



Post-BSN to DNP Nurse Anesthesia
Program Student Handbook
2025-2026

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General Information

This handbook is prepared to explain Doctorate of Nursing Practice (DNP) program requirements and clinical information to student registered nurse anesthetists (SRNA), clinical preceptors, and faculty of the Nurse Anesthesia Program.

Post-MSN to DNP Nurse Anesthesia Program Mission Statement

The mission of La Salle's Post-BSN to DNP Nurse Anesthesia Program is to support, educate, and empower the next generation of nurse anesthetists to satisfactorily complete the program terminal objectives as prescribed by the Council on Accreditation of Nurse Anesthesia Programs (COA). The program's curriculum is thoughtfully designed to provide students with comprehensive clinical and academic preparation, ensuring their successful progression through the doctoral program. Graduates will successfully complete the National Certification Exam (NCE) administered by the National Board of Certification and Recertification for Nurse Anesthetologists (NBCRNA) upon graduation and deliver safe, independent, culturally and clinically competent care to patients across all settings.

Vision

The nursing program educates professionals prepared as leaders in practice, service, scholarship, and education, contributing to the advancement of the health and well-being of diverse communities.

DNP Program Philosophy

The philosophy of the DNP program is connected to the belief that the practice doctorate enriches advanced nursing practice by strengthening and expanding students' knowledge and skills. The program prepares students for careers as expert nurse clinicians and leaders who develop, implement, and evaluate programs of care and transform health care systems by using evidence-based innovations and technologies and facilitating interdisciplinary processes. The program develops graduates that have met established competencies of specialty organizations and are responsive to the changing health care needs of national and international populations and diverse patients and groups.

DNP Program Goals

To prepare students to provide nursing services in health care agencies and communities with an emphasis on vulnerable populations.

- Educate professional nurses for interprofessional practice in advanced nursing roles across community and health care settings.
- Meet the health needs of diverse individuals, families, groups, communities and populations.
- Support faculty and student scholarly activity that informs quality and safety in healthcare systems.

DNP Program Student Learning Outcomes

Upon completion of the DNP program, the student will be able to:

1. Apply theoretical and research-based knowledge from nursing and other disciplines to plan and implement safe, quality health care for vulnerable individuals and groups in an APRN or advanced nursing practice (APN) role.
2. Facilitate inter-professional collaboration to provide patient-centered, quality, ethical and safe healthcare.
3. Analyze the impact of evidence-based healthcare interventions on patient outcomes.
4. Evaluate health promotion and disease prevention efforts and outcomes to achieve quality healthcare.
5. Analyze the influence of public policy decisions on the health promotion, disease prevention, and health restoration services provided to diverse populations.
6. Enhance practicum judgment and decision-making abilities to address health promotion/disease prevention efforts for individuals, aggregates, or populations.
7. Utilize advanced communication and leadership skills to lead quality improvement and patient safety initiatives.

8. Promote culturally congruent and comprehensive healthcare services to all.
9. Analyze healthcare information systems/technologies to improve healthcare outcomes.
10. Demonstrate responsibility and accountability for ongoing professional development.

Post-BSN to DNP Nurse Anesthesia Program Objectives

As required by the Council on Accreditation of Nurse Anesthesia (COA) Educational Programs for Nurse Anesthesia Programs and the Commission on Collegiate Nursing Education (CCNE) for La Salle University School of Nursing. Graduates of the Nurse Anesthesia Program must have acquired knowledge, skills, and competencies in patient safety, perianesthetic management, critical thinking, communication, and competencies needed for completion of a Doctor of Nursing Practice (DNP)-Nurse Anesthesia Track. Specifically:

Patient Safety

The graduate must demonstrate the ability to:

1. Be vigilant in the delivery of patient care.
2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).
3. Conduct a comprehensive equipment check.
4. Protect patients from iatrogenic complications.

Perianesthesia Management

The graduate must demonstrate the ability to:

5. Provide individualized care throughout the perianesthesia continuum.
6. Deliver culturally competent perianesthesia care.
7. Provide anesthesia services to all patients across the lifespan
8. Perform a comprehensive history and physical assessment
9. Administer general anesthesia to patients with a variety of physical conditions.
10. Administer general anesthesia for a variety of surgical and medically related procedures.
11. Administer and manage a variety of regional anesthetics.
12. Maintain current certification in ACLS and PALS.

Critical Thinking

The graduate must demonstrate the ability to:

13. Apply knowledge to practice in decision making and problem solving.
14. Provide nurse anesthesia services based on evidence-based principles.
15. Perform a preanesthetic assessment before providing anesthesia services.
16. Assume responsibility and accountability for diagnosis.
17. Formulate an anesthesia plan of care before providing anesthesia services.
18. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
20. Calculate, initiate, and manage fluid and blood component therapy.
21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
23. Use science-based theories and concepts to analyze new practice approaches.
24. Pass the National Certification Examination (NCE) administered by the NBCRNA.

Communication

The graduate must demonstrate the ability to:

25. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
28. Maintain comprehensive, timely, accurate, and legible healthcare records.
29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
30. Teach others.

Leadership

The graduate must demonstrate the ability to:

31. Integrate critical thinking and self-reflection in one's approach to leadership.
32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

Professional Role

The graduate must demonstrate the ability to:

33. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
34. Interact on a professional level with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for one's practice.
38. Understand the importance of providing cost-effective anesthesia services.
39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder.
40. Inform others of the role and practice of the CRNA.
41. Evaluate how public policy impacts the financing and delivery of healthcare.
42. Advocate for health policy change to improve patient care.

Admission Criteria

Admission to the Post BSN-DNP Nurse Anesthesia Program requires a complete application. Applications are open from September 1 through February 15 of each year. To be considered complete and eligible for review, the application fee of \$100, the application and all supporting materials must be received by 11:59 p.m. on 15. Official transcript(s) from all institutions previously attended (college, university, evaluation of international credentials) must be sent to La Salle University separately.

Admission requirements include all of the following:

1. Baccalaureate degree in nursing (BSN) from an Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE) program.
2. Undergraduate coursework must include an introductory statistics course (including inferential and descriptive) and an undergraduate nursing research course.
3. Minimum cumulative nursing GPA of 3.2 on a 4.0 scale.
4. Current unencumbered United States RN license.
5. Resume or Curriculum Vitae detailing professional growth and opportunities experienced since high school graduation.

6. Four letters of recommendation:
 - a. Nurse manager
 - b. Physician (M.D. or D.O.) familiar with your critical care nursing skills
 - c. Two additional letters from healthcare professionals familiar with your clinical practice (nurse manager, health care providers [CRNA, M.D., N.P, or clinician]). Recommendations are not accepted from a peer nursing colleague.
7. Minimum of one year of critical care experience.

The Council on Accreditation of Nurse Anesthesia Education Programs (COA) defines critical care experience as Critical care experience must be obtained in a critical care area within the United States, its territories or a US military hospital outside of the United States. During this experience, the registered professional nurse has developed critical decision making and psychomotor skills, competency in patient assessment, and the ability to use and interpret advanced monitoring techniques. A critical care area is defined as one where, on a routine basis, the registered professional nurse manages one or more of the following: invasive hemodynamic monitors (e.g., pulmonary artery, central venous pressure, and arterial catheters), cardiac assist devices, mechanical ventilation, and vasoactive infusions. Examples of critical care units may include but are not limited to: surgical intensive care, cardiothoracic intensive care, coronary intensive care, medical intensive care, pediatric intensive care, and neonatal intensive care. Those who have experiences in other areas may be considered provided they can demonstrate competence with managing unstable patients, invasive monitoring, ventilators, and critical care pharmacology.
8. A statement of interest detailing the candidates desire to pursue a career as a nurse anesthesia provider including long-term career goals. Please limit the statement to two pages, double spaced.
9. Official transcripts of all college courses must be provided.
10. Documentation of a minimum of fifteen hours of shadowing experience with a qualified anesthesiologist or CRNA.
11. Critical Care Registered Nurse (CCRN) or equivalent and submission of scores.
12. Current ACLS and PALS certification.

Program Accreditation

The Post-BSN to DNP Nurse Anesthesia Program is accredited by both the Commission on Collegiate Nursing Education (CCNE) and the Council on Accreditation. Anesthesia-related coursework aligns with the standards set forth by the Council on Accreditation (2026). Remaining courses to support the doctorate of nursing practice degree align with the 2021 Essentials.

School of Nursing & Health Sciences Administration & Contact Information

Dr. Meredith Kneavel
Dean
kneavel@lasalle.edu

Dr. Mindy Tait
Associate Dean & Chief Nurse Administrator
herrin@lasalle.edu

Dr. Robert Simon
Program Director
simonr2@lasalle.edu

Dr. Nicole Irick
Assistance Program Director
irick@lasalle.edu

Dr. Jeannine Uribe
DNP Program Director
uribe@lasalle.edu

Academic Policies

Didactic Course Attendance Policy

Active participation is required in all courses in the Doctor of Nursing Program. While most course work is asynchronous, synchronous sessions may be scheduled at the start of a course and attendance is required.

Military Reserve Call Up Policy

Any student who is called up for reserve duty should contact the Registrar's Office. University procedure will be to drop all courses for these students and remove all tuition charges. Financial aid will be returned to the proper lender. The Registrar's Office will contact the Bursar, the Student Financial Services Office, and the appropriate Dean. If the call-up is at the end of the semester and if the student can finish coursework off campus, then the appropriate Dean or program director should use his/her judgment to make such provision.

The Nurse Anesthesia program recognizes that it may be necessary for a student to be absent from the program for required military service. At the same time, the program and student recognize that extended absences may adversely affect the student's didactic and practicum educational endeavors. All nurse anesthesia students are granted military leave in accordance with applicable federal and state laws. Students will be granted leave for required military training and/or duty in the Guard or Reserve. Upon the student's return to the program, all leave time must be made up and all terminal objectives must be met prior to graduation.

Cancellation of Classes

All courses at the University remain in session unless announced otherwise by radio and/or television media. The school **closing number is 105 for day classes or 2105 for evening/weekend classes. Students with classes off Main campus should check with their course faculty for alert numbers.** If classes are in session, students are expected to be present for practicum assignments. For safety reasons only, faculty and students can make individual decisions about attending practicum experiences. Students and faculty should refer to the La Salle University Web Page for all emergency and weather-related announcements and University closings. Online courses should follow instructions posted to the course learning management system.

Academic Integrity Policy

The Academic Integrity Policy of the Nursing Programs of the School of Nursing and Health Sciences is consistent with the University Academic Integrity Policy, found here: <https://wa3.lasalle.edu/channels/docs/get.php?id=350>

Artificial Intelligence Policy

It is expected that the use of AI is to be used to facilitate course learning and that the use will be limited for assignment completion. When used to complete assignments, the use of AI should be cited in the references and within the assignment. Please refer to the university student guide on the use of Large Language Models (LLM): [Student Guide to AI](#)

Course Withdrawal Policy

It is the student's responsibility to know the withdrawal date for courses each semester. Dates are published each semester on the academic calendar on the Registrar's page on the La Salle website. Medical withdrawals are considered in cases of serious illness and disability during the semester only. If a student receives counseling from the faculty to withdraw from a course due to illness or related circumstances, and the student voluntarily chooses to remain in the course, the likelihood of a medical withdrawal at the end of the semester is seriously limited. Withdrawals given for medical reasons are for all courses in a specific semester, not for any individual course.

Students are permitted to withdraw only one time from a single required nursing course in the graduate nursing program with a maximum of one withdrawal is permitted overall during the program. Upon the second withdrawal from the same course, the student will be dismissed from the Graduate Nursing Program. It is the student's responsibility to know the withdrawal date within each semester. Moreover, many courses in the DNP and NAP are only offered once per year and withdrawing from a course will require the student to wait a year to return to the plan of study.

