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Material contained in this handbook is supplemental to material found in the Michigan State University College of Nursing Master of Science in Nursing Student Handbook and the Michigan State University Resources for Graduate Study Information Guide. The faculty reserves the right to revise this handbook.
INTRODUCTION AND PURPOSE OF THE STUDENT HANDBOOK

The MSN Nurse Anesthesia Supplemental Student Handbook (Supplemental Handbook) outlines rules and regulations of the Nurse Anesthesia Program and informs the students of the rights and responsibilities of students and faculty including due process. Each Nurse Anesthesia student and faculty member is provided a copy of the Supplemental Handbook. A copy is also maintained in paper form in the Program office and in clinical facilities for reference. The Handbook is a supplemental source of information and contains policies and procedures specific to the Michigan State University Nurse Anesthesia Program. Please contact the Program Director with any questions or concerns regarding the contents of this Supplemental Handbook.

In the absence of a policy specific to the Nurse Anesthesia program, please refer to the Academic Programs Catalog and the College of Nursing Master of Science Nursing Student Handbook.

NON-DISCRIMINATION AND INCLUSIVE GOVERNANCE

Michigan State University Policy

The University's Anti-Discrimination Policy cited below, prohibits discrimination against individuals based on characteristics protected under federal and state law, but also prohibits discrimination on the basis of political persuasion, veteran status, and sexual orientation:

MSU Anti-Discrimination Policy (Revised 04/2007) prohibits acts of discrimination and harassment against any university community member(s) by inappropriately limiting employment opportunities, access to university residential facilities, or participating in educational, athletic, social, cultural, or other university activities on the basis of age, color, gender, gender identity, disability, height, marital status, national origin, political persuasion, race, religion, sexual orientation, veteran status or weight. Complaints under this policy may be submitted for non-disciplinary adjudication according to the provisions of the “Procedures of the Anti-Discrimination Judicial Board.”

Federal citations

The regulations implementing Title VI, Title IX, Section 504, the Age Discrimination Act, and Title VII contain requirements for recipients to issue notices of nondiscrimination. 34 C.F.R. Sections 100.6(d), 106.9, 104.8, 110.25, 41 C.F.R. Sections 60-1.42(a), respectively. The Title II regulation also contains a notice requirement that applies to all units of government, whether or not they receive federal aid. (See 28 C.F.R. Section 35.106.)
MISSION, PHILOSOPHY, STRATEGIES, AND ACCREDITATION

Mission

The Michigan State University Nurse Anesthesia Program is committed to excellence in the education of Registered Nurses to perform as Certified Registered Nurse Anesthetists, and to prepare them for the life-long study and practice of anesthesia. The nurse anesthesia program curriculum includes a core course template developed for all students in the master’s program, support courses in the sciences and specialty track courses in anesthesia to address the constantly changing global health care environment.

Philosophy

The Michigan State University Nurse Anesthesia Program holds as its philosophical foundation that a dynamic, educational environment can promote expertise while fostering self-directed and evidence-based learning. Dedication to producing a scholarly, safe, conscientious practitioner with critical thinking skills is reflected by the atmosphere of healthy, faculty guided, peer competition with minimal extraneous stress. Convinced that active participation in the Land Grant mission of the University provides opportunities for growth and productivity along a variety of dimensions, the curriculum and faculty members serve to exemplify responsibility for current trends and legal standards of practice. The practice of Nurse Anesthesia rests upon a sound foundation of arts and science that prepares graduates to excel in our rapidly changing, diverse, and technologically advanced society. Teaching and scholarly activities are keystones of the curriculum and occur within an evidence-based, high quality, patient-centered healthcare milieu. Faculty serves as guide, mentor, role model, and consultant for Nurse Anesthesia students.

Strategies

We will distinguish ourselves through differentiated strategies that include:
- Student-centered, diverse foci
- Practice/learning opportunities that reflect the ever-changing needs of a global community
- Attitudes that reflect scholarship and caring
- Retention initiatives for students interested in obtaining the PhD
- Teaching, practice, and learning excellence
- Year-round Accessibility

Accreditation

The MSU College of Nursing MSN programs are accredited by the Center for Credentialing Nursing Education. The Nurse Anesthesia Program is seeking accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs, (222 South Prospect Avenue, Suite 304, Park Ridge, Illinois 60060-4041: Telephone 847-692-7050), a specialized accrediting body recognized by the Council for Higher Education Accreditation and the United States Department of Education. The program will undergo its initial COA accreditation review in May, 2007. Admissions interviews will be scheduled when the program has achieved COA accreditation.
PROGRAM DESCRIPTION AND OBJECTIVES

Program Description

The MSN Nurse Anesthesia concentration is a rigorous, 28-month, full-time program designed to educate Registered Nurses in academic knowledge, technical and clinical skills, and professional attitudes in nursing practice to assume leadership roles as accomplished advanced practitioners in nurse anesthesia who meet the requirements and are eligible for certification as certified registered nurse anesthetists (CRNA) and licensure as Advanced Practice Registered Nurses (APRNs).

