GRADUATE STUDENT HANDBOOK ADDENDUM
ANESTHESIA NURSING PROGRAM

The University of Iowa College of Nursing
Anesthesia Nursing Program
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Section I: General Information

Introduction

Welcome to the University of Iowa College of Nursing Doctor of Nursing Practice program with a specialization in nurse anesthesia. For over one hundred years, the University of Iowa has held a leadership position in nursing education, producing expert clinicians, educators, executives, and scientists who have shaped the nursing profession throughout the nation and the State of Iowa. Deans, faculty and staff are pleased that you have chosen to continue your education at Iowa and are eager to help facilitate your time with us as a student. The anesthesia nursing program began in 1994 at the request of the Iowa Hospital Association and the Board of Regents to provide remarkable CRNAs to Iowa hospitals and has been producing highly qualified CRNAs to Iowa and the nation with a focus on rural and independent practice since inception. Since 2010, the program has offered the Doctor of Nursing Practice (DNP) degree.

This handbook is designed to acquaint students with various aspects of your education specific to the nurse anesthesia program at The University of Iowa. It provides some general and specific policies, procedures, and standards related to graduate education in the College of Nursing. Students should be aware that they also are subject to the policies and standards established by the Graduate College which is set forth in the Manual of Rules and Regulations of the Graduate College which is available in electronic version at: http://www.grad.uiowa.edu/graduate-college-manual. Pay particular attention to Section XII. Doctor’s Degrees.

Students are also responsible for knowing the content of the College of Nursing Graduate Student Handbook located at the following link: http://www.nursing.uiowa.edu/current-students/handbooks.

Note: the undergraduate handbook is located at the same site so make sure you read the graduate student handbook.

Insofar as is reasonably possible, Graduate College and College of Nursing regulations are not repeated in this addendum to those handbooks. Content in this handbook is meant to serve as guidelines specifically for nurse anesthesia graduate students. From time to time policies or requirements will change during the academic year. Please consult with the Anesthesia Program Director and College of Nursing Office of Student Services for changes.

All Nurse Anesthesia Graduate Students are responsible for knowing the content in the Handbook Addendum.

Nondiscrimination statement

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associated preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, (319) 335-0705.

Anesthesia Nursing Program Philosophy

The faculty and staff of the program believe that life-long education, expert clinical practice, research, and service are the foundation of professional nurse anesthesia practice. Students in the program will be educated in the classroom and the clinical arena to the full scope of practice of a nurse anesthetist. Graduates will be prepared to enter into clinical practice in any area of their choosing and care for patients across the lifespan and encompassing a wide range of needs including but not limited to surgical anesthesia and analgesia and pain management. Graduates will also be prepared to serve in leadership positions throughout anesthesia departments and healthcare systems, seek out professional offices, and educate patients, other nurse anesthetists, healthcare colleagues, the public, and legislators as to the practice of a CRNA and the benefits it brings to the lives of patients care for.
Section II: Anesthesia Program Overview

Anesthesia Nursing Program Administrative Organization

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Mission of the Anesthesia Nursing Program

The mission of the Anesthesia Nursing Program (ANP) is congruent with the University's mission "To serve the people of the State of Iowa and the nation." The ANP was established to provide highly qualified anesthesia practitioners for the state's many hospitals. The primary mission of the ANP is to provide an educational program that prepares bachelor's educated registered nurses to become Certified Registered Nurse Anesthetists. The goal of the ANP is to provide the didactic and clinical experiences needed to successfully complete the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) National Certifying Examination and enter into practice in the State of Iowa or the nation as a CRNA. Since the people in the State of Iowa have identified a lack of anesthesia practitioners interested in rural practice as a critical concern, students participate in mandatory clinical rotations in rural and critical access hospitals.

Accreditation of the Anesthesia Nursing Program

The University of Iowa College of Nursing programs are approved by the Iowa Board of Nursing and accredited by the Commission on Collegiate Nursing Education (CCNE) of the American Association of Colleges of Nursing (AACN). The Anesthesia Nursing Program received a ten-year accreditation for the Doctor of Nursing Practice with a Specialization in Anesthesia Nursing on May 21, 2010 from the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

Requirements of the Anesthesia Nursing Program

Goals of programs of study in the College of Nursing emanate from the College's philosophy, assumptions and conceptual framework. They direct the student through the program toward outcomes that will contribute to the needs of society and to the advancement of the profession. Course objectives and clinical objectives demonstrate which components of the curriculum emphasize achievement of the program goals. All students in the Anesthesia Nursing Program must meet the following admission requirements and performance standards.

1. **Enrollment Criteria**
   Students in the Anesthesia Nursing Program must provide evidence of the following by no later than the first day of class:
   - Possession of current and valid licensure as a professional Registered Nurse (RN) in Iowa.
     Address:
     Iowa Board of Nursing
     RiverPoint Business Park
     400 S.W. 8th St., Suite B
     Des Moines, IA 50309-4685
     (515) 281-3255
     https://nursing.iowa.gov
   - Completion of at least one year of full-time acceptable critical care nursing experience (post-
ADN or post-BSN) as an RN prior to application to the program.
- Possession of current Advanced Cardiac Life Support (ACLS), Basic Cardiac Life Support (BCLS) certification and Pediatric Advanced Life Support (PALS).
- Possession of required health insurance.
- Complete health screening (health questionnaire and consent form, physical examination, urine analysis, rubella, rubeola, tetanus diphtheria, polio, TB skin test, Hepatitis B immunization).

2. Progression Criteria
- Students in the Anesthesia Nursing Program demonstrate progression by:
  - Exhibiting critical thinking, clinical decision making, and diagnostic reasoning skills;
  - Demonstrating interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds, as well as with peers, colleagues, anesthesia workers of the health care team;
  - Communicating sufficiently for interaction with others in oral and written form;
  - Possessing physical abilities sufficient to move from room to room and maneuver in small spaces;
  - Possessing gross and fine motor abilities and dexterity sufficient to provide safe and effective anesthesia nursing care;
  - Possessing auditory ability sufficient to monitor and assess health needs;
  - Possessing visual ability sufficient for observation and assessment necessary in anesthesia nursing care;
  - Possessing tactile ability sufficient for physical assessment and therapeutic interventions;
  - Demonstrating the cognitive, psychomotor, and affective skills required for nurse anesthesia practice.
  - Obtaining a satisfactory (S) grade in each of the clinical courses in sequence. Each clinical course builds on the prior courses and therefore must be completed in order. If a student does not successfully complete one of the clinical courses they will be required to step out of the program until that course can be repeated.
  - Receiving a minimum grade of 2.67 (B-) in every course within the DNP anesthesia nursing program curriculum and maintain a minimum cumulative GPA of 3.0.

3. Graduation Criteria for the Doctor of Nursing Practice with a specialization in Nurse Anesthesia
- Upon completion of the Anesthesia Nursing Program the graduate will demonstrate:
  - The application of the principles of nursing and anesthesia for clinically competent independent practice as a certified registered nurse anesthetist (CRNA);
  - Critical evaluation of practice and professional issues using scientific processes and theories;
  - The application of evidence based solutions to individual and systemic patient care problems;
  - The ability to educate patients, healthcare providers, payers, legislators, and the public about the contribution of nurse anesthetists to the evolving health care environment;
  - A commitment to continuing scholarship to improve patient care outcomes;
  - Leadership to stimulate change in the practice of anesthesia nursing within the greater health care delivery system;
  - Personal and professional integrity.

In the area of patient safety, the graduate must demonstrate the ability to:
- Be vigilant in the delivery of patient care.
- Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, e-mailing, etc.).
- Conduct a comprehensive equipment check.
- Protect patients from iatrogenic complications.

In the area of peri-anesthesia care, the graduate must demonstrate the ability to:
- Provide individualized care throughout the peri-anesthesia continuum.
- Deliver culturally competent peri-anesthesia care.
- Provide anesthesia services to all patients across the lifespan.
- Perform a comprehensive history and physical assessment.
• Administer general anesthesia to patients with a variety of physical conditions.

In the area of critical thinking, the graduate must demonstrate the ability to: *
• Apply knowledge to practice in decision-making and problem solving.
• Provide nurse anesthesia services based on evidence-based principles.
• Perform a pre-anesthetic assessment prior to providing anesthesia services.
• Assume responsibility and accountability for diagnosis.
• Formulate an anesthesia plan of care prior to providing anesthesia services.
• Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
• Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
• Calculate, initiate, and manage fluid and blood component therapy.
• Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
• Recognize and appropriately manage complications that occur during the provision of anesthesia services.
• Use science-based theories and concepts to analyze new practice approaches.
• Pass the national certification examination (NCE) administered by NBCRNA.

In the area of communication, the graduate must demonstrate the ability to: *
• Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
• Utilize interpersonal and communication skills that result in the effective inter-professional exchange of information and collaboration with other healthcare professionals.
• Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of inter-professional care.
• Maintain comprehensive, timely, accurate, and legible healthcare records.
• Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
• Teach others.

