



SCHOOL OF NURSE ANESTHESIA HANDBOOK

DNAP

2025-2026

Harris College of Nursing and Health Sciences

Texas Christian University

Our Mission:
To educate individuals to think and act
as ethical leaders and responsible citizens
in the global community



TEXAS CHRISTIAN UNIVERSITY MISSION STATEMENT

Texas Christian University's mission is to educate individuals to think and act as ethical leaders and responsible citizens in the global community through research and creative activities, scholarship, service, and programs of teaching and learning offered through the doctoral level.

TEXAS CHRISTIAN UNIVERSITY SCHOOL OF NURSE ANESTHESIA MISSION STATEMENT

The mission of the Texas Christian University School of Nurse Anesthesia (SONA) is to educate individuals to think and act as ethical leaders and responsible citizens in the global community, and to prepare professional nurses for nurse anesthesia practice with advanced, specialized knowledge and skills in order to meet the health needs of a diverse population.

The Doctor of Nurse Anesthesia Practice (DNAP) post-baccalaureate degree prepares professional registered nurses for nurse anesthesia practice by providing the terminal academic education along with advanced, specialized knowledge and skills to meet the health needs of diverse populations.

The purpose of the DNAP Program is to prepare nurse anesthetists to assume clinical leadership positions in a variety of health care, business, government, and educational settings.



HARRIS COLLEGE OF NURSING AND HEALTH SCIENCES

School of Nurse Anesthesia

Greetings,

We are pleased to welcome you to the TCU School of Nurse Anesthesia. Your education here leads to the degree, Doctor of Nurse Anesthesia Practice (DNAP), and eligibility to sit for the national certification examination (NCE) administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). Successful completion of the requirements of this doctoral program and the NCE culminates in your certification as a Certified Registered Nurse Anesthetist (CRNA). Admission to this School demonstrates your success as a registered nurse. Your academic and professional achievements provide a strong foundation for study. Before your graduation, we expect you to demonstrate proficiency in the field of anesthesia, not only in the classroom and laboratory, but also in the clinical practice arena.

Learning and competence are primarily your own responsibility. The role of the faculty and staff is to guide, direct, evaluate, and support your learning, i.e. to teach. As an equal and responsible member of the educational process, you must study, practice, remain accountable, reflect, and most of all, seek assistance when needed. You will discover the faculty and staff themselves continue to learn throughout their careers, and encourage you to embrace the concept of lifelong learning with enthusiasm.

On behalf of the administration and faculty, we wish you every professional success in this demanding and exciting field. We are glad that you have chosen our school, we are proud to accept you as a student, and we look forward to recognizing you as an alumnus. If we can be of assistance to you, please do not hesitate to contact us.

Regards,

Robyn C. Ward

Robyn C. Ward, PhD, CRNA, FAANA
Director, School of Nurse Anesthesia
Professor of Professional Practice

The information in this Handbook is intended to augment and amplify information found in such sources as the Graduate Bulletin, TCU Graduate Catalog, the TCU Student Code of Conduct, the SONA website, and course syllabi. Students, faculty, and staff are responsible for monitoring these sources of information. This Information is subject to change without notice.

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SECTION 1: INTRODUCTION

1. ACCREDITATION

The Council on Accreditation of Nurse Anesthesia Education Programs (COA), a specialized accrediting body recognized by the Council on Higher Education Accreditation (CHEA) and the United States Department of Education (USDE), accredits the Doctor of Nurse Anesthesia Practice in Nurse Anesthesia.

The Commission on Colleges of Southern Association of Colleges and Schools (SACS) accredits Texas Christian University (TCU). TCU awards the bachelor, master, and doctoral degrees.

The Standards for Accreditation of Nurse Anesthesia Educational Programs endorsed by the COA and the Essentials for Doctoral Education for the Advanced Practice Nurse (AACN, 2018) are merely guidelines for TCU to follow. They are not a contract between any members of the TCU School of Nurse Anesthesia and should not be construed to give rise to any liability of TCU to any student enrolled in the School of Nurse Anesthesia. The school, the parent institution, or the clinical affiliates will not distort or misrepresent the school's accreditation status.

The name of the school, recognized by the COA, is TCU School of Nurse Anesthesia (SONA). In recognition of the position that clinical sites hold in the school, Primary Clinical Sites may refer to their affiliation with the school or the University as TCU, School of Nurse Anesthesia/ Site Name, i.e. TCU/School of Nurse Anesthesia/Harris Methodist Southwest. No other name will be recognized or advertised by the school or its affiliates. The Director must approve any materials published by the affiliating institutions that refer to the school.

2. MISSION

The DNAP post-baccalaureate degree prepares professional registered nurses for nurse anesthesia practice by providing the terminal academic education along with advanced, specialized knowledge and skills to meet the health needs of diverse populations. The purpose of the DNAP Program is to prepare nurse anesthetists to assume clinical leadership positions in a variety of health care, business, government, and educational settings.

3. EDUCATIONAL PHILOSOPHY

The faculty believes that graduate education should prepare an individual to exhibit qualities of mind and character that are necessary to live a fulfilling life. Such education facilitates thoughtful judgment, analytical problem solving, ethical leadership, and responsible citizenship. Learning is expected to be interactive, continuous, collegial, and reciprocal in nature as faculty and students learn from one other. This educational approach is casual and purposeful, and involves necessary affective, cognitive, and psychomotor changes.

Learning the professional practice of nurse anesthesia is enhanced by a safe, supportive environment, high expectations, freedom to question and explore, and a diverse, challenging practice experience. The graduate must be able to integrate sound scientific knowledge with technical and clinical skills in order to competently manage complex anesthetic care of patients.

The result of professional practice of nurse anesthesia should be the betterment of the practitioner, the profession, and society.

4. TCU SCHOOL OF NURSE ANESTHESIA GOALS

- a. Support Texas Christian University's mission, vision, and core values.
- b. Prepare graduates to become competent Certified Registered Nurse Anesthetists, ready to serve society as leaders and partners in health care.
- c. Promote core values and behaviors that encourage personal growth, respect for diversity, acknowledge human worth and dignity, and support professional nurse anesthesia practice.
- d. Foster an appreciation for the necessity of critical thinking, life-long learning, and professional involvement.
- e. Contribute to the nurse anesthesia profession and to society by engaging in expert evidence-based clinical practice and by demonstrating commitment to ethical leadership and responsible citizenship.

5. NON-DISCRIMINATION

TCU is committed to providing a positive learning and working environment free from discrimination and harassment. TCU prohibits discrimination and harassment on the basis of age, race, color, religion, sex (including sexual harassment and sexual violence), sexual orientation, gender, gender identity, gender expression, national origin, ethnic origin, disability, genetic information, covered veteran status and any other basis protected by law, in the University's programs and activities as required by Title IX, Title VII, The Age Discrimination Act of 1975, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and other applicable laws and regulations.

Students with disabilities will be individually assessed for their ability to meet the requirements of the curriculum and of practice. Inquiries about TCU's policies and compliance with nondiscrimination policies or inquiries on how to file a complaint of discrimination should be directed to TCU's Office of Institutional Equity. In accordance with the 1973 Americans with Disabilities Act, the faculty has defined the scope of practice within physical, intellectual, social, and emotional parameters.¹ To enter, remain, and progress in the school, all students must have the following essential functions (examples are not inclusive):

- a. Students must have sufficient physical mobility to travel independently to and within hospitals, clinics, and other health-related agencies. They must have the gross and fine motor capability to independently provide safe care to patients. This requires the ability to sustain work requiring delivering services at the bedside, standing/walking for 8-12 hours, traveling independently, reaching, bending, lifting up to 50 pounds, and quick movements.
- b. Students must have sufficient tactile and manual dexterity to (a) accurately manipulate equipment, (b) complete a physical assessment (palpation, percussion, auscultation), (c) prepare and administer medications, (d) legibly print dates and times on medication vials, (e) perform cardiopulmonary resuscitation, including advanced life support techniques, (f) ¹ TCU's HSN statement of Student Abilities, 2001

- use a computer keyboard, (g) legibly and accurately document nursing care, and (h) perceive attributes of objects such as dimension, shape, temperature or texture.
- c. Students must have sufficient visual acuity to (a) observe subtle changes in patients' conditions via inspection; (b) accurately read medical records and orders; (c) accurately read a computer monitor screen; and (d) legibly and accurately document nursing care.
 - d. Students must have the auditory acuity with and without background noise that enables them to assess the physical status of a patient, e.g., breath sounds, heart sounds.
 - e. Students must possess sufficient sensory function to recognize alarm and telephone signals.
 - f. Students must have sufficient receptive, written, and oral communication skills to accurately receive, read, interpret and comprehend the English language in written and verbal forms in order to (a) communicate effectively and professionally with patients, faculty, staff, and peers from a variety of social, emotional, cultural and intellectual backgrounds; (b) teach patients and families; (c) accurately document, interpret, and comprehend nursing interventions and actions and client responses; and (d) communicate data about patients in a timely manner.
 - g. Students must have sufficient emotional stability and cognitive skills to (a) process information in a reasonable amount of time; (b) accurately render clinical judgments; (c) identify cause and effect relationships in clinical situations; (d) establish and maintain appropriate relationships with patients, faculty, staff, and peers; and (e) possess adequate environmental awareness in multiple, complex settings that may be stressful, loud, and potentially harmful e.g., exposure to communicable diseases, personal injury, death of patients, and violence in the workplace.
 - h. Students must be able to maintain constant patient vigilance for extended periods of time (2-4 hours or greater).

6. STUDENT RECORDS

Student records are confidential and protected by the Family Educational Rights and Privacy Act (FERPA) of 1974. Only those clinical preceptors who are directly responsible for the student's progress will have access to student files. All student records including transcripts and evaluations are stored in a locked file cabinet in a room that is locked when not occupied OR on hard drives on computers that are password-protected. Primary clinical sites are to maintain files on current students only. All files are to be forwarded to the school upon the student's completion of the school. Written permission must be obtained from the graduate/ student before any potentially identifying information in the file can be shared with others.

7. STUDENT TITLE

The title "RRNA" (RRNA Registered Nurse Anesthetist) refers to a student enrolled in the TCU School of Nurse Anesthesia. The title, "SRNA," (Student Registered Nurse Anesthetist) is used at some clinical training sites. The title "student" and "RRNA" are used interchangeably in this Handbook, however it is preferable that the term "RRNA" be used in the clinical setting.

8. CODE OF ETHICS FOR THE CERTIFIED REGISTERED NURSE ANESTHETIST

Preamble

The American Association of Nurse Anesthetists (AANA) Code of Ethics offers guidance to the Certified Registered Nurse Anesthetist (CRNA) to make ethical decisions in all practice roles. The practice of nurse anesthesia may include clinical practice, nurse anesthesia-related administrative, educational or research activities, or a combination of two or more of such areas of practice. The Code of Ethics consists of principles of conduct and professional integrity that guide decision making and behavior of the CRNA. The CRNA's ethical responsibility is primarily to the patient, as well as to the profession, other healthcare providers, self, and society. The CRNA acknowledges, understands, and is sensitive to the vulnerability of the patient undergoing anesthesia, pain management, and related care and preserves the patient's trust, confidence, and dignity.

The CRNA has the personal responsibility to understand, uphold, and adhere to these ethical standards of conduct. Deviation from the Code of Ethics occurs rarely in practice and any deviation must be supported by ethical decision making, compelling reasons, and best judgment specific to the situation. The AANA recognizes the American Nurses Association (ANA) Code of Ethics as the foundation for ethical values, duties, and responsibilities in nursing practice.¹

1. Responsibility to Patient

The CRNA respects the patient's moral and legal rights, and supports the patient's safety, physical and psychological comfort, and well-being. The CRNA collaborates with the patient and the healthcare team to provide compassionate, holistic, patient-centered anesthesia, pain management, and related care. The CRNA:

1.1 Respects human rights and the values, customs, culture, and beliefs of patients and their families.

1.2 Supports the patient's right to self-determination.

1.2.1 Presents accurate, complete and understandable information to the patient to facilitate informed healthcare decisions.

1.2.2 Encourages patients, including minors, to participate in healthcare decision making that is appropriate for their developmental capacity.

1.2.3 Supports a patient's decision making without undue influence or coercion.

1.3 Acts in the patient's best interest and advocates for the patient's welfare.

1.3.1 Discloses and manages or resolves perceived or real conflicts of interest (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict between the CRNA's interests and the patient's interests.)

1.3.2 If the CRNA has a moral, religious or ethical conflict related to the patient's healthcare decisions or plan for care, the CRNA may, without judgement or bias, an appropriately credentialed anesthesia provider willing to the procedure.

1.4 Prior to providing anesthesia, pain management, and related care:

- 1.4.1 Introduces self, using name, a term representing the CRNA credential, and role.
- 1.4.2 Verifies that students have introduced themselves or been introduced to the patient, and the patient has consented to student participation in anesthesia, pain management, and related care.
- 1.4.3 Discusses the plan of care and obtains informed consent or verifies that the patient has given informed consent in accordance with law, accreditation standards, and institutional policy.²
- 1.4.4 Discusses the plan of care and obtains informed consent from a legal decision maker (e.g., healthcare proxy, surrogate) when the legal decision maker is responsible for the patient's healthcare decisions or verifies that the legal decision maker has given informed consent.
- 1.4.5 Protects patient privacy, including confidentiality of patient information, except when necessary to protect the patient or other persons, or when required by law.

1.5 Protects patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, deceptive, abusive, disrespectful, or unethical practice.

1.6 Participates in honest and transparent disclosure of an adverse or unanticipated event to the patient and others with the patient's consent.

2. Responsibility as a Professional

As an independently licensed professional, the CRNA is responsible and accountable for judgments made and actions taken in his or her professional practice. Requests or orders by physicians, other healthcare professionals, or institutions do not relieve the CRNA of responsibility for judgments made or actions taken. The CRNA:

Competence and Responsibility in Professional Practice

2.1 Engages in a scope of practice within individual competence and maintains role-specific competence.

2.2 Maintains national certification as a CRNA and a state license as a registered nurse and meets state advanced practice statutory or regulatory requirements.

2.3 Engages in continuing education and lifelong professional development related to areas of nurse anesthesia practice, including clinical practice, education, research, and administration.³

2.4 Evaluates and integrates personal practice outcome data, scientific research, expert opinion, new technology, patient preferences, and relevant metrics to improve processes and outcomes.

2.5 Is physically and mentally fit for duty.

2.6 Clearly presents his or her education, training, skills, and CRNA credential.

2.7 Is honest in all professional interactions to avoid any form of deception.

2.8 Treats all others, including patients, families, staff, students, and colleagues, in a culturally

sensitive manner and without prejudice, bias, or harassment.

