Marian University Graduate Nursing Handbook

2023-2024 (effective May 8th, 2023)

Contents

Dean's Welcome

The faculty and staff of the Leighton School of Nursing (LSON) at Marian University welcome you and wish you much success in your graduate program. The graduate programs are designed to challenge you intellectually in a supportive, values-based environment. Our goal is to provide the knowledge and experience to make you successful as an advanced practice nurse and healthcare leader. The information contained in this handbook will assist you to more fully understand the policies, practices, and procedures of the graduate programs in the LSON. The handbook is designed for use in conjunction with the Marian University Graduate Catalog, Leighton School of Nursing Handbook, and the Code of Student Rights and Responsibilities.

At the beginning of your graduate nursing program, you will be asked to sign a form (SEE Appendix A) indicating that you have access to this handbook; read the content; and fully understand your responsibility as a student to adhere to all outlined policies and procedures. This form also contains a photo and video waiver that, once signed, allows your image to be used in publications produced by the organization, websites owned by the organization, or public relations activities conducted by the organization for the purpose of promoting Marian University. Please complete the form on the Orientation Module found in Canvas unless otherwise directed. Additional guidelines for the graduate programs will be found in specific track sections.

Thank you and welcome to Marian University Nursing!

Dorothy A Gomez PhD RN

Dorothy Gomez, PhD, RN CNE
Dean, of Leighton School of Nursing
Associate Professor

DNP Administrative Office

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Disclaimer

This handbook serves as LSON's official notification to students of its policies, rules, regulations, and standards of conduct. The provisions of this handbook are not to be regarded as a contract between any student and LSON. LSON reserves the right to make changes at any time (without notice), as may be necessary in the interest of the School. The School also reserves the right to modify or discontinue any of the services, programs, or activities described in this handbook.

Institutional Accreditation

Marian University is accredited by The Higher Learning Commission of the North Central Association, one of the six regional agencies in the United States that accredit colleges and universities.

The baccalaureate program at Marian University is accredited by the Commission on Collegiate Nursing Education (CCNE), 655 K Street, NW, Suite 750, Washington, DC 20001, phone: 202-887-6791. The baccalaureate degree program in nursing and the Doctor of Nursing Practice program at Marian University Leighton School of Nursing are also accredited by the CCNE, 655 K Street, NW, Suite 750, Washington, DC 20001, phone: 202-887-6791. The Marian University Nurse Anesthesia program is by both CCNE and accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). COA is located at 222 S. Prospect Ave., Park Ridge, IL, 60068, phone: 847-655-1160.

Nondiscrimination Statement

Marian University is a private Catholic institution accepting both in-state and out-of-state students. It is the policy of Marian University not to discriminate on the basis of race, sex, sexual orientation, color, creed, religion, national origin, disability or age, in admissions or employment or in any programs or activities. It is the University's intent to comply with applicable statutes and regulations, including Title IX of the 1972 Education Amendments, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990. The graduate programs in the Leighton School of Nursing operate in compliance with the nondiscrimination policies established by Marian University.

Notice of Nondiscrimination

LSON does not discriminate on the basis of race, ethnicity, color, sex, gender, gender identity, sexual orientation, religion, creed, national origin, age or disabilities in its programs and activities. The following individuals have been designated to handle inquiries regarding allegations of discrimination based upon sex and gender:

Designated Reporting Offices:

1. Complaints By or Against Students and/or About Gender Equity in MU Athletics
Karen Candlish, Title IX Coordinator
Dean of Students
Marian University
3200 Cold Spring Rd
Indianapolis, IN 46222
317-955-6190
kmcnulty2@marian.edu

2. Complaints By or Against Faculty, Staff, or Visitors
Cassie Gardner Deputy Title IX Coordinator
Office of Human Resources
3200 Cold Spring Rd
Indianapolis, IN 46222
317-955-6743
Cgardner1@marian.edu

If you have a complaint relating to gender equity in athletics or against a student, a staff member, or a faculty member and for any reason feel uncomfortable about initiating a complaint with the designated Coordinator/ Deputy Coordinator, please feel free to contact either Coordinator directly.

All other allegations of discrimination can be reported here [Incident Report Form](#).

History of Nursing at Marian University

Prior to establishing an independent accredited nursing program, Marian College partnered with St. Vincent Hospital Diploma Program to provide the means for collegiate education. In 1974, a community needs assessment headed by Dr. Louis C. Gatto, college president, revealed the need to provide a program to transition Licensed Practical Nursing (LPN) to the Registered Nurse (RN) with an Associate Degree (AN) and Bachelor of Science in Nursing (BSN) education for the licensed RN.

Marian University has offered a program of study for nursing at the baccalaureate level since 1979. In May 1980, the first class of baccalaureate degree students graduated. The Indiana State Board of Nursing (ISBN) approved the traditional four-year baccalaureate program in 1987. Initial five- year accreditation by the National League for Nursing (NLN) was granted in 1992. Esther O'Dea RN, PhD, who became the Chairperson of the Department of Nursing in 1990, and the BSN faculty accomplished this enormous task. The first class of eleven students graduated in May 1991. During this time of study and transition, it was decided to continue with the AN program and to develop the BSN program while carefully monitoring student interests, enrollment, community needs and budgetary resources.

In 1993, an accelerated track for students with a baccalaureate degree(s) in other disciplines was implemented. The first class of accelerated track students graduated in May 1994. In 1996, the name of the department was changed from the Department of Nursing to the Department of Nursing and Nutrition Sciences. After closing the Food and Nutrition Sciences programs in 2001, the name was changed again to the Department of Nursing.

In 2005 the nursing program received a five-year accreditation status from the Commission on Collegiate Nursing Education (CCNE). The nursing faculty, advisors, and staff accomplished this time consuming and very important task. In anticipation of the transition from college to university status, the Department of Nursing became the Marian College School of Nursing in 2007. After serving as the Chairperson of the Department of Nursing since 2001, Marian Pettengill, RN, PhD was named the first dean of the School of Nursing. Karen Hardin, MSN, RN served as the interim dean for the 2008-2009 academic year. Anita Siccardi, EdD, APRN-BC, began her tenure as dean on September 1, 2009. Dorothy Gomez, PhD, RN, served as the Acting Dean beginning on July 1, 2016, prior to accepting the permanent position as Dean of the Leighton School of Nursing effective July 1, 2017.

On July 1, 2009, Marian College became Marian University. With an emphasis placed on baccalaureate educated nurses from local healthcare agencies and the newly acquired university status, fall 2008 was the admission of the last AN class. The baccalaureate nursing program continues to offer both the traditional and accelerated tracks for a BSN. In 2009, an Online Accelerated BSN (OABSN) program was added to the curricular offerings.

In the summer of 2013, the School of Nursing was named the Alan and Sue Leighton School of Nursing (LSON). The School of Nursing moved to the Michael A. Evans Center for Health Sciences and shares the Evans Center with the College of Osteopathic Medicine that opened in July of 2013. In April 2014, the School of Nursing expanded the Online Accelerated BSN Program to Nashville, TN. Saint Thomas Health, an Ascension Health Hospital, agreed to serve as our clinical partner in the education of nursing students. In January 2021, the Accelerated BSN track expanded to Oklahoma City, OK.

In 2013, faculty in the Leighton School of Nursing were approached by two community groups (Indiana Association of Nurse Anesthetist and St Vincent Hospital) requesting initiation of the CRNA and FNP programs. The hospital organization offered to provide both financial backing as well as clinical training support. Following a feasibility study commissioned by the Marian University Board of Trustees, the Board voted to approve the development of the DNP Family Nurse Practitioner and Nurse Anesthesia programs. The Higher Learning Commission final approval for the

program was received on May 5th, 2017 and the inaugural cohort of 8 FNP students and 15 CRNA students was admitted on May 15, 2017.

Today, we continue expand the two DNP tracks both within the community and through collaboration with local healthcare systems

Franciscan Values

Dignity of the Individual

We strive to reflect in our lives and in our service our belief in the presence of God, dwelling among us, loving us unconditionally, and calling us in that love to accept our dignity as human persons endowed with the very life of our Creator. We recognize and affirm the personal gifts and talents of each person. We likewise acknowledge and celebrate the gift of rich diversity present among us. Through collaboration and mutual support, we empower one another and strive to achieve life-giving unity within authentic relationship.

Peace and Justice

We strive to reflect in our lives and in our service our belief that our individual response to God's initiative is best experienced and fostered in our sharing of ourselves, our gifts, and our talents. We desire to be concretely responsive to the ever-present issues of peace and justice. In this stance, and together with church, religious and civil communities, we dare to challenge contemporary values and practices, which are contrary to the Gospel's whenever they occur. We likewise challenge one another to venture into new creative responses to ever-changing needs among and together with a diversity of God's people.

Reconciliation

We strive to reflect in our lives and in our service our belief in the unifying effect of the dwelling of the Spirit within us and among us. Keenly aware of the pain, brokenness, and pervading grief in our society – especially on the part of the poor, oppressed, and alienated persons – we feel especially called to the ministry of reconciliation in every level of society.