Content is delivered via face-to-face instruction, interactive television and the World Wide Web. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) has a minimal academic curriculum for nurse anesthesia programs to include:

- A minimum of 135 hours in Advanced Anatomy, Physiology and Pathophysiology.
- A minimum of 90 hours in Advanced Pharmacology.
- A minimum of 45 hours in Chemistry and Physics Related to Anesthesia.
- The minimum requirement of 90 hours of courses in anesthesia practice provides content such as induction, maintenance, and emergence of anesthesia; airway management; anesthesia pharmacology; and anesthesia for special patient populations such as obstetrics, geriatrics, and pediatrics.

Program Terminal Objectives

At the end of the program, graduates will be able to:

- Evaluate phenomenon related to the practice of anesthesia by professional nurses to facilitate strategies that impact and advance anesthesia related health outcomes.
- Demonstrate leadership and care competencies that combine cognitive, affective, and psychomotor skills to facilitate anesthesia practice as Advance Practice Nurses.
- Apply the major critical thinking and analytic skills to effectively practice nurse anesthesia in a cost-effective and accountable manner.
- Evaluate and utilize anesthesia-related research that enhance and advance the specialty and disseminate outcomes to improve patient care.
- Integrate interdisciplinary, evidence-based problem-solving and education strategies in the delivery of care to diverse populations.
- Analyze leadership skills utilized in the evaluation of the quality of anesthesia care provided throughout the community.
- Integrate practice and education to expand the profession and practice of anesthesia nursing.
NURSE ANESTHESIA PROGRAM ADMISSION REQUIREMENTS

In addition to University and College of Nursing requirements, applicants to the Master of Science in Nursing-Nurse Anesthesia concentration must meet the following requirements to be considered for admission:

1. Complete the Graduate Record Examination Verbal, Quantitative, and Analytic sections within the last five years.
2. One year of full-time clinical experience or equivalent as a Registered Nurse in an intensive care unit within the last five years is required for the Nurse Anesthesia concentration.
3. Complete a three (3) credit undergraduate or graduate statistics course with a grade of 3.0 (4.0 scale) or better within the last five years.
4. Submit three letters of recommendations from sources that have direct knowledge of the applicant's work and education experience specifying the applicant's ability to do graduate work.

COMPLIANCE REQUIREMENTS

In addition to the compliance requirements listed in the Master of Science in Nursing Handbook, nurse anesthesia students must possess current advanced cardiac life support (ACLS) and pediatric advanced life support (PALS) recognition.

PROGRAM OF STUDY - CURRICULUM AND COURSE DESCRIPTIONS

The curriculum is constructed in a semester framework and clearly states credit hour for each course. Michigan State University uses fifteen (15) contact class hours to equal one (1) credit hour except for the clinical courses.

FULLTIME TRAJECTORY – 7 SEMESTERS, 28 MONTHS

The Nurse Anesthesia Concentration is a full time program with satisfactory completion of all courses with a grade of 3.0 or better required. Students do not follow the traditional semester format upon entering the anesthesia practicum series. To provide students with the hours necessary to accomplish the concentration objectives and comply with the required number and types of anesthesia cases by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), each semester is continuous with the next semester.

Case and Course Requirements of the Program exceed the general requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs as set forth in the Standards and Guidelines for Accreditation of Nurse Anesthesia Educational Programs.
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**NUR 802  Theoretical Foundations and Role Development for the Advanced Practice Nurse**
Integration of theories from nursing and related disciplines to provide a foundation for the graduate student to transition into the advanced practice role.

**NUR 804  Statistics for the Healthcare Professional**
Basic understanding of descriptive statistics, probability, linear regression and epidemiological concepts.

**NUR 806  Research for Advanced Practice Nurses**
 Prepares advanced practice Nurses who are proficient in the ethical utilization and clinical application of research including problem identification and evaluation to provide high quality care and improve practice.

**NUR 814  Health Care Policy and Politics**
Nursing and public policy formation in relation to healthcare systems organization, financing, regulation, ethics, and delivery of services within a global society.
NUR 877 – Anesthesia Physiology & Pathophysiology (3)
Physiological principles and pathophysiological relationships of body systems. Evaluation of co-existing pathophysiology.

NUR 879 – Chemistry and Physics of Anesthesia (3)
Basic chemistry and physics and their relationship to nurse anesthesia practice. Organic and biochemical principles, and pharmacological significance. Integration and application of these principles to nurse anesthesia practice.

NUR 880 – Health Assessment for Nurse Anesthesia (3)
Advanced systematic focus on the health assessment of patients preparing for anesthesia, and integration of the anesthesia management plans.

NUR 881 – Perioperative Technology and Instrumentation (2)

NUR 882 – Principles of Anesthesia I (3)
Art and science of nurse anesthesia and basic principles of anesthesia practice. History of anesthesia administration. Use and care of anesthesia related equipment.

NUR 878 – Advanced Physiology and Pathophysiology (3)
Homeostatic mechanisms in relation to anesthetic case management.

NUR 885 – Anesthesia Practicum I (1)
Design and management of the operating room. Principles and techniques of sterility, intravenous and arterial cannulation, and course of anesthesia. Basic drugs and monitors, anesthesia management plan, documentation, and ethical considerations in anesthesia practice.

NUR 887 – Pharmacology for Anesthesia Practice I (3)
Pharmacology and its applications to clinical anesthesia practice.

NUR 883 – Principles of Anesthesia II (3)
Advanced anesthesia care principles. Procedures and complications in the anesthetic management of the emergency and trauma patient. Considerations for specialty surgical areas.