2.9 Maintains professional boundaries in all communications and actions.

Leadership

2.10 Creates an ethical culture and safe work environment.

2.10.1 Supports policies and behaviors that reflect this Code of Ethics.

2.10.2 Communicates expectations for ethical behavior and actions in the workplace.

2.10.3 Helps individuals raise and resolve ethical concerns in an effective and timely manner.

Clinical Practice and the Interdisciplinary Team

2.11 Respects and engages healthcare providers to foster a collaborative and cooperative patient care environment through a culture of safety and open communication to contribute to the ethical and safe environment of care.

2.11.1 Facilitates review and evaluation of peers and other members of the healthcare team.

2.12 Manages medications to prevent diversion of drugs and substances.

Role Modelling and Education of Others

2.13 Provides positive role modeling by upholding and promoting quality patient care outcomes, the professional standards of practice, and this Code of Ethics.

2.14 Fosters a safe and trusting environment for successful learning for students, colleagues, and members of the healthcare team.

2.15 Educates the student registered nurse anesthetist regarding the ethical responsibilities of the profession.

The Profession

2.16 Is responsible and accountable to contribute to the dignity and integrity of the profession.

2.17 Participates in activities that contribute to the advancement of the profession and its body of knowledge.

2.18 Reports critical incidents, adverse events, medical errors, and near misses in accordance with law, accreditation standards, and institutional policy to promote a culture of safety, maintain the integrity of the profession, and advance the profession and its body of knowledge.

3. Responsibility in Research

The CRNA protects the integrity of the research process and the reporting and publication of findings: The CRNA adheres to the ethical principles of respect for persons, beneficence, and justice relevant to research involving human participants.⁴ The CRNA:

3.1 Protects the rights and wellbeing of the people that serve as participants and animals⁵ that serve as subjects in research.

3.2 Respects the autonomy and dignity of all human research participants.

3.3 Promotes selecting human participants in such a way that all populations have equal access to the potential benefits and risks of the research.

3.4 Seeks to minimize the risks and maximize the benefits to research participants.

3.5 Conducts research projects according to accepted ethical research and reporting standards established by law, institutional policy, and the Institutional Review Board (IRB).

3.6 Obtains informed consent or verifies that the human research participant or legal decision maker, as appropriate, has provided informed consent as required by law, institutional policy, and the IRB.

3.7 Protects the human research participant's privacy to the greatest extent possible and in accordance with law, institutional policy, and standards of the IRB.

3.7.1 Maintains confidentiality in the collection, analysis, storage and reuse of data and in accordance with law, institutional policy, and standards of the IRB.

3.8 Discloses perceived or real conflicts of interest to organizations where the research will be conducted, organizations that fund the research, and any publication where the research is submitted. Manages or resolves perceived or real conflicts of interest.

3.9 Reports research findings in an objective and accurate manner.

3.10 Provides appropriate attribution for contributions by other individuals.

3.11 Supports, promotes, or participates in research activities to improve practice, education, and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

4. Responsibility in Business Practices

The CRNA, regardless of practice arrangement or practice setting, maintains ethical business practices in dealing with patients, colleagues, institutions, corporations, and others. The CRNA:

4.1 Establishes and performs contractual obligations consistent with this Code of Ethics, the professional standards of practice, and the laws and regulations pertaining to nurse anesthesia practice.

4.2 Is honest in all business practices.

5. Responsibility when Endorsing Products and Services

The CRNA may endorse products and services only when personally satisfied with the product's or service's safety, effectiveness, and quality. The CRNA may not say that the AANA has endorsed any product or service unless the Board of Directors of the AANA has done so. The CRNA must not endorse any product or service when presenting content for an AANA-approved continuing education activity as this is a prohibited conflict of interest. The CRNA:

5.1 Makes truthful endorsements based on personal experience and factual evidence of efficacy.

5.2 Discloses and manages or resolves perceived or real conflicts of interest associated with the endorsed product or service (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict).

5.2.1 Only uses the CRNA credential when endorsing products or services that are related to CRNA professional practice or expertise.

6. Responsibility to Society

The CRNA collaborates with members of the health professions and others to improve the public health, including access to healthcare and anesthesia, pain management, and related care. The CRNA:

6.1 Works in collaboration with the healthcare community to promote highly competent, ethical, safe, quality patient care.

6.2 Supports activities to reduce the environmental impact of disposable items and waste anesthetic gases.

References

1. American Nurses Association Code of Ethics for Nurses with Interpretive Statements. <http://www.nursingworld.org/code-of-ethics>. Accessed February 8, 2018.
2. Informed Consent for Anesthesia Care. Park Ridge, IL: American Association of Nurse Anesthetists; 2016.
3. National Board of Certification and Recertification for Nurse Anesthetists. The Continued Professional Certification (CPC) Handbook. https://www.nbcrna.com/docs/default-source/publications-documentation/handbooks/cpc_hb.pdf?sfvrsn=941c170c_8. Accessed May 1, 2018.
4. United States National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont->

[report/read-the-belmont-report/index.html#xinform](#). Accessed March 3, 2018.

5. Guide for the Care and Use of Laboratory Animals. 8th ed. Washington, DC: The National Academies Press; 2011.

Adopted by the AANA Board of Directors in 1986.

Revised by the AANA Board of Directors in 1992, 1997, 2001, 2005, and July 2018.

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9. STUDENT RIGHTS AND RESPONSIBILITIES

Each student has the right to a quality education without exploitation, through a program following accreditation, licensure standards, guidelines, policies, and procedures. Student commitment to the program is limited to a reasonable number of hours to ensure patient safety and promote effective student learning, as designated by the Council on Accreditation (COA).

COA defines '*reasonable time commitment*' as: "a reasonable number of hours to ensure patient safety and promote effective student learning, which should not exceed 64 hours/week. This time commitment includes the sum of the hours spent in class and all clinical hours averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.

In addition, the student has the right to:

- Expect high quality, appropriate education.
- Be represented in the educational process.
- Be regarded as a professional member of the health care community.
- Receive fair, objective, confidential evaluations.
- Exercise due process of appeal.

In addition, the student has the responsibility to:

- Demonstrate a professional manner at all times.
- Adhere to regulations and policies as set forth in the policy manuals and handbooks of TCU and affiliated clinical settings.

SECTION 2: SONA STRUCTURE AND POLICIES

1. PROGRAM ADMINISTRATION AND FACULTY

Robyn Ward, PhD, CRNA, FAANA – Director and Professor
Jennifer Oakes, PhD, DNAP, CRNA, CHSE – Assoc Program Director and Assoc Professor
Elizabeth Bruce, DNP-A, CRNA – Assistance Professor
Greg Collins, DNP, CRNA – Assistant Professor
Casey Crow, DNP-A, CRNA – Assistant Professor
Roseann Diehl, PhD, DNP, CRNA – Professor
Clay Freeman, DNP-A, CRNA – Assistant Professor
Vaughna Galvin, DNAP, CRNA – Associate Professor
Monica Jenschke, PhD, CRNA – Professor
Dru Riddle, PhD, DNP, CRNA, FAAN – Professor
Jackie Rowles, DNP, CRNA – Associate Professor and Fellowship Director

Staff:

Kimberly Bowen – Graduate Prog Coordinator
Sheryl Lusk – Administrative Assistant
Kathryn Sargeant – Administrative Prog Specialist
William Woolard – Simulation Specialist

2. COURSE OF STUDY

The SONA is a 36-month, full-time 87 semester credit hour program leading to a Doctor of Nurse Anesthesia Practice-Anesthesia (DNAP)

****Due to the nature of the curriculum, courses outside of TCU are not transferrable nor to be used 'in lieu of' courses in the School of Nurse Anesthesia Curriculum.**

3. CURRICULUM AND DESIGN

Course Numbering System:

Courses are numbered 80000 to depict doctoral level courses. The first two numbers, 80 or 81, are standard in all courses. The third number indicates which semester in the sequenced school the course is placed, e.g., a 3 indicates the course is in the third semester. The summer sessions are numbered separately; there are nine semesters in the school. In Phase One courses, the fourth number has no significance. In Phase Two courses, the fourth number indicates whether the course is a residency (an 8) or a concepts course (a 7). The last number indicates the number of credit hours.

Semesters 1 and 2 of the curricula are online courses. Students are not required to reside in Fort Worth, Texas during this time. The curriculum for these semesters is such that students may opt to continue working full-time while completing the four courses in Spring and Summer semesters of Year 1. In the Fall semester of Year 1 through Summer semester of Year 2, students are required to attend all didactic courses in the classroom. This requires students to live within driving distance of campus.

The Board of Nurse Examiners for the State of Texas accepts these academic courses as Continuing Education for Type I credit (If audited, contact the Director for instructions).

See following page, and the Graduate Catalog for a description of the curriculum.

CURRICULUM DESIGN Doctor of Nursing Practice-Anesthesia: 87 Hours

Year I Curriculum			
Spring or Summer Semester (Online)	Credit Hours 6	Total Hours	Weekly Hours
NRAN 80113 Research and Theory in Nurse Anesthesia ^	3	45	Online
NRAN 81123 Biostatistics for the Advanced Health Practitioner ^	3	45	Online
Summer or Spring Semester (Online)	Credit Hours 6	Total Hours	Weekly Hours
NRAN 81153 Emerging Sciences, Complexity and Innovation in Health Care ^	3	45	Online
NRAN 81233 Decision Science and Informatics ^	3	45	Online
Fall Semester (Face-to-face)	Credit Hours 15	Total Hours	Weekly Hours
NRAN 81243 Translational Research ^	3	45	Online
NRAN 80323 Physical Science in Nurse Anesthesia	3	45	3
NRAN 80334 Advanced Pharmacology	4	60	4
NRAN 80345 Advanced Anatomy, Physiology and Pathophysiology I	5	90	5
Year II Curriculum			
Spring Semester (Face-to-face)	Credit Hours 16	Total Hours	Weekly Hours

NRAN 81443 Advanced Health Assessment: Anesthesia Focus	3	45	3
NRAN 80413 Advanced Anatomy, Physiology and Pathophysiology III	3	45	3
NRAN 80424 Pharmacology of Anesthetic Agents	4	60	4
NRAN 80402 Essentials of Anesthesia and Simulation	2	30	2
NRAN 80434 Advanced Anatomy, Physiology and Pathophysiology II	4	60	4
First Summer Session (Face-to-face)	Credit Hours 6	Total Hours	Weekly Hours
NRAN 80516 Principles of Anesthesia Practice I	6	90	18 plus labs TBA
Second Summer Session (Face-to-face)	Credit Hours 6	Total Hours	Weekly Hours
NRAN 80526 Principles of Anesthesia Practice II	6	90	18 plus labs TBA
Year III Curriculum (move to assigned clinical site location – attend didactic classes as noted below)			
Fall Semester	Credit Hours 8	Total Hours	Weekly Hours

NRAN 80672 Advanced Pathophysiology and Clinical Management I (<i>asynchronous online</i>)	2	30	2
NRAN 80683 Clinical Residency I	3	900+	65+
NRAN 88080 Advanced Project*	3	45	3
Spring Semester	Credit Hours 9	Total Hours	Weekly Hours
NRAN 80772 Advanced Pathophysiology and Clinical Management II (<i>asynchronous online</i>)	2	30	2
NRAN 80783 Clinical Residency II	3	900+	65+
NRAN 87891 Advanced Simulation	1	15	1
NRAN 88080 Advanced Project*	3	45	3
Summer Session	Credit Hours 7	Total Hours	Weekly Hours
NRAN 81353 Healthcare Policy and Politics (<i>synchronous virtual via Zoom or face-to-face for those local</i>)	3	45	3
NRAN 80882 Clinical Residency III	2	300+	65+
NRAN 88083 Advanced Project*	2	45	2
Fall Semester	Credit Hours 8	Total Hours	Weekly Hours
NRAN 80972 Clinical Concepts	2	30	2
NRAN 80983 Clinical Residency IV	3	300+	65+
NRAN 88080 Advanced Project*	3	45	3

4. TITLE IX: Discrimination, Harassment, Sexual Misconduct, and Retaliation

Texas Christian University (TCU) is committed to providing a positive learning, living and working environment free from discrimination and harassment. In support of this commitment, in its policy on Prohibited Discrimination, Harassment, Sexual Misconduct, and Retaliation, TCU prohibits a range of behaviors, including unlawful discrimination, harassment, and related sexual and other misconduct based on age, race, color, religion, sex, sexual orientation, gender, gender identity, gender expression, national origin, ethnic origin, disability, predisposing genetic information, covered veteran status, and any other basis protected by law, except as permitted by law.

TCU also prohibits retaliation against an individual for making a good faith report under this policy, for participating in proceedings under this policy, or for opposing in a reasonable manner conduct believed to be prohibited by this policy. Any person who may have been subject to discrimination, harassment, sexual misconduct, or retaliation should feel comfortable reporting their concerns without fear of retaliation. TCU will take strong responsive action to threats or acts of retaliation.

Discrimination, harassment, sexual misconduct, and retaliation are incompatible with TCU's mission to educate individuals to think and act as ethical leaders and responsible citizens in the global community, and can threaten the educational experience, careers and well-being of members of the TCU community, including employees, students, and visitors. Such behavior will be addressed consistent with the policy on Prohibited Discrimination, Harassment, Sexual Misconduct, and Retaliation. Reported violations of this policy may be pursued using the grievance procedures outlined in the policy. Additionally, any student or employee who engages in conduct prohibited by this policy may be subject to disciplinary action and sanctions up to and including termination or expulsion from TCU. TCU will take steps to prevent the recurrence of any harassment and to correct its discriminatory effects on a complainant and, if applicable, the TCU community.

TCU complies with Title IX of the Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in the University's programs and activities and retaliation; the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act), as amended by the Violence Against Women Reauthorization Act of 2013 (VAWA); Title VII of the Civil Rights Act of 1964 (Title VII); Chapter 21 of the Texas Labor Code; the Age Discrimination Act of 1975, the Age Discrimination in Employment Act, the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973 (Section 504), and other applicable laws.

Taken from: <https://www.tcu.edu/compliance/titleix.php>

5. STUDENT PRIVACY

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, is a federal law that states: (a) that a written institutional policy must be established; and (b) that a statement of adopted procedures covering the privacy rights of students be made available. The law provides that the institution will maintain the confidentiality of student education records. Texas Christian University accords all the rights under the law to students who are declared independent.

Institutional Policy and Statement of Procedures:

No one outside the institution shall have access to nor will the institution disclose any information from students' education records without the written consent of students with the following exception permitted under the act:

- personnel within the institution*.
- officials of other institutions in which students seek to enroll.
- persons or organizations providing student financial aid.
- accrediting agencies carrying out their accreditation function.
- persons in compliance with a judicial order.
- persons in an emergency in order to protect the health or safety of students or other persons.

