



Millikin University
Decatur Memorial Hospital
Nurse Anesthesia Program

Registered Nurse Anesthesia Intern Handbook

2024

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Revision History: This Handbook has been reviewed annually since 2002. The most recent revision date is 01.01.2024

1. INTRODUCTION

NOTICE OF INTENT

The RNAI Handbook has been developed to familiarize the nurse anesthesia intern with the Nurse Anesthesia Program's policies. The intent of the handbook is to provide the anesthesia student with a reference for questions regarding program policy, procedures, or other matters of information. It should be referred to as questions arise. In addition to the RNAI Handbook, students are expected to adhere to all of the policies in the:

- Millikin University Student Handbook
- Millikin University School of Nursing Graduate (MSN & DNP) Student Handbook
- DNP Project & Residency Handbook
- AANA Documents: *Code of Ethics for the Certified Registered Nurse Anesthetist; Scope of Nurse Anesthesia Practice*; and *Standards for Nurse Anesthesia Practice*.
<https://www.aana.com/practice/practice-manual> (may require login).

PROGRAM ADDRESS

The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program
Decatur Memorial Hospital
2300 N. Edward Street
Decatur, IL 62526
Phone: 217.876.2578

POLICY CHANGES

The Anesthesia Faculty reserves the right to make policy changes as the program may evolve and change the curriculum and/or clinical schedule in order to insure/improve the program's educational standards. Additionally, compliance regulations for DMH or any of the affiliates may change and impact program policy and/or procedures. Notice of policy revisions, which have impact on the Registered Nurse Anesthesia (RNAI) will be given via email. Policy revisions supersede the existing policy in the RNAI's handbook and are in effect immediately upon distribution to the nurse anesthesia intern. Revisions of existing policy may be made at any time to correct misspellings or for simple clarification of wording. New or revised policies undergo an approval process. The Nurse Anesthesia Faculty routinely reviews policies on an annual basis.

The handbook is published annually incorporating any policy or language changes in the preceding 12 months. Any questions regarding the policies contained in this handbook or subsequent revisions should be referred to the Program Director of the Nurse Anesthesia Program.

ORGANIZATION OF THE PROGRAM

The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program is a joint venture between Decatur Memorial Hospital, a Memorial Health affiliate, Decatur, IL and Millikin University, Decatur, IL. On the DMH campus, the Board of Directors of DMH has delegated administrative authority to the President and CEO. The president exercises his authority through the senior leadership team of DMH. The Vice-President of DMH Quality & Operations is responsible for the various departments within the organization including the Anesthesia School. The CRNA Program Director manages the nurse anesthesia program and reports directly to the Vice-President of DMH Quality & Operations.

The Clinical Advisor and the Simulation Advisor report to the CRNA Program Director. The Anesthesia Associates of Decatur, LLC contracts with DMH to provide anesthesiology services. The CRNA and MD clinical instructors report to either the CRNA Program Director, Clinical Advisor, or Simulation Advisor in matters concerning the nurse anesthesia interns. Interns are responsible to the CRNA Program Director, Clinical Advisor, Simulation Advisor, clinical and didactic instructors, affiliation coordinators, and

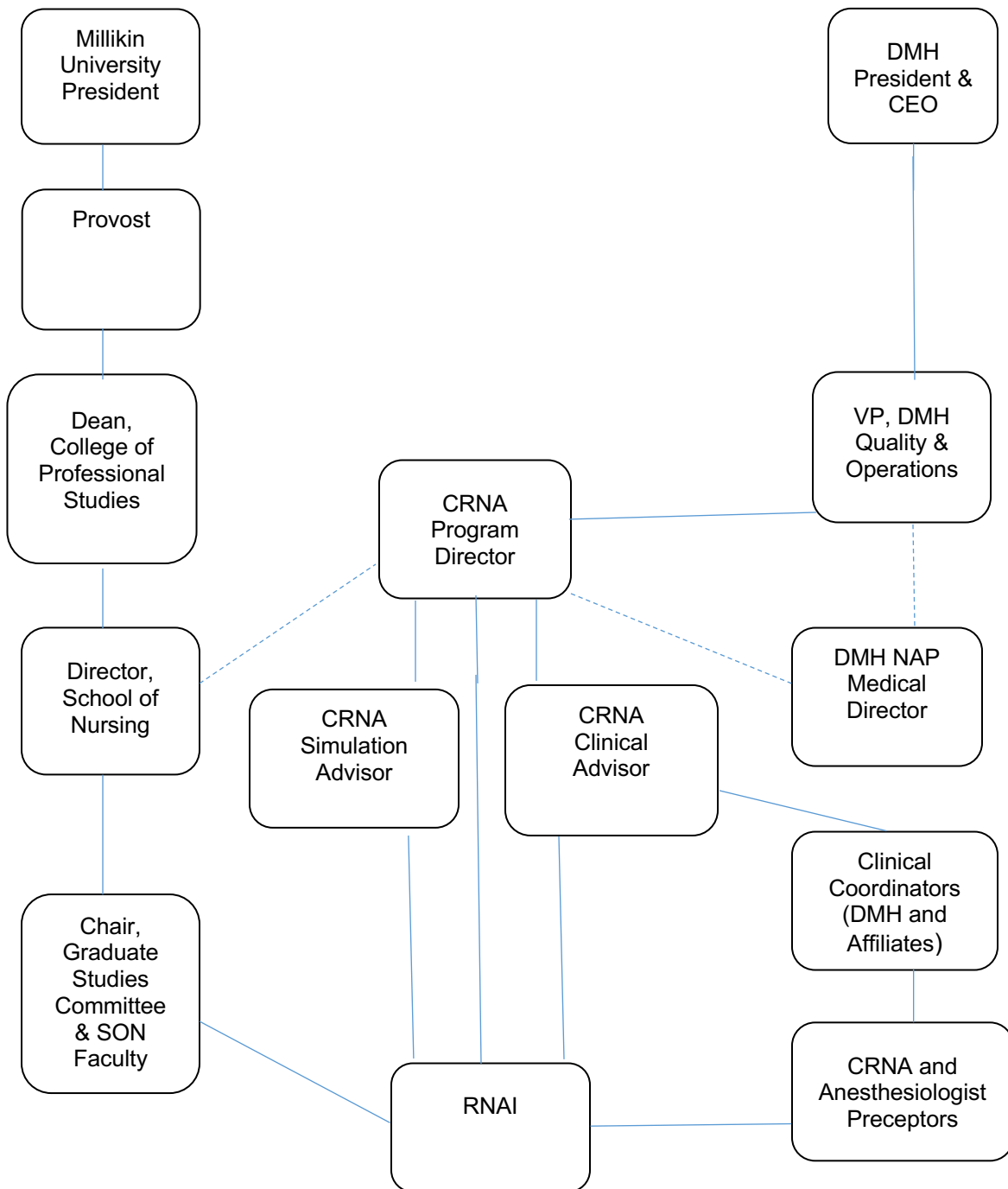
preceptors. Additionally, students are accountable to the Millikin University School of Nursing Director, Graduate Studies Committee Chair, and faculty.

The Millikin University Board of Trustees has delegated administrative authority to the President of Millikin University. The president exercises his authority through the provost and deans. The School of Nursing is responsible for the education of undergraduate and graduate nurses and lies within the College of Professional Studies. The SON Director reports to the Dean of the College of Professional Studies, who reports to the MU Provost—the SON faculty reports to the SON Director.

The Constitutions of the MU Nurse Faculty Organization and the DMH Faculty Organization of Nurse Anesthesia Program define committee membership and delineate the Full Affiliate faculty position representation on MU SON Committees. The CRNA Program Director, Clinical Advisor, and Simulation Advisor hold full affiliate faculty designations in the SON. Membership on the DMH Nurse Anesthesia Program's Admissions Committee, Advisory Committee, and RNAI Oversight Committee includes the appointment of a MU SON Full Affiliate faculty representative. The committee structures of the DMH Nurse Anesthesia Program and the MU School of Nursing provide extensive lines of communication to ensure that continuous quality improvement is assessed in attaining programmatic missions and outcomes.

The NAP is a DNP program within Millikin University's SON. A close working relationship between the CRNA Program Director and the Director of SON maintains open and frequent communication between the two entities. Students have access to faculty members on both campuses, and there are multiple avenues to express any concerns.

NAP ORGANIZATIONAL CHART



Organizational Chart Updated 01/2024

ADMINISTRATIVE LISTING

CRNA Program Director.....	Dana Flatley, DNP, CRNA, APN
Clinical Advisor.....	Catherine Hymel, DNP, CRNA, APN
Simulation Advisor.....	Katie McGill, DNP, CRNA, APN
Medical Director.....	Jon Jacoby, MD
Interim Directors, School of Nursing.....	Audra Trump, DNP, FNP-C, APRN and Teresa Gulley, PhD, MSN, RNC-OB
Interim Dean, CPS.....	Elizabeth Gephart, DNP
Administrative Coordinator, DMH NAP.....	Theresa Himmelrick

MISSION, VISION, AND PHILOSOPHY

Millikin University

The mission and vision of Millikin University to deliver on the promise of education as we prepare students for; professional success, democratic citizenship in a global society, and a personal life of meaning and value.

School of Nursing Mission Statement

The nursing programs at Millikin University encourage personal and professional success by producing nurses who grow in personal and professional knowledge throughout their lifetimes; provide excellent healthcare that respects diverse, global communities; lead by demonstrating lives of meaning, value, and contribution; are inspired to imagine and achieve a desired future for healthcare delivery.

Decatur Memorial Hospital Mission Statement

To improve lives and build stronger communities through better health.

Decatur Memorial Hospital Vision

To be the health partner of choice.

Nurse Anesthesia Program Mission Statement

The Nurse Anesthesia Program is committed to providing a program of excellence which prepares nurse anesthesia practitioners who are competent professionals committed to delivering evidence-based practice in a diverse society, and whose professional code of ethics informs their personal lives.

Nurse Anesthesia Program Philosophy Statement

The administration of anesthesia is an essential aspect of the total care provided by the nation's health care delivery system. This faculty is responsible for planning, organizing, implementing, supervising and evaluating a wide variety of learning experiences to prepare qualified Registered Nurses to be highly skilled nurse anesthesia practitioners.

The faculty strives for academic and clinical excellence, thus allowing each graduate the opportunity for successful completion of the examination for certification as a CRNA, as well as the ability to adjust to a variety of clinical situations. The faculty endeavors to instill a code of ethics within the Interns that projects professional conduct in the Interns' relationship with patients and members of the health care team. In an atmosphere where mutual interaction between learners and instructors is stressed, the learners are guided toward the achievement of self-realization, self-confidence, and self-reliance.

2. ETHICS

ACCREDITATION POLICY

- I. Policy: The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program will maintain its current accreditation status with the appropriate accrediting agencies and accurately publish its' accreditation status in all advertising statements, publications, and catalogs. Program Administrators and faculty will cooperate fully with the School, College, and University in correcting any deficiencies in the Program that are identified by an accrediting agency.
- II. Purpose: The purpose of the accreditation policy is to ensure that accreditation is maintained and accurately reflected by The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program.
- III. Procedure:
 - A. The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program will voluntarily participate in:
 1. The accreditation process is outlined by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).
 2. The Commission of Collegiate Nursing Education (CCNE) outlines the accreditation process.
 3. The accrediting process as outlined by accrediting bodies of Decatur Memorial Hospital and, as applicable, the nurse anesthesia program clinical affiliates.
 - B. The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program will accurately reflect the accreditation status in all advertising statements.
 - C. RNAs are actively involved in the accreditation process, and details related to their role will be provided during the planning of the accreditation process.
- IV. Council on Accreditation of Nurse Anesthesia Educational Programs (COA) Accreditation Statement:

The Millikin University and Decatur Memorial Hospital, Nurse Anesthesia Program, is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), Phone number 224-275-9130, Address 10275 W. Higgins Rd., Suite 906, Rosemont, IL 60018-5603. Email accreditation@coacrna.org; Web <http://coacrna.org/>. The program's next review by the COA is scheduled for Fall 2026.

ADMISSION AND GRADUATION CRITERIA POLICY

- I. Policy: The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program will admit to the program and graduate those applicants/students that fulfill the admission and graduation criteria.
- II. Purpose: The purpose of the admission and graduation criteria policy is to ensure that the admission and graduation criteria are delineated for all applicants/students of the program.
- III. Procedure:
 - A. The following steps shall determine the procedure for admission:
 1. The Program will admit applicants who fulfill the following criteria:
 - a. Be graduates of a National League for Nursing (NLNAC) or CCNE-accredited baccalaureate nursing program.
 - b. Provide evidence of successful completion (grade C or better) in an organic chemistry or biochemistry course with a lab.
 - c. Complete a graduate-level statistics course with a grade of "B" or better before enrollment.

- d. Possess an unencumbered/unrestricted license as an RN in the State of Illinois upon beginning coursework.
 - e. Provide Graduate Record Exam (GRE) scores if undergraduate cumulative GPA is below 3.0.
 - f. Provide three (3) written recommendations from individuals who can speak to the applicant's integrity, potential for success in a graduate program, and clinical nursing performance. One recommendation must be from a direct ICU supervisor.
 - g. Provide evidence of current certification in Basic Cardiac Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS).
 - h. Submit a one to two-page written statement (up to 1000 words) addressing personal and professional goals related to the DNP program.
 - i. Submit a current resume or curriculum vitae.
 - j. Provide evidence of a minimum of one year of nursing experience in an adult intensive care unit (ICU). Current ICU experience is strongly preferred.
 - k. Complete the Assessment of Critical Care Skills form.
 - l. Possess certification in critical care nursing (CCRN) from the American Association of Critical Care Nurses.
2. Individual Applicant Assessment:
- a. Each application is evaluated using the approved admission rubric to determine eligibility for the Program.
 - b. An explanation is provided to those who are ineligible for the program.
 - c. Individual applicants are counseled, and further information is requested of the applicant by the program, as needed.
 - d. Identical admission files are maintained at both DMH and Millikin University.
3. Interview Process:
- a. Interviews are held annually.
 - b. Each invited candidate appears individually before members of the joint Admissions Committee.
 - c. The interviewers utilize the form called the Interview Assessment.
 - i. The form consists of categories on which observations and impressions of the interviewees are recorded.
 - ii. Each category is scored on a scale of 1 (lowest) to 5 (highest) to compute a total score.
 - iii. Overall scores are averaged and placed on the individual's Application Evaluation form. A selection index is then computed based on the score received on the Interview Assessment.
4. Selection Process:
- a. Using the scores obtained from the Application Evaluation, the entire Admissions Committee votes to select and offer a position as an alternate or have the candidate reapply.
 - b. Selections are made without regard to race, age, religion, gender, national origin, marital status, disability, or any other factor protected by law.
 - c. Recommendations are forwarded to the Millikin University SON Graduate Studies Committee for final admission approval.
 - d. Selected Candidates:
 - i. will be notified within 2-4 weeks of the selection date.
 - ii. must, in turn, notify the SON within two weeks or by the date requested in writing of their intention whether or not to accept the position in the designated class.
 - iii. submit the admission fee to hold the offered position. The fee is applied to the first semester tuition.
 - iv. Those who withdraw before beginning classes must reapply to the program.
 - e. Alternates:
 - i. may be offered a position by the DMH School of Anesthesia in the class if one becomes available.

- ii. must notify the DMH Anesthesia office within two weeks or by the date requested in writing of acceptance as an alternate or the offer is withdrawn.
 - iii. retain the alternate position until the start of classes.
 - iv. must reapply if a position is not offered.
 - 5. Evaluation of Process:
 - a. The selection process is evaluated both by the candidates who are interviewed as well as by the members of the Admissions Committee.
 - b. Suggestions for improvement of the process are encouraged and discussed by the Admissions Committee.
- B. The procedure for graduation shall be determined by the following steps:
 - 1. Completion of Terminal Outcomes of the Program.
 - 2. Completion of requirements for Millikin University School of Nursing.
 - 3. Completion of all clinical and academic requirements for the Council on Accreditation (COA) and the Nurse Anesthesia Program, including:
 - a. completing required courses with a minimum grade of 'B.'
 - b. for students entering the Program after January 2023, completing a minimum of 1700 anesthesia hours.
 - c. attendance at one professional anesthesia business meeting.
 - d. return of program/university property (ID badge, pager).
 - e. current certification in BLS, ACLS, and PALS.
 - f. exit conference with Program Administration.
 - g. exit conference via Millikin University's Financial Aid Office.
 - 4. All outstanding fees at both Millikin University and Decatur Memorial Hospital must be paid (textbook fees, copying fees, library fines, etc.).
 - 6. All borrowed library books must be returned.
 - 7. Complete the entire course of study within five years of the date of the recording of the first graduate course grade.
- C. Graduation Deferral
 - 1. The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program reserves the right to defer an intern's graduation until all requirements, including terminal outcomes, time restoration, and financial obligations have been met.
 - 2. The Program Director, in conjunction with the Director of Nursing, will make the recommendation to the SAPR committee regarding deferral of graduation.
 - 3. The program will not send a final transcript to the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) until all graduation requirements are met.

