Florida Gulf Coast University
Elaine Nicpon Marieb
College of Health & Human Services
School of Nursing

MASTER OF SCIENCE IN NURSING
NURSE ANESTHESIA PROGRAM GUIDEBOOK
2017
(Revised August 2017)
FOREWORD

Nurses in the United States have been practicing the specialty of anesthesia for more than 150 years. With roots dating back to the Civil War, Certified Registered Nurse Anesthetists (CRNAs) are recognized for providing safe anesthesia care in every practice setting in which anesthesia is delivered. At Florida Gulf Coast University (FGCU), we are proud to offer an advanced practice nursing program that is committed to the education of future CRNAs who are competent and well qualified to deliver safe and high quality anesthesia care. As you embark on the path toward becoming a CRNA, we congratulate you for your achievements which have prepared you for this endeavor.

The School of Nursing MSN-Nurse Anesthesia Program Guidebook 2017 is designed to facilitate your orientation to the School of Nursing and the MSN-Nurse Anesthesia Program and to assist you as you progress toward achieving a Master of Science in Nursing degree. Please take time to review this Guidebook and to become familiar with the academic standards, policies, and guidelines that will guide your educational experience.

It is also your responsibility to obtain and read the current FGCU University Academic Catalog, FGCU Graduate Student Handbook, FGCU Student Guidebook, FGCU General Graduate Academic Policies and Student Code of Conduct and to follow all guidelines, rules, and regulations as they relate to FGCU, the Marieb College of Health & Human Services, the School of Nursing, and the MSN Program. Internet links to these documents are provided under section V of this Guidebook.

Please be aware that the curriculum, policies, guidelines, forms and any other information contained in this School of Nursing MSN-Nurse Anesthesia Program Guidebook 2017 remain under review, and that any section or part may be revised without notice or obligation during your tenure in the program.

Welcome to the MSN-Nurse Anesthesia Program at Florida Gulf Coast University School of Nursing. We look forward to guiding you toward success throughout your journey as a nurse anesthesia student.

Rosann M. Spiegel, JD, DNAP, CRNA, ARNP
Program Director
MSN-Nurse Anesthesia Program
Accreditation/Approvals

Florida Gulf Coast University (FGCU) is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate, baccalaureate, masters, and doctoral degrees. Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call (404) 679-4500, for questions about the accreditation of Florida Gulf Coast University.

Florida Gulf Coast University School of Nursing is fully approved by the Florida Board of Nursing, 4052 Bald Cypress Way, BIN C02, Tallahassee, Florida 32399 - Telephone Number: (850) 488-0595.

The master's degree in nursing at Florida Gulf Coast University is accredited by the Commission on Collegiate Nursing Education. The program's next accreditation review by the CCNE is scheduled for spring 2018.

The Nurse Anesthesia Program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 S. Prospect Ave., Suite 304, Park Ridge, IL 60068-4010; telephone (847)-692-7050. The program's next accreditation review by the COA is scheduled for October 2022.
# MSN-NURSE ANESTHESIA PROGRAM FACULTY & STAFF

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Title</th>
<th>Contact</th>
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</thead>
<tbody>
<tr>
<td>Program Director, MSN-Nurse Anesthesia Program</td>
<td>Rosann Spiegel, JD, DNAP, CRNA</td>
<td></td>
<td>239-745-4298</td>
</tr>
<tr>
<td>Assistant Program Director, MSN-Nurse Anesthesia Program</td>
<td>Rickey King, DNP, CRNA</td>
<td></td>
<td>239-590-7457</td>
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<tr>
<td>FGCU, MCHHS &amp; SON Faculty Teaching in MSN-Nurse Anesthesia Program</td>
<td>Paula Davis-Huffman, DNP, ANP-BC</td>
<td>Loureen Downes, PhD, FNP-BC</td>
<td>239-590-7514</td>
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<tr>
<td></td>
<td></td>
<td>Laura Frost, PhD</td>
<td>239-590-7449</td>
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<td></td>
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<td>Virginia Londahl-Ramsey, DNP, CRNA</td>
<td>239-590-1434</td>
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<td>Jason McGuire, PhD, CRNA</td>
<td>239-745-4473</td>
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<td>Anne Nolan, PhD, RN</td>
<td>239-590-1380</td>
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<tr>
<td>MSN-Nurse Anesthesia Program Clinical Site Coordinators</td>
<td>Christine Arnott, CRNA</td>
<td>Bayfront Punta Gorda Medical Center</td>
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<tr>
<td>(Please see Typhon Clinical Site Directory for contact information.)</td>
<td>Jason Calhoun, CRNA</td>
<td>Heart of Florida Medical Center</td>
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<tr>
<td></td>
<td>Ivette Del Castillo, CRNA</td>
<td>Cape Coral Hospital</td>
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<td>Melissa Esber, CRNA</td>
<td>Health Park Medical Center</td>
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<td>Randy Hunt, CRNA</td>
<td>Lee Memorial Hospital</td>
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<td>Richard Ligon, CRNA</td>
<td>De Soto Memorial Hospital</td>
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<td>Pam Ozaluk, CRNA</td>
<td>Fawcett Memorial Hospital</td>
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<td>Julie Pope, CRNA</td>
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<td>Norine Sims, CRNA</td>
<td>Physicians Regional Medical Center</td>
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<td>Graduate Program Assistant</td>
<td>Gretchen Warn</td>
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<td>239-590-7505</td>
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<tr>
<td>Nursing Laboratory Assistant</td>
<td>Nickeisha Hutchinson</td>
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SCHOOL OF NURSING VISION, MISSION AND PHILOSOPHY

Vision
The School of Nursing strives for excellence in providing evidence-based, learner-centered nursing education that prepares competent and compassionate nursing professionals to meet the ever-changing healthcare needs of diverse global communities.

Mission
The School of Nursing envisions a future where faculty and students serve as mentors and interprofessional role models to develop engaged nurse leaders who deliver transformative care to diverse populations, conduct research, and promote evidence-based practice through academic and community partnerships.

Philosophy
Faculty of the School of Nursing, College of Health Professions at Florida Gulf Coast University believe that the practice of professional nursing rests upon a sound arts and science foundation that prepares graduates to excel in a rapidly changing, diverse, and technologically oriented society. Integrated and conceptually based curricula are built upon the constructs of caring, communication, critical thinking, cultural-connectedness, and health promotion which form the foundation for knowledge and skills essential for preparing a caring scholar clinician. Teaching and learning activities are keystones of the curricula and occur within caring environments. Faculty serves as guides, mentors, role models, and facilitators for students.

NA Program Philosophy
The Nurse Anesthesia Faculty believes that graduate nursing education builds upon the foundation of undergraduate nursing education, and that application of communication, critical thinking, cultural-connectedness, health promotion, and adherence to professional and ethical standards of practice within a rapidly changing, diverse and technologically oriented society are essential aspects of Nurse Anesthesia practice. The Nurse Anesthesia Program embraces patient-centered holistic anesthesia care that is safe, competent, current and culturally sensitive. The Nurse Anesthesia Faculty are committed to life-long learning, professional development, academic excellence, scholarly inquiry, collegiality, collaboration and cohesiveness.

MSN PROGRAM & NA MAJOR OVERVIEW
The Master of Science in Nursing Program prepares advanced practice nurses for career opportunities in a variety of evolving global health care environments. The ability to create innovative roles as well as consolidate existing roles is a hallmark of graduates. Extensive practice experiences enable student-initiated opportunities that promote development of diverse knowledge, values, and competencies essential for advanced
practice. Students choose majors that will meet their educational and career goals. Throughout the MSN Program, students are guided in the processes of self-development aimed at pursuing excellence in scholarly and professional endeavors.

The MSN Nurse Anesthesia (NA) Major is an 81-credit hour, 28 month, full-time program preparing graduates for the full scope of nurse anesthesia practice (see COA Standard III, C4). Graduates perform complete preoperative assessments, administer and manage all aspects of anesthesia in multiple settings, direct postoperative care, manage complications, and participate in perianesthesia and support functions. Graduates are eligible to take the National Board of Certification and Recertification for Nurse Anesthetists’ (NBCRNA) National Certification Examination (NCE) for certification, which is a condition for licensure, upon program completion.

MSN PROGRAM OUTCOMES

NA Program administrators and faculty determine, approve, and maintain clearly specified educational objectives and outcome criteria consistent with the degree awarded.

At the completion of the program, MSN graduates will:

1. Create advanced nursing practice roles that emerge from client needs.
2. Exercise critical thinking to design and implement innovative approaches that are financially viable, culturally connected, evidence-based, and community partnered.
3. Exhibit professional leadership by influencing policy processes aimed at improving global health.
4. Practice as caring scholar, advanced practice nurses who are singularly sensitive and critically reflective.
**MSN Nurse Anesthesia (NA) Major Program Specific Outcomes**  
(Adapted from COA Standards for Accreditation of Nurse Anesthesia Educational Programs May 2011, Standard III, C21)

At the completion of the program, MSN NA Program graduates will

1. Demonstrate patient safety by
   - Being vigilant in the delivery of patient care
   - Protecting patients from iatrogenic complications.
   - Participating in the positioning of patients to prevent injury.
   - Conducting a comprehensive and appropriate equipment check.
   - Utilizing standard precautions and appropriate infection control measures.

2. Demonstrate Individualized perianesthetic management by
   - Provide care throughout the perianesthetic continuum.
   - Using a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
   - Administering general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
   - Providing anesthesia services to all patients, including trauma and emergency cases.
   - Administering and managing a variety of regional anesthetics.
   - Functioning as a resource person for airway and ventilatory management of patients.
   - Possessing current advanced cardiac life support (ACLS) recognition.
   - Possessing current pediatric advanced life support (PALS) recognition.
   - Delivering culturally competent perianesthetic care throughout the anesthesia experience

3. Demonstrate critical thinking by
   - Applying knowledge to practice in decision-making and problem solving.
   - Providing nurse anesthesia care based on sound principles and research evidence.
   - Performing a preanesthetic assessment and formulating an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
   - Identifying and taking appropriate action when confronted with anesthetic equipment-related malfunctions.
• Interpreting and utilizing data obtained from noninvasive and invasive monitoring modalities.
• Calculating, initiating, and managing fluid and blood component therapy.
• Recognizing and appropriately responding to anesthetic complications that occur during the perianesthetic period.
• Passing the Council on Certification of Nurse Anesthetists’ (CCNA) certification examination in accordance with CCNA policies and procedures.

4. Demonstrate communication skills by
   • Effectively communicating with individuals influencing patient care.
   • Utilizing appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.

5. Demonstrate professional responsibility by
   • Participating in activities that improve anesthesia care.
   • Functioning within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
   • Interacting on a professional level with integrity.
   • Teaching others.
   • Participating in continuing education activities to acquire new knowledge and improve his or her practice.
   • Demonstrating knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.

Please note NA Learning Outcomes for Cardiac, OB, Neurosurgical, Pediatrics, and Trauma may be found in the Appendices.
MSN NURSE ANESTHESIA (NA) MAJOR CURRICULUM

The MSN Nurse Anesthesia curriculum is developed by qualified faculty, constructed within graduate education, and approved by appropriate committees and organizations. Changes in the current Program length are approved by the governing entities and published before implementation.

The MSN NA Program curriculum plan was developed by the University-based NA Program faculty and School of Nursing (SON) administrators and faculty and received approval from the following:

1. NA Program Faculty
2. SON Faculty Graduate Curriculum Committee
3. SON Faculty Organization
4. College of Health Professions Graduate Curriculum Committee
5. University Graduate Curriculum Committee

The curriculum meets the requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). The plan of study consists of seven (7) continuous semesters of full-time study at the graduate level. The curriculum is constructed in a sequential progressive semester framework. All nurse anesthesia courses in any given semester serve as prerequisites for the courses that follow sequence during the next semester. Any changes in the length or sequence of the Program are submitted, approved, and published before implementation.
MSN NA PROGRAM REQUIREMENTS (Total 81 Credit Hours)

MSN Nursing Core Courses (13 credits)
- NGR 6002 Advanced Health Assessment (3)
- NGR 6002L Advanced Health Assessment Practice (1)
- NGR 6740 Concepts & Roles of Advanced Practice (3)
- NGR 6811 Advanced Nursing Research (3)
- NGR 6894 Global Trends & Practice Perspectives (3)

Nurse Anesthesia Major Courses (68 credits)
- NGR 5431L Clinical Practicum I (1)
- NGR 5432L Clinical Practicum II (1)
- NGR 5433L Clinical Practicum III (6)
- NGR 5434L Clinical Practicum IV (6)
- NGR 5435L Clinical Practicum V (6)
- NGR 5436L Clinical Practicum VI (6)
- NGR 5437L Clinical Practicum VII (6)
- NGR 6140 Pathophysiology I (2)
- NGR 6144 Pathophysiology II (2)
- NGR 6143 Adv. Anatomy, Physiology & Pathophysiology IV (1)
- NGR 6149 Adv. Anatomy, Physiology & Pathophysiology III (1)
- NGR 6156 Adv. Anatomy & Physiology I (2)
- NGR 6165 Adv. Anatomy & Physiology II (2)
- NGR 6400 Chemistry & Physics in Nurse Anesthesia (2)
- NGR 6405 Adv. Principles of Nurse Anesthesia Practice II (3)
- NGR 6410 Perioperative Technology (1)
- NGR 6420 Basic Principles of Anesthesia (3)
- NGR 6421 Adv. Principles of Anesthesia I (3)
- NGR 6460 Pharmacology I (4)
- NGR 6461 Pharmacology II (4)
- NGR 6491 Synthesis Seminar (3)
- NGR 6949 Clinical Correlation Conference (3)

Additional Graduation Requirements
- Apply for graduation by deadline indicated in the university calendar.
MSN NA PROGRAM COURSE DESCRIPTIONS AND CREDIT HOURS

The School of Nursing is congruent with the university in regard to credit hour allocation: one semester hour of credit is awarded for one 50-minute clock hour of classroom instruction per week. Didactic courses in the NA Program curriculum plan utilize a ratio of fifteen (15) contact hours to one (1) credit hour. Clinical practicum courses use a ratio of eighty (80) contact hours to one (1) credit hour in order to meet course objectives. Anesthesia practicum hours may include up to 45 clock hours of participation in a simulation laboratory setting. Anesthesia practicum hours may begin prior to the official beginning of the semester. Courses and clinical practice may be offered during day, evening, night, and/or weekend hours.

NGR 5431L - Clinical Practicum I - 1 credit(s)
Application of beginning anesthesia nursing knowledge to the delivery of anesthesia in the clinical setting.

NGR 5432L - Clinical Practicum II - 1 credit(s)
Continued application of beginning anesthesia nursing knowledge to the delivery of anesthesia in the clinical setting.
Prerequisite(s): NGR 5431L

NGR 5433L - Clinical Practicum III - 6 credit(s)
Delivery of anesthesia at a novice level of competence for all types of procedures in a variety of clinical settings.
Prerequisite(s): NGR 5432L

NGR 5434L - Clinical Practicum IV - 6 credit(s)
Delivery of anesthesia care at an advanced beginner level of competency to clients in a variety of settings. Student practice may include on call experiences and specialty rotations.
Prerequisite(s): NGR 5433L

NGR 5435L - Clinical Practicum V - 6 credit(s)
Delivery of anesthesia at the competent level for all types of clients and procedures. Student practice may include on call experiences and specialty rotations.
Prerequisite(s): NGR 5434L

NGR 5436L - Clinical Practicum VI - 6 credit(s)
Delivery of anesthesia at the proficient level of competence in all kinds of cases. The nurse anesthesia student functions as the primary nurse anesthetist with instructor as consultant. Student practice may include on call experiences and specialty rotations.
Prerequisite(s): NGR 5435L

NGR 5437L - Clinical Practicum VII - 6 credit(s)
Delivery of advanced anesthesia care at the experienced competence level to clients in a variety of settings. Student practice may include on call experiences and specialty rotations.
Prerequisite(s): NGR 5436L

NGR 6002 - Advanced Health Assessment - 3 credit(s)
Collection and synthesis of client database and differential diagnosis of common client problems. Using critical thinking and a holistic lifespan approach, students interpret, analyze, and document alterations in health to serve as a basis for client management.

NGR 6002L - Advanced Health Assessment Practice - 1 credit(s)
Practice section of NGR 6002C. Emphasis is placed skills needed to assess health status of individuals across the lifespan. Students interpret, analyze, and document alterations in health to serve as a basis for client management.

NGR 6140 - Pathophysiology I - 2 credit(s)
First of two term study of pathophysiology with an emphasis on systems approach to pathology.
NGR 6143 - Adv. Anat, Physio. & Path IV - 1 credit(s)
Continued study of advanced pathophysiology with emphasis on the body’s homeostasis mechanisms and their aberrant function.
Prerequisite(s): NGR 6149

NGR 6144 - Pathophysiology II - 2 credit(s)
Second of two term study of pathophysiology with an emphasis on systems approach to pathology.
Prerequisite(s): NGR 6140

NGR 6149 - Adv. Anat, Physio. & Path III - 1 credit(s)
Study of advanced pathophysiology with emphasis on the body’s homeostasis mechanisms and their aberrant function.
Prerequisite(s): NGR 6145

NGR 6156 - Adv. Anatomy and Physiology I - 2 credit(s)
Study of the advanced anatomy and physiology, with emphasis on the body’s homeostasis mechanisms and their aberrant function.
Prerequisite(s): NGR 6140 or NGR 6141

NGR 6165 - Adv. Anatomy and Physiology II - 2 credit(s)
Continuation of Advanced Anatomy and Physiology I with emphasis on homeostatic mechanisms and their aberrations. Further study of selected disease processes provides the foundation for advanced clinical decision making.
Prerequisite(s): NGR 6140 with a minimum grade of B

NGR 6400 - Chem & Phys in Nurse Anesthesia - 2 credit(s)
Biochemical principles of mechanisms, actions, and theories as they apply to perioperative nursing practice.