In the area of leadership, the graduate must demonstrate the ability to: *
• Integrate critical and reflective thinking in his or her leadership approach.
• Provide leadership that facilitates intra-professional and inter-professional collaboration.

In the area of professional role, the graduate must demonstrate the ability to: *
• Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
• Interact on a professional level with integrity.
• Apply ethically sound decision-making processes.
• Function within legal and regulatory requirements.
• Accept responsibility and accountability for his or her practice.
• Provide anesthesia services to patients in a cost-effective manner.
• Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.
http://www.aana.com/resources2/health-wellness/Pages/default.aspx.
• Inform the public of the role and practice of the CRNA.
• Evaluate how public policy making strategies impact the financing and delivery of healthcare.
• Advocate for health policy change to improve patient care.
• Advocate for health policy change to advance the specialty of nurse anesthesia.
• Analyze strategies to improve patient outcomes and quality of care.
• Analyze health outcomes in a variety of populations.
• Analyze health outcomes in a variety of clinical settings.
• Analyze health outcomes in a variety of systems.
• Disseminate research evidence.
• Use information systems/technology to support and improve patient care.
• Use information systems/technology to support and improve healthcare systems.
• Analyze business practices encountered in nurse anesthesia delivery settings.
Graduation requirements for students in the Anesthesia Nursing Program include:

- Successful completion of all academic and clinical requirements prescribed by the 2015 Standards for Accreditation of Nurse Anesthesia Programs by the Council on Accreditation of Nurse Anesthesia Educational Programs.
- Receive a minimum grade of 2.67 for all courses in anesthesia nursing track, maintain a 3.0 cumulative grade-point average in DNP courses, and complete all course work on the plan of study before graduation.
- All clinical experience courses must be passed with a satisfactory “S”. A student who receives an unsatisfactory “U” mark in a clinical experience will need to retake that specific clinical course before they proceed in the program.
- Successful defense of the DNP capstone project according to College of Nursing guidelines.
- A passing score on a comprehensive examination must be achieved by two months prior to the end of their third program enrollment year. A student may retake the comprehensive exam up to three times at their own expense.
- Maintenance of current, unencumbered license as a registered nurse in the state of Iowa.
- Certification of Basic Cardiac Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) at graduation.
- Payment of the appropriate fee required by the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) in order to write the National Certification Examination (NCE).
- Completion of any time extensions necessitated by leaves of absence, extended illness or other absences that are beyond program allowances.

The completion date for all students in the Anesthesia Nursing Program will be 36 months from their start date (typically mid-May to mid-May). Commencement ceremonies for the Graduate College occur mid-May on the UI campus. An extension of the completion date may exist if the student's absences (other than for vacations and holidays) exceed the allocations or there are deficiencies in the student's academic and/or clinical requirements. Students with a program extension due to such deficiencies will have their graduation delayed until the next date at which the University confers degrees.
Section III. Financial Aid and other options for graduate education

A variety of funding sources are available to help you pay for your graduate education. The University of Iowa has a comprehensive Office of Financial Aid [http://financialaid.uiowa.edu/](http://financialaid.uiowa.edu/) with a section specifically for graduate students [@ http://financialaid.uiowa.edu/graduate](http://financialaid.uiowa.edu/graduate). The Graduate College also has financial aid resources at [http://www.grad.uiowa.edu/funding-your-education](http://www.grad.uiowa.edu/funding-your-education). There may also be some private sponsorship that may be available through the University of Iowa Foundation, College of Nursing, Graduate College, and federally-supported traineeship grants. None of the funds listed above are guaranteed and each student is individually responsible for completing the necessary application paperwork.

Nurse Faculty Loan Program (NFLP).

The NFLP is a federal loan cancellation program, dependent upon funds available. If, after graduation, an individual teaches full time in a school of nursing, 20-25% of your outstanding loan amount is cancelled each year for up to four years, or a total of 85% cancellation. To be eligible, you need to be a U.S. citizen and a full or part-time student in good standing who plans to teach in a school of nursing. If you plan to teach upon graduation, this is a reasonable option, however, if you will be performing significant amounts of clinical anesthesia, you may not qualify.

Scholarships and Loans.

The AANA foundation is a charitable organization devoted to anesthesia research, education, and development. Various opportunities available include general research grants, office-based and Veteran’s Administration grants, doctoral and post-doctoral fellowships, and a variety of scholarships. A complete listing of these opportunities along with their requirements and dues dates can be found at: [http://www.aana.com/aanaaffiliates/aanafoundation/Pages/Applications-and-Program-Information.aspx](http://www.aana.com/aanaaffiliates/aanafoundation/Pages/Applications-and-Program-Information.aspx).

The College of Nursing also offers a variety of scholarships. The scholarship committee screens applications. A list of available scholarships and their requirements is available at [http://www.nursing.uiowa.edu/alumni-friends/scholarships](http://www.nursing.uiowa.edu/alumni-friends/scholarships).

Military commitment.

This is not an endorsement for or against the U.S. military or any of their individual branches. This section is simply to make students aware that the military does provide monies to help pay for graduate education as a nurse anesthetist. The United States military branches have long used CRNAs to provide anesthesia services in times or military action and peace. The U.S. Army, Navy, and Air Force all have their own anesthesia nursing programs. In addition to these programs, the different branches of the military recruit significant numbers of civilian health care students annually to fill their requirements. The Office of Student Services located in room 37 on the lower level of the College of Nursing (37 CNB) has more information about these opportunities. There will also likely be representatives of different military branches present at the Iowa Association of Nurse Anesthetists (IANA) state meetings.

Hospital and Health System Stipend options.

Certified registered nurse anesthetists (CRNAs) are a valuable part of any healthcare team. In order to ensure the ability to meet demand for services, some hospitals are willing to either stipend a student up front or retire certain amounts of a graduate student’s loan debt in return for guaranteed service provision. Such contracts typically require a payback rate of something like 2-3 months of clinical service for every month of support received during one’s education. Students are free to enter into such contracts with a hospital of their own identification. The anesthesia nursing program, College of Nursing, and University of Iowa has no input into or receives any benefits from any such contracts. The program does also NOT have a list of hospitals or facilities that might be willing to offer a student such a contract.
Section IV. Anesthesia Nursing Program Policies

The policies listed in this section pertain to students enrolled in the University of Iowa College of Nursing Doctor of Nursing Practice degree program with a sub-track specification of nurse anesthesia. Throughout the policy section, these students will be referred to as student nurse anesthetists or “SRNAs”. The policies in this section are specific to SRNAs during BOTH the didactic and clinical portion of their education. Some of the requirements delineated in these policies are more restrictive than general College of Nursing or Graduate College policies due to the requirements of the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) and the Council on Accreditation of Nurse Anesthesia Education (COA).

Academic Calendar:

The academic calendar for the university can be found on the Registrar’s website at: http://www.registrar.uiowa.edu/Calendars. The semesters start and end dates and university holidays and time off will be followed during the first year of the program. During the second and third years of the program, meeting the graduate standards of the COA requires SRNAs to be present for clinical education during evenings, off-shifts, nighttime, weekends and holiday hours. SRNAs will be expected to work a variety of all of these shifts during their time in the program.

Time Commitment:

Students are required to attend all scheduled didactic and clinical activities during the 36-month Anesthesia Nursing Program. Academic credit hours of didactic and clinical vary from semester to semester throughout the program. Students receive the required clinical practicum experience under the direct mentorship and supervision of CRNAs and anesthesiologists. The clinical correlation courses offer a variety of experiences to enable the student to correlate theory and practice and to prepare for employment upon graduation. In addition to the clinical cases, students must also reserve time for preoperative and postoperative visits, case planning, interdisciplinary conferences, independent study and DNP project activities. According to COA standard F9, student time commitment will not exceed 64 hours per week total time committed to class and clinical activities. This time commitment will be averaged over 4 weeks.

Non-Program related Employment:

Employment is strongly discouraged because of the intense nature of the program. If the student chooses to work, they must not be scheduled during the ten (10) hours prior to any class or clinical assignment/activity. SRNAs are NOT permitted to miss any academic commitments (class or clinical) due to a scheduled “work” shift. ANESTHESIA NURSING STUDENTS (SRNAs) MAY NOT PARTICIPATE IN ANY EMPLOYMENT AS A NURSE ANESTHETIST BY TITLE OR FUNCTION OR RECEIVE PAYMENT FOR NURSE ANESTHESIA SERVICES DURING THE DURATION OF THE ANESTHESIA NURSING PROGRAM. DOING SO MAY RESULT IN IMMEDIATE DISMISSAL. (COA standard G8).

Professional Anesthesia Organizational Membership:

Students are required to become associate members of the American Association of Nurse Anesthetists (AANA) and Iowa Association of Nurse Anesthetists (IANA). Associate membership permits the student to attend AANA and IANA meetings at reduced cost.

