 are required to obtain a completed evaluation for each clinical day. NARs in clinical residency 2-6 are required to obtain a minimum of one completed evaluation per week or when requested by the preceptor, facility, FOR, or PD/APD.
To facilitate the evaluation process, NARs will access the evaluation form within the program's electronic clinical experience management platform (e.g., Typhon) and provide the survey to their preceptor using the NAR's device. The preceptor will independently complete and submit the evaluation.

Formative evaluations are intended to provide timely feedback regarding clinical knowledge, technical skills, professionalism, communication, and overall clinical performance. NARs are expected to review and actively incorporate feedback received through these evaluations to support their ongoing professional growth and continuous improvement throughout the residency program.

SUMMATIVE EVALUATIONS- END OF SEMESTER

The end-of-semester clinical evaluation follows a sequential process that incorporates NAR self-assessment, clinical-site assessment, and faculty review.

1. NAR Clinical Self-Evaluation

Each NAR completes a Clinical Self-Evaluation near the end of each semester before the Clinical Site Coordinator Summative Evaluation is completed. The completed self-evaluation is submitted to the Clinical Site Coordinator or designee for review.

The NAR reflects on:

- Clinical strengths and accomplishments.
- Areas requiring further development.
- Progress toward expected clinical competencies.
- Clinical judgment and patient-safety practices.
- Professional communication and behavior.
- Responsiveness to feedback.
- Goals for the next clinical period.

Self-evaluation supports professional reflection and allows comparison between the NAR's perception of performance and evaluations from clinical instructors.

2. Clinical Site Coordinator Summative Evaluation

After reviewing the NAR's self-evaluation, the Clinical Site Coordinator or designee completes the End-of-Semester Clinical Coordinator Summative Evaluation.

The Clinical Coordinator considers:

- The NAR's self-evaluation.
- Feedback from clinical preceptors.
- Clinical performance trends.
- Professionalism and communication.
- Clinical judgment and patient-safety practices.
- Progress toward clinical objectives appropriate to the NAR's level of training.

The Clinical Coordinator Summative Evaluation provides the Program with a comprehensive clinical-site assessment of the NAR's performance. It serves as clinical-site evidence and does not independently determine the NAR's final course grade or progression status.

Both the NAR Self-Evaluation and Clinical Coordinator Summative Evaluation are submitted to Program faculty for review.

3. Faculty End-of-Semester Summative Evaluation

Program faculty complete the Faculty End-of-Semester Summative Evaluation, which serves as the Program's official determination of the NAR's overall clinical performance and competency achievement for the semester.

Faculty review the NAR Self-Evaluation and Clinical Coordinator Summative Evaluation together with additional evidence, including:

- Formative clinical evaluations.
- Anesthesia Preparation Worksheets (APWs).
- Clinical case and procedure records.
- Clinical hours and attendance.
- Clinical site feedback.
- Faculty observations and advising documentation.
- Patient-safety or clinical incident information, when applicable.
- Other relevant clinical performance information.

Faculty compare the NAR's self-assessment with clinical-site and Program evidence to identify:

- Areas of agreement.
- Significant discrepancies in performance perception.
- Demonstrated strengths.
- Areas requiring continued development.
- Performance trends or concerns requiring additional monitoring or remediation.

The Faculty Summative Evaluation is used to determine achievement of clinical course objectives, satisfactory clinical progression, need for additional evaluation or remediation, and successful completion of the clinical residency course.

4. End-of-Semester Evaluation Review

At the end of each semester, Program faculty review the evaluation findings with the NAR.

The review includes discussion of:

- Overall clinical performance.
- Identified strengths.
- Areas for continued improvement.
- Differences between the NAR's self-evaluation and clinical or faculty assessment.
- Progress toward clinical competencies.
- Expectations and goals for the next clinical residency period.

The NAR is provided an opportunity to ask questions and provide comments regarding the evaluation. When performance concerns are identified, faculty may establish additional learning goals, require additional clinical evaluation, initiate remediation, or take corrective action in accordance with the Performance Improvement and Corrective Actions section of this handbook.