Responsible Stewardship

We strive to reflect in our lives and in our service our belief that an intimate relationship with our God calls us to responsible stewardship; delight with all creation, reverence for persons, responsible use of the earth's resources, and freely sharing the gifts entrusted to us with those in need and less fortunate.
(Marian University Franciscan Heritage, Sisters of St. Francis, Oldenburg, 2010)

Mission & Vision

The mission of Marian University's Leighton School of Nursing is to prepare professional nurses to internalize and express the values essential to the nursing profession and enhance the health of humans in the global community. The Leighton School of Nursing undergraduate and graduate programs embrace the mission of the University as a Catholic university dedicated to excellent teaching and learning in the Franciscan and liberal arts traditions. We welcome students of all faiths who seek an educational experience framed within the context of our Franciscan values of dignity of the individual, peace and justice, reconciliation and responsible stewardship. Within the School of Nursing graduate programs, we are dedicated to providing nurses with a challenging and supportive learning environment to assume advanced roles in nursing.

The vision of Marian University is to provide an education distinguished in its ability to prepare transformative leaders for service to the world. Within the School of Nursing, we achieve this vision by developing leaders in nursing who are

committed to enhancing health in the global community through evidenced based practice, service, health promotion and disease prevention.

Philosophy of Graduate Nursing Education

The *philosophy* of the graduate nursing programs is to embrace the mission and vision of the university as a Catholic university dedicated to excellent teaching and learning in the Franciscan and liberal arts traditions. Program curricula adhere to the professional standards and guidelines set forth by the American Association of Colleges of Nursing (AACN), i.e., the Essentials of Doctoral Education for Advanced Nursing Practice (2006); National Task Force on Quality Nurse Practitioner Education (NTF, 2016); the National Organization of Nurse Practitioner Faculties (NONPF); and the Council on Accreditation of Nurse Anesthesia (COA) Educational Programs (COA, 2021).

The integration of concepts from DNP essentials, the foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty *and* the specialty competencies prepare the DNP graduate for advanced practice nursing. Competencies, content, and practicum experiences needed for specific roles in specialty areas are delineated by national specialty nursing organizations. Graduate nursing education promotes the attainment of core competencies: Scientific Foundations, Leadership, Quality, Practice Inquiry, Technology and Information Literacy, Policy, Health Delivery System, Ethics, and Independent Practice.

The faculty aspires to create a learning environment that reflects the Franciscan values: dignity of the individual, peace and justice, reconciliation and responsible stewardship. The faculty will apply the principles essential in *servant teaching* to produce professional nurses that are willing to transform healthcare and nursing education. The servant teacher models the characteristics of honesty, integrity, caring, trust, and encouragement. The faculty recognizes learning is a unique, individualized process; therefore, they develop active and collaborative strategies with students that stimulate clinical reasoning, facilitate behavioral and attitudinal change, and promote the attainment of program outcomes.

The faculty believes that the program outcomes are achieved when trust and respect are established between the student and teacher. An egalitarian relationship is established supporting a spirit of inquiry and debate. Student learning will be tailored to enhance professional practice, resolve practice challenges, and promote high quality healthcare. Students will influence practice through the translation of evidenced-based outcomes to create change by disseminating results.

Students and faculty foster a commitment to lifelong learning. Graduates of the graduate nursing programs will be prepared to assume advanced nursing roles in schools of nursing, health care facilities, and in the community. The student's individual career goals will be considered when selecting the educational experiences. Collaborative classes will provide an opportunity to learn, solve problems, and analyze challenges that are common in the interdisciplinary healthcare system.

DNP Program Outcomes

In congruence with the competencies outlined in The *Essentials of Doctoral Education for Advanced Practice Nursing* (AACN, 2006), the Marian University Doctor of Nursing Practice programs will be able to provide students the ability to:

1. Integrate nursing science, science-based theory, and systems knowledge into the development and evaluation of practice approaches to advanced nursing care. *DNP Essential 1*
2. Apply analytic methods to the critical appraisal of literature and other evidence to develop and support best practices. *DNP Essential 3*
3. Collaborate with interdisciplinary stakeholder teams to create change and advance positive health outcomes. *DNP Essential 6*

4. Generate, evaluate and articulate innovative solutions to complex care issues. *DNP Essential 2*
5. Analyze the impact of local, national, and global health policy effects on care decisions. *DNP Essential 1& 5*
6. Support cost and resource efficiency, quality, and accessibility of healthcare for all patients. *DNP Essential 6*
7. Advocate for the nursing profession as well as socially and ethically relevant policy in healthcare. *DNP Essential 5 & 8*
8. Support and effectively lead improvement initiatives that enhance safety, quality, and evidence-driven care. *DNP Essential6 & 7*
9. Demonstrate leadership skills while developing approaches to care that address population needs based on evidence and Franciscan values. *DNP Essential 7 & 8*

DNP Competencies

Scientific Underpinnings for Practice

- Integrate nursing science with knowledge from ethics; the biophysical; psychosocial; analytical; and the organizational sciences as the basis for the highest level of nursing practice.
- Use science-based theories and concepts to determine the nature and significance of health and health care delivery phenomena.
- Use science-based theories and concepts to describe the actions and advanced strategies to enhance; alleviate; and ameliorate health and health care delivery phenomena as appropriate.
- Use science-based theories and concepts to evaluate outcomes.
- Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

Organizational and Systems Leadership for Quality Improvement and Systems Thinking

- Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences; as well as organizational; political; and economic sciences.
- Ensure accountability for quality of health care and patient safety for populations with whom they work.
- Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
- Employ principles of business; finance; economics; and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.
- Develop and/or monitor budgets for practice initiatives.
- Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
- Demonstrate sensitivity to diverse organizational cultures and populations; including patients and providers.
- Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care; the health care organization; and research.

Clinical Scholarship and Analytical Methods for Evidence-Based Practice

- Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
- Design & implement processes to evaluate outcomes of practice; practice patterns; & systems of care w/in a practice setting; health care organizations or community against natl. benchmarks to determine variances in practice outcomes & population trends.

- Design; direct; and evaluate quality improvement methodologies to promote safe; timely; effective; efficient; equitable; and patient-centered care.
- Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
- Use information technology and research methods appropriately to collect appropriate and accurate data to generate evidence for nursing practice
- Use information technology and research methods appropriately to inform and guide the design of databases that generate meaningful evidence for nursing practice
- Use information technology and research methods appropriately to analyze data from practice
- Use information technology and research methods appropriately to design evidence-based interventions
- Use information technology and research methods appropriately to predict and analyze outcomes
- Use information technology and research methods appropriately to examine patterns of behavior and outcomes
- Use information technology and research methods appropriately to identify gaps in evidence for practice
- Function as a practice specialist/consultant in collaborative knowledge-generating research.
- Disseminate findings from evidence-based practice and research to improve healthcare outcomes.

Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

- Design; select; use; and evaluate programs that evaluate and monitor outcomes of care; care systems; and quality improvement including consumer use of health care information systems.
- Analyze and communicate critical elements necessary to the selection; use and evaluation of health care information systems and patient care technology.
- Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
- Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information; information technology; communication networks; and patient care technology.
- Evaluate consumer health information sources for accuracy; timeliness; and appropriateness.

Health Care Policy for Advocacy in Health Care

- Critically analyze health policy proposals; health policies; and related issues from the perspective of consumers; nursing; other health professions; and other stakeholders in policy and public forums.
- Demonstrate leadership in the development and implementation of institutional; local; state; federal; and/or international health policy.
- Influence policy makers through active participation on committees; boards; or task forces at the institutional; local; state; regional; national; and/or international levels to improve health care delivery and outcomes.
- Educate others; including policy makers at all levels; regarding nursing; health policy; and patient care outcomes.
- Advocate for the nursing profession within the policy and healthcare communities.
- Develop; evaluate; and provide leadership for health care policy that shapes health care financing; regulation; and delivery.
- Advocate for social justice; equity; and ethical policies within all healthcare arenas.

Inter-professional Collaborations for Improving Patient and Population Health Outcomes

- Employ effective communication and collaborative skills in the development and implementation of practice models; peer review; practice guidelines; health policy; standards of care; and/or other scholarly products.
- Lead inter-professional teams in the analysis of complex practice and organizational issues.

- Employ consultative and leadership skills with intra-professional and inter-professional teams to create change in health care and complex healthcare delivery systems.

Clinical Prevention and Population Health for Improving the Nation's Health

- Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual; aggregate; and population health.
- Synthesize concepts including psychosocial dimensions & cultural diversity; related to clinical prevention & population health in developing; implementing; & evaluating interventions
- Evaluate care delivery models and/or strategies using concepts related to community; environmental and occupational health; and cultural and socioeconomic dimensions of health.

Advanced Nursing Practice

- Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations; incorporating diverse and culturally sensitive approaches.
- Design; implement; and evaluate therapeutic interventions based on nursing science and other sciences.
- Develop and sustain therapeutic relationships and partnerships with patients (individual; family or group) and other professionals to facilitate optimal care and patient outcomes.
- Demonstrate advanced levels of clinical judgment; systems thinking; and accountability in designing; delivering; and evaluating evidence-based care to improve patient outcomes.
- Guide; mentor; and support other nurses to achieve excellence in nursing practice.
- Educate and guide individuals and groups through complex health and situational transitions.
- Use conceptual and analytical skills in evaluating the links among practice; organizational; population; fiscal; and policy issues.

Admissions, Financial Aid and Accessibility Office of Admissions

Office of Admissions

The purpose of the Office of Admissions is to identify well-qualified applicants and select those for matriculation that best align with the Mission of LSON Graduate Nursing and the values of Marian University. Information relating to admissions requirements and the application and selection processes can be found on the Office of Admissions website.

In addition, the office of admissions also engages in community outreach and recruitment. As a student at LSON Graduate Nursing, we encourage you to learn more about what this office and our program have to offer.

Financial Aid

LSON Graduate Nursing operates on an open-door policy to provide financial aid information and payment options to students, in addition to assistance with loans, scholarships and debt management as well as budgeting. This can be found on the Office of Admissions Financial Aid website.