Academic Progression Policy

All graduate nursing students are required to maintain a cumulative grade point average of “B” (3.0). In addition, students must earn a “B” or better in each of the core and advanced core courses in order to progress into the residency courses. Once enrolled in residency courses, students must earn a “B” or better. Graduate students who earn a grade of “B-” or less in any advanced core or residency course may repeat the course only once. The course must be repeated at La Salle University. Graduate students who have a GPA less than 3.0 will be placed on academic probation. A graduate student that earns less than a “B” in more than one advanced core or residency course may be dismissed from the program.

Academic Advising

All students are advised by the program director upon formal acceptance. Faculty and the program director are available by appointment for student advisement any time during the academic year and especially during the pre-registration period. Students earning course grades below 84% must meet with the program director for advisement.

Program Plan of Study

Current Structure Cohort I (Class of 2027):

Spring	Summer	Fall
<u>Spring I</u> COMPLETED NUR 618: Pathophysiology* (3 credits) NUR 702: Theoretical Foundations of Doctoral Nursing Practice* (3) NUR 704: Statistics and Biostatistics* (3)	<u>Summer I</u> COMPLETED NUR 617: Advanced Pharmacology* (3) NUR 637: Epidemiology* (3)	<u>Fall I</u> COMPLETED NUR 616 Advanced Health Assessment* (3) NUR 702: Theoretical Foundations of Doctoral Nursing Practice (3)* NUR 709: Research/EBP* (3)
<u>Spring II</u> COMPLETED NUR 711: Principles of Anesthesia Practice (4) NUR 712: Physics, Chemistry and Equipment in Anesthesia (2) NUR 713: Pharmacology of Anesthetic Agents (4)	<u>Summer II</u> COMPLETED NUR 695: Public Policy and Global Initiatives* (3) NUR 714: Advanced Physiology & Pathophysiology for Anesthetists (4) NUR 715: Clinical Practicum I (1)	**All remaining courses will follow this plan of study and are in progress <u>Fall II</u> NUR 609: Healthcare Economics NUR 705: Patient Safety and Health Care Outcomes* (3) NUR 716: Advanced Principles of Anesthesia Practice (3) NUR 719: Clinical Practicum II (2)
<u>Spring III</u> NUR 717: Regional Anesthetic Management (1) NUR 718: Obstetric and Pediatric Anesthesia (1) NUR 730: Advanced Anesthetic Management for Special Procedures (1) NUR 731: Clinical Practicum III (2) NUR 750: Translating Research into Practice* (3)	<u>Summer III</u> NUR 732: Advanced Anesthetic Management for Special Procedures II (2) NUR 733: Clinical Practicum IV (2) NUR 751: Clinical Leadership and Interprofessional Collaboration* (3)	<u>Fall III</u> NUR 734: Professional Aspects of Anesthesia Practice (1) NUR 735: Clinical Practicum V (2) NUR 736: Crisis Management in Anesthesia (1) NUR 880: DNP Project I* (4)
<u>Spring IV</u> NUR 737: Clinical Practicum VI (2) NUR 738: Transition to Advanced Nurse Anesthesia Practice (4) NUR 882: DNP Project II* (3)		* Courses offered in an online/hybrid format

Plan of Study for Cohort II (Class of 2028)

Spring	Summer	Fall
<u>Spring I COMPLETED</u> NUR 618: Advanced Pathophysiology* (3 credits) NUR 702: Theoretical Foundations of Doctoral Nursing Practice* (3) NUR 704: Statistics and Biostatistics* (3)	<u>Summer I COMPLETED</u> NUR 617: Advanced Pharmacology* (3) NUR 637: Epidemiology* (3) (SU I) NUR 703: Professional Ethics* (3) (SU II)	Fall I-In Progress NUR 616 Advanced Health Assessment* (3) NUR 709: Research/EBP* (3)
<u>Spring II</u> NUR 711: Principles of Anesthesia Practice (4) NUR 712: Physics, Chemistry and Equipment in Anesthesia (2) NUR 705: Patient Safety and Health Care Outcomes* (3)	<u>Summer II</u> NUR 713: Pharmacology of Anesthetic Agents (4) NUR 714: Advanced Physiology & Pathophysiology for Anesthetists (4) NUR 715: Clinical Practicum I (1)	<u>Fall II</u> NUR 750: Translating Research into Practice* (3) NUR 717: Regional Anesthetic Management (1) NUR 718: Obstetric and Pediatric Anesthesia (1) NUR 730: Advanced Anesthetic Management for Special Procedures (1) NUR 719: Clinical Practicum II (2)
<u>Spring III</u> NUR 716: Advanced Principles of Anesthesia Practice (3) NUR 731: Clinical Practicum III (2) NUR 751: Clinical Leadership and Interprofessional Collaboration* (3)	<u>Summer III</u> NUR 732: Advanced Anesthetic Management for Special Procedures II (2) NUR 733: Clinical Practicum IV (2) NUR 880: DNP Project I* (4)	<u>Fall III</u> NUR 734: Professional Aspects of Anesthesia Practice (1) NUR 735: Clinical Practicum V (2) NUR 736: Crisis Management in Anesthesia (1) NUR 609: Healthcare Economics (5 have already taken it) NUR 882: DNP Project II* (3)
<u>Spring IV</u> NUR 737: Clinical Practicum VI (2) NUR 738: Transition to Advanced Nurse Anesthesia Practice (4) NUR 695: Public Policy and Global Initiatives* (3)—Proposed to change to a 7 week course to finish at midterm to allow for preparation for CRNA Cert Exam)		

Final Course Sequence for Cohort III (Class of 2029) and Beyond

Spring	Summer	Fall
<u>Spring I</u> NUR 618: Advanced Pathophysiology* (3 credits) NUR 702: Theoretical Foundations of Doctoral Nursing Practice* (3) NUR 704: Statistics and Biostatistics* (3)	<u>Summer I</u> NUR 617: Advanced Pharmacology* (3) NUR 637: Epidemiology* (3) (SU I) NUR 703: Professional Ethics* (3) (SU II) NUR 695: Public Policy and Global Initiatives* (3)	NUR 616 Advanced Health Assessment* (3) NUR 609: Healthcare Economics NUR 709: Research/EBP* (3)
<u>Spring II</u> NUR 711: Principles of Anesthesia Practice (4) NUR 712: Physics, Chemistry and Equipment in Anesthesia (2) NUR 705: Patient Safety and Health Care Outcomes* (3)	<u>Summer II</u> NUR 713: Pharmacology of Anesthetic Agents (4) NUR 714: Advanced Physiology & Pathophysiology for Anesthetists (4) NUR 715: Clinical Practicum I (1)	<u>Fall II</u> NUR 750: Translating Research into Practice* (3) NUR 717: Regional Anesthetic Management (1) NUR 718: Obstetric and Pediatric Anesthesia (1) NUR 730: Advanced Anesthetic Management for Special Procedures (1)

		NUR 719: Clinical Practicum II (2)
Spring III NUR 716: Advanced Principles of Anesthesia Practice (3) NUR 731: Clinical Practicum III (2) NUR 751: Clinical Leadership and Interprofessional Collaboration* (3)	Summer III NUR 732: Advanced Anesthetic Management for Special Procedures II (2) NUR 733: Clinical Practicum IV (2) NUR 880: DNP Project I* (4)	Fall III NUR 734: Professional Aspects of Anesthesia Practice (1) NUR 735: Clinical Practicum V (2) NUR 736: Crisis Management in Anesthesia (1) NUR 882: DNP Project II* (3)
Spring IV NUR 737: Clinical Practicum VI (2) NUR 738: Transition to Advanced Nurse Anesthesia Practice (4)		

Student Code of Conduct

Students enrolled in the nurse anesthesia program must adhere to the AANA Code of Ethics for Nurse Anesthetists and the La Salle University Code of Conduct Policy throughout their entire enrollment in the program.

AANA Code of Ethics for Nurse Anesthetists: <https://www.aana.com/practice/clinical-practice/clinical-practice-resources/code-of-ethics-for-crnas/>

La Salle University Code of Conduct: <https://www.lasalle.edu/office-of-student-conduct/policies/code-of-conduct/>

Faculty reserves the right to remove a student from the program who demonstrates unsafe, unprofessional, or unethical behavior at any time in the didactic and clinical practicum. Aggressive behavior will not be tolerated. For information about a student's rights and responsibilities, see the Student Guide to Rights and Responsibilities available at: <http://www.lasalle.edu/students/dean/divpub/manuals/sgrrr/>

Child Abuse & Criminal Background Check Policy

Health care and educational agencies require a clear child abuse and criminal record check from Pennsylvania and the student's state of residence (if outside of PA). Any student with a positive child abuse or criminal record check will not be permitted to enter or to remain in the program. It is the student's responsibility to address any positive criminal record or child abuse check that is returned. Upon initial enrollment, FBI fingerprinting criminal record check is also required. Yearly submission of criminal record and child abuse clearances are required and must remain in compliance.

Students are required to update the program director and the Associate Dean/Chief Nurse Administrator if there has been any change in their criminal record status. Any student who misrepresents information related to their criminal record will be dismissed from the program. Students may be immediately dismissed if convictions are found on the student's record for offenses as listed on the Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997 Criminal Offenses set forth by the PA Department of Aging.

Substance Use Policy

Doctoral nursing students abide by the substance abuse policies of La Salle University specified in the Student Guide to Rights and Responsibilities. In addition to the rationales supporting these policies, this policy stands because of the need for safe patient care and the safety of faculty, staff, and students. This policy is consistent with the policy statement of the *American Association of Colleges of Nursing*: <https://www.aacnnursing.org/News-Information/Position-Statements-White-Papers/Substance-Abuse>

Nursing students must abide by the substance abuse policy and subsequent revisions of the policy stipulated by the Pennsylvania State Board of Nurse Examiners and other state boards by which they are licensed as registered nurses. Consent to the results of drug screening is granted to the program director and Associated Dean/Chief Nurse Administrator by the student.

If a student tests positive for one or more of the drugs specified on the screening test, the Laboratory physician (Medical Review Officer [MRO]) discusses this with the student to determine the presence of metabolites of prescribed medications. The student may be required to contact the prescribing physician and/or pharmacy to authorize release of medical information to the program administration to indicate the illness for which the drug was prescribed and other relevant information.

If the student tests positive for one or more of the drugs on the screening test and the Laboratory physician (MRO) determined that the test is positive, the student may choose to request confirmation testing of the original specimen by another approved laboratory identified by the Agency used for drug testing. All expenses and fees associated with the additional confirmation testing are paid for by the student contesting the results.

An administrator of the School of Nursing and Health Sciences will suggest that a student who tests positive seek evaluation for substance abuse. The student must agree to the evaluation. If a diagnosis of substance abuse is made, the treatment costs will be borne by the student. No student is eligible to attend practicum experiences if the drug screening is positive. Students enrolled in practicum and residency courses will be withdrawn from the courses immediately.

Readmission Following A Positive Drug Test

If the student is dismissed or withdraws from program or the university due to positive test results for alcohol and/or drug use and the student wishes to be considered for readmission, the student must:

1. Submit a letter from a treatment agency verifying completion of a counseling substance program or abuse treatment program. Authorize release of information to the Associate Dean/Chief Nurse Administrator and program director.
2. Prior to readmission, submit to an unannounced substance abuse screening at the student's expense. A positive screen, positive criminal checks, positive child abuse check, or a DUI conviction will result in ineligibility for readmission.
3. The student will be subject to random screening of blood alcohol levels and/or drug screening at the student's expense.
4. The student must be aware that the above conditions are in addition to those imposed by the La Salle University Catalog and the La Salle University Student Guide to Rights and Responsibilities.