Recommendation to the NBCRNA for NCE Eligibility:

The recommendation for the student to write the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) National Certification Examination (NCE) must be made by the Program Director. This recommendation will not be made prior to completion of all required didactic and clinical assignments and activities including successful defense of the DNP project.

Program Extension:

The Anesthesia Nursing Program requires 36 months of intensive study coupled with an extensive clinical experience. The program will be extended if a student does not complete requirements for stated clinical cases; academic course work; record keeping, or the DNP project.
Extended absences during the initial academic portion of the program may result in the student being required to withdraw from the program depending on their academic performance. Any combination of leaves/absences that exceed time off allowance during the clinical phase of the program will require a program extension. Students who miss clinical time will receive an incomplete “I” for their last clinical course and will remained in a mentored clinical environment until they complete their CO requirements. Once those requirements are complete, the “I” will be changed to the appropriate grade. Students with a program extension due to any deficiencies will have their official graduation date delayed until the next date at which the University confers degrees. This is typically at the end of the next academic semester (summer—August; fall—December; spring—May).

Sequenced Phase Progression:

SRNAs must successfully complete all courses during the first 3 academic semesters before they progress to the clinical phase (semesters 4-9). Students must successfully complete each clinical course in sequence to progress to the next subsequent clinical course. Clinical courses must be taken in order and none may be skipped. The program will do everything within reason to obtain the student all COA required clinical experiences but there is no guarantee. If a student is asked to leave a clinical site for any reason and that sites experience cannot be obtained elsewhere, the student may not meet the required experiences necessary to meet the COA requirements for graduation. The program will attempt to place the student at an alternative clinical site but if one is not found, the student will not graduate from the program and will not be eligible to sit for the NCE.

Holidays:

The University of Iowa five-year calendar may be found at http://www.registrar.uiowa.edu/LinkClick.aspx?fileticket=FwJCCH0nVgc%3d&tabid=192&mid=503. This calendar lists recognized holidays; the date the university will observe the holiday; and dates when University offices are closed each year. University holidays may or may not be recognized by affiliate clinical sites and it is the individual students responsibility to verify with the clinical coordinator at the site whether or not they have clinical assignments during a given holiday when assigned to an affiliate clinical site. **Students may have assigned in-house call experiences on any holiday.** The SRNA must confirm time off during various holidays prior to making any travel plans.

Time Off during the Program:

Student time off is divided into two distinct portions of semesters 1-3 (academic phase) and semesters 4-9 (clinical phase).

1. **Time Off during Academic Phase**
   For the first twelve months of the program (semesters 1, 2, and 3) students have scheduled time off according to The University of Iowa academic calendar and/or course schedule requirements. Refer to the university academic calendar on the Registrar’s web site: http://www.registrar.uiowa.edu/Calendars/tabid/192/Default.aspx

   Additional time off must be cleared with the faculty of each course where time will be missed and the anesthesia program director. Students are responsible for academic work missed during any time off.

2. **Time off during Clinical Phase — Vacation**
   For the final twenty-four months of the program (semesters 4-9, or the clinical phase), students will be granted fifteen (15) days of vacation per twelve (12) months of clinical enrollment, for a total of thirty (30) days for the 24 months of clinical experience. 5 vacation days may be borrowed or rolled over from the previous or following 12-month period. Absences in excess of 20 days in a 12-month clinical period (May 15th-May 15th) will result in time being added at the end of the program.

   While the program does not assign vacation time, there are periods during the clinical phase when vacation time is not permitted. Decisions about vacation at affiliate clinical sites are at the discretion of each site’s Clinical Coordinator, Chief CRNA or designee. Vacation requests must be coordinated with the clinical site.

   Requests for vacation or planned absences must be made in advance and approved by: the program coordinator and either the clinical coordinator, associate program director, or program director.

   • Student vacation is granted solely on the basis of availability.
• Students may not take more than five (5) consecutive clinical experience days off as vacation.

• Student vacation is limited during the fourth semester (Summer II—Introduction to Clinical Anesthesia).

• Vacation requests must be made a minimum of 2 months (8 weeks) prior to the start of the vacation being requested.

• For Jury Duty, please request a deferral due to clinical commitments. If the deferral is not granted, please provide written notice of jury duty to the program director, who will request that you be excused from clinical duties at the appropriate site.

• Requests for vacation after a student has been assigned to CALL duty or off-shift coverage will not be granted. The student assigned to the shift is responsible for the shift unless suitable alternative arrangements can be made. If a change of schedule is necessary, the assigned student is responsible for coordinating the changes through the Chief SRNA.

• All students are strongly encouraged to take 3-5 days of vacation during the fifth semester (Fall II). These days are in addition to University holidays during that semester. Coordination of vacation with holidays is at the discretion of the program coordinator and will be determined on an individual basis.

• Students may take vacation days while on rotation but are encouraged to limit total days missed at any given rotation site to 2-3 days per month of rotation time.

• A maximum of 3 vacation days may be taken during the last month of the program. Vacation days in excess of 3 will ONLY be granted if the schedule permits.

• No Vacation is allowed during the final week of the program.

The effect of Clinical Evaluations on Vacation:
Clinical evaluations must be submitted to the program office as follows:
• Summer II: one evaluation per day
• Fall II: three evaluations per week
• Spring II thru end of program: eight clinical evaluations per month and weekly summative evaluations from the rotation coordinators.

If clinical evaluations are NOT filed with the program office within one month of rotation completion, one day will be deducted from the student’s vacation allotment for each incident.

Students are NOT allowed to take vacation while they are on probation.

No vacation is allowed during the American Association of Nurse Anesthetists Annual Congress, American Society of Anesthesiologists Annual meeting, AANA Mid-Year Assembly, or the Iowa Association of Nurse Anesthetists Bi-annual meetings. See https://www.iowacrnas.com/ for dates of IANA meetings; and http://www.aana.com/meetings/Pages/default.aspx for dates of AANA meetings.

Students attending professional meetings will ALWAYS be given preference for time off over vacation requests if requested on time per vacation request policy. Student vacations granted during a professional meeting time slot will NOT be rescinded after the fact to enable someone to attend the meeting.

Please review the Student Nurse Anesthetist Vacation Policy on the following pages.
SRNA Vacation Policy

SRNAs are allotted 30 vacation days and 10 sick days during the 24-month clinical period.

Vacation Requests:

- Vacation will be granted by seniority and then a first-come-first-serve basis.
- Seniors will have priority for requesting vacation during the final 3 months of their program (February, March & April).
- Vacation may be requested up to 6 months prior to the desired date of vacation. For example, if you want to take vacation in October, you may request for it June 1. Special circumstance, >6 months away, can be worked out with the Program Coordinator and/or Clinical Coordinator.
- Vacation requests must be submitted to the Program Coordinator at least 8 weeks prior to the requested start date of the vacation. Shorter notice vacation requests may be considered if dates are available.
- If multiple people desire the same time off and are unable to compromise, a drawing will be conducted by the program coordinator, in the presence of the involved individuals if possible, to decide who gets the time off.
- First priority will be given to those SRNA’s requesting a full week of vacation (i.e. Monday thru Friday). Requesting partial weeks limits the amount of available vacation time when both junior and senior classes are in clinical. Partial weeks will be considered, only after priority has been given to those requesting a full week.
- **Three exceptions:**
  1. Christmas holiday season (see Holiday Vacation section);
  2. Four-day “work-weeks” (in which case you would take the four days)
  3. If there is a week where nobody is taking vacation, a partial week may be taken.

Holiday Vacation:

- Each Saturday day, 07:00AM-19:00PM, and night 19:00PM-07:00AM and Sunday day 07:00-18:00, one SRNA is responsible for fulfilling a call-shift as assigned. Although few holidays fall on a Saturday, every student will take call involving a holiday weekend. There is no fool-proof method of making everybody happy, but a lottery drawing seems to be the most fair and unbiased way of assigning holiday call and holiday vacation.
- Junior SRNAs will take call on Thanksgiving weekend and New Year’s weekend. Senior SRNAs will take call on Labor Day weekend and Christmas weekend.
- One junior and one senior will be allowed to take vacation simultaneously during the Christmas holiday. If more than one student from each class requests vacation during the Christmas holiday, a lottery drawing will determine who gets this time off. If a student receives a week off during the holiday season one year, they will NOT be eligible for that time the following year so that all students may have an equal chance at time with their families.

Applying for Vacation:

- Submit vacation requests to the program coordinator electronically through QGenda.

**Vacation is NOT confirmed until it appears in QGenda and on the Department of Anesthesia e-schedule. No exceptions will be made.** If you purchase airline tickets, etc. without prior approval for the time off, do not expect to be granted the vacation time.

Feel free to contact the program coordinator or program director for any questions or concerns regarding this policy.
**Sick Days:**

Sick days are not recorded during the first year of the program. The student is responsible for all classwork and must make arrangements with instructors to make up any work missed due to illness. Ten (10) sick leave days are provided during the clinical phase. The student is required to notify the appropriate site clinical coordinator when utilizing sick leave.