Scholarships

Through the generous support of our community partners, LSON Graduate Nursing is able to offer scholarship to incoming and enrolled students. These scholarships vary in the amount of funding, criteria, timing and focus. Students wishing to apply for these scholarships should review their descriptions, amounts and eligibility requirements on the LSON Financial Aid webpage. In addition to these scholarships, students are encouraged to apply for external opportunities.

Health Requirements

The Leighton School of Nursing (LSON) has identified specific clinical health requirements for all students enrolled. Current CDC recommendations, hospital/clinical partners, clinic policies, and college directives are the basis for these requirements. DNP students enrolled in clinical concentrations (Family Nurse Practitioner & Nurse Anesthesia) must complete an annual background check and drug screen in addition to ensuring that their immunization/compliance tracker contents remain current.

Clinical Health Partners require yearly background checks and urine drug screens as well as active documentation of immunizations and health trainings. The Leighton School of Nursing uses an outside vendor, American DataBank, and their web-based compliance software Complio, to conduct student background checks and to compile results of other requirements such as drug testing, CPR, personal health insurance, and immunization records. Keep in mind it is the responsibility of each student to ensure all information (immunizations, licensure, documents, etc.) is current and remains current for the duration of their program. During summer and throughout the year, the college will initiate a random audit of student records for compliance. Failure to pass this audit may result in dismissal from all nursing courses/clinical sites, as well as prohibit registration for future semesters. Please ensure your documentation remains current. Specific directions for how to obtain and submit the required documentation is located on the American DataBank website.

American Databank/Complio

Complio is American Databank's comprehensive tool for student screening, immunizations and compliance. American Databank offers compliance services, including criminal background checks, credential verification, drug screening and records management. Complio is based upon technology used by the mortgage lending industry, and all medical records entrusted to American Databank are protected with the highest levels of security. To further ensure protection, communication features are designed in such a way to retain all sensitive information within Complio so sensitive information cannot be accidentally or inadvertently shared inappropriately. American Databank enables healthcare education program administrators to capture and track background screening results and health records to ensure compliance with clinical site requirements for immunizations, certifications, insurance and other documentation.

Based upon requirements articulated within our affiliation agreements, and other articulation agreements held with agents or external institutions, Marian University may have an obligation to share reports generated by American Database/Complio with these agents or external institutions. These reports will be shared with agencies and external institutions only for permissible purposes. If adverse actions are taken resulting in the denial of admission to a clinical experience, rotation or program, and the adverse action is made wholly, or in part, on information included within a report, Marian University will provide the impacted students with an oral or written notice of adverse action.

Immunization Requirements

In keeping with the policy of the Leighton School of Nursing, students must submit documented immunization records. Students are required to give official medical records (e.g., State Health Department record) as proof of immunizations. Official medical records must include an official office stamp, office letter head, or healthcare provider signature.

A list of current health care requirements includes the following:

- MMR (Measles, Mumps & Rubella) titers- *indicating immunity. If individual is not immune, a* booster vaccine is required.
- Tetanus-diphtheria-pertussis (Tdap) or Tetanus-diphtheria (Td)- *vaccine is required within the past 10 years. Tdap is preferred.*
- Meningococcal vaccine(s) (MCV4) – *proof of meningococcal vaccine is required. If received prior to age 16, a booster dose is required.*

- Varicella titer- *indicating immunity. If individual is not immune, a two-dose booster series 28-days apart is required.*
- Hepatitis B vaccines series (three doses) or Hepatitis B titer- *required.*
- Polio vaccines- *proof of vaccine series or positive titer is required.*
- Influenza vaccine- *Required annually.*
- Tuberculosis screening- *yearly negative 2-step TB skin test or a yearly QuantiFERON® gold. Two steps must be read 7-21 days apart, and each step must be implanted 2-3 days prior to being read. Any positive TB skin test must be followed by a Chest X-ray. Chest X-rays expire after 5 years, but students can receive one annually if desired. Along with a Chest X-ray, students will have to complete a TB questionnaire that is signed off by their healthcare provider. Questionnaires are required annually. If you have a positive PPD, you must speak to your program director. Testing is required for all international students within four weeks of arrival to the United States and for students with TB symptoms or risks.*
- Emergency Contact Form- *updated annually*
- COVID-19 vaccinations OR proof of vaccination exemption.

With the exception of the COVID-19 vaccine. LSON does not waive these requirements for religious reasons or personal preferences, as many of these immunizations and proof of immunity are required by the clinical training sites and are recommended to work with the public in a healthcare setting.

COVID – 19 Vaccination Exemptions
https://www.marian.edu/consumer-information/covid-19-vaccination-health-professions-policy

Health requirements are subject to change based on community health concerns and university policy.
You are able to reach out to the Graduate Nursing Administration (317.955.6156) for an updated list.

CPR/ACLS/PALS Requirements
Students will submit a copy of their American Heart Association Health Care Provider (BLS) CPR card to their American DataBank (Complio) account. LSON requires all CPR training be conducted through the American Heart Association; please note that students must complete the American Heart Association Health Care Provider (BLS) course including CPR/AED. The course must involve a hands-on simulation checkoff. This requirement is not negotiable. Instructor certification cards are acceptable. Expiration date and instructor name or signature must be visible on the BLS card when scanned into American DataBank (Complio). The American Heart Association Health Care Provider (BLS) certification must remain current until graduation from Leighton School of Nursing.

ACLS and PALS certifications are required for all Anesthesia graduate students. This requirement is not negotiable. Instructor certification cards are acceptable. Expiration date and instructor name or signature must be visible on the ACLS/PALS card when scanned into American DataBank (Complio). The certification must remain current until graduation from the Leighton School of Nursing.

RN License
All DNP and Graduate (Clinical Concentration) Certificate students must hold a valid Registered Nurse license, which must be submitted to their American DataBank (Complio) account. Students who hold Advanced Practice Nursing licensure should also submit a copy of their APRN license. All Nurse Anesthesia students are required to have an unencumbered RN compact license from the Tennessee Board of Nursing. The compact license will be required in order to participate in out-of-state clinical sites. A copy of a student's current license with the expiration is required.

Background Checks and Urine Drug Screen

LSON Graduate Nursing requires a criminal background check and Urine Drug Screen for all students at the time of matriculation and annually. LSON may require additional background checks or Urine Drug Screens during a student's tenure. Students must arrange and pay for the background checks. NOTE: LSON Graduate Nursing currently utilizes the platform Complio ® in order to manage compliance documents. Student will have access once accepted and enrolled in the university.

Health Insurance

The Leighton School of Nursing requires all students carry personal health insurance. Students must either present evidence of current coverage or enroll in a health insurance program. Students must maintain and show evidence of current coverage on their American DataBank (Complio) account. The cost of personal health insurance is the responsibility of the student.

Reasonable Accommodations for Students with Disabilities

Marian University, through policy and practice, is committed to providing equitable access to learning opportunities for all students. In the Catholic, Franciscan tradition, we celebrate the dignity of each individual to ensure all students, including those with disabilities, have equal access and opportunities as Marian Knights. The University provides reasonable accommodations to students on a nondiscriminatory basis consistent with legal requirements as outlined in federal legislation including the Americans with Disabilities Act (ADA) of 1990, the Amendments Act (ADAAA) of 2008, and the Rehabilitation Act of 1973.

A reasonable accommodation is a modification or adjustment to an instructional activity, facility, program or service that enables a qualified student with a disability to have an equal opportunity to participate in all Marian University student activities. To be eligible for reasonable and appropriate accommodations, a student must have a documented disability as defined by the ADA and must engage in an interactive process with the Personalized Learning Center (PLC).

Decisions regarding reasonable accommodations are determined on a case by case basis taking into consideration each student's access needs, disability documentation and program requirements. While Marian University will make every effort to work with students with disabilities to accommodate their access related needs, the university is not required to provide accommodations that fundamentally alter or waive essential program requirements, including technical standards.

Students who, after review of the technical standards determine that they require accommodation to fully engage in the program, should contact the Personalized Learning Center to confidentially discuss their accommodations needs. Given the clinical nature of the nursing program, additional time may be needed to implement accommodations. Accommodations are never retroactive; therefore, timely requests are essential and encouraged.

Contact information:

LSON: PLC@marian.edu or 317-955-6540

MUAC: Plc.ancilla@marian.edu or 574-936-8898 EXT. 364

Student Support Services

The Office of Student Affairs

The Office of Student Affairs is committed to promoting an environment of safety and wellness, leadership development, cognitive development and enhancement, and milestone recognition. It is also our goal to integrate the Franciscan values of dignity of the individual, peace and justice, reconciliation, and responsible stewardship into every facet of campus life. As a student you will find that these values fuse teaching and learning with intellectual, spiritual, moral, and social development.

At Marian University we offer many opportunities for you to become engaged with your faculty and peers inside and outside of the classroom. We suggest you consider building leadership skills through participating in student and professional organizations, maintaining physical and mental wellness through recreation and intramural programs, supporting the community around you through service engagement opportunities, and broadening your intellectual and professional scope by attending cultural, educational, and social events on campus and in the community.

We also offer many academic and advising services to support your educational journey. These range from general academic support, such as strategies for managing stress and test anxiety, to mental health counseling from licensed psychologists. MU also offers accommodation services for students with 11 documented disabilities. In addition, MU provides a full campus police department for your safety and security.