CODE OF HONOR AND INTEGRITY POLICY

- I. Policy: Interns of The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program are expected to demonstrate honesty, integrity, and professionalism in all parts of their education. Interns will be assessed, in part, on their reliability, honesty, integrity, and responsibility related to substance use and abuse. Any behavior questioning an intern's professionalism or potential capabilities as a future healthcare provider will be reviewed.
- II. Purpose: The purpose of the code of honor and integrity policy is to delineate expectations of Interns' behavior and responsibilities as a nurse anesthesia professional.
- III. Procedure:
 - A. Students represent Millikin University, the SON, DMH, the NAP, and the profession of nurse anesthesia while interacting with other members of society. As such, students are expected to demonstrate high standards and professional values.
 - B. Interns are expected to adopt and abide by the University's Standards of Conduct, the SON's policies on Professional Accountability and Professional Standards, and the AANA's Professional Standards and Code of Ethics.

- C. Violations of the Code of Honor and Integrity policy are viewed as professional and academic misconduct and a failure to meet clinical behavioral outcomes. Violations may result in course failure, probation, or dismissal from the Nurse Anesthesia Program.
- D. Examples of violations include, but are not limited to:
 1. intentional and/or unauthorized falsification, fabrication, or alteration of any records, information, or documents.
 2. willful neglect of clinical responsibilities.
 3. knowingly or intentionally helping or attempting to help another commit an act of academic or clinical dishonesty.
 4. cheating on any course assignment or examination, which may include, but is not limited to, referring to unauthorized materials, having another person take an exam for you, or changing test answers after the test has been given and submitted.
 5. plagiarism.
 6. collaborating with others in work to be presented if this is contrary to the stated rules of the course.
 7. taking credit for anesthesia care provided by another.
 8. communicating false information; failure to report errors made in providing care to patients; reporting care has been given that, in fact has not; etc.
 9. stealing, destroying, or making inaccessible any library, hospital, or other resource material or equipment. Or knowingly and intentionally assisting another in any of these actions.
 10. breaches in the confidentiality of patients and their families.
 11. bringing false complaints against fellow interns.
 12. incivility towards others.
- E. Interns are required to sign an affirmation of the Code of Honor and Integrity policy.

NONDISCRIMINATION INTENT

The NAP adheres to the following policy found in both the *Millikin University Student Handbook* and the *SON Graduate Handbook*:

"It is the policy of Millikin University to afford equal opportunity for all persons without distinction or discrimination based on race, ethnicity, socio-economic status, gender, disability, national origin, religion, sexual orientation, or age."

TECHNICAL AND PHYSICAL STANDARDS POLICY

- I. Policy: Graduates of The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program must be able to fulfill the duties of a CRNA. RNAs must have specified skills and abilities. Reasonable accommodations for individuals with documented disabilities will be considered. However, the individual must be able to perform independently.
- II. Purpose: The purpose of the technical and physical standards policy is to delineate the technical and physical standards required for participation in the Nurse Anesthesia Program.
- III. Procedure: Registered Nurse Anesthesia Interns:
 - A. must be able to comply with the "Minimum Performance Standards for Admission and Guidelines for Accommodating Students with Disabilities" as provided in the SON Graduate Student Handbook.
 - B. will sign a certification acknowledging the information provided regarding the acceptable minimum standards.

RIGHTS AND RESPONSIBILITIES

Patients

The patient has the right to:

1. know who is administering their anesthesia and who will be supervising the anesthesia administration. The RNAs should introduce themselves as a “Registered Nurse Anesthesia Intern” and identify who will supervise them during the anesthetic case.
2. expect that anesthesia services provided by interns will be under the supervision of a CRNA and an anesthesiologist. At all times, a CRNA or anesthesiologist shall be immediately available in all areas where interns are providing anesthesia services.
3. expect that the intern and supervisory personnel providing their services are mentally competent and not impaired by fatigue, drugs, or other incapacitating conditions.
4. know that the patient’s surgeon or physician and supervising CRNA and/or anesthesiologist shall be kept informed pertaining to the anesthetic management and any complications arising from that management.
5. privacy and confidentiality in all aspects of their care, including communications and records.

The patient has the responsibility to:

1. provide adequate information about their health/medical history and post-hospitalization course.
2. follow as best they can the instructions provided by the healthcare providers involved with their care and question instructions not understood.

Applicants

Applicants have the right to:

1. information that is factual, fairly presented, and timely.
2. detailed information about the admission criteria and process, program content, and graduation requirements.
3. fair and non-discriminating practices in the selection process.
4. confidentiality.

Applicants have a responsibility to:

1. provide accurate, truthful information.
2. complete their application and provide all application supporting documentation by the application deadline.
3. communicate to the program changes in contact information (address, email, phone).

Alumni

Graduates have the right to:

1. access transcripts of their academic and clinical endeavors according to the record policy.
2. upon their request, have verified copies of their transcripts furnished to any institutions specified by the student or graduate.
3. expect a complete and accurate transcript and application of the intern’s educational experiences to be forwarded to the National Board for Certification and Recertification for Nurse Anesthetists (NBCRNA) upon graduation. The graduates are responsible for ensuring that all guidelines and deadlines in the Candidate Handbook of the CCNA are followed. The graduate is responsible for making arrangements to take the Certification Examination at a site and within the time frame designated by the CCNA.

Graduates have the responsibility to:

1. provide the Nurse Anesthesia Program a signed written release of information when requesting information from their intern files be furnished to institutions, agencies, employers, or other entities.
2. notify the Nurse Anesthesia Program of their place of employment one year post graduation to allow the mailing of an employee evaluation of the graduate’s preparedness for practice.

3. submit the completed Graduate Survey one-year post-graduation to the Nurse Anesthesia Program.
4. participate in continuing education activities and function according to the appropriate legal requirements within the state in which they are employed.

Faculty

Faculty members of the program have the right to:

1. be treated respectfully by interns and program administration.
2. be provided the support they need to conduct the activities of programmatic committee work, clinical and didactic instruction, and faculty development.
3. expect interns to be prepared as much as possible for any lecture, clinical case, or assignment.
4. remove an intern from the classroom or clinical area if the integrity of the class/clinical case or the patient's safety may be compromised.
5. expect that interns will have self-motivation and seek learning opportunities to develop the necessary skills, knowledge, and professional behaviors necessary to complete the program successfully.

Faculty members of the program have the responsibility to:

1. be active in and supportive of program committee assignments.
2. be available at reasonable times for intern questions.
3. make appropriate preparation for class (lectures) and other meetings.
4. base all evaluations, academic and clinical, upon their professional judgements and not consider, in either academic or clinical evaluations, factors such as race, color, religion, gender, age, national origin, handicap, political affiliation, lifestyle, etc.
5. respect the confidentiality of intern information contained in the intern's record. Faculty may release such information in connection with any intra-program business, including releasing information to clinical preceptors and affiliation faculty without intern consent or as may be required by law.
6. Do not exploit professional relationships with interns for private advantage and refrain from soliciting intern assistance for private purposes in a manner that infringes upon the intern's freedom of choice.
7. give appropriate recognition to contributions made by interns.
8. refrain from any activity that involves risk to the health and safety of the intern, except with the intern's informed consent and, where applicable, by the DMH IRB's use of human subjects in experimentation approval.
9. respect the dignity of each intern individually and all interns collectively in educational endeavors.
10. provide appropriate supervision and direction based on an intern's clinical expertise.
11. assist with the remediation of interns or disciplinary actions of interns as needed.
12. maintain intern confidentiality in all forms of communication related to the clinical or didactic performance of an intern.
13. serve in the capacity of advisor with specific intern assignments.
14. respect student confidentiality regarding exam grades, clinical experiences, and status in the program.

Conducting Institutions

The program (its entities: DMH and Millikin University) and affiliated clinical sites have the right to expect that:

1. the nurse anesthesia faculty operates the program in accordance with the applicable standards, policies, and procedures of the accrediting agencies, university, hospital, affiliate clinical sites, and the program.
2. accurate and comprehensive records will be maintained.
3. the program will submit annual reports to the accrediting agency (COA) and other submissions as required.
4. the program represents itself with integrity and honesty in all communications.
5. it will be kept informed of program changes, accrediting agency evaluations and standards, and trends affecting nurse anesthesia education.
6. Intern will be aware of and follow departmental and institutional policies related to patient care and all other matters addressed in relevant policies.

7. Interns will communicate with clinical instructors about their abilities to perform procedures and apply knowledge in their clinical internships.
8. Interns will arrive prepared for classes, seminars, conferences, clinical internships, and other educational experiences.

The program (and its entities: DMH and Millikin University) and affiliated clinical sites have the responsibility:

1. to provide clinical and didactic instruction and evaluations.
2. to coordinate and carry out application and admission procedures.
3. provide classroom and laboratory space for didactic lectures/courses.
4. to provide academic and clinical counseling to the interns as needed.
5. to coordinate advertising and public relation efforts.
6. to provide orientation to the clinical area.
7. to provide support for clinical research.
8. to provide resources needed for effective operation of an educational program of high quality.
9. to continually evaluate the program to ensure that it meets student needs and graduates attain desired outcomes.
10. to conduct the program in compliance with all legal and accreditation standards.
11. to be accountable to the public.
12. to uphold the reputation of the NAP and its entities.

Council on Accreditation

The COA has the right to:

1. conduct periodic announced and unannounced site reviews to assess compliance to published standards.
2. expect the programs' assistance in conducting an accurate evaluation by providing accurate and truthful statements and supportive documentation as required.
3. require the program to follow all policies and procedures published by the COA.

The COA has the responsibility to:

1. publish all applicable standards necessary for accreditation and successful re-accreditation and evaluate programs in their ability to meet the published standards.
2. identify areas of noncompliance and inform the program accordingly.
3. assist the program in attempts to comply with COA requests.

RNAI

RNAIs have the right to:

1. pursue their educational goals.
2. a highly specialized graduate curriculum instilled with professionalism, progressive didactic instruction, and supervised clinical experiences.
3. fair and accurate evaluations of their progress in the educational program and to be kept informed of the status of that progress.
4. access transcripts and their clinical achievements, and upon their written request, have verified copies furnished to institutions, agencies, other programs of nurse anesthesia, or others specified by the intern. If the intern transfers to another program, a written request for information to be sent to the institution is required by the intern.
5. inspect and review their official records and request nondisclosure of certain information. The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program abides by the Family Educational Rights and Privacy Act requirements. Intern files are NOT to leave the nurse anesthesia school office.
6. not be exploited relative to time commitment or pay for profit of the conducting institution or corporation.
7. confidentiality regarding exam grades, clinical experiences, and status in the program.
8. to privately confer with faculty concerning a personal grievance and follow the due process procedure

of the program if the outcome of that meeting is not satisfactory.

RNAs have the responsibility and will be held accountable for:

1. the quality of preparation, completion, and performance of didactic and clinical assignments.
2. complying with the policies and regulations pertaining to the Millikin University, Decatur Memorial Hospital, and the NAP.
3. fulfilling all responsibilities connected with the program defined at time of enrollment in the program or made a part of the educational contract during the period of enrollment.
4. the demonstration of high professional standards and values in the classroom, clinical agencies, and the community.
5. the ethical and legal responsibilities for repayment of student loans from any source, public or private.
6. representation of the NAP and its entities in a professional and positive manner through all interactions.
7. refraining from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (i.e., texting, reading, e-mailing, etc.).

3. CURRICULUM

COURSE OF STUDY

The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program
Program Requirements – Graduate: DNP: Nurse Anesthesia Program (NAP)

YEAR I			
<i>Spring 1</i>			
	NU 530: Healthcare Policy	3	
	NU 548: Advanced Physiology & Pathophysiology for Nurse Anesthesia	4	
	NU 701: Roles and Responsibilities for Nurse Anesthesia	3	
	NU 795: Evidence for Practice	4	14
<i>Summer 1</i>			
	NU 700: Anatomy for Nurse Anesthesia	3	
	NU 792: Informatics for Healthcare Organizations	3	
	NU 702: Physical Science for Graduate Nurses	3	9
<i>Fall 1</i>			
	NU 793: Principles of Epidemiology	3	
	NU 794: Organization & Systems Leadership	3	
	NU 515: Application of Theory to Practice	3	
	NU 545: Advanced Pharmacology across the Lifespan	3	
	NU 703: Basic Principles of Nurse Anesthesia	2	14
YEAR II			
<i>Spring 2</i>			
	NU 791: Outcomes Mgt in Hlthcare	3	
	NU 544: Advanced Health Assessment	3	
	NU 704: Pharmacology for Nurse Anesthesia	3	
	NU 705: Advanced Principles of Nurse Anesthesia I	3	
	NU 796: DNP Project I	1	13
<i>Summer 2</i>			
	NU 706: Advanced Principles of Nurse Anesthesia II	3	
	NU 707: Nurse Anesthesia Clinical Practicum I	5	8
<i>Fall 2</i>			
	NU 708: Advanced Principles of Nurse Anesthesia III	3	

	NU 709: Nurse Anesthesia Clinical Practicum II	5	
	NU 797: DNP Project II	2	10
YEAR III			
<i>Spring</i>	NU 710: Nurse Anesthesia Clinical Practicum III	1	1
	NU 710: Nurse Anesthesia Clinical Practicum III	5	
	NU 798: DNP Project III	2	7
<i>Summer</i>			
	NU 711: Nurse Anesthesia Clinical Practicum IV	6	6
<i>Fall</i>			
	NU 712: Nurse Anesthesia Clinical Practicum V	6	6
			88 cr

The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program
Program Requirements – Graduate: DNP: Nurse Anesthesia Program (NAP)
For Students Entering the Program Spring 2023

YEAR I			
<i>Spring 1</i>			
	NU 701: Roles and Responsibilities for Nurse Anesthesia I	1	
	NU 703: Basic Principles of Nurse Anesthesia	3	
	NU 729: Advanced Healthcare Policy	3	
	NU 748: Advanced Physiology & Pathophysiology for Nurse Anesthesia	4	
	NU 795: Evidence for Practice	4	15
<i>Summer 1</i>			
	NU 700: Anatomy for Nurse Anesthesia	3	
	NU 702: Physical Science for Graduate Nurses	3	
	NU 705: Advanced Principles of Nurse Anesthesia I	3	9
<i>Fall 1</i>			
	NU 515: Application of Theory to Practice	3	
	NU 545: Advanced Pharmacology across the Lifespan	3	
	NU 704: Pharmacology for Nurse Anesthesia	3	
	NU 706: Advanced Principles of Nurse Anesthesia II	3	
	NU 794: Organization & Systems Leadership	3	15
YEAR II			
<i>Spring 2</i>			
	NU 544: Advanced Health Assessment	3	
	NU 707: Nurse Anesthesia Clinical Practicum I	3	
	NU 708: Advanced Principles of Nurse Anesthesia III	3	
	NU 791: Outcomes Management in Healthcare	3	
	NU 796: DNP Project I	1	13
<i>Summer 2</i>			
	NU 709: Nurse Anesthesia Clinical Practicum II	4	
	NU 792: Informatics for Healthcare Improvement	3	7
<i>Fall 2</i>			
	NU 710: Nurse Anesthesia Clinical Practicum III	5	
	NU 793: Principles of Epidemiology	3	
	NU 797: DNP Project II	2	10
YEAR III			
<i>January Term 3rd Year</i>			
	NU 711: Nurse Anesthesia Clinical Practicum IV	1	1
<i>Spring</i>			

	NU 711: Nurse Anesthesia Clinical Practicum IV	4	
	NU 798: DNP Project III	2	6
<i>Summer</i>			
	NU 712: Nurse Anesthesia Clinical Practicum V	4	
	NU 715: Roles and Responsibilities for Nurse Anesthesia II	2	6
<i>Fall</i>			
	NU 713: Nurse Anesthesia Clinical Practicum VI	6	6
			88 cr

STUDENT LEARNING OUTCOMES

In addition to those Student Learning Outcomes for Graduates of the DNP Program at Millikin University, specific Intern learning outcomes for the nurse anesthesia program have been identified. These outcomes are based on *D. Graduate Standards of the Standards for Accreditation of Nurse Anesthesia Educational Programs Practice Doctorate* (revised January, 2021) to assure that the new graduate has acquired knowledge, skills, and competencies in patient safety, peri-anesthetic management, critical thinking, communication, and the professional role as mandated by the Council on Accreditation of Nurse Anesthesia Educational Programs.