A student may use sick leave during an absence due to a personal medical issue, personal of family emergency, funeral, service as a pallbearer, adoption, or on-the-job-injury. Any leave taken beyond the ten (10) allotted sick days will be deducted from the SRNAs vacation allotment. If the time away exceeds the sick and vacation allotments, the excess time must be made up at the end of the program.

**Reporting Illness during the Academic Phase:**

As a professional courtesy, students should contact their course instructor, per the instructors preferred method, as soon as possible if they are ill or plan on being absent from class. The student is responsible for providing requested confirmation of illness to the instructor if requested. If the absence has been planned in advance, the student is requested to indicate this in advance to the course instructor. There is no limit on sick days during the first year of the program but the student may be required to repeat a course if an instructor determines that the student missed too much time due to illness.

**Reporting Illness during Clinical Phase:**

Attendance for all scheduled clinical experiences is mandatory. While at UIHC if a student is unable to attend clinical, the student is required to report their absence to the day coordinator at the anesthesia control desk at UIHC (319-356-0416). When it is known in advance (e.g. the night before) that attendance is not possible for the next clinical day, the student must notify the control desk or the senior resident (pager 3911) on call during evening and weekend hours. The student is required to also notify the program coordinator ASAP. Not notifying the program of time off will result in the loss of 1 vacation day from the student's allotment.

It is the responsibility of the student to contact their designated clinical coordinator at any off-campus affiliate clinical rotation site. Off-campus illness days are also deducted from the allowable sick time. The student must notify the program office of time off when at an off-campus site.

A physician’s note is required for a student to return to the clinical phase if an illness is greater than three days, or if the student is on any medication that may impact judgment or clinical performance. Concerns for HIPAA will be honored but the student must place patient safety above personal concerns.

**Maternity Leave**

The student shall be granted a maternity leave of absence as follows:

- The student shall, whenever possible, submit written notification to the Program Director at least twelve (12) weeks prior to anticipated departure stating the probable duration of the leave. Earlier notification of anticipated time requirements is appreciated, but not mandated. Maternity leave shall be granted for a period of time up to but not to exceed three (3) months. Upon the request of the student, accompanied by a physician’s statement, maternity leave may be extended for increments of thirty (30) days, not to exceed six (6) months. In no case shall the total period of leave exceed twelve (12) months. Courses in core areas of anesthesia principles and anesthesia clinical are offered once yearly and if a student leaves a course without completion, they may need to wait until the next time the course is offered. If absence from academic courses is extensive or substantial academic preparation is missed, the course will need to be repeated. This decision will be made by the Program Director in consultation with the director of DNP programs and College of Nursing Executive Associate Dean for Academic Affairs.

- If the maternity leave occurs during semesters 1, 2, or 3 of the academic phase of the program, but prior to the clinical phase (semester 4) the student may be required to repeat the first year coursework prior to commencing clinical.
Emergency Leave

In the event of a death in the immediate family, three days funeral time is allowed. Immediate family includes husband, wife, children (and their spouses), step-children (and their spouses), mother, father, mother or father-in-law, brothers or sisters (and their spouses), grandparents, grandchildren, foster children, aunts and uncles of the students; or other relatives residing in the student's immediate household.

Leave requests for other emergencies will be handled on an individual basis and granted at the discretion of the program director.

Military Leave

The student on active duty military service shall be granted a military leave or provided time away under Section 29A.28 of the Iowa Code and the applicable Federal statutes.

It is recommended that a student complete any required annual military leaves of absence either prior to program enrollment or during one of the scheduled class breaks (semester or spring breaks) if at all possible.

If a student is required to participate in annual military training, the student must submit the following to the program director prior to departure:

- The student shall submit written notification from the commanding officer of the student's military headquarters that indicates dates the student has been ordered to active duty and travel dates. A copy of the orders must be submitted to the program director at least three (3) weeks prior to his/her anticipated departure or sooner if possible. If the student receives amended orders, the student is required to provide a copy of the amended orders to the program director in a timely manner prior to departure.

- During the clinical phase of the program, an absence for more than two (2) weeks of military time during either clinical year may necessitate program extension to complete all clinical requirements.
Section V. SRNA Performance and Progression

Evaluation and Grading Criteria for Academic courses:

Regular academic courses are graded per the policies of the College of Nursing as outlined in the Graduate Handbook in section VI.A. Individual course instructors will assign grades.

Evaluation and Grading Criteria for Clinical Courses:

Students in the ANP will receive clinical course grades based on the following criteria:

A CRNA or anesthesiologist mentor at the student's clinical site will give an objective daily evaluation to the SRNA using the Anesthesia Nursing Program (ANP) Student clinical evaluation form/care plan. Clinical evaluations will be submitted to the ANP program office as required and program administrative staff will review the evaluations and provide a summative evaluation to the SRNA at the midpoint of each semester. The course director for each clinical course will review submitted evaluation at the end of each semester and assign a mark of satisfactory “S” or unsatisfactory “U” based on their review of the students daily evaluations. A clinical written examination or assignment covering objectives for the student's clinical assigned area may be given per course director's discretion.

Completion of the learning objectives and case requirements for the student's clinical assigned area as described in the Anesthesia Nursing Program Student Clinical Evaluation Progression Form (Timeline for Performance Standards)

Good Standing:

SRNAs will remain in good standing in the anesthesia nursing program if, in the collective judgment of the faculty and program administration, the student has exhibited “satisfactory performance”, “satisfactory clinical progress”, and appropriate professional conduct.”

Satisfactory Performance Criteria

Students in the Anesthesia Nursing Program must obtain a minimum grade of 2.67 for all courses in anesthesia nursing program plan of study and maintain a 3.0 cumulative grade-point average in the graduate nursing program. Grades are based on the four-point marking system, where an A=4.00, A(-)=3.67, B+(+)=3.33, B=3.00, B(-)=2.67, C(+)=2.33, C=2.00, C(-)=1.67, D+(+)=1.33, D=1.00, D(-)=0.67, and F=0. Graduate College rules dictate that no graduate credit will be given for any course that receives a letter grade of less than a “C” (2.00). Any course that receives less than a “C” must be retaken. There is no second grade option in graduate school so the grades from both attempts at the course will be averaged and figured into the cumulative GPA calculation.

Unsatisfactory Performance Criteria - Probation Procedure


"If a student is failing to meet departmental standards, the department shall warn the student of this fact in writing. The notification shall specify in what way(s) the student is failing to meet the standards. The student shall be provided a reasonable amount of time to meet the standards prior to dismissal."

Students who chronically exhibit a lack of aptitude for the intellectual and/or manual skills required to perform successfully as a nurse anesthetist, or who demonstrate a lack of character and discipline, will be formally counseled about these facts. Ultimately, if a student fails to demonstrate satisfactory performance, he/she will be dismissed from the program. This dismissal will take place only after a student has been made aware of the deficiencies in writing and has failed to improve.

The decision to place a student on probationatory status or recommendation for dismissal of a student will be made by a committee of the ANP director, associate director, clinical coordinator, and clinical site coordinator if appropriate. The student will be formally notified by the Program Director of their placement on academic or clinical probation. Probationary status will be reviewed at one-month intervals with one of the following recommendations: lifting of probation and return to good standing; continued probation; or move for dismissal
from the program. The student will be notified of the committee’s recommendation by the Program Director.

In the event that the student contests the probation or dismissal, the student has the right to appeal to the ANP committee. The student will have the right to appear before the ANP Committee with witnesses (at student’s expense) for a hearing. The student will be notified of the decision by the ANP committee within seven (7) business days after the hearing. Should the decision be contested, the student has the right to appeal through the College of Nursing grievance procedure [link] and the Graduate College review process [link] and the Graduate College review process [link] (Section IV.F) and the Graduate College review process [link] (section IV.G). The student may also seek assistance from the University of Iowa Ombudsperson [link].

Types of Probation

- **Academic Probation**
  
  If a student receives a grade below a 2.67 for any basic science or anesthesia principles course on the anesthesia program plan of study the student will be placed on academic probation. If a student’s UI graduate cumulative GPA is less than a 3.0, the student will be placed on academic probation. Two semesters of GPA probation will result in dismissal from the program.

  “A student who will not be permitted to re-register for failure in meeting standards and will be notified of the reasons for such actions in writing. Dismissal may follow for student’s failure to meet the conditions of admission, conditions of probation, preannounced departmental grade point requirements or other standards.” [link] (Section IV.E).

  If an SRNA student’s cumulative grade-point average remains below a 3.0 cumulative for two semesters or the SRNA receives a grade below a 2.67 in any anesthesia course, that SRNA will be placed on academic probation.