Counseling and Consultation Services

The Counseling and Consultation Services Office is a resource center for the Marian University community. The staff provides academic support services, personal counseling, and consultation to students. Services are provided at no charge to students who are currently enrolled. The Counseling and Consultation Services Office is located in Clare Hall and students may schedule appointments by calling 317.955.6150. Examples of the services provided can be found on the [Counseling Service website](#).

Student Healthcare

The Marian University Student Health Center is located in Clare Hall, 1st Floor West. Appointments are encouraged and walk-ins are seen as the schedule permits. Health management for MU students includes assessment, treatment, education and referral to appropriate medical personnel. In addition to the services offered at MU, each student may choose healthcare providers based on his/her insurance coverage and the type of care needed.

Graduate Student Academic Support Services

The Academic Support Services Program supports all MU students in their quest for academic success. Individual consultation and group workshops are available to assist students who desire additional academic support. Students may seek academic support services for a variety of reasons, including poor academic performance, difficulties with time management and organization, help with study and test taking strategies, test anxiety, etc. All academic support services provided by MU are offered at no charge to students enrolled in graduate nursing.

University Resources

University Resources

At Marian University, you will find many opportunities to engage with faculty, staff and peers both inside and outside the classroom. Specifically, we believe that you will find involvement in a student organization to be both personally and professionally rewarding. The Marian University Graduate Health Sciences Student Organization Manual is designed to provide you with resources and information regarding your experience with student organizations. You will find

information regarding establishing a new student organization, applying for a budget and funding, reserving space on campus for meetings and events, publicizing and marketing meetings and events, fundraising, campus safety, student travel, and more. To access the Student Organization Manual, please use the following link: Health Sciences Student Activities and Organizations Manual

Campus Ministry

Campus Ministry is an essential part of the mission of the total Church. It witnesses to the Gospel by teaching and preaching the Word of God, and by gathering the community for worship and service. It promotes theological study and reflection on the religious nature of humankind. This ministry sustains the faith community on campus with pastoral care, liturgical worship, and other prayer opportunities, and calls the University community to serve the needs of its members and the wider community. The director of campus ministry, the campus minister of music and liturgy, and a representative faculty student ministry committee coordinate the campus ministry services. All students, regardless of religious affiliation, are invited to participate in campus ministry activities. The Bishop Chartrand Memorial Chapel is the center for liturgical services on campus. Mass is offered daily Sunday through Friday. At the opening of each school year, and on the regularly established holy days, special all-community liturgical celebrations are scheduled.

Malpractice Insurance Coverage

Students are covered by Marian University School of Nursing professional malpractice insurance while participating in any required or elective course work at MU affiliated hospitals, affiliates or training sites. Students may participate in unique clinical opportunities outside of the regular curriculum only with prior written approval of the respective DNP track Program Director.

Mother Theresa Hackelmeier Memorial Library

The library is staffed by professional librarians whose goal is to meet the research needs of the Marian University community. It holds over 125,000 physical volumes and approximately 200 print journals. The library's electronic collection is vast; with subscriptions to over 100 databases, there is access to literally thousands of journals across multiple disciplines, and over 150,000 e-books. The health sciences collection includes 1500 electronic medical texts and more than 2700 journals. Interlibrary loan services are available to obtain materials from other libraries. Open computing stations and printers are located on three floors to accommodate student need and access. Study carrels, seminar rooms and an auditorium are also available. Student IDs are necessary to check out materials from the library, and log in credentials are required to access library resources both on and off campus. For more information about the library, please call 317.955.6090 or visit the website at http://www.marian.edu/library

Student IDs

Marian University student identification cards are available through the Marian University Police Department. Students may contact the Department at 317.955.6789 to confirm office hours. Students may pick up a student ID at no charge once the student has been officially accepted into the program. Student IDs are necessary to check out materials from the library, utilize the PE Center facilities, and attend sporting events.

Campus Safety

Campus Police Services Marian University Police are responsible for a full range of public safety services, including all crime reports, investigations, medical emergencies, fire emergencies, traffic accidents, enforcement of laws regulating underage drinking, the use of controlled substances, weapons, and all other incidents requiring police assistance. The Marian University Police Department is located on the first floor of the Ruth Lilly Student Center. This office may be reached by calling 317.955.6789. If additional assistance is necessary, students should directly contact the Assistant/Associate Dean of Student Affairs.

The Marian University Police provide 24-hour-a-day patrol protection to the campus, including parking lots and residence halls. Marian University police officers are vested with full law enforcement powers and responsibilities.

On-campus services provided by the department include a 24-hour escort service; victim assistance program; motorist assistance program; disabled vehicle program; crime alert program when there is a crime problem in a particular area; crime prevention presentations, emergency management, and safety.

NOTE: Students who may require assistance in emergency evacuations should consult with their instructor as to the most appropriate procedure to follow. If there are questions regarding such a procedure, contact the Assistant Dean of Student Affairs, Clint Whitson (cwhitson@marian.edu) or the Director of Academic Support Services for additional information

Parking during Clinical Experiences

During the course of study at LSON, students will visit, train in, and/or reside at locations off campus ("offsite locations") to further their education. LSON has no control over the safety and security procedures at these offsite locations. Students are to be mindful of their own safety and security and to familiarize themselves with the policies, practices and procedures regarding safety and security at these offsite locations.

Dining Services

For meal plan information and hours of operation, please visit the Marian University Aramark webpage for addition information.

On-Campus Housing

Students are responsible for their own living accommodations. There are currently several options available for graduate student housing on campus. Housing options are found here: https://www.marian.edu/Campus-Life/Housing-And-Residence-Life

Change of Name or Address

Notification of a change may be made in one of two ways: Obtain a Change of Name or Change of Address form directly from the Registrar's Office on the 1st floor of Marian Hall; or go the University's website: www.marian.edu/current-students/registrar. Students must submit the required documentation to facilitate the change.

Transcript Requests

Official transcripts can only be released to those who have satisfied all financial obligations to the university. To settle financial obligations prior to requesting an official transcript, students must contact the Business Office at 317.955.6020. Unofficial transcripts are available at no charge to students through the MUHUB student portal. Ordering Transcripts for Residency Programs General Transcript Ordering Process The transcript ordering process and fee information can be found on the MU Registrar's website.

Helpful Contacts

Office of the Registrar	First Floor of Alumni Hall	*Campus Ministry*
317.955.6050		317.955.6131
Room 104 - Marian Hall	*Campus Information*	Room 125 - Clare Hall
	317.955.6000	
Bookstore	Room 107 - Marian Hall	*CLEP and DSST Exam Testing*
317.955.6080		317.955.6150

First Floor of Clare Hall

Dining Services
317.955.6349 Rooms 121 and
122 - Clare Hall

Health Services
317.955.6154
Room 127 - Clare Hall

*Counseling and Consultation
Services Office*
317.955.6150
First Floor of Clare Hall

Library Computer Center
317.955.6225
Room 008 - Library Marian Hall

Computer Center
317.955.6069
Room 304 - Marian Hall

Mental Health Hotline
317.251.7575 for the MHA Indy
Crisis Line

*Mother Theresa Hackelmeier
Memorial Library*
317.955.6224

Office of Internships and Career
Services 317.955.6341
Room 119 - Clare Hall

Police Department/Student IDs
317.955.6789

Student Activities

Student Government Association
The MU student government association provides an opportunity for the expression of student views and interest; all currently enrolled students are members. The governing board, elected representatives of the student body, is designed to assist in providing for students' social, cultural and physical well-being and to help promote better educational standards. The student government association provides an opportunity for students to participate in the governance of the college. It also affords a means whereby students may gain experience and training through participation in community leadership, for student cooperation and communication with the faculty and administration, and for demonstrating that students may effectively and responsibly govern themselves.

Clubs and Organizations
Opportunities for student involvement are available through specialty areas of medicine, social interest, professional and nationally affiliated clubs and organizations. For a complete list of student organizations please contact the office of student affairs. Numerous opportunities are available to develop leadership skills, interact with students, faculty and staff, and to share in personally enriching experiences through participation in student government, clubs and organizations and in class offices. Students who wish to engage in these leadership opportunities must be in good academic standing. Please contact the Office of Student Affairs for more information about this requirement.

Participation in National and International Organizations
As students become engaged in local, regional, national and international organizations and associations, the opportunity may arise to be nominated for and serve in positions of national and international leadership. As these opportunities arise, it is essential that these students be of the highest academic achievement and professional character. As a result, any student seeking to serve in a position representing MU or LSON cannot be nominated from the floor, as eligibility must be established by the Assistant Dean of Student Affairs prior to acceptance of a position. The Assistant Dean of Student Affairs will give consideration to elements including, but not limited to, the student's academic record, professionalism and behavioral record, faculty recommendations and others. The Office of the Dean will provide a written response to the student regarding the student's eligibility. Please note that the Dean, Program Director, or the Academic Progress Committee may require a student to vacate any MU or LSON leadership role(s), national or international representative position(s), or travel opportunities if these activities are seen to interfere with the student's academic success.

Intramurals and Recreation

Consistent with students' needs and interests, the director of intramurals coordinates a comprehensive program of sports and recreational activities. For the active participant, activities are offered in team sports such as flag football, basketball, softball, volleyball, racquetball, tennis, and dodge ball. Opportunities for participation in low-intensity exercise programs are also provided in such sports as jogging, weightlifting, and aerobics.

Marian Permission to Use Student Likeness

Marian may use a student's likeness in the form of an image or video. Students may waive this by filing out the Student Image Waiver & opt Out Form (SEE Appendix D).