- I. Upon successful completion of the Nurse Anesthesia Program, the graduate student will be able to demonstrate competencies in patient safety, peri-anesthetic management, critical thinking, communication, leadership, and professionalism.
 - A. Patient safety is demonstrated by the ability of the graduate to:
 - 1. be vigilant in the delivery of patient care.
 - 2. refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, e-mailing, etc.).
 - 3. conduct a comprehensive and appropriate equipment check.
 - 4. protect patients from iatrogenic complications.
 - B. Individualized peri-anesthetic management is demonstrated by the ability of the graduate to:
 - 1. provide individualized care throughout the peri-anesthetic continuum.
 - 2. deliver culturally competent peri-anesthetic care.
 - 3. provide anesthesia services to all patients across the lifespan.
 - 4. perform a comprehensive history and physical assessment.
 - 5. administer general anesthesia to patients with a variety of physical conditions.
 - 6. administer general anesthesia to patients for various surgical and medically related procedures.
 - 7. administer and manage a variety of regional anesthetics.
 - 8. possess current certification in ACLS and PALS.
 - C. Critical thinking as demonstrated by the graduate's ability to:
 - 1. apply knowledge to practice in decision-making and problem-solving.
 - 2. provide nurse anesthesia care based on evidence-based principles.
 - 3. perform a preanesthetic assessment before providing anesthesia services.
 - 4. assume responsibility and accountability for diagnosis.
 - 5. formulate an anesthesia plan of care before providing anesthesia services.
 - 6. identify and take appropriate action when confronted with anesthetic equipment-related Malfunction(s).
 - 7. interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
 - 8. calculate, initiate, and manage fluid and blood component therapy.
 - 9. recognize, evaluate, and manage the physiological responses coincident with the provision of anesthesia services.
 - 10. recognize and appropriately manage complications that occur during the provision of anesthesia services.
 - 11. use science-based theories and concepts to analyze new practice approaches.

12. pass the national certification examination (NCE) administered by NBCRNA.
- D. Communication skills as demonstrated by the graduate's ability to:
 1. utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
 2. utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
 3. respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
 4. maintain comprehensive, timely, accurate, and legible healthcare records.
 5. transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
 6. teach others.
- E. Leadership skills as demonstrated by the graduate's ability to:
 1. integrate critical and reflective thinking in his or her leadership approach.
 2. provide leadership that facilitates intra-professional and interprofessional collaboration.
- F. Professional role as demonstrated by the graduate's ability to:
 1. adhere to the *Code of Ethics for the Certified Registered Nurse Anesthetist*.
 2. interact on a professional level with integrity.
 3. apply ethically sound decision-making processes.
 4. function within legal and regulatory requirements.
 5. accept responsibility and accountability for their practice.
 6. provide anesthesia services to patients in a cost-effective manner.
 7. demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.
 8. inform the public of the role and practice of the CRNA.
 9. evaluate how public policy making strategies impact the financing and delivery of healthcare.
 10. advocate for health policy change to improve patient care.
 11. advocate for health policy change to advance the specialty of nurse anesthesia.
 12. analyze strategies to improve patient outcomes and quality of care.
 13. analyze health outcomes in a variety of populations.
 14. analyze health outcomes in a variety of clinical settings.
 15. analyze health outcomes in a variety of systems.
 16. disseminate scholarly work.
 17. use information systems/technology to support and improve patient care.
 18. use information systems/technology to support and improve healthcare systems.
 19. analyze business practices encountered in nurse anesthesia delivery settings.

4. PROFESSIONALISM

AANA ASSOCIATE MEMBERSHIP

- I. Policy: All Interns are required to join the American Association of Nurse Anesthesiologists (AANA) within 30 days of beginning classes.
- II. Purpose: The AANA associate membership aims to aid in socializing the RNAI into the nurse anesthesia profession and obtain each student's AANA membership number.
- III. Procedure:
 - A. The CRNA Program Director will complete the initial application information on the AANA Student Associate Membership Application Portal.
 - B. A direct link is emailed to the student, allowing the student to complete the application and pay the application fee.
 1. The cost of the membership is the responsibility of the Intern.
 2. The current one-time fee is \$200.00 and is subject to change.

- C. The assigned AANA membership number is obtained and distributed to the student. The AANA membership number is utilized for various purposes by the AANA, NBCRNA, and COA during the student's educational process, certification, and recertification throughout the graduate's professional career.
- D. Benefits of the membership include:
 1. Subscription to AANA Journal.
 2. Reduced enrollment fees at national and state meetings.
 3. Opportunities to network with other student anesthetists, CRNAs, and health service industry personnel.

CLINICAL COMPLIANCE POLICY

- I. Policy: RNAs must abide by the established policies and procedures of Decatur Memorial Hospital and all affiliate hospitals during their course of study. Failure to comply with federal or state legal requirements is grounds for immediate dismissal.
- II. Purpose: The purpose of the clinical compliance policy is to inform RNAs of their responsibilities related to legal and accreditation requirements for institutions providing clinical experiences for interns.
- III. Procedure:
 - A. Decatur Memorial Hospital's (DMH) policies and procedures and the DMH Department of Anesthesia are located on Memorial Central (the health systems intranet).
 - B. MSDS Manual and Safety/Management Plans are available in Memorial Central.
 - C. RNAs will participate in annual safety fairs and complete mandated HealthStream activities as scheduled.
 - D. Criminal History/Sex Offender Background Check
 1. A criminal history and sex offender background check of interns is a requirement by The Joint Commission for all hospitals beginning in the fall of 2004.
 2. Successful completion of this process is a required component for completing clinical experiences in the Nurse Anesthesia Program. Each intern must obtain a background check before full acceptance into the Program.
 3. Completing the process in a timely manner is the intern's responsibility to ensure full participation in the Nurse Anesthesia Program.
 4. RNAs must notify the Anesthesia School Administration of any incidents that may impact their ability to practice nursing in the State of Illinois. The notification must occur no later than 30 days after the incident's occurrence. RNAs unable to complete the clinical requirements due to noncompliance or inability to be placed in the clinical arena may be dismissed from the Nurse Anesthesia Program.
 - E. Use and Disclosure of Protected Patient Information (HIPAA). The use and disclosure of patient information is governed by the rules and regulations established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related to state and federal policies and procedures in addition to the policies and procedures of DMH. RNAs will confidentially handle protected information at all times during the clinical experience at DMH and affiliates.
 1. RNAs will participate in institutional in-services regarding the use and disclosure of protected patient information when such in-services are scheduled.
 2. RNAs will use and disclose confidential health information only in connection with and to perform duties related to the care of their patients.
 3. RNAs will not request, obtain, or communicate more confidential information than is necessary to accomplish the duties related to the care required by their patients.
 4. RNAs will take reasonable care to properly secure confidential health information on computers and will take steps to ensure that others cannot view or access electronic information. RNAs will log off the computer when leaving the computer workstation.

5. RNAs will not disclose or share their passwords and will refrain from performing any tasks using another's password.
 6. Copies of a patient's anesthesia record or any patient data will not be made or taken from the anesthesia department. Anesthesia records utilized for clinical case conferences will have the patient's personal information removed.
 7. RNAs will not use any patient identification information while maintaining their statistics regarding the clinical experience.
 8. No copies of the OR schedule are to be made.
 9. Discussions of patient management of care should only be done in appropriate areas. No such discussions should occur in public areas.
 10. RNAs will abide by all clinical affiliates' privacy and social networking policies.
 11. RNAs will follow the SON Social Networking Policy.
- F. Licensure and Certifications
1. RNAs must possess a current, unrestricted Registered Professional Nurse licensure from the State of Illinois Department of Financial and Professional Regulation. The RNAI will provide a copy of the license to the Anesthesia Program Office upon admission to the program and when re-licensure occurs. Loss of licensure will result in dismissal from the nurse anesthesia program.
 2. RNAs are accountable according to the scope of the Illinois Nurse Practice Act.
 3. Failure to maintain an active RN licensure will result in the RNAI being removed from clinical experiences and time being deducted daily from the RNAI's allowable time off.
 4. RNAs are required to possess current certifications in BLS, ACLS and PALS. A copy of the certifications will be provided to the Anesthesia Program Office upon admission to the program and when re-certification occurs.
 5. Failure to maintain current certifications in BLS, ACLS, and PALS will result in the RNAI being removed from clinical experiences and time being deducted daily from the RNAI's allowable time off.
 6. The costs of maintaining nursing licensure and the required certifications are the intern's responsibility.
- G. Documentation
1. The anesthesia record is a legal document in the patient's chart. The RNAI will document the anesthetic care provided to the patient according to the clinical affiliation's policy.
 2. The RNAI will document the equipment and items to be charged accurately.
 3. Errors or omissions of information/charges on an audited patient chart will impact the RNAI's clinical grade, as discussed in the Grading Policy.
 4. RNAs must accurately complete the accountability of controlled drugs in accordance with all federal and state laws and standards of professional practice. RNAI will follow the clinical affiliates' policy for narcotic reconciliation.
- H. TB Skin Testing
1. A current TB test report is required to be on file with the Program at all times.
 2. RNAs obtain the two-step TB or blood test upon entry into the anesthesia specialty through DMH Colleague Health or at a facility of the student's choice.
 3. Following the initial two-step TB testing, RNAs are responsible for obtaining a TB test annually and submitting a copy of the report to the Program office.
 - a. The cost of maintaining the current TB test annually is the responsibility of the RNAI.
 - b. Failure to maintain a current TB test report on file will result in the RNAI's removal from clinical experience. An equal amount of time will be deducted from the RNAI's allowable time off.
- I. Physical Examination
1. All students must complete a health screening at DMH Colleague Health Department before beginning Clinical Practicum I.
 2. All students must provide proof of immunization.
 3. An updated immunization record will be available on the Program's Typhon

website and the CastleBranch portal.

COMMUNICATION WITH THE PROGRAM

RNAIs must provide a mechanism for regular and effective communication with the nurse anesthesia program.

1. RNAIs must provide and maintain a current mailing address, home phone number, and emergency contact information to the school office.
 2. The RNAI's Millikin University e-mail is the primary method of communication between the program and the student. RNAIs are required to use and regularly review their Millikin e-mail and other electronic communication sources and are responsible for staying currently updated with information communicated by the program/SON.
 3. Mailboxes are provided by the School and are located in the School office. RNAIs are accountable for distributing information and responsible for checking their mailboxes regularly.
 4. The School will provide interns with the contact information for the School and clinical affiliation sites/ coordinators.
 5. Paging – All students will be assigned a personal pager at the start of Clinical Practicum I.
 - a. The following directions apply when using the pager by telephone:
 - For MDs: (Voice pager) Number is 6666-0800 After dialing “6666”, wait for the electronic voice to say, “please dial the ID number”, which is 0800. Then speak a short message.
 - For CRNAs/RNAIs: (Digital pager). Each page can be paged through the DMH phone system but by numbers only. Use the 6666 and pager numbers (four-digit individualized numbers beginning with 0) and listen for the voice prompts, then punch in your callback number.
- Student Pager Guidelines**
- When paged – if you do not respond – time will be taken out of your allowable time off.
 - You are responsible for repairs/replacements to your pager.
 - Upon leaving the NAP, you must return the pager to the program.
 - The pager does not replace open communication. Be sure to check in with the Clinical Coordinator frequently during the shift.
 - Be sure to keep the pager on when you are scheduled in clinical. Replacement batteries are available in the anesthesia school office.
6. Clinical Spec Phones:
 - MDs and several CRNAs carry spec phones for communication in the clinical arena. Phone numbers are provided on the departmental communication list. The intern assigned to Regional will carry the #8383 spec phone, and the intern assigned to OB will carry the #6199 spec phone (obtained from the cart by the anesthesia board). The student assigned to an evening or weekend shift will carry whichever student's phone is available.

DRESS CODE

- I. Policy: As health care professionals, an image that reflects our commitment to quality care must be presented. To accomplish this goal, interns in the clinical arena must maintain professional attire at all times.
- II. Purpose: The purpose of the dress code is to maintain a positive image. All anesthesia interns will follow the dress code guidelines.
- III. Procedure: The following suggestion for dress and grooming provides guidelines. Interns must conform to the dress code for all clinical affiliates.
 - A. Clinical and Direct Patient/Resident Areas
 1. Blue jeans, T-shirts, jogging shorts, casual shorts, and sweatpants/shirts are inappropriate attire for the clinical component.
 2. During pre- and post-operative visits, the intern must maintain professional attire. Wearing a student ID is mandatory during visitation.
 3. Masks, shoe covers, gloves, and caps are removed when visiting patients.
 4. Scrub clothing, masks, shoe covers, and gloves should be worn only in areas designated

for their use.

5. All jewelry will be removed before entering the OR restricted area.
6. Undergarments must be worn and must not be visible through clothing.
7. Hair should be clean and well groomed. Extremes in style or color are not appropriate.
8. Beards and mustaches must be kept clean and well-groomed and covered by a disposable hood in the operating room.
9. OSHA-mandated standards for Universal Precautions must be utilized during the perioperative experience. This includes but is not limited to gloves and protective eye covers.
10. The mask for the operative experience must be secured over both nose and mouth to prevent venting at the sides. Masks must be worn at all times in sterile and sub-sterile areas of the operating room. Masks will be changed between patients and will not be left hanging around the neck or placed in pockets to be re-worn.
11. Nametags should be worn and be visible at the clinical facility. Nametags should be worn at the shirt collar, not at the waistline.
12. Footwear for clinical areas should be appropriate for the work area. Shoes should be clean and not worn outside of the hospital. Shoe covers are to be worn when going outside. Shoe covers are to be removed when returning to the OR. Safety should be the primary consideration when selecting footwear for work.
13. A N95 particulate respirator-type mask will be worn on TB or suspected TB procedures and for COVID or suspected COVID patients.
14. Scrub clothes will be changed whenever visibly wet or soiled or following an MRSA case or other air-borne transmitted diseases (i.e., N1, H1 influenza). Scrub clothes are obtained from the OR locker rooms and are not to be worn when leaving the hospital.
15. Fingernails must be neat, clean, and of reasonable length so as not to interfere with tasks. Artificial nails/nail jewelry is not permitted. If worn at DMH, fingernail polish must be well-maintained and unchipped.

B. Non-Clinical Areas

1. You are expected to select attire that projects professionalism and pride in the Program. Interns may choose business casual attire OR black scrub pants/black scrub shirts for class. Business casual attire is expected when attending professional meetings. We encourage you to avoid choosing attire for a class that may be extreme in style. Good judgment, which includes being well-groomed and neat, is the main guideline in dressing appropriately for class. Questions or clarifications on what would be considered appropriate attire for your specific area should be directed to the Nurse Anesthesia Faculty or use the Clinical Area Guidelines for class.

CLINICAL CASE CONFERENCES

Interns must participate in Clinical Case Conference requirements. Various learning experiences are utilized to meet this requirement, such as clinical case offerings, lecture series at professional meetings or clinical sites, and anesthesiology departmental morbidity and mortality conferences. Clinical Case Conferences/professional meetings are documented in Typhon in the clinical correlation section by the RNAI.

PROFESSIONAL MEETINGS

An important objective of the Nurse Anesthesia Program is to “instill in students a clear and functional understanding of the tenets of professionalism as they apply to personal behavior and a commitment to become involved in professionally related activities both in and outside the operating room” (AANA). To encourage this professional growth, Interns must attend at least one professional meeting day of their choice anytime during the NAP. Meetings are not limited to the State of Illinois. Submit a copy of the certificate of attendance or a copy of the syllabus to the anesthesia office for your file. The Intern will

attend the professional meeting at their own expense and time. The meeting attendance hours will also be documented in the clinical conference section of the NAP's Typhon Website.

Interns in clinical courses (CP I-VI) may attend the AANA Annual Congress, Mid-Year Assembly, and Assembly of Didactic and Clinical Educators. Three days are granted for attendance. Any further time will be deducted from their Allowable Time Off. The intern is responsible for all expenses. These days are used to attend a conference and cannot be used as time off. Interns will provide a certificate of attendance and a presentation to their peers at a scheduled Clinical Case Conference.

WELLNESS POLICY

- I. Policy: RNAs will notify the Nurse Anesthesia Administration of a change in their health status. The Nurse Anesthesia Faculty reserves the right to refer an RNAI for counseling.
- II. Purpose: The wellness policy aims to ensure RNAs remain physically and mentally able to maintain optimal academic and safe clinical performance.
- III. Procedure: RNAs are responsible for maintaining their health status. Any RNAI experiencing a change in health status shall:
 - A. Notify the Program Director if the RNAI health poses a danger to the safety of the RNAI, coworkers, patients, or others:
 1. The Program Director and the RNAI shall determine possible courses of action, which may include, but not be limited to:
 - a. removal from clinical experiences.
 - b. referral for counseling/medical evaluation.
 - c. Leave of Absence (LOA) for up to one year.
 - d. resignation or dismissal.
 2. The Program Director and RNAI shall establish a written agreement that outlines the terms of the LOA, remediation, or continuation of the nurse anesthesia program.
 - B. CRNA Mentoring
 1. Informal mentoring occurs between the CRNA faculty and the NAP students. The mentoring relationship is voluntary and provides added support for the NAP students and the Program Administration. Students enrolled in the Nurse Anesthesia Program are considered adult learners. The mentor system is a support system and is not a replacement for intern responsibilities during their educational process.
 2. CRNA mentors are not active in Academic Advisement of RNAs. Academic advisement remains within the responsibilities of the SON.
 - C. Memorial Health Employee Assistance Program
 1. The hospital provides an employee benefit to Interns known as EAP (Employee Assistance Program). The EAP provides short-term counseling and referrals by telephone. The initial counseling sessions are free of charge. Pro-rated charges are in effect when counseling sessions are extended beyond the number of free sessions.
 2. Confidentiality is of prime importance and assured at all times. Assistance with legal and financial matters, alcohol or drug problems, emotional, family, or marital difficulties, and school or work-related problems is available. The telephone number is 217-788-9345.
 3. RNAs must contact the Program Director for referral.
 - D. Millikin University also offers student services to support the RNAI.
 - E. Failure to comply with this policy can result in probation and dismissal of the RNAI.