*Within the Texas Christian University community, only those members, individually or collectively, acting in the students' educational interest are allowed access to student education records. These members include all Texas Christian University personnel including University Policy, faculty, advisors, administrative staff, clerical staff and student employees within the limitations of their need to know.

6. DISSEMINATION OF INFORMATION TO CLINICAL SITES

To facilitate provision for patient care email addresses, physical addresses, phone numbers and other personal contact information will be shared with clinical sites. Additionally, nurse anesthesia student information which could impact patient care including, but not limited to, academic performance and personal information, will be shared with clinical faculty on a need-to-know basis.

7. STUDENT REPRESENTATIVES

Purpose/Responsibilities

- Promote cooperation among all members of the student body and SONA Administration
- Plan and conduct student meetings each semester, or as needed.
- Attend SONA meetings as student representative when invited by administration.
- Meet with SONA administration as needed to discuss issues/concerns of the student body.
- Present major student complaints, make suggestions, keep students informed of the results of meetings and participate in the ongoing evaluation and improvement of the SONA.
- Assist with the annual interview process and graduation activity planning as able.
- Coordinate and plan activities which promote camaraderie and the spirit of the nurse anesthesia profession.

Selection

- Students nominated by student peers in Semester 3, when students present to campus for face-to-face didactic instruction. Director and Faculty will make selections.
- The role is voluntary.
- The student must not be under any disciplinary action or in academic jeopardy, and may be removed from their duties for any disciplinary action, investigation, or other, as determined by the administration.
- The class leaders shall promote the values of the SONA, as well as serve as liaisons and leaders to their cohort. Effective leaders exhibit qualities such as: integrity, honesty, confidence, commitment, accountability, resilience, emotional intelligence, transparency, and the ability to effectively communicate issues of pertinence to program administration and faculty.

8. DECLARATIONS

A nurse anesthesia student who is arrested or charged with any drug-related, alcohol-related, or criminal offense must promptly inform the SONA Director of the arrest and the nature of the charges.

The nurse anesthesia student who is arrested for DUI/DWI must promptly inform the SONA Director of the arrest and nature of the charges. Pending the charges and potential conviction, decisions will be based on individual circumstances (first vs. second offense, Board of Nursing regulations, etc.). The Texas Board of Nursing requires that RNs self-report a DUI/DWI or related conviction within 30 days of the conviction to the Nursing Board. Depending on individual circumstances, the nurse anesthesia student may be suspended from didactic or clinical pending resolution of the charges, and may be referred to the Texas Board of Nursing and/or the Texas Peer Assistance Program for Nurses (TPAPN), or to the appropriate State Board of Nursing and/or state peer-assistance program for evaluation, treatment, and monitoring. If suspended, the SONA will determine whether or not the student will be reinstated into the SONA during or upon conclusion of the legal proceedings.

The nurse anesthesia student who is charged with a drug offense will be immediately suspended from didactic or clinical pending resolution of the charges. The nurse anesthesia student may be referred to the Texas Board of Nursing and/or the Texas Peer Assistance Program for Nurses (TPAPN) or to the appropriate State Board of Nursing and/or state peer-assistance program for evaluation, treatment, and monitoring. The SONA will determine whether or not the student will be reinstated into the SONA during or upon conclusion of the legal proceedings.

Failure to notify the SONA of any arrest or charge is grounds for disciplinary action up to and including dismissal from the SONA, regardless of whether the arrest or charge leads to conviction. *Nurse anesthesia students arrested for any drug-related, alcohol-related, or criminal offense may be immediately suspended from the SONA until the charges are resolved.*

Violations of the Nurse Practice Act will be reported to the appropriate State Board of Nursing.

9. DRUG ABUSE POLICY / DRUG TESTING / BACKGROUND CHECKS

Students enrolled in TCU are subject to disciplinary action for the possession, manufacture, use, sale or distribution (by either sale or gift) of any quantity of any prescription drug or controlled substance, or for being under the influence of any prescription drug or controlled substance, except an over-the-counter medication or for the prescribed use of medication in accordance with the instructions of a licensed physician. Controlled substances including but not limited to: marijuana, K2 and other synthetic cannabinoids, synthetic stimulants (such as bath salts), cocaine, cocaine derivatives, heroin, amphetamines, methamphetamines, barbiturates, steroids, LSD, GHB, Adderall, Rohypnol, and substances typically known as “designer drugs” such as “ecstasy.” Possession of paraphernalia associated with the use, possession or manufacture of a prescription drug or controlled substance is also prohibited (see Code of Student Conduct section, Drugs). (TCU Graduate Catalog 2025-2026).

Failure to comply this Drug Abuse Policy is grounds for dismissal (TCU School of Nurse Anesthesia Graduate Catalog, 2025-2026).

Drug Testing

- All admissions to the SONA are contingent on a negative 10-panel drug screen. Positive

urine drug screens will result in denial of admission.

- All students are required to submit to a random, scheduled urine drug testing prior to beginning clinical rotations, and annually, if required by the clinical site, and in accordance with the rules of the clinical sites.
- The University, hospital, or SONA pays for required urine drug screening.
- ALL urine drug screens must be completed within the specified timeframe which is shared with the student.
- A urine drug screen result that is 'negative dilute' means that the sample was significantly diluted and an accurate result cannot be guaranteed. Should a drug screen result be returned as 'negative dilute', the student will undergo a second urine drug screen. Should the second result be 'negative dilute', the student will be required to undergo a blood analysis.
- Failure to complete the urine drug screen by the specified deadline, OR a urine drug screen with positive results will result in dismissal from the SONA.
- All students are required to submit to random or scheduled urine drug testing at any point in their training based on the decision of the University or clinical training site.
- False or misleading statements on the part of the student are grounds for dismissal in accordance with the Student Code of Conduct.
- In the event of a failed drug screen, the University or clinical training site will provide information about rehabilitation. The University nor the clinical training site will incur monetary expense in this matter; the student is responsible for all associated costs.
- In Texas, referrals are made to: Texas Peer Assistance Program for Nurses (T-PAPN), 7600 Burnet Road, Suite 440, Austin, TX 78757-1292, 1.800.288.5528.
- Following successful completion of a drug rehabilitation program, students may apply for readmission/reinstatement to the program. Readmission is not automatic; cases are individually considered.

Background Checks

Criminal background checks are conducted prior to admission to the SONA and admission is contingent on a clear background check. Background checks are repeated and required upon credentialing before clinical rotations. Prior convictions may result in denial of admission to the clinical residency.

10. PROFESSIONAL DRESS CODE

While on campus, tasteful attire is required. Short-shorts, tank tops, midriff attire, offensive t-shirts, or undergarments showing outside of clothing is not allowed in the classroom. Business casual attire is required for presentations. Personal (black) scrubs are allowed on approved simulation/lab days. At no time will students be allowed to wear scrubs belonging to a clinical site outside of the clinical site. These are strictly the property of the clinical sites.

Students are expected to dress professionally in the clinical areas. Hair must be well groomed, pulled back and up off the collar. Men's beards are acceptable when neatly trimmed. No facial piercings or dangling earrings are allowed to be visible. Tongue and/or nose jewelry must be removed during clinical. A minimum of jewelry should be worn. Fingernails should be clean and trimmed no longer than the fingertip. No nail jewelry or artificial nails are to be worn in the clinical arena. Shoes must be closed toes and low heels to minimize the risk of injury. Clogs are acceptable, open-toed sandals are not. Shoes must be clean. Clean sneakers are acceptable when wearing scrubs. Tattoos must be covered at all times. Depending upon the clinical site, lab coats may be required when outside of the operating theater. Wear minimal cologne or perfume in any

clinical setting. Protective glasses or face shields should be worn when doing patient care activities. Any additional dress codes in place at the hospital/facility must be followed.

11. SOCIAL MEDIA

The SONA acknowledges that social networking sites are a popular means of communication. Students who choose to use these websites must be aware that posting certain information is illegal. Violations of administrative policies and regulations may expose the student to criminal and civil liability. Offenders may be subject to probation, suspension, and possible dismissal from the SONA.

The following actions are prohibited by the SONA and considered a violation of the Ethics Code of the SONA.

- a. You may not disclose the personal health information of other individuals. Removal of an individual's name does not alone constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from a medical outreach trip) may still allow the reader to recognize the identity of a specific individual.
- b. You may not report private (protected) academic information of another student.
- c. You may not present yourself as an official representative or spokesperson for the SONA or TCU.
- d. You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent any prohibitions listed in the Student Handbook.

Other violations of the SONA policy pertaining to the use of social media would include but are not limited to:

- a. Knowingly distributing false evidence, statements, or charges against another student or faculty/staff member.
- b. Using electronic channels of communication to disseminate inappropriate or uncivil comments regarding peers, faculty or staff.
- c. Verbal, written or electronic insults to, or verbal attacks on, TCU, SONA, clinical facilities, faculty, staff, or students.
- d. Threats or acts of physical violence against TCU, SONA, clinical facilities, faculty, staff, or students.
- e. Harassment, in any form, of TCU, SONA, clinical facilities, faculty, staff, or students.
- f. Violating the confidentiality of a faculty committee by an elected student representative serving on that committee.

The SONA offers the following social media (Facebook™, Twitter™, blogs, etc.) use guidelines for students:

Avoid any activity on social media sites that could portray you, TCU, the SONA, the faculty, the staff, or the nurse anesthesia profession negatively. Some of the strongly discouraged actions include, but are not limited to:

- a. Display of vulgarity through written comments, photos, and/or affiliations;
- b. Display of language or photos that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation;
- c. Display of photos or language that may reasonably be interpreted as condoning

- irresponsible use of alcohol, substance abuse, or sexual promiscuity;
- d. Posting of potentially inflammatory or unflattering material on another individual's website;
- e. Display of any language that degrades patients.

The actions mentioned above may be interpreted as a violation of SONA Policy; and are therefore punishable according to that policy. This policy is not constructed to violate any constitutionally protected activity including speech, protest, or assembly.

12. MEDICAL REQUIREMENTS / IMMUNIZATIONS

Each student must be in good physical and mental health, free of communicable disease when involved in patient care, and have a medical questionnaire and health history form on file with the University and School of Nurse Anesthesia (SONA) prior to enrollment.

Each student must submit proof of the following to the University prior to enrollment at TCU:

- Meningitis ACWY (Menactra® or Menveo®) administered within the past 5 years. (Students over the age of 22 are exempt from this requirement.)
- Two doses of the measles, mumps, and rubella (MMR) vaccination or proof of immunity to Measles and Mumps. (Students born before 1957 are exempt from this requirement.)

Each student must submit proof of the following to the School of Nurse Anesthesia (SONA):

- MMR Series 1 and 2 or positive titer of each measles, mumps, rubella
- Hep B Series 1-3 or positive Hep B titer
- Varicella Series 1 or positive varicella titer
- Tdap immunization within last 10 years
- TB test current year
- Seasonal flu immunization
- COVID vaccination
 - Many health systems required providers and student rotators to have the COVID vaccination. If students are assigned to a clinical facility that mandates the vaccine, he/she must provide proof of vaccination to the TCU SONA for credentialing purposes. Reassignment to other clinical facilities that do not require the vaccination is not a substitute for the vaccination. The SONA must abide by policies set forth by each clinical facility.
- While health systems sometimes offer exemptions to *employees* for certain vaccine requirements, as a learner at TCU, there is not a process for granting exemptions. As a *guest learner* in the clinical facility, it is mandated that you are fully vaccinated according to our TCU SONA policy herein.

For more information, see www.tdh.state.tx.us/immunize/ or call the Texas School of Health, Immunization Division, 1.800.252. 9152.

COVID-19 vaccinations are strongly recommended, and are required at certain clinical sites. Students rotating to clinical sites where the COVID-19 vaccination is required are subject to the requirements of that facility in order to rotate there. Reassignments to other facilities are not guaranteed.

Second year students anticipating an August start date for their clinical residency must have all immunizations, certifications, appropriate RN license and health insurance current and on file in

the SONA office by May 1. Credentialing packets are then shared with the clinical sites. All clinical students must maintain the currency of immunizations, certifications, RN license, and health insurance both with the SONA office and their clinical site. Failure to comply with these requirements will result in suspension.

13. STUDENT HEALTH AND LIABILITY INSURANCE

Student Health Insurance

Students must carry health insurance throughout the duration of the program. Students are not eligible for the TCU student health insurance until semester 3 of the program, due to the first 2 online semesters being 100% online. Health insurance through TCU does not automatically renew for graduate students annually. It is the student's responsibility to renew TCU health insurance each year in August. Failure to comply with these requirements will result in suspension.

Liability Insurance

The SONA purchases professional liability for each RRNA during Phase II. Students should be aware that liability coverage is a significant professional problem throughout the nation. Students are encouraged to participate in professional and legislative activities aimed at seeking resolution. If the University is unable to obtain professional liability insurance for a particular student for any reason, the student cannot progress in the curriculum. The student, as a condition of liability coverage, must inform the Director immediately if he/she is a defendant in a lawsuit or if their nursing license is under review by a state or federal agency.

Critical Incidents: RRNAs are required to report any critical incident (broken teeth, nerve injury, codes requiring ACLS in the OR/PACU, death, etc.) to their Clinical site coordinator, TCU SONA Clinical Education Faculty, and the Director of the SONA within 24 hours. The RRNA will complete the critical incident form and send by email to TCU SONA Clinical Education Faculty and SONA Director. Failure to report may mean the loss of professional liability coverage. The incident and form will be shared with TCU Risk Management.

As a condition of the professional liability insurance that covers TCU SONA students, the following are mandatory in all practice activities wherever conducted: continuously monitor during all anesthetics, the patient's oxygenation, ventilation, circulation and temperature; the clinical student will be present in the operating room throughout the conduct of all general anesthetics, regional anesthetics and monitored anesthesia care cases; and with respect to proper functioning of alarms, the clinical student will test all alarms prior to each use, and will not disable any alarm prior to or during use of the subject equipment.

14. SONA READMISSION POLICY

Students who do not complete the initial curriculum (the first 5 semesters) within 18 months and wish to be re-admitted must request in writing reactivation of their application (an email is acceptable). A written statement detailing steps taken to ensure future success will be submitted before April 1st of the year requesting readmission. Also required are the submission of a recommendation completed by current ICU supervisor, a current Clinical Experience Verification form and current copies of all licensures. Previous academic performance and professional standing in the SONA will be a consideration in the decision to re-admit. Reapplication does not guarantee readmission. Required repeated curriculum and specific curriculum plan will be determined by the Director, with faculty input. Grades from the repeating semesters will **NOT** replace earlier grades. Only one readmission is allowed. Timing of readmission will be individualized to the student's circumstances. See Section 4: Leave of Absence.