Licensure Requirements

All doctoral nursing students must provide evidence of current licensure as a registered nurse and, if applicable, an advanced practice nurse at the time of program application. Students are required to secure a Registered Nurse license for any state in which they are employed or engage in practicum or residency experiences. Students are solely responsible for securing the appropriate license and are advised to begin this process early, as some states may take several months to provide an RN license.

If a Pennsylvania license is needed the student should apply for endorsement using the following website:

<https://www.pals.pa.gov/#!/page/default>

Professional Liability Insurance

All students must provide evidence of personal professional liability (malpractice) insurance at the commencement of the DNP program. If the policy expires, it is the responsibility of the student to send in copies of the licensure renewal certificate prior to termination of the initial insurance policy. Professional liability insurance is required through the AANA for all clinical practicum rotations. The policy must meet required limits per clinical site mandates.

DNP Completion Timeline

All requirements for the DNP degree must be completed within seven academic years from the date of the first enrollment for study following admission to the doctoral courses. Transfer students' candidacy period is seven years.

DNP Project

The DNP Project addresses a practicum practice issue for diverse individuals, families, groups, communities, and populations concentrating on the scholarship of practice. The student identifies a project that is based on assessment data, a review of research and related literature, and other data sources. DNP Project evaluation strategies and outcomes must be specified. The student is required to discuss the project with key stakeholders, such as practicum leaders in health care and community settings. The student designs, implements and evaluates the project, and disseminates results.

Please refer to the DNP Project Manual for additional details.

Grading

The Nursing Programs of the School of Nursing and Health Sciences follow the La Salle University graduate grading scale policy. The School of Nursing and Health Sciences interprets this system using the following numerical scale:

Letter Grade	Percentage
A	93 – 100
A-	90 – 92
B+	87 – 89
B	84 – 86
B-	81 – 83
C	75 – 80
F	74 and below
I	Incomplete
W	Withdrawal

Graduate Policy for Incomplete Grades

Incomplete grades at the graduate level require that a contract be written between the faculty member and student to set requirements and deadlines for completion. Please see the University Policy regarding incomplete grades for Graduate Students in the Graduate Catalog.

DNP Portfolio

A completed portfolio is required of students to:

1. Provide opportunities for developing individualized learning goals and reflecting on personal progress;
2. Document profiles related to specific educational and professional activities; and
3. To serve as a written trajectory of educational accomplishments.

Each student enrolled in the DNP program will maintain an electronic portfolio throughout the time they are enrolled in the DNP program. Each course requires an artifact and two courses require a reflection paper that is posted in the Canvas course corresponding to a short reflection piece to be posted to the portfolio. All completed practicum hour logs for DNP courses will also be posted in the portfolio. Students are responsible for maintaining current and updated materials in their portfolio. Student portfolios will be audited for completeness by the DNP Director prior to graduation.

Readmission Policy

After filing an official leave from the program with the program director, students seeking readmission to the Post-BSN to DNP Program for any reason should apply to the program director. The Graduate Nursing Admission Committee will review the student's academic record and notify the student regarding the decision to readmit.

Complaints/Student Right To Grievance Policy

Policies and procedures for Student Guide to Rights and Responsibilities can be found online at:

<http://www.lasalle.edu/students/dean/divpub/manuals/studentguide/>. Feedback from students, whether of a positive

or negative nature, should be used for the improvement of the educational programs and environment of the University. The purpose of this policy is to outline avenues by which students may lodge complaints within the School of Nursing and Health Sciences (SONHS) at La Salle University. This policy provides an overview of the process, followed by sections that address the most common categories of student issues and complaints, with the aim of providing students with general information and specific contact strategies. Specific procedural details may vary among departments and programs; students are encouraged to refer to the handbook of their programs.

It is an express SONHS policy that all students always have the right to lodge a complaint that they deem important, without fear of retaliation of any sort or other adverse consequence because of doing so. The recommended general strategy for reporting complaints is to first contact the specific individuals or units most directly connected with the issue at hand unless there are good reasons for not doing so such as a desire to maintain anonymity. The Campus Directory generally provides contact information for all the campus units, departments, Dean's offices, etc. from which an individual can usually determine where to go to make a complaint. All main campus entities also have contact information via web pages.

Policies and procedures for managing complaints regarding harassment or discrimination can be found in the Student Guide to Rights and Responsibilities which can be found online at:

<http://www.lasalle.edu/students/dean/divpub/manuals/sgrrr/>

The University Handbook also presents a review of student rights, including grade grievances. Students should be aware that neither program chairs nor Deans can require an instructor to change a properly assigned course grade. The Academic Integrity Policy of the Nursing Programs of the School of Nursing and Health Sciences is consistent with the University Academic Integrity Policy that can be found online at:

<http://www.lasalle.edu/students/dean/divpub/manuals/sgrrr/>

Other issues that may arise:

Issues about academic advising: The student should begin with the specific departmental or program advisor. Names, emails, office numbers and telephone numbers, and names of the appropriate individuals can be found in the campus directory; if unsure of who the advisor is, the student may contact the administrative assistant assigned to his/her department or program. Complaints may continue to the advisor's program director or Associate Dean/Chief Nurse Administrator. Normally, supervisory level complaints are submitted by a written process, which may include email or formal meeting with the specific advisor. Please review the SONHS organizational chart for the chain of command in Appendix A.

Issues about grading of assignments or exams, exam procedures, excused absences, class policies, course content or teaching method. Students should first discuss the issue with the individual faculty person since faculty members have primary authority and responsibility in all areas. If the issue is still unresolved, the student may then contact the program director or Associate Dean of Nursing/Chief Nurse Administrator using the Complaint form in the program Student Handbook. If unable to resolve the issue at this level, the student may proceed to contact the Dean and present a written complaint to the Dean. Only the individual instructor assigned to the course decides disagreements regarding whether an assignment earns a grade. Information about assignment requirements and grading procedures are contained in the course syllabus and/or on Canvas.

Issues about faculty performance or faculty behavior. If reasonable and appropriate, students should begin with the individual faculty person to discuss and resolve the problem together, if possible. If this direct effort fails, students may then contact the program director or Associate Dean/Chief Nurse Administrator using the complaint form in the program Student Handbook. If a student is unable to resolve the problem at this level, he or she may contact the Dean and present a written complaint to the Dean. This step typically constitutes the end of the formal complaint process.

Issues wherein the student wishes their identity or remain unknown with respect to an instructor or staff member, or where the student otherwise chooses to avoid directly discussing the problem with that individual. If, for whatever reason, a student does not want to personally or directly contact an instructor or staff

member to discuss a complaint, the student should begin with the next highest level of responsibility, which would typically be the program director or Associate Dean/Chief Nurse Administrator. The student can request an appointment to meet with the director or Associate Dean/Chief Nurse Administrator and/or send a written description of the issue or problem and request that their identity be kept confidential. That request will be honored unless there are overriding reasons to do otherwise. For example, if a student alleges sexual harassment by a faculty member, the director or Associate Dean/Chief Nurse Administrator *must* forward that information, to include the identity of the complainant, to the campus Affirmative Action Officer.

Students may also submit comments, concerns, and suggestions by contacting the program director, Associate Dean, or Dean directly. Students have the right to lodge a concern or complaint that they deem important without fear of retaliation. Student complaints will be handled in a confidential and professional manner. Matters that relate to accreditation standards and policies that cannot be resolved at the program, school, or university level may be addressed with CCNE. Only signed complaints related to accreditation standards or policies can be submitted to CCNE. More information can be found at <http://www.aacn.nche.edu>.

Transfer of Credit

Students may transfer graduate-level work. Application for permission to transfer courses is submitted to the program director at the time of admission into the program. Students submit a transcript, course description from the relevant course catalog and syllabus from the semester in which the course was taught. Students are informed of transfer approval/disapproval in writing.

With approval of the program director, students may transfer up to six hours of graduate level work into graduate programs that are 36 credits or less in length. Students may transfer up to nine hours of graduate-level work into programs that are greater than 36 credits in length. Course credit may be transferred only from graduate programs at accredited institutions, and only courses with a grade of B or better may be transferred.

NUR 616, Advanced Health Assessment, must be taken at La Salle University. Once a student matriculates into the Post-BSN to DNP Nurse Anesthesia program, all courses remaining in the plan of study must be taken at La Salle University.

Technology Requirements

Students are required to demonstrate technological proficiencies that increase in breadth and depth during doctoral studies. Expected proficiencies include skills in word processing, computing, searching, data mining and analysis, software versatility (web-based and computer-based), and familiarity with hardware and select peripherals. Students may be required to purchase software as part of a course requirement.

Audio/Video Recording

Students are prohibited from making any audio or video recordings of classes, clinical, and lab/simulation experiences without the explicit consent of the course instructor for each recording. Recorded lectures and other instructional materials are the intellectual property of the instructor and may not be shared, posted to public platforms (e.g., YouTube), or otherwise distributed without permission of the instructor. Unauthorized recording or distribution violates the Student Code of Conduct and is a violation of Pennsylvania State Law, and may also infringe upon the privacy rights of classmates without their express written consent.

Graduation Requirements

Students complete 85 semester hours of post-baccalaureate coursework. This coursework includes successful completion of all courses, a total of at least 2,000 post-baccalaureate supervised practicum hours (which includes case specific requirements threaded throughout the clinical practicum—please refer to Appendix B), a completed portfolio of student work, and a successfully defended DNP Project. To take the national certification examination, students are required to ensure they have obtained all COA case specific requirements, this will be monitored by the program leadership to ensure the requirements are met. Graduation details are specified in the La Salle University, Graduate Catalog. The program director and the Registrar review transcripts at least two months before each May graduation. The cumulative GPA in the Post-BSN to DNP Program must be at least a 3.2/4.0 in order to graduate.

Graduation Policy

While the University confers degrees three times a year (January, May and September) the University has only one ceremony following the spring semester in May. According to University criteria, confirmed with the registrar, doctoral students achieving such a prestigious accomplishment are required to complete their DNP Project prior to the May ceremony to be hooded and presented in the Commencement Program.

School & Program Governance

Student Representation on School of Nursing & Health Sciences Committees

To maximize student participation in all aspects of the DNP Program, the faculty invites student membership on faculty committees. The DNP Director solicits student representation on these committees. A variety of committee opportunities are available. In particular, the Doctor of Nursing Program Curriculum Committee will have 1 DNP student and 1 alternate student member.

Student representatives serve as an important communication link between faculty and students regarding program issues, changes, and needs. The representative should be an objective, conscientious, responsible individual with leadership ability and effective communication skills.

1. Representatives are expected to attend all designated committee meetings. The faculty reserves the right to request that representatives not attend certain meetings or parts of meetings.
2. Alternates should attend all meetings that student representatives cannot attend.
3. When an agenda is distributed, representatives should review it and prepare for meetings accordingly.
4. The representatives are charged to bring all student questions and concerns pertinent to the specific committee to meetings.
5. Representatives will receive minutes from meetings. Information should be shared with the student body.
6. Students may attend meetings in person or through video conferencing.

Research Participation

Nursing faculty and administrators conduct program evaluation studies or participate with off-campus researchers in collecting data to provide a basis for improving the nursing program and/or services to students. Anonymity and confidentiality will be maintained in the collection of any data. Student participation or non-participation will not in any way affect the student's grade.

Right to Inspect File

Students may inspect their personal file by scheduling an appointment with the program director. A student must examine the file with the program director in attendance; the student cannot alter or remove the files.

Identification Cards

All students are required to carry a valid La Salle ID card. This card is also the library card. Online and remote students may upload a photo and obtain their ID at:

<http://www.lasalle.edu/studentaccounts/id><http://www.lasalle.edu/studentaccounts/id-cards/cards/>

Parking

Parking passes are required to park on campus. Online students who come to campus for meetings or other scheduled events should consult the program director for parking instructions and/or shuttle service.