5. ACADEMIC POLICIES

ATTENDANCE POLICY

- I. Policy: Interns must attend all scheduled classes appropriate for their level of experience.
- II. Purpose: The purpose of the attendance policy is to delineate the required attendance of interns while enrolled in the Nurse Anesthesia Program.
- III. Procedure: Intern attendance shall be recorded according to the following procedures:
 - A. Attendance:
 1. It is mandatory for Interns to attend all classes, workshops/labs, Clinical Case Conferences, and clinical practicum experiences as scheduled.
 2. Occasionally, changes in class times and days may be necessary. Interns are responsible for checking their own class schedules and emails for changes.
 3. Approved leave of absence and approved days off are excused absences.
 4. RNAs are expected to complete clinical assignments as scheduled. Cases may extend past the “normal dismissal” time for the day, and the RNAI is expected to complete the case. RNAs accumulating excessive time may have their clinical schedules altered at the discretion of the Clinical Coordinator.
 5. Interns who are requested to leave the class/clinical arena for any reason have time deducted consistent with early dismissal as noted in the *Allowable Time-Off Policy*.
 6. The weekly time commitment spent in clinical practice and classroom should not exceed 64 hours averaged over four weeks.
 - B. Absences:
 1. Approved days off and an approved leave of absence are excused absences. Call-ins, No-calls, and no-shows are examples of unapproved absences.
 2. The RNAI who is unable to attend a scheduled event (class, clinical, or other learning experiences) must notify the School Office (217.876.2578) by 0900 or as soon as possible on the missed day. The reason for the call-in must be provided. Failure of notification by the Intern may result in course failure. Interns are responsible for all classroom material covered during any absence.
 4. Two or more consecutive sick days will require documentation from a physician, primary care provider, or DMH Corporate Health provider to return to clinical.
 5. If a student is sick on an exam date, the student must submit documentation from a physician, primary care provider, or student health to be allowed to make up the exam. Failure to provide documentation will result in a zero for the exam.
 6. The Intern calling in for a clinical shift at DMH must also notify the CRNA on Call (CC) at 0600. If the CC is not in the call room, the Intern should request the hospital switchboard operator to page them on page 0200. Leaving a message at the anesthesia communication board is not acceptable for absences unless all attempts at CC notification have been unsuccessful.
 7. Nonattendance at a scheduled lecture by an intern will be counted as an unexcused day and will be treated accordingly.
 8. Excused or unexcused clinical absences will be deducted from the Intern’s Allowable Time Off.
 9. Interns calling in as sick for a clinical experience on a class/exam day will not attend or take the exam on that day unless permission is obtained from the Program Director, Clinical Advisor, or Simulation Advisor.
 10. Five or more unexcused absences during a clinical semester may result in course failure. Individual cases are subject to review by the RNAI Oversight Committee.
 11. Call-in during the scheduled week of the comprehensive clinical exam, a scheduled examination, or a DNP Project presentation will require documentation from a physician.
 12. Interns leaving early from an assigned shift will utilize their Allowable Time Off equal to the amount of time remaining in the change.

- C. Tardiness:
1. Tardiness to class is unacceptable unless the Intern has completed a clinical case before class. Late arrival is disruptive to an educational setting, and the lecturer has the option to exclude the tardy RNAI from a lecture or the learning activity. Exclusion from class due to tardiness will be treated as an unexcused absence.
 2. In the clinical arena, tardiness is defined as when the Intern does not arrive at the clinical area in sufficient time to be prepared for the assigned anesthesia case. A lack of preparation jeopardizes patient safety.
 - a. Three episodes of delay will result in course failure in the clinical practicum in which the third episode occurs and may result in dismissal from the NAP.
 - b. The “tardy”/unprepared RNAI may be assigned alternate cases or removed from the clinical arena for the day.
 - c. Late arrival due to inclement weather emergencies or transportation breakdowns will not be counted as tardiness: documentation verification is required.
- D. No Call/No Show: An RNAI who fails to report or call in within one hour of the start of a scheduled shift is considered a no call/no show. No call/no show is deemed to jeopardize patient safety since it impacts appropriate case preparation. The occurrence of a no-call/no-show without submitted documentation verifying an appropriate cause for the inability of the student to communicate with the NAP will result in course failure and possible program dismissal.
- E. Restoring Time:
Restoring time lost due to illness, suspension, or time off used in excess of the 25-day Allowable Time-Off:
1. The intern may not work more than the designated time commitment of forty hours for the clinical course per week.
 2. Time is restored at the rate of 8 hours per day.
 3. Graduation will be delayed until the delinquent time is restored.
- F. Inclement Weather:
1. RNAIs are adult learners expected to demonstrate appropriate judgment regarding travel to and from clinical sites/classes. RNAIs assume the risk associated with transportation and inclement weather.
 2. RNAIs should report to clinical experiences and class as safety permits.
 3. Time is deducted from the RNAI’s Allowable Time Off for time missed due to inclement weather.
 4. According to policy, RNAIs missing clinical due to weather must notify the School Offices and the clinical site.
- G. Clinical Schedules:
1. Once Clinical Practicum courses begin, the University calendar breaks are no longer observed, except spring break during Clinical Practicum I. An additional week is granted between Clinical Practicum I and Clinical Practicum II by the Program.
 2. RNAIs clinical schedules are located on the Program’s NAST Typhon website and are scheduled for approximately 24-40 hours of clinical time per week.
 3. Frequent requests for changes to the schedule are discouraged. The anesthesia faculty views clinical assignments, including emergency call coverage, essential duties of nurse anesthetists. RNAIs are expected to honor clinical assignments with a strong commitment.
 4. The CRNA with whom the RNAI is assigned is responsible for dismissing the Intern to attend lectures.
 5. The continuous clinical week starts on Sunday and ends on Saturday.
 6. Surgical cases routinely begin at 0730. RNAI’s hours routinely are scheduled for 6:00 a.m.-3:15 p.m.
 - a. To ensure RNAIs are obtaining appropriate anesthesia time and to complete/start cases, RNAIs are expected to be available for cases for 2 hours after the typical “end of assigned shifts.”

- b. **It may be necessary to report earlier if the case preparation is complex or if the RNAI personally believes they need more time to prepare for scheduled cases.** The amount of preparation time typically decreases as the RNAI's proficiency increases.
- 7. Daily clinical assignments are prepared by the Clinical Intern Schedule Coordinator or Call CRNA (CC)/designee. Changes on this schedule are to be made only by the Intern Schedule Coordinator, CRNA Director, Clinical Advisor, or Simulation Advisor. RNAIs making changes to the schedule are subject to disciplinary action.
- 8. The official RNAI clinical schedule is kept on the Program's Typhon Group website. A secondary schedule may be located at the anesthesia board in the clinical area to aid in daily student clinical experience assignments.
- 9. Clinical assignments may be based on the needs of the learner or the Program and, therefore, may not be identical or equitable.

AWARDS

Four (4) awards are presented.

1. The Carolyn Maroney Memorial Scholarship is awarded to a second-year RNAI chosen by the faculty who is in good standing and exemplifies enthusiasm, professionalism, and attitude.
2. The Robert F. Waldvogel, M.D. Student Excellence and Clinical Mastery Award is presented to a third-year RNAI, chosen by faculty and staff, who demonstrates enthusiasm toward the mastery of anesthesia, seeks knowledge, and shows genuine concern for others.
3. The Ethel Lebkuecher Award is given to the graduating RNAI who the faculty recognize as the most outstanding clinician.
4. The Betty Horton Leadership Award is presented to a graduating RNAI, chosen by the faculty, who exemplifies initiative, scholarship, interpersonal relationships, and enthusiasm toward the nurse anesthesia profession.

CLINICAL SUPERVISION OF RNAIs

- I. Policy: Interns of The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program must be supervised during clinical assignments at an intern-to-faculty ratio not to exceed two interns to one faculty member.
- II. Purpose: The purpose of the clinical supervision of RNAIs policy is to define the supervision requirements for RNAIs.
- III. Procedure:
 - A. The clinical supervision of RNAIs in anesthetizing areas is restricted to CRNAs and anesthesiologists.
 1. the supervising CRNA/MD must hold Institutional Staff Privileges.
 2. The supervising CRNA/MD retains full responsibility for the care and safety of the patient.
 3. The supervising CRNA/MD must be immediately available in the clinical area during supervision duties.
 - B. Supervision in non-anesthetizing areas:
 1. Only credentialed experts authorized by the Program may supervise RNAIs in non-anesthetizing areas.
 2. RNAIs participating in non-anesthetic situations, such as Code Blue resuscitations, must be supervised by a CRNA or anesthesiologist. Nursing skills, such as IV insertions, may be used without supervision. Intubations must be supervised.
 - C. RNAIs may **not** be supervised by graduate nurse anesthetists, physician residents, or anesthesiology assistants.
 - D. It is not appropriate for a CRNA to supervise an intern who was a member of their cohort.

EXAMINATIONS

A. National Certification Examination:

Interns who complete the graduation requirements are eligible to apply for certification by the NBCRNA (National Board of Certification and Recertification of Nurse Anesthetists). The CRNA Director is available to assist individuals in this process. After approval by the Council, the graduate anesthetist is permitted to take the national examination given by the NBCRNA. If this exam is passed, they are certified as a registered nurse anesthetist (CRNA). The examination fee is the student's responsibility and must be paid by NBCRNA policy. The NCE is a computer adaptive program. Extensive studying is required before and after graduation to successfully complete the examination.

B. SEE Exam:

All RNAs are required to take the Self-Evaluation Examination (SEE) offered by the NBCRNA. The SEE provides information to interns regarding their progress in the nurse anesthesia program, prepares interns for their certification exam, and informs program directors about how well their programs prepare interns in the knowledge and skills required for anesthesia practice. Third-year Interns will take the SEE a minimum of two times.

The results of the SEE are discussed with the Intern, and a learning plan is established to assist in preparation for the NCE. The cost of the exams is the intern's responsibility.

Arrangements for the exam are to be scheduled by the Intern through the testing center. The following guidelines will be utilized for scheduling the SEE:

1. The first SEE examination is to be completed during the first two months of the third year in the program. The RNAI will schedule the exam on their own time, at their convenience, by the deadline provided in the course syllabus.
 - a. The RNAI is to notify the Program Director of the scheduled date.
 - b. An appointment with the Program Director will be scheduled to discuss the results.
2. The second SEE is to be completed during the final semester of the program.
 - a. The SEE must be satisfactorily completed before graduation to avoid deferment.
 - b. The RNAI will schedule the exam on their own time, at their convenience, by the deadline provided in the course syllabus.
 - c. The RNAI is to notify the Program Director of the scheduled date.
 - d. An appointment with the Program Director will be scheduled to discuss the results.

C. Examination Procedures:

Testing is used as an evaluation of performance and progress. Methods of examination may include oral or written quizzes, assessments, mid-term and final examinations, and daily clinical evaluations.

1. Interns are expected to complete exams on the exact dates as scheduled. Interns are expected to complete the exams even though they have been previously scheduled to be "off" or scheduled for clinical learning shifts other than 6:45 a.m. to 3:15 p.m. Only under exceptional circumstances and with prior approval of the Program Administration, are Interns can write exams other than the original scheduled date and time.
3. Policy for challenging test questions:
 - Challenges may only be made up to one calendar week after the graded test was returned to the Intern. Any challenges after that time will not be accepted.
 - In disputing exam questions, the Test Question Challenge form must be completed, and the student must provide a compelling case for why their answer is the best choice.
 - Challenges must be submitted via email.
 - Acceptable references include textbooks and published articles. If an article is used, an electronic copy must accompany the challenge. PowerPoint slides, lecture notes, APEX, etc., are not acceptable references and will not be considered.
 - Test question modification is at the discretion of the course instructors.

EXPECTATIONS OF RNAIs

Interns must abide by the established hospital policies and procedures of Decatur Memorial Hospital and

all affiliate hospitals. The policies and procedures of Decatur Memorial Hospital (DMH) and policies and procedures of the DMH Department of Anesthesia are located on the DMH PolicyStat.

GRADING POLICY

- I. Policy: Millikin University SON's "Progression in the Graduate Program" policy is utilized in grading and program progression. Additionally, Interns must earn a minimum grade of a "B" in any course to progress in the NAP.
- II. Purpose: The grading policy aims to ensure that interns understand the academic (clinical and didactic) grading policies.
- III. Procedure:
 - A. Didactic Grading:
 1. Grading Scale adopted by the SON
 - a. A = 90-100
 - b. B = 80-89
 - c. C = 70-79
 - d. D = 60-69
 2. Failure of the intern to achieve a minimum overall course average of 80% at the end of the semester will result in the intern receiving a course failure.
 3. Grades are recorded as a whole number and not rounded. A 79.9% will be recorded as a 79%.
 4. A course failure results in the inability of the intern to progress further in the program.
 5. Consistent with the SON policy on progression, RNAs may petition to repeat only one course in the Graduate Program. Approval is obtained from the SON Student Admission, Promotion, and Records (SAPR) Committee and could include recommendations from the RNAI Oversight Committee.
 - B. Clinical Grading:
 1. Daily evaluation appraisals, care plans, comprehensive examinations, CCC presentations, and information obtained during chart audits and contained in the syllabus are utilized to obtain the clinical practicum grade.
 2. Failure of the intern to earn a minimum grade of "B" at the end of the semester will result in the intern receiving a course failure with the grade of "D or F" being earned and an inability of the intern to progress further in the program.
 3. If an intern is placed on probation during a clinical course, the resultant semester grade earned will be no higher than a "B."

LIBRARY RESOURCES

Staley Library, housed within the University Commons, via Millikin University, provides study areas and library resources to the NAP RNAI.

OVID & LWW databases are available at any computer terminal within DMH via CITRIX login.

On the DMH Campus, Classrooms D & E and the Intern lounge are designated areas for study, updating records, etc. Study areas on the Millikin University campus include the University Commons, Staley Library, and the graduate office in the LTSC building.

PARKING

Restricted parking facilities are provided on the DMH campus. RNAs will park in employee-designated areas as identified by security, and the provided hospital identification tag is to be displayed as requested. The respective assigned parking facilities are to be utilized when reporting for learning assignments at DMH unless the Intern is called into the hospital at night. Failure to park in a designated parking lot will result in a parking ticket. Disciplinary action may result in persistent failure to park in appropriate areas.

Parking areas are subject to change during construction periods.

Hospital security guards make rounds to ensure the safety of all employees and students, including RNAs. The hospital is not responsible for damage or theft of automobiles. Interns leaving the hospital after dark or arriving at night should call the switchboard operator and request an escort by a security guard to and from the Intern's vehicle.

RECORD RETENTION POLICY

- I. Policy: Confidential files of graduate students and applicants are maintained in the offices of the Anesthesia School and SON. Management of student files follows the requirements noted by The Family Educational Rights and Privacy Act (FERPA) of 1974. (COA Standards for Accreditation of Nurse Anesthesia Programs Practice Doctorate, G.1, revised January 30, 2021, pg 24).
- II. Purpose: The purpose of the record retention policy is to ensure that consistent protocol is employed for each student who matriculates into The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program.
- III. Procedure:
 - A. Applicants
 1. Applicant files are kept in the Nurse Anesthesia Program office in locked cabinets for three years following the original date of application.
 2. The file is shredded following the three-year period.
 - B. Current RNAI
 1. Confidential records of current RNAs are maintained in locked cabinets in the Anesthesia School office.
 2. All student records are retained until the student passes the National Certification Examination.
 3. DMH Corporate Health maintains health records of interns.
 4. RNAI's have the right to examine their records at any time, with the exception of any recommendations in which they waived the right to view.
 5. RNAI's have the right to request amendment of personal intern records. A written request and supporting documentation must be submitted to the Program Director.
 6. A written request by the RNAI or graduate is required to copy and release any information from the intern's record/file, with the exception of information required for participation at clinical affiliate sites (contact information, nursing license, certifications, criminal background check results, TB screening, immunizations) and those who are entitled to intern information as defined by FERPA:
 - a. The student and any outside party who has the student's written consent.
 - b. School officials with "legitimate educational interest" as defined in FERPA.
 - c. Parents of a dependent student as defined by the Internal Revenue Code.
 - d. A judicial order or subpoena which allows the institution to release records without the student's consent, however, a "reasonable effort" must be made to notify the student before complying with the order.
 7. RNAs requesting a complete copy of their student file must provide a written request. A separate copying fee will be assessed. The fee will be consistent with the record copying fee that DMH Human Resources charged to Decatur Memorial Hospital's Nurse Anesthesia Program.
 - C. Graduates
 1. All graduate records are retained until notification is received from the Council on Certification that the graduate has passed the National Certification Examination (NCE).
 2. Once notification of passing the NCE has been received, clinical evaluations and written care plans are destroyed.