NGR 6405 - Adv. Principles NA Practice II - 3 credit(s)
An in-depth study of perioperative management of patients experiencing cardiovascular, respiratory, endocrine, renal, hepatic, and neurological disease and traumatic injury.
Prerequisite(s): NGR 6421

NGR 6410 - Perioperative Technology - 1 credit(s)
Theory and principles related to technological devices used in perioperative nursing. Emphasis on operation and use of monitoring devices such as transducers, oximeters, and capnographs.

NGR 6420 - Basic Principles of Anesthesia - 3 credit(s)
Broad field orientation to perioperative nursing practice.

NGR 6421 - Adv. Principles of Anesthesia I - 3 credit(s)
Perioperative management for childbearing women, children, and seniors.
Prerequisite(s): NGR 6420

NGR 6460 - Pharmacology I - 4 credit(s)
Study of the pharmacokinetic, pharmacodynamic, and clinical use of pharmacotherapeutic agents.

NGR 6461 - Pharmacology II - 4 credit(s)
Comprehensive examination and application of pharmacotherapeutics for acute and chronic health conditions throughout the life span.
Prerequisite(s): NGR 6460

NGR 6491 - Synthesis Seminar - 3 credit(s)
Comprehensive review of preparation for national certification examination.
Prerequisite(s): NGR 6149 and NGR 6405 and NGR 6461

NGR 6740 - Concepts/Roles of Adv Practice - 3 credit(s)
Examination of professional, organizational, legal, ethical, political, and economic influences on advanced nursing. Standards and scope of practice are explored.

NGR 6811 - Advanced Nursing Research - 3 credit(s)
Examination and evaluation of questions, methods, designs, and frameworks for research and evidence-based practice.
NGR 6894 - Global Trends & Practice Persp - 3 credit(s)
Comprehensive examination of global trends and issues with implications for shaping health care delivery and improving global health outcomes.

NGR 6949 - Clinical Correlation Conference - 3 credit(s)
Focus is on increasing critical thinking skills of students utilizing case-study methodology to develop patient specific anesthesia care plans. 
Prerequisite(s): NGR 6173 and NGR 6149 and NGR 6145

**MSN NURSE ANESTHESIA (NA) MAJOR & COA CONTENT REQUIREMENTS**

The FGCU NA Program Curriculum content meets or exceeds clock hour requirements of the COA of Nurse Anesthesia Educational Programs. *(See COA Standard III, Criterion C14).* COA required curriculum content areas and FGCU NA Major Courses:

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### MSN NA PROGRAM COURSE SEQUENCE *(COA Standard III, C3, C9, C14, C15)*

#### YEAR 1

<table>
<thead>
<tr>
<th>Spring Semester</th>
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<tbody>
<tr>
<td>NGR 5431L</td>
<td>Clinical Practicum I</td>
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<tr>
<td>NGR 6002</td>
<td>Advanced Health Assessment</td>
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<td>NGR 6002L</td>
<td>Advanced Health Assessment Practice</td>
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<tr>
<td>NGR 6140</td>
<td>Pathophysiology I</td>
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<td>NGR 6156</td>
<td>Adv. Anatomy &amp; Physiology I</td>
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<tr>
<td>NGR 6400</td>
<td>Chemistry &amp; Physics in Nurse Anesthesia</td>
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<tr>
<td>NGR 6420</td>
<td>Basic Principles of Anesthesia</td>
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<td>NGR 6460</td>
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<tr>
<td>NGR 5432L</td>
<td>Clinical Practicum II</td>
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<td>NGR 6144</td>
<td>Pathophysiology II</td>
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<td>NGR 6165</td>
<td>Adv. Anatomy &amp; Physiology II</td>
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<td>NGR 6410</td>
<td>Perioperative Technology</td>
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<td>NGR 6421</td>
<td>Adv. Principles of Anesthesia I</td>
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<td>NGR 6461</td>
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<td>NGR 6405</td>
<td>Adv. Principles of Nurse Anesthesia Practice II</td>
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<tr>
<td>NGR 6740</td>
<td>Concepts and Roles of Adv. Practice</td>
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<td>NGR 6811</td>
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<td>NGR 6149</td>
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<td>NGR 6491</td>
<td>Synthesis Seminar</td>
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**NA Program Total Credits:** 81
MSN NA PROGRAM EVALUATION PLAN *(COA Standard IV, D2)*

- Classroom instruction will be evaluated by the University’s Student Perception of Instruction (SPoI).
- Student evaluations of the clinical sites will be performed monthly.
- Student evaluations of the clinical faculty will be performed monthly.
- Composite evaluations of the clinical sites and clinical faculty will be reviewed by the NA Program faculty each semester and annually and evaluation feedback about clinical sites and clinical faculty will be communicated to clinical coordinators at least annually.
- Graduates will be given an exit interview at their final summative evaluation.
- Alumni and employers of alumni will perform evaluations one year after graduation.
- Graduate, alumni and employer evaluations will be reviewed by the program and by the SON CIP Coordinator.
- Attrition rates will be monitored and evaluated.
- Employment rates will be monitored and evaluated.
- Passing rates on the NCE will be monitored and evaluated.
- The program will be evaluated by SACS, CCNE, and COA.

*May 2006; Revised November 2011*
II. MSN NA PROGRAM POLICIES AND GUIDELINES

ADMISSION REQUIREMENTS

Admissions requirements are defined, published, and utilized for admission selection. (See COA Standard V, Criterion E1, E5).

Admission requirements for the NA Program are published in the printed and electronic information provided to applicants for the Program. The NA Program admissions requirements are consistent with applicable COA, School, and University standards and policies.

Since the NA Program is a limited access program, applicants who meet minimum requirements for admission are not guaranteed admission to the Program. The NA Program Admissions Committee evaluates applicants and submits their recommendations for admission to the Director of the SON.

The MSN applicant must:

1. Submit a FGCU graduate application and satisfy all applicable university admission requirements.
2. Apply to the School of Nursing by completing a supplemental application for admission in NursingCAS, a centralized application system for nursing programs.
3. Provide an official academic transcript showing the award of a BSN from a CCNE or Accreditation Commission for Education in Nursing (ACEN) nursing program and a regionally accredited institution, or the equivalent bachelor's degree in a nursing program from a foreign institution.
4. Provide Graduate Record Exam (GRE) scores, taken within last 5 years, with minimum combined score of 1000 on verbal and quantitative sections OR equivalent score using revised GRE. Analytical score must also be reported.
5. Demonstrated an earned cumulative undergraduate GPA of 3.0 or higher on a 4.0 scale.
6. Complete the following with a grade of C or above
   a. Statistics course
   b. Health assessment course with documented laboratory component.
   c. Two chemistry courses, one with a laboratory component.
7. Provide evidence of current and unrestricted registration as a registered nurse with eligibility for Florida RN licensure.
8. Provide evidence of a minimum one year current critical care experience as a registered nurse (as defined by the COA for Nurse Anesthesia).
9. Submit a current resume and statement of professional goals in 300 to 350 words.
10. Provide three references, one from the applicant's supervisor, one from the applicant's academic faculty, and one from a registered nurse, CRNA, or physician familiar with the applicant's professional expertise.
11. Upon invitation, participate in an interview with the FGCU School of Nursing Graduate Admission and Progression Subcommittee.
12. International students’ admission requirements can be found on line.

Students who have matriculated at another nurse anesthesia program must submit transcripts and a letter of academic standing from their former NA Program Administrator along with other supporting documents.

ACLS, BLS, and PALS are not required for application to the program but must be completed before the student begins the program. All students must maintain current RN licensure, immunizations, ACLS/BLS/PALS certifications, and professional liability insurance at all times while enrolled in the program. All students must complete level one and two background checks prior to admission, and these must be clear. Additionally, further background checks and a pre-matriculation drug screening will be required. Details on these procedures will be given after applicants are interviewed and to those offered conditional admission to the MSN NA Program.

ADVISING

Graduate Students enter Florida Gulf Coast University School of Nursing (SON) with varied backgrounds and motivating factors. To maintain the standards of the school and to serve the best interest of each student, academic advising by designated SON NA Program faculty is provided for every semester of enrollment. The School of Nursing is responsible for management of those processes related to admission, advising, and graduation of students.

All students are assigned a SON NA Program faculty advisor on admission to the program. The purpose of academic advising is to assist the student in his/her academic progression throughout the program. The role of the advisor is to assist students with adjustment to the School of Nursing and facilitate a smooth progression through the program. The student’s advisor is subject to change.

The advisor/advisee relationship should be seen as a unique opportunity for mentoring and professional growth. The following principles guide the advisor/student relationship:

- The advisor and student have a joint responsibility to maintain contact with one another regarding progress within the graduate program.
- Students are encouraged to schedule regular advising sessions throughout the graduate program (minimum once per semester) to monitor progress towards completion of all requirements for graduation.
- Students are expected to phone or email their assigned advisor in advance to set up advising sessions.
- The student has the right to examine his/her advising file at any time and the responsibility to provide the information necessary to make it accurate and complete.
ACADEMIC BEHAVIOR STANDARDS AND ACADEMIC INTEGRITY

*(see COA Standard V, Criterion E6)*

All students are expected to demonstrate honesty in their academic pursuits. In safeguarding the essential professional standards of honesty and integrity, faculty are compelled to apply academic sanctions which can be as severe as dismissal from the NA Program. The university policies regarding issues of honesty can be found in the FGCU Student Guidebook under the *Academic Behavior Standards*. All students are expected to study this document which outlines their responsibilities and consequences for violations of the policy. The *FGCU Student Guidebook*, including the *Academic Behavior Standards*, is available online.

ACADEMIC STANDARDS AND PROGRESSION

In order to progress in the Master of Science in Nursing NA Program curriculum, students must meet the following standards:

1. Maintain an overall academic Grade Point Average (GPA) of at least **3.0** in all work attempted in the master’s program.

2. Achieve a grade of “B” or above in all courses. Students who fail to earn a B or above in any one course or earn an overall GPA less than 3.0 will be placed on probation during the following semester.

3. A student who is placed on probation will have one semester to achieve an overall academic GPA of 3.0. If successful, the student must achieve a grade of “B” or above in all subsequent courses in the NA Program. If the student does not achieve an overall academic GPA of 3.0 during the probation period, the student will be dismissed.

4. A grade of “D” or “F” is not a passing grade in any NGR course in the NA Program. A student who receives a grade of “D” or “F” will be dismissed from the NA Program.

5. A student who earns less than a “B” in two (2) different Graduate Nursing (NGR) courses will be dismissed from the MSN program.

6. Achieve a grade of “S” (Satisfactory) in all Clinical Practicum Courses (I-VII). A student who earns a grade of “U” (Unsatisfactory) in any Clinical Practicum course will be dismissed from the NA Program.

7. Students earn a grade of “I” (Incomplete) in any Clinical Practicum course may not progress to the next Clinical Practicum course until the “I” has been changed to an “S” (Satisfactory) grade.

8. National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) Self-Evaluation Examination (SEE) Requirement:
All nurse anesthesia students are required to take the SEE by the end of November of each year of study.

This test evaluates students’ didactic and clinical knowledge related to the practice of nurse anesthesia as they prepare to take the NBCRNA National Certification Examination.

Students who perform poorly on the SEE must remediate and repeat the SEE to attain AT OR ABOVE National benchmark scores. Approved 1/2007; Revised 12/2011

**CORE PERFORMANCE STANDARDS**

The faculty of the School of Nursing endorses the guidelines of the Southern Regional Education Board (SREB) Council for Collegiate Education for Nursing Education and has adopted Core Performance Standards. The FGCU School of Nursing Core Performance Standards (Standards) are the essential eligibility requirements for the School of Nursing and set forth the essential cognitive, sensory, affective, and psychomotor performance requirements that must be met throughout enrollment in an undergraduate or graduate nursing program.

**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (AANA) MEMBERSHIP**

Students are required to become an Associate member of the AANA upon entering the NA Program. This membership promotes professional socialization (see COA Standard III, Criterion C5). The NA Program pays the required application fee on behalf of the student for an associate membership. Associate membership in the AANA provides:

1. Subscription to AANA publications.
2. An identification card designating associate membership.
3. The privilege of attending AANA/FANA meetings as a non-voting participant.

COA Standards require a minimum of 45 hours of study focusing on professional aspects of nurse anesthesia practice. Students are strongly encouraged to attend Florida Association of Nurse Anesthetists (FANA) meetings when possible. Students are encouraged to attend at least one AANA National Meeting while they are in the program. Attendance at professional meetings may be required for specific courses.

Students who wish to attend a professional or educational meeting must submit a written Request for Educational Leave to the NA Program Director via Typhon and via email to rspiegel@fgcu.edu. Educational Leave may be taken for approved nurse anesthesia educational activities and certification examination review workshops. Educational Leave is granted at the sole discretion of the NA Program Director, who may consult with the Clinical Coordinator or designee at the student’s assigned clinical site. The NA Program
Director will approve Educational Leave during days that are scheduled for didactic course work only for exceptional circumstances, such as presenting scholarly work at the AANA Annual Congress. Students are responsible for meeting and/or making up all didactic and clinical practicum course work and experiences missed during Educational Leave, and students must obtain prior approval from individual course instructors to miss class, coursework, experiences, and/or exams. Approval to miss course work must be documented in writing via email from the course instructor to the NA Program Director at rspiegel@fgcu.edu before taking Educational Leave. Students who have unmet didactic and/or Clinical Practicum requirements may not be granted Educational Leave.

**APPEAL PROCESS** *(see COA Standard V, Criterion E4)*

In accordance with University guidelines students may appeal the following:

1. Grades or other academic action taken by an instructor.
2. Grades resulting from an instructor’s:
   a) Alleged deviation from established and announced grading policy.
   b) Alleged errors in application of grading procedures.
   c) Alleged lowering of grades for non-academic reasons.

NOTE: The professional judgment exercised by an instructor in assigning a grade or in conducting a class are excluded from the provisions of this rule except as noted in (1), (2) a, b and c above.

**RESOLUTION OF STUDENT APPEALS: SCHOOL LEVEL PROCESS**

A. All student grade appeals or allegations of specific wrongful academic action(s) by an instructor shall first be brought to the attention of the instructor of the course. This action must be initiated within one semester of the alleged wrongful action or grade, or as soon thereafter as the student becomes aware of such action. The parties should attempt to resolve the problem in as speedy and satisfactory manner as possible. If dissatisfied with the instructor’s decision, or if the instructor is not available, the student may continue to pursue an informal solution with the NA Program Director. If dissatisfied with the NA Program Director’s decision, or if the NA Program Director is not available, the student may continue to pursue an informal resolution with the Director of the School of Nursing.

B. The instructor, NA Program Director, and the SON Director should make every effort with the student to resolve the problem at the informal level. Notice of the decision and the formal procedure for appeal of the decision shall be provided to the student in writing within ten (10) school days of the complaint being brought to the SON Director.

C. When the instructor is not available to discuss the problem at the informal level, if at all possible, an attempt to resolve the matter should be delayed until such time that the instructor can return to the campus. However, any such delay shall not be greater than one semester. If the NA Program Director and the SON Director determine that an emergency exists such that the matter must be resolved prior to the availability of the instructor (e.g. in a case of probable delayed graduation), the NA Program Director and SON Director shall make every reasonable effort to apprise the instructor of the situation. Once notified, the instructor may elect to submit a written statement and to designate a faculty member who teaches in the NA Program to aid in
resolving the matter. If the instructor cannot be reached or does not elect a designee and the complaint must be dealt with promptly, then the SON Director shall act on behalf of the instructor.

D. If the appeal or allegation is made against the NA Program Director in the role of instructor, then the student shall treat the initial appeal as the appeal to the NA Program Director and proceed accordingly.

E. If the appeal or allegation is made against the SON Director in the role of instructor, then the student shall treat the initial appeal as the appeal to the SON Director and proceed accordingly.

RESOLUTION OF STUDENT APPEALS: COLLEGE LEVEL & FINAL APPEAL
If not satisfied with the resolution of the complaint proposed by the School of Nursing Director, the student may proceed within ten (10) school days of receipt of the School Director’s decision to file a written appeal with the Office of the Dean of the College in which the course is housed. The written appeal is to be introduced at the college level only after informal resolution has failed and must clearly specify the action which the student perceives as wrong. Please refer to the FGCU Student Guidebook for the complete process for COLLEGE LEVEL Student Grade Appeals and FINAL APPEAL.

ARNP DESIGNATION
Nurse Anesthesia students who are also Advanced Registered Nurse Practitioners in a discipline other than anesthesia may not use the designation ARNP while in the clinical area practicing as Student Registered Nurse Anesthetists. Academic degree titles e.g., MSN, DNP, may be used. Approved 1/2007

ARRESTS OR CONVICTIONS
A NA student who is arrested or charged with a criminal offense, on or off-duty, must promptly (within 24 hours) inform the NA Program Director of the arrest and the nature of the charges. Students arrested for criminal offenses are expressly prohibited from attending Clinical Practicum at any clinical site and will be immediately suspended from the school until the charges are resolved. Failure to notify the NA Program Director of an arrest or charge is grounds for disciplinary action up to and including dismissal from the school, regardless of whether the arrest or charges lead to conviction. See also the IMPAIRMENT POLICY AND PROCEDURE, G. ARRESTS OR CONVICTIONS.