NUR 886 – Anesthesia Practicum II (2)
Integration of knowledge, skills and program objectives to a broader array of patients in simulated and clinical patient environments.

ANTR 541 – Gross Anatomy for Nurse Anesthesia (4)
Gross anatomy of the human body using prosections, medical imaging, clinical correlations, case studies, video tapes and computer aided instruction.
NUR 888 – Pharmacology for Anesthesia Practice II (3)
Pharmacologic principles of drug pharmacokinetics and pharmacodynamics. Factors modifying anesthetic management of patients.

NUR 884 – Principles of Anesthesia III (3)
Foundations for the clinical practice of anesthesia. Integrating physiologic patient parameters, didactic knowledge, and technical skills in simulated and clinical environments.

NUR 874 – Clinical Practicum I (3)
Individualized faculty-guided instruction in the management of patients receiving anesthesia, emphasizing safety, monitoring modalities, and simulated patient experiences. Experiences include introduction to the role of the nurse anesthetist and development of basic nurse anesthesia skills.

NUR 892 – Clinical Practicum II (7)
Individualized faculty-guided instruction in the management of patients receiving anesthesia, emphasizing safety, monitoring modalities, and simulated patient experiences. Experiences include the roles of the nurse anesthetist on the anesthesia care team and development of basic nurse anesthesia skills.

NUR 895 – Clinical Seminars I (2)
Anesthesia management plans and outcomes. Evaluation of research and other literature pertinent to the safe practice of anesthesia.

NUR 893 – Clinical Practicum III (7)
Clinical application of principles of nurse anesthesia. Students will be precepted in the perioperative clinical site. Experiences include development of advanced skills specific to the role of the nurse anesthetist.

NUR 896 – Clinical Seminars II (2)
Review of research literature relevant to the safe practice of anesthesia. Presentation of case studies as related to pathophysiologica states and safe anesthesia delivery.

NUR 894 – Clinical Practicum IV (7)
Clinical application of principles of nurse anesthesia. Students will be precepted in the perioperative clinical site. Experiences include application of advanced skills specific to the role of the nurse anesthetist. The final clinical experience demonstrated substantial progress toward self direction and independent practice.

NUR 897 – Clinical Seminars III (2)
Review of research literature and clinical projects relevant to the safe practice of anesthesia. Presentation of scholarly project.

Note: A Scholarly Project is required for all students – This project begins to be developed in NUR 814 (4 credits); it will be presented during Year Three during Clinical Seminars III.
GRADUATION CRITERIA

A student will be eligible to take the certification examination administered by the Council on Certification of Nurse Anesthetists only after they have met all graduation criteria. In addition to University and MSN graduation criteria, graduates of the Nurse Anesthesia program must meet the following competency requirements:

**Patient safety is demonstrated by:**

- Is vigilant in the delivery of patient care
- Protects patients from iatrogenic complications
- Participates in the positioning of patients to prevent injury
- Conducts a comprehensive and appropriate equipment check
- Utilizes standard precautions and appropriate infection control measures

**Individualized perianesthetic management is demonstrated by:**

- Provides care throughout the perianesthetic continuum
- Uses a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia
- Administers general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures
- Provides anesthesia services to all patients, including trauma and emergency cases
- Administers and manages a variety of regional anesthetics
- Functions as a resource person for airway and ventilatory management of patients
- Possesses current advanced cardiac life support (ACLS) recognition
- Possesses current pediatric advanced life support (PALS) recognition
- Delivers culturally competent perianesthetic care throughout the anesthesia experience

**Critical thinking is demonstrated by the graduate’s ability to:**

- Apply theory to practice in decision-making and problem solving
- Provide nurse anesthesia care based on sound principles and research evidence
- Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia
- 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 and appropriately respond to anesthetic complications that occur during the perianesthetic period
- Pass the Council on Certification of Nurse Anesthetists’ (CCNA) certification examination in accordance with CCNA policies and procedures
Communication skills are demonstrated by the graduate’s ability to:

• Effectively communicate with all individuals influencing patient care
• Utilize appropriate verbal, nonverbal and written communication in the delivery of perianesthetic care

Professional role is demonstrated by the graduate’s ability to:

• Participate in activities that improve anesthesia care
• Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice
• Interact on a professional level with integrity
• Teach others
• Participate in continuing education activities to acquire new knowledge and improve his or her practice

Program Extension

Students are expected to complete all graduation requirements in the 28 months allotted to the program. The program may be extended if a student does not complete the required clinical proficiency, academic coursework or record keeping.
POLICIES AND PROCEDURES

PROGRAM ATTENDANCE REQUIREMENTS

This program of study exceeds the clinical and didactic requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs. Students must complete the academic requirements as well as the extensive and challenging clinical practicum.

1. Students begin the program on the opening day of classes of the spring semester according to the MSU academic calendar and are enrolled for seven semesters (28 months) on a full-time basis. During the first four semesters of the program, time off is available according to the MSU academic calendar. During the final three semesters of clinical practicum, students will be enrolled continuously but will be eligible for Holiday time off according to the MSU Holiday schedule (approximately 10 days).

2. Students must notify the program director or assistant director when absent from the clinical site for any reason. An excuse from a medical provider is required for all sick days.