15. TUITION AND FEES

The tuition and fees for a full-time doctoral student in the School of Nurse Anesthesia are provided to applicants prior to interview for each application cycle. Tuition and fees are packaged for the entire program, and are NOT subject to increase for that particular cohort. Charges are incrementally paid throughout the student's enrollment.

Tuition includes:

1. Cost of criminal background checks and urine drug screens.
2. Professional liability insurance.
3. Costs related to letters of recommendation and verification of graduation for employers and state boards of nursing post-graduation, i.e. APRN recognition, NBCRNA application, hospital credentialing, etc.
4. APEX Review Course materials.
5. State of the art recreational center and fitness center.
6. Admission to TCU athletic events.

The following approximate amounts are **in addition** to TCU's tuition/fees:

University student health insurance.....	\$2,204 / year
Textbooks (<i>approximate cost</i>).....	\$2,000
Costs of black scrubs for simulation lab.....	\$75
Vehicle registration	\$75
Housing at Primary Clinical Site	Student Responsibility
Associate membership fee in the American Association of Nurse Anesthetists	\$300
Graduation fee	\$100
Initial NBCRNA certification fee (<i>subject to change</i>).....	\$1,285

COSTS LISTED ABOVE, WHICH ARE IN ADDITION TO TUITION/FEES, ARE NOT CONTROLLED BY THE SCHOOL OF NURSE ANESTHESIA, AND ARE SUBJECT TO CHANGE WITHOUT WRITTEN NOTICE.

A student withdrawing from TCU within a limited time frame may be eligible for partial or full tuition refunds. Deadlines are printed in the University's academic calendar every semester through the University Registrar at: <https://registrar.tcu.edu/calendars.php>

The student is responsible for all books, supplies, and equipment as required by clinical preceptors. Operating room scrubs are provided by assigned clinical site facilities.

16. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Access, Use, and Protection of Health Information

1. All students must sign a TCU School of Nurse Anesthesia Confidentiality Statement prior to accessing patient files in any agency used for clinical education.
2. All student documents related to patient assignments (journals, care plans, papers, assignment sheets, etc.) must be protected to assure privacy of the patient(s) information by de-identifying the health information.
3. Students should maintain the de-identification of health information when communicating with faculty, one another, or any other entity through any means including electronic means.
4. Any documents submitted to faculty should contain no protected health information

(PHI) or the information should be de-identified. For example: course papers, care plans, interview information, etc.

5. If protected health information is re-identified for any reason, it is deemed to be protected health information and is subject to the applicable privacy protections. The student is responsible for maintaining the security of the re-identified information.
6. Student identification should be available when representing self as a TCU student nurse anesthetist.
7. There should be no disclosure of PHI of patients by SOA students. A student should consult the course faculty if a student has a question about PHI related to disclosures required by law, disclosures for public health activities, disclosures about victims of abuse, neglect or domestic violence; law enforcement purposes, disclosures about decedents, disclosures for cadaver organ, eye, tissue donation, disclosures to avert a serious threat to health or safety, disclosures for specialized government functions, disclosures for workers' compensation.
8. If documents containing PHI are in use by students (for example, in the hospital unit, computer lab, etc.) the document(s) must be shielded so others may not see the information. If the person using the documents leaves the room, the documents must not be left on top of the desk for others to see. Locking the documents in a secure file is recommended.
9. If faxing, copying or printing documents containing PHI it is the user's responsibility to assure protection of the PHI.
10. Documents containing PHI should only be shredded by the person authorized to have the PHI.

HIPAA Regulations and SONA Research and/or Professional Projects

1. Any student research or professional projects should maintain the protection of health information collected during the duration of the project by including no identifying patient information on project instruments. If a code is used to re-identify the participant information, the codebook must be maintained in a locked, secured file. If an informed consent document is signed, the documents should be maintained in a locked, secured file apart from any patient/subject information. Informed consent documents should be submitted to the SNA Administrative Office at the end of the project. The documents will be stored according to TCU Safeguards in Human Research guidelines.
2. In the event protected health information collected during a research project was disclosed, the student and the student's Clinical site coordinator should report the disclosure to the SNA Privacy Official. The Privacy Official will determine if a disclosure of PHI was made for 50 or more individuals involved in a research project. If so, an accounting of the disclosure should include the following: a) name of research activity b) a description of the project in plain language including the purpose for the research and selection of criteria for the records c) a description of the type of PHI disclosed d) the date or period of time of the disclosure e) name, address and phone number of the sponsor of the research f) the name of the researcher to whom the PHI was disclosed g) a statement that the PHI of the individual may or may not have been disclosed during the research activity.

3. If there were fewer than 50 individuals involved in the research, the Privacy Official must provide an accounting for every disclosure of PHI for each individual whose PHI was disclosed.
4. In addition, if an individual involved in a research study of 50 or more individuals requests an accounting for the disclosure of PHI pertaining to the individual, the Privacy Official must make a reasonable attempt to satisfy this request.

HIPAA Privacy Official

1. The Director of the TCU School of Anesthesia is the Privacy Official, but may delegate his or her duties to others if so desired. The appointment is continuous and will transfer when and if a new Director is named.
2. The duties of the Privacy official include: a) Maintaining program compliance with HIPAA regulations b) developing SOA policies and procedures related to HIPAA regulations c) maintaining documentation of complaints and sanctions d) overseeing HIPAA training program.
3. The chain of command under the Director, TCU School of Anesthesia, as the Privacy Official is student to Clinical site coordinator, and Clinical site coordinator to Director. At times it may be appropriate for the student and Clinical site coordinator to meet simultaneously with the Director.

Required Training Regarding HIPAA Regulations and Policies for All SONA Students

1. All SOA students enrolled in practicum courses will complete a training program regarding HIPAA regulations and policies prior to starting Phase II. Each will be asked to sign a form indicating understanding of the SOA policies and procedures related to HIPAA and the *TCU School of Anesthesia Confidentiality Statement*.
2. If a breach in confidentiality occurs, the student will complete a retraining program as soon as possible following the incident.
3. All students will complete retraining within 1 month following a significant change in privacy practices.

Sanctions for Violating SONA Policies and Procedures related to HIPAA

1. A complaint regarding a breach in patient privacy may be brought to the Privacy Official with the assurance that no retaliatory measures will be taken against the person bringing the complaint.
2. The Privacy Official will document the complaints received and their disposition and maintain the document in a locked, secured file.
3. Students who violate the protection of health information are subject to sanctions, which may include, but are not limited to: unit or course grade reduction; failure of course and/or clinical practicum; suspension from program.

17. STUDENT EMPLOYMENT

Student employment is strongly discouraged after the first eight months of the program. Students gain more from their academic and clinical experiences without the additional burden of work commitments. If student employment is absolutely necessary, the student must notify the Director in writing of the position and hours, documenting that there is no conflict in time between their job and program responsibilities. Students / RRNAs may not be employed to practice anesthesia. Clinical students / RRNAs may not work the shift prior to clinical time.

The program by way of the Council on Accreditation of Nurse Anesthesia Educational Programs, forbids the employment of nurse anesthesia students as nurse anesthetists by title or function.

18. PROGRAM RESIGNATION

Students / RRNAs who wish to voluntarily withdraw from the program must take the following steps:

1. Request to meet with the Director followed by formal notification in writing.
2. If course work is not completed at the time of resignation, credit will not be received.
3. If in a clinical practicum, the RRNA must return all clinical site and/or university property to include badges, issued equipment, keys, and any other property borrowed by the RRNA.
4. The NBCRNA and COA will be notified by the Director of the student's withdrawal.

19. PROBATION

Phase I (Semesters 1 – 5)

- The option for probation does not exist in semesters 1 – 5. All students must meet minimum grade requirements, as outlined in course syllabi, the SONA Student Handbook and the TCU Graduate Catalog for the SONA.

Phase II (Semesters 6 – 9)

- A RRNA may be placed on probation during Phase II if his/her performance is judged by the clinical faculty to be unsatisfactory, as defined in the Evaluation Process section.
- Probationary status is granted by the Director upon recommendation of the Clinical Evaluation Committee (CEC), which will determine specific objectives for the student to meet in order to remove himself/herself from the probation.
- The length of the probationary period is also recommended by the CEC.
- An RRNA is subject to disciplinary action, up to and including dismissal, at any time his/her conduct is documented as unbecoming a professional in the judgment of the faculty and Director.
- RRNAs shall adhere to affiliation hospital rules, regulations, policies, and procedures during their period of clinical instruction. The SONA may dismiss a RRNA where flagrant or repeated violations of rules, regulations, policies, or procedures occur. *The hospital reserves the right to take immediate action where necessary to protect its patients.*
- Types of probation include:
 1. **Administrative:** Infraction of professionalism objectives, unsatisfactory daily evaluation ratings, or failure to comply with requirements as outlined in the SONA Handbook (see Section 6: Phase II Expectations and Professional Behaviors), course syllabus, and TCU Graduate Catalog.
 - a. Recommendations come from the clinical site coordinator to the TCU SONA Clinical Education Faculty and/or SONA Director; the TCU SONA Clinical Education Faculty/SONA Director then notifies the RRNA.
 - b. The clinical site coordinator reserves the right to place the RRNA on suspension pending formation of a Clinical Evaluation Committee (CEC).
 - c. A Clinical Evaluation Committee (CEC) is called and appropriate policy followed.

2. **Clinical:** Ongoing clinical issues, unsatisfactory daily evaluation ratings, or critical incidents may warrant clinical probation.
 - a. Recommendations come from the clinical site coordinator to the TCU SONA Clinical Education Faculty and/or SONA Director; the TCU SONA Clinical Education Faculty/SONA Director then notifies the RRNA.
 - b. The clinical site coordinator reserves the right to place the RRNA on suspension pending formation of a Clinical Evaluation Committee (CEC).
 - c. A Clinical Evaluation Committee (CEC) is called and appropriate policy followed.

20. CLINICAL EVALUATION COMMITTEE (CEC)

Policy:

1. Purpose
 1. The CEC reviews a student's progression in clinical practicums when indicated, and recommends one of the following:
 1. Clinical remediation
 2. Administrative probation
 3. Dismissal from the clinical site
2. Meetings and Voting
 1. The Clinical site coordinator notifies the TCU SONA Clinical Education Faculty and/or SONA Director and the student when a meeting is necessary. The TCU SONA Clinical Education Faculty notifies the Director and Associate Director of the School of Nurse Anesthesia.
 2. The CEC meeting is called within 2 weeks of notification.
 3. The student will be notified at least 24 hours in advance of the meeting.
 4. A meeting requires a quorum; a quorum is one-half of committee membership.
 5. Actions of the committee require a simple majority.
3. Chairperson
 1. The clinical site coordinator serves as a temporary chairperson.
 2. At the CEC's initial in-person meeting, the CEC then elects a chairperson.
4. Members
 1. The chairperson and clinical site coordinator, in cooperation with the TCU SONA Clinical Education Faculty and/or the clinical site coordinator, appoints members.
 1. One to three TCU Faculty will serve on the CEC. Those Faculty members will be appointed by the SONA.
 2. The TCU CEC member(s) will become familiar with the details of the case.
 2. Members include clinical preceptors at primary clinical sites, the clinical site coordinator, and TCU faculty (as noted above).
 3. A minimum of three clinical preceptors shall serve on the CEC.
5. Full CEC Membership therefore includes a total of 6-9 members:
 - Chairperson (1)
 - Clinical site coordinator (1)
 - Clinical preceptors: (3 to 4)
 - TCU Faculty (1 to 3) – may attend via Zoom or in person

Procedure:**1. Initial meeting:**

- The CEC meets and discusses the issues.
- The RRNA will be allowed to address the CEC.
- The CEC will discuss the issues, examine the evidence, and vote.
- A quorum is required; a simple majority rules.
- If clinical remediation or administrative probation is decided, the CEC will establish behavioral objectives for the RRNA to meet within a specified timeframe.
 - The TCU School of Nurse Anesthesia will then establish a remediation plan congruent with the RRNA's deficiencies, the required competencies, and desired outcomes, in alignment with course syllabi, graduate outcomes, and overall policies congruent with the TCU School of Nurse Anesthesia. The clinical site coordinator works with TCU to establish this plan.
 - If dismissal from the clinical site is decided by the CEC, the chairperson and/or clinical site coordinator will notify the TCU SONA Clinical Education Faculty/SONA Director; the TCU SONA Clinical Education Faculty will notify the Director and Associate Director of the SONA.
 - Decisions on next steps will be discussed amongst administration and Director(s) for Clinical Education.
- The clinical site coordinator and/or SONA Director will inform the RRNA of next steps.
- If clinical remediation is decided, a remediation plan will be put in place, and TCU SONA Clinical Education Faculty will meet with the RRNA to inform him/her of the established objectives, remediation plan, and timeframe of the assigned remediation.
- During remediation, formal and informal academic counseling will occur at regular intervals with appropriate documentation.

2. Removal from remediation:

- At the end of the specified probationary period, the CEC will review the RRNA's records and evaluations.
- The RRNA will be allowed to address the CEC.
- The CEC will vote with a quorum present; a simple majority rules.
- If the CEC determines that the RRNA has met the remediation requirements, the RRNA will be notified and removed from remediation status.

3. Dismissal:

- The CEC may dismiss the RRNA from the clinical site for: 1) failure to meet the remediation objectives; 2) the presence of critical incidents; 3) failure to rectify administrative or clinical deficiency; OR 4) failure to meet Phase II Clinical Education Expectations (Section 6, page 46).
- Notification and justification of this decision must be made in writing to the assigned TCU SONA Clinical Education Faculty/SONA Director.
- The TCU SONA Clinical Education Faculty, as faculty of record for that clinical residency course, may convene with the Director / Associate Director of the SONA. Next steps will be determined based on the details of the case. Potential decisions include: 1) no credit for that particular Clinical Residency Course; OR 2) assignment to another clinical site.
 - ***When an RRNA is dismissed from a primary clinical site, placement at another primary clinical site is not guaranteed, and may not be***

possible; pending the circumstances, the grade may be entered as No Credit (N/C).

- ***A grade of N/C constitutes failure of the clinical residency course, and the RRNA is subject to dismissal from the SONA.***
 - Upon receipt of a grade of N/C, the RRNA may appeal to the Director for the SONA.
 - Appeal procedures are outlined in the SONA Handbook and *TCU Graduate Catalog*, and will be made available to the RRNA by the Director for SONA.