ATTENDANCE AND PUNCTUALITY
An expectation of professional anesthesia practice is that students attend all classes, skills labs, simulations and clinical practice experiences. Responsibility and accountability for meeting course obligations is a fundamental component of professionalism.

In Classrooms, Laboratories, and Simulations:
Students are required to attend all classes. However, in the event that a class is missed due to an emergency, the student is responsible for all material covered, all assignments, and all announcements. Personal business (non-emergent physician appointments, job interviews, etc) must be handled during the student’s own time and are not to be
scheduled during class or clinical time except in emergency situations. If a student misses an examination, arrangements must be made with the faculty member for a make-up examination. However, such examination is not automatically guaranteed depending on the nature of the absence.

In the rare instance where illness or other unplanned emergency or catastrophic event prohibits attendance in class, lab or simulation experience, or if the students is going to be tardy to class, the following process must be followed as soon as it is safely possible:

A. Notify the NA Program Director of the unplanned absence or tardiness via text message, personal phone call, or as a last resort, email to rspiegel@fgcu.edu.

B. Notify the course instructor of the unplanned absence or tardiness via email to the instructor or via method(s) stated in the course syllabus. and

C. Substantiate the cause of the unplanned absence or tardiness by providing the NA Program Director supporting documentation (i.e. doctor’s note, court summons, etc.).

Further, punctuality and attentiveness is courteous behavior exemplified by:

- **Being on time and remaining for the entire class period.** Students arriving late to class are disruptive, and the instructor has discretion to refuse admittance to students who arrive late to class.
- Remaining in the classroom or lab until a break or end of the period
- Turning off all personal electronic devices, except as expressly permitted.

**In Clinical Practice Sites:**

**Punctual attendance at clinical practice experiences is required.** Students who are tardy must follow the policies and procedures established by NA Program administrators and faculty. Excessive tardiness will result in disciplinary action.

Tardiness includes reporting late for clinical or having extended lunch periods and coffee breaks in the clinical area. A pattern of excessive tardiness results in counseling by the Clinical Coordinator at the clinical site and/or by the NA Program Director. Any further tardiness may result in disciplinary action. All counseling sessions related to tardiness are documented and become part of the student’s file.

When a student has knowledge that he or she will be delayed in reporting to clinical, he or she must notify the Clinical Coordinator at the clinical site, enter his or her tardiness in Typhon, and notify the NA Program Director via text message, personal phone call, or as a last resort, email to rspiegel@fgcu.edu as soon as it is safely possible. It is the policy of the NA Program that any student reporting to clinical two or more hours later than scheduled may be considered absent for the day. Such incidents are handled on a case-by-case basis at the discretion of the NA Program Director.

In the rare instance where illness or emergency prevents attendance at or completion of a Clinical Practicum experience, the following Notification Process for Unplanned Absences must be followed:
A. The student must notify the Clinical Coordinator of the need for an Unplanned Absence at least one and one-half (1 1/2) hours prior to the start of the student’s schedule. This communication must be made by the student to the Clinical Coordinator via telephone or other method of communication expressly requested by the Clinical Coordinator. The student must receive a response from the Clinical Coordinator. **It is not acceptable to simply leave a voice message or send an email or text message without receiving a prompt response from the Clinical Coordinator acknowledging the communication.** If the Unplanned Absence is due to an emergency, the student must notify the Clinical Coordinator as soon as it is safely possible. Also, for clinical rotations involving complex cases or specialty rotations, the Clinical Coordinator may require students to provide more than one and one-half (1 1/2) hours notice.

B. If the student is unable to communicate with the Clinical Coordinator despite reasonable efforts, then the student must personally communicate with the anesthesia practitioner on call for the clinical site using the method and timeframe described above in paragraph A or as otherwise requested by the clinical site.

C. If the student is unable to communicate with the anesthesia practitioner on call for the clinical site despite reasonable efforts, then the student must personally communicate with the operating room nursing supervisor at the clinical site via telephone **and** the NA Program Director via text message or phone call as soon as possible within the timeframe described above in paragraph A.

D. **The NA Program Director must be notified of all Unplanned Absences via email to rspiegel@fgcu.edu, text message, or telephone call,** and a request for an Excused Unplanned Absence must also be submitted via Typhon on the morning of the unplanned absence or as soon as it is safely possible.

All missed clinical time due to tardiness or Excused Unplanned Absence will be deducted from Clinical Personal Time Off. If the student is absent and has no remaining Clinical Personal Time Off, then the missed clinical time must be made up in order to meet the educational objectives of the Clinical Practicum course.

**Failure to follow the above Notification Process for Unplanned Absences may result in an Unexcused Unplanned Absence.** Students are required to make up all Unexcused Unplanned Absences, regardless of the amount of Clinical Personal Time Off remaining, at a time to be determined by the NA Program Director.

**Failure to meet didactic class and clinical practice attendance and punctuality requirements may result in an Unsatisfactory grade in the Clinical Practicum course and dismissal from the NA Program.**
CIVILITY

The learning environment (classroom, virtual classroom, practice sites, hallways, etc.) in which students gain knowledge, values, and competencies is co-created by all who enter into this environment. Students in the School of Nursing conform to and express themselves in conventional patterns of social behavior. Such behavior is consistently expressed through social politeness, keen sensitivity, respect, and courteous treatment to others. A student with uncivil behavior may be placed on probation and may be dismissed from the NA Program.

COMPUTER/TECHNOLOGICAL DEVICE REQUIREMENTS

Entering NA Program students must be computer literate (word processing, spreadsheet, database, etc.) and possess a notebook computer that is compatible with FGCU Student Computer Recommendations. (See COA Standard II, Criterion B4c).

FGCU’s Student Computer Recommendations can be found online.

The NA Program is designed to utilize the latest technology in teaching and learning for more efficient use of faculty and students’ time. Students are required to be computer literate (word processing) upon entering the NA Program and have in their possession a notebook computer that is compatible with FGCU student computer-defined specifications. The computer must be capable of sending and receiving e-mail and conducting Internet searches. Students are expected to access course syllabi, outlines, and handouts on the NA Program Canvas Learning Management System website. A high-speed internet service provider with point-to-point protocol is recommended.

Students are required to possess a handheld/phone/tablets devices capable of accessing the Typhon Group website. With any handheld, phone, or tablet we recommend accessing the website with the 3G or Wi-Fi internet connection for the best user experience. Please note: These devices are to be used to enhance the educational process and are not to be used during class or clinical time unless expressly authorized by the instructor or clinical preceptor. All cell phones and personal electronic devices are to be OFF and put away during class or clinical.

DEFERRAL POLICY

A student admitted to the NA Program may apply for deferral of admission for one year. The student’s request for deferral of admission will be considered on a case by case basis and is not guaranteed. Deferral must be applied for by November 1 prior to the January the class begins. Applicants not granted deferral may reapply for the following year’s class. Approved 12/2009
DISCIPLINARY ACTIONS

Student infractions related to policies and procedures of the NA Program, School, College, University, affiliate facility, and anesthesia department, and infractions related to federal and state statutes, rules and regulations may result in disciplinary actions, including dismissal from the NA Program.

Students should first inform their faculty advisor of any difficulties they are experiencing that may impact their success in the NA Program. Student counseling is provided for both didactic and clinical portions of the program of study as needed.

Academic Warning, Probation, and Dismissal

Academic warning and probation are governed by the rules of the University and NA Program. See also ACADEMIC STANDARDS AND PROGRESSION above in this section.

In order to continue in the program, the NA Program student must:

1. Achieve grade of “B” or better in all courses; and
2. Maintain a cumulative GPA of 3.0 or better.

Because of the sequential nature of the curriculum, any grade less than “B” in a NA Program course is grounds for non-progression and dismissal from the NA Program.

Clinical Probation and Dismissal

A student may be placed on probation if, in the judgment of the Graduate Admissions and Progressions Subcommittee, NA Program Director, and with the approval of the SON Director, a student’s clinical competence and/or behavior is below an acceptable level (Unsatisfactory). A final clinical grade of “U” (Unsatisfactory) constitutes grounds for dismissal from the NA Program.

Grounds for clinical probation include, but are not limited to:

1. Unsatisfactory clinical performance, such as:
   a. Failure to have made pre-operative rounds as assigned.
   b. Incomplete or unsatisfactory anesthesia care plan.
   c. Inadequate preparation for an anesthetic.
   d. Commission of serious drug selection or dosage error.
   e. Mistreatment of a patient.
   f. Failure to have made postoperative rounds as assigned.
   g. Failure to follow-up an anesthetic complication until the problem was resolved.
   h. Delivery of hypoxic mixture. A hypoxic mixture of oxygen is defined as oxygen below FiO2 of less than 21%.
   i. Level of incompetence representing a threat to patient safety.
   j. Falsification of documents or records.
   k. Insubordination or failure to follow direct instructions from faculty (clinical or didactic).
   l. The administration of any drug, without the permission of a clinical faculty member.
   m. The inappropriate use or sharing of patient information, removal of personal patient information from clinical facilities, (HIPPAviolations).
2. Inadequate professional self-discipline, such as:
   a. Intubation or extubation without permission of a clinical instructor except in extreme emergencies.
   b. Failure to carry out assigned duties in the clinical area.
   c. Failure to complete monthly Clinical Experience Record.
   d. Violation of clinical site regulations and/or policies.
   e. Absenteeism and/or tardiness.
   f. Inappropriate use of technological devices in the OR (i.e. cell phone, cameras etc)

3. Unprofessional/Uncivil behavior by a Student Registered Nurse Anesthetist (SRNA) towards instructional staff and violation of acceptable standards of operating room behavioral decorum as demonstrated by:
   a. Argumentative behavior with staff or faculty in the clinical area having potential negative effect upon patient care.
   b. Failure to follow instructions of staff or faculty in the clinical area.
   c. Any behavior deemed by the clinical anesthesiology department to which the student is assigned to be disruptive or inconsistent with the proper operation of that department.
   d. Absenteeism and/or tardiness

The process of placing a student on clinical probation is as follows:

1. The faculty member schedules a meeting with the student and the NA Program Director to discuss the reason(s) for recommending a clinical probation. During the meeting, the student has the opportunity to provide evidence to refute the recommendation.

2. After hearing all sides, the NA Program Director will present the case to the Graduate Admission and Progressions Subcommittee to determine whether or not the students should be place on clinical probation.

3. The student is informed in writing of the decision by the NA Program Director. If the decision is to place the student on clinical probation, the probationary period begins with the date of the written notification. The probation Plan of Action must contain the following:

   a. Relevant deficiencies of the student.
   b. Period of probation.
   c. Expected outcomes from the period of probation.

4. If the student does not comply with the probation Plan of Action, he/she can be dismissed at any time during a period of clinical probation.

5. During the probationary period, the NA Program Director and/or Clinical Coordinator select faculty members who confer with the student a minimum of once per week. At these conferences, efforts are made to aid the student in correcting deficiencies.

6. The NA Program Director or designee will follow up with the clinical coordinator following this meeting and a note will be placed in the student’s file.
7. At the end of the period of clinical probation (up to 60 days), the clinical faculty counseling the student makes one of the following recommendations to the NA Program Director:
   a. Assignment of an unacceptable grade for the practicum course.
   b. Extension of the period of clinical probation
   c. Removal of probation status and return to good standing in the NA Program.

8. The final determination of clinical probation is made by the Graduate Admission and Progressions Subcommittee.

Dismissal
A student may be dismissed without probationary period for identified infractions. Dismissal of any student for deficiencies must reflect a consensus of the Clinical Coordinator (if appropriate), NA Program faculty, Graduate Admission and Progression Subcommittee, and as recommended to the NA Program Director and approved by the SON Director.

Grounds for dismissal without a probationary period include:

1. Level of incompetence representing a threat to patient safety.
2. Falsification of documents or records.
3. While in practicum or class, being under the influence of alcohol, marijuana, or any controlled substances not prescribed by a physician.
4. Refusal to submit to a random drug test.
5. Insubordination or failure to follow direct orders from clinical faculty/instructor in the applied practice of anesthesia.
6. Abuse of anesthetic vapors or gases.
7. Theft of Program, University, or affiliate property.
8. The inappropriate administration of any drug without the permission of a member of the clinical staff or faculty.
9. Inappropriate pattern of Tardiness or Absenteeism
10. Failure of any course in the curriculum.

EMAIL POLICY
E-mail is an important communication tool used in the School of Nursing. Upon Admission to FGCU, all students are assigned an e-mail address that is accessible from any computer via the web page located online at FGCU Webmail.

The FGCU assigned eagle e-mail address is the only address used by School of Nursing faculty to communicate with students via e-mail. Students are responsible and accountable for information sent via this e-mail address and are required to check emails at least once per day. Faculty in the School of Nursing may use email to communicate information, announcements, and memoranda. Course information such as assignments, handouts, and schedule changes may also be communicated through the email function in the Learning Management System (Canvas).
Students should communicate any problems with e-mail to faculty and/or Student Services Department of Student Information Systems and Technology. The ability to receive and read e-mail, open attachments, and access online information is vital to success in the FGCU School of Nursing NA Program.

Students should be aware that written and electronic communications and voice mails in the FGCU system are public record and may be subject to disclosure to the public upon request, unless exempt.

FACULTY EVALUATION OF STUDENTS

Written evaluations of the student’s classroom and clinical performances are completed by faculty, and the feedback is used for validation of the student’s strengths and strategies for improvement.

Didactic and clinical faculty members complete formative and summative evaluations for each student’s classroom and clinical performance. Faculty members who teach a didactic course provide a letter grade for each student at the end of the course, based on the grading methodology written in the course syllabus. Faculty for Clinical Practicum courses complete Formative and Summative Evaluations each semester. The Summative Evaluation for Clinical Practicum IV includes the grade achieved by the student (S/U) on the Mid-Program Comprehensive Examination, which is given during the fourth semester of the NA program of study. The NA Program Director completes a Program Summative Evaluation for each student at the end of the NA Program of study. This includes the grade achieved by the student (S/U) on the Program Comprehensive Examination, which is given during the seventh semester and used to test knowledge related to NA Program outcome criteria.

GRADING SYSTEM  Approved by Faculty Organization 4/2016 effective Fall 2016

Grading methodology is described in the course syllabi and applied consistently. Plus and minus grades are not awarded in the School of Nursing.

<table>
<thead>
<tr>
<th>Numerical Grade Range</th>
<th>Letter Grade</th>
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<tbody>
<tr>
<td>92 – 100</td>
<td>A</td>
</tr>
<tr>
<td>82 – 91</td>
<td>B</td>
</tr>
<tr>
<td>72 – 81*</td>
<td>C*</td>
</tr>
<tr>
<td>62 – 71*</td>
<td>D**</td>
</tr>
<tr>
<td>&lt; 62*</td>
<td>F**</td>
</tr>
</tbody>
</table>

* A GRADE OF “C” results in Probation; ** A Grade of “D” or “F” results in Program dismissal.

GRIEVANCES/PROGRAM COMPLAINTS

Complaints, grievances and appeals are resolved in a timely and equitable manner affording due process. (See COA Standard V, Criterion E4).

NA Program complaints are those complaints that, in the opinion of the student(s), negatively affect the general learning environment of the NA Program. Students are
encouraged to utilize the NA Program’s evaluation tools to provide feedback on the clinical sites, courses, and faculty. In the event of a nurse anesthesia student academic grievance or non-academic grievance, the student will contact the faculty course instructor to discuss the issue. If the grievance issue is not resolved, the student will address the grievance with the NA Program Director. If the grievance is not resolved at the NA Program Director level, the student will address the grievance issue with the School of Nursing Director. When the grievance is not resolved at the School of Nursing Director level, the student will address the grievance issue with the Dean of Marieb College of Health & Human Services or his/her designee.

**IMPAIRMENT POLICY AND PROCEDURE**

Approved by Faculty Organization 5/08

The School of Nursing expects all students to adhere to the professional behavioral standards of Registered Nurses as part of their academic requirements. Included in those professional behaviors is the maintenance of a drug free environment to assure a safe, fair working environment for all nursing students and their patients. The School of Nursing recognizes substance abuse (SA) and chemical dependency (CD) as hazards of nursing practice. Any student suffering from the illness of chemical dependence will receive the same careful consideration and referral for treatment as a student having any other chronic illness.

The School requires that nursing students (including undergraduates and registered nurses in graduate programs or undergraduate degree programs) be free from illegal drugs at all times. The student must also be free of alcohol while on the school/hospital premises or any affiliate academic or clinical site. Nursing students are prohibited from having possession of, being under the influence of, possessing in the student’s body, blood or urine or using, consuming, transferring, selling or attempting to do any of the above while on school or hospital premises or any affiliate academic or clinical site. This policy does not prohibit the legal possession or dispensing of patient medications in accordance with the student’s clinical assignment or the legal possession and consumption of alcohol in accordance with local and state law and FGCU regulations at approved non-clinical functions.

Any student in violation of the policy will be subject to immediate disciplinary action up to and including dismissal from the school, report to state licensing board, and referral to the Florida Impaired Nursing Program (IPN) and complaint to local police authorities.

**A. Substance abuse education** is included in the curriculum.

**B. Admission Drug testing**

Until proven otherwise an individual with a positive drug screen is presumed to be under the influence of drugs.

1. Candidates for admission to the SON MSN NA Program may be required to submit to a drug testing as a requirement for admission to the school. Admission will be denied to candidates who fail to provide a drug screen or have a positive result on a pre-admission drug screen.
a. Failure to inform the school of a SA or CD history or active participation in a peer assistance program may result in denial of admission or immediate dismissal from the program.