DNP Academic Policies

Declaration of Program or Track

A person can be admitted and accepted into either the FNP-DNP or CRNA-DNP track. Students must adhere to all pre-requisite requirements as stated in the course catalog and may not progress unless they meet these requirements.

Faculty and Student Roles

The role of faculty is to challenge and support the student to meet course objectives and program outcomes. The faculty facilitate, advise, and act as role models for the teaching/learning process.

The role of the student is to be an active, engaged learner in the teaching/learning process. Students apply, evaluate, synthesize the knowledge to practice, as well as critically think about their impact at the local, national, and global level. Students take responsibility for their learning by asking questions and initiating and seeking learning opportunities in conjunction with faculty.

Grading Scale

The Grading Scale for the Graduate Nursing Program follows that of Marian University.

Students are required to adhere to the specific academic requirements of courses, grades, portfolio submissions and final projects. A grade of 83% or above is considered passing.

A	93-100
A-	90-92
B+	87-89
B	83-86
B-	80-82
C+	77-79
C	73-76
C-	70-72
D	60-69
F	<60
S	Satisfactory
U	Unsatisfactory

Communication of Program Concerns

Students must be able to communicate clearly and effectively. This includes communicating respectfully and following the acceptable chain of command. Concerns should initially be communicated with the individuals involved (e.g. faculty), and only after unsuccessful resolution would participants take their concerns to the next level of the LSON

Communication Tier. A "program concern" is defined as a school issue **not related** to a course grade, progression or reporting sexual discrimination. The procedure for the unrelated concerns above can be found within the following documents:

- **Course Grade Concern see *Marian University Course Catalog: Grade Appeal***
- **Progression Concern see *Marian University DNP Program Student Handbook: Appeal Process: Progression Appeal***
- **Reporting Sexual Discrimination see**

https://www.marian.edu/title-ix

https://www.marian.edu/title-ix/reporting-forms

Program Grievance

The student should follow the appropriate communication channel as the need arises for program grievances.

A grievance is an allegation filed by a student against the DNP program or member of the faculty, staff or administration of LSON that pertains to an alleged violation of a student's academic rights. A grievance may include a request to review an academic evaluation when there is an allegation that the evaluation is based, entirely or in part, upon factors other than good faith judgment of academic performance.

A grievance cannot be filed on the basis of dissatisfaction of final grade or upon the basis of the content knowledge of a faculty member. The student cannot proceed to the next tier until meeting with the previous tier.

LSON Communication Tier:
1. Clinical Coordinator/Course Faculty
2. Program Directors
3. Dean of the School of Nursing

Grievance Appeal Procedure

If the program grievance that cannot be resolved with the Program Director or Dean, the decision can be appealed and must be filled out in writing. The student must then present it to the Assistant Provost within 3 business days of the Dean of LSON's decision. The Assistant Provost has the final decision.

Program Progression

The curriculum sequencing for the graduate programs provides the best opportunity for student learning and is evaluated on a longitudinal basis. The course catalog will identify specific required prerequisites and co-requisites for individual courses. The following circumstances may affect student progression:

1. Student progress is monitored by faculty advisors throughout the graduate nursing programs. Progress notes will be completed by faculty advisors and program directors and kept in the student's file.
2. A minimum grade of B (83%) in all graduate nursing courses is required to progress. Below this threshold is considered a failure. A student earning a grade lower than 83% has failing grade. Therefore, will be subject to dismissal from the Graduate Nursing. If a student earns less than an 83% in two or more courses, they are dismissed from the program. If a final grade percentage is less than a whole number, grades are not rounded (e.g. a final grade of 82.9% is an 82% submission to the registrar)
3. With approval of the Program Director, a student may repeat only one graduate nursing course throughout the entire program. A repeat is defined as taking the identical course a second time after completing it with a final course grade the first time.
4. Students may withdraw only once from a graduate nursing course.

5. If a student fails or withdraws from a course, the student may appeal to the Admission, Progression and Graduation (APG) Committee for consideration of progression. The APG Committee may recommend an academic plan for remediation and progression or dismissal from the program.

Program Dismissal

The following circumstances may result in dismissal from the program:

A student violating the professional code of conduct results in dismissal from the Graduate Nursing Programs, e.g., illegal possession of drugs; impairment due to the use of drugs and alcohol; conviction of a criminal act; failure to notify the Dean of the School of nursing of a change in criminal status after the submission of a background check; suspension or revocation of professional license; unsafe or negligent patient care; violation of the Code of Student Rights and Responsibilities.

Dismissal Appeal

A student that is notified of dismissal may appeal the dismissal using the following process:

1. The student meets with their faculty advisor to discuss the appeal.
2. A letter addressed to the APG Committee stating the appeal, reason for circumstances leading to dismissal, and plans for reconciliation/remediation.
3. Corroborating evidence related to the reasons for circumstances leading to dismissal are attached, if available.
4. All documents are sent to the APG Committee for review at least 3 days prior to the scheduled meeting date and time for review.
5. The appeal is presented at the APG Committee meeting by the student with faculty advisor present, if possible.
6. Questions may be asked of the student and faculty advisor.
7. The student is excused from the meeting for committee deliberation.
8. Deliberations, review of provided documents, and majority vote determine the decision.
9. A written response from the APG Committee will inform the student of the outcome.

APG Dismissal Decision Appeal

1. If a student's appeal is denied by the Admission & Progression Committee, a student may choose to continue their appeal in writing to the Dean of LSON.

2. If the student's appeal to the Dean of LSON is denied, the student may appeal in writing to the Assistant Provost. The Assistant Provost has the final response with no further opportunity for appeal.

3. If a student is dismissed from a graduate nursing program, he/she is ineligible for re-admission to the graduate nursing program for a period of five years. The student may petition the APG Committee in writing for readmission consideration and decision if fewer than five years have elapsed. After five years, the student would submit a letter of appeal to the APG Committee containing academic record and explanation/rationale for re-admission.

Program Withdrawal

A student may withdraw from the university according to the guidelines in the Marian University Course Catalog.

Re-Admission to Program after Withdrawal

Students who have withdrawn from Marian University in good standing and meet readmission requirements may apply for re-admission based on the following:

1. Requirements
    a. An overall GPA of 3.0 out of 4.0 at time of withdrawal.
    b. Complete the university admission process.
2. Once the above requirements are completed, re-admission to the school of nursing is at the discretion of the APG Committee.
    a. Students must present the request in writing to the APG Committee for readmission consideration.
    b. If students are readmitted, they will be bound by the current handbook at the time of re-admission.
    c. Students will be re-admitted provisionally. If more than one semester has elapsed since completion of the last nursing course, students may be asked to retake a course or show competencies of previous work to be readmitted. The timeframe for re-admission after will defer to Admission's re-admission process which can current be found on the [Non-degree and Re-admissions webpage](#).

Code of Conduct

The graduate nursing student is bound by the Marian University policies for proscribed (inappropriate) conduct as detailed in the Marian University [Code of Student Rights and Responsibilities](#). The graduate nursing student is also expected to adhere to the following LSON Code of Conduct. The Marian University graduate nursing student will:

1. Exhibit courtesy. This courtesy will be evidenced by positive, dignified, sincere, thoughtful consideration for self and others in word and deed.
2. Follow rules and regulations of affiliating institutions as well as those of Marian University. The student will work within the organizational structure and will act on principles rather than personal opinion.
3. Exemplify the Franciscan Sponsorship Values as reflected by respect for the university, clinical facility, nursing programs, peers, and faculty.
4. Strive always to protect the rights of the patient and family. This includes the patient's right to privacy as well as the rights defined in the Patient's Bill of Rights. The patient's medical record and behavior reflect privileged information, which must not be discussed outside of legal and ethical usage. Students will adhere to clinical site policies related to acquisition and use of patient data.
5. Always reflect self-dignity and respect for others. The student will refrain from vulgar or profane language and suggestive or obscene gestures.

Student Conduct Violation Policy

LSON requires that when a student enrolls, a commitment is made to abide by university policies and to participate in their revision by established procedures. The policies are based on the university's foundational values. The Office of Student Affairs assists students, faculty and staff in formulating guidelines intended to maintain an atmosphere conducive to attaining educational goals. This office is responsible to the administration of the Code of Students Rights and Responsibilities, which is made available to students in the [Office of Student Affairs and on the university's website](#).

DNP Student Testing Policy

This policy applies to all DNP examinations, including but not limited to, written exams, practical exams, OSCEs, Simulations, etc.

Acceptable Testing Materials
- Students will be allowed to have ONLY the following at their desk or testing station during examinations:
    o electronic testing device (e.g. iPad, Microsoft ® Tablet, or computer)
    o 1-2 writing utensils
    o nonelectronic noise cancelling ear plugs

- o Bluetooth-enabled keyboards for use during assessments when using iPad or tablet devices (keyboards will not be provided by Marian University).
- Students must place personal items under the testing table/station or as directed by the course instructor or test proctor. Students cannot leave items in open areas in EC.
- One sheet of scratch paper is provided to each student. Upon completion of the exam and exiting the exam room, the student must print his/her name on the paper. If he/she agrees with the Code of Conduct statement, he/she will sign the scratch paper and return it to the proctor.
- Students may not talk once the test has begun.
- Food and drink are not permitted in the testing room. Clear containers may be permitted with the consent of the course director.

Use of Restrooms

- Students may be expected to sign a restroom break log before leaving and upon returning to the examination site.
- Only one student may leave the room at a time.
- No additional time will be added to the examination period to compensate for restroom breaks.
- Due to the special nature of laboratory exams, restroom breaks are not allowed during testing.