3. Three years postgraduation, graduate records will consist of the following documents:
 - a. Final case logs
 - b. All summative evaluations
 - c. NBCRNA's NCE transcripts
 - d. Final academic transcripts
 - e. Final DMH certificate
 - f. Education verification forms
 4. Graduate files are maintained indefinitely and may be stored off premises in a secure area or stored in an electronic format.
 5. A written request by the graduate is required to copy/release any information from the student records/file.
- D. Litigation, Grievances, and Complaint files
1. Litigation, grievances, and complaints against the program are kept indefinitely.
 2. Resolved litigation, grievances, and complaints against the program files are stored off premises in a secure area.
 3. Unresolved litigation, grievance, or complaint files are in locked cabinets in the Anesthesia School offices.
- E. Students not completing the program or passing the NCE
1. The student record of any student who does not complete the program or pass the NCE will be kept indefinitely.

SIMULATIONS & WORKSHOP

Various workshops and simulations are utilized to augment the Intern's learning experiences. Attendance at scheduled workshops and simulations is mandatory. The program utilizes the SimMan human simulator for educational purposes. Specific instructions for use and care will be provided to the Intern. Failure to appropriately care for equipment, including the simulator, which leads to damage or destruction may warrant immediate disciplinary measures, including dismissal.

STUDENT ADVISEMENT

Advisement for students enrolled in the Nurse Anesthesia Program is accomplished through a team approach involving both the Nurse Anesthesia Program Administrators and the SON Faculty. Upon entry into the program, each student is assigned an academic faculty advisor within the SON and one of the DMH Program Directors. The team advisement approach aims to maximize the student's educational experience and foster success within the program. Frequent communication occurs between the two faculty advisors using telephone, e-mail, and face-to-face meetings. A formal meeting is conducted each semester between the Director of the CRNA Program and the student to monitor the student's progress and provide guidance as needed. Formal and informal meetings occur as required between the student and advisors.

USE OF TELEPHONES/COMPUTERS

- I. Interns are not to use any office phones for personal phone calls unless in an emergency; public telephones are located on the first floor by the Emergency Care Entrance and Barnes Lobby on the second floor (lobby) for this use.
- II. A fax machine is available for student use in the anesthesia program office. Interns must seek permission from the administrative coordinator before using the fax machine.
- III. Computers are located in the anesthesia student lounge and the anesthesia program office and are accessible to Interns. Free WiFi is available in some areas of DMH, including the anesthesia classrooms.
- IV. The anesthesia school office MUST check all computer information brought from the Intern's home before each use at DMH to protect the hospital's computers from computer viruses, etc. Failure to have information transportation devices checked for viruses or misuse of hospital computers will result in disciplinary action up to and including dismissal.
- V. The use of cell phones/smartwatches is prohibited during the administration of anesthesia. The

specific institution policy governs the use of cell phones in the clinical area and MUST be compliant with HIPAA and patient confidentiality policies/procedures.

6. CLINICAL POLICIES

ALLOWABLE TIME OFF

- I. Policy: Once Clinical Practicum courses begin, the Millikin University calendar breaks are no longer observed, except spring break during Clinical Practicum I. An additional week is granted between Clinical Practicum I and Clinical Practicum II by the Program. Each RNAI is allocated 25 days of allowable time off (ATO) during the remaining 19 months of the NAP. Time off in excess of the designated 25 days will be restored at the end of the program, thereby deferring graduation.
- II. Purpose: The allowable time off policy aims to inform the RNAI of the policy and procedure utilized in managing time off from the program once the clinical practicum commences.
- III. Procedure:
 - A. Allowable Time Off Guidelines:
 1. RNAIs are expected to complete clinical learning experiences precisely as assigned.
 2. A continuous week begins on Sunday and ends on the following Saturday.
 3. Deductions are made from the RNAI's time allocation by the number of hours the RNAI takes off from the clinical arena (i.e., one missed day equals 8 hours deducted from ATO bank).
 4. Examples of ATO include personal days, vacation, research/project work, jury duty, or funeral days.
 5. Approved holidays are New Year's Eve/Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, and Christmas Eve/Day. Interns will not have clinical assignments on these days.
 6. No days are to be taken during the last week of the program.
 7. No trading of scheduled ATO will be permitted without permission from the Program Administration.
 - B. Time Off
 1. Time off is to be scheduled from Sunday through Saturday.
 2. It is recommended that RNAIs schedule time off for each of the following semesters:
 - a. Practicum III - one week
 - b. Practicum IV - one week
 - c. Practicum V - one week
 - d. Practicum VI- one week
 3. Time off is granted following these guidelines:
 - a. One week of time off may be taken during scheduled experiences at an affiliate rotation each clinical semester. Time off must fall at the beginning or end of the rotation.
 - b. Time off will not be granted during cardiac, vascular, OB, or pediatric rotations.
 - c. No more than two consecutive weeks of time off may be taken at a time.
 4. Legal holidays falling the day before, during, or after requested time off will be counted as time off, with no allowances for alternative holiday time off.
 5. Time off days may be converted to individual days should designated individual days be utilized and additional days needed (i.e., sick days).
 - C. Individual Days
 1. Five individual days are available for the RNAI to schedule.

2. Interns may schedule 1 day off during cardiac, vascular, OB, and pediatric rotations.
 3. If the intern has scheduled time off during an affiliate rotation, no other additional days can be scheduled.
 4. One day is granted for the DNP Project Presentation (MU Celebration of Scholarship).
 - a. RNAs not presenting at the MU Celebration of Scholarship will remain in clinical.
 - b. When the presentation occurs outside of the MU Celebration of Scholarship, time will be afforded consistent with the presentation needs.
 5. Individual Days may not be used to extend scheduled time off.
 6. One day is granted for attendance at one review course (see Review Course Policy). Approval for the day off must be obtained from the Program Administration before starting the affiliate rotation experience.
 7. Time off may be converted to individual days should designated individual days be utilized and additional days needed (i.e., sick days).
- D. Education Days
1. Three days will be granted for attendance at a Professional Meeting (see Professional Meeting policy).

ANCILLARY CLINICAL EXPERIENCES

During the initial months of clinical experiences at Decatur Memorial Hospital, each RNAI will rotate to participate in ancillary clinical experiences. These areas may include Pre-op Same Day Surgery (SDS), the Operating Room (OR), the Post-Anesthesia Care Unit (PACU), and Vascular Access (VA). During clinical assignments at DMH, RNAs will rotate the OB clinical assignment.

Specific learning outcomes are:

SDS

1. Prepare the outpatient surgical patient appropriately for surgery.
2. Start I.V.s (#100 are required before graduation).
3. Perform pre-anesthetic evaluations.
4. Become familiar with pre-anesthesia standing orders.
5. Become aware of the location of physician standing orders.

OR

1. Become familiar with the circulating registered nurse's role in the surgical patient's care.
2. Gain awareness of the surgical field and sterile technique.
3. Develop an understanding of operating room etiquette.

PACU

1. Become familiar with the handoff procedure of the surgical patient being admitted to the PACU.
2. Perform a head-to-toe assessment of the PACU patient.
3. Become familiar with the various monitors utilized in the DMH PACU.
4. Evaluate vital signs every 5 minutes and document vital signs every 10 minutes while the patient is in the PACU.
5. Examine the surgeon/anesthesiologist's post-operative orders and assist in their implementation.
6. Become knowledgeable in the discharge criteria for the PACU patient.
7. Participate in the discharge process for the patient discharged from PACU.
8. Review the PACU patient's anesthesia record to understand the documentation, anesthesia provided, and the patient response.
9. Assist in the management of post-op acute pain control.

OB Rotation

1. Accurately assess and assign the correct ASA classification to the laboring or C-section patient.

2. Review the Obstetric prescribed medication.
3. Formulate a care plan for the C-Section patient and present the physiologic changes with pregnancy.
4. Assist and/or administer the epidural or SAB for the laboring patient or C- section patient.
5. Participate in the induction, maintenance, and emergence of the Stat C-section.
6. Transition care of the patient to the Post Anesthesia Care nurse and utilize an appropriate patient report.
7. Review the patient postoperatively and assess pain control.

Regional Clinical Experience

1. Perform a focused history and physical with attention to the anesthetic implications for patients undergoing regional anesthesia.
2. Formulate and present a safe anesthetic plan to the CRNA/MD for regional technique.
3. Describe indications and contraindications for the regional technique.
4. Develop proficient skills in the placement of regional anesthetics.
5. Understand the risk of local anesthetic toxicity and show awareness of the summative local anesthetic doses patients receive.
6. Utilize the American Society of Regional Anesthesia Guidelines for regional anesthesia and anticoagulants.

Preoperative Assessment Clinical Experience

1. Review the medical record and gather information necessary for the preoperative evaluation.
2. Conduct a patient interview.
3. Complete a comprehensive medical and physical examination of the patient.
4. Discuss the anesthesia plan and answer patient questions regarding anesthesia.
5. Compose a preoperative assessment in the medical record.
6. Seek help from CRNA/Anesthesiologist when necessary.

Vascular Access

1. Refine skills in peripheral venous access.
2. Develop skills in ultrasound vascular access.
3. Develop proficient skills in the placement of central venous access devices.
4. Develop an understating of the role of the vascular access nurse within a larger organization.

CALL EXPERIENCE POLICY

- I. Policy: RNAs will participate in planned “Call” clinical experiences. The call experience aims to help the Intern develop a realistic picture of the future practice of nurse anesthesia. It is expected that the Intern will gain experience with emergency surgery, obstetrical patients, patient assessment, resuscitations, and additional responsibilities assumed by anesthesia personnel.
- II. Purpose: The call experience policy aims to inform RNAs of the call experience provided by the program.
- III. Procedure:
 - A. The COA requires a call experience. The COA defines a call as “A planned clinical experience outside the normal operating hours of the clinical facility”, for example, after 5 p.m. and before 7 a.m., Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student can gain experience with emergency cases.
 - B. A CRNA and/or anesthesiologist supervise the call experience of the Intern.
 - C. Call Experience procedures:
 1. Weekend commitment and evening shifts begin in the second year.
 2. RNAs who call off a weekend shift will make up the shift on a weekend selected by the NAP administration.

ANESTHESIA CARE PLAN POLICY

- I. Policy: Anesthesia Care Plans help apply theoretical concepts learned in the classroom to individualize care in the clinical area and reflect the RNAI's development in clinical decision-making and critical thinking.

- II. Purpose: The purpose of the anesthesia care plan policy is to define requirements for completing verbal and written care plans within the context of the clinical practicum and compliance to the AANA Scope and Standards of Anesthesia Practice-Standard III.

- III. Procedure:
 - A. Requirements
 1. The RNAI must complete a thorough patient assessment and chart review whenever possible.
 2. The RNAI is to read and prepare for all assigned cases.
 3. The Program Care Plan template must be used.
 - a. Care plans must demonstrate in-depth preparation.
 - b. Care plans are to be legibly hand-written. RNAIs are not to copy and paste care plans.
 - c. Individual work is required.
 - d. To avoid HIPAA violations, no identifying patient material must be included in the care plan.
 4. Anesthesia care plans are to be individualized for the patient.
 5. All previously admitted inpatients must be seen the day before surgery.
 6. Written anesthesia care plans are to be submitted and verbally discussed with the clinical instructor at the beginning of the case.
 - a. Written care plans must be signed and dated by the clinical instructor.
 - b. Obtaining documentation verifying the care plan review is the responsibility of the RNAI.
 - c. If, in the clinical instructor's opinion, more appropriate anesthesia management should be performed, the RNAI will comply with the instructor's request.
 - d. Instructors may make comments on the care plans they review.
 7. Absence of or poorly written/verbal care plans are grounds for a failed clinical day, or the RNAI may be excused from the clinical arena to make needed improvements on the care plan.
 8. Anesthesia care plan minimum requirements for specific clinical practicums are as follows:

Clinical Practicum	Written Care Plans	Verbal Care Plans
I	One Daily	All cases
II	One Daily	All cases
III	One Daily	All cases
IV	One Daily	All cases
V	Care Plan completed for any case not previously done or patient disease state not previously encountered during the program and on all cardiac, pediatric, complex neuro, and complex vascular cases.	All cases
VI	Care Plan completed for any case not previously done or patient disease state not previously encountered during the program and on all cardiac, pediatric, complex neuro, and complex vascular cases.	All cases

9. Care plan requirements during affiliation rotation experiences will follow the affiliate site's requirements found in the site-specific orientation documentation.

CLINICAL AFFILIATION POLICY

- I. Policy: The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program utilizes the resources of a number of affiliate clinical sites to provide the RNAI with required and/or enhanced clinical experiences. The program reserves the right to select, revise, or terminate a clinical affiliation at any time.
- II. Purpose: The purpose of the clinical affiliation policy is to inform the RNAI of expectations related to participation in clinical affiliation experiences.
- III. Procedure:
 - A. Current Affiliate Organizations include:
 1. Taylorville Memorial Hospital, Taylorville, IL
 2. Carle Health Methodist Hospital, Peoria, IL
 3. Carle Foundation Hospital, Urbana, IL
 4. OSF St. Francis Regional Medical Center, Peoria, IL
 5. St. John's Hospital, Springfield, IL
 6. Carle BroMenn Medical Center, Bloomington, IL
 7. Gibson Area Hospital & Health Services, Gibson City, IL
 8. Memorial Medical Center, Springfield, IL
 9. Springfield Clinic, Springfield, IL
 10. Lincoln Memorial Hospital, Lincoln, IL
 11. Jacksonville Memorial Hospital Jacksonville, IL
 - B. The NAP Administration is responsible for assigning individual clinical affiliate rotations. RNAI requests and residency location may be considered in determining Intern rotations; however, the decision of the NAP Administration is final. The Program reserves the right to schedule, alter, or omit RNAI participation in affiliate experiences.
 - C. The Intern's affiliation participation may be rescheduled or omitted if the RNAI Oversight Committee concludes the Intern's knowledge, skills, and/or performance are insufficient for the designated affiliation.
 - D. Each institution affording the affiliation experience appoints a CRNA to direct the clinical learning of the RNAIs. This CRNA is designated as the "Affiliation Coordinator". It is the RNAI's responsibility to contact the affiliation coordinator to schedule a time for orientation. Once the orientation time has been set, the RNAI must notify the Intern Schedule Coordinator to note the orientation on the schedule.
 - E. Specific orientation and contact information for each affiliation is provided by the nurse anesthesia program to the RNAI before the affiliate participation.
 - F. The clinical instruction is under the direction of CRNAs or anesthesiologists holding institutional staff privileges at all affiliate institutions. Preceptors in the clinical arena serve as school officials with legitimate educational interests requiring the sharing of student performance information. Criminal Background and immunization results are to be provided to affiliates by students upon their request. Failure of the student to provide the requested information will result in the student being removed from the affiliation.
 - G. the RNAI is responsible for providing their own transportation/housing for affiliate experiences.
 - H. It is the RNAI's responsibility to follow the department/institution policies and procedures of each clinical affiliate site.
 - I. Clinical responsibilities of the RNAI during participation in affiliate clinical experiences include:
 1. Perform a pre-operative assessment on all anesthetic cases that the Intern anticipates managing during the assigned clinical hours.
 2. Provide one (1) completed written care plan daily before managing the anesthetic case. Utilize the most difficult case or a case never managed before for the care plan.
 3. Provide concise verbal case management to be presented to each clinical instructor before beginning the patient's anesthetic care.
 4. Manage a variety of anesthetics.

- 5. Perform a post-operative visit on all in-house patients per clinical affiliates policy.
- J. RNAIs are responsible for submitting all required care plans and evaluations weekly on class day in accordance with the established evaluation deadlines.
- K. Time off for research commitments during clinical affiliation rotations will be reviewed and granted only in an emergency. Time off for attendance at a Review Course must be approved before beginning the affiliation.
- L. The RNAI must notify the Anesthesia School of any instances of clinical occurrences consistent with the *Clinical Occurrence Policy* while on affiliation rotations.

REVIEW COURSE POLICY

- I. Policy: RNAIs choosing to attend a Review Course will incur the costs of the review course and will utilize time from the RNAI's personal Allowable Time Off.
- II. Purpose: The purpose of the "Review Course Policy" is to ensure consistent protocol and time allotment for each intern who elects to attend a review course during their education.
- III. Procedure:
 - A. One outside review course time is allowed during the last year of the RNAI's educational plan of study.
 - B. RNAIs will follow the procedure for requesting time according to the Allowable Time Off Policy. RNAI attendance to an outside review course is not a required expectation of the program and no obligation on the part of the program exists to honor time off outside of the Allowable Time Off. Thus, it is recommended for the RNAI to obtain approval for the time before registration for the review course.
 - C. RNAIs will incur all costs associated with the review course.
 - D. If the RNAI is scheduled on an affiliation rotation during the time the review course is held, the RNAI must contact the affiliation coordinator before scheduling the review course to request time be allowed. Compensatory time must be arranged with the affiliation coordinator, and written documentation must be provided to the Program Director.
 - E. If Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program arrange for a review course with an established review course business, the following guidelines will be followed:
 - 1. Attendance by all members of the applicable RNAI class is mandatory.
 - 2. Time will not be added or subtracted from Intern Allowable Time Off for attendance. The course intends to assist RNAI in synthesizing information in preparation for the NCE.
 - 3. The cost of the applicable RNAI class may be waived.
 - 4. Members of other RNAI classes may attend at their own expense.