4. Suspension:

- Following a critical incident, at the discretion of the clinical site coordinator and consultation with TCU SONA Clinical Education Faculty/SONA Director, an RRNA may be suspended immediately from clinical residency, pending a meeting of the CEC. A critical incident is any behavior or behaviors that could jeopardize patient safety.
- The TCU SONA Clinical Education Faculty will notify the Director/Associate Director of the SONA, and next steps will be determined based on the severity of the incident.

21. DISMISSAL

An RRNA is subject to dismissal from the SONA for any of the following reasons:

- Failure to satisfactorily complete the curriculum as outlined in Phase I within the allotted timeframe;
- Failure to meet minimum grade requirements in Phase I or Phase II;
- Failure to meet Phase II objectives and/or probationary objectives (administrative or clinical);
- Conduct which is documented as consistently unbecoming a professional and as defined within the Professional Behaviors and Expectations noted in Section 6 of this Handbook;
- Criminal, drug- or alcohol-related suspensions or convictions;
- Flagrant or repeated violations of rules, regulations, policies, or procedures at affiliated clinical sites; *the hospital reserves the right to take immediate action where necessary to maintain operation of its facilities free from interruption.*

22. GRADE APPEALS

The SONA and all students in all semesters will follow the appeal mechanism as outlined in TCU's Grade Appeal Policy: AA1.013 [Dean of Students | Grade Appeal Procedure](#)

In the event a student questions the appropriateness of a grade assigned for a course or the results of another critical component of a degree requirement (e.g., oral exam, juried exhibition, theses, etc.), the student must first discuss the matter with the faculty member(s). These discussions between the faculty member and student should be initiated by the student as soon as possible after the grade is assigned, but no later than five academic days into the next long semester. The faculty member is expected to respond within five academic days of the initiation. If there is no response from the faculty member, the student may present the issue directly to the department chair. In the event that the faculty member(s) agrees to change the grade/decision, the normal process for changing a grade shall be followed. If the student wishes to appeal the faculty's decision after these discussions, he/she must follow the formal grade appeals process outlined below.

Note: An academic day is defined as a school day on which TCU classes are meeting. Initiation of the discussion is any attempt to contact the faculty of record, or chair of examination committee in the case of a candidacy exam or thesis/dissertation defense, about the grade. This includes email or other written correspondence (recommended), personal meeting, and telephone call or message.

Formal Grade Appeal Policy

Appeal to the Faculty Member

1. In the event a student questions the appropriateness of a grade assigned for a course or the results of another critical component of a degree requirement (e.g. oral exam, juried exhibition, thesis, etc.) the student must first discuss the matter with the faculty member(s).
2. These discussions between the faculty member and student should be initiated by the student as soon as possible after the grade is assigned, but no later than ten (10) Academic Days following the disclosure of the grade to the student.
3. The faculty member is expected to respond with their decision within ten (10) Academic Days of the initiation. If there is no response from the faculty member, the student may present the issue directly to the Department Chair.

4. In the event that the faculty member agrees to change the grade/decision, the normal process for changing a grade shall be followed.
5. If the student wishes to appeal the faculty member's decision after these discussions, they must follow the formal grade appeals process outlined below.

Appeal to the Department Chair

6. The student may appeal the faculty decision in writing to the Department Chair or appropriate administrator within five (5) Academic Days of receiving a response from the faculty member.
7. The Department Chair or appropriate administrator will become familiar with the facts of the case by communicating with the student and the faculty member(s). The parties have a right to meet with the chair without the other party present. The faculty member or examination committee chair will respond in writing to the Department Chair concerning the student's appeal. At any point in the appeals process, the appealing student has the right to request and obtain copies of any materials relating to the student that have been shared with others to justify the grade or other issue under appeal.
8. The Department Chair or appropriate administrator may either accept or deny the student's appeal. The chair will notify the student and faculty member(s) of their decision in writing within ten (10) Academic Days of receiving the appeal. In the event that the Department Chair accepts the student's appeal, and no further appeals occur, they will initiate a grade change through the dean of the college.
9. EXCEPTIONS: If the Department Chair is involved in the appeal as the faculty member (or is one of the faculty members), the chair of the department advisory committee will assume the Department Chair's role in the appeal process. If the department does not have a department advisory committee, the chair of the school/college advisory committee will assume the Department Chair's role in the appeal process.

Appeal to the Academic Dean

10. The chair's position may be appealed in writing by the student or faculty member(s) to the appropriate Academic Dean within five (5) Academic Days of the Department Chair's decision.
11. The Dean will become familiar with the facts of the case by reading the prior appeal documents and by communicating with the student, faculty member(s), and the Department Chair. The parties have the right to meet with the Dean without the other party present.
12. The Academic Dean will notify the student, faculty member(s), and the Department Chair of their decision in writing within ten (10) Academic Days of receiving the appeal. In the event the Dean upholds the student's appeal and no further appeals occur, the change of grade shall be reported by the Dean to the Office of the Registrar.
13. EXCEPTIONS: If the Dean of the college/school is involved in the appeal as the faculty member, the student may appeal directly to the Academic Appeals Committee.

Appeal to the Academic Appeals Committee

14. The Dean's decision may be appealed in writing by the student, the faculty member(s), or the department chair to the Academic Appeals Committee within five (5) Academic Days of the Dean's decision.
15. The appeal by the student, the faculty member(s), or the Department Chair will be sent to the Academic Appeals Committee chair in writing. The material corresponding to the appeal should include a letter to the committee discussing the reason for the appeal and all pertinent

documents that support the appeal. When the appeal is received, the committee chair will ask the appropriate Dean for all written documents pertaining to the appeal. Once the committee chair receives the documents, they will convene a hearing panel and distribute the documents to the hearing panel members and, typically, to the parties to the appeal. During the review of the material, the chair may request other documents pertaining to the appeal. The chair will set a date for a hearing that will include the appropriate committee members, the student, and the faculty member(s). The chair will request that the Dean or a designee be present to represent the college or school. Other faculty or administrators with information directly relevant to the hearing may also be invited by the committee chair.

16. A hearing will take place at which time all parties will have an opportunity to discuss their case and committee members will ask questions to better understand the appeal. The committee will confer and come to a decision on whether to support the appeal or not. All parties will be notified in writing of the committee's decision within five (5) Academic Days of its decision. In the event the committee upholds the student's appeal, the chair will advise the appropriate dean 4 to report the change of grade to the Office of the Registrar.
17. The Academic Appeals Committee decision is final.

Throughout the appeal process, , if a student does not receive a reply acknowledging receipt of an appeal letter within five (5) Academic Days, they may contact the next administrator to request the next stage of appeal.

SECTION 3: OBJECTIVES

1. PROFESSIONAL OBJECTIVES

Professionalism includes, but is not necessarily limited to the following: courtesy, honesty, punctuality, enthusiasm, appropriate language/ communication skills, positive attitude, personal cleanliness/grooming, analytical/evaluation skills, willingness to follow directions, willingness to learn/work hard, proper wearing of OR attire, vigilance/awareness, and organization/neatness of anesthesia work area.

The RRNA demonstrates behaviors consistent with the following characteristics of professional practitioners:

1. Maintains competence in practice, committed to lifelong learning, especially in knowledge skills, and attitudes in the CRNA role.
2. Assesses own practice according to standards of the field and includes assessment by others.
3. Responsibly participates in peer review of others.
4. Positively represents profession in communication and interpersonal interactions with peers and society.
5. Actively pursues goals of profession in public arenas such as the media and legislative system.
6. Exercises diligence in the ethical and legal parameters of professional practice.
7. Recognizes that professional practice extends beyond vocational values in such areas as time commitments, continuing education, and willingness to commit personal resources.
8. Participates in the education and training of students in profession.
9. Embraces the professional values of altruism, autonomy, integrity, and social justice, and vigilance in the local and global community.

Professional conduct is tied to the Code of Ethics for the American Association of Nurse Anesthetists and the guiding ideologies of the American Nurses Association Code of Ethics for Nurses. Students are held to these codes and also to the Professional Behavior Standards within the TCU Graduate Catalog with the guiding principle of *“conducting oneself in a manner that reflects well on the individual, the University and the academic process”* (TCU Graduate Catalog, pg. 19).

Students/RRNAs who do not abide by these Codes and Standards in dealings with faculty, staff, program administration, and/or clinical site preceptors and coordinators are subject to potential dismissal from the TCU School of Nurse Anesthesia.

2. OUTCOME-BASED NURSE ANESTHESIA EDUCATION

The responsibility of the School of Nurse Anesthesia is to provide for each RRNA those learning opportunities that stimulate critical thinking, communication and collaboration, integrity, accountability, tolerance, professional development, independent judgment, and clinical skills.

Learning is a concept that produces a change in behavior, and is a continuous process of relating new knowledge and skills to previous and concurrent experiences; it is the gradual internalization of knowledge and the correlation of principles to clinical experience. For the practice discipline, learning has occurred when one can consistently perform what one knows.

We strive to prepare the professional CRNA to think critically and creatively, to exercise discriminative judgment in the application of principles, and to establish good interpersonal relationships for continued personal and professional growth.

Overall school and professional outcomes include:

1. Implement a philosophy of nursing based on the intrinsic worth of each human being (RRNA, patient, and faculty).
2. Provide opportunities for clinical learning that are integrative and experiential, active and interactive, developmental and transferable.
3. Promote clinical abilities, which foster communication, analytic capability, problem solving and valuing in decision making. This is a reflective, transferable process that involves the ongoing integration and application of specialized knowledge, attitudes, and skills.
4. Develop knowledge and skills in each RRNA that are necessary for promoting ethical leadership, acting as a change agent, and interdisciplinary collaboration for the improvement of health care.

3. GRADUATE OUTCOMES¹

The graduate must demonstrate competence in the following graduate outcomes:

Patient Safety:

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

Perianesthesia:

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

Critical Thinking:

13. Apply knowledge to practice in decision-making and problem solving.
14. Provide nurse anesthesia services based on evidence-based principles.

¹ Taken from Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate), January 30, 2021

15. Perform a preanesthetic assessment prior to providing anesthesia services.
16. Assume responsibility and accountability for diagnosis.
17. Formulate an anesthesia plan of care prior to providing anesthesia services.
18. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
20. Calculate, initiate, and manage fluid and blood component therapy.
21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
23. Use science-based theories and concepts to analyze new practice approaches.
24. Pass the national certification examination (NCE) administered by NBCRNA.

Communication:

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

Leadership:

31. Integrate critical and reflective thinking in his or her leadership approach.
32. Provide leadership that facilitates intra-professional and inter-professional collaboration.

Professional Role:

33. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
34. Interact on a professional level with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for his or her practice.
38. Provide anesthesia services to patients in a cost-effective manner.
39. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of _____ in wellness and chemical dependency
40. Inform the public of the role and practice of the CRNA.
41. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
42. Advocate for health policy change to improve patient care.
43. Advocate for health policy change to advance the specialty of nurse anesthesia.
44. Analyze strategies to improve patient outcomes and quality of care.
45. Analyze health outcomes in a variety of populations.
46. Analyze health outcomes in a variety of clinical settings.

- 47. Analyze health outcomes in a variety of systems.
- 48. Disseminate research evidence.
- 49. Use information systems/technology to support and improve patient care.
- 50. Use information systems/technology to support and improve healthcare systems.
- 51. Analyze business practices encountered in nurse anesthesia delivery settings.

SECTION 4: SONA TIME COMMITMENT

1. CLASS ATTENDANCE

As graduate learners, class attendance is not only expected, but mandatory. This applies to all courses in the 36-month curriculum (academic and clinical courses). In the face-to-face didactic portion of the program, anticipated absences as a result of family emergencies (death or severe illness) must be reported to the faculty of record for that course, in addition to the Director/Associate Director. If in a clinical practicum, unexpected absences must be reported to the Clinical site coordinator and to the student's assigned TCU SONA Clinical Education Faculty.

2. TIME OFF

Semesters 1 and 2: Online semesters

Time off is at the student's discretion.

Semesters 3–5: Face to face didactic instruction

Students follow the University's academic calendar. Holidays and semester breaks occur per the TCU Academic Calendar which can be found at [Calendars | The Registrar's Office](#)

Unexpected absences:

- **Personal or family emergencies:** the student must discuss with faculty of record and program administration.
- **Hospitalizations:** students who are hospitalized must inform faculty and program administration.
- **Deaths:** verification with an obituary may be requested.
- **Illness:** the student must notify the faculty of record for a lecture missed due to illness. Prolonged illness greater than 3 days requires a doctor's note.
 - **Pregnancy:** A pregnancy must be reported to the Director and Associate Director upon medical confirmation. Learning experiences may need to be modified to ensure maximum safety to the mother and baby. Pregnancy may result in delayed graduation and/or cohort deceleration, depending upon the timing within the curriculum and full participation in clinical residence. Days missed from clinical due to delivery may be made up as needed to stay on the student's current trajectory, if deemed feasible.
- Students are responsible for content, assignments, and exams missed due to unexpected absences, and must work with course faculty to obtain missed material. Makeup exams are at the discretion of the course faculty.

Semesters 6–9: Clinical Practicums I–IV

Personal days:

- Personal days include: vacation days, sick days, bereavement days, or personal study days.
- 16 personal days in total are allowed.
- No vacation may be taken during specialty rotations away from the primary clinical site.
- Personal days cannot exceed 5 days in succession.
- Personal days cannot be taken during the last 5 weeks of Clinical Practicum IV.
- Approval of personal days are contingent on meeting clinical requirements.

Unexpected absences:

- **Personal or family emergencies:** the student must discuss with his or her clinical site coordinator, clinical education director, and program administration.
- **Hospitalizations:** students who are hospitalized must inform faculty and program administration.
- **Deaths:** verification with an obituary may be requested.
- **Illness:** the student must notify his or her clinical site coordinator and clinical education director. Prolonged illness greater than 3 days requires a doctor's note. Days out of clinical due to illness will be deducted from his/her bank of personal days.
 - **Pregnancy:** A pregnancy must be reported to the Director and Associate Director immediately upon medical confirmation. Learning experiences may need to be modified to ensure maximum safety to the mother and baby. Pregnancy may result in delayed graduation and/or cohort deceleration, depending upon the timing within the curriculum and full participation in clinical residence. Days missed from clinical due to delivery may be made up as needed to stay on the student's current trajectory, if deemed feasible.
- Students are responsible for content, assignments, and exams missed due to unexpected absences, and must work with course faculty to obtain missed material. Makeup exams are at the discretion of the course faculty.

Professional meetings:

- Time off is allowed for attendance at one professional meeting.
- For out-of-state meetings that require round-trip air travel, 1 day is authorized for travel (either before the meeting or on the return). This day is not charged against personal days.

Testing:

- SEE exams are taken two times during the program.
- During clinical residency, all students are authorized the day off prior to the exam in order to ensure appropriate rest (not charged against personal days).
- This must be scheduled/approved with your clinical site coordinator.