**Probation — Maintaining Clinical Privileges**

A student will, at a minimum, be placed on academic probation while maintaining clinical privileges for the following reasons:

- Failure to maintain a minimum grade of 2.67 for any course in basic science or anesthesia principles and a 3.0 cumulative in the graduate nursing program.
- Investigation for violation of substance abuse outside the hospital
- Investigation for stealing medications, hospital or departmental property for use or sale outside the hospital
- Investigation of action that may lead to felony conviction
- Failure to comply with the AANA Code of Ethics for the CRNA [link]
- Failure to maintain current licensure as a Registered Nurse

**Probation — Removal of Clinical Privileges**

A student may be removed from the clinical practicum and placed on clinical probation for a 30 – 60 – 90 day period for the following reasons:

- Compromising patient safety
- Investigation of violation of the department of anesthesia’s policy on substance abuse
- Poor judgment or failure to meet the accepted standards of anesthesia care
- Failure to demonstrate satisfactory clinical progress
- Failure in a clinical course
- Policy violation at a clinical site
- Discretion of the clinical site coordinator, program director, associate director, or clinical coordinator.
- Investigation of violation that a student is providing anesthesia services for pay.

A student will face immediate expulsion if they are involved in actions so egregious that they jeopardize patient safety, are involved in unsafe clinical practice, or violate accepted standards of anesthesia care. As such, a single event may warrant immediate probation with suspension of privileges and may be grounds for dismissal by the Anesthesia Nursing Program Admission and Progression Committee.
A student is NOT permitted to go on vacation or outside rotations during a probationary period, and will remain assigned to clinical rotations at the UIHC. The program director will notify affiliate rotations if any student will not be completing an affiliate rotation due to probationary status. The student may participate in the affiliate rotation missed once probationary status is removed if time permits. A student’s program completion date may be delayed if they need to complete a clinical affiliate rotation to meet Council on Accreditation requirements.

**Dismissal Criteria — Removal from Program**

A student may be dismissed from the Anesthesia Nursing Program for the following reasons:
- Employment as a nurse anesthetist by title or function (COA standard G8).
- Failure to comply with terms for removal of probationary status communicated to the student by the program director in writing
- Jeopardizing patient safety
- Unsafe clinical practice
- Failure to demonstrate satisfactory clinical progress
- Failure to maintain a minimum grade of 2.67 for all courses in basic sciences and anesthesia principles and 3.0 cumulative GPA in graduate courses.
- Violation of the department of anesthesia's policy on substance abuse
- Violation of substance abuse laws outside the hospital
- Stealing medications, hospital or departmental property for use or sale
- Failure to comply with the AANA ethical code of conduct
- Failure to maintain current licensure as a Registered Nurse
- Revocation of or ineligibility for licensure as a Registered Nurse
- Conviction of a felony
- Receiving a "U" in any clinical course
- Being placed on academic probation for two semesters
- Dismissal from the University or College for any reason

**Deferral of Graduation**

A student may be deferred from graduation if he/she has not met the terminal objectives of the program or if he/she is on academic or clinical probation. Reasons for deferral must be valid.

The student will be apprised of his/her rights to appeal such a decision according to the College of Nursing and Graduate College grievance procedures.

If a student is absent for more than the time allowed, the student will receive an incomplete “I” in their final clinical course and be required to make up those days before their diploma will be granted.

If the student defers graduation and later completes all the required work, they will graduate the next time the University confers degrees (Spring—May; Summer—August; Fall—December).

**Withdrawal Criteria — from Program**

If a student requests withdrawal from the Anesthesia Nursing Program, the following will apply:

Any student requesting withdrawal from the ANP will be asked to meet with the ANP administrative staff to discuss the student’s options once they withdraw.

A student may elect to resign from the program at any time, except after the student is officially dismissed from the program.

If, at the time of resignation, the student is on probationary status, faculty action is not necessary.

Notification of the student’s withdrawal will be sent to the COA, and NBCRNA within thirty (30) days of the withdrawal.

**Comprehensive Examination Criteria**

A comprehensive exam will be given to all SRNAs at the end of each year in the program covering information presented prior to the exam date. The first year students will take an exam covering one year of content and the second year students two years of content. Senior students will take the National Board on Certification
and Recertification of Nurse Anesthetists (NBCRNA) Self Evaluation Examination (SEE) by January 25th of their final semester in the program (third year). Third year students will be required to demonstrate satisfactory performance on the SEE exam as evidenced by receiving a minimum scaled score of 400. Failure to achieve a score of 400 or greater will result in the student being required to retake the exam by March 15th of the final semester (at the student’s expense).

Graduation Requirement Criteria

In order to graduate, the student must:

- Meet the current Council on Accreditation of Nurse Anesthesia Educational Programs (COA) standards (2015) to qualify for graduation.
- Meet current National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) requirements enforced at graduation.
- Meet current University of Iowa Graduate College and College of Nursing requirements for graduation.
- Meet all academic and clinical program objectives, including achieving proficiency of progression objectives identified in the Anesthesia Nursing Program Student Clinical Progression Timeline for Performance Standards.

Grievance Procedure

1. Due Process Policy
   A student who feels his/her case has not been handled satisfactorily by program personnel may refer to the College of Nursing Graduate Handbook, section VI.F—Grievance procedure (p20).
   [Link](http://www.nursing.uiowa.edu/sites/default/files/documents/academic-programs/graduate/Section%20I%20General%20Information%20for%20all%20Graduate%20Students.pdf).

2. Formal Grade Appeals
   A grade may be reviewed to determine whether the grading procedure was communicated to students at the beginning of the semester and to determine whether the communicated grading procedure was followed. To make such a determination, the course director may be asked to:
   - explain the basis or criteria for a grade;
   - show that the basis or criteria were communicated at the beginning of the semester;
   - show that the grading procedure was not indiscriminately applied.
   - In the appeals proceedings, the burden of proof is on the student to demonstrate that a change in grade is warranted.

3. Formal Grievance Process
   Steps in the formal grievance process for a student in the program include:
   - Review by Course Director or Clinical coordinator involved
   - Review by Program Director
   - Review by Director of DNP Programs in the College of Nursing
   - Review by Executive Associate Dean for Academic Affairs in the College of Nursing
   - Review by Dean of the College of Nursing
   - Review by Dean of the Graduate College (Associate Provost for Graduate Education)
   - Review by Provost

Assistance Available to Students

The ANP administration and program director are available for discussion of academic or clinical issues at UIHC. In addition at any time, the student may access the Associate Dean of Academic Affairs in the College of Nursing who serves as the collegiate ombudsperson. The student may contact also The University of Iowa ombudsperson at [http://www.uiowa.edu/ombuds/](http://www.uiowa.edu/ombuds/).

The following offices and resources are also available to students.

The University of Iowa, General Catalog On-Line, Catalog Directory may be found at: [http://www.registrar.uiowa.edu/registrar/catalog/](http://www.registrar.uiowa.edu/registrar/catalog/)

The University of Iowa, Manual of Rules and Regulations of the Graduate College may be found at: [http://www.grad.uiowa.edu/graduate-college-manual](http://www.grad.uiowa.edu/graduate-college-manual)

The University of Iowa, Counseling Service may be found at: [http://counseling.studentlife.uiowa.edu/](http://counseling.studentlife.uiowa.edu/)
**Student Services**

Student services available at The University of Iowa Counseling Services (UCS) includes professional staffing with licensed psychologists and psychology interns, who are qualified to address topics concerning psychological, emotional, behavioral, personal, or interpersonal concerns. UCS staff members are also trained as consultants to work with students to identify and to work toward more effective personal, interpersonal, and organizational/group functioning.

UCS program offerings include:
- Academic Study Skills Programs
- Career Choice Programs
- Communication Skills Programs
- Diversity Issues
- Personal Issues
- Relationship Issues

**Financial Information**

1. **Tuition and Fees**
   Tuition and fees for the current semester, set by the Board of Regents, may be viewed at this link: [http://www.registrar.uiowa.edu/TuitionandFees/TuitionandFeesInformation/tabid/95/Default.aspx](http://www.registrar.uiowa.edu/TuitionandFees/TuitionandFeesInformation/tabid/95/Default.aspx).

2. **AANA Student Associate Membership Fee**
   Students are required to become an associate member of the American Association of Nurse Anesthetists (AANA). The associate member fee for 2015 was $200 and includes a subscription to the AANA Journal and AANA news bulletin. Both are available online with membership.

3. **Textbook Fees**
   Students will be required to purchase required textbooks for the program. Typical book fees (required + recommended) cost approximately $2,500-$3,000 for the entire program depending on student interests in developing their own library. Many of the required reference textbooks are available on reserve and in electronic format through the University of Iowa Hardin Library for Health Sciences [http://www.lib.uiowa.edu/hardin/](http://www.lib.uiowa.edu/hardin/).

4. **Health Insurance Fee**
   Every student is required to maintain and provide proof of health insurance coverage as developed for health profession students at The University of Iowa (or an equivalent alternative care plan sufficient to satisfy minimum standards of coverage). The proof of coverage requirement was implemented to ensure that students have health insurance coverage in the event of injury in the clinical environment. More information on insurance requirements and available plans is located at [http://hr.uiowa.edu/benefits/health-insurance-graduate-students](http://hr.uiowa.edu/benefits/health-insurance-graduate-students).