Emergencies/Security

The on-campus Security Office is staffed 24 hours a day, seven days a week, providing security services, parking registration, identification card distribution, shuttle bus/escort services and help with cars. For general information, call 215-9511300; **For emergencies, call 215-991-2111.**

Clinical Residency Policies

Clinical compliance must be adhered to for the duration of the program. Please refer to the policies forthwith to ensure clinical compliance. All SRNA's will be responsible for reviewing the handbook annually and attesting to the policies described.

AANA Membership

SRNA's are required to maintain an Associate membership in the American Association of Nurse Anesthesiologists (AANA) during their enrollment in the program. SRNA's will apply for membership during their first semester in the program with the assistance of the program director and assistant program director. The SRNA is responsible for all costs related to maintaining AANA Associate Membership dues.

CPR & Advanced Cardiac Life Support

The Nurse Anesthesia program and the COA require each student to maintain current American Heart Association Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) certification throughout the duration of program. A copy of the current BLS, ACLS, and PALS certification must be kept current, and a current copy must remain on file in Castle Branch at all times. Failure to comply with this requirement may result in revocation of clinical placement.

Residency Attendance Policy

Students enrolled in the program must be prepared for clinical assignments. Attendance is mandatory for clinical residency. It is the student's responsibility to inform the program director, clinical preceptor, or administrative staff when they will be late or unable to participate in clinical activities. In the event of illness, tardiness or inability to participate in any scheduled activities (clinical or didactic), students must follow the 'Sick Time/Call Out Policy' outlined in this clinical handbook. Students who are more than 15 minutes late for clinical residency will receive counseling from the program director for the first occurrence. Any further occurrences will result in the loss of one vacation day from the student's time-off bank for any additional episode(s) of tardiness.

Failure to abide by the 'Sick Time/Call Out Policy' will result in the loss of two vacation days per occurrence.

Call Requirement Policy

SRNA's are required to participate in a mandatory 'on call' clinical experience beginning Fall semester of their first clinical year.

As part of the curriculum, SRNA's may be assigned call duty at selected sites in order to support the clinical experience and meet standards set forth by the COA. Additional supplemental 'on call' clinical experiences may be provided at the discretion of NAP administration or upon SRNA request. During the call clinical practicum, the SRNA will remain in the hospital with a certified registered nurse anesthetist (CRNA) or anesthesiologist for a mutually agreed upon time. A post-call day will be provided for the on-call experience. A secure call room will be provided for the SRNA. Under no circumstances are outside visitors permitted at the facility, in the call room, or in the nursing units. When on-call, the SRNA arrives on time to ensure adequate time to complete the on-call checklist requirements.

A clinical evaluation form must be given to the on-call CRNA for each call shift even if no cases are performed. Call duty is completed at 7:00 AM the next morning. SRNA's may submit up to but no more than four (4) 'no call' requests per month. All consideration will be given but cannot be guaranteed. Of the four 'no call' requests, no more may be for one weekend day (Friday, Saturday, and Sunday). This requirement is for clinical sites that require or allow call for the SRNA's.

Case Management Requirements

SRNA's are required to complete and formulate an anesthesia plan of care for all clinical cases assigned. If the SRNA does not receive their clinical assignment by the morning of the procedure, a verbal anesthesia plan of care must be discussed prior to anesthetizing any patient and may be updated as the clinical case unfolds. SRNA's are

required to submit formal care plans for each clinical day using the standardized care plan provided. These are to be uploaded weekly to the Canvas course.

SRNA's must discuss the anesthesia plan of care with his or her preceptor before each case and are expected to consider the care plan as a working document, building on procedural and drug information researched with anesthetic-specific implications for each patient presentation. As the surgical procedure unfolds, the document should be updated and/or finalized reflecting actual case events.

Procedure Notes/Medication Information

SRNA's are required to research assigned surgical procedures prior to arrival for the clinical day. Review of anesthesia textbooks, journal and online resources should be performed to ascertain the most current evidenced-based information about the procedure and patient management. Anesthetic agents and adjuncts relevant to the case/patient must be written onto case cards following the format described below. SRNAs can keep the procedure and drug cards in a clinical file folder in order to build a resource library for future assignments. The following template should be followed to gather relevant information:

Procedure Note Requirements:

- Discussion of intraoperative physiological effects and potential complications
- Anesthesia options/considerations
- Discussion of induction, maintenance, and emergence process including the use or non-use of neuromuscular blockade
- Discussion of fluid management strategies including estimated blood loss
- Discussion of postoperative pain management strategies
- Equipment needs
- Positioning aids
- Advanced monitoring
- Special airway needs

Back of the card:

Space available for additional discussion relevant to the procedure, including physician and patient specific needs

Drug Note Requirements:

- Anesthetic agent/adjunct – trade name/generic name
- Classification/Indication
- Pharmacodynamic/Pharmacokinetic properties:
 - Onset of Action
 - Duration of Action
 - Dosing
 - Side Effects/Anesthetic Precautions

Cell Phone Policy

Cell phones must be placed in vibrate mode for all didactic courses. SRNA's may not use their cell phones during didactic classes or during examination administration. Emergent phone calls that are received must be managed outside the class area.

While in clinical, SRNA's are restricted from using their cell phone and must adhere to the policy of the clinical institution regarding the use of cell phones in the clinical area for non-personal use. During surgical cases, SRNA's

may not use their cell phones while in the surgical suite. Any SRNA found to use their cell phone to record, photograph, or video any patient or procedure may be immediately dismissed from the program.

Required Clearances & Screenings

All students enrolled in the program will be required to have criminal background clearance/certification and screenings as required by Pennsylvania law, La Salle University Compliance requirements, and clinical sites. Such clearances/certifications and screenings are required upon initial acceptance into the Nurse Anesthesia Program, one month before the start of the clinical residency portion of the Nurse Anesthesia Program, and annually thereafter. All clearance and screening results must be compliant when reviewed by the LaSalle University School of Nursing and Health Sciences as a condition of the applicant's admission into the Nurse Anesthesia program and subsequent placement in clinical residency.

Compliance Requirement Checklist

1. Orientation Letter; Sign-in-ink and date.
2. Authorization to Communicate Pandemic Related Health Information to Clinical/Community Agencies Form
3. HIPAA, Bloodborne Pathogen, Tuberculosis and OSHA Quiz with a score of 8/10 (required annually) on Canvas.
4. HIPAA, Bloodborne Pathogen, Tuberculosis and OSHA Attestation Form-fill out the form AFTER completing quizzes on the Canvas Cohort. Sign-in-ink and date.
5. Health Insurance Card; both the front and the back of insurance card
6. Health & Physical Examination Form must be completed once every 2 years
7. Tuberculosis (required annually):
 - a. Year One: Complete Either 2-step PPD, QuantiFERON Gold or T-spot test (for those with Negative results) **or** TB Questionnaire with accompanying clear chest x-ray (x-ray must be taken within 5 years; the chest x-ray does not have to be repeated every year) (for those with Positive results)
 - b. Year Two and Beyond: TB Questionnaire (with accompanying clear chest x-ray when applicable; x-ray must be taken within 5 years; the chest x-ray does not have to be repeated every year).
8. MMR-either positive **Quantitative** titer only; numeric value with interpretation key must be present (qualitative results not accepted) **or** 2 MMR vaccinations.
9. Varicella-either positive **Quantitative** titer only; numeric value with interpretation key must be present (qualitative results not accepted) **or** 2 varicella vaccinations.
10. Hepatitis B-positive **Quantitative** titer only; numeric value with interpretation key must be present (qualitative results not accepted) **or** Hypo-/Non-Responder form (Hypo-/Non-Responder form can be found on Canvas Cohort)
11. Tdap/Boostrix/Adacel vaccination within last 10 years
12. Influenza vaccination (by October 15 annually)
13. COVID-19 Vaccinations and boosters, or exemption
14. Urine Drug Screening (must be completed annually)
15. BLS/ACLS/PALS Certification (see previous policy)
16. PA Criminal Background Check run for 'volunteer' purposes (all students) at <https://epatch.pa.gov/home>. For Non-PA residents, background checks must be ordered **ONLY** through Castlebranch at <https://portal.castlebranch.com/LA68> and must be completed annually. Previously run state police criminal background checks will be rejected.
17. PA Child Abuse Clearance (all students); please order at: <https://www.compass.state.pa.us/cwis/public/home> Other State (except NJ) Child Abuse Clearance (for non-PA residents only) All child abuse clearances must be completed annually, and be run for 'volunteer' purposes.
18. FBI Fingerprinting Clearance (required only once during the program).
19. Current PA Nursing License (and any licensure for states where clinical residency is assigned).
20. Student malpractice insurance (reviewed annually). Consent to Release Form: Sign-in-ink and date

21. Acknowledgement and Authorization form: Sign-in-ink and date
22. Disclosure re: Background Investigations: form Sign-in-ink and date
23. Disclosure re: Investigative Reports form: Sign-in-ink and date
24. Read Castle Branch-provided Summary of Rights paperwork. Forms must be completed annually. Students will automatically receive the above forms and paperwork when they apply for background checks through Castle Branch.

Students who do not meet the compliance requirements by the deadline will be moved to a future cohort or have their acceptance revoked and will be restricted from attending clinical residency.

Criminal Background Clearance Policy

Results of the criminal background investigation may be shared with clinical rotations sites as mandated by the *Joint Commission*. Offers of admission will not be considered final and enrollment will not be permitted until completion of the background investigation.

If the results of the background investigation reveal a positive criminal background or the information received indicates that the SRNA has provided false or misleading statements or has omitted the required information, admission to the program may be denied or rescinded. SRNA's must disclose to the program director any convictions, guilty pleas, or no contest pleas to any crime, misdemeanor or other offenses subsequent to the criminal background investigation.

If the criminal background investigation report reveals information of concern, the SRNA will be required to provide a detailed written description and explanation of the information contained in the report along with appropriate documentation (i.e. police reports). This information must be returned to the program director within ten (10) working days of the date the communication was sent to the SRNA. The program may also independently seek to obtain additional information, such as a copy of the original criminal charge, in order to corroborate the individual's explanation.

The program director and the Associate Dean/Chief Nurse Administrator at LaSalle University will review the report, the SRNA's explanation, and any other supplementary information, and will consider factors such as: (a) the nature and seriousness of the offense, (b) the circumstances under which the offense occurred, (c) relationship between the duties to be performed as part of the educational program and the offense committed, (d) the age of the person when the offense was committed, (e) whether the offense was isolated or repeated incident, (f) the length of time that has passed since the offense, (g) past employment and history of academic or disciplinary misconduct, (h) evidence of successful rehabilitation, and (i) the accuracy of the information provided by the applicant in the application materials or disclosure form.

If the program determines, based upon the SRNA's written description, explanation, and documentation regarding information contained in a criminal background investigation that the results of the investigation will not exclude the student from admission to the program, the SRNA will be informed that the decision to allow admission to the program is not a guarantee that clinical affiliates will permit the student to participate in clinical residency in the future or that any state will accept the individual as a candidate for registration, permit, licensure or National Board for Certification and Recertification of Nurse Anesthetist eligibility. Students are required to inform the Director of the Nurse Anesthesia Program immediately if there has been any change in their criminal record status.

Students should be aware that the NBCRNA maintains its own eligibility criteria regarding certification of individuals. Students with a history of conviction(s) should check with the NBCRNA for eligibility.