Review Courses:

- Time off is allowed in Semesters 8 or 9 for attendance at one review course, as students begin to prepare for the national certification exam (NCE).
- Time away from clinical is granted at the discretion of the clinical site coordinator.
- Proof of registration and attendance is required for approval of time away from clinical.

Medical Mission Trips:

- TCU and the School of Nurse Anesthesia do not sponsor or provide reimbursement for medical mission trips when nurse anesthesia RRNAs participate in these events.
- The RRNA must clearly understand that TCU assumes no professional (malpractice) liability for participation or responsibility for personal safety.
- The experiences gained while on the trip are not considered cases to be counted in

official TCU recordkeeping (Typhon) because none of the clinical sites outside of the United States have been approved by the Council on Accreditation (COA).

- To account for time away from the COA-approved primary or specialty site, the RRNA must use personal days OR the time must be made up prior to graduation. The RRNA and coordinator work out which option is chosen and are required to provide a written plan for such to the TCU SONA Clinical Education Faculty and SONA Director.

Elective and non-elective surgeries:

- Students are required to inform Director of a need for surgery, whether elective or not elective.
- Elective surgeries must have prior approval by the Director.
- If elective surgeries are approved for time off, personal days must be utilized.

3. HOLIDAYS

Holidays recognized on the TCU academic calendar for that year will be honored for academic/didactic courses only. These holidays include: Labor Day, Fall Break, Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Day, Good Friday, Memorial Day, Juneteenth, and Independence Day.

Holidays during Clinical Practicums 1 – 4 *may not be given on the actual holiday*, per the discretion of the Clinical site coordinator. These holidays include: Labor Day, Thanksgiving, Christmas Day, New Year's Day, Memorial Day, Juneteenth, and Independence Day.

4. UNEXCUSED ABSENCE

An unexcused absence is defined as:

- An absence for which the student has not received permission, or notified faculty, program administration, and/or clinical education directors/clinical site coordinator.
- The student has presented to clinical practicum two or more hours late without prior approval.
- The student has not shown up to clinical practicum without prior approval.

5. LEAVE OF ABSENCE

A request for leave of absence is subject to approval by the Director. The Director may set the conditions that the student must meet. The School of Nurse Anesthesia curriculum is a specialized course of study based on progression of clinical didactic instruction. The curriculum is a cohort system, and clinical practicum courses are on a 365-day calendar, which presents unusual circumstances for any protracted absences. Leaves of absence are considered on a case-by-case basis and are not a guaranteed approval.

6. CHANGE IN HEALTH STATUS

Students who experience a change in health status that may affect their ability to function safely or meet course objectives in the clinical and/or classroom setting must notify their assigned faculty and program director. The University may require documentation from the student's health care provider indicating the student's functional abilities and/or limitations.

If a student enrolled in coursework has a change in their health status that requires multiple absences from class, clinical, simulation, or practicum, they may not be able to meet course requirements and be required to drop courses for the semester. The student, program faculty, and program administration will

collaborate to discuss progression through the program.

Examples include but are not limited to: change in medication, certain medical diagnoses that will impact the student's ability to attend class or residency, use of assistive devices, recovery from surgery, or temporary utilization of a brace, crutches/scooter, walking boot, or cast.

SECTION 5: DIDACTIC EDUCATION

1. ACADEMIC CONDUCT

The School of Nurse Anesthesia adheres to the TCU Academic Conduct Policy which outlines the University's expectations for the integrity of students' academic work to include the definitions of academic misconduct, procedures for dealing with academic misconduct, and consequences. The policy is located here: [Academic Policies | Texas Christian University Catalog](#)

In addition, students are responsible for reading and attesting to the TCU School of Nurse Anesthesia's Honor Statement which reads: "I _____ understand that test questions on all exams are the property of TCU and the School of Nurse Anesthesia, and may not be shared or given to any individual in any form. Students who share or give test questions to others will be subject to immediate termination from the TCU School of Nurse Anesthesia."

The policy on the use of artificial intelligence (AI) can be found in Appendix B of this Handbook.

2. GRADING SCALE

The faculty of the School of Anesthesia School use the following scale to determine course grades:

A = 92-100%
 B = 83-91.99%
 C = 74-81.99%
 F = < 73.99%

The TCU School of Nurse Anesthesia requires a minimum overall GPA of 3.0 (on a 4.0 scale) for graduation. *A student who receives a course grade of less than a "B" in any course will be subject to dismissal from the program.*

A grade is assigned for each course in which a student is enrolled for graduate credit. A passing grade may be earned only if the student is enrolled for the duration of the course.

3. FACULTY INITIATED STUDENT WITHDRAWAL FROM A COURSE

Upon recommendation of the faculty, and with the approval of the Dean, students may be dismissed from individual courses with a grade of "F" for lack of academic performance or for failure to meet acceptable ethical or professional standards. Students may apply for reinstatement but this is not automatic and each case is individually considered.

4. STUDENT WITHDRAWAL FROM A COURSE

A student may withdraw from a course prior to the last day to withdraw (posted in the annual academic calendar by the Registrar); a grade of "W" or "Q" will be assigned to the transcript. A grade of "F" will be assigned if the withdrawal is after the last day to withdraw, unless arrangements are made with the Director of the School of Nurse Anesthesia. Signature of the course faculty is required on the withdrawal form. Students should discuss withdrawal with the Director so that he/she is aware of the implications to their progress in the program.

5. STUDENT GRIEVANCE PROCEDURE

Student Grievance Procedure

Per the TCU Graduate Catalog, "The University has established both informal and formal procedures that a student may follow when presenting grievances. A grievance is defined as any dispute or difference concerning the interpretation or enforcement of any provision of University regulations, policies or procedures or state or federal laws applicable on the campus.

Administrators, faculty and students are encouraged in all instances to resolve grievances informally and as promptly as possible. However, formal procedures may be followed when needed. Detailed information about the University Judicial System is given in the TCU Student Handbook. Individuals who have additional questions about how to gain access to the system may contact the office of the dean of campus life.

6. GRADES OF INCOMPLETE

The grade "I" (incomplete) may be awarded at the discretion of the faculty member when the student's work is satisfactory, but for reasons beyond his/her control, has not been completed prior to the close of the semester. It is not given in lieu of an "F". It will be the responsibility of the RRNA to complete the prescribed requirements by the designated date shown on the university calendar. Students should discuss with the Director the implications of the "I" grade, particularly if it prohibits their progression to the next semester or course.

SECTION 6: CLINICAL EDUCATION

1. PHASE II EXPECTATIONS

Professional Behaviors

- ❖ Ethical behavior according to the American Nurse Association Code of Ethics for Nurses, and also for nurse anesthesia students, the AANA Code of Ethics for Certified Registered Nurse Anesthetists.
- ❖ Maintenance of a safe environment for the patient in the clinical setting.
- ❖ Punctuality for lecture, classroom, and clinical laboratories.
- ❖ Consistent preparation for lecture, classroom, and clinical experiences.
- ❖ Completion of assignments within allotted parameters.
- ❖ Positive relationships with peers, faculty, patients, and staff.
- ❖ Compliance with the clinical dress code.
- ❖ Acceptance and incorporation of faculty feedback.
- ❖ Adherence to policies and standards established in the TCU School of Nurse Anesthesia student handbook and the TCU Graduate Catalog.
- ❖ Respect for peers, faculty, patients, and staff.
- ❖ Adherence to affiliated clinical facility/hospital rules, regulations, policies, and procedures during the RRNA's period of clinical instruction.
- ❖ An RRNA is subject to disciplinary action, up to and including dismissal, at any time his/her conduct is documented as unbecoming a professional in the judgment of the faculty and Director.

Expectations in Clinical Phase II of Program:

1. Enthusiasm for Learning

- RRNAs have been invited into the agency / clinical facility, and have an obligation to demonstrate recognition of that position. Enthusiasm for learning conveys acknowledgement of that position.
- RRNAs will abide by the rules and regulations set forth by the facility he/she is assigned to during all primary and enrichment clinical rotations.
- RRNAs are expected to accept all clinical assignments from preceptors and coordinators in a professional manner. Failure to do so may result in removal from clinical for the day, which is counted as a vacation day.
- Clinical site coordinators reserve the right to permanently remove RRNAs from the clinical site for unprofessional demeanor, or any other reason as determined justifiable by the clinical site. A Clinical Evaluation Committee (CEC) would be convened in this instance. The RRNA is advised to accept all assignments, and follow-up later with the clinical site coordinator, the assigned TCU clinical education director, and the director of the SONA.

2. Vigilance

- The best monitor for the patient is the RRNA; vigilance is a necessity and a requirement.
- Failure to adequately monitor the patient for safety is a critical error and constitutes justification for failure. This may result in the convening of a Clinical Evaluation Committee (CEC) for evaluation of RRNA performance. Procedures will be followed in conference with the policies described under Clinical Evaluation Committee in this Student Handbook.
- The RRNA will abide by the AANA Standards of Care at all times. Required monitors include: EKG, blood pressure, temperature, pulse oximeter, and end-tidal carbon dioxide.

Other monitors (oxygen/agent; 5-lead EKG with ST segment analysis; spirometer; neuromuscular blockade monitor; depth of anesthesia monitor; precordial and/or esophageal stethoscope; intracranial pressure; central venous pressure; pulmonary artery pressure; SvO₂; doppler, others as prescribed by the clinical site) will be utilized as indicated or as instructed by your assigned clinical preceptor.

- Although RRNAs will normally be notified that they are not meeting expectations for a grade of satisfactory (S) on his/her daily evaluation, it should be understood that egregious deviations from the AANA Standards of Care or other actions jeopardizing patient safety or unprofessional conduct may result in a grade of unsatisfactory (U). An unsatisfactory grade (U) may be the result of a single incident.

3. Clinical Conferences

- RRNAs are expected to attend pre-clinical conferences at the prescribed times and as instructed by the Clinical site coordinator.

4. Class

- RRNAs are expected to attend class even when they are on call. Faculty notification is required if, for any reason, an RRNA is unable to attend classes that are scheduled to be synchronous.
- Absences that have not been previously communicated will be counted as unexcused, and a vacation day will be deducted.

5. Presence in Clinical

- RRNAs need to be present in clinical whenever possible. This is especially true due to the COVID-19 pandemic, in which elective cases are not always being done.
- If an absence from clinical is necessary due to inclement weather, or another unexpected reason, a vacation day will be deducted, and it is at the discretion of the Clinical site coordinator to grant an opportunity to make this day up and credit the vacation day back to the RRNA.

6. Travel between Clinical Sites

- RRNAs will often be required to travel to other clinical sites for fulfillment of case requirements. Travel time will be given at the discretion of the Clinical site coordinator.

7. Adherence with the State's Nurse Practice Act

- All RRNAs must continually meet the standards of care promulgated by the Texas Nurse Practice Act, and the rules and regulations of the Texas State Board of Nursing (BON) and/or the BON of the state in which the RRNA is participating in clinical residency. In accordance with regulatory law, the Director will report to the BON (and/or other appropriate authorities) any conduct that may violate the laws of the State of Texas or other State BON in the United States. The Director will investigate and take appropriate action regarding any information suggesting that an RRNA is failing to meet these or any other regulatory requirements.

Terminal Objectives:

1. Maintain patient safety.
2. Protect patients from iatrogenic complications.
3. Position or supervise the positioning of patients to prevent injury.
4. Perform a pre-anesthetic assessment and formulate an anesthetic care plan for assigned patients.

5. Use a variety of current anesthetic techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
6. Conduct a comprehensive and appropriate equipment check.
7. Identify and take appropriate action when confronted with malfunctions in anesthetic equipment.
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
9. Provide anesthesia services to patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Interpret and use data obtained from invasive and non-invasive monitoring modalities.
12. Calculate, initiate, and manage fluid and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Use universal precautions and appropriate infection control measures.
15. Function as a resource person for airway and ventilatory management of patient.
16. Serve as leader or member of a cardiopulmonary resuscitation team and hold advanced cardiac life support (ACLS) certification.
17. Hold basic life support (BLS) and pediatric advanced life support (PALS) certification.
18. Participate in quality management activities.
19. Function within appropriate legal requirements as a licensed professional nurse, accepting responsibility and accountability for his/her own practice.
20. Demonstrate personal and professional integrity and the ability to interact on a professional level.

2. CLINICAL ROTATIONS

Practicum / Residency I

1. Time: August through November 30
2. Formative time for new skills: The first half of this residency is formative (until September 30). The second half is summative (after October 1).

Practicum / Residency II

1. Time: December 1 through April 30
2. First half is formative time for new skills: December 1 through February 28

Practicum / Residency III

1. Time: May 1 through July 31
2. Formative time for new skills: May 1 through June 15

Practicum / Residency IV

1. Time: August 1 through the first Friday in December
2. Formative time for new skills: A formative period is not included in this residency

3. TIME COMMITMENT and CLINICAL HOURS

In Clinical Practicums 1-4, RRNAs should expect to be scheduled a minimum of 5 days per week,

arriving to the hospital at a time that is most suitable to preparation of his/her assigned cases (generally no later than 0530 each morning). In accordance with the Council on Accreditation, Standards and Guidelines, a reasonable number of hours which ensures patient safety and promotes effective learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours (including in-house call) averaged over four weeks. This must include a 10-hour rest period between scheduled clinical shifts. At no time may a student provide direct patient care for a period longer than 16 continuous hours. RRNAs can expect that shifts will be greater than 8 hours, may have a call experience, or be scheduled for around the clock shifts during weekdays and weekends.

Each clinical site has a clinical site coordinator who is responsible for making RRNA assignments within that facility. Hours may vary among the clinical sites based on the setting, student requirements, and specialty cases obtained at the clinical site. If questions arise on the commitment of hours, RRNAs are encouraged to discuss this with the assigned clinical site coordinator, and assigned director of clinical education for that particular clinical site.

4. HOUSING

Housing is the responsibility of each student during all portions of the program. During the clinical practicums, students may be required to rotate to clinical sites away from the student's primary site. Housing is reimbursable at a rate not to exceed \$1,000 per month; this is subject to change at the discretion of the Director of the School of Nurse Anesthesia.

The following is required for submission to administrative staff for approval by the Director in order to be reimbursed: 1) **original receipt** from an established business entity showing proof of payment; 2) accurate **submission of receipt via email** to administrative staff of School of Nurse Anesthesia.

The following is NOT reimbursable: 1) cash payments; 2) housing provided by family members, fellow students, or friends; 3) mileage to/from the enrichment site; 4) rental cars.

5. TRANSPORTATION

Transportation to and from the assigned clinical site (primary or enrichment) is each student's responsibility.