CLINICAL SITE AND PRECEPTOR EVALUATIONS

Clinical site evaluations are used to evaluate the quality and effectiveness of the clinical learning environment and support continuous quality improvement.

NARs complete evaluations of the clinical site and clinical instruction/preceptors at the conclusion of each clinical rotation or designated clinical experience.

Clinical surveys assess areas including:

- Quality and variety of clinical experiences.
- Supervision and patient safety.
- Teaching and feedback.
- Professional learning environment.
- Clinical resources.
- Support for progressive responsibility.
- Overall educational effectiveness.

Survey findings are reviewed by Program faculty and used to assess continued suitability of clinical sites, identify opportunities for improvement, provide feedback to clinical partners, support preceptor development, and guide clinical placement and Program improvement.

TERMINAL EVALUATION- EXIT EVALUATION

Prior to completion of the DNP-NA Program, each NAR undergoes an Exit Evaluation documenting achievement of applicable COA Graduate Standards and NMSU DNP-NA Program outcomes. The Terminal Evaluation incorporates cumulative evidence from academic, simulation, clinical, professional, and scholarly performance and verifies achievement of entry-to-practice competencies.

EVALUATION PURPOSE AND USE

Type	Primary Question	What It Measures	What the Program Does With It
Formative Clinical Evaluation	How is the NAR performing right now?	Knowledge application, preparation, technical skills, clinical judgment, patient safety, communication, professionalism, and responsiveness to feedback	Provides timely feedback; identifies trends and learning needs; guides teaching and early intervention
NAR Self-Evaluation	How does the NAR perceive their own performance and learning needs?	Self-awareness, reflection, strengths, areas for improvement, competency progression, and goals	Supports reflection and goal setting; submitted to the Clinical Site Coordinator for comparison with clinical performance
Clinical Coordinator Summative Evaluation	How has the NAR performed clinically during this evaluation period?	Overall clinical performance, competency progression, judgment, safety, professionalism, communication, and preceptor feedback	Provides the **clinical site's assessment and supporting evidence** to Program faculty
Faculty Summative Evaluation	Has the NAR met Program expectations for this clinical period?	Overall clinical performance and competency using the NAR self-evaluation, Clinical Coordinator summative, formative	Serves as the **official Program determination of clinical performance**; informs course completion, progression,

		evaluations, case/hour data, APWs, faculty observations, and other relevant evidence	additional evaluation, and remediation
Faculty–NAR Evaluation Review	What are the NAR's strengths, areas for improvement, and goals moving forward?	Areas of agreement or discrepancy among evaluations, strengths, performance trends, improvement needs, and competency progression	Provides formal feedback; establishes expectations and goals for the next clinical period; identifies need for additional monitoring or remediation
Clinical Site Survey/Evaluation	Is this site providing a high-quality clinical education?	Clinical experiences, case variety, supervision, resources, learning opportunities, professional environment, and patient safety	Maintains or modifies clinical sites; addresses identified concerns; adjusts rotations; supports **continuous quality improvement**
Clinical Instructor/Preceptor Survey	How effective is this preceptor as a clinical educator?	Teaching, feedback, supervision, professionalism, communication, and support for resident learning	Supports preceptor development; provides feedback to clinical partners; identifies strengths and recurring concerns
Terminal Evaluation	Has the graduating NAR achieved entry-to-practice competency?	Achievement of applicable COA Graduate Standards and NMSU DNP-NA Program outcomes	Documents achievement of entry-to-practice competency, Program completion, and evidence of competency attainment