   Upon initial registration in the program and annually thereafter the student is required to provide **Proof of Coverage**. Until acceptable documentation is provided, the student will be automatically enrolled and charged for participation in the University’s Student Health Insurance Plan (SHIP) at single graduate student monthly rate. Or if the student wishes to upgrade to the comprehensive health care option of the UIGRADCARE Plan they may for a monthly rate during specific enrollment periods. Students are eligible to purchase coverage for a spouse, child or family with both health care offerings at an increased monthly premium.

5. **External Rotations Fee**
   External rotations to cooperating affiliating agencies outside of Iowa City, Iowa involve additional student expenses for room and board. Reasonable rates for room and board may be passed on to the students if this becomes necessary.

6. **Professional RN Licensure Fee**
   Students are required to obtain and maintain RN licensure for the state of Iowa at all times.

7. **Anesthesia Professional Liability Insurance Fee**
   Individual student liability coverage, $1,000,000 each occurrence / $3,000,000 general aggregate for one year, may be purchased through AANA insurance Services, a wholly owned subsidiary of the AANA. Proof of insurance will be required during the entirety of your education in the University of Iowa ANP. Failure to obtain the required liability insurance will result in your NOT being able to
register for classes.

8. Certification Examination Fee
In order to enter practice as a Certified Registered Nurse Anesthetist (CRNA), program graduates are required to write the National Certification Examination administered by the National Board on Certification and Recertification of Nurse Anesthetists. The nurse anesthesia program is required to register its student graduates for this examination just prior to graduation and to collect the appropriate examination fee. The student will be responsible for paying the exam fee.

9. Travel Reimbursement
Long-distance mileage reimbursement is provided for traveling to and from certain clinical sites. Students receive a travel day prior to beginning and completing their rotations to the distant (greater than 150 miles) off-campus sites. When returning from travel to an affiliate site for offsite rotations, the student must notify the program coordinator of the dates of travel for the "Travel Expense Voucher", which is completed online and verified by the student through the Universities online system. TEV’s submitted after 60 days following travel may not be processed by the University and the student may not be reimbursed for this travel.

10. Projected Educational Costs: See tuition and fees tables at:
Make sure you click on the Graduate College Link and then select the College of Nursing and look at the DNP tables.

Additional living expenses projections for the Iowa City community area can be found at:
http://admissions.uiowa.edu/finances/estimated-costs-attendance.

Career Placement

The Anesthesia Nursing Program forwards inquiries from employers and facilitates contacts between such employers and the program's students as they approach graduation and certification. Program faculty, as well as the administrative staff also forward materials from healthcare recruiters. Program staff is available to help students with all aspects of employment searches.
SECTION VI. SPECIFIC CLINICAL POLICIES

Clinical Practicum

Students are expected to know and abide by the Policies indicated in the Anesthesia Nursing Program Graduate Student Handbook Addendum, the Anesthesia Nursing Program Affiliate/Rural Rotation Clinical Experience Manual, and the Anesthesia Nursing Program Evaluation Process Manual that are applicable to clinical practicum experiences. The academic and clinical policies indicated serve to guide expected behaviors of students in the Anesthesia Nursing Program at The University of Iowa.

Primary clinical training for Iowa City based SRNAs will occur at The University of Iowa Hospitals and Clinics (UIHC) in Iowa City, Iowa.

Alternative primary clinical training site for selected students will be at Unity Point Iowa Lutheran Hospital in Des Moines, IA and Spencer Hospital in Spencer, IA.

Rural clinical training will occur as a mandatory rural experience at the sites of Regional Medical Center of Northeastern Iowa and Delaware County, Manchester, Iowa; Spencer Hospital in Spencer; and with Bloomfield Anesthetists Group at multiple sites in Southern Iowa.

Description of Program Clinical Time Commitments:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Clinical Activity</th>
<th>Start Date &amp; Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, II, III</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>IV</td>
<td>Operating Room (UIHC) (includes on-call experience)</td>
<td>Mid-May start date Five days per week</td>
</tr>
<tr>
<td>V</td>
<td>Operating Room (UIHC)</td>
<td>August 1 start date Five days per week, with dismissal at 2 pm on Tuesday, Wednesday &amp; Thursday</td>
</tr>
<tr>
<td>VI</td>
<td>Operating Room Off-Site Rotations</td>
<td>Five days per week Early January start date</td>
</tr>
<tr>
<td>VII</td>
<td>Operating Room (off-site)</td>
<td>Five days per week</td>
</tr>
<tr>
<td>VIII</td>
<td>Operating Room (of-site)</td>
<td>Five days per week</td>
</tr>
<tr>
<td>IX</td>
<td>Operating Room</td>
<td>Five days per week</td>
</tr>
</tbody>
</table>

Professional Conduct

Anesthesia is delivered at The University of Iowa utilizing the team concept whereby the student is mentored by a department of anesthesia faculty anesthesiologist and/or staff Certified Registered Nurse Anesthetist. Intuitively, good clinical care is dependent upon appropriate inter-professional relationships. These relationships are formulated via mutual respect and appreciation that all operating room personnel are colleagues who must work as a team to provide quality patient care. Students should address the faculty anesthesiologists as “Dr.” and staff CRNA's as "Dr., Mr., or Ms." in front of the patient. Students will be addressed as “Mr. or Ms.” by program staff. Conversation should be focused upon patient care activities. Conversation in the operating room not pertaining to the care of the patient should be minimized.

The student nurse anesthetist MUST contact the assigned anesthesia faculty anesthesiologist and staff CRNA the night prior to the delivery of anesthesia to formulate the anesthesia plan of care. If the assigned faculty/staff is unavailable and a critical patient care issue exists, the student should review the case with the “on call” attending anesthesiologist.

Patient Confidentiality

All students are required to complete HIPAA Privacy Rule Training at UIHC and conform to the Health Insurance Portability and Accountability Act (HIPAA).
Patient Safety

The purpose of any clinical experience is to provide an education for students. The nature of the clinical experience is such that students are involved in the direct delivery of patient care services. When direct patient care is involved in the learning experience, patient safety is paramount.

Assigned Anesthesiology faculty/staff CRNA may make clinical decisions involving student participation in the care of assigned patients. Unsatisfactory clinical performance, which in the judgment of the assigned staff places the patient at risk, may result in the removal of the student from the clinical area.

If the assigned faculty/staff removes the student from the clinical area, the faculty/staff must provide:
An immediate verbal report to either the program director, associate program director, or program medical director.
Within 3 working days, a written report must be submitted to the program director.

Professional RN Licensure

Students will be required to obtain and maintain RN licensure for the state of Iowa at all times. Each student must provide copies of current RN licenses to the program and College. The Iowa Board of Nursing guidelines for nursing compact states: if the student is from a compact state and this student becomes a “resident” of the state of Iowa, then the student must obtain an Iowa RN license to practice in the state of Iowa. If the student maintains residency status in the compact state, then that student can practice in Iowa with the compact state RN license. The Iowa Board of Nursing website is at https://nursing.iowa.gov/.

It is the student’s responsibility to ensure RN licenses and certifications are active at all times during program enrollment and at graduation.

Anesthesia Professional Liability Insurance

Student must obtain anesthesia professional liability coverage prior to beginning any form of clinical:
Individual student liability coverage, $1,000,000 each occurrence / $3,000,000 general aggregate for one year, may be purchased through AANA Insurance Services. The current (2010) cost of this student coverage is $274 per year. Students must provide copy of anesthesia professional liability coverage to the program office and College prior to commencing clinical anesthesia.

Cardiac Life Support

Students will be required to obtain and maintain Basic Cardiac Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) throughout the program. The student must provide copies of BCLS, ACLS, and PALS certification to the program.

Health Immunizations

The University of Iowa requires all health science students to provide documentation of the immunizations listed on page 12 of the College of Nursing Graduate Handbook http://www.nursing.uiowa.edu/current-students/handbooks. In addition, all affiliate clinical rotation sites require proof of current immunizations and annual screening tests (TB skin test and Hepatitis B immunization) prior to commencement of rotation.

Health Insurance

Students will be required to maintain and provide proof of health insurance coverage as developed for health profession students at The University of Iowa (or an equivalent alternative care plan sufficient to satisfy minimum standards of coverage). Proof of coverage must be submitted to the UI Student Insurance Office and the Anesthesia Nursing Program office.