6. CASE ASSIGNMENTS and REQUIREMENTS

Case Assignments:

- The clinical site coordinator is responsible for assigning the RRNA to cases. This responsibility may be delegated.
- The anesthesiologist/CRNA is in charge of all anesthesia care for his/her patient. The anesthesiologist/CRNA may delegate educational assignments to the RRNA.
- RRNA case assignments are usually produced the afternoon of the day prior to scheduled surgery.
- Emergency or unscheduled surgery may be posted/assigned at any time.
- Assignments are always subject to late cancellation or change.
- Assignments are based upon the RRNA's education and experience level.

Minimum Case Requirements

Students should make every effort to strive for the TCU School of Nurse Anesthesia's requirement of 900 cases, as data has shown that to be the number that provides students with the most learning opportunities and self-confidence to practice independently upon graduation, and in preparation for the National Certification Examination (NCE). With that said, all RRNAs must meet the COA's minimum requirements for cases (650), specialty cases (as defined in the COA's Standards), and minimum number of clinical hours (2,000) in order to graduate from the TCU School of Nurse Anesthesia's program.

7. CASE RECORDS

1. Each RRNA is responsible for completing an official case record form for each case within Typhon Record Tracking System in a timely and accurate manner (within 3 days of the performed case).
2. Guidelines for Counting Clinical Experiences may be found on the COA website at: <https://www.coacrna.org/about-coa/libraries/>
3. The clinical site coordinator will review the RRNA's case records at least monthly.
4. The RRNA is responsible for accurately maintaining each record and for saving documentation in a manner protective of patient privacy for the verification of cases.
5. To ensure consistency in the counting of clinical experiences the following statement from the COA will be enforced:

"Nurse anesthesia students must have the opportunity to develop as competent, safe, nurse anesthetists capable of engaging in full scope of practice as defined in the AANA's "Scope and Standards for Nurse Anesthesia Practice" by the time of their program completion. To ensure nurse anesthesia students develop the knowledge, skills and abilities for entry into practice, students must participate in all phases of their clinical cases including preoperative, intraoperative and postoperative anesthesia care. While it may not be possible for students to participate in all phases of care on every case, students must at a minimum personally provide anesthesia care for the majority of any case for which they claim personal participation. In addition, personal participation must include the management of the patient during the beginning or induction of the anesthetic experience and/or the ending or emergence of the anesthetic experience. Students cannot take credit for an anesthetic case if they provide care on a limited basis (e.g., only lunch and/or break relief), are not personally involved with the implementation and management of the anesthetic plan of care, or only observe another anesthesia provider manage a patient or their anesthetic care."

8. CLINICAL AFFILIATION AGREEMENTS

The Council on Accreditation (COA) of Nurse Anesthesia Educational Programs defines a primary clinical site as an institution where students receive 50% or more of their total clinical experience. These sites, both local and distant, will be included in the TCU School of Nurse Anesthesia's list of affiliated primary clinical sites as they are identified. At any time, it is at the discretion of TCU School of Nurse Anesthesia, or the affiliated clinical facility, to either renew or terminate affiliation agreements.

9. CLINICAL SITE COORDINATORS

A clinical site coordinator facilitates clinical education in the hospital setting. Each coordinator is responsible for all aspects of clinical and clinical didactic education for the nurse anesthesia RRNAs at that site. Clinical site coordinators are carefully screened and recruited. Their job responsibilities are outlined in the Position Description. Coordinators, and other faculty, have the support of TCU's Center for Teaching Excellence (see website) to facilitate their development as teachers.

10. CLINICAL SITE PRECEPTORS

- Each anesthesiologist/CRNA serving on the staff or employed by an affiliating hospital is considered a clinical preceptor.
- CRNA clinical faculty must be licensed as a professional nurse in one jurisdiction of the United States and must also be certified by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). Physician clinical preceptors must be licensed in one jurisdiction of the United States to practice medicine.

11. CLINICAL SUPERVISION

Clinical preceptors must remain in the operating room with the RRNA at all times until the completion of Clinical Practicum 1. Supervision at clinical sites is limited to CRNAs and anesthesiologists who are institutionally credentialed to practice and immediately available for consultation. Instruction by graduate registered nurse anesthetists or physician RRNAs is never appropriate if they act as the sole agents responsible for the students. The clinical supervision ratio of students to clinical preceptor ensures patient safety by taking into consideration: the complexity of the anesthetic and/or surgical procedure, the student's knowledge and ability, and the comorbidities associated with the patient. At no time should the number of students directly supervised by an individual clinical preceptor exceed 2:1.

12. PREOPERATIVE VISIT

Resident registered nurse anesthetists (RRNAs) must conduct a pre- anesthesia assessment on most patients that the RRNA anesthetizes. RRNAs therefore must assess the patient preoperatively before being actively involved with the intraoperative anesthetic management. The preoperative visit is made prior to developing an anesthetic care plan. Upon completion of the care plan, the RRNA must consult with the assigned anesthesiologist or CRNA preceptor before implementation of the anesthetic in the operating room.

Objectives of the preoperative visit:

The RRNA will be able to:

1. Establish rapport with the patient.
2. Evaluate the patient using health assessment skills to develop an individualized anesthetic plan.
3. Assess prescribed drugs in order to correlate their interactions to each other and the anesthetic agents.
4. Assess the disease entity involved and potential complications.

5. Evaluate the patient with regard to the proposed surgical procedure and possible complications.
6. Review clinical, laboratory and radiographic data.
7. Assess all physical disorders and possible implications for positioning or intubation.
8. Review past surgical/anesthetic history.
9. Conduct pre-operative teaching pertinent to each patient.
10. Discuss with the MD/CRNA clinical preceptor possible complications on induction or emergence such as full stomach, aspiration, arrhythmias, hypotension, laryngospasm and bronchospasm.

13. POST-ANESTHETIC VISIT

Resident registered nurse anesthetists (RRNAs) must conduct a post-anesthesia assessment on most patients that the student anesthetizes, except ambulatory care patients and early discharges. Therefore, the RRNA must complete post-operative evaluations on each patient he/she is actively involved with in anesthetic management. This visit is an evaluation in the immediate recovery phase and again in the post-recovery phase within twenty-four hours. It allows the student to evaluate his/her anesthetic technique and management. A post-operative visit promotes a positive relationship between the student and the patient, providing an opportunity for the patient to express concerns and seek information. It also enables the student to emphasize the guidelines introduced during the pre-operative visit for a smooth recovery.

Objectives of the post-anesthetic visit:

The RRNA will be able to:

1. Evaluate residual effects of premedication, anesthetics, neuromuscular blockers, un-replaced blood loss, position and change of position, cardiac arrhythmias, metabolic acidosis and electrolyte imbalance.
2. Assess pain, restlessness or excitement in the immediate post-operative period.
3. Assess side effects such as nausea and/or vomiting.
4. Assess possible hypoxemia due to airway obstruction, laryngospasm, secretions or inadequate gas exchange.
5. Assess shivering and determine appropriate treatment.
6. Assess vital signs.
7. Evaluate complaints of muscle stiffness, ulnar nerve damage, jaw tenderness, or sore throat.
8. Determine appropriate management of the patient in the recovery phase.

Documentation:

The RRNA should document the visit and assessment on the patient's anesthetic record. If complications are noted, these should be brought immediately to the attention of the assigned anesthesiologist/CRNA preceptor of that case.

14. USE OF CELL PHONES

Personal cell phones must be turned off, or in silence mode, while in the operating room. All calls and text messaging must be done on breaks or at meal time. Cell phone use must always take place away from patient care areas, i.e. preoperative holding, operating room, PACU, etc.

To protect privacy and confidentiality of patients, guests, family members, and staff, the use of a cell phone for photographs, digital images, videos and other types of voice or digital recording, is

strictly prohibited in the clinical facilities. Any violation of the policy, or the requirements for protected health information (PHI), is grounds for immediate termination from the SONA.

SECTION 7: WELLNESS

1. WELLNESS

Prior to graduation all students are required to complete the AANA Learn Wellness Modules and upload to D2L where indicated:

1. Health and Wellness: The Role and Responsibility of the Anesthesia Professional
2. Stress: Understanding Causes and Consequences
3. Stressors Encountered in the Healthcare System and How to Cope More Effectively
4. Risk and Exposure: Signs, Symptoms, Pathophysiology and Co-morbidities of Substance Abuse
5. Management of Chemical Dependency and Addiction (Intervention, Treatment/Rehabilitation, Recovery, Re-entry: Return to Practice, and Avoiding Relapse)
6. Understanding the Environment for Successful Building & Sustaining of Personal Wellness Plan

SECTION 8: TESTING

1. POLICY FOR ELECTRONIC TESTING AND EXAMSOFT

Computers and Technology Requirements

Every student must have a functional laptop for completion of exams, scholarly papers, and other work required in assigned courses. Each student must have reliable high-speed internet to access online assignments and conduct research. All exams are taken on personal laptops.

Hardware/Software	Amount or Version	Required or Optional
Webcam		Required
Microphone		Required
Hard drive space	2GB Free HDD Space	Required
Memory	8GB	8GB recommended/4GB required
Mac Operating System	10.13, 10.14, or 10.15	
Windows OS	10 (Version 1803, 1809, 1903, or 1909)	
Internet Speed / Bandwidth	Min 2.5 Mbps Upload speed	Required

Student Expectations

- All students will take quizzes, and exams with integrity and honesty.
- Students caught cheating or stealing testing material will immediately be asked to leave the classroom and will receive a grade of zero for that quiz or exam. Disciplinary action will ensue, with dismissal as a potential action.
- Download the exam at least 1 hour prior to exam time.
- Ensure adequate charge on your laptop; bring power cord to exam time.
- All cell phones must be OFF or on silent mode, and placed in bags away from exam.
- All bags and books must be off the desktop and beside the student's chair.
- If allowed by faculty, scratch paper is to be turned in with name at the top.
- Laptops must remain flat on desk/table.
- All exams must be uploaded before exiting the room.
- Any issues with exam software will be handled by the faculty and/or Kent Young.
- Students may exit the room quietly once finished with the exam.

Students Approved for Testing Accommodations

Students with approved accommodations must provide that confirmation and approval via the Accommodations Office to the faculty of record. Arrangements will be made for the student in alignment with the accommodations specified and approved.

2. SELF-EVALUATION EXAM (SEE)

The Self-Evaluation Exam (SEE) is administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), and serves 3 primary functions:

1. To provide information to students about their progress in the nurse anesthesia program;
2. To prepare students for the national certification exam (NCE) experience;

3. To provide information to Program Administrators on how well their programs are preparing students with the knowledge and skills required for anesthesia practice.

The SEE is 240 questions in length with a testing time limit of 4 hours. Content areas and exam content outline are found in the *Self-Evaluation Examination (SEE) Candidate Handbook* on the NBCRNA's website. Scaled scores on the SEE range from 300–600.

The SEE will be taken at two points in the program: After Semester 5 and after Semester 8 / beginning of Semester 9. The cost for both exams is covered by the School of Nurse Anesthesia. The national mean scaled score for students in their second and third years of the program is published on an annual or bi-annual basis by the NBCRNA. The reported mean scaled score in Calendar Year 2023 was 420 for year two students, and 430 for year three students. Students in the TCU School of Nurse Anesthesia must aim to achieve *at least* the national mean score specific to their year group.

In semester 8/9, students who obtain a scaled score less than the benchmark determined by the NBCRNA (~434) will be required to do the following:

1. Formulate a study plan.
2. Discuss the study plan and timeline with program administration.
3. Based on the score received and the study plan, students may be required to retake the SEE at their own expense.
4. Approval to take the NCE will be granted by the Director once the study plan, minimum required scaled score, and/or timeline have been achieved.

SECTION 9: MEMBERSHIPS AND PROFESSIONAL MEETINGS

1. MEMBERSHIPS

AANA

All students are required to become student associate members of the American Association of Nurse Anesthetists (AANA). This membership opens the door to a network of thousands of student nurse anesthesia peers nationwide. In addition, associate membership provides access to the AANA website, AANA journal, and multiple opportunities and resources that exist for students. The cost is \$300 and is the responsibility of the student. The website is: www.AANA.com.

AANA / NBCRNA DUAL ENROLLMENT

Students in Semester 1 of the program will be entered into the SRNA Dual Enroll system. Students will be sent an invitation, at which time they complete an enrollment form. Once approved, the student is officially enrolled into the AANA and NBCRNA portals for administrative, membership, and exam purposes.

2. PROFESSIONAL MEETINGS: REQUIREMENTS AND OPPORTUNITIES

Requirements:

State or National Meeting

Participation in one professional state or national meeting is a requirement as part of NRAN 81353: Healthcare Policy and Politics. Examples are the Texas Association of Nurse Anesthetists' Annual Meeting (or any state association of nurse anesthetists' annual meeting) the AANA Annual Congress, or various virtual meetings that are held throughout the country. Student scholarships may be available on the AANA or state associations' websites. Please check websites for these opportunities.

Requirements are as follows:

- Attendance at the Business Meeting (if part of the agenda) portion of the program
- Educational sessions – to total a minimum of 12-15 hours (in combination with Business Mtg.)
- Submission of proof of attendance in two ways:
 1. Continuing Education Certificate – if available to the student
 2. Professionally written essay, electronically submitted in Word format to Dr. Riddle, d.riddle@tcu.edu. This should be a concise summary as follows (see Appendix A of this Handbook for an example):
 - **Business Meeting:** concise summary of pertinent issues addressed during the business meeting. This summary should be a short paragraph (50–100 words) noting relevant issues to the nurse anesthesia profession and/or practice.
 - **Educational Session:** concise summary in your own words (50–100 words) of each educational session attended, including student sessions, noting specific information that can be useful in your practice (copying/summarizing abstracts is prohibited).
 - **Student Luncheon:** attendance at student luncheons, if provided, are mandatory. A summary of the topics presented at the luncheon, including

information of interest to the student, should be briefly addressed in a paragraph (50–100 words).

School of Nurse Anesthesia Annual Spring Symposium

Each Spring of Year 3, students are required to attend the Annual Spring Symposium on the TCU campus for 2 purposes: 1) formal presentation of clinical case report/systematic review poster to students and faculty of TCU's Harris College of Nursing and Health Sciences; and 2) attendance at the annual job fair. All events are held on the TCU campus. Students outside of the Dallas-Fort Worth area will travel to campus for this event. Hotel accommodations will be provided by the School of Nurse Anesthesia for those outside the DFW area, and reimbursement will be provided for travel / airfare.