Assigned Seating

Course directors may implement assignment of seats. Assigned seat will be assigned no later than the scheduled start time of the exam. Proctors and course directors reserve the right to move student who are engaging in distracting behavior.

Questions Asked During Examinations

Proctors will not answer questions regarding examination content. If a student thinks there is an error in a test question, proctors will instruct the student to answer the question to the best of his/her ability with the information provided.

Testing Times

Students must be in their seats and ready to start the examination on time. The course director will determine if students with extenuating circumstances will be allowed to take an examination outside of the official examination date/time. If a student arrives late, the Course Director will determine if the student will be permitted to take the examination. If the student is permitted entry into the examination, no extra time will be provided.

If an exam is missed due to extenuating circumstances, the course syllabus will define the circumstances and procedures for addressing this issue.

Technical Issues

- Students experiencing technical issues must immediately report (and show if possible) the issue to the Course Director and/or proctor who may request technical support during the examination.
- Every effort to ensure timely resolution of issues will be made. Students who experience technical issues with software or hardware will be provided full time for an examination.
- Upon completion of the examination, the course director and/or proctor may report to Marian University IT Help desk and Program Director.

NOTE: To avoid technical issues, student should troubleshoot concerns prior to the test date ensuring all programs and internet connections are working properly.

Practical, OSCE, Simulation Examinations

- Students cannot share (verbally or in writing) any details of the examination with students who have not completed their assessment. This includes, but is not limited to, case details, patient information, rubric grading, and verbal feedback from graders or standardized patients.

- Students must leave the examination room immediately after submitting their exam, unless directed otherwise by the course director.

NOTE: Course directors may change the testing policy or course schedule at any time based on course needs (e.g. virtual courses, COVID concerns, weather concerns, etc.).

Failure to follow the Testing Policy or the Student Code of Conduct may be reported in accordance with institutional policy

Attendance

Inclement Weather
During the didactic portion of the program, weather warnings are sent by Marian University.
Closures due to inclement weather will be decided accordingly, an email or text message notification will be sent. Clinical attendance will follow the Marian inclement weather policy.

During the clinical portion of the program, students in clinical rotation are expected to be in their respective clinical sites dependent weather disturbances. As students are considered "non-essential personnel," proper judgment should be exercised in reporting to the clinical site.

Holidays
Observance of holidays during didactic and clinical practicum will follow the academic calendar. School breaks in the academic calendar will follow your specific track policy.

Jury Duty
Students will be excused from course work contingent upon receipt of valid documentation from the appropriate agency or County Clerk's Office. Documentation should indicate specific information regarding days required for Duty. Students must make up the missed clinical time and are responsible for any missed course work.

Suspected Impairment
LSON adheres to the drug and alcohol use policy articulated in the MU Code of Student Rights and Responsibilities and to the expectations of our clinical partners as articulated in our affiliation agreements, but the special needs Leighton School of Nursing requires additional procedures for handling the suspected drug/alcohol impairment of students enrolled coursework designated as clinical, practical or laboratory courses.

Due to the nature of the course of study, students enrolled in LSON clinical/practical/laboratory courses must not be under the influence of any substance (regardless of whether the use of substance is legal or illegal) which impairs or is likely to impair their clinical judgment while in the patient care, clinical, practical or laboratory setting.
If not governed by the language of a clinical affiliation agreement, suspected impairment must be reported to the Assistant/Associate Dean of Student Affairs, or designee. The report should include the reasons why there is a concern or reasonable suspicion of impairment.

LSON will require students to submit to drug and/or alcohol testing "for cause" based upon reasonable suspicion of substance use, the unauthorized use or possession of alcohol/drugs on campus or at a health care setting, or the use of or possession of illicit drugs at any time. Impacted students may be required to submit to a blood and/or urine analysis immediately at their own expense. In addition, a specific lab may be required by the Assistant/Associate Dean of Student Affairs, or designee.

The results of the test must be submitted by the lab to the Assistant/Associate Dean of Student Affairs, or designee, within twenty-four hours of receipt. Positive results will be reviewed and appropriately referred for any additional actions or sanctions.

Failure of the student to submit to a drug test once they have been notified will be considered a positive test and all corresponding sanctions will apply. A failure to submit to a mandatory screen is grounds for immediate dismissal from the program.

Every effort will be made to keep the results of alcohol and drug testing confidential, but there may be instances where results may be used for administrative hearings and court cases and may be sent to state and /or federal agencies as required by applicable law.

Emergency Absences
In the event of a death in the immediate family, two days of personal leave is allowed. Emergency absences are granted or extended at the discretion of the program director.
Immediate family is defined as spouse, children, and parents. Other requests for emergency absences regarding deaths in the family will be granted at the discretion of the program director.

Illness
Students who become ill during the didactic portion of the program must notify the course instructor of an absence. If the absence occurs during the clinical practicum, the student must notify the clinical practicum instructor and the clinical practicum site coordinator via phone (notification at clinical site may not be done via email). Students MUST contact their site if missing a clinical day. The student should notify the clinical coordinator at their clinical facility by 6:00 am on the morning of the absence. The student should make a concerted effort to speak with the clinical coordinator directly. If the clinical coordinator cannot be reached, the student should attempt to contact and speak directly with a staff member at the clinical site and leave a message for the clinical coordinator.

Please consult site–specific policies regarding call-ins. Clinical deficiencies related to illness or other absences must be made up prior to the end of the academic semester. Failure to do so will result in an "incomplete" grade for the clinical course until the absences are made up. Clinical faculty and site should be notified no later than 3 hours prior to expected arrival time unless otherwise stated by the facility.

If the student expects to be absent for greater than two days due to illness, that student must notify the program director, as well as the clinical site coordinator. An expected return date should be identified. The program director reserves the right to ask for a healthcare provider note and documentation of illness and missed time for any absences.

Student absence(s) due to illness during the clinical practicum components are required to be rescheduled and are the responsibility of the student; therefore, student should work with the clinical faculty, facility and preceptor to determine a time to make up missed practicum hours.

Pregnancy
Students who are pregnant should contact their program director and connect with the Personalized Learning Center (PLC). The PLC will help ensure the student is aware and able to access any applicable Title IX resources.

Policy on Military Duty

Should the student be called for active military duty while in the program, the student will be excused from didactic and/or clinical obligations upon receipt of valid documentation of deployment. The documentation should indicate the amount of time the student is expected to be away from his/her academic commitment. It will be essential that the student works with the Program Director prior to deployment to determine a re-enrollment plan. Post deployment, the student will be accepted back into the program.

Leave of Absence

A leave of absence is a temporary interruption of academic progress, granted for up to one year at a time, which does not compromise academic objectives determined by the academic program. A leave of absence is defined as any period of time in which a student is not registered for courses and, by this action, may delay his/her expected advancement to the next year and/or expected graduation date. The Dean and Program Director, with advisement of the Dean of Students of each academic program is designated as the granting authority for leave of absence determinations.

Below is the process for Leave of Absence:

1. The student must submit the request, including the reason for the request, in writing to the appropriate granting authority.
2. A Leave of Absence must have both a start date and an end date.
3. A Leave of Absence cannot be granted retroactively.
4. The student must obtain clearance from student service departments (Financial Aid Office, Student Housing, Business Office) before the granting authority can finalize the approval. This requirement may be waived only if the granting authority determines such a waiver is in the best interest of the student.
5. A student on Leave of Absence is defined as being in good academic standing with the university.

Unauthorized Leave of Absence or failure to return from a leave may result in an administrative withdrawal of the student.

Didactic Course Transfer Credit

Students may transfer up to 20% total track credits with a minimum grade of B from another institution with approval by the APG and lead course instructor. Other considerations include:

1. Previous graduate course work where the credit was applied to a conferred degree will not be accepted as transfer credit in the graduate nursing programs.
2. The transfer credit(s) must be granted by an accredited institution approved by one of the regional accreditation bodies for higher education and must meet the quality of courses offered at Marian University.
3. The credit hour accepted for transfer is not below the requirements of the program.
4. The specific hours of transfer credit are awarded on an individual basis.
5. No transfer of credit is automatically given.

Clinical Course Transfer Credit

No Nurse Anesthesia or FNP course credits (NSG 600 level series) will be accepted for transfer.

Minimum Technical Requirements

The LSON Graduate Nursing Program is committed to the admission and matriculation of qualified students and does not discriminate on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, national origin,

age or disabilities, and religion. Regarding disabled (or physically challenged) individuals the College will not discriminate against such individuals who are otherwise qualified, but the College expects that minimal technical standards be met by all applicants and students as set forth herein. Students must have the ability to see, hear, and touch independently to optimally assess the physical, mental, and emotional status of patients. Where a deficiency occurs, it must be compensated with the aid of prosthetics to the extent that the student's functioning is equal to that of a non-impaired student. Reasonable adaptations are those that will enable the student to function independently and, when necessary, in a team-like fashion with other health professionals in an unimpaired manner.

The following standards reflect what has been determined to be reasonable expectations of graduate nursing in performing common and important functions, keeping in mind the safety and welfare of the patients for whom our graduates will care. Individuals who have any concerns should discuss them with the Director of the Personalized Learning Center prior to application.

Sensory

- Discriminate variations in human responses to disease using visual, auditory, tactile, and other sensory cues.
- Discriminate changes in monitoring devices and alarms using visual and auditory senses.
- Communicate clearly and effectively in English through oral and written methods with other healthcare providers and patients of all ages.
- Comprehend written and verbal communications in English.