Clinical Case Assignments

SRNA's enrolled in the NAP are assigned to cases in the clinical setting based on their current placement in the curriculum to ensure safe patient care and stepwise clinical development. SRNA's may only accept cases at the appropriate stage in their clinical development from the clinical coordinator, CRNA preceptor, or anesthesiologist

at their designated clinical site. Examples of appropriate clinical case assignment progression through the clinical curriculum are identified below but serve only as *an example and guide*:

Months 1-6 – MAC/TIVA cases in the gastroenterology suite, excision of skin lesions; general anesthesia for inguinal or umbilical hernia repairs, laparoscopic cholecystectomy, hysteroscopy, D&C, breast biopsy, knee arthroscopy, or cystoscopy.

- Students are responsible for anesthesia machine checks and room setup
- Students may perform general induction sequence and endotracheal intubation/LMA placement.

Months 7-12 – most laparoscopic and open abdominal procedures except for complex resections; bariatric procedures, shoulder procedures, joint replacements, simple bone fracture repairs, most urologic procedures, robotic procedures, ENT procedures.

- Students may administer spinal anesthetics.
- Students can assist with peripheral nerve blocks
- Students may place arterial lines
- Students may assist with central line placement

Months 13-21 – case assignments include thoracic, vascular, and musculoskeletal procedures for spinal surgery and complex fractures.

- Students may perform peripheral nerve blocks
- Specialty rotations may begin for neuroanesthesia, obstetrics, cardiac, trauma, pediatrics and complex surgical cases.
- Call responsibilities may begin based on institutional policies.

*In the event that an SRNA is assigned to a room with a clinical case beyond their scope and level in the program, they may assist the CRNA or MDA and observe the surgical procedure in preparation for later in the clinical curriculum when it would be appropriate for them to clinically manage the case.

Clinical Hours & Clinical Case Reporting Via Typhon

SRNA's are required to utilize the clinical case tracking management website (<http://www.typhongroup.net>) to maintain accurate tracking data for clinical hours and cases completed during each clinical practicum. It is the SRNA's responsibility to keep daily records of their clinical work through utilization of Typhon in order to meet the requirements for graduation and certification as set forth by the Council on Accreditation of Nurse Anesthesia Programs. Students are oriented to this database system during prior to this clinical rotations starting. Collective weekly clinical data must be submitted via the Typhon Group website by Sunday at 11:59 PM weekly.

Student care plans and clinical evaluations must be uploaded to Canvas weekly by Sunday at 11:59 PM.

Clinical Evaluation/Self-Evaluation

SRNA's are required to complete daily clinical evaluations and self-evaluation while assigned to the clinical area. Clinical evaluation of SRNA performance includes the completion of a daily written evaluation every clinical day. It is the responsibility of the SRNA to:

- Provide an evaluation form to the clinical faculty preceptor on a daily basis.
- Obtain the completed clinical evaluation from the instructor.

- Complete the ‘Self Evaluation’ portion of their clinical evaluation form prior to submitting it to the clinical preceptor.
- Alteration of, failure to complete, failure to return or destruction of a clinical preceptor evaluation form may result in immediate dismissal from the program.
- If an unsatisfactory evaluation is received (objectives not met in any category), the student must notify the program director immediately.

In the event that a student disagrees with the clinical evaluation from a preceptor, he/she may provide a supplemental rebuttal stapled to his/her clinical evaluation. In the event that a student feels that a rebuttal is required, the student must notify the Program Director or Assistant Program Director within 24 hours of receiving the evaluation to schedule an appointment to review the clinical evaluation.

Clinical Progression Policy

Clinical evaluation is an ongoing process to determine the SRNA’s progress in the Nurse Anesthesia Program. Each SRNA’s clinical performance is reviewed at designated intervals (1 – 4 Months, 5 – 8 Months, 9 – 12 Months, 12-15 Months, 15-18 Months, 18+ Months Final evaluation) or when performance indicates an earlier evaluation, at which time he/she is made aware of their clinical progression.

Data used in the overall student evaluation process includes the following:

- Clinical evaluations
- SRNA summative clinical evaluation data
- Clinical Coordinator summative reviews of SRNA performance at a given clinical site
- Information from ‘Clinical Action Communication Record’ forms
- Faculty observations
- Documentation, of failure to prepare for cases, an inability to clinically relate didactic principles necessary for the clinical management of cases, and/or jeopardizing patient safety in the clinical area.

Clinical Jeopardy and Remediation

Clinical evaluation is an ongoing process to determine the SRNA’s progress in the program. Each SRNA’s summative clinical performance is reviewed at designated intervals during Clinical Practicum I-III. Second year progression reports of Clinical Practicum IV-VI are reviewed prior to program completion to ensure terminal objectives have been met.

Data reviewed during the clinical evaluation process include:

1. Daily clinical evaluations
2. Clinical coordinator summative reviews of student performance
3. Information from Clinical Action Communication Record forms
4. Faculty observations
5. Documentation of failure to prepare for cases, inability to correlate and communicate clinical information with the health care team, inability to apply didactic principles to clinical management of cases, and/or jeopardizing patient safety.

At any time that it is determined that an SRNA exhibits unsatisfactory or unsafe clinical performance, the program director will document the concerns on the Clinical Jeopardy Form and will notify the SRNA in person. Before the next scheduled clinical experience:

1. The SRNA will be required to meet with the program director and/or assistant program director and create an action plan to perform remediation and rectify the unsatisfactory or unsafe clinical practice(s) through the remediation process.

- a. If the SRNA fails to respond or keep the scheduled appointment, he/she will be prohibited from attending additional clinical experiences until the meeting has occurred.
- b. For each practice that is identified as unsafe or unsatisfactory, a target date to demonstrate satisfactory performance.
- c. Program faculty will continue to monitor the SRNA's progress towards satisfactory demonstration of clinical objectives.
- d. The target date will generally not exceed six weeks; the program director has the right to modify or extend the target date, if appropriate.

Counseling and remediation are not reported after the SRNA concludes his/her training upon inquiry for licensing and credentialing. Remediation is considered an adverse decision that entitles the SRNA to grievance and appeals rights. Please refer to [La Salle University Student Resources, Rights, & Responsibilities](#).

Remediation

If a SRNA does not successfully remediate or if there are continued documented clinical performance issues, the SRNA will be required to meet with the program director, assistant program director, the DNP Director and the Associate Dean/Chief Nurse Administrator. At the conclusion of that meeting, the student may be placed on clinical probation as set forth below.

Clinical Probation

Probation is designed to provide official recognition of poor performance and to implement a remediation program for improvement. Generally, a probationary period is a defined period where specific objectives for improvement are described, and specific degrees of improvement are required to successfully complete a probationary period. Students placed on probation will be notified of their probationary status in writing by the Program Director, Assistant Program Director and the Associate Dean/Chief Nurse Administrator. A copy of the letter will remain in his/her administrative file.

Probation status requirements include:

- Clinical probation period is for six weeks only.
- SRNA's on clinical probation will be assigned to a clinical site determined appropriate to acutely evaluate the student.
- The SRNA will remain in the clinical evaluation period (1 – 4 month, 5 – 8 month, 9 – 12 month or 2nd Year, Period 1, 2 3, or 4) in which they failed to achieve clinical objectives.
- Daily clinical evaluations are required.
 - All clinical preceptor evaluations must state 'meets' or 'exceeds' objectives.
- SRNA's on clinical probation are not permitted to take call.
- A weekly meeting will be held with the SRNA, program director, and assistant program director and Associate Dean/Chief Nurse administrator to review care plans and clinical evaluations for the week.

At the conclusion of the probationary period, the SRNA will either be restored to full status or may be dismissed from the program. The La Salle University Graduate Nursing Program Admission and Standards Committee will convene to review all documentation and vote to restore full status or dismiss the SRNA. The committee is comprised of:

- Associate Dean/Chief Nurse Administrator
- Director, DNP Programs
- Director, Nurse Anesthesia Program
- Assistant Director, Nurse Anesthesia Program
- Director of Primary Care and Specialty Certification Programs
- Track Coordinator for the AGNP program
- Track Coordinator for the FNP program
- Track Coordinator for the PMHNP program

If the SRNA is dismissed from the program, he/she may exercise the right to appeal as explained in the [La Salle University Student Resources, Rights, & Responsibilities](#). Reporting of probationary periods are reported after the SRNA concludes their training upon appropriate query from licensing, accrediting bodies or medical staffs.

Repeated Unsatisfactory Clinical Performance

If after a period of probation, the student has repeated at an unsatisfactory level, the student may be dismissed from the program without an additional probationary period.

Unsafe Clinical Practice

“Unsafe clinical performance is care that seriously **jeopardizes the patient's well-being** and/or causes **potential or actual harm to self or others**”. An SRNA who demonstrates a pattern of unsafe clinical performance will not be allowed to continue in the program. SRNA’s are provided an opportunity to demonstrate safe clinical performance within the structure of the course to meet clinical objectives.

Removal from Clinical Practice

La Salle University School of Nursing and Health Sciences reserve the right to remove a SRNA from a clinical site for unsafe clinical practice, failure to meet clinical objectives, or any incident reported from the clinical site or preceptor that reflects unprofessional behavior reported to the Nurse Anesthesia Program and/or LaSalle University. While the SRNA is absent from the clinical site, the program administrators, in collaboration with the Associate Dean/Chief Nurse Administrator, will investigate the incident, interview the SRNA, preceptor, and clinical site. Unless extenuating circumstances exist (ie-holiday or university is closed), this investigation should take no longer than seven business days. The result of the investigation will be discussed in a meeting with the program administrators, Associate Dean/Chief Nurse Administrator, and the Dean and a determination will be made regarding clinical progression. A record of the incident and subsequent decision will be kept in the student file. Students will not be charged vacation days during removal from clinical practicum.

Clinical Site Rotations

Clinical rotation sites are made by the Anesthesia Program Director and Nurse Anesthesia Program Assistant Program Director and are determined based on student learning needs, clinical site experience, and facility location. Clinical rotations will be distributed to the SRNA’s the Spring semester of their second year. SRNA’s may be presented with the option to request specific clinical site locations, however, this request may not be granted and they must remain flexible. The Program Director and Assistant Program Director make the final determination regarding student clinical rotation assignments. SRNA’s are required to bear all financial costs associated with a given clinical rotation. Housing, transportation to and from the clinical site, parking, tolls, meals and other costs incurred are not provided by the Nurse Anesthesia Program. The Nurse Anesthesia Program is not responsible for damage or theft of a student’s personal property or vehicle while at clinical rotations.

Clinical Site Orientation

Each clinical facility has specific requirements regarding orientation to their facility. Students are required to adhere to the guidelines outlined in the clinical rotation packet. Students are responsible for reviewing the clinical rotation packets in advance to ensure completion of the required on-boarding process.

All students receive an orientation to their respective clinical site. However, some sites require an orientation visit prior to arrival on the first day of the new rotation. For those clinical sites that require an on-site orientation prior to the start of a clinical rotation, the SRNA is responsible for arranging for an orientation experience with a peer currently at the clinical site. Students may use a regular clinical day when scheduled at their primary clinical location. Students should anticipate spending the entire clinical day orienting.

For clinical sites requiring a health screening process, students must make arrangements on a class day to ensure that no clinical hours are missed. Students may also use a pre- or post-call day to complete compliance requirements. All orientation days require the approval of the Nurse Anesthesia Program Director or Assistant Director.

Clinical Responsibilities & Assignments

Assignments are consistent with Council on Accreditation of Nurse Anesthesia Educational Program requirements (Appendix B). The clinical practicum provides students with opportunities for experiences in the perioperative

process that are unrestricted and promote their development as competent and safe nurse anesthetists. All clinical practicum activities are supervised by the Clinical Coordinator and preceptors on site. SRNA's are assigned clinical cases based on their level of progression in the program (student knowledge, ability, physical status of the patient, and complexity of the procedure).