EMPLOYMENT

The nurse anesthesia student must be able to devote full time to this demanding specialty. Clinical assignments will require up to an average of 40 hours per week with classes scheduled up to 10 hours per week during the same period. Additionally, time is required for study, pre/post operative visits and formulating anesthesia management plans. Nurse anesthesia students who engage in outside employment are encouraged to keep these factors in mind when scheduling work as an R.N., and to notify the Program Director advising him of the number of hours worked per month. Nurse anesthesia students are to have at least eight (8) hours off between work and each school day. Under no circumstances may a Nurse Anesthesia Student seek employment as a Nurse Anesthetist by title or function before successful completion of the program. This practice is prohibited not only by program policy but also by law.

TIME COMMITMENT

The Program will limit the Nurse Anesthesia Students’ commitment to the program to a reasonable number of hours to ensure patient safety and promote effective nurse anesthesia student learning. The nurse anesthesia students’ commitment to the program averages 60-70 hours per week. Nurse anesthesia students are responsible for all units of didactic instruction in the event of an absence from the classroom. Course work must be completed as assigned, or the nurse anesthesia student is subject to removal from the Program.
INCLEMENT WEATHER POLICY

In the event a clinical facility is closed due to weather or other conditions, the students are not required to report to any other clinical facility, which may be open unless an emergency status has been declared.

If the clinical facility is open, but not operating an elective surgical schedule and the student remains in the area, the student should check with their clinical instructor to determine if they should report to the clinical site or not.

NATIONAL GUARD AND MILITARY RESERVES

In acknowledgement of the American Association of Nurse Anesthetists position statement regarding support of the National Guard and Reserves of the U.S. Armed Forces, nurse anesthesia students may be granted a maximum of two weeks during their two years in the program for military duty. The program recommends that the nurse anesthesia student perform active training after graduation, as to not interfere with educational commitment. Nurse anesthesia students who take active duty training during formal course work will be required to obtain the information and pass each course just as every other nurse anesthesia student in the program is required to do. If a nurse anesthesia student is assigned clinical duties, it will be their responsibility to coordinate their active duty time so that it does not interfere with their clinical commitment. Nurse Anesthesia students who elect to accept active duty training during their course of study in the program are required to notify the program director before they request active duty orders. In order to be eligible for military leave, a nurse anesthesia student must be in good standing in the program (academic and clinical) and present official military orders to the program director at least sixty days (60) days before the assigned leave. This will provide the program director with sufficient time to make the necessary schedule adjustments.

COMMUNICATIONS

All Nurse Anesthesia Students are required to check ANGEL (course management software) and MSU e-mail daily (except during authorized off time) and to follow directives in the messages.

AANA AND MANA MEETINGS

Students may request time off for mandatory attendance at the MANA state meetings and will be given time off to attend the AANA Annual Meeting when selected to attend.
CLINICAL EDUCATION

CLINICAL PRACTICUM

The clinical practicum provides an educational opportunity for the student to apply didactic learning in the clinical setting. The clinical practicum requires the integration of knowledge learned in the nursing core, anesthesia specialty and basic science courses. In order to optimize the time spent during the clinical practicum, the nurse anesthesia student must actively seek learning experiences and function in a self-directed manner to achieve the knowledge, skills and abilities to practice as a CRNA.

Clinical supervision begins with instructions and supervision on a 1:1 basis progressing to independent management at the discretion of the instructor during the last two semesters of the program. A CRNA or Anesthesiologist will supervise students in a ratio not to exceed two (2) students to one (1) clinical instructor. Students may be left alone after the second month of the Clinical Practicum at the discretion of the clinical instructor.

- The clinical time commitment shall be scheduled based on the operating room schedule at the clinical sites. Students will be scheduled for one shift at a time; however, the student may need to extend time beyond an 8 hour shift in the clinical area to achieve optimum clinical experience.
- A call experience will be provided based on progression in obtaining didactic knowledge and clinical skills and ability to benefit from the experience as determined by the clinical coordinator at the clinical site. In some instances, 3-11 and 11-7 shifts will be assigned to obtain experience in all aspects of trauma and emergency procedures.
- Before working beyond the scheduled shift/rotation, students must call the program director or assistant program director to discuss the nature of the case and to obtain permission to stay beyond their scheduled shift/rotation.

CLINICAL ASSIGNMENTS

Affiliate clinical rotations will be assigned in the fairest and most equitable manner as is mathematically possible. The Program has clinical affiliation sites at the following locations:

- St. John Hospital and Medical Center, (Moross) Detroit Michigan
- Ingham Regional Medical Center, Lansing, Michigan
- St. John Macomb-Oakwood Hospital, Macomb Center, Warren, Michigan
- Providence Hospital, Southfield, Michigan
- Providence Park Hospital, Novi, Michigan
- Allegiance Health, Jackson, Michigan
- Sparrow Medical Center, Lansing, Michigan
- Other clinical sites may be added and some of these sites may be deleted to meet the needs of the program. Students may not rotate to every clinical site. If a clinical site becomes a primary site, currently enrolled students will be given an option to complete their clinical requirements at the site when possible.
MANAGEMENT PLAN AND CLINICAL EVALUATION INSTRUMENTS

The Anesthesia Management Plan will be used to plan the pre-anesthesia assessment and as a guide to formulate an anesthesia care plan for patients to whom students are assigned to administer anesthesia. The Anesthesia Management Plan will be discussed with the Clinical Preceptor prior to the beginning of each case. The Clinical Evaluation Instruments will be used to assess the progression of each student during the practicum experiences. The course is graded as either Pass or Fail. In order to Pass the course, the student must have met all of the critical elements identified on the clinical evaluation instrument by the faculty at the completion of the semester. Failure to meet the critical elements will constitute a failing grade and the student will not be allowed to continue on to the next clinical practicum. The MSN student handbook discusses the procedures in the event of a failure of a course.