CLINICAL EVALUATION SCHEDULE

Evaluation / Survey	Completed By	Timing	Evaluates	Primary Use
Formative: Daily Clinical Evaluation	Supervising CRNA or physician anesthesiologist	Each clinical day during intro and first clinical residency; minimum weekly thereafter	NAR clinical performance	Immediate feedback, competency development, early identification of concerns
NAR Clinical Self-Evaluation	NAR	End of each semester, before Clinical Coordinator Summative	NAR's own achievement and progression	Reflection, strengths, learning needs, goals; comparison with clinical assessment
Clinical Coordinator Summative Evaluation	Clinical Site Coordinator/designee	End of each semester, after reviewing NAR Self-Evaluation	NAR's overall clinical-site performance	Clinical-site evidence of competence, progression, professionalism, and areas for improvement
Faculty Summative Evaluation	DNP-NA Program faculty	End of each semester, after receiving NAR and Clinical Coordinator evaluations	Overall NAR clinical performance and competency	Official Program determination of clinical course performance, progression, remediation needs, and course completion
End-of-Semester Evaluation Review	Faculty with NAR	End of each semester	Combined evaluation findings	Review strengths, discrepancies, areas for improvement, goals, and progression expectations
Clinical Site Evaluation	NAR	End of each rotation/site experience	Clinical site	Evaluate learning opportunities, supervision, resources, safety, and learning environment
Clinical Preceptor Evaluation	NAR	End of rotation or after sufficient interaction	Clinical instructor/preceptor	Evaluate teaching, feedback, supervision, professionalism, and effectiveness

Terminal Evaluation	DNP-NA Program faculty	Prior to program completion	Graduating NAR	Verify achievement of COA Graduate Standards and entry-to-practice competency
Terminal: Exit Evaluation	Graduating NAR	End of Program	Program	Evaluate overall preparation, curriculum, resources, and Program effectiveness

PERFORMANCE IMPROVEMENT AND CORRECTIVE ACTIONS POLICY

Nurse Anesthesiology Residents (NARs) are expected to demonstrate safe clinical practice, progressive clinical competence, sound judgment, professionalism, effective communication, accountability, and compliance with Program, School of Nursing (SON), University, and clinical site requirements.

Clinical performance concerns may result in corrective action when a NAR demonstrates deficiencies in areas including, but not limited to:

- Clinical knowledge, judgment, skills, or progression;
- Patient safety or unsafe practice;
- Preparation for clinical experiences;
- Professional behavior, communication, or receptiveness to feedback;
- Attendance, punctuality, or required clinical documentation;
- Compliance with Program or clinical site requirements;
- Failure to follow appropriate clinical supervision or direction;
- Removal or requested removal from a clinical site; or
- Dishonesty, falsification, or other integrity concerns.

Clinical concerns may be identified through evaluations, preceptor or clinical site feedback, faculty observation, clinical documentation, incident reports, or other information available to the Program.

In addition to the Performance Improvement and Corrective Actions Policy, found in Part 1 of the NAP Resident Addendum Handbook, NAP faculty and/or leadership can immediately remove a resident from their assigned clinical site.

Immediate Removal from Clinical

A NAR may be immediately removed from patient care or the clinical environment when continued participation presents a concern for patient safety, professional conduct, clinical site compliance, or the integrity of the clinical learning environment.

Serious concerns, including unsafe patient care, significant failure to follow clinical direction, falsification of records, impairment, serious confidentiality violations, or serious unethical or unprofessional conduct, may warrant immediate escalation without prior LOC or AIP.

Unsafe or unprofessional clinical conduct may result in further action, including dismissal, in accordance with applicable SON and University requirements.

Concerns involving professional conduct may also be addressed through the SON **Unprofessional Conduct Advisory (UCA)** process when applicable.

Corrective Action Determination

The appropriate corrective action is determined by the **nature, severity, frequency, pattern, and patient-safety implications** of the concern. Corrective actions are not required to occur sequentially, and the Program may initiate corrective action at any level appropriate to the circumstances.

Formal probation, dismissal, grievance, and appeal processes are governed by applicable NMSU School of Nursing and University requirements.

APPENDIX

Links to Forms Associated with the Handbook: NA DNP Virtual Advising