Opportunities:

Mid-Year Assembly

This networking meeting is held each April in Washington, D.C. with the purposes of informing the profession about healthcare policies that impact the profession, gaining advocacy skills to promote leadership at the state and national level, and hear from legislators on CRNA-related issues. Information may be obtained at [AANA | AANA Meetings](#). Students in Year 3 may apply for support to attend this assembly. The following is required:

- Permission for absence from clinical must be cleared through the student's clinical site coordinator.
- Submission of an essay addressing the following questions: 1) *How would you benefit from attending this meeting?* 2) *What are two specific aspects of the meeting that appeal to you?* 3) *How will this meeting benefit you in your future career as a CRNA?*
- The essay will be submitted to Dr. Riddle. Based on final approval from program administration, the student will be invited to attend the Mid-Year Assembly.
- Students must be in good academic and clinical standing, and funding is at the discretion of the Director of the School of Nurse Anesthesia.

AANA Annual Congress

The AANA Annual Congress is held in variable locations throughout the United States on an annual basis during the month of August. Students whose DNAP abstracts/posters are selected by the AANA Foundation for presentation at the AANA Annual Congress are permitted time off to attend the AANA Annual Congress and are eligible for financial support up to \$2,000.

Expense Reimbursement:

In order to receive reimbursement for professional meetings described, the following is required:

- All original receipts. Alcoholic beverages will not be reimbursed.
- Submission of original receipts to administrative staff of School of Nurse Anesthesia.
- Reimbursement will be approved by the Director based on accuracy of submission and reimbursable limits as described in the Travel Policy.

SECTION 10: EVALUATIONS

1. CLINICAL EVALUATIONS

- Evaluation is not negative; rather, it is an essential assessment of progress toward achievement of an objective. The RRNA will actively seek evaluation from the clinical preceptors at all times.
- Each clinical preceptor is asked to regularly complete these forms and return them to the RRNA and/or Clinical site coordinator.
- Case evaluation forms are available in Typhon. These forms are used by the clinical preceptor and shared with the RRNA. The completed forms are returned to the Clinical site coordinator and/or RRNA.
- End of semester evaluation forms, are available to clinical site coordinators within Typhon.
- Each RRNA is required to make an appointment with the Clinical site coordinator at least quarterly for purposes of evaluation and counseling. Appointments may be made more frequently as necessary.

2. DAILY EVALUATION PROCESS

The RRNA's clinical performance is to be evaluated daily. Either the supervising CRNA or anesthesiologist performs this evaluation. RRNAs may not be evaluated or supervised by non-certified nurse anesthetists, anesthesia assistants (AAs) or by other RRNAs (physician or nurse). It is the responsibility of the RRNA to provide the evaluation form to the clinical preceptor daily.

The forms used for evaluation are located in Typhon, and are divided into four practicums. Each practicum's clinical objectives align with the corresponding residency; i.e., the evaluation form for Practicum/Residency I contains the clinical objectives for Practicum/Residency I.

Each form is different and identifies:

- The practicum level and dates
- The formative period for new clinical skills

The evaluation form is to be completed by the clinical preceptor and the RRNA at the end of the case/day and discussed with the RRNA. It is the RRNA's responsibility to obtain the evaluation from the clinical preceptor. Both the RRNA and preceptor are required to sign the form. The signature of the RRNA signifies that the RRNA has read the evaluation and completed the self-evaluation. Preceptor comments must be provided on all evaluations that are partial satisfactory or unsatisfactory. RRNA self-evaluations are required with comments to be completed by the RRNA.

Failure to obtain daily clinical evaluations may result in unexcused absences for those days without evaluations. Unexcused absences, sick days and vacation days totaling more than 16 days for the clinical residency may result in the extension of clinical residency past the program completion date. At the discretion of the CEC committee, excessive days without daily clinical evaluations may result in extension of clinical past the program completion date. The evaluation forms are to be retained by the clinical site coordinator in a locked cabinet.

A formative period, a time for the RRNA to learn new skills, is included in the first three practicums. Practicum/Residency IV does not include a formative period. Half of Practicum/Residency I is formative and must be considered a learning period. The formative periods, for the first, second and third practicums are listed on the back of the evaluation form. New clinical skills that are introduced in each practicum are highlighted with **bold and underlined print** in the clinical objectives. An appropriate time period (listed on the evaluation form) must be allowed for these new skills to be learned before being evaluated on a summative basis and are not to be included in the overall evaluation of the objective/evaluation criterion. Following the completion of the formative period the new skills are to be included in the summative evaluation process. All other previously learned skills are to be evaluated on a summative basis from the start of each residency.

As time progresses in clinical training, certain skills are identified as **CRITICAL PERFORMANCE OBJECTIVES** and are marked with an asterisk (*). If critical performance objectives are not met, a “U” (*unsatisfactory*) response should be given.

All UNSATISFACTORY evaluations must be brought immediately to the attention of the clinical site coordinator. On the **1st** unsatisfactory evaluation a Clinical Evaluation Committee (CEC) is convened. The CEC must meet within two working days following the unsatisfactory evaluation to discuss the evaluation, the specific circumstances leading to the unsatisfactory rating, identify problem areas, give guidance and make recommendations for clinical training. Documentation of this meeting and the outcomes must be completed and kept in a locked cabinet.

Partial satisfactory evaluations must be brought to the attention of the clinical site coordinator. On the 2nd partial satisfactory evaluation during a practicum, a CEC is convened. The CEC must meet to discuss the evaluations, the specific circumstances leading to the partial satisfactory ratings, identify problem areas, give guidance, make recommendations, and establish goals for clinical training. Documentation of this meeting, goals set, and outcomes must be completed and kept in a locked cabinet.

The Clinical Evaluation Committee (CEC) is convened immediately when a RRNA is sent back to his/her Primary site for unsatisfactory performance before the completion of a rotation assignment. The CEC and Clinical Director will evaluate the circumstances presented by both the RRNA and the clinical site coordinator at the rotation site. Probation may be the recommended action. If sent back from a rotation for a second time, probation is mandatory.

Forms

Instructions:

1. Circle either S (satisfactory) if the RRNA met the objective/evaluation criterion, PS (partially satisfactory if the RRNA partially met the objective/evaluation criterion), or U (unsatisfactory) if the RRNA did not meet the criterion, e.g., did the RRNA have suction readily available? S, PS, or U.
2. Have the RRNA complete the self-evaluation, read and sign the evaluation form.
3. Return completed form to the clinical site coordinator.

SECTION 11: GRADUATION

1. CLINICAL EVALUATIONS

Completion of residency is the first Friday in December. Graduates are strongly encouraged to avoid changing residence or beginning new employment until after sitting for the national certification exam (NCE).

2. PREPARATION FOR THE NATIONAL CERTIFICATION EXAM (NCE)

- Graduates may sit for the NCE once eligibility to sit for the NCE has been met and no sooner than the first Monday after the end-of-program date.
- Eligibility to take the NCE will be granted upon completion of the following:
 - ✓ All case numbers are entered into Typhon
 - ✓ RN licensure is up-to-date
 - ✓ Doctoral portfolios are complete
 - ✓ Submission of all required paperwork requested by the Director has occurred within 48 hours of request
- Failure to comply may defer graduation and the graduate's eligibility to sit for the NCE.
- After the above are completed, graduates will receive notifications of eligibility from the NBCRNA to sit for the NCE, at which time the NCE may be scheduled at a selected NBCRNA-approved testing center.
- The NCE passing score is 450. Graduates receive notification of pass/fail upon departure from the testing center. Scores are available from the Director upon request.

3. HOODING AND COMMENCEMENT

- The date of TCU Commencement is set several years in advance by TCU, and is noted on the official 5-year academic calendar published by the Registrar.
- The School of Nurse Anesthesia conducts a formal doctoral hooding the day prior to university Commencement OR the morning of Commencement to recognize each graduate's completion of the program and the earning of the DNAP. Each advisor places the doctoral hoods on their respective advisees. Awards are announced, and recognitions are received.
- Program administration and faculty attend on behalf of the graduates.

SECTION 12: SCHOOL OF NURSE ANESTHESIA STUDENT AGREEMENT

I have been made aware of the online location of the TCU School of Nurse Anesthesia Student Handbook. I have had an opportunity to review and discuss its contents and I agree, as a student enrolled in the School of Nurse Anesthesia, to abide and respect the policies, procedures, and standards set forth in this handbook. I understand that these policies, procedures, and standards are subject to change as deemed necessary by the University and the School of Nurse Anesthesia. Policy changes may be sent via email with high priority notifications.

By opening the email, I verify that I have been notified of the change in policy. Likewise, during the clinical phase of the program, it is extremely important to the success of clinical rotations to access and read emails from the program and clinical sites, and complete all required credentialing paperwork. Failure to read high priority emails sent from the University or the TCU School of Nurse Anesthesia, and/or clinical sites is considered negligent and grounds for disciplinary action. I understand it is my responsibility to access my TCU email account daily and read all program-related email, as well as keep abreast of clinical credentialing requirements and any changes that occur while in the program.

Upon graduation, I agree to provide my employer information to the Program, and I understand my employer will be sent an evaluation tool to evaluate my performance as a TCU School of Nurse Anesthesia Graduate. I also agree as an alumna/alumnus to evaluate the TCU School of Nurse Anesthesia and assist the program in future improvements. I understand the employer and alumni evaluations are confidential and will be used only for internal program evaluation and critique and to improve the program for future students.

I agree, upon graduation, to sit for the National Certification Examination (NCE) administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) within 4-6 months of the completion of the program.

Printed Name_____

Signature_____Date_____



Appendix A

Meeting Attendance Summary Example:

2019 TxANA Fall Annual Convention
September 27-29, 2019
Plano, TX

Friday September 27, 2019

- 0730-0930 An Overview of Laws and Regulations Governing the Practice of CRNAs in Texas
Carla Cox, JD
Short paragraph regarding pertinent information you find useful in your practice.
- 1000-1200 Lady Justice: Perception vs Reality
James Walker, DNP, CRNA
Short paragraph regarding pertinent information you find useful in your practice.
- 1330-1430 Occupational Hazard: Chemical Dependency
Anita Bertrand, CRNA
Short paragraph regarding pertinent information you find useful in your practice.
- 1430-1530 Lung Isolation Techniques and Pulmonary Sequelae
Mark Welliver, DNP, CRNA
Short paragraph regarding pertinent information you find useful in your practice.
- 1600-1700 What's New in Anesthesia Pharmacology
Mark Welliver, DNP, CRNA
Short paragraph regarding pertinent information you find useful in your practice.
- 1700-1800 Who is Telling the Truth Regarding Volatile Anesthetic Agents
Mark Welliver, DNP, CRNA
Short paragraph regarding pertinent information you find useful in your practice.

Saturday September 28, 2019

- 0730-0830 Neonatal and Pediatric Emergencies: A Review
Marvin Cohen, MD
Short paragraph regarding pertinent information you find useful in your practice.
- 0830-1030 Point of Care Application of Ultrasound
Daniel Nash, DNP, CRNA
Short paragraph regarding pertinent information you find useful in your practice.
- 1200-1400 TANA Fall Annual Business Meeting and Luncheon
Short paragraph regarding pertinent information you find useful in your practice.
- 1400-1600 Student Session – Volunteering and Providing Anesthesia in Foreign Countries
Oscar Fimbres, CRNA
Short paragraph regarding pertinent information you find useful in your practice.

Total Educational Hours: 15
Annual Business Meeting Hours:

Appendix B

TCU School of Nurse Anesthesia Policy on the Use of Generative Artificial Intelligence

The TCU School of Nurse Anesthesia recognizes the transformative potential of generative artificial intelligence (AI) in modern anesthesiology practice and doctoral education. As certified registered nurse anesthetists (CRNAs) increasingly encounter AI-driven tools for patient monitoring, predictive analytics, and decision support in clinical settings, our program aims to prepare students to integrate these technologies responsibly. This policy supports the use of AI to augment learning, foster critical thinking, and align with preparation for the National Certification Exam (NCE) and professional practice.

Trust but verify: AI must not serve as the primary source of truth; this role is reserved for established textbooks, peer-reviewed publications, and expert faculty guidance.

This policy applies to all doctoral nurse anesthesiology students in classroom, simulation, and clinical environments. It promotes ethical, transparent, and educationally beneficial AI use while upholding academic integrity, patient safety, and data privacy.

Definitions

- **Generative Artificial Intelligence (AI):** Technologies that create new content, such as text, images, code, or simulations, based on user prompts. Examples include ChatGPT, GPT-4, Bard, and similar large language models.

- **Classroom Setting:** Includes lectures, assignments, exams, simulations, labs, and didactic coursework (both online and in-person classes).

- **Clinical Setting:** Refers to patient care environments, including operating rooms, intensive care units, and any site involving protected health information (PHI).

Guiding Principles

1. Augmentation Over Replacement: AI should enhance human learning and decision-making, not substitute for critical analysis or professional judgment.

2. Verification and Reliability: All AI-generated outputs must be critically evaluated and verified against authoritative sources, such as peer-reviewed journals (e.g., *Anesthesia & Analgesia*, *Journal of Clinical Anesthesia*), standard textbooks (e.g., *Miller's Anesthesia*), and faculty expertise.

3. Ethical Integration: Use of AI must align with professional standards, including those from the American Association of Nurse Anesthesiology (AANA) and the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), emphasizing patient safety and evidence-based practice.

4. Preparation for Practice: The policy reflects AI's role in contemporary anesthesiology, such as in depth-of-anesthesia monitoring, ultrasound guidance, and opioid therapy management, to equip students for real-world applications.

5. Transparency and Accountability: Students must disclose AI use and remain responsible for the accuracy and originality of their work.

Prohibited Uses

- **Academic Dishonesty:** Submitting AI-generated content as original work without attribution, including in exams, papers, or presentations.
- **High-Stakes Assessments:** Using AI during timed exams, certification preparation (beyond practice), or any graded activity where independent knowledge demonstration is required.
- **Unverified Reliance:** Treating AI as the sole or primary source for clinical decisions, research, or learning without cross-verification from authoritative sources.
- **Privacy Violations:** Inputting PHI, HIPAA-regulated data, or any confidential information into non-approved AI tools.
- **Plagiarism or Fabrication:** Using AI to fabricate data, citations, or responses in clinical documentation or scholarly work.

Attribution and Transparency

Students must disclose AI use in all submissions. Example citation: "This section was initially drafted with assistance from ChatGPT (version 4.0) on [date], and subsequently revised and verified using [specific textbook/peer-reviewed source]." Faculty will provide templates for disclosure in syllabi.

Privacy, Security, and Ethical Considerations

- Adhere to HIPAA and FERPA; avoid uploading sensitive data to public AI platforms.
- Use only institution-approved AI tools in clinical settings.
- Report any AI-related biases or inaccuracies to faculty for discussion.

Enforcement and Consequences

Violations will be treated as academic misconduct under TCU's Academic Conduct Policy.