ON CALL EXPERIENCE

Call experiences include all “off” shift tours of duty, including 3p-11p, 11p-7a, and weekends. When a student is “on call” there must be a qualified nurse anesthetist or anesthesiologist immediately available to the student. If a student relieves on a case that is in progress, the student may take credit only for that portion of the procedure in which they are actively involved.

Long periods of wakefulness can lead to detrimental decisions in patient care judgment for nurse anesthesia providers. Therefore, if a student works after 2300 hrs, the student is not to participate in the administration of anesthesia the following day unless the student has had ten (10) hours away from the clinical area. When there is potential conflict between the call experience and the next morning’s scheduled surgery, the supervising anesthesia provider will determine which experience is more beneficial to the student.

STUDENT TIME LOGS

Intermittently during the program, students will be required to complete time logs documenting to the program the amount of hours they spend in didactic and clinical activities. This information will be used to monitor program demands on student time. Student time logs will be completed in the Typhon system.
PATIENT RIGHTS AND RESPONSIBILITIES

Michigan Patient Rights and Responsibilities in State Licensed Facilities
(See Standard V, Criterion E2)

Federal laws and regulations govern many aspects of the health care system. In Michigan, state laws provide some additional protection.
(Partial list as provided by statute, MCLA 333.20201; MSA 14.15(20201)

1. A patient or resident **shall not be denied** appropriate care on the basis of race, religion, national origin, sex, age, handicap, marital status, sexual preference, or source of payment.
2. An individual **may obtain or inspect** his/her medical records and a third party shall not be given a copy without authorization of the patient except as required by law and third party contract.
3. A patient or resident is **entitled** to privacy, to the extent feasible, in treatment and caring for personal needs with consideration, respect, and full recognition of his/her dignity and individuality.
4. A patient or resident is **entitled** to adequate and appropriate care and to receive information about his/her medical condition unless medically contraindicated by the physician in the medical record.
5. A patient or resident is **entitled** to receive and examine an explanation of his/her bill. Also, he/she is **entitled** to know who is responsible for his/her care.
6. A patient or resident is **entitled** to associate and have private communication with his/her physician, attorney or any other person, and to receive personal mail unopened, unless medically contraindicated. A patient’s or resident’s civil and religious liberties shall not be infringed and the facility shall encourage and assist in the exercise of these rights.
7. A patient or resident is **entitled** to be free from MENTAL and PHYSICAL ABUSE and from physical and chemical restraints, except those necessitated by an emergency to protect the patient and/or others.
8. A patient or resident is **entitled** to retain and use personal clothing and possessions as space permits. At the request of a patient, a nursing home shall provide for safekeeping of personal property, funds, and other property, except that a nursing home shall not be required to provide for the safekeeping of property which would impose an unreasonable burden on the nursing home.
9. Each patient **shall be provided** with meals which meet the recommended dietary allowances for the patient’s age and sex and may be modified according to special dietary needs.
10. A health care facility, its owner, administrator, employee, or representative **shall not** discharge, harass, retaliate or discriminate against a patient because a patient has exercised rights protected by law.
11. A patient or resident is **entitled** to adequate and appropriate pain and symptom management as a basic and essential element of his or her medical treatment.
CLINICAL EXPERIENCE RECORD

The clinical experience record serves two purposes. First, it documents the progress the student is making towards completing the clinical experiences required for graduation. Second, it assists the faculty and student in selecting the most appropriate clinical experiences. The cumulative record helps to identify areas where sufficient experience has been obtained as well as areas where more experience may be needed.

Procedure

- At the end of each day, students will record the total number of procedures, agents, patients, etc. that were performed in the on-line clinical experience record.
- Students may make their own personal copy of the log to assist in determining needed case experiences and to place in the student portfolio. Students are responsible for tracking their case needs and seeking out needed experiences at the clinical site.
- Students should check the accuracy of the log record periodically.

Hints for Completing the Clinical Experience Record*
(*As written by Dr. Elizabeth Seibert and used with permission.)

The record consists of many sections (physical status, hours of anesthesia time, anatomic categories, and so forth) and two sides. Monitor your progress towards meeting the required number of cases in each category as you will be unable to graduate until you complete them.

Following are helpful ideas as you go about completing your on line clinical experience record.

Patient physical status (PS) represents the ASA classification assigned to each patient. Each patient should only have one PS status. Do not forget to add the emergency category when it is appropriate.

- Hours of anesthesia time represents the actual time you are engaged in administering anesthesia. It does not include set-up time or the time you take to do pre- and post-op visits. The on line record will automatically calculate your case hours from the entered case time.

**Example:** You are in the OR from 0600 until 1600 (10 hours). Your 0730 case is delayed and does not start until 0900. The case lasts 3 hours and then you go to lunch. Two other cases scheduled for your room get switched to another room so as not to be delayed. You wait around for an emergency case coming from the ER, but it never gets there. In the meantime, you do your pre-op and post-op rounds. **Only the 3 hours** when you delivered anesthesia count as hours of anesthesia time.