SUMMARY CLINICAL EXPERIENCE GUIDELINES

During the clinical practicums, various affiliate clinical sites are utilized to provide the RNAI with required/enhanced clinical experiences and skills. Regardless of the level of the RNAI (i.e., 2 or 3), the following is a summary of guidelines/expectations that will be utilized.

- 1. Before beginning each clinical site:
 - a. The RNAI will review and verify that the clinical compliance requirements for each clinical site have been completed or are current.
 - i. Orientation documentation, when required, has been completed and submitted.
 - ii. Appropriate immunizations, including physical, annual TB, flu vaccines, and COVID-19 vaccinations, have been completed/are current and are located in the RNAI's CastleBranch portal.
 - iii. Background check is accessible in the CastleBranch portal.
 - iv. Licensure and certifications must be current and accessible in the CastleBranch portal (RN licensure, ACLS, BLS, PALS certifications).

- v. Failure to maintain current documentation will result in the removal from clinical experiences, charged Allowable Time Off days until remedied, and potentially, failure of the clinical semester.
- 2. RNAs will understand and adhere to the specific policies of each clinical rotation as discussed during orientation processes provided verbally and in written documents.
 - a. Documents for each clinical rotation are in the NAP's Typhon NAST portal.
- 3. RNAs will perform a preoperative visit on all anesthetic cases the student anticipates managing during their assigned clinical hours, if possible.
- 4. A minimum of one written care plan is required on the most complex anesthetic case of the day. Affiliate rotation sites may require more.
- 5. A concise plan for case management is to be verbally presented to each clinical preceptor for each anesthesia case PRIOR to the beginning of anesthesia care.
- 6. The Student Clinical Performance Evaluation and Self Evaluation forms will be given to the preceptor assigned for clinical experience by the RNAI. In situations where the student is assigned to multiple preceptors, the evaluation form is to be given to the preceptor that the RNAI has spent the most time with or with each preceptor if requested by the preceptor.
- 7. To **obtain credit** for a specific clinical day, the RNAI must:
 - a. submit the completed Student Clinical Performance and Self Evaluation to the Anesthesia School office weekly on Monday by 5 pm.
 - b. submit completed written care plans to the Anesthesia School office weekly on Monday by 5 pm.
 - c. document anesthesia case logs and time logs in the NAP Typhon NAST system daily.
- 8. The Nurse Anesthesia Program (NAP) Administration is responsible for verifying case numbers, the presence of written care plans and daily evaluations, and awarding clinical grades.
- 9. Failure to submit the appropriate documentation may result in removal from clinical; loss of Allowable Time Off days; inability to count clinical case experiences, thereby potentially deferring graduation should the required experiences not be met; and/or clinical course failure.
- 10. Postoperative Visits:
 - a. A postoperative anesthesia visit is to be completed when possible and may be completed while the patient is in the PACU. A *Postoperative Patient Assessment* is to be completed (located in the NAP Typhon NAST system under "My Evaluations & Surveys) in addition to documenting the visit in the anesthesia case record.
 - b. Due to the rapid discharge of these patients, a written postoperative note may be unfeasible. However, follow-up with the patient before discharge when possible is valuable.
- 11. Clinical Occurrence Report:
 - a. A clinical occurrence is defined as any event a patient experiences that is not an expected outcome and may result in patient harm. Review the *Clinical Occurrence Policy*.
 - b. Any occurrence **must be reported immediately** to the facility's preceptor or Affiliation Clinical Coordinator.
 - c. The RNAI is responsible for notifying the NAP Administration as soon as possible (i.e., completion of the assigned shift).
- 12. Clinical Practicum Evaluations:
 - a. The NAP Administration will review evaluations, and the RNAI will be notified of patterns of difficulty in meeting expected performance outcomes.
 - b. Affiliation clinical coordinators and preceptors have the right and responsibility to remove any student from their scheduled shift immediately if the intern cannot demonstrate knowledge, written/verbal care plan, or professional demeanor. The Affiliation Coordinator or preceptor must notify the Nurse Anesthesia Program of the removal of any student from a clinical experience.
 - i. The intern must contact NAP administration immediately upon removal from the clinical site.
 - ii. Any intern removed from a clinical experience must have a counseling session with the NAP Administration to determine a plan of action which may result in referral to the RNAI Oversight Committee.
 - c. NAP Administrators can move any RNAI to alternate clinical sites at any time.

- d. An RNAI self-evaluation will be completed on a semester basis. The self-evaluation is to be submitted during the end-of-semester meeting.
 - e. A summary report based upon clinical preceptor evaluations and other course requirements as noted in the course syllabi will be prepared by the NAP Administrators each semester and shared with the RNAI during the end-of-semester meeting.
 - f. The Clinical Practicums are graded based upon numerous criteria. The NAP Administration will determine final course grades.
13. Affiliation Site Evaluations - Affiliation Site evaluations are to be completed by the RNAI within 24 hours of completion of the rotation. Electronic forms are in the NAP Typhon NAST system under "My Evaluation & Surveys." The information obtained in the form will be held confidential. RNAs who do not submit an evaluation of a clinical site may be charged with the loss of an Allowable Day Off day/reduction of a course grade by one (1) letter grade.
 14. Clinical Preceptor Evaluations - Clinical preceptor evaluations must be completed daily. Electronic forms are in the NAP Typhon NAST system under "My Evaluation & Surveys." The information obtained in the form will be held confidential. RNAs who do not submit an evaluation of a clinical preceptor may be charged with the loss of an Allowable Day Off day/reduction of a course grade by one (1) letter grade.
 15. Clinical Schedules - Clinical schedules are developed by the combined effort of the NAP faculty and Affiliation Site Coordinators. See the Allowable Time Off policy for vacation and time-off requests during clinical rotations.
 16. Unsatisfactory Clinical Performance - Any RNAI that demonstrates unsatisfactory progress in the clinical area shall not be left unattended at any time during the administration of anesthesia. Clinical preceptors must notify the NAP Administration of performance concerns.
 17. RNAI Injuries - The RNAI is to notify the NAP Administration as soon as possible following the occurrence of any injury. RNAs must wear PPEs. RNAs are NOT covered under Workman's Compensation and are required to carry personal health insurance throughout the program. The RNAI's personal health insurance will be billed for any treatment/interventions needed for the injury.

7. RNAI CLINICAL RESPONSIBILITIES

CLINICAL EXPERIENCE LOG POLICY

- I. Policy: The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program students will keep accurate and complete clinical experience and time commitment logs that, after faculty review, will be used as a tool for progression, graduation, and certification eligibility.
- II. Purpose: The purpose of the clinical experience log policy is to delineate the process of documenting clinical case experiences and for faculty review so that nurse anesthesia students document the knowledge, skills, and abilities for entry into practice.
- III. Procedure:
 - A. The procedures for maintaining accurate and complete clinical experience logs are as follows:
 1. Students can only take credit for a case where they personally provide anesthesia for critical portions of the case.
 2. A student may only count a procedure (e.g., CVL placement, regional block, etc.) that they perform.
 3. Students can take credit for an anesthetic case only if they are personally involved with implementing and managing the anesthetic.
 4. Students cannot take credit for anesthetic cases where they observe another anesthesia provider manage a patient's anesthetic care.
 5. Students will follow the Program and COA *Guidelines for Counting Clinical Experiences and Completing the Clinical Case Record* as provided in the NAP

- Student Handbook/Typhon NAST.
6. The Program has the responsibility to ensure that each Nurse Anesthesia student completes the record within the NBCRNA parameters.
 7. Students are required to complete a weekly update of their records.
 - The completed update is due weekly on **Monday** no later than 5 pm.
 - Students will submit daily clinical experiences and time commitments to the electronic case management system required by the program.
 - Late submissions will result in a need for improvement each week past the due date.
 8. Faculty will monthly review all case and time logs required for student achievement.
 9. Faculty will review all cases and time logs obtained at clinical sites to ensure quality clinical experiences each semester.
 10. Faculty will offer an orientation to the electronic case management system and faculty and COA guidelines for clinical case experiences before students begin clinical experiences.
 11. Faculty will reassign students to a different clinical site if student experiences are insufficient in quantity and quality. If clinical experiences fail to improve in quantity or quality, the clinical course may fail.

CLINICAL OCCURRENCE POLICY

- I. Policy: RNAs will report all clinical occurrences. Reported information will be utilized for quality assurance, risk management, peer review, and legal purposes.
- II. Purpose: The purpose of the clinical occurrence policy is to ensure that RNAs understand the significance of occurrences and maintain records of occurrences for risk management and legal purposes.
- III. Procedure:
 - A. Clinical occurrence is defined as any event a patient experiences that is not an expected outcome and may harm the patient. This includes deaths that may occur in a surgical patient within 48-72 hours post-surgery.
 - B. Any incident must be reported immediately.
 1. During day shift assignment at Decatur Memorial Hospital, the RNAI is responsible for notifying the CRNA they have been assigned to immediately and to the Program Administration by the completion of the shift.
 - Appropriate documentation is to be made on the Anesthesiology Department QA form.
 - Memorial Health Sensor Report is on Memorial Central (the health systems intranet).
 2. During call shifts, the RNAI is responsible for notifying the CRNA they have been assigned to immediately and the Program Administration as soon as possible (i.e., a weekend shift notification is not later than Monday morning).
 - Appropriate documentation is to be made on the Anesthesiology Department QA form.
 3. During affiliation assignments, the RNAI is responsible for notifying the Affiliation Clinical Coordinator and the School Administration by completing the assigned shift.
 4. The DMH Risk Manager will notify the CRNA Program Director of clinical occurrences. The RNAI will meet with the DMH Risk Manager as requested.
 5. An updated immunization record will be available in each student's portfolio on the Program's Typhon website and CastleBranch portal.

PRE- AND POSTOPERATIVE ANESTHESIA ROUNDS

- I. Pre-operative rounds Policy: Each intern must perform a preoperative assessment on anesthetic cases the intern anticipates managing during their assigned clinical hours, if possible. It is mandatory to complete a preoperative visit if the patient is an in-house patient. A concise verbal case management is to be presented to each clinical instructor before the beginning of anesthesia care. (See *Standard D 15*)

Postoperative anesthesia rounds Policy: Each intern must perform a postoperative anesthesia visit on all inpatients for whom the student managed an anesthetic 24 hours after surgery. RNAs are encouraged to conduct a postoperative assessment on same-day surgery patients. RNAs will follow the clinical affiliate's policy for postoperative anesthesia rounds.

- II. Purpose: The purpose of the pre- and postoperative anesthesia rounds policy is to delineate expectations of the intern's behavior and responsibilities as a nurse anesthesia professional. It is to provide a formal process for documentation and consequences of noncompliance.

III. Procedure:

A. For Daily Patient Assignments:

1. Interns will complete a pre-anesthetic visit for each patient for whom the intern is assigned to conduct an anesthetic.
2. Interns are expected to be knowledgeable of patient assessments previously performed by other anesthesia providers. The Intern is accountable for verifying previously documented information in the Anesthesia Record by repetitive questioning of the patient, as necessary, and reviewing the chart.
3. Interns will provide a written/verbal care plan to the clinical instructor for review and discussion before the anesthetic.
4. RNAs scheduled for clinical experiences are accountable for conducting and documenting pre-anesthetic assessments in any pre-anesthesia area (endo, SDS, OCC, in-house, PAS, etc.).
5. Each intern will perform a postoperative anesthesia visit on inpatients within the first 24 hours after surgery. Postoperative visits may be conducted in PACU/SDS phase 2—postoperative visits are not part of the patient handoff upon the patient's admission to the post-anesthesia area.
6. Documentation of the postoperative visit MUST be entered into both the program's NAST Typhon portals.
7. Program Administration will review all care plans and case logs for consistency.
9. Failure to submit the appropriate documentation will result in one clinical "needs improvement" each week the documentation is outstanding.
10. Procedure for conducting a postoperative anesthesia visit (CMS Conditions of Participation: Anesthesia Services, Interpretive Guidelines §482.52 (b)(3) includes:
 - a. The Intern will review the patient's chart for pertinent lab work, vital signs (respiratory, cardiovascular function, and temperature), mental status, intake and output, and postoperative course.
 - b. The Intern will review the chart for documentation of post-anesthetic concerns, which may include the presence of surgical pain, a sore throat, nausea and vomiting, pain at the injection site for regional anesthetics, muscle soreness, pressure areas from positioning, recall following general anesthesia, etc.
 - c. Patient visits will be done to allow the Intern to observe and gain feedback from the patient about post-anesthetic problems and/or concerns.
 - d. The Intern will report post-anesthesia concerns to the on-call anesthesiologist/assigned instructor.

B. For Pre-op Assessment Assignments:

1. Interns will be scheduled on a rotational basis for Pre-op Assessment

- Assignments to obtain additional experiences in pre-anesthesia assessment and management of patients.
2. Following didactic instruction and initial mentoring, Interns assigned to the PAS are accountable for conducting and documenting the pre-anesthesia evaluations of patients consistent with the Anesthesia Department's requirements.
 3. Basic objectives for the Pre-op Assessment Assignment rotations include:
 - a. Become efficient with obtaining an appropriate pre-anesthesia evaluation on various patients.
 - i. Review of medical history (including anesthesia, drug, & allergy history)
 - ii. Interview and physical examination of the patient when the patient is present
 - iii. Identify potential anesthesia problems-particularly those that may suggest potential complications or contraindications to the planned procedure
 - iv. Ensure medical optimization or treatment of underlying pathologic processes
 - v. Notate anesthetic risk (ASA classification)
 - b. Review of tests and obtain additional information or data (if warranted), which may include additional testing, consultations, etc, necessary to conduct the anesthetic.
 - c. Determine the appropriateness of pre-anesthesia medications.
 - d. Discuss anesthesia techniques that may be appropriate for that patient and procedure.
 - e. Become familiar with circumstances that may result in a procedure and anesthesia cancellation or postponement.
 4. The Intern will consult as needed with the supervising CRNA/anesthesiologist regarding complex patient conditions/clarification of interventions required.

8. NAP CLINICAL PROGRESSION POLICIES

The RNAI is referred to the SON Graduate (MSN & DNP) Student Handbook for Academic Progression Policies.

INTERN PROGRESSION POLICY

- I. Policy: The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program's RNAI Oversight Committee shall evaluate the RNAI's clinical abilities related to a progression in a clinical course in accordance with the expected standards of the NAP/nurse anesthesia profession.
- II. Purpose: The intern progression policy aims to provide the faculty and interns of the nurse anesthesia program with information on the process utilized to evaluate RNAI performance and recommend actions related to the Intern's continued participation in clinical experiences.
- III. Procedure:
 - A. Committee Structure
 1. The Committee will be composed of six individuals as follows:
 - a. An anesthesiologist faculty member.
 - b. Four CRNA faculty members to include:
 - i. The DMH CRNA scheduling coordinator.
 - ii. If possible, one CRNA faculty member who has graduated within the past two or three years.
 - iii. Two other CRNA faculty members as appointed.
 - c. MU SON Director or designate.
 2. Membership Terms

- a. The DMH Clinical Advisor or Simulation Advisor will chair the progression committee.
 - b. The Program Director will appoint membership
 - c. Membership terms:
 - i. Terms are for two years and are rotational.
 - ii. While rotation throughout the faculty is preferred, it is possible for members to be reappointed for consecutive terms.
- B. Committee Responsibilities
1. The Committee will conduct a hearing following a report of performance or behaviors that are inconsistent with the expected standards of the profession of nurse anesthesia, DMH, the NAP, Millikin University, or the SON
 2. Recommendations will be made to the Program Director regarding suspension, probation, removal from the clinical course (i.e., course failure), or removal of these actions.
 3. Recommendations will be made to Millikin University's SON SAPR Committee regarding student progression matters, i.e., LOA, repeating of a course, course failure, etc.
 4. Committee decisions are made by a majority vote.