2. Admitted students will be required to submit to drug testing as a program requirement and may be required to submit to drug testing for attending clinical practice sites during the program.

C. Testing for reasonable suspicion
Will require that a nursing student undergo an immediate blood or urine drug testing and/or alcohol breathalyzer screen and a possible physical body examination under any of the following circumstances:

1. When there is reasonable suspicion that the nursing student is under the influence of alcohol, intoxicants, non-prescribed narcotics, hallucinogens, marijuana or other non-prescribed controlled substances.

2. After the occurrence of a work-related injury, illness, or accident while at the school, hospital or any affiliate academic or clinical site.

3. Observation of poor judgment or careless acts, which caused or had the potential to cause a threat to patient safety, jeopardized the safety of others, or resulted in damage to equipment.

4. Nursing students who are taking over-the-counter or prescribed medication are responsible for being aware of the effect the medication may have on their academic performance or personal behavior and should report to their instructor or advisor the use of any medication that may impair their performance.

5. Nursing students may be transported to testing facilities by a faculty or staff member after signing a consent and hold harmless agreement.

6. Nursing students who refuse to undergo an immediate drug and alcohol screen and/or breathalyzer will be subject to immediate disciplinary actions, up to and including dismissal from the program.

7. Nursing students are held accountable for controlled substances per department policy for controlled substances at all hospitals or any affiliate academic or clinical sites.

D. Identification

The School is responsible for identifying individuals with deteriorating academic performance, behavioral changes and excessive absenteeism, but is not responsible for diagnosing the nature of the problem. Early detection, intervention, and treatment of SA and CD enhance the likelihood of a successful outcome. The impaired nursing student will be referred to the Florida IPN program for evaluation of SA, CD and if warranted, referred for treatment services.

It is the responsibility of every faculty member, clinical instructor, and nursing student to immediately report unsafe working conditions or hazardous activities
related to chemical impairment that may jeopardize the safety of the individual student, the patient, or colleagues. Faculty members are also responsible for recognizing the signs and symptoms of chemical impairment on academic and clinical performance. There are numerous signs of SA and CD related to job performance and attendance. While single incidences of these behaviors may not be significant, the presence of several, and an increasing frequency or a consistent pattern of these behaviors are the basis for reasonable suspicion of chemical impairment.

Signs commonly associated impairment include a change in the pattern of attendance, behavior or performance; physical signs of impairment or withdrawal, and unusual/abnormal use of controlled substances. See Table below for examples:
### Attendance

- Excessive sick calls
- Repeated absences with a pattern
- Tardiness
- Suspiciousness
- Frequent accidents on the job
- Frequent physical complaints
- Peculiar/improbable excuses for absences
- Frequent absence from clinical area
- Frequent trips to rest room/locker room
- Long coffee or lunch breaks
- Early arrival or late departure
- Presence in clinical during scheduled time off
- Confusion about work schedule
- Request for assignments at less supervised setting

### Behavior

- Sloppy/inappropriate clothing
- Poor hygiene
- Mood swings
- Frequent irritably with others
- Excessive talkativeness
- Poor recall
- Physical abuse
- Rigidity/inability to change plans
- Incoherent or irrelevant statements
- Drowsiness at work
- Uncooperativeness with staff
- Tendency towards isolation
- Deteriorating relationships
- Verbalizing about SA/CD

### Performance

- Excessive time required for record keeping
- Assignments require more effort/time
- Difficulty recalling/understanding instructions
- Difficulty in assigning priorities
- Display of disinterest in work
- Absentminded/forgetful
- Alternate periods of high and low activity
- Increasing inability to meet schedules
- Missed deadlines
- Frequent requests for assistance
- Carelessness
- Overreaction to criticism
- Illogical or sloppy charting
- Deteriorating handwriting
- Poor judgment
- Inattentive
- Disorganized
- Tendency to blame others
- Patient’s complaints regarding poor care

### Physical Signs

- Hand tremors
- Excessive sweating
- Marked nervousness
- Coming to clinical area intoxicated
- Blackouts
- Frequent hangovers
- Odor of alcohol
- GI upset
- Slurred speech
- Increased anxiety
- Unsteady gait
- Excessive use of breath mints/mouthwash
- Sniffing, sneezing
- Clumsiness
- Flushed face
- Watery eyes
- Anorexia

### Use of Controlled Substances

- Signs out more controlled substances than other providers
- Frequently breaks or spills drugs
Waits to be alone before obtaining controlled substances for assigned cases  
Discrepancies between patient’s charts and narcotic records  
Patient complaining of pain out of proportion to medication charted  
Frequent medication errors  
Defensive when questioned about medication errors  
Frequent disappearance immediately after signing out narcotics  
Unwitnessed or excessive waste of controlled drugs  
Tampering with drug vials or containers  
Use of infrequently used drugs

E. DOCUMENTATION  
When SA or CD is suspected nursing students and faculty are responsible for reporting their concerns and observations to the Director of the School of Nursing and in the case of graduate students to the Director/Program Director of the student’s program or their designees. The Director(s) will work to substantiate observations and concerns about the student.  
1. Documentation will be written, clear, concise, and include dates times, locations, and names of witnesses.  
2. All pertinent records will be reviewed, including but not limited to patient records, narcotic inventory/usage, attendance records, record of grades, and clinical evaluations. Trends, violations or errors will be documented.  
3. Confidentiality of reportees will be assured.

F. INSPECTION OF NURSING STUDENTS AND THEIR PROPERTY  
1. With reasonable suspicion, inspection of lockers may be conducted by authorized personnel, including but not limited to hospital and school administration, faculty members, or school/medical security/police officers without notice, without students’ consent and without a search warrant.  
2. Reasonable searches of nursing students and their property include but are not limited to lockers, mailboxes, lunch boxes, book bags, or other items on medical center property and private vehicles if parked on school or medical center property. Whenever possible, searches of nursing student’s personal property will take place in the presence of the nursing student.  
3. Physical evidence such as used syringes, medication vials, or containers of alcohol, found during a search of a nursing student locker or property will be retained by the police or by the SON personnel as supporting evidence.  
4. A nursing student who refuses to submit to an immediate search or to display of property shall be considered insubordinate and subject to immediate dismissal.

G. ARRESTS OR CONVICTIONS  
A nursing student who is arrested or charged with a criminal offense, on or off-duty, must promptly (within 24 hours) inform the school of the arrest and the nature of the
charges. Failure to notify the school of an arrest or charge is grounds for disciplinary action up to and including dismissal from the school, regardless of whether the arrest or charges lead to conviction.

The nursing student charged with a drug offense or DUI will be immediately suspended from the school, pending resolution of the charges. The nursing student will be referred to the Florida IPN program for evaluation, treatment and monitoring, or to the Board of Nursing. The school will determine whether or not the student can be reinstated in the school during or upon conclusion of the legal proceedings. Students arrested for other criminal offenses may be immediately suspended from the school until the charges are resolved.

H. INTERVENTION
Intervention is a planned method of confrontation that attempts to provide an objective and factual presentation of the problem to the impaired nursing student. The objective of intervention is to get the nursing student to agree to a SA or CD evaluation for diagnoses and possible treatment.

1. The nursing student will sign consents for drug and alcohol testing per faculty request based on reasonable suspicion of SA.
2. The nursing student will be referred to the Florida IPN program and agree to a substance abuse evaluation and compliance with recommendations made by the Florida APN program.
3. All information, interviews, reports, statements memorandums, and drug test results, written or otherwise, received by the School are confidential. Documentation will be kept by the Director of the School of Nursing in file separate from the nursing student academic file. All documentation will become part of the permanent academic file should disciplinary action be warranted.

I. TREATMENT
Following a positive assessment for SA or CD, the nursing student will be immediately suspended from the program and required to enroll in the Florida IPN program for substance use evaluation, treatment and monitoring.

1. The Florida IPN program is free. However, if the student chooses private addictions treatment in addition to the IPN program, they will accept responsibility for the cost of the treatment.
2. If the nursing student fails to comply with the referral to the Florida IPN program, they will be dismissed from the program and reported to the Board of Nursing.
3. If the nursing student enters rehabilitation or a comprehensive substance abuse program as determined by the Florida IPN, a leave of absence will be granted to the nursing student and cannot to exceed 12 months.
4. If a nursing student fails to comply with the Florida IPN recommendations for treatment, they will be subject to immediate dismissal from the School of Nursing.
J. RE-ENTRY TO THE SCHOOL
Following successful completion of an approved Florida IPN program for SA or CD, a nursing student may be allowed to reenter the School of Nursing with a conditional enrollment status that is dependent upon: abstinence from all psychoactive substance, participation in on-going after-care programs, and restricted access to controlled substances in the clinical area governed by the Florida IPN. Reentry after treatment may be granted only once.

1. A conference will be conducted with the student, the nursing student’s IPN counselor, Director of the School of Nursing, and if appropriate, the Director of the student’s program.
2. The nursing student will provide evidence of successful completion of drug/alcohol rehabilitation and sustained active recovery/sobriety, including at least two references from a treatment counselor and a physician indicating that the nursing student is substance free, presently involved in an after-care program, and is fit for duty with no restrictions, other than those required by the school and has a planned program for continued recovery (aftercare).
3. A written contract with the school will be required for all nursing students reentering the program. The contract will include the responsibilities and requirements of the nursing student and the consequences of failure to meet any of the requirements. The contract will be specific for the individual involved according to his or her particular situation and state licensing regulations/requirements/guidelines. A re-entry contract may be more restrictive than the state requirements.
4. Faculty/clinical instructors will be notified of any clinical practice and schedule restrictions.
5. The recovering nursing student will be treated with respect and afforded all opportunities granted to other nursing students with disabilities.

K. DISMISSAL FROM PROGRAM
The following reasons are cause for dismissal of a nursing student with a suspected or known problem with SA or CD.
1. Failure to provide a written consent for a drug screen.
2. Failure to provide a blood or urine sample for a drug screen.
3. Refusal to submit to SA or CD evaluation conducted as determined by the Florida IPN.
4. Failure to complete appropriate SA or CD treatment as recommended by the Florida IPN program.
5. Failure to abide by the terms of the student’s re-entry contract with the school.
6. Conviction of or admission to, criminal activity.
L. DUE PROCESS
Any action taken against a student for violations of this policy may be appealed as an academic dismissal for failing to adhere to professional behavioral standards.

INFORMATION SHARING POLICY
Information about students is normally considered to be confidential. However, since students in the NA Program are involved in direct patient care there are exceptions. E-mail addresses, physical addresses, phone numbers and other personal contact information must be shared with the clinical sites so that provisions for patient care can be made. Additionally, student information which could impact on patient care, including but not limited to, academic performance and personal health information will be shared with clinical faculty on a need to know basis.

The status of students’ enrollment in the MSN Nurse Anesthesia Program is reported to the [AANA, COA, and NBCRNA]. A student’s dismissal and the reasons for dismissal will be reported to the [COA and NBCRNA]. Violations of the Nurse Practice Act will be reported to the Florida State Board of Nursing. Approved 7/2010.

LEAVE OF ABSENCE POLICY AND PROCEDURE
A student may apply for a leave of absence (LOA) from the NA Program due to illness, family emergency, pregnancy, or other extreme extenuating circumstances. A LOA may be granted for a maximum length of three (3) consecutive semesters. Fall, spring, and summer are all semesters in the nursing program. Withdrawal from courses during a semester for academic reasons does not constitute a LOA. Students may not seek more than one LOA during their enrollment in the NA Program. A LOA form (Appendix B) must be completed and submitted to the NA Program Director for approval. The student will be notified in writing if the LOA request has been approved. Students should contact Graduate Admissions Office to review any additional university requirements regarding LOA.

A student returning from an approved LOA is required to meet with the NA Program Director prior to registering for classes. A student returning from an approved LOA may be required to test for competence in previously taken courses and complete other work as necessary to bring knowledge and skills to the level expected in the NA Program.

If a student does not return after the LOA, the student will be dismissed from the NA program.

RIGHTS AND RESPONSIBILITIES
Florida Gulf Coast University has identified companion guidelines to the University’s published rights and responsibilities that will serve as the basis for assessing the ethical conduct of its Nurse Anesthesia Program in relation to its community of interests. They are defined in relation to what applicants, students, faculty, affiliating sites and accrediting agencies have a right to expect and for what they will be held accountable. (see COA Standard V, Criterion E2)
Section 1
Applicants to FGCU School of Nursing Nurse Anesthesia Program have a right to expect that:

- Materials and conferences aimed at recruitment shall be factual, fairly presented and contain detailed information pertaining to the program content, graduation requirements and student rights and responsibilities in a language clearly understood.

- Fair, non-discriminatory practices in the selection process of the program, and are entitled to know the reason for non-acceptance in sufficient detail to make pertinent judgments relative to further applications to the same program.

- Tuition refund provisions are fair and equitable and that sufficient explanation relative to these has been provided to ensure understanding before they are paid.

- Upon acceptance into the nurse anesthesia program, students will be provided that quality of education necessary to accomplish the learning outcomes of the program to ensure that they will be competent nurse anesthetists.

- Theory underlying the practice of anesthesia will be integrated with actual practice.

- They will be provided opportunity to manage anesthetics for all categories of patients undergoing a variety of diagnostic and/or therapeutic interventions utilizing consultation as required.

Section 2
Patients have a right to expect that:

- When students are involved in administering anesthesia, they will be properly supervised by either an anesthesiologist with institutional staff privileges and/or a certified registered nurse anesthetist.

- Assigning students to cases is based on the following: their clinical competency and academic knowledge of the case, the complexity of the case, the comfort level of the clinical instructor and never to merely expedite the surgical schedule.

Section 3
Students enrolled in the program have a right to expect that:

- They will not be exploited relative to time commitment or pay for profit of the conducting institution, corporation or off-campus clinical site.

- Enrollment in the nurse anesthesia program is equivalent to signing a contract between the student, program and FGCU University. The rights and responsibilities of each part of the contract are fully understood and followed.

- Student failure to achieve the prerequisites for graduation within the time frame expected for which he/she enrolled is based on valid, reliable data and information from evaluations, viewed objectively and fairly, and reviewed as may be required by due process mechanisms when contested.
• Fair and accurate evaluations of their progress in the educational program are performed quarterly and that they are given opportunity to review, comment and sign them.

• They will have access to transcripts of their academic and clinical achievements and upon request have verified copies furnished to institutions, agencies, and other programs of nurse anesthesia as specified by the student or graduate.

• That as a graduate of the Program a complete, accurate, certified transcript of educational experiences will be forwarded to the certifying agency in sufficient time for eligibility determination to be made for the first qualifying examination for certification following graduation.

Section 4
Student Accountability:

Student will be held accountable for:

• The quality of preparation, completion, and performance of assignments.

• Complying with ALL policies and regulations pertaining to the program of nurse anesthesia.

• Fulfilling all responsibilities connected with the program defined at the time of enrollment in the program, or made a part of the educational contract during the period of enrollment through mutual agreement.

Section 5
Faculty has a right to expect that:

• Teaching loads are fair and equitable.

• Opportunity for academic advancement and professional growth are available.

• Salaries are fair and equitable.

Section 6
The Conducting institution has a right to expect that:

• The Program will function within the University’s mission and fiscal constraints.

• Program personnel will abide by and follow all of the university's policies, rules and regulations.

• Faculty will volunteer their time and talents to increase the quality of the university by serving on university committees.

Section 7
The Affiliating institutions have a right to expect that:

• The Florida Gulf Coast University and the School of Nursing Nurse Anesthesia Program will honor all of the tenets of the signed affiliation agreement.
The accrediting agency has a right to expect that:

- All correspondence between the Program and the COA will be accurate and honest.
- The Program will provide requested documents in a timely fashion.
- The Program will inform the COA of any major programmatic change that may impact on program quality. Approved 1/2007

STUDENT TIME COMMITMENT TO THE NURSE ANESTHESIA PROGRAM

The Council on Accreditation (COA) of Nurse Anesthesia Educational Programs states that students must not be over committed to their programs. The COA expects Programs to limit students’ commitment to the program to a reasonable number of hours to ensure patient safety and promote effective student learning (see COA Standard V, Criterion E9).

COA Standards state that a reasonable number of hours to ensure patient safety and to promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of hours spent in class and all clinical hours averaged over four weeks. Students must have a 10 hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.

Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, preanesthesia assessment, postanesthetic assessment, patient preparation, OR preparation, and time spent participating in clinical rounds.

Florida Gulf Coast University’s School of Nursing Nurse Anesthesia Program will continually monitor students’ time commitment to ensure that it is compliant with this accreditation criterion. However, students may find that they may be over-committed while they are on specific specialty rotations, such as the cardiovascular, call or neurosurgical rotations. This may be unavoidable since the Program expects students to be actively involved with the Perioperative care of patients undergoing these complex and often long procedures, and it may not be possible to accomplish this in an eight-hour day. The Program will monitor students’ committed time throughout the year to ensure that these periods are not excessive or abusive.