Motor

- Demonstrate sufficient motor function to elicit information from patients by palpation, percussion, and other diagnostic measures.
- Demonstrate sufficient gross and fine motor function to perform general and emergency care. Examples of emergent motor functions are cardiopulmonary resuscitation, administration of intravenous fluids and medications, management of an obstructed airway, hemorrhage control, and wound closure.
- Sufficient stamina to stand or sit for prolonged periods of time.
- Respond appropriately to alarms and changes in patient conditions that require physical interventions.

Cognitive

- Use reason, analysis, calculations, problem solving, critical thinking, self-evaluation and other learning skills to acquire knowledge, comprehend and synthesize complex concepts.
- Interpret information derived from auditory, written and other visual data to determine appropriate healthcare management plans.
- Apply theoretical knowledge to practice.
- Comprehend, memorize, and recall a large amount of information without assistance, to successfully complete the curriculum.
- Comprehend and understand spatial relationships to succeed in the curriculum and to administer healthcare.
- Identify patterns and prioritize important information to problem solve and make decisions in timed situations and in the presence of noise and distraction.

- Demonstrate personal and professional self-control as well as tactfulness, sensitivity, compassion, honesty, integrity, empathy, and respect.
- Work flexibly and effectively in stressful and rapidly changing situations.
- Cooperate with other members of the healthcare team to provide a therapeutic environment and safe patient care.
- Function without the aid of medications that are known to affect intellectual abilities and judgment.

NOTE: In physical diagnosis, as well as other clinical laboratories where skills are acquired, students may be required to participate in the examination of fellow students of all genders who may be partially disrobed. These are requirements for all students, regardless of beliefs, in order for the student to acquire the skills necessary to safely act as advanced provider. Students who have any concern should discuss them with the Associate Dean for Strategic Partnerships prior to applying to the DNP program.

Minimum Technology Requirements

To have a successful experience in an online or hybrid course, students are responsible for the following minimum system requirements:

1. Internet connection (speeds ≥24 Mbps upload/download strongly recommended)
2. Integrated or external webcam with microphone
3. Ability to send scans of paper documents (i.e. using a smart phone with camera or scanner)
4. All documents and images should be sent in doc., docx., or pdf. format unless otherwise discussed with course faculty. Images and documents in the form of a jpeg., jpgs., etc. may not be accepted.

Requirements of a Windows PCs
- Webcam with microphone
- Processor – Intel i3 (i5 or higher recommended) or AMD equivalent
- Operating system – Any version of Microsoft Windows 10 except Home (Pro, Enterprise, Education)
- Memory – 8 GB or higher
- Hard drive – 256 GB or larger (SSD preferred)
- Software available via MU licensing– MU Microsoft 365 app suite, Respondus Lockdown browser with monitor, Cisco WEBEX, Marian Student Canvas, Acrobat Pro DC, software as recommended per specific courses.

Requirements of a Mac Computers
- Webcam with microphone
- Processor – Intel i3 (i5 or higher recommended)
- Operating system – Mac OS 10.13 or newer
- Memory – 8 GB or higher
- Hard drive – 256 GB or larger (SSD preferred)
- Software available via MU licensing) – MU Microsoft 365 app suite, Respondus Lockdown browser with monitor, Cisco WEBEX, Marian Student Canvas, Acrobat Pro DC, software as recommended per specific courses.

NOTE: Some devices are not supported, please check with Marian University IT Help Desk (ctl@marian.edu) for the most updated list of supported devices and software.

Each student will receive an iPAD at the start of the program. This service contract governs the hardware/software service and technical support provided to you by the Marian University IT Help Desk.

<u>Accidental Damage from Handling</u>:

If the iPad is damaged due to accidental use ("ADH"), any repairs or replacement cost will fall to the responsibility of the student.

<u>Technical Support:</u>

Marian University Help Desk will provide you with access to telephone and in person technical support. Technical support may include assistance with installation, launch, configuration, troubleshooting, and recovery (except for data recovery).

<u>What is not covered:</u> iPad that are damaged by abuse, misuse, fire, accidental drops, lost or stolen are not covered. Service on the iPad should be completed by a MU Helpdesk Technician or a representative of Apple or an Apple Authorized Service Provider ("AASP"). The Terms of Service does not apply to defects caused by normal wear and tear or which is otherwise due to normal aging of the product.

DNP General Information

DNP Learning & Study Space Information

Evans Center Labs

Various labs are located on the second floor of the Michael A. Evans Center for Health Sciences to facilitate the rich educational experiences faculty of the Leighton School of Nursing values for its students. The Louis C. Gatto Nursing Resource Center (NRC) Skills Labs have areas for both didactic instruction and hands-on skills practice. The Hill-Rom Open Practice Room allows for study and independent skills practice. The Computer Lab has thirty-five computer stations for instruction, testing, and independent study. The Hill-Rom Simulation Center faculty and staff provide multidimensional clinical skills and simulation experiences for students.

Simulation in healthcare is the art of imitating processes and/or systems that a nursing student must prepare to encounter. These simulated experiences can provide safe environment, in which to make mistakes and reflect on their learning. Opportunities for skills practice, equipment operation, critical thinking, clinical reasoning, clinical judgment skills, and teamwork can be provided. The hands-on practice and team debriefing that follows each simulation reinforces learning.

The following must be observed:

1. Students require proper orientation to the labs. Orientations are provided upon request to Nursing Resource Coordinator and Simulation Staff.
2. All participants must act in a manner as outlined in Marian University's Code of Student Rights and Responsibilities.
3. Adherence to the dress code is required during simulation and skills labs.
4. Graduate nursing students are required to sign in and out on the log in the Open Practice Room when practicing outside their scheduled clinical lab time.
5. No invasive procedures on faculty, staff or students are to be performed in any of the labs. Sharps must be disposed of in sharps containers. Full sharps boxes are to be handled by lab employees only. Any injury is to be reported immediately to faculty or staff and the accidental injury form must be submitted. See injury report form (see Appendix E) for procedure. After hours, students are to call Campus Police at 317.955.6789.

6. No eating or drinking is allowed in any simulated patient care area. Hand washing and/or foaming is required in all clinical settings. No pens are allowed while working with mannequins or models, i.e. pencils only. Beds are to be occupied only by mannequins or persons role- playing. No shoes on bed. Unoccupied beds in Skills Labs are to be left orderly, in low position, side rails down, wheels locked as in a clinical setting. Equipment is to be used only for purposes specified; anyone who fails to comply will be asked to leave the area.
7. Any equipment malfunction must be reported to the lab personnel or faculty immediately. Equipment or resource materials must remain in its specified lab area, unless signed out by faculty/staff. The computer lab is a quiet zone, i.e., limited conversation and no calls. All areas must be left clean and neat. Children and pets are not permitted unless part of a learning experience.

Evans Center Study Space Agreement

The Lecture Halls (150 and 151) and all first-floor classrooms are considered "Silent Study Space" during building operating hours, exceptions include: scheduled classes, school sponsored events, and scheduled presentations or meetings. These rooms may not be reserved for individual or group study.

In addition, students are able to utilize group study rooms throughout the second floor. These can be reserved or utilized during building hours of operation.

Library Study Space Reservations

Students can reserve study spaces in the library here Library Study Space Reservation.

Universal Precautions

All students enrolled at Marian University who are involved in clinical rotations must complete the Graduate Nursing Student Module on universal precautions annually and uploaded into Complio. The purpose of this program is to ensure that students have been informed of the appropriate handling of blood, tissues and body fluids during training.

Appropriate review of universal precautions will be provided by clinical departments during the orientation at each clinical site. As part of professional development, students will be responsible for incorporating these precautions into the routine practice while in patient care situations and for being certain that students understand what is available at each hospital as they rotate from one clinical rotation to another. In the event students have contact with blood, unfixed tissue or body fluids, these are the steps that should be taken:

1. Remove soiled clothing and administer immediate first aid at the worksite (wash skin/flush eyes 10-15 minutes, etc.). Remove contact lenses if eyes are exposed.
2. Notify preceptor or supervising clinical staff or site coordinator.
3. Obtain name, medical record number and location of patient source.
4. Report, in person, immediately to the designated location at the hospital site where you are rotating for follow up treatment (i.e., Employee Health Service, Infectious Disease Service and/or the Emergency Department).

Anti-viral prophylaxis, if elected, for HIV+ exposures should be initiated within 2 hours of exposure if possible. If you are not successful seeking immediate assistance, contact the Clinical Practicum Instructor as soon as possible.

Accidental Exposure

The student will encounter some level of risk of exposure to infectious diseases in the clinical practicum phase of the program. There is no way to eliminate all risk and still provide students with the necessary clinical practicum experiences needed to meet the student competencies.

Students will receive training in universal precautions and other risk reduction behaviors before beginning courses with a clinical practicum experience component. If a student is accidentally exposed, e.g., by a needle stick, this policy outlines the procedures that should be followed by the student and the program/course facilitator.

Training

- The student will complete a training session on universal precautions and receive a reference summary sheet. OSHA guidelines will be used as a basis for this information. This is to be performed annually
- All students will sign a document acknowledging that they have completed the universal precautions training and provide the certificate of completion before permitted to interact with patients.
- All documentation will be kept on file in the Leighton School of Nursing for as long as the student remains in the program.

Prevention

- Students will provide the program with proof of standard immunizations, including immunization against Hepatitis B and testing for tuberculosis (PPD), before the clinical practicum phase of the program. See "Health Requirements" for full list of requirements.
- If a student has not been properly immunized, the student will (at the student's expense) be required to visit a clinic or their private practitioner to complete the requirements.
- Proof of immunization will be forwarded to the clinical sites prior to the start of the rotations.