LEAVE OF ABSENCE POLICY

- I. Policy: Interns may be granted one leave of absence (LOA) for up to one year under special conditions during their enrollment in the program.
- II. Purpose: The purpose of the leave of absence policy is to:
 - A. Inform interns of the reasons that a leave of absence may be requested.
 - B. Delineate the process of a Leave of Absence.
- II. Procedure:
 - A. Interns may request a Leave of Absence (LOA) for any of the following reasons:
 1. Medical Leave
 - a. Interns requiring a medical LOA must provide the Program Director a written request and supporting documentation from their health care provider.
 - b. Whether the Interns plan to attend class during the LOA must be addressed.
 - c. The Intern must submit a medical clearance for unrestricted clinical duties before reinstatement to the NAP.
 2. Personal Leave
 - a. A written request must be submitted.
 - b. LOA may be granted under special circumstances for valid reasons.
 - c. Arrangements for continuation of studies as soon as possible must be made with the Program Director.
 3. Maternity Leave
 - a. It is the Intern's responsibility to notify the Program Director as soon as she is aware of the pregnancy to allow the NAP to schedule the RNAI inappropriate clinical experiences.
 - b. If the pregnant intern is required to stop attending the program during the pregnancy for an extended time (i.e., placed on bed rest, etc.), it may be necessary to
 - Place the intern in the next cohort of students on an available space basis.
 - c. As with medical leave, a medical clearance for unrestricted clinical experience is to be submitted to return to clinical.
 4. Military Leave
 - a. Members of the military may be excused to fulfill their military duties. Due to the intense educational commitment, interns are encouraged to seek deferral on their obligation during their involvement with the program.
 - b. Interns must submit a copy of the military orders at least 30 days before the scheduled activities. In instances when the orders are not available 30 days preceding the assignment, they must be submitted within three days after being

- received by the intern.
- c. Interns electing to perform temporary military duty are responsible for any class material missed during their leave from the program and use time off days.
- 5. Jury Duty
 - a. The Intern must immediately notify the Program Director/Clinical Advisor when they receive notification for jury duty or subpoenaed deposition.
 - b. Due to the intense educational commitment, interns are encouraged to seek deferral of this valuable public service until after graduation.
 - c. The Program Director may provide the appropriate office with a request for postponement of the student.
 - d. If the student chooses to perform jury duty, the missed clinical time must be made up.
- B. All clinical and class time missed during the LOA must be made up. Time off may be used if available. Graduation may be deferred.
- C. No LOAs shall be considered or granted during probation.
- D. If an intern requests a LOA during the semester, the intern will be required to withdraw from the courses in which they are currently enrolled. They may petition SAPR to repeat the courses within the next academic year at the beginning of the semester in which those courses are offered. Failure to repeat the course at the next offering will result in the need to reapply to the NAP. No credit will be transferred from an incomplete course.
- E. The RNAI is to meet with the Millikin University Financial Aid Office to discuss the implications of the requested LOA.
- F. Extensions of the LOA may be requested; however, the LOA cannot exceed one year from the date of the initial LOA.
- G. Academic courses will be offered only as normally scheduled in the course of study.
- H. RNAIs who are away from the NAP for an extended period of time may be required to complete the following within one month before re-entry to the NAP:
 - 1. Provide documentation that supports their ability to resume active studies and reintegrate into the NAP, including but not limited to professional documentation for meeting the standards for program admission, progression, and graduation.
 - a. Admission requirements including satisfactory physical examination, drug screening, etc., must be repeated via DMH Corporate Health at the RNAIs expense.
 - 2. Complete an independent study course/pass a re-entry assessment to demonstrate clinical knowledge and proficiency.
 - a. The independent study course/assessment may consist of written exams, case studies, simulation skills testing, clinical experiences, and return demonstrations.
 - b. Content may include relevant didactic and clinical course expectations at the level completed by the RNAI before the LOA.
 - 3. In the case that the RNAI is unable to pass the independent study/pre-entry assessment, the NAP will undertake reasonable efforts to help the student prepare. If following reasonable efforts, the RNAI remains unable to pass the independent study/pre-entry assessment, the NAP may deny the RNAI re-entry into the NAP and recommend dismissal to the SON SAPR Committee.
- I. The Nurse Anesthesia Administration reserves the right to require an Intern to take a leave of absence for a specified period.

POLICY ON PROBATION/SUSPENSION/DISMISSAL OF RNAIs: COURSE FAILURE

- I. Policy: The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program reserves the right to place on probation, suspend, recommend withdrawal, or dismiss from the program any RNAI whose health, conduct, clinical or academic performance is below the standards of the program/nurse anesthesia profession.

- II. Purpose: The purpose of the probation/suspension/dismissal of RNAs policy is to ensure that those interns unable to achieve the program's minimum standards understand the process of probation, suspension, and dismissal.
- III. Procedure:
- A. Definitions
1. Probation: A period of time where interns having difficulty in either clinical or didactic areas are designated as "Interns at Risk." Initial/continued probation is initiated upon the recommendation of the RNAI Oversight Committee.
 2. Suspension: Immediate termination of all clinical and academic involvement with the program. It may be initiated by the Program Director.
 3. Dismissal: Termination of enrollment in the Nurse Anesthesia Program. RNAI dismissal occurs at the recommendation of SPAR.
- B. Academic Warning, Probation, and Dismissal
1. The rules of the University, SON, and Program govern academic warning and probation.
 2. To progress in the program, the Intern must achieve a grade of "B" or better in all courses. Because of the "lock-step" nature of the curriculum, any grade less than "B" is grounds for non-progression and, therefore, dismissal from the program.
 3. An intern may repeat only one course in the DNP program with the approval of the RNAI Oversight Committee and the SON Student Admissions, Progression, & Retention (SAPR) Committee.
- C. Clinical Probation and Dismissal
1. A student may be placed on probation if, in the judgment of the RNAI Oversight Committee, a student's clinical competence is below an acceptable level.
 2. Probationary status can only be assigned once during the program.
 3. Grounds for clinical probation include, but are not limited to:
 - a. Unsatisfactory clinical performance, such as:
 - i. Failure to have made pre-operative rounds as assigned.
 - ii. An incomplete or unsatisfactory anesthesia care plan.
 - iii. Inadequate preparation for an anesthetic.
 - iv. Commission of serious drug selection or dosage error.
 - v. Mistreatment of a patient.
 - vi. Failure to have made postoperative rounds as assigned.
 - vii. Failure to follow up on an anesthetic complication until the problem was resolved.
 - viii. Level of incompetence representing a threat to patient safety.
 - ix. Falsification of documents or records.
 - x. Insubordination or failure to follow direct instructions from faculty or clinical instructors.
 - xi. The administration of any drug, except in an emergency, without the permission of a clinical faculty member.
 - xii. Inability to display continual mastery of previously mastered clinical behavioral outcomes.
 - b. Inadequate professional self-discipline, such as:
 - i. Administering anesthesia without a faculty member's permission or outside the anesthesia program's confines.
 - ii. Failure to carry out assigned duties in the clinical area.
 - iii. Failure to complete weekly documentation as required by the program (clinical experience records, time studies, etc.).
 - iv. Violation of clinical site regulations or failure to comply with University, SON, and Program policies and procedures.
 - v. Mishandling of drugs; illegal use of drugs; or other violations related to drug or alcohol use or drug or alcohol testing. Consumption of drugs or alcoholic beverages on DMH or affiliate properties.
 - vi. Tardiness or absenteeism.

- c. Unprofessional behavior by an RNAI, such as:
 - i. Incivility, bullying, a lack of respect or empathy (disregard) for patients, classmates, faculty, or staff.
 - ii. Argumentative behavior with faculty or staff in the clinical area having a potential negative effect upon patient care.
 - iii. Failure to follow instructions of staff or faculty in the clinical area.
 - iv. Harassment.
 - v. Habitual malcontent.
 - vi. Violation of the Honor Code policy or ethical misconduct.
 - vii. Unacceptable attitude, which jeopardizes communication.

4. Process for Clinical Probation

- a. Warning/consultation. The Program Director, Clinical Advisor, or Simulation Advisor will notify the RNAI in writing of the areas of concern related to performance or conduct and the intent to place them on probation unless they demonstrate improvement in the deficient area of concern. The Program reserves the right to place an RNAI on probation without a written warning/consultation.
- b. Initiating clinical probation: The RNAI Oversight Committee evaluates the RNAI performance and recommends placement on probation for remediation of identified deficiencies/(ies). A majority vote by RNAI Oversight Committee members will determine probation status. The conditions and duration of the probation and related time commitment will be specified. The Program Director, Clinical Advisor, or Simulation Advisor will notify the RNAI in writing of the conditions and duration of the probationary period.
- c. In the event of any absences due to illness, etc., during the probationary period, the length of time of the probation is extended as determined by the program administration.
- d. No time off is to be taken when the RNAI is on probation. Any previously scheduled time off before the initiation of the RNAI's probationary period will be automatically canceled.
- e. The RNAI is informed that they can be dismissed at any time for cause during a period of clinical probation.
- f. Affiliation rotations and other assignments are subject to postponement/cancellation.
- g. It is the prerogative of the RNAI Oversight Committee to assign remedial work during the probationary period as it deems appropriate.
- h. At the end of the designated probation period, the RNAI Oversight Committee will re-evaluate the RNAI's progress, and the RNAI must be removed from probation, placed on continued probation, or recommended for dismissal. The RNAI will be notified within three working days of the decision.
 - i. Initial probation is discontinued when consistent and satisfactory improvement is noted by the conclusion of the prescribed period.
 - ii. Continued probation occurs when improvement is evident; however, it is inconsistent with current behavioral objectives.
 - iii. Should the RNAI be placed on continued probation, at its completion, the RNAI must either be removed from probation or assigned an unacceptable grade for the practicum course.

D. Suspension

- 1. Suspension is utilized at the discretion of administrative officials and may be used to investigate a matter of concern involving the RNAI.
- 2. Suspension may include a requirement that the intern obtain medical, psychiatric, or other consultation and treatment, or be subject to other appropriate requirements.
- 3. The RNAI is not allowed to participate in any didactic or clinical learning

- experiences during formal suspension. They are held accountable for all didactic work missed.
4. Following the suspension time, the RNAI Oversight Committee determines the RNAI's status in the program. The RNAI must be reinstated, placed on probation, or recommended assignment of an unacceptable grade for the practicum course.
 5. If, for any reason, suspension is initiated more than once during a RNAI's involvement with the nurse anesthesia program, the RNAI shall be recommended for dismissal.
- E. Dismissal
1. A RNAI may be dismissed without a probationary period for identified infractions. Dismissal of any RNAI for deficiencies must reflect a consensus of the RNAI Oversight Committee as recommended to the Program Director and SON Director.
 2. The RNAI will receive written notice of course failure and dismissal.
 3. A final transcript will be submitted to the Council on Certification (NBCRNA) within 30 days.
 4. The student may petition the SON SAPR Committee to have extenuating circumstances considered on a case-by-case basis.
 5. Grounds for dismissal without a probationary period include:
 - a. Level of incompetence representing a threat to patient safety or patient abandonment. Interns must demonstrate safe practice in all areas. If an intern's behavior is deemed unsafe in one area, then they are considered unsafe in all areas.
 - b. Falsification of documents or records.
 - c. While in practicum or class, being under the influence of alcohol, marijuana, or any controlled substances not prescribed by a PCP.
 - d. Refusal to submit to a random drug screen.
 - e. Insubordination or failure to follow direct orders from clinical instructors in the applied practice of anesthesia.
 - f. Theft of program, university, affiliate, or individual property.
 - g. Inappropriate administration of any drug without the permission of a member of the clinical instructor.
 - h. Failure of any course in the curriculum.
 - i. Failure to comply with controlled substance reconciliation requirements or policies related to the handling of controlled substances.
 - j. Failure to report incidences of controlled substance discrepancies or serious infractions related to drug administration occurring in the course of clinical instruction.
 - k. Failure to appropriately respond to inquiries related to emergent or urgent matters pertaining to clinical competence.
 - l. Copying, possessing copies of, or transmitting by any means, quizzes, tests or any other material used by NAP faculty to academically evaluate any NAP student.
 - m. Violation of the Illinois Nurse Practice Act.
 - n. Failed criminal background check
- F. Student Grievance
1. Students have the right to appeal grade decisions. Students who wish to appeal must follow all procedures as outlined in the SON Graduate Student Handbook.

9. FINANCIAL CONSIDERATIONS

EMPLOYMENT ASSOCIATED WITH THE NAP

In the role of a Registered Nurse Anesthesia Intern (RNAI), interns are not considered employees of Decatur Memorial Hospital (DMH) or any of its affiliates.

REQUIRED TEXTBOOKS

The list of the required anesthesia textbooks is provided to the RNAI at the beginning of the NAP and is also listed in the course syllabi.

GENERAL FINANCIAL CONSIDERATIONS

1. National Certification Examination (NCE) and Self-Evaluation (SEE) Fee:
The cost of the National Certification Examination must be paid by the Intern prior to graduation. The current fee to apply for the NCE is \$ 1045.00. The cost of the Self-Evaluation Examination is the responsibility of the Intern. The current fee is \$265.00.
2. Supply Fees:
A one-time fee is assessed for equipment upon beginning the Program. This fee includes needed personal equipment (i.e. anesthesia stethoscope). As noted in the Record Retention Policy, this fee does not include copying of the intern student file.
3. Physical Examination/immunizations:
A pre-entrance physical is required prior to entry into the nurse anesthesia program. The expense of the physical examination and immunizations are the responsibility of the Intern.
4. Housing and Transportation:
Interns are responsible for their own housing and transportation.
5. Project Fees:
Fees related to the student's DNP Project are the responsibility of the intern and may include: binding of the project, English department reading, or other costs associated with the research/implementation related to project design.

INSURANCE

Interns are covered under the hospital's liability insurance program at no expense to the Intern. Refer to the *Clinical Occurrence Policy*. Only institutions affiliated and identified by the NAP and DMH are considered "covered sites". Patient injury and/or unexpected patient outcome occurrence requires notification to the school offices consistent with the *Clinical Occurrence Policy*.

RNAIs are required to maintain personal health insurance. Verification of the RNAI's health insurance is to be uploaded annually into the Program's CastleBranch portal. Consistent with the State of Illinois law, RNAIs are non-employees of DMH and affiliate institutions in their role within the NAP, and are not eligible for any worker's compensation benefits, etc. RNAI's are financially liable for injuries occurring during the course of study.

WORK OUTSIDE THE PROGRAM POLICY

- I. Policy: RNAIs are prohibited from administering anesthesia or representing themselves as a nurse anesthetist. Extracurricular employment as an RN cannot interfere with the educational program, clinical or lecture schedules, or didactic or clinical performance.
- II. Purpose: The purpose of the work outside the program policy is to ensure that the extracurricular employment does not impede the RNAI's academic preparation and proper rest necessary to assume clinical responsibilities.
- III. Procedure:
 - A. RNAIs must be prepared to devote full time energies for the successful completion of

their nurse anesthesia studies. Part-time work as an RN is extremely difficult to maintain while attempting to meet the demands of the program. Therefore, RNAIs are discouraged from seeking outside employment during the anesthesia specialty.

- B. Should an RNAI choose to work, an intern may work only as long as the:
 - 1. RNAI engaging in extracurricular work notifies the Program Director.
 - 2. RNAI's academic and clinical performance is satisfactory.
 - 3. RNAI is not employed during the ten (10) hours prior to any class or clinical assignment.
- C. When any RNAI's academic or clinical performance falls due to working outside the program's committed time, the RNAI will be asked to refrain from working and may result in disciplinary action should performance impact patient safety or the RNAI's ability to progress in the program.
- D. A RNAI shall not work as a nurse anesthetist at any time, by title or function.
 - 1. RNAIs are prohibited from administering anesthesia in any other hospital or situation other than that which is directly related to the nurse anesthesia program.
 - 2. Providing anesthesia, other than during clinical learning, or representation as a nurse anesthetist will result in immediate dismissal from the program.

10. SYSTEMATIC EVALUATION PLAN

CLINICAL AFFILIATION EVALUATION POLICY

- I. Policy: RNAIs will complete an evaluation of each clinical affiliation within one day following completion of clinical experiences at the affiliation.
- II. Purpose: The purpose of the clinical affiliation evaluation policy is to describe and outline the process for evaluation of clinical sites.
- III. Procedure: All clinical affiliation sites will be evaluated using the following procedure:
 - A. Each RNAI will complete the affiliation's evaluation within one day of completing the assigned clinical experiences.
 - B. The evaluation survey is located on the program's Typhon Group website.
 - C. Annually, following completion of affiliation rotation experiences, an anonymous composite summary of all submitted evaluations will be downloaded for each clinical affiliation site.
 - D. The composite summary will be reviewed by the Nurse Anesthesia Program Administration and reported during scheduled faculty meetings.
 - E. A copy of the composite summary will be provided and discussed with the appropriate clinical affiliation coordinator.
 - F. Suggestions and plans for change based upon the evaluations shall be discussed if necessary and implemented.
 - G. The efficacy of implemented changes will be evaluated.

GENERAL POLICY ON PROGRAMMATIC CHANGE

- I. Policy: Assessment of the Nurse Anesthesia Program is multifaceted, multidimensional, and a systematically designed process that assures adherence to quality student education and adherence to accrediting bodies who oversee nursing education.
- II. Purpose: The purposes of the general policy on programmatic changes are to:
 - A. Delineate the process of programmatic changes of the Nurse Anesthesia Program. Inform interns, instructors, and members of the community of interest, the process by which the Nurse Anesthesia Program conducts programmatic changes.

- B. Provide a schematic presentation of the overall process to which the Program evaluates and approves changes in the curriculum.
- III. Procedure: The process of programmatic change is a three-stage procedure. The first stage involves the evaluation and recommendation of programmatic issues by Program Committees/Program Administration. The second stage assesses and approves/disapproves recommendations of the programmatic change by the Faculty for adherence to Accreditation Standards and educational quality. The final stage is the submission of the program changes to the University for publication and incorporation into University course offerings, if applicable.
- A. The evaluation and recommendation procedure includes:
 1. Recommendations achieved through intern, instructor, and course evaluations.
 2. Recommendations submitted to the Program Administration by Committee members or DMH faculty for review and evaluation.
 3. Recommendations submitted for Faculty review and approval during scheduled Faculty/Staff meetings.
 4. Recommendations approved by NAP faculty are taken to the appropriate SON Nurse Faculty Organization (SON NFO) committee for approval.
 - B. The assessment and recommendation procedure includes:
 1. Faculty review of recommendations and vote for approval.
 2. If disapproved, the issue is sent back to Program Administration for further evaluation and review or is not implemented/sent forward to SON NFO.
 - C. The submission approval procedure includes:
 1. If approved, changes are implemented at the DMH campus following notification of faculty and interns.
 2. If approved, changes are submitted for incorporation into University course offerings and publications.