Students will not be assigned to the clinical area on the day following a 16 – or 24 – hour call period. See On Call Rotation Policy for additional information about attending classes or exams when on-call. Approved 1/2007, Amended 4/2012

STUDENTS WORKING OUTSIDE OF NA PROGRAM POLICY

Students may not work by title or function as nurse anesthetists while enrolled in Florida Gulf Coast University School of Nursing Nurse Anesthesia Program. Approved 9/2007; Modified 12/2011 (See COA Standard V, Criterion E8).
The curriculum of the Nurse Anesthesia Program is rigorous and time consuming. Therefore, it is desirable that students do not work while enrolled in the program. **Students are expected to make realistic employment decisions, as hours worked outside of the program are not an excuse for failing to meet academic and practice performance standards and schedules, being released early, being tardy, or poor performance in the clinical arena or the classroom. Students are not to request early dismissal from classroom or clinical duties for employment obligations.**

Students must notify the Program Director of the Nurse Anesthesia Program in writing of their intent to work prior to beginning the program. The Program Director of the Nurse Anesthesia Program reserves the right to ask students to refrain from outside employment if their grades or patient care is placed in jeopardy because of fatigue as a result of working.

Students shall not work after 8:00 pm if they are scheduled for clinical anesthesia practice experience or class the next day. Violation of this rule is grounds for disciplinary action including dismissal from the NA Program.

**TYPHON**

The NA Program utilizes the Typhon Group NAST™ - Nurse Anesthesia Student Tracking System. This tracking system has been designed for nurse anesthesia programs as a complete electronic student tracking system, with specific areas for:

- Clinical Experience Logging and Tracking
- Electronic Student Portfolios
- External Document Management
- Clinical Experience Reporting
- Custom Evaluations & Surveys (EASI)
- Student Biographic Database
- Clinical Site Database
- Student Scheduling

NA Program students are required to fully use the Typhon system throughout the NA Program and are responsible for continuously maintaining current, complete, and accurate information such as demographics, immunizations, American Heart Association BLS, ACLS & PALS, FL RN licensure, clinical assignments, cases, care plans, procedures, evaluations, and schedules. NA students are responsible for learning how to correctly use the Typhon system. Students may not change their Clinical Practicum schedule without prior approval from the NA Program Director.

### III. Clinical Practice and Laboratory Policies and Guidelines

**AMERICAN HEART ASSOCIATION BLS, ACLS, & PALS**

Students are to maintain current BLS, ACLS & PALS certification at all times throughout their entire program. A student who does not have current BLS, ACLS
and/or PALS certification will not be allowed to enroll and/or maintain enrollment in nursing courses (see COA Standard III, Criterion C 21, b7 & 8)

Students must obtain BLS, ACLS, & PALS certification from the American Heart Association. The School will not accept any other certification. It is the student’s responsibility to make arrangements to complete any necessary courses and or renewal courses. The School of Nursing does not offer the certification classes. Supporting evidence of current certifications must be submitted by the student directly into Typhon.

BACKGROUND CHECKS

In order to meet requirements of various clinical affiliates where NA students have practice experiences, students are required to undergo background checks prior to matriculation. A NA student with background check results that prevent placement at clinical sites may not be able to continue in the program. FGCU School of Nursing requires both of the following:

- **Level 2 Background Check:** FBI and Florida Department of Law Enforcement (FDLE). This is a Background Check that involves fingerprinting. Students must have fingerprinting completed at least six weeks prior to the first day of classes and must follow the instructions provided by the NA Program.

- **Extended Background Check**
  
  This required background screening is conducted through CastleBranch.

CLINICAL ANESTHESIA PLAN OF CARE REQUIREMENTS

The Clinical Anesthesia Plan of Care (Care Plan) has been developed for the learning purposes of the student. A standardized Anesthesia Plan of Care template is posted under the Modules section of the Nurse Anesthesia Program Canvas site, which must be followed by all clinical sites and students. Any modifications to the Care Plan template must have the approval of the NA Program Director.

With the exception of the first and second semesters, students are required to formulate an Anesthesia Plan of Care for all cases and must discuss the Anesthesia Plan of Care with his/her physician or CRNA clinical instructor prior to caring for the patient. Care Plans should be signed by the student and the clinical instructor on the day of the case.

An Anesthesia Plan of care must be formulated for each patient on the day before the student is scheduled to provide anesthesia care, unless the patient assignment is not available. In such instances, a Care Plan must be prepared for each case on the same day that care is provided.

Students are required to post a minimum of four (4) Care Plans per week on Typhon from the third through the seventh terms. Each Care Plan must be linked to a case when posted on Typhon. The NA Program faculty review Care Plans and provide feedback via
Typhon. These documents are to be kept on Typhon and are available for review. Students must keep paper copies of all Care Plans that are not posted on Typhon, which are also subject to review and feedback by NA Program faculty at any time upon request.

**CLINICAL INCIDENTS**

Students must report any patient incidents or student injuries immediately as per clinical site policies. Students must also report any patient incidents or student injuries to the Clinical Coordinator and the NA Program Director within one business day. Students must not disclose protected health information in any form of written or electronic communications, except as required to comply with clinical site policies.

**CLINICAL SITE ROTATIONS**

Clinical site rotations are made by, and are based on student learning needs and opportunities for clinical experiences (see COA Standard III, Criterion C17). Students will have opportunity to obtain clinical experiences outside the regular clinical schedule through the on-call mechanism (see COA Standard III, Criterion C19). The NA Program Administrator or designee will assign students to specific clinical sites.

Students may be required to rotate to every clinical site to fulfill their clinical experience. Based on the current clinical sites under affiliation agreement with the Program at any one time, the assignment of students must remain flexible. Please note: Clinical site assignment schedules are subject to change. Every effort will be made to notify/inform the SRNA of these changes as soon as possible. If the NA Program administrators obtain affiliation agreements with sites that have additional patient care experiences (i.e., Open Heart, Pain Mgt., Ophthalmology and/or Pediatrics), the NA Program Director has the option of utilizing student rotations to provide those experiences.

There are no assessed fees to students for specific affiliations. Students may be required to provide their own housing, transportation, and meals. Students may be given a reduced rate for food in the hospital/clinic cafeteria. Unless otherwise instructed, students are permitted to bring their lunch.

**CLINICAL SUPERVISION OF STUDENTS**

Clinical supervision of NA students in anesthetizing areas is restricted to CRNAs and/or anesthesiologists with institutional staff privileges who are immediately available in all clinical areas. Instruction by graduate registered nurse anesthetists, physician anesthesiology residents is never appropriate when they act as the sole responsible agent for the student. (See COA Standard V, Criterion E11).

The program restricts clinical supervision in non-anesthetizing locations to credentialed experts who are authorized to assume responsibility for the student (COA Standard V, Criterion E10). However, students are required to discuss the clinical situation with the Clinical Coordinator PRIOR to undertaking such a non-anesthetic activity.
In usual situations, students must have explicit permission from the instructor before administering any drug to a patient. Students must have explicit permission from the clinical instructor before performing an intubation or extubation on any patient.

**Nurse anesthesia students must have the opportunity to develop into competent, safe, nurse anesthetist capable of engaging in full scope of practice as defined in the “AANA” “Scope and Standards for Nurse Anesthesia Practice”. To ensure nurse anesthesia students develop the knowledge, skills, and abilities for entry into practice, students must participate in all phases of their clinical cases including preoperative, intraoperative, and postoperative anesthesia care. While it may not be possible for students to participate in all phases of care on every case, students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., CVL placement, regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the implementation and management of the anesthetic case if they are not personally involved with implementation and management of the anesthetic care.**

Students in the program may not follow the instructions of the surgeon regarding anesthetic management of the patient unless such action has been explicitly approved by the anesthesia clinical instructor assigned to that student. Anesthesiology Assistants (AAs) may not perform clinical supervision or clinical instruction of NA students.

**CONTINUOUS AUSSCULTATION**

AANA standards require that nurse anesthetists:

“Standard V: Monitor, evaluate, and document the patient’s physiological condition as appropriate for the type of anesthesia and specific patient needs. When any physiological monitoring device is used, variable pitch and threshold alarms shall be turned on and audible.

. . . C. Monitor cardiovascular status continuously via electrocardiogram. Perform auscultation of heart sounds as needed.

Students are **required** to use continuous auscultation as a monitoring method beginning at induction and continuing through emergence of general anesthesia, (when possible), and during other anesthetic techniques as appropriate unless precluded by the nature of the surgical procedure. Completed clinical evaluation forms should contain a notation that the ear piece was used as required. **Failure to maintain this standard is considered Unsatisfactory practice.**

**CREDENTIALING PORTFOLIO**

Students are required to continuously maintain a current Credentialing Portfolio throughout the NA Program and must have this available on all Clinical Site rotations. The portfolio must contain copies of RN licensure, BLS, ACLS, PALS certifications, immunizations, liability/malpractice insurance and other materials as may be required by the NA Program faculty and/or clinical affiliates.
FLORIDA RN LICENSE & CURRENT REGISTRATION

Students must continuously maintain current, unrestricted licensure as a Registered Nurse in the State of Florida to be eligible for clinical instruction at any clinical location. Proof of current Florida RN licensure must be submitted into Typhon and kept in the NA Student Credentialing Portfolio.

HEALTH INSURANCE

Students are strongly encouraged to carry their own major health insurance for the entire time they are in the NA Program. Students are encouraged to compare policies and coverage before entering the Program. The University student health clinic provides free, or low-cost, non-urgent care for all registered students and also offers cost-effective major medical health insurance coverage to registered students.

Students who are injured at a clinical affiliate site are examined/treated per the policies/procedures for that facility. Students must report any injuries to the Clinical Coordinator and the NA Program Director within one business day. If treated at the facility, the hospital/clinic bills the student’s insurance carrier, or charges the student, for all care given. THE UNIVERSITY, SCHOOL, AND/OR PROGRAM ARE NOT FINANCIALLY RESPONSIBLE FOR HEALTH CARE CHARGES INCURRED BY STUDENTS. Some clinical sites require students to carry health insurance.

HUMAN IMMUNODEFICIENCY VIRUS POLICY

The School of Nursing adheres to the State University System AIDS policy, which includes:

No student will be required to cease attending the university solely on the basis of a diagnosis of infection. Such decisions will be made only after reasonable accommodations have been made and an examination of the facts demonstrate that the student can no longer perform as required, or that the student presents a health risk to himself/herself or the university community. Students are referred to the State University System AIDS Policy for guidelines on Students of the Health Occupations Doing Health Care Work (SUS AIDS Policy, 1988, p. 11-14)

Procedure for Management of Post-Exposure to HIV Policy

<table>
<thead>
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<th>Procedures</th>
<th>Responsible Individual</th>
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Version: August 2017 RMS
1. Immediate antiseptic procedures should be followed after possible exposure. Student and practice faculty.

2. A student, resident or faculty member has an ethical duty to report to the faculty member in charge or designated college official any incident that exposes him/herself or a patient to a risk of transmission of a blood borne disease. Student reports exposure to faculty immediately after the incident.

3. A School of Nursing incident report must be completed within 48 hours of knowledge of the incident. An incident report where incident occurred must be completed according to agency policy. Practice Faculty

4. School of Nursing Post-Exposure Evaluation and Follow-up will be initiated. Three copies will be made and distributed to the exposed student, Program Director and Advising File. Program Director

5. The Program Director will be notified on the day of the exposure occurrence. Practice Faculty

6. Confidential testing and appropriate counseling should be offered to the individual following exposure. The care provider is ethically obligated to be tested for HIV where the patient is exposed to a provider’s blood. (Although it is more a matter for the practice site than the academic School of Nursing, if such a provider tests positive, the patient should be notified of the test not withstanding the provider’s privacy rights, and the patient should be offered HIV testing, counseling, and prophylaxis as appropriate). The NA Program Director will refer students to: Student FGCU Health Services (Hours 8:00 am-5 pm, Mon-Fri.) for testing and for counseling. Student Health Services will provide medical intervention at low cost and/or for insurance coverage. Student will be referred to his/her private physician if extended care is needed.

**CDC guidelines for occupational exposure through needle stick are to be followed. Seronegativity must be established through immediate blood test. Test may be done by clinical agency, Student Health Services, or physician. Student must present validation of receipt to School of Nursing at 6 weeks, 3 months, and one year.**

A "significant occupational exposure" is defined as:

- A needle stick or cut caused by a needle or sharp that was actually or potentially contaminated with blood or body fluids.
• A mucous membrane (i.e., splash to the eye or mouth) exposure to blood or body fluids.

• A cutaneous exposure involving large amounts of blood or prolonged contact with blood, especially when the exposed skin was chapped, abraded, or afflicted with dermatitis.

NOTE: These policies and guidelines have been adapted from those developed by the American Association of Colleges of Nursing, One Dupont Circle, NW, Suite 530, Washington, D.C. 20036. They reference OSHA regulations and the Morbidity Mortality Weekly Report, 36 (Suppli. #2S), Center for Disease Control (1987) Atlanta, GA, entitled "Recommendations for Prevention of HIV Transmission in Health Care Settings".  Approved 1/2007; Reviewed 7/2010

IMMUNIZATIONS AND SCREENING TESTS

All students are required to maintain current immunization/screening throughout their entire program. A student who does not have current immunization/screening requirements met will not be allowed to enroll and/or maintain enrollment in nursing courses.

Students are required to submit proof of immunization/screening into Typhon. It is the responsibility of the student to update immunization/screening during the program and to submit relevant updated documentation into Typhon prior to expiration or the designated deadline established by the NA Program Director, whichever is earlier. The School of Nursing requires the following immunization/screening:

• Positive Varicella (Chicken Pox, Herpes Zoster) Titer Test OR Immunization
• Current Tetanus booster (within 10 years) and Tdap
• Two-Step TB (PPD) screening test on NA Program admission and then annually thereafter. A positive test result must be followed up with a chest x-ray and annual TB cough assessment form to verify inactive status.

• HEATITIS B VIRUS IMMUNIZATION POLICY

Hepatitis B Virus (HBV) infection is a known blood-borne disease with serious implications for health care workers which kills about 200 workers and infects thousands more each year. Although much more infectious than Human Immunodeficiency Virus (HIV) (risk 7 to 30 percent following percutaneous exposure to a hepatitis surface antigen carrier), it is less often fatal than HIV and HBV is completely preventable by immunization. Given these circumstances, the School of Nursing adheres to the following guidelines:

Students are required to present documentation of the initiation of series of HBV immunization on admission to the graduate program and documentation of completed HBV series no later than six months after enrollment or student must sign waivers and assume liability.
Hepatitis B vaccines are given in a series of 3 injections. Injection #1 is followed one month later by injection #2. Injection #3 is given 6 months later. **Vaccines** are available through private medical providers, the Lee or Naples County Health Departments, and the University Student Health Services.

Approved 1/2003; Reviewed 7/2010.

- Please note that additional immunizations/screenings may be required by clinical agencies of the School of Nursing during the academic year.

**ON-CALL ROTATION POLICY**

- Students shall not be assigned to an anesthesia call schedule during the first year of the program.
- Students on call will always be under the direct supervision of either an anesthesiologist or CRNA with institutional staff privileges.
- Students will not be permitted to undertake any level of anesthesia care without the express knowledge, consent, and presence of either an anesthesiologist or CRNA.
- Students will be expected to function on-call at a level consistent with their level of nursing and anesthesia ability, as well as the health of the patient and complexity of the surgical/anesthesia procedures.
- Students will not be permitted to leave the clinical area unless they have asked and received permission to do so from the anesthesia clinical director of the operating room and/or the senior member of the on-call team.
- If required, students who are on-call shall maintain constant telecommunication and/or beeper contact with the senior members of the on-call team.
- Students will complete the tasks assigned by on-call personnel and report any problems they may encounter to the on-call personnel.
- The call schedule may, like other specialty rotations, require some over-commitment of time. This is done because much of the call time will be at home and students are given sufficient personal days off to compensate.
- If students become ill and cannot take call, they must inform the NA Program Director and the Clinical Coordinators as soon as possible as previously described in this Guidebook for Unplanned Absences.
- Students will not be assigned to call more than 24 hours consecutively.
- Students may be required to take call in-house during call rotations. A call room will be provided.
- Students taking call from home will be expected to be able to be in the hospital within 30 minutes from being called. Students may make their own arrangements to stay closer to the clinical facility or may stay in the call room at the facility if one is provided.
- In the event that a student has worked a night shift as part of an on-call rotation the day before a didactic class or an exam, course faculty will make the necessary arrangements for the students to have access to lecture material or arrangements.
will be made for the student to make-up exams at a time convenient to the student and instructor. For student safety, students will not be required to attend class the day after a 3:00 pm to 7:00 am call rotation. Modified 4/2012

PAGER AND CELL PHONE POLICY

The use of personal cellular phones, electronic devices, text messaging and internet devices, including devices for videotaping, photography, audio taping or any other multimedia device is prohibited in the operating room and clinical affiliate facilities. Any student who wishes to access electronic healthcare literature databases using a personal electronic device (PED) must have express permission to use the PED at an appropriate time and location as designated by his or clinical instructor. Students in violation of this policy may be placed on clinical probation or dismissed.

Students in Clinical Practice III-VII may be assigned pagers. These pagers must be carried during clinical assignment hours, including when the student is on call. Pagers should also be carried for at least one hour before and after clinical hours. Students are responsible for loss of or damage to the pagers.

SOCIAL MEDIA POLICY

INTRODUCTION
Nurses have a responsibility to understand the benefits and consequences of participating in social media. Students must consider important concepts and a number of principles when functioning within the virtual world of social media in order to maintain their own reputation, the reputation of the School of Nursing, and that of nursing as the most trusted profession. This policy encompasses personal and professional social media use.

IMPORTANT CONCEPTS
To understand the appropriate use of social media, it is important to understand confidentiality and privacy in the context of nursing education.

- **Privacy**
The patient sharing personal and health information with the expectation that they are treated with dignity and respect and the information will remain confidential.

- **Confidentiality**
Safeguarding patient information.