While enrolled in the program, SRNA's are given the opportunity to achieve the minimum case requirements outlined by the COA. Clinical supervision of students is restricted to CRNA's and anesthesiologists with medical staff privileges who are immediately available in all anesthetizing and non-anesthetizing locations. SRNA's must have explicit permission from the preceptor before administering any drug to a patient, before performing an intubation or prior to extubation on any patient. SRNA's 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 preceptor assigned to that student.

To ensure patient safety, either the CRNA preceptor or the anesthesiologist may intervene and decide to further manage the anesthesia of the patient at any time during the case. Students interfering with this transfer of care may be dismissed from the program.

SRNA's are expected to be in the operating room no later than 6:30 a.m. Case preparation may be large or complex, therefore, it is necessary that the SRNA arrives early to ensure that adequate preparation is completed prior to the start of the case. Fifteen-minute breaks (AM/PM) and a thirty-minute lunch are provided. However, discretion should be used to not interfere with planned assignments. SRNA's must check with the clinical coordinator or his/her designee regarding reassignment whenever cases are cancelled, long breaks are scheduled in the room, or if the room finishes early. SRNA's must also check with the clinical coordinator or his/her designee prior to leaving the operating room area for any reason. A SRNA's day ends at a clinical site when the cases are concluded, generally at 3-4 pm. On occasion, a student is expected to stay past 4:00 PM to complete a given anesthetic, for continuity of care and educational enrichment. SRNA's need approval from the Clinical Coordinator or his/her designee to leave at the end of the day. SRNA's are not permitted to leave the building during business hours without permission. Failure to check with the Clinical Coordinator or his/her designee at any clinical affiliate site before leaving the clinical area will result in counseling by the Post-BSN DNP Nurse Anesthesia Program Director.

The Clinical Coordinator/preceptor makes students assignments based on the following considerations:

Ratios :1 CRNA: 1-2 SRNAs or 1 anesthesiologist: 1-2 SRNAs (1 resident/CRNA, 1 SRNA also acceptable)

- 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

Some senior level clinical affiliate rotation sites offer flexible shift options. Students interested in flexible shift options should discuss that option initially with the Nurse Anesthesia Program Director.

Computer & Internet Use

All computer users must practice ethical behavior in computing/internet activities. Abuse of computer access privileges is considered unprofessional behavior. The computing resources are provided for the use of staff, faculty, and students who are currently enrolled in courses approved or designated as requiring computer resources. The privilege of use by a student is not transferable to another student, to an outside individual, or to an outside organization. The theft or other abuse of computer time or facilities is not different from the theft or abuse of other property, and violators of the computing privilege will be subject to disciplinary action.

Examples of inappropriate use of computer or internet privileges:

1. Unauthorized entry into a restricted file, either to read or to change;
2. Unauthorized transfer of files;
3. Unauthorized entry into a network;

4. Unauthorized use of another individual's computer account;
5. Use of computing facilities to interfere with the work of another student;
6. Use of computing facilities to send obscene or abusive messages;

Persons are to conduct themselves in a professional manner and to accomplish tasks as expeditiously as possible. Computer services allocated to individuals through accounts on the campus networks should be respected by all as private and valuable property for academic use. Users are responsible for their own user names and the security of their passwords. Use of the computing privilege to interfere with the normal operation of university computing systems or of any other system accessible through the Nurse Anesthesia Program's system is prohibited and is subject to disciplinary action.

Students are not permitted to use the name of La Salle University, or make any reference to any program instructor/preceptor, patient, or student experience on websites such as Facebook, Twitter, etc. Private and confidential information that is obtained through the program experience should not be posted on any social media network. Students should reflect on the importance of respecting the boundary between one's own and others personal and professional lives before engaging in conversations on social media sites. Violations of privacy and confidentiality will be examined and consequences may result in course failure and/or dismissal from the program.

Dress Code Policy

SRNA's represent the Nurse Anesthesia Program, the specialty and the profession. It is expected that SRNA's will assume responsibility for observing the following guidelines on professional attire at all clinical and didactic sites. Identification/name badges **must** be worn at all didactic and clinical affiliate sites.

All SRNA's are expected to maintain a neat, professional appearance and a high standard of personal cleanliness at all times. Professional attire for clinical affiliation rotation sites and didactic classroom instruction includes business casual attire or scrubs.

The items listed below, (but not limited to) are not considered business casual attire:

- Jeans or jean skirts
- T-shirts
- Shorts
- Crop, halter or tank tops
- Flip-flops
- Sweat pants or sweat tops
- Velour or fleece jogging suits
- Ripped, torn, or faded clothing
- Sleepwear
- Backless dresses or clothing more appropriate for evening or leisure wear
- Sheer clothing
- Baseball, golf, sports team, or logo caps or hats
- Excessive cosmetics and cologne are not permitted.

In accordance with the Center for Disease Control (CDC) guidelines, SRNA's may not wear artificial nails or silk overlays on nails. Nails should not be longer than 1/4 inch past nail bed in length. No nail polish may be worn during the pediatric rotations. Tattoos must be covered at all times. All hair must be neat, clean and groomed. Exotic hair styles or hair colors (blue, green, purple, yellow, rainbow, etc.) are not permitted. Large amounts of jewelry are not permitted:

- Post earrings are acceptable; however, ear piercings are limited to 2 per ear
- No facial piercings are permitted. Tongue piercings must be removed.
- Body piercings must be covered and/or removed at all times
- No bracelets or necklaces are permitted in the clinical areas

Each clinical site has policies governing surgical attire as interpreted from the Center for Disease Control (CDC). All surgical attire being worn in the operating room must be made of a fabric that meets the National Fire Protection Association Standards. Students are required to observe the practice of the clinical site related to surgical attire. Surgical attire for clinical affiliates (as outlined more specifically in the rotation manual) include:

SRNA's are required to wear 'navy blue' color scrubs for sim lab and class. At the clinical affiliate sites, SRNA's will wear the scrubs approved by the site. All other attire must have prior written approval. Some clinical sites allow the SRNA to wear their own traditional scrub jackets made of 100% cotton while others provide a scrub jacket when needed for warmth. No other personal jackets or sweaters are permissible. SRNA's must change into scrubs at the clinical site before entering the operating room and change out of scrubs before leaving the facility to minimize the spread of pathogens.

SRNA's are required to wear appropriate operating room shoes or clogs in the surgical suite and must cover and protect their feet from sharps, blood and body fluids. No street shoes are permitted. Shoe covers may be required at some sites. SRNA's are required to wear appropriate head attire to adequately cover all hair. Some clinical sites allow personal cloth caps while others allow only disposable paper caps. SRNA's with beards may be required to wear a hood.

Failure to abide by the dress code may result in initiation of the disciplinary process up to and including dismissal from the program.

Employment Policy

Employment during enrollment in the Nurse Anesthesia Program is strongly discouraged. With approval of the program director, students may work limited hours per month in non- anesthesia registered nursing employment settings.

Students are informed through published materials and during the interview that the total time committed to the Post BSN- DNP Nurse Anesthesia Program is substantial. Outside work responsibilities must be minimal. Part-time work as a registered nurse is strongly discouraged.

In the event a student is not demonstrating adequate clinical/didactic growth, the Director will not approve or will rescind previous part time or per diem employment approval.

At no time, should any SRNA be employed as a CRNA by title or function until successful completion of the program and successful certification and licensure to practice as a CRNA. Any violation will result in immediate dismissal and reporting to the board of nursing for scope of practice violations.

Exposure to Blood/Bodily Fluids Policy

Students are responsible for reporting blood, body fluid exposure and needlestick injuries to the program within 24 hours of occurrence. Students are responsible for all sequelae and associated expense related to a blood or body fluid exposure incident.

The program acknowledges the inherent risks associated with working around or with blood and body fluids. In order to ensure that the SRNA and the clinical agencies are protected, in the event of exposure to blood/bodily fluids or infectious organisms, the following policy outlines the SRNA responsibilities in this area:

Maintain current health insurance and show verification of coverage each year while in the Nurse Anesthesia Program. In the event that an exposure to blood and body fluids occurs, within 24-hours, the SRNA will:

1. Inform the clinical preceptor immediately.

2. Assume full responsibility for disease sequelae. Neither the program nor the clinical site is responsible for ensuring medical follow-up.
3. Follow the policies and procedures of the clinical agency and assume responsibility for medical follow-up. (i.e.-Report to the Emergency Department for evaluation etc).
4. Once initial care is provided, a meeting must be scheduled by the student to meet with the Program Director.
5. Contact primary care provider and undergo any necessary evaluation and treatment required for the exposure.

Health Insurance Requirement

Students are required to maintain health insurance while they are enrolled in the Nurse Anesthesia Program. Students must provide proof of health insurance annually to remain compliant by uploading in Castle Branch.

HIPPA Policy

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates federal privacy protection for individually identifiable health information. Standards have been set for health care providers who transmit health care transactions electronically. While in clinical practice, all of the health care providers encountered will be under the HIPAA guidelines and requirements. While enrolled in the program and during clinical practice, SRNA's need to be aware of these requirements.

While participating in clinical practice, the SRNA will be expected to comply with HIPAA requirements, and it is expected that all SRNA's will:

- Use safeguards to prevent the use or disclosure of protected health information other than for direct performance of services.
- Notify the clinical preceptor or faculty member of any use of disclosures of protected health information that is contrary to the purpose of performing services.
- Cooperate with and abide by with the training, policies, and procedures of the health care provider and clinical facility.
- Not disclose client protected health information with anyone who is not on the health care team, who has no educational purpose, or who is not involved in the care of the client.
- Not leave protected health information (i.e., computer printouts, interview forms, etc.) in any place where it could be viewed by anyone who is not involved in the care of the client.
- Not discuss any client protected health information in any public space (i.e., elevators, corridors, dorm rooms, home).
- Not print any portion of a computer record that is not authorized by the preceptor or facility.
- Not take any computer printout from the unit without redacting client information (i.e. name, date of birth, or other identifiable information).
- Use medical record/code number when writing course assignments.
- Not mention any person as a client at the clinical rotation site or provide any information on the telephone except to those authorized to have that information.
- Not mention a client by name to anyone in casual conversation including family members or friends.

Faculty members and students are required to obtain information protected health information about the client prior to and during the clinical experience. Students must adhere to the HIPAA Privacy Regulations at the clinical sites at all times.

Inclement Weather Policy

SRNA's enrolled in the program reside in a wide geographic region from program administrative offices and clinical sites. Therefore, all students are expected to use their judgment with relation to weather conditions. Student safety is the primary concern.

When a decision is made by an SRNA to stay home from clinical or class due to inclement weather, he/she is required to contact both their clinical site and the Nurse Anesthesia Program per the Post BSN- DNP Nurse Anesthesia Program's Sick Time Policy. Students opting to stay home from class days are required to contact the Nurse Anesthesia Program prior to 8:00 a.m., in accordance with the Sick Time Policy call out procedure.

Vacation time will be charged when a student does not report to clinical or class due to inclement weather. In the event that a *State of Emergency* is declared, students are not be charged vacation time. **Students are not expected to travel in dangerous weather conditions.**

Jury Duty Policy

When an SRNA receives a jury duty notice, they must notify the program director and provide a copy of the notice. The program may, at its discretion, provide a letter to the appropriate office/jury duty personnel notifying them that the student is currently enrolled in a full-time clinical residency graduate nursing program. The program strongly supports public service; however, meeting accreditation, certification eligibility requirements, and student responsibilities may supersede such public service during student enrollment in the program.

Licensure Requirements for Clinical Practicum

Students must maintain a current unrestricted registered nurse license while enrolled in the Nurse Anesthesia Program. A copy of the current registered nursing license for Pennsylvania and any state that the student may be assigned clinical placement must be uploaded in Castle Branch. Students whose licenses lapse or fail to renew their nursing license are not permitted to participate in the clinical practicum. These students will be charged vacation days until the license is restored to unrestricted active status.