- Position categories: If the surgical procedure is performed in one of these categories, mark the appropriate box(es).
Example: You do three cases. One case is in the supine position; one case is in the lithotomy position; one case is in the lithotomy position and then, due to inadequate exposure, the patient is positioned prone. You will have 2 in the lithotomy position and a 1 in the prone position.

- Anatomic categories: This category is confusing as there is an overlap of anatomic and surgical categories. Patients who are having multiple procedures will be counted in several categories. Some types of procedures can be counted in more than one anatomic category. Improper entries in this section can lead to deficiencies of certain types of cases. If you are not sure, ASK! Don’t just mark the “other” category.

Example #1: You are doing orthopedics and administer anesthesia for cases: 2 knee arthroscopies, 1 shoulder arthroscopy, and an open reduction of a tibia fracture. All of these cases will be entered in the extremities box.

Example #2: You administer anesthesia for an aorto-bifemoral graft. You will check vascular, neck, intra-abdominal, and extremity.

Example #3: One night during your obstetric rotation you administer anesthesia for an emergency c-section. You should enter obstetrical delivery, c-section, intra-abdominal, and emergency.

Example #4: While you are on call, a trauma victim with multiple injuries comes to the OR. You spend the night doing a craniotomy, tracheotomy, exploratory laparotomy, and ORIF of a femur. Count all of the following categories for this one patient: intra-abdominal, extremities, head-intracranial, neck, and emergency.

Example #5: You place an epidural for a vaginal delivery. You should enter obstetrical delivery, vaginal delivery, and perineal. Also, don’t forget that vaginal deliveries are done in the lithotomy position!

- Methods of anesthesia: Count each type of anesthetic technique you use once: general or regional. Do not count sedation given with a spinal as regional and MAC—this counts for only regional. Sometimes you will do an epidural with a general anesthetic or start with a spinal that progresses in to a general anesthetic. You may count both the general and the regional in the methods section. Inductions are either IV or mask inductions, not both. Inhalation inductions through a tracheotomy do not count as mask inductions. HINT: The number of IV and mask inductions should usually equal the number of general anesthetics. Airway management is counted as either mask, endotracheal, or LMA (includes COPA). Endotracheal intubation means that you successfully performed the intubation yourself. If you did not, don’t count it—but you can count the management of the endotracheal tube. Usually if you perform the intubation you will also count endotracheal management. Total IV anesthesia means a general anesthetic in which no volatile agent, aside from N2O, is used. Emergence means that you performed the extubation. There will be times when the end of the case occurs after you have left the operating room or the patient remains intubated and is taken to the ICU. Do not record an emergence for these instances. Monitored anesthesia care refers to surgical procedures where the surgeon performs the local anesthetic and sedation is provided. Once again, it does not include sedation given to a
patient receiving a regional anesthetic.

*Example:* You do two general anesthetics with ETTs but you only get one of the intubations. Both cases are IV inductions. You are only present for emergence on one case. Count these cases as: two general anesthetics, two IV inductions, one endotracheal intubation, two endotracheal managements, and one emergence.

- Regional techniques: Management means that you only managed the regional anesthetic. This includes situations in which you both do and do not administer the block. Actual administration means that you actually performed the regional technique yourself.

*Example:* You are in the cysto room for 4 cases, all of which are scheduled for spinals. You are only able to perform two spinals but manage all the cases. Count these cases as two spinals actually administered and four regionals managed.

- Pharmacological agents: All pharmacological agents are counted once for each time used. Inhalation agents include all volatile anesthetic agents and nitrous oxide. IV induction agents include all agents used to induce general anesthesia (propofol, pentothal, etomidate, brevital, midazolam, ketamine, etc.). Muscle relaxants include all depolarizing and nondepolarizing agents (including defasciculating doses). Opioids include all narcotics. Everything else goes in to the other IV agent category: antiemetics, NSAIDS, antihypertensives, pressors, antidysrhythmics, etc.

*Example #1:* You administer one general. The general agents include pentothal for induction, DTC & succinylcholine for intubation, rocuronium for muscle relaxation, versed for anxiolysis, fentanyl for intraoperative analgesia, morphine for postoperative analgesia, and droperidol as an antiemetic. Anesthesia is maintained with N20, O2, and isoflurane. Count as follows: inhalation agents, 2; IV induction agents, 1; muscle relaxants, 3; opioids, 2; and other, 2.

*Example #2:* You administer one spinal anesthetic. You use 0.75% marcaine for the spinal, ephedrine for hypotension, a propofol drip for sedation, and supplemental O2. Count as follows: 3 under other.

- Invasive monitoring techniques: Includes arterial, central venous, and pulmonary artery catheters. These categories are similar to the regional and intubation categories—if you do it, count it as insertion/placement and monitoring. If you don’t place the catheter, only count it as monitoring. Don’t forget to count CVP monitoring when you have a PA catheter.

- Anesthetic management of... The council on Accreditation includes these experiences to monitor trends in anesthesia. These experiences are not required but are highly suggested. Strive to get as many of these experiences as possible.
TERMINATION

Nurse anesthesia students may be terminated from the program for deficiencies in the clinical aspect of practice and/or if they do not demonstrate improvement as documented by the faculty’s clinical evaluation of the anesthesia student. Grounds for termination include but are not limited to:

1. Level of incompetence representing a threat to patient safety.
2. Falsification of documents or records.
3. Drinking or working while under the influence of alcohol, marijuana, or any controlled substances not prescribed by a physician, in conjunction with the policies of each of the clinical sites
4. Refusal to submit to required drug testing.
5. Insubordination or failure to follow direct (reasonable) orders from clinical faculty
7. Theft of program, university, or hospital property.
8. The administration of any drug without the permission of a clinical faculty.
9. Failure in any course in the curriculum.