- **Protected Health Information (PHI)**
Any and all information covered by Health Insurance Portability and Accountability Act (HIPAA) such as a patient’s health status, provision of health care, payment for health care and medical record that can be linked back to a specific individual.
• **Confidential personal or nonpublic proprietary information**
  Information about other students, families, FGCU faculty, staff, alumni, and clinical institutions and employees such as any non-public personal and financial information, pictures without consent, computer codes/passwords.

**TYPES OF SOCIAL MEDIA**
Social media is defined as web-based and mobile technology used for interactive communication. Regardless of the type of social media, students are responsible for content they post and promote. Examples of social media may include (but are not limited to) the following:
- Blogs – Blogger, LiveJournal, Xanga
- Microblogs – Dailybooth, Foursquare, Google Buzz, Posterous, Tumblr, Twitter
- Podcasts – Blubrry
- Social networks – Allnurses.com, Bebo, Facebook, Google+, LinkedIn, MySpace, Orkut, Second Life
- Social news sharing – Digg, Flickr, Instagram, Reddit, Snapchat
- Social bookmarks/social tags – Delicious, Diigo, Google Reader, StumbleUpon
- Video hosts – Vimeo, YouTube

**POLICY STATEMENT**
The School of Nursing recognizes that social networking provides opportunities such as communication about the nursing profession, discussion of nursing and health related information, and the dissemination of research and evidence-based practice. However, privacy is a fundamental ethical and legal obligation for all nurses; therefore, the School of Nursing embraces the American Nurses’ Association Principles for Social Networking (ANA, 2011) as guiding principles:

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient-nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm patient’s privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

Students should represent Florida Gulf Coast University (FGCU) and the School of Nursing in a fair, accurate, ethical, and legal manner while engaging in all internet activities. Official School of Nursing electronic communication regarding School business, academic schedules, academic classes will occur through School-sanctioned channels such as FGCU email, Canvas, listservs, and FGCU websites.
When interacting on social media, students must be cognizant that information may be public for anyone to see and can be traced back to you as the individual. **Students are prohibited from disclosing through social media information such as (but not limited to) the following:**

- Patient protected health information as defined by HIPAA, including identifiable information concerning patients, clients, and clinical rotations and locations.
- Clinical discussions for the purpose of education that include any identifiable information related to patients or clinical institutions and employees.
- Location of clinical sites
- Confidential or non-public proprietary information including photos or videos of patients, patient families, students, faculty, staff, and clinical institutions and employees.
- Comments that are damaging to FGCU, other students, faculty, staff, and clinical institutions and employees.
- Comments that are threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Postings that are in violation of any state or federal laws.

Nursing faculty and students have an obligation to immediately report any violations of privacy and confidentiality.

**CONSEQUENCES**

Improper use of social media may violate state and federal laws established to protect patient privacy and confidentiality and can result in both civil and criminal penalties. Inadvertently or unintentionally breaching privacy and confidentiality may result in disciplinary action including:

- Failure in a course
- Report/Notification to the Dean of Student Affairs
- Student Conduct Hearing
- Dismissal from the clinical site
- Dismissal from the nursing program
- Being reported to the Florida Board of Nursing

Students are legally responsible for any and all communications on social media websites. If you make a mistake, admit it immediately. Faculty and staff can assist you in finding a solution, potentially avoiding any harmful implications.

**References/Resources**


Skiba, D.J. (2011). Nursing education 2.0: The need for social media policies for schools of nursing. *Nursing Education Perspectives, 32*(2), 126-127.

**PREOPERATIVE ROUNDS POLICY & PROCEDURE**

Students assigned to participate in the anesthesia care of a patient are to conduct a preoperative visit and/or review of the patient’s hospital records whenever possible and must document these activities on their Anesthesia Plan of Care. **No individually identifiable protected health information should be listed.**

Students are to follow the off-campus clinical sites’ policies concerning making preoperative comments on the patient’s official hospital records.

Clinical faculty reserve the right to prohibit students from administering anesthesia to a patient if the student did not conduct an appropriate pre-anesthetic evaluation.

**Procedures:**

- Students are expected to conduct a pre-anesthetic visit on patients assigned to them the night before surgery if the patient is in-house and to prepare an Anesthetic Plan of Care. No patient records, copies of records, or identifying information are to be taken out of the hospital, regardless of format.
- Students assigned to patients admitted on the day of surgery will conduct a preoperative visit in the particular unit (if the O.R. assignment permits), or will conduct the visit and review the patient’s chart in the Operating Room.

  *Under no circumstances shall students become involved with the hands-on anesthetic care of a patient without having the opportunity to first review the patient’s hospital records and discuss it with their clinical instructor*

- If students are unable to see their in-house patients, they are to employ the same-day admission preoperative protocol described above.
- Students shall utilize the protocol and format of their Anesthesia Plan of Care template to conduct all preoperative visits.

**POST OPERATIVE ROUNDS POLICY & PROCEDURE**

All patients receiving any anesthesia service shall be seen by at least one member of the anesthesia care team within twenty-four hours. A note shall be placed in the designated area of the patient’s chart documenting that this visit has occurred. All nurse anesthesia students shall make at least one post anesthesia visit on patients to whom they have provided anesthesia care, and the following procedures will be followed to the extent that they are consistent with the policies of the clinical site:
Procedures:

- Post anesthesia notes are to be written within 48 hours of surgery if patient is still hospitalized.
- Post anesthesia notes are to be written within 12 hours of surgery if patient is a 23 hr admission.
- Post anesthesia notes are to be written prior to the patient leaving the PACU or Stepdown Unit for ambulatory surgical patients.
- Notes are to be written on the patient’s chart according to the off-campus clinical site’s protocol.
- The patient must be visited and interviewed and the chart reviewed for pertinent post-operative data.
- The post-operative note should be written under the title post-anesthetic note and should contain at least the following information:
  - Date and time of visit
  - Number of visit (if appropriate)
  - State of consciousness (if general anesthesia was administered)
  - Most recent and/or average range of post-operative vital signs
  - Pertinent laboratory/medical/x-ray findings which relate to anesthesia recovery
  - Sequelae associated/related to the anesthesia
  - Sequelae associated/related to the surgery
  - Patient Comments/complaints
  - Patient’s satisfaction/dissatisfaction with anesthesia care
  - Remedial actions taken (if appropriate)
- The post-operative note must be signed by name and title.
- Abnormal findings are to be reported immediately to the anesthesiologist and CRNA who were involved in the case.

PROFESSIONAL ATTIRE REQUIREMENT

The School of Nursing has a professional attire requirement for all courses and clinical experiences undertaken by MSN NA students. Students must present a professional appearance in class and follow the policies and procedures of the clinical site related to dress codes at all times.

Students are to come to class in proper attire, consistent with the professional image of a registered nurse in a graduate program. Attire usually described as “business casual” will meet this requirement. Students are required to wear FGCU graduate nursing student uniforms to simulation labs (available from Hamilton Uniform). Students are to follow the dress code policy of the clinical facility to which they are assigned. Lab coats (white) are to be worn over surgical attire at all-times when out of the operating room and worn on FGCU property during simulation class-time. Scrub hats and protective eye wear must be worn while in the clinical arena and simulation lab. Universal precautions must be observed at all times.
NAME TAGS & IDENTIFICATION
School of Nursing Name Tags are to be worn at all times by students who are in clinical rotations and simulation training. Name tags are available from the FGCU bookstore. If photo ID tags are provided by the clinical sites, they must be worn with name and picture facing outward.

Students while in clinical rotations must introduce themselves to their patients in the presence of an anesthesia provider (anesthesiologist or nurse anesthetist). The introduction to their patients must include:

1. Student’s name
2. Institution they belong to (FGCU)
3. Specify they are part of the anesthesia team

Example: “Good morning, Mr. Doe, my name is Jane Smith. I am a graduate student in the Nurse Anesthesia program at Florida Gulf Coast University. I will be part of your anesthesia team.”

PROFESSIONAL LIABILITY INSURANCE
Students must be covered by specified and current professional liability insurance throughout their program of study.

The NA Program will secure insurance at the appropriate level of $250,000/$750,000 for all NA Program students. NA students will provide documentation of such coverage to external entities as needed and will carry proof of insurance in Credentialing Portfolio.

SET-UP ORIENTATION TO ANESTHESIA MACHINE
Students are provided with an orientation to the routine set-up of the anesthesia machine. (See COA Standard III, Criterion C21a4).

Students are provided an anesthesia machine orientation to the routine set-up of an anesthesia machine during the first semester in the Simulation Laboratory as part of the Basic Principles of Anesthesia course. Additionally, at the beginning of every clinical site rotation students are given anesthesia machine and equipment orientation. The primary objective of the anesthesia machine and equipment orientation is patient safety.

It is the responsibility of the Clinical Coordinator or clinical instructor designee at each clinical site during the orientation of students to thoroughly familiarize each student with the operation and safety check of each of the various types of anesthesia machines during the first semester.

STUDENT CLINICAL ASSIGNMENT REQUIREMENTS
Student assignments are consistent with COA requirements and supervised by the clinical coordinator on site (See COA Standard V, Criterion E10, E11 and E13).
The Clinical Coordinator or designee makes the assignments of students to cases in the clinical area(s) based on the following:

- The student’s knowledge and ability;
- The physical status of the patient;
- The complexity of the anesthetic and/or surgical procedure; and
- The experience of the instructor.

At no time shall the ratio exceed two (2) students to one (1) physician or CRNA clinical instructor. In the event a clinical instructor is assigned two (2) students and the condition of either patient is such that a 1:1 assignment should be made, the clinical instructor is to notify the individual making assignments (prior to the induction of anesthetic to either patient), of the situation and ask for a review and possible re-assignment from a 2:1 to a 1:1 ratio. The Clinical Coordinator or clinical faculty designee makes the ultimate decision as to who is responsible for the two cases.

Once a student is assigned to a patient, the student completes a written anesthetic plan of care, which is reviewed by the clinical instructor prior to the induction of anesthesia for the assigned patient. If the student is assigned to a patient with insufficient time to prepare a written anesthesia plan of care, the student must discuss a verbal anesthesia plan of care with the clinical instructor prior to induction.

COA Standards state that a reasonable number of hours to ensure patient safety and to promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of hours spent in class and all clinical hours averaged over four weeks. Students must have a 10 hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.

Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, preanesthesia assessment, postanesthetic assessment, patient preparation, OR preparation, and time spent participating in clinical rounds.

**STUDENT CLINICAL EVALUATION PROCESSES AND PROGRESS**

Evaluation of students’ clinical and cognitive skills is accomplished using a variety of evaluation tools and indicators (*See COA Standard IV, Criterion D4a*).

University-based faculty review students’ completed clinical evaluation forms and provide formative evaluations by making entries in the student’s clinical evaluation file. Clinical evaluations will be completed on a daily basis and are based on the student’s performance during the course of the entire anesthesia care provided to a patient. Students are instructed that the semester specific evaluation form contains the objectives for that semester’s performance.

Clinical evaluations include, but are not limited to the following:
- Pre-anesthetic assessment of the patient.
- Preparation of the anesthetizing location to include appropriate drugs and equipment.
- Anesthesia care plan.
- Clinical faculty evaluation of student’s performance in the administration of anesthesia.
- Post-operative anesthesia care of the patient, to include the post-operative anesthesia care note(s) on the anesthesia record.

Clinical evaluation tools and indicators include the following:
- Faculty evaluations of student’s efforts in the clinical area of anesthesia.
- Student’s self-evaluations.
- The Clinical Practice Course Instructor will evaluate each student’s academic and clinical performance at the end of each semester.
- A review of any student’s evaluation when a critical incident occurs involving a patient.
- Student achievement in the didactic portion of the NA Program.
- Non-confidential information from academic and clinical advisors.
- Completion of practice requirements.
- Students’ performance on the comprehensive (SEE) examination(s).
- When indicated, student performance in the Skills Laboratory.
- Student completion of the criteria for graduation from the NA Program.

Student evaluations are the responsibility of the NA Program faculty, Clinical Coordinator and the NA Program Director. In the event there are any areas of concern, input is obtained from didactic and clinical faculty members/instructors. Formative evaluation is ongoing during the course of the semester. Summative evaluation is completed at the end of each semester.

**Student will be evaluated daily by their clinical faculty (nurse anesthetist or anesthesiologist) on Typhon according to the clinical course requirements.** Clinical faculty (nurse anesthetists or anesthesiologist) will determine the student clinical performance with the following rating scale:

1. **Beginning Performance:** A student who requires close supervision 100% of the time managing patients’ anesthesia care with constant monitoring and feedback, even with patients with simple conditions (ASA I or II).
2. **Advanced Beginning Performance:** A student who requires clinical supervision 75% - 90% (ASA I or II ) of the time managing patients’ anesthesia care with simple conditions, and 100% of the time managing patients’ anesthesia with complex conditions (ASA III or IV).
3. **Intermediate Performance:** A student who requires clinical supervision less than 50% of the time managing patients’ anesthesia care with simple conditions (ASA I or II), and 75% of the time managing patients’ anesthesia care with complex conditions (ASA III or IV).
4. **Advanced Intermediate Performance:** A student who requires clinical supervision less than 25% of the time managing patients’ anesthesia care with complex conditions (ASA III or IV) and is independent managing patients’ anesthesia care with simple conditions (ASA I or II).
5. **Entry Level Performance:** A student who is capable of functioning without guidance or clinical supervision managing patients’ anesthesia care with simple (ASA I or II) or complex conditions (ASA III or IV).

In the event that a student may need remediation or suggestions for improvement in their clinical performance, the clinical faculty must notify the clinical coordinator. The clinical coordinator will notify the FGCU NA Program faculty assigned to the student to identify clinical or simulation training needed to improve student clinical performance. The FGCU NA Program faculty will inform the student of the remediation plan through a learning contract. At the end of the semester, the NA Program faculty will determine the student’s clinical practicum final grade (Satisfactory vs. Unsatisfactory) after reviewing the entire clinical performance for the semester. Minimum performance expectations for successful (Satisfactory) completion of each Clinical Practicum course are:

**Clinical Practicum I & II:** Student will perform in a manner that meets the criteria described in Clinical Practicum I & II courses, by the definition associated with beginning performance.

**Clinical Practicum III:** Student will perform in a manner the meets or exceeds the criteria described in Clinical Practicum III course by the definition associated with advanced beginning performance.

**Clinical Practicum IV:** Student will perform in a manner that meets or exceeds the criteria described in Clinical Practicum IV course by the definition associated with intermediate performance.

**Clinical Practicum V & VI:** Student will perform in a manner that meets or exceeds the criteria described in Clinical Practicum V & VI courses by the definition associated with advanced intermediate performance.

**Clinical Practicum VII:** Student will perform in a manner that meets or exceeds the criteria described in Clinical Practicum VII course by the definition associated with entry-level performance.

**STUDENT CLINICAL DOCUMENTATION**

Students are required to produce documentation as required by the policies and procedures of the Program and according to the policies of the clinical site. Specifically, the following documents must be timely, and complete:

1. Pre-operative assessment – for each anesthetic
2. The anesthesia record – for each anesthetic
3. Post-operative note – for each anesthetic
4. All pharmacy and special charge forms – for each anesthetic
5. When indicated, incident reports
6. Typhon case totals – by the end of each month or as requested by NA Program faculty
Students who submit incomplete and/or late documentation of the above forms may be placed on clinical probation in the Program.

**STUDENT CLINICAL PERSONAL LEAVE POLICY**

Students who request Clinical Personal Leave must follow the policies/procedures established by NA Program administrators and faculty. Requests are granted at the sole discretion of the NA Program Director.

During the **FIRST** and **SECOND** semesters of the NA Program only, NA Program First Year students will follow the university academic calendar observing the following University holidays and breaks:

- January 16, 2017 – Martin Luther King
- March 6-11, 2017 – Spring Break
- April 28, 2017 – Study Day
- May 1 – May 5, 2017 – Final Exams
- May 6 - May 10, 2017 – Semester Break
- May 29, 2017 – Memorial Day
- July 4, 2017 – July 4th Holiday
- July 21, 2017 – August 6, 2017, Summer to Fall Semester Break (First Year Students only), full time clinical to begin on August 7, 2017

Students will **not be scheduled** on Thanksgiving Day and the day after; December 24 & 25; December 31 & January 1, unless scheduled to be on-call. If you are scheduled on call, it is a **mandatory** Clinical Practicum day.

************

Beginning Semester **THREE** (Fall for Year 1 students) and for the remainder of the Program, NA Program students will be scheduled in clinical practicum and will **NO LONGER** follow the university calendar. Program Administrators will make an effort not to schedule students during FGCU Study Days and assigned Final Exam days, unless required to meet the educational objectives of Clinical Practicum courses.

Students may request up to a total of twenty (20) days of personal leave from Semester THREE through Semester SEVEN, which is subject to approval at the discretion of the NA Program Director or designee. No more than four (4) Personal Leave days may be taken during any semester or during the last month of the NA Program, except for extenuating circumstances at the discretion of the NA Program Director. A request for Personal Leave will not be granted if it interferes with specialty rotations, on-call clinical assignments, or numbers of students scheduled at clinical sites. All requests for Personal Leave must be submitted to the NA Program Director on Typhon.

Guidance regarding clinical personal time-off requests is as follows:

1. Students must obtain prior approval of all clinical personal time off requests from the NA Program Director. The student is responsible for following the
guidelines/policies established at the clinical site for requests of time off during holiday periods, as applicable.