GENERAL POLICY ON SELF-ASSESSMENT (PROGRAM, INTERNS, INSTRUCTORS, COURSES)

- I. Policy: The NAP Self-Assessment Plan guides the systematic assessment of Program indicators and outcomes. Assessment of the Nurse Anesthesia Program is multifaceted, multidimensional, and a systematically designed process that assesses program effectiveness and guides the overall continuous evaluation of the Council on Accreditation of Nurse Anesthesia Educational Programs Standards for Accreditation of Nurse Anesthesia Programs-Practice Doctorate.
- II. Purpose: The purposes of the general policy on self-assessment (Program, Interns, Instructors, Courses) are to:
 - A. Delineate the process of self-assessment by which the Nurse Anesthesia Program is able to determine its effectiveness in educating nurse anesthetists.
 - B. Inform interns, instructors, and members of the community of interest, the process by which the Nurse Anesthesia Program conducts self-assessment.
 - C. Provide a schematic presentation of the overall self-assessment program of the Nurse Anesthesia Program.
- III. Procedure: The process of self-assessment is a two-stage procedure with shared responsibilities consisting of administrators, faculty, interns, graduates, committees, and when appropriate, the public.
 - A. The first stage involves the evaluation of the Nurse Anesthesia Program and its outcome measures, faculty and student performance, clinical facilities and student experiences, didactic and clinical instruction, and intern.
 1. A variety of assessment tools are utilized for the assessment of the indicated categories.
 - B. The second stage assesses the results of the evaluations and makes recommendations for program change as appropriate.
 1. Results of the assessment process will be reported to the NAP and SON Committees designated to review evaluation data.

2. Recommended changes are made and approved, as indicated.
 C. Self-Assessment Summary

Component Assessed	Responsible Party	Assessment Method	Reviewer of Data
Program (Internal & External Assessment)	<input type="checkbox"/> Students <input type="checkbox"/> Employers <input type="checkbox"/> Graduates <input type="checkbox"/> COA <input type="checkbox"/> CCNE	<input type="checkbox"/> NAP program Exit survey tool/interview <input type="checkbox"/> MU SON Exit survey tool/interview <input type="checkbox"/> NAP graduate survey tools <input type="checkbox"/> NAP employer survey tools <input type="checkbox"/> COA Self-Study and Site visits <input type="checkbox"/> CCNE Self-Study and Site visits	<input type="checkbox"/> Director (NAP) <input type="checkbox"/> Director (SON) <input type="checkbox"/> GSC (SON) <input type="checkbox"/> FONAP (DMH) <input type="checkbox"/> Advisory Committee (DMH)
Intern	<input type="checkbox"/> Didactic Faculty <input type="checkbox"/> Clinical faculty <input type="checkbox"/> Council on Certification	<input type="checkbox"/> Quizzes, tests, papers, practical exercises <input type="checkbox"/> Clinical evaluation tools, simulations <input type="checkbox"/> Self-Evaluation Examination (SEE)	<input type="checkbox"/> Director (NAP) <input type="checkbox"/> Director (SON) <input type="checkbox"/> GSC/SAPR (SON) <input type="checkbox"/> FONAP (DMH) <input type="checkbox"/> Advisory Committee (DMH)
Instructor-Didactic	<input type="checkbox"/> Students <input type="checkbox"/> Director (SON) <input type="checkbox"/> Director (NAP) <input type="checkbox"/> Dean, CPS	<input type="checkbox"/> MU-developed standardized course evaluation <input type="checkbox"/> MU faculty performance appraisal <input type="checkbox"/> NAP faculty evaluation tools	<input type="checkbox"/> Director (NAP) <input type="checkbox"/> Director (SON)
Instructor-Clinical	<input type="checkbox"/> Students <input type="checkbox"/> Clinical Preceptors (DMH)	<input type="checkbox"/> NAP faculty self-evaluations <input type="checkbox"/> NAP clinical site evaluation tools	<input type="checkbox"/> Director (NAP) <input type="checkbox"/> Director (SON)
Courses (Didactic & Clinical)	<input type="checkbox"/> Students	<input type="checkbox"/> MU-developed standardized course evaluation <input type="checkbox"/> NAP Curriculum Committee	<input type="checkbox"/> Director (NAP) <input type="checkbox"/> Director (SON) <input type="checkbox"/> NAP Curriculum Committee <input type="checkbox"/> GSC (SON) <input type="checkbox"/> FONAP (DMH)
Clinical Sites	<input type="checkbox"/> Students <input type="checkbox"/> NAP Administrators	<input type="checkbox"/> NAP clinical site evaluation tools <input type="checkbox"/> Site visits	<input type="checkbox"/> Director (NAP) <input type="checkbox"/> Director (SON) <input type="checkbox"/> GSC (SON) <input type="checkbox"/> FONAP (DMH)
Graduates	<input type="checkbox"/> Council on Certification (NBCRNA) <input type="checkbox"/> Employers	<input type="checkbox"/> National Certification Examination (NCE) <input type="checkbox"/> NAP program employer evaluation survey	<input type="checkbox"/> Director (NAP) <input type="checkbox"/> Director (SON) <input type="checkbox"/> GSC (SON) <input type="checkbox"/> FONAP (DMH)

RNAI CLINICAL EVALUATION POLICY

- I. Policy: Evaluation of the Nurse Anesthesia Intern is a systematic assessment of the Intern's performance in the clinical area. The evaluation process is to be considered as a learning

experience. Information obtained allows the Intern to receive feedback on their development of skills and professional growth as they evolve into a competent anesthesia provider. Evaluations are also used in determining the Intern's clinical grade.

II. Purpose: The purpose of THE RNAI clinical evaluation policy is to delineate how nurse anesthesia intern clinical evaluation shall be accomplished.

III. Procedure:

A. Introduction

1. The clinical experience is divided into semesters with specific clinical behavioral outcomes.
2. Each intern must be evaluated daily using the form that evaluates the intern's level of clinical performance.
3. A meeting between the Intern and the NAP Administration Director will take place at the end of each semester. This meeting allows the intern to receive a summative evaluation from a specific semester and receive a clinical grade.
4. Interns are free to review their evaluation file any time during regular anesthesia program office hours (8 am-4 pm).
5. All evaluations and care plans are to be submitted for analysis.
6. Satisfactory daily evaluations do not guarantee the automatic progression to the next semester. Anecdotal evaluations and opinions of faculty members, based upon daily observations of the Intern's clinical performance, are also strongly considered.
7. The faculty of The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program reserve the right to dismiss at any time any Intern whose condition or conduct jeopardizes the well-being or safety of the patients or employees of the hospital and its clinical sites.
 - i. Interns must demonstrate safe practice in all areas. If an Intern's behavior is deemed unsafe in one area, they are considered to be unsafe in all areas.
8. Evaluations can be filled out by ANY supervising anesthesia provider (CRNA and/or MD).
9. One written care plan must be submitted daily with the clinical evaluation. Care plan requirements may differ between clinical sites.

B. Clinical Evaluation Tool

1. The clinical outcomes of The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program are composed of two categories of academic performance, thereby providing the Intern with an educational offering that is consistent with the standards of the profession of nurse anesthesia and the COA. The categories comprise cognitive behaviors (knowledge and skills) and non-cognitive behaviors (judgment, integrity, interpersonal relations and self-discipline).
2. Each Intern will be evaluated on the indicated behaviors that occur within each semester's time frame. The semesters are so arranged that the expected behaviors to be evaluated follow the Intern's training program in a progressive order. A scoring system, and a composite of the Intern's strengths and weaknesses will be utilized to evaluate the expected behaviors of the Intern.
3. Operational Definitions of the Scoring System. The daily evaluation form describes behaviors that Interns are expected to meet or exceed during a semester. These behaviors are based on the programs' terminal outcomes, which specify the skills and behaviors a graduate of the program will meet.

C. Evaluation Procedure:

1. When supervising a RNAI in the clinical area, the instructor will:
 - a. Instruct the Intern in the skills needed for administering anesthesia, using safe, effective, accepted methods based on sound scientific principles.
 - b. Evaluate that Intern in the following manner:

- i. The Intern is responsible for providing the evaluation form to the clinical instructor at the beginning of the day. Evaluation forms provided to the clinical instructor after the date to be completed or placed in the clinical instructor's mailbox will not be accepted.
- ii. Each clinical instructor who supervises an Intern will complete the instructor's portion of the daily evaluation form. More than one instructor may fill out portions of the form, based on the section observed.
- iii. Each instructor evaluates the intern by documenting the intern's level of performance on the form. In addition, a written note of the Intern's strengths and weaknesses can be made in the appropriate section of the form.
- iv. Scoring is typically not to be based on a single event but rather on a number of observations under a variety of situations. If the instructor will not be with the Intern for subsequent activities, then the instructor should complete the form based only on what they observed.
- v. It is the responsibility of both the Intern and the clinical instructor to complete these forms. Items marked as safety concerns require instructor comments.
- vi. The form must be filled out in ink, signed and dated by both the instructor and the Intern.
- vii. The instructor returns the form to the Intern and should discuss the evaluation with the Intern at that time.

2. When obtaining a clinical evaluation form, the Intern will:
 - a. complete the self-evaluation portion of the evaluation.
 - b. hand in all the evaluations for the previous week on Monday by 5 pm.
 - i. Interns not submitting evaluations weekly may be suspended from the clinical area until the evaluations are received by the program.
 - ii. Failure to submit evaluations from the clinical site over a two-week time period may result in failure of the practicum.
 - One written evaluation must be completed daily and submitted weekly with the daily evaluations.
 - An appropriate verbal anesthetic care plan is to be provided to the instructor prior to administering any anesthetic.

D. Grading

1. The clinical evaluation tool documents feedback on RNAI performance from preceptors on a daily basis in 5 domains based on the COA Competency-Based Common Clinical Assessment. The 5 domains are:
 - Patient Safety and Peri-anesthetic Care
 - Anesthesia Management
 - Knowledge and Critical Thinking
 - Professional Communication and Collaboration
 - Professional Role
2. A final grade for each clinical practicum is based upon the cumulative feedback from preceptors as follows:
 - Obtaining 0-4 "needs improvement" evaluations = A
 - Obtaining 5-9 "needs improvement" evaluations = B
 - Obtaining 10 or more "needs improvement" evaluations will result in referral to the RNAI Oversight Committee and may result in clinical probation or course failure.
 - Any "safety concern" evaluations are reviewed on a case-by-case basis at the discretion of the program directors and RNAI Oversight Committee and may result in clinical probation or course failure.
3. A grade of satisfactory, needs improvement, or unsatisfactory will be given

for each evaluation in the 5 domains based upon feedback on the Clinical Evaluation Tool.

Clinical evaluation tool	COA correlation					
	CP I	CP II	CP III	CP IV	CP V	CP VI
Safety concern	unsatisfactory	unsatisfactory	unsatisfactory	unsatisfactory	unsatisfactory	unsatisfactory
Novice	satisfactory	needs improvement	needs improvement	needs improvement	needs improvement	needs improvement
Advanced beginner	satisfactory	satisfactory	satisfactory	needs improvement	needs improvement	needs improvement
Competent	satisfactory	satisfactory	satisfactory	satisfactory	needs improvement	needs improvement
Proficient	satisfactory	satisfactory	satisfactory	satisfactory	satisfactory	satisfactory

- A “Satisfactory” score is selected when the intern performs at the expected level as related to the specific semester objectives. “Needs improvement” score is selected to identify areas where additional experiences are required to meet the expected level. “Unsatisfactory” score is selected when the intern fails to show continued mastery for all previous clinical objectives/performance having the potential to jeopardize patient safety.
4. Failure to obtain one or more scores of an expected state on any criteria on a daily evaluation will result in an unmet for the overall score of that evaluation to be earned.
 5. If arbitration over an evaluation is desired by either the Intern or the instructor, the Program Director, Clinical Advisor, or Simulation Advisor will be notified and a time for arbitration shall be scheduled as soon as possible with either one of the aforementioned people presiding.
 6. The intern must earn a minimum grade of a “B” to progress in the program.
 7. At midterm and semester end, the forms will be reviewed, and scores tabulated to obtain a summary of the Intern’s performance.
 8. At midterm, if an Intern’s daily evaluations are below the expected performance level, a counseling session will be held between the Program Director, Clinical Advisor, and Simulation Advisor with the goal of correcting any deficiencies noted before the end of the semester. This session will be noted, signed and placed in the Intern’s file. This counseling session will be dependent upon the timely submission of evaluations by the Intern.
 9. At the end of each semester, a meeting with the Intern will provide a summative evaluation of the semester, a copy will be provided to the Intern (if requested), and a signed copy is placed in the Intern’s file.
 10. Note: Results of chart and pharmacy audits revealing deficits may result in a daily evaluation’s scoring to be adjusted to reveal that the clinical outcomes for the day were not met.

11. CHEMICAL AND ENVIRONMENTAL HAZARDS

ENVIRONMENTAL HAZARDS

Available in the DMH PolicyStat (located in Citrix) are the Safety Data Sheets and Safety/Management Plans for the Anesthesia Department.

SUBSTANCE USE POLICY

- I. Policy: The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance prohibited substance, or the unlawful possession and use of alcohol are wrong, harmful, and prohibited in and on Decatur Memorial Hospital and affiliate sites owned and controlled property.
- II. Purpose: The purpose of the substance abuse policy is to explain the standards of conduct and disciplinary sanctions to be imposed for the unlawful possession, use, or distribution of illicit drugs and alcohol by The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program interns.
- III. Procedure
 - A. Any intern determined to have violated this policy shall be subject to disciplinary action for misconduct, which action may include termination/expulsion and referral for rehabilitation or prosecution.
 - B. Section 50-10 of the Illinois Nurse Practice Act states "Impaired nurse" means a nurse licensed under this Act who is unable to practice with reasonable skill and safety because of a physical or mental disability as evidenced by a written determination or written consent based on clinical evidence, including loss of motor skills, abuse of drugs or alcohol, or a psychiatric disorder, of sufficient degree to diminish his or her ability to deliver competent patient care.
 - C. No intern is to report to work/class with detectable levels of illegal drugs or prohibited substances such as marijuana or alcohol in their body.
 1. Students will be required to submit to drug testing under the following circumstances:
 - a. Deterrence and/or detection of illegal drugs, and prohibited substances, such as marijuana, alcohol, or abuse of prescription drugs.
 - b. Investigation of possible individual student impairment.
 - c. Investigation of accidents, theft, or other student misconduct; or
 - d. Maintenance of safety for students, other clinical staff and providers, patients and/or the general public
 - D. Violation of these policies by an intern will be a reason for evaluation/treatment for drug/alcohol use disorder and/or for disciplinary action up to and including termination/expulsion and/or referral for prosecution consistent with local, state, and federal law.
 - E. The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program completely cooperates with its various clinical sites and acknowledges the right of each to enforce a drug-free workplace.
 - F. Interns are required to abide by the policies and procedures of each Department of Anesthesia and health care facility to which they are assigned.
 - G. Action will be taken against any intern who violates the drug-free workplace within the Program. Refer to the MU SON Graduate Student Handbook: *Impaired Nursing Student and Substance Use Policy*.
 - H. The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program Position Statement:
 2. The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program expresses its commitment to the education of nurse anesthetists to the support of all members of the faculty, and to the practice of safe, competent anesthesia care for all consumers. Chemical dependency poses a threat to these goals therefore, it is the school's responsibility to educate interns and faculty on the inherent problems of the

- chemically dependent.
3. Interns, CRNAs, and MD faculty are legally and ethically accountable to the consumer and the profession for the quality of anesthesia care rendered. To this end, the program provides information and mechanisms of peer support as well as treatment modalities suggestions for interns, CRNAs, and the MD faculty to help the chemically dependent.
 - a. Topics on Drug Abuse and Stress Management shall be incorporated into the curriculum and shall be given the initial phase on the intern's didactic preparation at the DMH campus.
 - b. Information on available workshops in the area shall be disseminated to all interns and faculty.
 - c. Memorial Health Employee Assistance Program (EAP) provides a counselor for faculty and interns.
 - d. Anesthesia interns and CRNAs may also utilize the AANA's Peer Assistance Committee. AANA website is [About AANA Peer Assistance](#). The Peer Assistance Hotline number is (800) 654-5167.
 - e. The Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program does not grant nor cannot grant immunity to civil law when interns or faculty create breaches, simply because they are interns or faculty. Any use, possession, or distribution of illegal drugs and/or narcotics is considered to be a matter of great concern. Theft of controlled substance must be reported to civil authorities.
 - f. Endangerment to the well-being of patients and fellow employees will result in immediate dismissal
 3. Any intern or faculty member with an active addiction shall be advised of available treatment programs and shall comply with Decatur Memorial Hospital's Personnel Policy "DRUG FREE WORKPLACE ACT" (refer to Memorial Central-the health systems intranet - policies section).
 4. Interns enrolled in the Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program give their consent for random drug testing.