Nurse anesthesia students have the right to appeal all decisions through the College and University’s due process policies. In addition, students are advised that they may conduct direct dialogue with the Director of Accreditation and the Council on Accreditation of Nurse Anesthesia Educational Programs on all matters affecting their status as a nurse anesthesia student in the Program.

RN LICENSE, PALS, ACLS

The program requires nurse anesthesia students to maintain a valid, unrestricted Michigan license as a registered nurse and in any state where a clinical affiliate site is located during the entire program of study. Any nurse anesthesia student who does not maintain a current RN license for the State of Michigan and any state where a clinical affiliate site is located will be immediately removed from the clinical site. The license cost is the responsibility of the student. Similarly, the program requires nurse anesthesia students to possess current advanced cardiac life support (ACLS) and pediatric advanced life support (PALS) recognitions.

DRESS CODE

Nurse Anesthesia Students are to follow the official dress code of their clinical site and be consistent with the professional image of a registered nurse in an advanced practice graduate program. Lab coats and proper attire must be worn in any situation that involves patient contact of any type. In addition, Michigan State University identification badges must always be worn while in the hospital/clinic setting. Failure to display proper identification is a serious offense. Students are responsible for knowing the dress regulations for each clinical facility and to follow the dress policy without question. Students shall follow the clinical sites policy on wearing jewelry, artificial fingernails, facial hair and body art.
STUDENT SERVICES

STUDENT ASSOCIATIONS

Nurse anesthesia students are encouraged to form a student association in accordance with the policy and procedures of registered student organizations at Michigan State University. During the first semester of the program, the association should elect officers and, if fees are assessed, they are to be collected and kept on deposit in accordance with University policy. A Nurse Anesthesia faculty member will be assigned as the advisor for the student association when requested. The Program encourages an active student association to promote coordination and cooperation among all members of the student body and to promote program spirit. Other opportunities for University and College participation include:

1. Council of Graduate Students
2. College of Nursing Graduate Program Committee

Membership as an Associate Member of the American Association of Nurse Anesthetists is also encouraged upon entering the Program. The program submits your application with your payment. The cost of membership is the responsibility of the student. Associate membership of the American Association of Nurse Anesthetists provides:

- Subscription to the Association’s publications.
- Identification card designating associate membership.
- The privilege of attending American Association of Nurse Anesthetists (AANA) and the Michigan Association of Nurse Anesthetist (MANA) meetings as a non-voting participant.
### REQUIRED COSTS

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<tr>
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<td>Background check</td>
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<td>Drug Screen</td>
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<td>Personal Digital Assistant for Class and Clinical</td>
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<td>Long lab coats, Stethoscope, earpiece, clipboard</td>
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<td>Professional conferences - four:</td>
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<tr>
<td>Council on Certification + Self-Evaluation Exam</td>
<td>AANA, two exams at $110 each</td>
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**TOTAL**

- SPREAD OVER 7 SEMESTERS = $988 EACH SEMESTER
- $5,916

### NOTE:
- Costs that College of Nursing provided, but are already included in OFA base budget (see budget breakdown below):
- Books: College of Nursing reported $3500 book costs over the 7 semester program used OFA component instead, since it is larger: $701
- Parking Fee (MSU DPPS): A portion of the OFA Pers/Misc budget component includes transportation costs, which covers parking fee: $24

### SS12 ADMIT CERTIFIED REGISTERED NURSE ANESTHESIA (CRNA) PROG (7 sem, 28 mos, tuition rounded to nearest $10, adjusted final semester)

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### ITEMIZED MONTHLY LIVING EXPENSES

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**$1,988 EACH SEMESTER**
ACREDITATION

COMPLIANCE WITH POLICIES AND PROCEDURES ON ACCREDITATION

To assure compliance with all COA mandated outcomes as described in the Standards for Accreditation of Nurse Anesthesia Educational Programs, NAP administrators and faculty annually review the current Standards. In addition, NAP administrators and faculty evaluate the NAP Program using the CON Evaluation Plan. The CON Evaluation Plan includes monitoring of student grade point average and certification examination pass rate mean scores for all MSN specialties including Nurse Anesthesia. We will continue to monitor student grade point average, certification examination pass rate mean scores, and graduation and employment rates as demonstrated in CCNE Standard 4B in the CON Evaluation Plan.

NAP administrators and faculty review the MSN Nurse Anesthesia Supplemental Handbook annually. Each policy is subject to revision and the date of each policy review is noted on the individual policy/procedure. NAP administrators distribute links to the electronically-available PDF copy of the MSN Nurse Anesthesia Supplemental Handbook to all clinical affiliate sites. Copies are also available in the NAP administrative office and interested individuals can review them upon request.

Each entering class of NAP students is advised during orientation of the NAP website with links to information and to the electronically-available MSN Nurse Anesthesia Supplemental Handbook to ensure that each student is provided with general Program information and pertinent policies and procedures. The sections that deal specifically with graduation criteria and outcome measures expected of all graduates are reviewed in detail. A copy of all relevant information for each entering class of students is retained in the Program administrative office.