Patient Care

The student registered nurse anesthetist may not initiate patient care without supervision by a licensed anesthesia provider (CRNA or physician anesthesiologist). Under no circumstances is a student permitted to initiate care for any patient, in any clinical practicum environment without prior consultation and approval by their clinical preceptor. Students must always be supervised by a licensed anesthesia provider (CRNA or anesthesiologist). Failure to abide by this policy may result in immediate dismissal from the Nurse Anesthesia Program.

Post-Anesthesia Rounds

SRNA's must complete a post-anesthesia round on all inpatients under their care within 24 hours. Details of the post-anesthesia round must be included on the patient's anesthesia care plan that was utilized by the student during the case. Complications or patient concerns encountered during the post-anesthesia round must be reported to the attending anesthesiologist supervising the case. If the attending anesthesiologist is not available, the SRNA must notify the anesthesiologist in charge at the appropriate clinical practicum site.

Pregnancy & Breastfeeding Policy

The Nurse Anesthesia Program follows La Salle University School of Nursing and Health Science's policy for pregnancy reporting. Students enrolled in the Nurse Anesthesia Program must notify the Director of the Nurse Anesthesia Program upon confirmation of their pregnancy. After delivery, the SRNA will need to provide clearance from their healthcare provider to return to clinical. Depending on the timing, this may delay graduation due to clinical hour requirements. If the SRNA is breastfeeding, she would follow the clinical site policy.

Program Evaluation

The Nurse Anesthesia Program demonstrates that it has achieved the stated outcomes through student, faculty and program evaluation process. The student evaluation process includes didactic examinations, student self-evaluations, clinical evaluation by faculty preceptors and summative evaluations conducted by the program director and/or program assistant director.

Students are required to complete the following evaluations on the Typhon NAST System website at www.typhon.net:

- Clinical preceptor evaluations after each course
- Clinical site evaluations
- Prior to graduation, students are informed that they will be asked to complete a one-year post graduation self-evaluation. Additionally, graduating students sign a permission form allowing the program to contact their employer 1 year post graduation to complete an employer evaluation form.

Radiation Protection

Anesthesia personnel are frequently exposed to x-ray/fluoroscopy/radiation during operative procedures. Lead aprons and thyroid shields are available at each anesthetizing site and must be worn during fluoroscopy and x-ray procedures. The clinical facility policy will govern the monitoring of radiation exposure.

Notification of Clinical Absence

Unexpected illness may occur from time to time during enrollment. Students who are ill must follow the protocol listed below when calling out from clinical or didactic duties. All students are to utilize the following protocol when calling out sick:

1. You must place a call before 6:00 a.m. to 856-952-4046 and inform the program staff of your illness. **If there is no answer, then please leave a voice mail that you are ill for the day.**
2. When scheduled for a clinical at a clinical site, you must call the site and inform them that you will be ill for the day as per that site's clinical rotation packet guidelines.
3. When an illness occurs involving a call shift, you must call as soon as possible and the program director or assistant program director regarding your illness and inability to report for clinical duty. This may require calling his/her cell phone. Call shifts require student coverage, thus ample time must be given to secure coverage. Missed call shifts must be made-up at a future date.

Simulation Laboratory Code of Conduct

SRNA's enrolled in the program are required to successfully complete all simulation and lab coursework. The purpose of simulation and lab experiences is to facilitate learning in a safe environment while applying didactic learning towards clinical application to develop clinical judgement. Skills and case management are to be rehearsed in the simulation lab prior to performance on a "live" patient in the operating room. Skills labs and scenario presentations provide the SRNA an opportunity to engage in a simulated anesthesia situation. The SRNA must be engaged and display professionalism during the skills labs and scenario management to demonstrate competency and clinical readiness.

Specific Requirements: Attendance for sim lab is required.

SRNA's are expected to:

- Be prompt per the school policy on class attendance.
- Make up any missed lab or simulation time. The SRNA is responsible for making arrangements with the program director for any time missed.
- The course syllabus will outline the required readings for each course that has accompanying simulation experiences.
- SRNA's will be provided instructions and patient scenario information when reporting for the simulation.
- If the SRNA fails to complete the required assignments prior to entering the simulation lab, he/she will not be permitted to participate in the simulation experience until the assignment is completed.
 - The SRNA may receive an incomplete until the simulation can be made up with the program director or lab instructor.
- Professional behavior is required during simulation experience:
- Engage in the simulation experience as if it were a real situation

- Conduct conversations and behaviors the same as if he/she were interacting with a patient, peer, preceptor, or other clinician
- Expected to participate in the video-taping and debriefing sessions to enhance the learning experience

SRNA progression through simulation experience should demonstrate mastery of technical and critical thinking skills (novice to proficient), rather than lack of development or regression. SRNA's will participate in individual, paired, or grouped sessions depending on the module. The goals of some modules are to develop team-work and leadership skills. Confidentiality of peer performance is to be maintained as each student's growth is individual. All students are required to sign a 'Sim Lab Confidentiality Agreement' when they start the clinical residency portion of the program.

Equipment in the Simulation Lab is to be handled carefully. The faculty understands that equipment breakage can happen from normal, recurrent use. If a SRNA notices broken or malfunctioning equipment in the simulation lab, it should be promptly reported to a program administrator. Improper use or willful damage of sim lab equipment is grounds for immediate dismissal. Equipment, medication vials, and other supplies in the simulation lab are to remain in the simulation lab. These items cannot be used in the operating room setting for patient care.

SRNA's are encouraged to practice in the sim lab whenever possible. SRNA's are to notify a program administrator prior to entering the sim lab. SRNA's are not permitted to handle the fiberoptic or other advanced airway equipment unless directly supervised by a program administrator and are not permitted to utilize the computer or video equipment in the sim lab control room. SRNA's are not permitted to bring individuals not associated with La Salle University School of Anesthesia into the sim lab for practice sessions.

SRNA's are to wear school scrub attire for sim lab days. A t-shirt may be worn underneath scrub top, OR caps and personal protective equipment (PPE) are to be utilized during case scenario management sessions. PPE is exempt during skills development sessions. Food and beverages are not allowed in the sim lab.

Smoking

Students must abide by the Post-BSN DNP Nurse Anesthesia Program's and clinical affiliations site policy on smoking. Smoking is only allowed in designated areas at La Salle University. Students must abide by the University's and clinical affiliations site policy on smoking.

Time Commitment

SRNA's weekly time commitment to the program is limited to < 64 hours per week averaged over a four-week time sample period. In order to promote SRNA wellness and patient safety, the time commitment to the program shall be reasonable (< 64 hours average/4 week sampling period). Per COA Standards, this time commitment includes both clinical and didactic hours.

Time Off Policy

Vacation Time

In accordance with the mission of La Salle University, a total of fifteen (15) days off will be permitted during enrollment in the program (this includes both sick and vacation days). SRNA's can earn a total of two additional vacation days by participating in volunteer efforts (ie-CRNA week activities, assisting in the simulation lab, or community service).

Education/Professional Development Days

Additional educational days are available for SRNA's during the program. Permission may be granted to attend an educational conference based on the merit of the proposed conference. The cost of the conference and any occurred expenses are the SRNA's responsibility. Registration for anesthesia conferences as a student usually requires a "letter of verification" of student status. Please request this from the program director at least two weeks in advance. Attendance at an anesthesia conference is considered voluntary. No extensions for projects, exams, or any other academic work will be given should a student choose to attend an anesthesia conference during their first year of study. Students who wish to attend an anesthesia conference during their second and final years of study may do so, with the caveat that the student is not on a specialty clinical rotation or that the conference does not interfere

with a scheduled exam (SEE or course exam) DNP project course work, or other academic requirements. Preference will be given to a student requesting to attend their first anesthesia conference over a student who has already attended an anesthesia conference, unless that student requesting is serving as a student board member.

Bereavement Time

In the unfortunate event an SRNA requires a bereavement day, the Nurse Anesthesia Program grants the following:

- Bereavement Time for Immediate Family Member (Mother, Father, Sister, Brother, Spouse, Child) = Three (3) days
- Bereavement Time for Other Family Members (Grandparents, Aunt, Uncle, etc) = One (1) day

Time Off Requests

Planned or anticipated vacation weeks should be submitted as early as possible. Once call schedules and senior rotations are posted, vacation time is to be coordinated around rotation times. Emergent requests will be considered on an individual basis by the program director or assistant program director.

Sick Time

- Any SRNA utilizing two (2) consecutive sick days is required to present a physician's note to the program director prior to their return to class or clinical.
- Once study weeks start in the graduating senior year, SRNA’s are required to make up any sick days in clinical regardless of the balance their remaining time off bank.
- SRNA’s exceeding the allowed time off provided by the program are required to make up the time at the conclusion of the program. In addition, these students do not meet program terminal objectives until all clinical hours have been made up.

Travel Requirements

Students participate in a variety of clinical practicum experiences located at a variety of geographic distances from the parent institution. The clinical sites and geographic proximities of each site is presented to the potential student body during the formal interview process and again on admission to the program. Junior students receive their clinical rotation schedule during the first month of their junior year. Senior students receive their clinical rotation schedule during the second semester of their junior year in order that they can plan accordingly and make all necessary travel arrangements and accommodations.

All expenses related to travel to didactic and clinical sites are the responsibility of the SRNA. Travel distances include:

- Home residence to La Salle University
- Home residence to clinical sites (designated below and subject to change):

Mainline health

Paoli Hospital, <i>Paoli PA</i> , Suburban Community Hospital	24.5 miles
Lankenau Hospital, <i>Wynnewood PA</i> , Suburban Community Hospital	8.0 miles
Riddle Hospital, <i>Media PA</i> , Suburban Community Hospital	28.0 miles

Cooper

Main Hospital, <i>Camden NJ</i> - Level one trauma center with all specialties available.	12.0 miles
Voorhees Surgical Center, <i>Voorhees NJ</i> - Surgical center including pediatric specialty.	27.3 miles

Inspira

Elmer, <i>Elmer NJ</i> , Community Hospital	40.4 miles
Vineland, <i>Vineland NJ</i> , Community Hospital with obstetrics specialty	51.1 miles

Tower Health Network

Reading, <i>Reading PA</i> , Large, regional Level 1 Trauma center with all specialties	57.6 miles
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Atlanticare

Mainland Division, <i>Pomona NJ</i> , Community hospital with many subspecialties	62.9 miles
City Division, <i>Atlantic City NJ</i> , Urban Level 2 Trauma center with many subspecialties	71.4 miles
University Hospital, Newark NJ , Urban Level 1 Trauma center with all specialties available	93.0 miles

Standard Precautions

SRNA's enrolled in program must follow Universal Precautions in all patient care areas at all clinical affiliate sites.

The program is concerned about the safety of the faculty, students, and the client population in the clinical setting. Based on the mandatory CDC and OSHA guidelines, students and faculty must observe blood and body fluid precautions when working with all clients in all clinical affiliate settings. It is the policy of the program to comply with all Federal, State and Local guidelines related to Standard Precautions and the transmission of blood borne pathogens.

An individual can be a carrier of blood-borne illness (e.g., AIDS, HIV & Hepatitis B and C) and not exhibit clinical signs/symptoms for several years after exposure to the virus. Because of the implications and uncertainties, it is mandatory that all faculty and students adhere to this Policy. Standard precautions are a shared responsibility for both students and faculty.

Anesthesia providers are frequently exposed to blood products, body secretions, and used syringes and needles. All students are expected to strictly adhere to universal precautions whenever involved in patient care that involves potential for contact with mucous membranes, secretions, or open wounds. Proper regard for performance of aseptic technique is mandatory to protect both the patient and the anesthesia provider.

Exposure to Blood and Body Fluids of this Student Post BSN- DNP Nurse Anesthesia Program Clinical Handbook.