2. Requests for personal leave must be submitted no later than one month before the end of each semester.

3. Personal leave may be taken as single days or up to one week (four day) increments.

4. Students are not permitted to use personal leave during scheduled class days or to miss class during personal leave.

5. No more than four (4) concurrent days off will be authorized during any semester-to-semester break, excluding approved holidays and days off when the University does not hold classes. Exceptional circumstances will be reviewed on a case-by-case basis by the NA Program Director, but approval is not guaranteed.

6. Students taking personal leave for one week during semester-to-semester breaks are not required to use their personal leave for the day when the University does not have scheduled classes. Therefore, one week of personal leave between semesters will equal four personal days.

7. Students are not permitted to use personal leave during specialty rotations or if scheduled to be on-call unless approved by the NA Program Director.

8. Excessive weekend and/or holiday clinical personal time-off requests will not be approved.

9. Clinical personal leave days will be reduced by the number of Excused Unplanned Absences. Personal leave may not be used to make up Unexcused Unplanned Absences.

10. Early dismissal from a clinical site is not permitted except for emergency or extenuating circumstances. Special situations must be approved in advance by the NA Program Director and is not guaranteed. Students must make a request in Typhon for permission to leave early. Students must also seek prior permission to leave early from the Clinical Coordinator or clinical faculty designee. For emergencies, students must notify the NA Program director by phone, email, or text message as soon as it is safe to do so. They must also notify the Clinical Coordinator or designee of the emergency before leaving the clinical site. Students are not permitted to ask clinical faculty to leave early as this may disrupt the continuity of patient care. Failure to seek prior approval and/or to notify the NA Program Director and Clinical Coordinator as described above may result in an Unexcused Unplanned Absence.
Bereavement Time:
Three (3) concurrent days off for bereavement time will be authorized.

**SICK DAYS**

There are no approved sick days. Sick days will be deducted from Clinical Personal Leave days as Excused Unplanned Absences. Students must make up Excused Unplanned Absences if they have no remaining Clinical Personal Leave.

**STUDENT SELF-EVALUATION**

Student achievement is documented through self-evaluation. *(See COA Standard IV, Criterion D4b).*

Students are required to complete a self-evaluation at the end of each semester in the NA Program. The self-evaluation process is utilized to promote reflection and individual student improvement in the NA Program and is not included in the student’s grade for the course. This process provides documentation to students on an ongoing basis related to the objectives they have established for themselves, and an opportunity for the clinical faculty to provide specific suggestions and/or guidance.

Self-evaluation forms can also be completed at any time students feel the need to conduct such a self-evaluation. They can review their self-evaluation with the Clinical Coordinator or choose any NA Program faculty member for the review.

**TRAVEL REQUIREMENT** *(see COA Standard V, Criterion E1)*

Students must meet all clinical practice requirements while in the NA Program. Students will be expected to travel to various practice sites during their course practice experiences. Practice sites are subject to availability and may be anywhere in the five county (Charlotte, Collier, Lee, Hendry, Glades) service area or in a county outside this range if necessary (Desoto, Manatee, Polk, St. Lucie, etc). Students cannot always be assigned within the county in which they live. Students are expected to provide reliable transportation as necessary to attend practice.

Parking facilities are provided to graduate students in designated areas of hospital/clinic parking lots. Students are advised to use caution in selecting parking facilities and locations for personal safety reason and the safety of their vehicle. Students must park at their own risk. The NA Program is not responsible for damage or theft of any student’s vehicle.

**UNSAFE/UNPROFESSIONAL CLINICAL PRACTICE POLICY AND PROCEDURE**  
Approved 1-11–2010

Students must meet academic and professional standards of behavior and adhere to clinical agency policies and procedures when in clinical practice to ensure client safety and well being. Where there is unsafe or unprofessional practice a student may be
removed from clinical practice to maintain client safety and well being as well as the safety and well being of other students, faculty, and agency personnel.

Although students will normally be notified during the semester when they are not meeting expectations, it should be understood that egregious deviations from the standards of care or other actions jeopardizing patient safety or unprofessional conduct can result in failure in a clinical course and/or dismissal from the Nursing program from a single incident in which no notification can be reasonably made.

Examples of unacceptable clinical practice behaviors include, but are not limited to, the following:

- Inadequate preparation for the clinical assignment
- Careless or negligent behavior when caring for a client
- Providing care without the supervision [of a CRNA or physician clinical instructor]
- Failure to report an omission of, or error in, care
- Falsifying patient records
- Breach of client confidentiality
- Breach of professional ethics
- Failure to adhere to agency policies and procedures
- Absence from clinical practice without appropriate notification to instructor and/or agency
- Chronic tardiness
- Impairment (drugs and/or alcohol; sleep deprivation)
- Non-adherence with School of Nursing practice attire requirements

SEE SPECIFIC NA PROGRAM UNACCEPTABLE CLINICAL PRACTICE EXAMPLES UNDER THE DISCIPLINARY ACTIONS SECTION OF THIS GUIDEBOOK

Removal from clinical practice may be for a single clinical assignment; the remainder of a course; or all clinical practice courses. The student may receive an unsatisfactory (“U”) in the clinical practice course(s) as well as a failure (“F”) in any corequisite NGR Didactic course(s), or be dismissed from the MSN Program when evidence of unsafe or unprofessional practice has been determined.

Procedures for Removal of a Student from Clinical Practice

Procedures for Removal of a Student from Clinical Practice

I. Single Clinical Assignment – when a clinical instructor/preceptor or program director has determined that a student has demonstrated unsafe or unprofessional clinical practice behavior during a specific clinical assignment the clinical faculty/preceptor or program director:
1. Verbally informs the student of the reason(s) why the student is being removed from clinical practice and ensures that the student immediately leaves the clinical area.

2. Informs the student’s Program Director of the situation involving the student.

3. The Program Director will provide a written learning contract to the student within two school days or as soon as practicable that describes the unsafe or unprofessional clinical practice behavior and outlines the consequences and/or requirements the student must meet should it be decided that the student may return to clinical practice. If more time is required for the development of the written learning contract the student will be notified. The student will not be permitted to withdraw (W, WF) from any Program courses when a removal from clinical practice is in progress, whether or not the University deadline for course withdrawal without a grade has passed.

4. Ensures the student signs the written learning contract and meets all requirements before allowing the student to return to the clinical area.

5. Monitors the student to ensure student maintains safe and professional clinical practice once back in the clinical area.

II. **Remainder of a Course** – when a Program Director has determined that a student may need to be removed from the clinical area for the remainder of a course:

1. The Program Director notifies the student verbally, and then in writing within two school days, that he/she may not return to the clinical setting while a decision about the student status is pending. The student will not be permitted to withdraw (W, WF) from any Program courses when a removal from clinical course is in progress, whether or not the University deadline for course withdrawal without a grade has passed.

2. The Program Director will meet with the faculty member or any committee that awards grades in clinical courses.

3. The Program Director and School Director review the student behavior, learning issues, and rationale for why the student should not be allowed to return to the clinical setting.

4. The Program Director and School Director meet with the student within five school days of the clinical instructor written notification to discuss the issues and the decision about whether the student should or should not be allowed to return to the clinical setting.

5. When the decision is to allow the student to return to the clinical setting, the Program Director and appropriate program faculty will meet with the student within 3 school days to inform the student of actions and requirements to address the student’s unsafe/unprofessional clinical practice performance. At that time, a written learning contract (specifying conditions and requirements for student learning and clinical practice performance, completion of any clinical practice
time lost, and consequence(s) if the contract is not satisfactorily completed) will be reviewed with the student and must be signed by the student. If more time is required for the development of the written learning contract the student will be notified.

6. If the student does not satisfactorily complete the learning contract a grade of unsatisfactory (“U”) will be awarded in the clinical course.

7. If under the policies of the student’s major, the grade of unsatisfactory (“U”) results in dismissal from the program, the student will be dismissed.

8. The student has right of grade appeal under the academic grievance procedures of the university.

9. If the student is not allowed to return to the clinical course they will progress to the procedure outlined in section III.

III. Removal from all Clinical Courses, and/or Program Dismissal - when it has been identified that a student’s pattern of unsafe/unprofessional clinical practice or a serious incident of unsafe or unprofessional practice may warrant student removal from all current and remaining clinical experiences and/or program dismissal:

1. The Clinical Practice Committee (CPC) reviews the student record and any associated documentation related to clinical practice and consults with clinical faculty and course co-coordinators. The Clinical Practice Committee also meets with the student to obtain the student’s explanation and perceptions of the unsafe or unprofessional practice. This review shall take place within five school days of the issue being brought to the Clinical Practice Committee. The student will not be permitted to withdraw (W, WF) from any Program courses when a removal from all clinical courses and co-requisite nursing theory courses and/or Program dismissal is in progress, whether or not the University deadline for course withdrawal without a grade has passed.

2. The Clinical Practice Committee makes a decision within two school days of meeting with the student about removal of the student from all clinical courses and/or immediate dismissal from the Program.

3. When the Clinical Practice Committee decision is not to remove the student from all current clinical courses and/or dismiss the student from the Program, the course faculty/coordinator and clinical instructor meets with the student within three school days of the CPC decision to inform the student of actions and requirements to address the student’s unsafe/unprofessional clinical practice performance. At that time, a written learning contract (specifying conditions and requirements for student learning and clinical practice performance, completion of any clinical practice time lost, and consequence(s) if the contract is not satisfactorily completed) will be reviewed with the student and must be signed by the student. If more time is required
for the development of the written learning contract the student will be notified.

4. When the Clinical Practice Committee decision is to remove the student from all current clinical courses and co-requisite nursing theory courses, and/or dismiss the student from the Program, the Clinical Practice Committee notifies the student verbally, and then in writing within two school days of making the decision, that he/she is being removed from all clinical courses and co-requisite nursing theory courses, and/or is being dismissed from the Program because of a pattern of unsafe/unprofessional clinical practice or a serious incident of unsafe or unprofessional practice.

5. Removal from all clinical courses and co-requisite nursing didactic courses, and/or Program dismissal due to a pattern of unsafe/unprofessional clinical practice or a serious incident of unsafe or unprofessional practice is not appealable under the academic grievance procedures of the university.

DUE PROCESS
Once notified of removal from all clinical courses and co-requisite nursing theory courses, and/or Program dismissal, the student has right of due process through School Director, and then College Dean, and then Provost or Provost Designee. This process may take a period up to three weeks once initiated in writing by the student. The student will not be allowed to attend any clinical courses, or in the case of Program dismissal, any Program courses, until the outcome of due process that may have been initiated by the student is determined.

IV. GENERAL INFORMATION

CANVAS
Canvas is the name of the current FGCU Learning Management System.

CLASS OFFICERS
Class officers for the NA Program are elected by each entering class.

NA Program administrators and faculty encourage active student representation to promote coordination and cooperation among all members of the student body.

During the first semester of the program of study, each class is encouraged to elect class officers. The class officers provide a conduit for communications to and from NA Program administrators and faculty. Class officers also oversee fundraising, which must be consistent with the policies and procedures of the FGCU Student Government. Student funds can be used for graduation ceremonies or other class projects if agreed upon by the class.
COLLEGE FORMS
Marieb College of Health & Human Services forms to appeal for a Late Withdrawal and Incomplete Grade Agreement can be found online.

CONFIDENTIALITY AND PRIVACY RIGHTS
Cognizance of, and respect for, rights and privileges of others is an expectation of all within the helping professions. Faculty honor and respect the student’s privacy rights. Students honor, respect, and maintain confidences and privacy of clients and conform to HIPPA requirements. All student-client encounters, written, oral, or other, obligate confidentiality under all circumstances. For written assignments, no individually identifiable protected health information shall be included.

COPYING OF STUDENT RECORDS
Students may request copies of their student record. A release form requesting a copy of student record is submitted to School of Nursing or designee. Students are responsible for cost of duplicating records and mailing costs. The original release form is kept in student record after files are copied.

- Identification must be provided prior to release of record.
- Transcripts and references may not be copied or released to students.
- Copies of records will be sent to student via first class mail within one week of receipt of request.
- Student will pay $1.00/page for copies. Payment must be received when request is submitted.
- Students may request a copy of their course practice evaluation, free of charge, during their final meeting with course faculty each semester.

DISABILITY ACCOMMODATIONS SERVICES
Florida Gulf Coast University, in accordance with the Americans with Disabilities Act and the university’s guiding principles, will provide classroom and academic accommodations to students with documented disabilities. If you need to request an accommodation in this class due to a disability, or you suspect that your academic performance is affected by a disability, please see me or contact the Office of Adaptive Services. The Office of Adaptive Services is located in the Wellness Building. The phone number is 239-590-7956 or Video Phone (VP) 239-243-9453. In addition to classroom and campus accommodations, individuals with disabilities are encouraged to create their personal emergency evacuation plan and FGCU is committed to providing information on emergency notification procedures. You can find information on the emergency exits and Areas of Rescue Assistance for each building, as well as other emergency preparedness materials on the Environmental Health and Safety and University Police Department websites. If you will need assistance in the event of an emergency due to a disability, please contact Adaptive Services for available services and information.
DISTANCE-LEARNING

Information on distance learning courses and technology requirements is available online.

GRADUATE TUITION WAIVERS

Tuition waivers are awarded by college. Graduate tuition waivers cover only the graduate matriculation (tuition) fee for in-state or out-of-state students, depending on the residency of the student. Waivers do not cover undergraduate courses or any additional fees. You must apply every semester by the deadline to be considered. The awarding of waivers is competitive. Colleges have limited funds available and therefore have established customized selection criteria. You may be required to submit additional forms or provide additional information to your program. Please visit the Office of Graduate Studies Tuition Waiver website for more information.

LIBRARY HOLDINGS

Program administrators, faculty and students have input into the collection of library holdings related to the specialty of nurse anesthesia (See COA Standard II, Criterion B4c).

NA Program students have access to library facilities on campus where they can obtain information relating to the specialty of nurse anesthesia and other health related disciplines. FGCU library is on-line, and library services and databases can be accessed from remote computers. In addition, the FGCU library provides a portal to the Internet and other library databases.

The University library annual budget provides monies for each academic unit to make new purchases. Holdings are added to the library by request of the Program administrators and faculty through the SON. Student requests are also considered.

Access to library holdings at each clinical site is guaranteed by inclusion in the affiliation agreements between the Program and the affiliate. Program administrators and faculty assist in providing a collection of reference textbooks at each clinical site.

NAME AND ADDRESS CHANGE

Upon admission to the School of Nursing, all students must provide and maintain a current address and phone number(s) where they can be contacted by the School of Nursing. It is a student responsibility to report any name or address change to the Office of the Registrar. Students must also maintain current contact information on Typhon.

ONLINE TUTORIALS

Information on online tutorials to assist students to improve core technology skills and expand use of the many technology tools available for learning is available online.
STUDENT OBSERVANCE OF RELIGIOUS HOLIDAYS

All students at Florida Gulf Coast University have a right to expect that the University will reasonably accommodate their religious observances, practices, and beliefs. Students, upon prior notification to their instructors, shall be excused from class or other scheduled academic activity to observe a religious holy day of their faith. Students shall be permitted a reasonable amount of time to make up the material or activities covered in their absence. Students shall not be penalized due to absence from class or other scheduled academic activity because of religious observances. Where practicable, major examinations, major assignments, and University ceremonies will not be scheduled on a major religious holy day. A student who is to be excused from class for a religious observance is not required to provide a second party certification of the reason for the absence.

STUDENT REPRESENTATION ON SCHOOL OF NURSING COMMITTEES

Student representatives are invited to serve on the Graduate Curriculum Committee, and Graduate Admission and Progression Committee. Student representatives on these committees have the following responsibilities:

- Attend committee meetings and notify Chair if unable to attend
- Share with committee ideas and student body views on issues, concerns, and suggestions
- Keep student body informed of committee issues, concerns, and suggestions

TAU ZETA CHAPTER, SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING

The Florida Gulf Coast University Honor Society of Nursing was formed in 1998 with goal of becoming an official chapter of Sigma Theta Tau International (STTI) in November 2003. The Chartering ceremony was held April 10, 2004. One hundred thirty seven members were inducted into the new Tau Zeta Chapter of Sigma Theta Tau International Honor Society of Nursing.

Purposes of the Tau Zeta Chapter of STTI Honor Society of Nursing are to: recognize superior achievement; develop leadership qualities in members; foster high professional standards; encourage creative work; and strengthen commitment to the ideals and purposes of the profession. All members of Tau Zeta demonstrate superior scholastic achievement, academic integrity, professional leadership potential, and/or marked achievement in the discipline of nursing.

For Membership **Graduate students must**:

- Have completed 1/4 of the nursing curriculum
- Have at least a GPA of 3.5 (based on a 4.0 grading scale)
- Meet the expectation of academic integrity
V. DISCLAIMER AND RESERVATION OF RIGHTS

The MSN-Nurse Anesthesia Program Guidebook includes general information about the MSN-Nurse Anesthesia Program as well as information on policies, procedures, and course information. This Guidebook is supplementary to and should be read in conjunction with the current FGCU Academic Catalog, FGCU Graduate Student Handbook, FGCU General Graduate Academic Policies, FGCU Student Guidebook, and Student Code of Conduct. Students are required to follow all guidelines, rules, and regulations as they relate to FGCU, the Marieb College of Health & Human Services, the School of Nursing, and the MSN-NA Program. However, the FGCU MSN-Nurse Anesthesia Program reserves the right to revise, withdraw, amend, modify, and/or add to the foregoing policies, procedures, and information at any time without notice or obligation. Any such changes shall be immediately applicable to all MSN-Nurse Anesthesia Program students.