Under no circumstance do the NAP administrators and faculty ignore any citation from an accrediting agency. NAP administrators and faculty resolve previously identified areas of partial compliance or noncompliance with standards established by professional and regional accrediting agencies, including the COA, the Council on Collegiate Nursing Education (CCNE) and the Higher Learning Commission/North Central Association of Colleges and Schools (HLC/NCA). It is the policy of the NAP administrators and faculty to cooperate fully with the College and University in correcting any and all deficiencies in the NAP identified by an accrediting agency. Likewise, the anesthesiology departments at affiliate facilities (through affiliation agreements) share in this effort.

Contact information for the Council of Accreditation of Nurse Anesthesia Education Programs will be made available on the official NAP web site.

NAP CONTINUOUS SELF ASSESSMENT STRATEGIES

The CON currently has policies and procedures that address continuous self-assessment strategies to evaluate outcomes as demonstrated in the CON Evaluation Plan. The self-assessment strategies used for the evaluation of the NAP, students and faculty will serve as on-going monitors for the curriculum and its success.
The ability of the NAP to achieve its purposes and outcomes with its current resources will be assessed for adequacy by the NAP Director, MSUCON administration and the Graduate Program Committee annually during the month of September. Data used from the continuous self-assessment strategies/indicators will serve as evaluative criteria. In addition, feedback will be sought from:

- didactic and clinical faculty
- nurse anesthesia students (as students and as graduates)
- employers of graduates from the program
- external accrediting agencies, including Council on Accreditation and the Higher Learning Commission/North Central Association of Colleges and Schools
- projections for future trends from the AANA, State Boards of Nursing, drug companies and manufacturers of anesthesia equipment

NAP faculty are required to participate in an introductory educational program on the Council on Accreditation of Nurse Anesthesia Educational Programs Standards and are updated on changes as they occur. These strategies are integral to monitoring compliance with accreditation Standards of the Council on Accreditation and making practice changes. Lastly, they allow for assessment of the NAP’s congruence with its stated mission, purpose and philosophy.

SYSTEMATIC ASSESSMENT OF PROGRAM EFFECTIVENESS

The NAP’s continuous assessment of compliance is guided by the Standards for Accreditation of Nurse Anesthesia Educational Programs. The assessment (a) addresses all Standards and criteria statements; (b) establishes a timetable (all criteria statements are evaluated over one academic year); (c) designates a responsible party (CON faculty which includes the NAP faculty and/or CON administrators); (d) distributes the workload; (e) can be incorporated into committee agendas; (f) provides for relevant documentation of outcomes; and (g) is easy to revise as necessary.

The process utilizes a multi-disciplinary approach with shared responsibilities and consisting of administrators, faculty, students, graduates, committees, and when appropriate, the public. A variety of evaluation tools are utilized for the assessment of:

1. Faculty performance
2. Student performance
3. Clinical facilities/student experiences
4. Didactic instruction
5. Clinical instruction
6. Student retention rate
7. Number of students passing the National Certification Examination (NCE)
8. Student/graduate/employer satisfaction with the program of study.

Results of the evaluation process will be reported to the CON Graduate Programs Committee, the unit within the CON designated to review evaluation data and recommend changes as indicated, and to the CON Director of Graduate Programs.
**Plans for Purposeful Change and Needed Improvement**

To be proactive in planning, implementing, and sustaining purposeful change that improves student achievement and ensures the long-range viability of the program, measurement of **indicators of success** is important. The NAP administrators and faculty continuously monitor the program’s indicators of success to determine the need for change that will improve student achievement and/or program outcomes.

Indicators of success to be monitored include:

1. Performance on the Self-Evaluation Examination (if available).
2. Student satisfaction as recorded on course, clinical site, faculty, and program evaluations and on self-evaluations.
3. Faculty satisfaction as recorded on program evaluations.
4. Quality of research (if appropriate).
5. Professional practice of faculty and students.
6. Adequacy of resources.
7. Alumni evaluations
8. Employer evaluations.
9. Student headcount enrollment data
10. Certification examination pass rates
12. Program completion rates.
13. Fiscal information to document adequate funding for the program.
14. The ability of a program to meet accreditation standards.
15. Other methods of student achievement as identified by the program and/or institution, if any.

The NAP utilizes data from the program’s indicators of success to identify areas that need to be changed or improved.

1. Planned changes are based on data analysis, keeping in mind the mission statement of the institution, the College of Nursing, and its resources.
2. Changes are reconciled with the Council’s standards for accreditation to ensure they are compliant with them.
3. Necessary resources are identified and put in place to implement the changes.
4. The outcome of changes is monitored and assessed to determine their impact on student achievement and/or program outcomes.
5. Purposeful change and program improvement are planned for within the context of the College of Nursing’s strategic plan to ensure the long-range viability of the program.
I, ______________________________________, acknowledge that I have received a copy of the Nurse Anesthesia Supplemental Student Handbook and agree to abide by all of the rules and regulations contained therein. I further acknowledge that I have had the opportunity to question and have received adequate explanations regarding the Handbook contents and my rights and responsibilities in the program’s Student Due Process procedures.

Name: ______________________________________

Witness: _________________________________

Date: _____________________________________