Self-Evaluation Exam (SEE)

All students enrolled in the NAP must take the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) Self-Evaluation Examination a minimum of two times while enrolled in the program **(May [Spring III] and October [Fall III])**. It is strongly encouraged that students meet the NBCRNA SEE 'mean score'. Students who score less than the mean score or total score of 400 will be required to meet with the program director to determine the need to retake the SEE.

The SEE exam is a computerized adaptive test that is intended to help both students and the nurse anesthesia program identify the student's strengths and weaknesses before the students take the National Certification Exam (NCE). The SEE includes multiple choice questions and alternative question formats, such as multiple correct response, calculations, hotspot, and drop and drag. The certification page of the NBCRNA website contains an exam tutorial as well as two documents located in the item writing section with samples and frequently asked questions about the alternative question format.

The questions are presented one at a time on a computer screen. Each question can be viewed for as long as the student wishes, but he or she cannot go back to the previous questions once an answer has been recorded. All students must answer a total of 240 questions during the four-hour testing period. The examination will stop when all the questions have been presented or the four-hour time limit is reached.

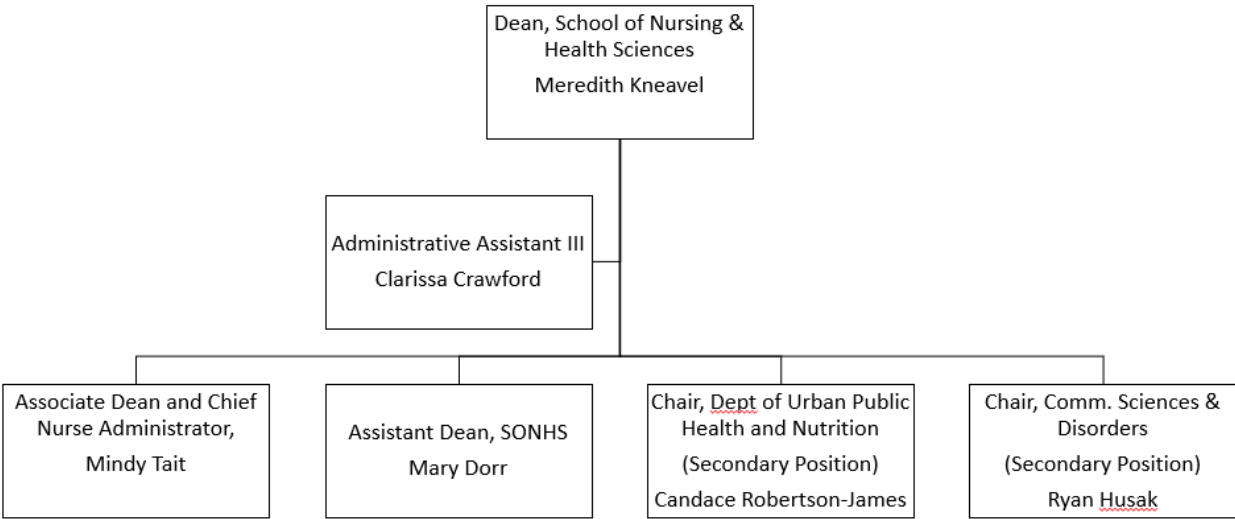
The four content areas tested on the SEE are 1) Basic Sciences, 2) Equipment, Instrumentation, and Technology, 3) General Principles of Anesthesia, and 4) Anesthesia for Surgical Procedures and Special Populations. [NBCRNA Website](#)

The SEE subcommittee is appointed by the NBCRNA Board of Directors and is composed of a representative group of CRNA's. The subcommittee writes test questions and reviews all questions before they are used on the exam.

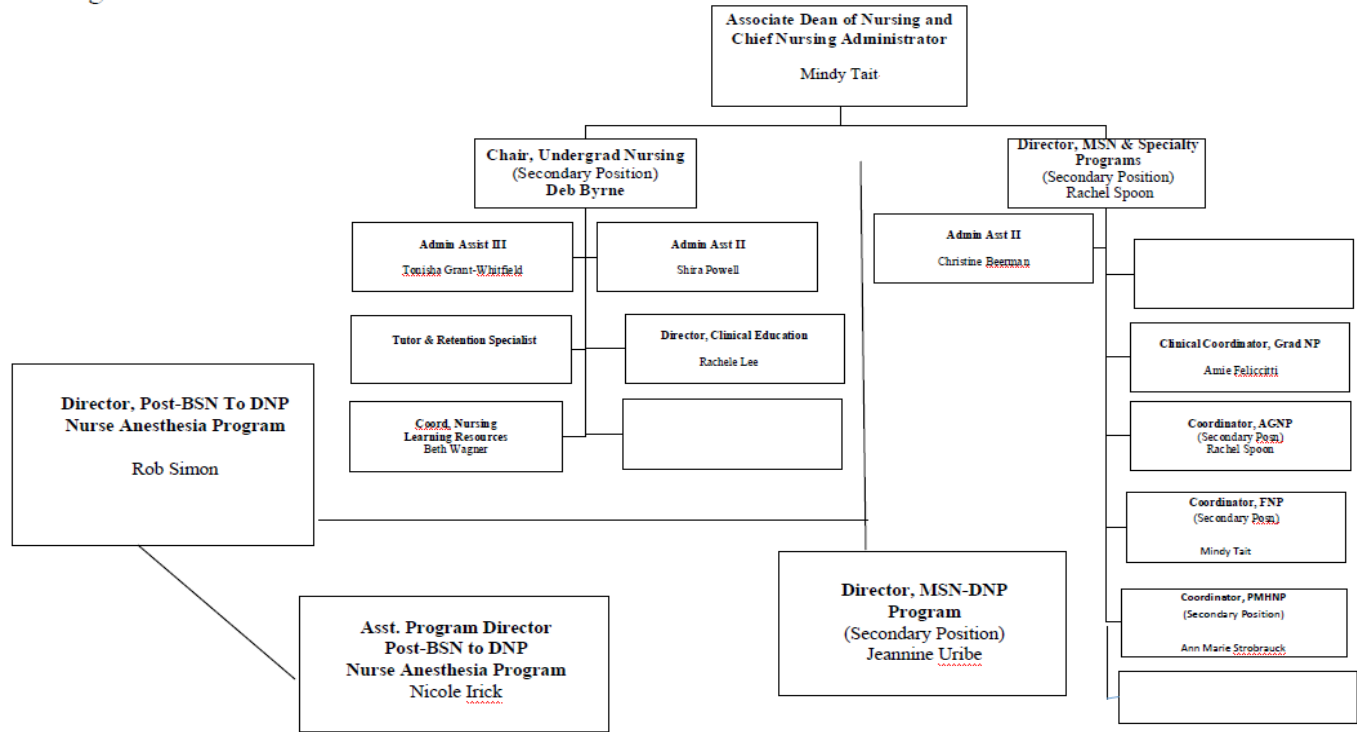
All SEE examination fees are the responsibility of the student. Students who fail to meet the national average score for second year students will meet with the program director to outline a remediation plan to address deficiencies note in the SEE exam score report.

Appendix A
SONHS Organizational Charts

School of Nursing & Health Sciences



Nursing



Appendix B

Council on Accreditation Case Requirements

STUDENT: 1Sample, s

Enrolled after 1/1/2022

Totals for all cases entered: 12/6/2024 - 5/30/2025

EXPERIENCES	TOTALS	Min. Required	Preferred
Total Anesthesia Cases	3	650	700
Total Hours of Anesthesia Time (from case logs)	3.3	0	0
Total Clinical Hours (from time log shift hours)	11.5	2000	2000
<u>PATIENT PHYSICAL STATUS</u>	1	0	0
Class I			
Class II	0	0	0
Classes III - VI	1	200	300
Class III	0	50	100
Class IV	1	10	100
Class V	0	0	5
Class VI	0	0	0
<u>PATIENT ASSESSMENT</u>	1	50	100
Initial preanesthetic assessment			
Postanesthetic assessment	1	50	150
Comprehensive history and physical			
Actual	2	0	0
Simulated	0	0	0
<u>SPECIAL CASES</u>	0	100	200
Geriatric 65+ years			
Pediatric			
Pediatric 2 to 12 years	0	30	75
Pediatric (less than 2 years)	0	10	25
Neonate (less than 4 weeks)	0	0	5
Trauma/emergency (E)	1	30	50
Obstetrical management	0	30	40
Cesarean delivery	0	10	15
Analgesia for labor	0	10	15
Pain management encounters	0	15	50
<u>ANATOMICAL CATEGORIES</u>	1	75	75
Intra-abdominal			
Intracranial	0	5	20
Open	0	3	10
Closed	0	0	0
Oropharyngeal	0	20	20
Intrathoracic	1	15	40
Heart	1	5	20
Open heart cases	1	5	10
With cardiopulmonary bypass	0	0	0
Without cardiopulmonary bypass	1	0	0
Closed heart cases	0	0	10
Lung	0	5	5
Other	0	0	0
Neck	0	5	10
Neuroskeletal	0	20	20
Vascular	0	10	30

<u>METHODS OF ANESTHESIA</u>	2	400	400
General anesthesia			
Perform general anesthetic induction, min/no assistance	1	50	100
Inhalation induction	0	25	40
Mask management	0	25	35
Supraglottic airway devices	0	35	50
Laryngeal mask	0	0	0
Other	0	0	0
Tracheal intubation	0	250	250
Oral	0	0	0
Nasal	0	0	5
Alternative tracheal intubation/endoscopic techniques	0	25	50
Endoscopic techniques (actual + simulated)	0	5	15
Actual placement	0	1	1
Simulated placement	0	0	0
Airway assessment	0	0	0
Other techniques	0	5	25
Emergence from anesthesia	0	300	300
Regional techniques			
Actual administration	0	35	35
Spinal	0	10	50
Anesthesia	0	0	0
Pain management	0	0	0
Epidural	0	10	50
Anesthesia	0	0	0
Pain management	0	0	0
Peripheral	0	10	50
Anesthesia	0	0	0
Upper	0	0	0
Lower	0	0	0
Pain management	0	0	0
Upper	0	0	0
Lower	0	0	0
Other	0	0	0
Anesthesia	0	0	0
Pain management	0	0	0
Management	0	35	50
Anesthesia	0	0	0
Pain management	0	0	0
Moderate/deep sedation	0	25	50
<u>ARTERIAL TECHNIQUE</u>	1	25	25
Arterial puncture/catheter insertion			
Intra-arterial blood pressure monitoring	1	30	30
<u>CENTRAL VENOUS CATHETER</u>	1	10	15
Placement - Non-PICC			
Actual	1	0	5
Simulated	0	0	0
Placement - PICC	1	0	0
Actual	1	0	0
Simulated	0	0	0
Monitoring	1	15	15
<u>PULMONARY ARTERY CATHETER</u>	0	0	5
Placement			
Monitoring	0	0	10

<u>OTHER</u>	0	20	20
Ultrasound guided techniques			
Regional	0	10	10
Actual regional	0	0	0
Simulated regional	0	0	0

Vascular	0	10	10
Actual vascular	0	0	0
Simulated vascular	0	0	0
Point of Care Ultrasound (POCUS)	0	0	0
Actual	0	0	0
Simulated	0	0	0
Intravenous catheter placement	0	100	100
Advanced noninvasive hemodynamic monitoring	0	0	0
Assessment of chest X-ray	1	5	10

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Appendix C

Handbook Attestation

I have read and understand all policies and procedures as written in:

Post BSN- DNP Nurse Anesthesia Program Clinical Handbook

Signature : _____

Printed Name : _____

Date : _____

This form is to be completed and returned to the Nurse Anesthesia office after reading the Post BSN- DNP Nurse Anesthesia Program Clinical Handbook.