FGCU Academic Catalog

FGCU Graduate Student Handbook

FGCU General Graduate Academic Policies

FGCU Student Guidebook

Student Code of Conduct
VI. APPENDICES
APPENDIX A

Florida Gulf Coast University
College of Health Professions & Social Work
School of Nursing
Nurse Anesthesia Program

NA PROGRAM STUDENT GUIDEBOOK RECEIPT ACKNOWLEDGMENT

I, ________________________________, acknowledge that I have received a copy of the Nurse Anesthesia Program Student Guidebook 2017 and agree to abide by all of the rules and regulations contained therein. I further acknowledge that I have had the opportunity to ask questions and have received adequate explanations regarding the Guidebook contents and my rights and responsibilities in the NA Program’s Student Due Process procedures. I understand that the NA Program Policies, Procedures and Student Guidebook remain under review and any section or part may be revised without notice or obligation during my tenure in the program and that I will be responsible for abiding to any such revisions.

I agree, immediately upon graduation, to schedule and take the National Certification Examination administered by the National Board for Certification and Recertification of Nurse Anesthetists (NBCRNA).

Name: ___________________________________________________

Witness: __________________________________________________
NA Program Faculty

Date: _____________________________________________________

Version: August 2017 RMS
APPENDIX B
SCHOOL OF NURSING
LEAVE OF ABSENCE REQUEST FORM
MSN NA PROGRAM

Student Name:
Address:

E-mail Address:
Phone Number:
University Identification Number:

REASON FOR REQUESTING LEAVE OF ABSENCE:

LENGTH OF TIME OF LEAVE OF ABSENCE (no more than 3 consecutive semesters total over entire program are allowed):

ATTACH PLAN TO ENSURE KNOWLEDGE AND COMPETENCIES ARE AT EXPECTED LEVEL FOR COURSE(S) OF STUDY ON RETURN TO THE NURSING PROGRAM:

STUDENT SIGNATURE ____________________________ Date:______________

ADVISOR SIGNATURE ____________________________ Date:______________

NA PROGRAM DIRECTOR
APPROVED / DENIED (Circle)

NA PROGRAM DIRECTOR SIGNATURE ____________________________ Date:

SCHOOL OF NURSING DIRECTOR: APPROVED / DENIED (Circle)

DIRECTOR SIGNATURE ____________________________ Date:

Cc: Student File
Student Advisor
NA Program Director
SON Director

Version: August 2017 RMS
APPENDIX C

Florida Gulf Coast University
College of Health Professions & Social Work
School of Nursing
Nurse Anesthesia Program

Learning Outcomes, Guidelines and Instructions for the Cardiac Clinical Practice Rotation

General Learning Outcome:

Upon completion of this one-month cardiothoracic rotation, students will be able to administer or manage anesthesia for patients undergoing cardiothoracic surgery.

General Learning Outcome I:

Upon completion of this one-month rotation, students will understand and appreciate the issues that impact the anesthetic management of patients undergoing a variety of cardiac procedures.

Specific Learning Outcomes:

At the completion of the rotation the nurse anesthesia student will be able to:

- Identify specific anesthetic equipment necessary to manage a patient scheduled to undergo cardiac surgery
- Demonstrate ability to interpret data from invasive cardiac monitors
- Explain the pharmaco-physiology associated with blood-clotting issues relating to the administration of heparin and protamine
- Discuss the management of patients undergoing coronary By-pass or valve replacement
- Discuss the basis principles of the “pump”
- Discuss the management of patients undergoing ‘off-pump’ cardiac procedures
- Set-up specific anesthetic equipment for cardiac surgery
- Develop an anesthetic care plan for cardiac patients which include:  
  o Conducting a comprehensive pre-operative assessment within a limited time constraint  
  o Inserting appropriate invasive monitors  
  o Insuring patients maintain normal body temperatures  
  o Managing perioperative fluid requirements  
  o Calculating estimated blood volumes  
  o Identify the type of anesthetic technique best suited for the patients undergoing a specific cardiac procedure  
  o Select the best choice and/or alternate choice of anesthetic and adjuvant drugs
o Manage the patient’ anesthetic requirements while they are on By-pass
o Reverse anticoagulation drugs
o Discuss proposed anesthetic management with clinical instructor(s)
o Manage the emergence of patients recovering from cardiac surgery
o Participate in the PACU management of cardiac patients
APPENDIX D

Florida Gulf Coast University
College of Health Professions & Social Work
School of Nursing
Nurse Anesthesia Program

Learning Outcomes, Guidelines and Instructions for the Generic OB Clinical Practice Rotation

General Learning Outcome:

Upon completion of this 4 to week rotation at their clinical site or if necessary at designated off-campus clinical facility, students will be able to administer or manage regional anesthesia and/or administer general anesthesia to pregnant patients who are in labor and about to deliver an infant.

General Learning Outcome I:

Upon completion of this 4-week rotation, students will understand and appreciate the anatomical, physiological and mechanical uniqueness that pregnant patients bring to the anesthetic environment.

Specific Learning Outcomes:

At the completion of the rotation the nurse anesthesia student will be able to:

- Identify specific anesthetic equipment necessary to manage a laboring epidural or to prepare patients to receive anesthesia for either a vaginal delivery or cesarian section.
- Set-up specific anesthetic equipment for epidural anesthetic
- Set-up anesthesia equipment for patients undergoing vaginal or cesarian section
- Develop an anesthetic care plans for obstetrical patients that includes:
  - Conducting a comprehensive pre-operative assessment
  - Selecting pre-operative medication utilizing the protocol of the Department of Anesthesiology
  - Managing perioperative fluid requirements
  - Calculating estimated blood volume
  - Identifying the type of anesthetic technique best suited for specific obstetrical patients
  - Selecting the best choice and/or alternate choice of anesthetic and adjuvant drugs
  - Discussing proposed synesthesia care plan with clinical instructor(s)
  - Managing the induction of a pregnant woman at term who is scheduled for a routine or emergency cesarian section
  - Managing the emergence of obstetrical patients from general anesthesia
  - Participating in the PACU management of obstetrical patients
- Manage a laboring epidural anesthetic
- Administer general or regional anesthesia to OB patients schedules to deliver infants by vaginal or caesarian section
- Participate in the post-operative care of OB patients
General Learning Outcome:

Upon completion of the neuro-anesthesia cases, second and/or third year students will be able to administer or anesthesia for patients undergoing a wide variety of neurosurgical procedures.

General Learning Outcomes:

Upon completion of the neuro-anesthesia cases, students will understand and appreciate the issues that impact the anesthetic management of patients with neurological diseases or injuries.

Specific Learning Outcomes:

At the completion of the neuro-anesthesia cases, the nurse anesthesia students will be able to:

- Identify specific anesthetic equipment necessary to manage patients undergoing surgical, diagnostic or interventional radiological neurological procedures
- Set-up specific anesthetic equipment for neurological procedures
- Develop an anesthetic care plan for neurologically ill patients that includes:
  - Conducting a comprehensive pre-operative assessment
  - Inserting appropriate invasive monitors
  - Insuring patients maintain normal body temperatures
  - Managing perioperative fluid requirements
  - Calculating estimated blood volumes
  - Managing fluid and blood replacement within the confines of “keeping the patient dry”
  - Identifying the type of anesthetic technique best suited for the patient with a specific type of neurological disease or injury
  - Selecting the best choice and/or alternate choice of anesthetic and adjuvant drugs
  - Discussing proposed anesthetic management with clinical instructor(s)
  - Maintaining the patients’ PaCO₂, PaO₂, ICP, arterial blood pressure and positioning that will facilitate an optimal outcomes
  - Participating in the PACU management of patients recovering from a neurosurgical procedure
APPENDIX F

Florida Gulf Coast University
College of Health Professions & Social Work
School of Nursing
Nurse Anesthesia Program

Learning Outcomes, Guidelines and Instructions for the Clinical Practice Rotation in Pediatrics

General Learning Outcomes I:

Upon completion of this one-month rotation, students will understand and appreciate the anatomical, physiological and mechanical uniqueness that neonatal and pediatric patients bring to the anesthetic environment.

Specific Learning Outcomes:

At the completion of the rotation the nurse anesthesia student will be able to:

- Identify specific anesthetic equipment necessary to manage all types of neonatal and pediatric cases
- Set-up specific anesthetic equipment for routine neonatal and pediatric cases
- Develop an anesthetic care plan for neonatal and pediatric patients which include:
  o Conducting a comprehensive pre-operative assessment
  o Selecting pre-operative medication utilizing the protocol of Hospital’s Department of Anesthesiology
  o Managing perioperative fluid requirements
  o Calculating estimated blood volumes
  o Identifying the type of anesthetic technique best suited for a particular neonatal or pediatric patient
  o Selecting the best choice and/or alternate choice of anesthetic and adjuvant drugs
  o Calculating the type of anesthetic technique best suited for a particular neonatal or pediatric patient
  o Identifying the type of anesthetic technique best suited for a particular neonatal or pediatric patient
  o Discussing proposed anesthetic management with clinical instructor(s)
  o Managing the emergence of neonatal and pediatric patients from general anesthesia
  o Participating in the PACU management of neonatal and pediatric patients
  o Induce and intubate pediatric patients utilizing a rapid, smooth and atraumatic technique
  o Administer anesthesia to neonates and/or pediatric patients scheduled for all types of surgical/diagnostic procedures
- Interpret and react appropriately and quickly to all data recorded and monitoring devices
- Maintain neonatal and pediatric patients core temperatures within an acceptable range
- Transport neonatal and pediatric patients to the PACU/ICU/NICU
- Deliver a comprehensive post-anesthetic report to the PACU/ICU/NICU nurse

**Guidelines and Instruction:**

*Second or third-year students will be assigned to a pediatric rotation for one-month to enrich their pediatric experience. This experience may be provided at the student’s primary off-campus clinical site or if that is not possible, students may rotate to another facility to acquire this experience.*

- Students will be under the immediate supervision and are the responsibility of the Facility’s Director of the Anesthesia Services, other department anesthesiologists and/or CRNA members of the Department
- Students will be expected to participate in all clinical activities to which they are assigned
APPENDIX G

Florida Gulf Coast University
College of Health Professions & Social Work
School of Nursing
Nurse Anesthesia Program

Learning Outcomes, Guidelines and Instructions for the Trauma Clinical Practice
On-Call Rotation

General Learning Outcome:

Upon completion of this one-month Trauma rotation, students will be able to administer or manage anesthesia for patients who exhibit one or more traumatic injuries.

General Learning Outcomes I:

Upon completion of this one-month on-call trauma rotation, students will be understand and appreciate the issues that impact the anesthetic management of trauma patients

Specific Learning Outcome:

At the completion of the rotation the nurse anesthesia student will be able to:

- Identify specific anesthetic equipment necessary to manage a patient who has received severe blunt or sharp trauma that may be life-threatening
- Set-up specific anesthetic equipment for trauma patients
- Develop an anesthetic care plan for trauma patients which includes:
  - Conducting a comprehensive pre-operative assessment within very limited time constraints
  - Inserting appropriate invasive monitors
  - Insuring patients maintain normal body temperatures
  - Managing perioperative fluid requirements
  - Calculating estimated blood volumes
  - Managing massive fluid and blood replacement
  - Identify the type of anesthetic technique best suited for the patient with a specific type of traumatic injury (head, facial, chest, abdominal, blunt trauma, sharp trauma)
  - Select the best choice and/or alternate choice of anesthetic and adjuvant drugs
  - Discuss proposed anesthetic management with clinical instructor(s)
  - Manage the emergence of trauma patients from general anesthesia
  - Participate in the PACU management of trauma patients
APPENDIX H  FLORIDA GULF COST UNIVERSITY
SCHOOL OF NURSING

Position Description: Program Director, Nurse Anesthesia

Appointment:
Director, School of Nursing

Qualifications:
Master of Science in Nursing, and five (5) years teaching and administration in nurse anesthesia education required. Doctorate in Nursing or related field preferred. Licensed as a Registered Advanced Practice Nurse in the State of Florida and certification as a Registered Nurse Anesthetist required. Experience in graduate curriculum design, implementation, and evaluation. Knowledge of national accreditation process and regulatory standards governing advanced practice nursing in nurse anesthesia. Excellent organization and interpersonal skills.

Responsible to:
Director, School of Nursing

Position Description:
Responsible for overall organization, implementation, and evaluation of the Nurse Anesthesia MSN Curriculum. Serves in leadership role to mentor faculty in development of instructional material, teaching strategies, and assessment measures for nurse anesthesia courses. Meets regularly with Nurse Anesthesia faculty to facilitate excellence in teaching and practice experiences for students.

Responsibilities:

1. Provides leadership and direction for Nurse Anesthesia Program
2. Maintains COA accreditation standards and ongoing accreditation efforts
3. Collaborates with Director, School of Nursing to develop and monitor a budget that assures adequate operating expenses and academic resources
4. Oversees development and refinement of Nurse Anesthesia curriculum materials within guidelines/domains
5. Coordinates development and implementation of policies related to admission, progression, sequencing and remediation of classroom and clinical practice components of nurse anesthesia concentration
6. Oversees and coordinates recruitment and selection of Nurse Anesthesia faculty
7. Oversees recruitment and selection of students
8. Provides instruction to students in the Nurse Anesthesia Concentration
9. Oversees off-campus clinical sites and student clinical practice experiences
10. Monitors anesthesia students and faculty, and directs formative and summative evaluation procedures
11. Provides interface with administration, faculty and other areas as developed
12. Assists Director of the School of Nursing in the preparation of internal and external regulatory and accreditation reports
13. Member, School of Nursing Administration
14. Member, Nurse Anesthesia Program Admission Screening Committee
15. Liaison, Off-Campus Clinical Coordinators
16. Member of School of Nursing Graduate Curriculum, Admission and Progression Committee
17. Participates in promoting research
18. Maintains competency within anesthesia practice area
19. Maintains involvement in community and professional activities
APPENDIX I

FLORIDA GULF COST UNIVERSITY
SCHOOL OF NURSING

Position Description: Assistant Program Director, Nurse Anesthesia

Appointment:
Director, School of Nursing

Qualifications:
Master of Science in Nursing, and five (5) years experience as a Certified Nurse Anesthetist required. Minimum of two (2) years teaching and administrative experience in Nurse Anesthesia practice preferred. Licensure as a Registered Advanced Practice Nurse in the State of Florida and certification as a Registered Nurse Anesthetist required. Excellent organizational and interpersonal skills.

Responsible to:
Director, School of Nursing

Position Description:
Assists Nurse Anesthesia Program Director in the overall organization, implementation, and evaluation of the Nurse Anesthesia MSN Program. If required, in the absence of the NA Program Director, assumes NA Program leadership responsibilities. Provides classroom and clinical practice instruction in Nurse Anesthesia Major. Assists in liaisons with Nurse Anesthesia Program off-campus clinical sites.

Responsibilities:

1. Assists Nurse Anesthesia Program Director in recruitment and selection of Nurse Anesthesia students
2. Assists Nurse Anesthesia Program Director in monitoring all policies and procedures related to recruitment, admission, and progression
3. Assists Nurse Anesthesia Program Director in coordinating aspects of off-campus clinical practice sites including student placements and student clinical practice schedules
4. Assists Nurse Anesthesia Program Director with formative and summative evaluations
5. Assists Nurse Anesthesia Program Director in assuring all Nurse Anesthesia Program Policies and Procedures are in congruence with the Council on Accreditation of Nurse Anesthesia Educational Programs Standards and Guidelines
6. Assists Nurse Anesthesia Program Director and Director of School of Nursing in the preparation of internal and external regulatory and accreditation reports
7. Provides classroom, simulation laboratory, and clinical practice instruction in nurse anesthesia curriculum
8. Designs and implements OR simulation laboratory scenarios to enhance NA student clinical skills
9. Advises NA student advisees on program progression and clinical progress
10. Member, Nurse Anesthesia Program Admission Screening Committee
11. Liaison Off-Campus Clinical Coordinators
12. Represents School of Nursing on School, College, and University Committees as assigned
13. Maintains competency within nurse anesthesia practice area
14. Maintains involvement in community and professional activities
APPENDIX J  FLORIDA GULF COST UNIVERSITY
SCHOOL OF NURSING

Position Description: Off-campus Clinical Coordinator, Nurse Anesthesia

Appointment:
Director, School of Nursing

Qualifications:
Masters Degree (Preferred) Certified Registered Nurse Anesthetist or Anesthesiologist

Responsible to:
Program Director Nurse Anesthesia Program

Position Description:
Provides oversight of the day-to-day clinical practice education of the Florida Gulf Coast University School of Nursing nurse anesthesia students. Provides assurance that the clinical practice site maintains compliance with the COA Standards for accreditation policies and procedures.

Responsibilities:

1. Monitor students case logs and assign students to cases based on these case logs
2. Communicate on a regular basis with the Program Director and Assistant Program Director of the Nurse Anesthesia Program concerning issues relating to students clinical competencies and/or professional behaviors
3. Facilitate on-site visits by Florida Gulf Coast University School of Nursing CRNA faculty
4. Assist NA Program faculty in distributing/collecting student/faculty clinical evaluation tools, monitoring the nurse anesthesia students’ call schedule and the sick/vacation time of nurse anesthesia students
5. Monitor the currency of the professional credentials of CRNA clinical faculty who instruct students in their clinical sites
6. Monitor the clinical site’s willingness to enable students to develop as safe, competent full-service anesthesia care providers
7. Provide feedback to NA Program Director about student clinical placements and any clinical site issues each semester or when necessary
8. Maintain current licensure as a professional nurse and current certification as a CRNA
9. Participate in professional development activities particularly as they relate to CRNA education and practice