Annual Training

Students will be required to participate in safety, HIPAA, infection control, and other training to fulfill the annual clinical training and compliance requirements at UIHC and affiliate clinical partners.
Clinical Orientation

Students entering the clinical phase semester IV (Summer II) of the Anesthesia Nursing Program participate in two weeks of orientation as an introduction to their clinical training. At this time students receive pagers, fitted for UIHC white laboratory coats, photographed for UIHC student identification cards, assigned anesthesia clinical identification numbers, assigned UIHC EPIC computer access numbers, assigned clinical lockers, oriented to the main operating rooms, preoperative preparation facility, second stage recovery facility, pre-surgical care unit, and post-anesthesia care unit. In addition, each student is referred to the UIHC Operating Suites Policy Manual developed by the Surgical Services Subcommittee (SSSC), Operating Room Management Committee (ORMC), and Joint Practice Management Group (JPMG) of The University of Iowa Hospitals and Clinics.

During the student’s clinical orientation, the program director or associate director will explain the clinical policies and procedures as described in the Anesthesia Nursing Program Student Graduate Student Handbook Addendum, Anesthesia Nursing Program Student Clinical Evaluation Process Manual, Anesthesia Nursing Program Affiliate/Rural Rotation Manual, Anesthesia Nursing Program Student Clinical Evaluation Record. Also a discussion on the Department of Anesthesia’s Chemical Dependency Policy occurs.

Applicable policies in the UIHC Operating Room Policy and Procedure Manual will be reviewed. The students will be introduced to the staff CRNAs and the anesthesiologists who serve in the operating room Director/Associate Director roles.

Dress Code

Dress code for operating room attire is described in the UIHC Operating Room Policy and Procedure Manual and students are expected to adhere to this dress code during their clinical operating room assignments. All personnel entering the operating room suite must wear:

- Clean, hospital supplied and laundered apparel; designated as OR attire.
- Clean, lint free, surgical hood, head covering, or cap completely covering the hair.
- A pair of shoes designated for use only in the OR can be used.
- UIHC photo ID badge with name and classification. (i.e. Jane Doe, BSN, RN, Student Registered Nurse Anesthetist).

Individuals wearing UIHC scrubs outside UIHC properties will face disciplinary actions.

Students are expected to present themselves to patients in professional manner and dress at all times. Laboratory coats with a visible nametag should be worn over business casual clothes (Professional Dress) when making patient care rounds or working in the Pre-Surgical Evaluation Clinic. The nametag must identify the student as an Anesthesia Nursing Student. When outside the operating room/anesthesia office areas, students should wear either a lab coat or cover gown over their scrubs.

When not wearing surgical scrubs, all students are expected to dress professionally.

UIHC Pagers

Students will be assigned a pager from the Department of Anesthesia during the clinical phase. This pager is to be used throughout the remainder of the program. If this pager is lost or damaged, please notify the Program Coordinator for a replacement. The replacement cost ($400) will be charged to the student.

Clinical Practicum Hours

Students are expected to arrive at the hospital in sufficient time to prepare for daily clinical assignments. Students are expected to have set up the required anesthesia equipment, anesthesia machine, and prepared the room as needed for the cases that day. Students are expected to have their anesthesia equipment checked prior to the patient entry into the OR. Consultation with the assigned clinical faculty Anesthesiologist and/or staff CRNA must be sought prior to transportation of the patient to the operating room to determine preoperative preparation. The medical/anesthesia/laboratory records must be reviewed the night before the scheduled surgery to prepare the anesthesia care plan and in preparation for consultation with assigned faculty. Students should allow ample time to introduce themselves to their patients and review the medical/anesthesia/laboratory records prior to transportation to the operating room. Students may need to meet their patient earlier if receiving a block for post op pain management.
Following the operative procedure, the student will transport the patient to the appropriate postoperative unit and provide a detailed verbal report of the patient's medical history and intraoperative course to the Unit nurse at the time of care transfer.

**Anesthesia Care Plan**

An anesthesia care plan will be completed on all patients prior to a clinical assignment. The care plan will identify patient specific history and clinical problems. Please refer to the ANP Student Clinical Evaluation Form/Care Plan.

**Equal Access to Patients and Procedures**

Anesthesia nursing students and anesthesia residents will, based on the level of education and experience, have equal access to patients requiring anesthetics and equal access to all types of procedures, anesthetic techniques and invasive monitoring while participating in clinical activities at The University of Iowa Hospitals and Clinics. Depending upon the training level of the anesthesia nursing student or the anesthesia resident, patient assignments will be made with the advice of the program director or his/her designee, the associate program director, the program medical advisor, and the clinical director of Department of Anesthesia or his/her designee.

**Case Assignment**

The Department of Anesthesia clinical director makes patient assignments. Every attempt is made to assign the student based upon the program clinical rotation. The OR schedule is completed and published by 2:00 PM each day. Students are responsible for making pre-operative anesthesia visits on all assigned inpatients, and are expected to review the preoperative evaluations of outpatients seen in the Anesthesia Pre-Surgical Evaluation Clinic (APEC). Following the preoperative interview or review of records, the student is required to call the assigned faculty anesthesiologist and/or the assigned staff CRNA to discuss the physical findings and the anesthesia management plan. Evidence of failure to contact the faculty could result in disciplinary action. If neither the faculty anesthesiologist nor the staff CRNA assigned to the case can be reached, the student should speak with any available CRNA or faculty anesthesiologist to discuss patient care concerns.

Students are responsible for making postoperative visits on all of their patients who are admitted to the hospital. A notation on the condition of the patient must be made in the patient's record. If for any reason the patient is discharged before the post-operative visit, the student is still responsible for reviewing the chart. A note must be written in the patient record, which reflects that the patient was not seen or evaluated before discharge, but that the student reviewed the medical record. It is mandatory that students notify the faculty of any recognized or verbalized post-operative anesthesia complications. If the supervisory faculty is not available, it is necessary to notify the Day Call Faculty. Failure to see patients postoperatively could result in disciplinary action.

**Call**

Call is "a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 p.m. and before 7 a.m., Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases." (COA, 2015 Standards)

At no time will the student have clinical responsibilities for more than 16 consecutive hours including call time. There must be a minimum of 8 hours of non-clinical time prior to assignment of additional clinical responsibilities.

Anesthesia Call experience is an essential part of the student's clinical practicum. Every student will have assigned night and weekend call responsibilities following their introductory clinical orientation. Scheduled call assignments will continue during the remainder of the clinical practicum. The Chief SRNA will make the call assignments. The length of call shall not exceed twenty-four hours. Students will not be assigned clinical responsibilities the day following call. The student will be expected to complete pre- and post- anesthesia visits on all patients anesthetized by them and attend regularly scheduled classes or seminars.

Special requests of specific days or weekends of no call assignments will be honored to the extent possible. Changes in call assignments can only be made with the consent of the Chief SRNA and the Program.
Coordinator. The Chief SRNA will communicate changes in assigned call to the Program Coordinator who will notify the department of anesthesia scheduling office.

STUDENTS WILL BE SCHEDULED FOR IN-HOUSE CALL DURING ONE OR MORE OF THE UNIVERSITY HOLIDAYS.

STUDENTS ASSIGNED TO VAMC WILL TAKE CALL AT UIHC.

CALL AT ALL AFFILIATE ROTATIONS WILL BE SCHEDULED BY THE RESPONSIBLE CRNA AT THE OFF-CAMPUS SITE.

Clinical Case Conferences

Attendance is mandatory for all Clinical Case conferences, held in the Cullen Conference Room, 6426 JCP from 5:00 - 6:00 p.m. each Wednesday throughout the year. Clinical Case conferences serve as the Department of Anesthesia's "Grand Rounds." This weekly interactive discussion is attended by anesthesia nursing students, medical students, anesthesia residents, faculty, and staff CRNAs. The only exceptions to the above are for clinical assignments, leaves of absence and off-site rotations.

Controlled Substances

Pharmacy form 134 is completed to obtain controlled substances (barbiturates, benzodiazepines, narcotics, etc) to provide anesthesia. At the end of the anesthetic, unused medications must be returned to the pharmacy with the details of the disposition of drugs recorded on form 134. Controlled substances that have been opened and not used for patient care must be discarded in the presence of an auditor (CRNA or staff anesthesiologist) or returned to the pharmacy.

Department of Anesthesia Policy on Chemical Dependence

It is recognized that chemical dependence upon any substance is a medical problem, which can significantly impair the practice of anesthesia by an affected provider. It is further recognized that therapy and subsequent careful monitoring techniques are now available and should be, wherever possible, utilized to attempt to rehabilitate the impaired individual. It is also important to understand that the laws of the State of Iowa and the United States must be understood by anesthesia care providers, especially in regard to the necessity for a physician to report any health care provider who is even suspected of substance abuse, to the proper authorities. There is much confusion, misinformation, and stigma attached to all this, but it is increasingly obvious that chemical dependent individuals are in desperate need of proper professional care at the earliest possible moment. Such care may indeed be life saving. Accordingly, the following shall be Policy of the Department of Anesthesia.

- Chemical dependence is recognized as a medical disease.
- It is further recognized that untreated and/or relapsing chemical dependence is incompatible with safe clinical practice and performance of anesthesia.

Because of the above, and in accordance with the laws of the U.S. and of the State of Iowa, it shall be the duty of all Faculty, Residents, CRNA and SRNA members of the Department of Anesthesia to report any and all concerns about chemical dependence, in themselves and/or in any other members of the Department, or any other health care provider with whom they come into professional contact, in confidence to the Department Head. Further, it shall be the duty of all the above members of the Department to make such a report, again in confidence, to the Department Head at the earliest observation of any incident and/or behavior which might be suspicious, even if the report is necessarily vague or circumstantial.

The Head of the Department of Anesthesia shall be the sole confidential resource person in the Department of Anesthesia on the subject of chemical dependence. No such reporting by any health care provider in the Department of Anesthesia, about anyone, shall be made to anyone else other than the Department Head. It shall be the duty of the Head of the Department of Anesthesia, upon receipt of such report, to act with deliberate considered speed and due diligence, employing any and all resources available, to ascertain the truth about whether or not the reported individual is indeed a victim of chemical dependence. The methodologies shall include, but not be limited to, confidential audits of prescriptions written by and for that individual; confidential audits of controlled substance sign in/sign out sheets and doctors orders; confidential audit of pertinent anesthesia care and other medical records. These actions can further include, but are not
limited to; a personal interview; an interview with the hospital attorney present; an interview with the hospital attorney and other witnesses present; a demand for an immediate urine sample and/or blood sample; and any other tests or confidential investigations deemed necessary.

It is further understood that if, during the course of his/her investigation, the Head of the Department of Anesthesia encounters a refusal on the part of the reported individual to provide any information, or blood or urine samples, or any other refusal, that the Department Head may suspend that individual's privileges for performance of anesthesia in the University of Iowa Hospitals and Clinics and the VA Medical Center in Iowa City, effective immediately. Also, such refusal will constitute immediate grounds for the issuance of a report by the Department Head to the Iowa State Board of Medical Examiners

∗ This demand must be based on a reasonable cause to make such demand and is not a random testing of personnel.

If any member of the Department elects to admit to substance abuse, the Department Head shall suspend that individual from performance of anesthesia immediately and shall take every effort to refer that individual for appropriate counseling and medical therapy to one of several centers of excellence around the United States which are serving currently as referral centers for physicians and other health care providers with these problems.

If a request of a urine and/or blood sample is made by the Department Head, in the presence of appropriate witnesses, and if the individual agrees to immediately provide such a sample (witnessed) then, again at the Department Head's discretion, after the provision of said sample, the individual may be permitted to return to provision of anesthesia while awaiting results of appropriate laboratory tests. This provision would not be utilized if the reported individual was deemed by the Department Head to be in an impaired status at the time of provision of the sample.

If the individual refuses to provide a witnessed blood and/or urine sample immediately upon a request by the Department Head, after such a report as described above, it is understood that the anesthesia care provider does indeed have the option to resign from the Department of Anesthesia and the University of Iowa, effective immediately, but that such a resignation will not in any way block the necessary report of the incident which must go from the Department Head to the Iowa State Board of Medical Examiners.

If action to suspend privileges is taken, then a report must be made to the Iowa State Board of Medical Examiners (or the Board of Nursing in the case of licensure by that board) in accordance with current law of the State of Iowa. If an individual is referred to a "drug treatment" facility, even if that facility is located out of the State of Iowa, such a report must be made to the State Board of Medical Examiners.

If the individual is found to be an impaired physician subject to chemical dependency, this fact also must be reported to the American Board of Anesthesiology if that individual is in the examination process for that Board.

Upon completion of an appropriate drug treatment program, and with monitoring (detailed below) which is agreeable between the Department Head, the Anesthesia care provider, that individual's physician from the drug treatment referral center, the Department Head will have the option to recommend to the Credentials Committee of the University of Iowa Hospitals and Clinics that the anesthesia care provider's privileges to practice anesthesia be reinstated subject to continuance of the monitoring detailed below. The decision on this reinstatement rests with the University Hospital Advisory Committee, upon recommendation of the appropriate panel of the Credentials Subcommittee.

By "monitoring" is meant the following. A monitoring program means that the anesthesia care provider will agree, in writing, in advance, to provide urine and/or blood samples as per the written agreement, immediately, in a witnessed fashion, with zero notice, on demand from his/her designated mentor. Further, the individual who is being monitored must agree, in advance, in writing, that any and all results of such laboratory testing be made available to the Head of the Department of Anesthesia or his designated monitoring individual, direct from the testing laboratory. This provision means that the anesthesia care provider has waived his/her specific rights to the confidentiality of these particular lab tests. Waiving rights to these particular lab tests in no way constitutes a general waiver of patient confidentiality; e.g. if that individual was to undergo a test for an infectious disease, for example, such as HIV, the above-designated monitor would have no right to view the results of that test.
The Department Head or his/her designee will determine the frequency of said monitoring, and whether (or not) the frequency of said monitoring will taper as time goes by.

Recommendation to the University Hospital Advisory Committee as to the granting of clinical privileges is the responsibility of the Credentials Committee of the University of Iowa Hospitals and Clinics and not the Department Head.

Referral of an individual determined to be chemically dependent by the Department Head for treatment in no way shall constitute any guarantee of future employment for that individual. It is, nonetheless, understood that it is the general intent of this policy to attempt to achieve rehabilitation of the chemically dependent individual. Although the above statement means that there is reasonable likelihood that the individual will be afforded a "second chance" to practice anesthesia, such a second chance is by no means guaranteed.

If medical leave is necessary for chemical dependence, such leave will be unpaid and members of the Department shall retain their own medical insurance coverage. Further, the Department will not be responsible, in whole or in any part, for any medical costs incurred by any individual who is referred for treatment and/or rehabilitation. This Departmental policy regarding chemical dependence in no way supersedes or interferes with existing University of Iowa Hospitals and Clinics or VAMC policy regarding chemical dependency or intoxication, nor does it supersede or interfere with Iowa State law or U.S. in any way.

Accepted by the Faculty, Wednesday, August 30, 1989

SECTION V. AFFILIATE / RURAL ROTATION CLINICAL POLICIES AND PROCEDURES

Affiliate / Rural Rotation Clinical Policies and Procedures

Clinical policies and procedures have been specifically developed for experiences available at affiliate/ rural rotation sites. These policies are contained in the Anesthesia Nursing Program Affiliate/Rural Rotation Clinical Experience Manual.

THE UNIVERSITY OF IOWA ANESTHESIA NURSING PROGRAM

SECTION VI. CLINICAL TEACHING AND EVALUATION

Development of Clinical Skills

Students in the Anesthesia Nursing Program will develop cognitive, technical, clinical application, analytic processing, organizational, and behavioral skills and attitudes in the practice of anesthesia nursing. A level of competency will be acquired in these skills that will enable each student to learn to provide the highest quality of anesthesia care within the concept of anesthesia team care and to function as a knowledgeable resource person for the provision of care in related areas. The University of Iowa Anesthesia Nursing Program has developed a Timeline for Performance Standards as indicated on the Anesthesia Nursing Program Student Clinical Evaluation Progression Form for domains of cognitive, psychomotor, and affective. Please refer to the Anesthesia Nursing Program Evaluation Process Manual for specific details on evaluation instruments.

Clinical Education

The goal of clinical instruction is to:
Assure students the opportunity to integrate previous knowledge with actual performance and to develop the critical thinking and problem solving skills necessary for competence in nurse anesthesia practice.
Assist the student to acquire skills, knowledge, abilities, and attitudes needed for anesthesia care.
Assist students to learn how to collect data, interpret and synthesize findings, skillfully perform procedures, critically evaluate the effects of actions, and relate to patients in a caring and ethical manner.
Provide students with the cognitive skills necessary to evaluate situations and develop solutions on their own.
Develop an independent understanding of the professional organization, its induction rites, and the implicit and explicit rules of behavior.
Clinical Educator

The Clinical Educator is concerned primarily with supervising, developing, providing feedback and evaluating performance, and functioning as a good professional role model. He/she will:

- Diagnose the students’ readiness and guide them to development of professional competence.
- Possess strong theoretical base for clinical judgment.
- Have sound and up-to-date knowledge of the profession.
- Be willing to share insights and experience.
- Assume a variety of roles - only one of which is that of expert in the field.
- Share knowledge through demonstrating, role modeling, and providing stimulation and practice in problem solving.
- Evaluate clinical performance.
- Provide feedback and evaluation.
- Provide encouragement, support, and suggestions for improvement and practice.
- Possess self-knowledge and insight.
- Demonstrate personal abilities sufficient for interest with students, peers, individuals, families, and groups from a variety of social, ethical, cultural, and intellectual backgrounds.

Evaluation of Clinical Performance


Students are expected to submit clinical evaluations to the program office as follows-

- Summer II: one evaluation per day
- Fall II: two evaluations per week
- Spring II thru end of program: four evaluations per month

If clinical evaluations are NOT filed with the program office within one month of rotation completion, one day will be deducted from the student’s vacation allotment for each incident