Any student who is exposed to blood or body fluids should alert his/her supervising clinical staff immediately. Such exposures may include needle stick injuries, splashing of mucosal membranes, i.e., into the eyes, or contact of fluids from an open wound. Once the preceptor or supervising clinical facilitator has been notified, the student should follow the guidelines of the clinical site where the exposure occurred AND complete the Accidental Exposure Form (SEE Appendix E).

The protocol may require reporting to the emergency room where the wound or eyes can be irrigated. The student can receive information and counseling regarding further proper treatment and laboratory evaluation. Depending on the type of exposure, the student may be advised to receive one or several pharmacologic agents that may reduce the risk of contracting a disease. When a student is accidentally exposed to a potentially infectious agent during the course of regular educational activities for the program, the student is responsible for all treatment and follow-up costs.

HIPAA Training

HIPAA Training is required annually and can be found in electronic format on Canvas. Proof of certification is required prior to student clinical and simulation attendance.

Integrity Statement

Each student is required to review the student handbook and integrity modules set forth by his/her/their prospective track. Integrity modules are completed once student sign the Integrity form and are required annually.

Track-Specific Information

DNP Family Nurse Practitioner Track

Purpose

The *Guide to Practicum* is a supplement to the Graduate Nursing Student Handbook and the Marian University Graduate Student Catalog. It details information about policies, procedures, and expectations relating to the FNP track. All handbooks and catalogs are accessible via the internet at www.marian.edu and your student canvas course. If you have questions about the content of this handbook or the FNP track, please direct all inquiries to the program director.

FNP Track Description

The FNP curriculum prepares registered nurses for advanced clinical practice and leadership roles. Graduates of the program are equipped to deliver compassionate and evidence-based acute and chronic healthcare to the individual and family across the lifespan. The 71-credit hour program is composed of NP core, FNP, and DNP courses.

The National Certification Examination

The program prepares students to meet the educational eligibility requirements to take a national certification examination. FNP certification examinations are offered by the American Academy of Nurse Practitioners Certification Board (AANPCB) and the American Nurses Credentialing Center (ANCC). The student is responsible for all costs and fees associated with the FNP certification examination.

Professional Accreditation

The FNP track of the DNP program is currently accredited by the Commission on Collegiate Nursing Education (CCNE), a national accreditation agency recognized by the U.S. Secretary of Education and the Council on Higher Education Accreditation.

Technical Standards

Together with the applicable academic and accreditation standards, the graduate nursing faculty have established certain abilities and characteristics as the minimum technical standards for the FNP program. FNP students must meet these technical standards for admission, matriculation and graduation, which may include, but are not limited to, sensory, motor, cognitive and behavioral. These standards may be met with or without reasonable accommodations (*see Minimum Technical Requirements*).

Integrated Curriculum

The clinical courses in the FNP track are structured as an integrated curriculum. You must pass both the didactic and clinical portion of the course in order to be successful in passing the course, progress through the plan of study and to remain in good standing with the university. The clinical portion of each course in the FNP program is Pass/Fail.

Sample Curriculum Sequence

Doctor of Nursing Practice FNP Plan of Study

YEAR 1 Summer	CR	Fall	CR	Spring	CR
NSG 502 Theoretical Foundations of Nursing Practice	3	NSG 504 Advanced Pharmacology	3	NSG 510 Epidemiology for Advanced Practice or Equivalent (BMS 512 Epidemiology and Public Hlth)	3
NSG 503 Advanced Physiology and Pathophysiology	3	NSG 506 Advanced Health Assessment	3	NSG 701 Analytical Methods for the Translation of Evidence into Practice	3
NSG 602 Scientific Foundations for the FNP Role	3	NSG 507 Nursing Research	3	NSG 705 Information Management to Improve Healthcare	3
Total	9	Total	9	Total	9
YEAR 2 Summer	**CR**	**Fall**	**CR**	**Spring**	**CR**
NSG 604 Clinical Differential Judgment & Diagnosis	3	NSG 505 Policy, Organization and Finance of Health Care	3	NSG 674 Primary Care Across the Lifespan II	3/3
NSG 702 Program and Systems Planning for Quality Improvement	3	NSG 672 Primary Care Across the Lifespan I	3/2	NSG 704 Professional Leadership and Collaboration	3
NSG 608 Integrative Behavioral Health and Family Systems NSG	3	NSG 706 DNP Project 1 - Assessment	1	NSG 707 DNP Project 2 - Implementation and Evaluation	1
Total	9	Total	9	Total	10
YEAR 3 Summer	**CR**	**Fall**	**CR**		
682 Current Events in Primary Care	1	NSG 610 FNP Comprehensive	1		
NSG 676 Primary Care Across the Lifespan III	3/3	NSG 678 Primary Care Immersion	1/6	**Total Program Credit Hours**	**71**
NSG 708 DNP Project 3 - Dissemination	1				
Total	8	Total	8		

The Clinical Practicum

Students enter clinical practicum courses and receive clinical education and mentoring from preceptors. It is important to understand the student roles and responsibilities, as well as what students can expect from their preceptors and clinical faculty. Students are representatives of Marian University, the LSON, the DNP, and the FNP program. Therefore, students must demonstrate professional behavior, dress appropriately, and prepare for the clinical day when in the clinical practicum placement setting.

Student Role

Students are expected to be self-directed, internally motivated, and work within the framework and policies of Marian University, LSON Graduate Studies Department, the DNP program and assigned clinical agencies. Students will receive a timeline of all American DataBank (Complio) deadlines and requirements at orientation. Specific tasks of the student include:

1. Maintain all clinical practicum requirements using Complio, which is a student background check, drug screening, and immunization tracking system. Complio enables the program administrators to capture and track background screening results and health records to ensure compliance with clinical site requirements for immunizations, certifications, insurance and other documentation. Students who are admitted to the program will receive an email invitation from Complio to set up a student profile. Once a profile is established, the student is able to upload all required documentation. Refer to *Clinical Practicum Documentation* section for all requirements.
2. Provide current student information (if requested) to agency/institution department responsible for student learners.
3. Provide course description and objectives, syllabus, *NP Student Clinical Evaluation Form* and clinical requirement documentation (upon request) to the clinical practicum preceptor. Share

necessary information with preceptors. Although faculty will share the objectives for a particular clinical course with the preceptor, the student is responsible for a) clarifying the level of the course, and expected clinical outcomes, b) identifying his/her own learning needs, and c) seeking assistance from the designated preceptor for each clinical session.

4. Maintain and review clinical practicum hours and patient encounter information.
5. Complete the *Student Evaluation of Clinical Practicum and Site* Form for all Clinical Practicum Preceptors & Site

In addition, the clinical practicum site may have additional requirements such as attending an agency/institution-specific orientation at the outset of the clinical practicum experience. It is essential that students comply with all agency/institution-specific requirements.

FNP Clinical Hours

FNP students will complete a total of 630 hours with a preceptor in clinical practice across 4 clinical courses

- NSG 672 Primary Care Across the Lifespan I (90 patient clinical hours)
- NSG 674 Primary Care Across the Lifespan II (135 patient clinical hours)
- NSG 676 Primary Care Across the Lifespan III (135 patient clinical hours)
- NSG 678 Primary Care Immersion (270 patient clinical hours)

During these clinical experiences, students may utilize up to 20% of the hours as consultation time with their preceptors reviewing diagnoses, labs, and treatment plans for which they are not physically involved in direct patient care in order to enhance their understanding of the critical thinking process involved in developing plans of care (not to exceed 120 hours of the total 630 hours of clinical experience). In addition, they will complete 370 indirect clinical hours for a total of 1000 clinical hours needed to complete the DNP requirements.

Definitions according to the 2016 Nursing Taskforce Criteria for Evaluation of Nurse Practitioner Programs:

- <u>Direct Patient Care</u> – care that involves assessment, diagnosis, treatment, and evaluation of real clients or patients–not simulations or lab exercises with trained client/patient actors.
- <u>Indirect Patient Care</u> – Teaching that occurs face-to-face with the student in one-on-one direct client/patient care situations (e.g., demonstration, example, role modeling, or coaching).

NOTE: A complete listing of clinical hours and/or experiences is required for eligibility to take a national FNP certification exam, and perhaps, board certification applications, application for state certification, and/or hospital credentialing.

Preceptors

The FNP program identifies and uses preceptors who meet preceptor selection criteria, ensuring congruence with the NTF Evaluation Criteria. All preceptors are selected because they have the educational and experiential background necessary for effective precepting. The student and the preceptor are required to sign the Student-Preceptor-Faculty Agreement form (SEE Appendix B) before beginning their clinical practicum.

Documentation of Clinical Practice Hours

Students must maintain and review clinical practicum hours and patient encounter information using Medatrax to ensure that these requirements have been, or will be, met prior to graduation. Medatrax is a HIPAA compliant, web-based electronic nurse practitioner student tracking system used to record clinical practicum hours. It is the student's responsibility to maintain the clinical hours log using Medatrax and obtain the preceptor's signature at the designated time during the semester/clinical practicum that validates the completion of the clinical hours as indicated by the student.

If the student is in a specialty that is not limited to one age group but includes a broad scope of practice, e.g., primary care, the student should seek clinical faculty counsel as to recording of the hours for each age population seen e.g., pediatrics, OB/GYN, adult medicine. The student will enter patient encounter information such as demographics, clinical information, diagnosis and procedure codes, medications and brief clinical notes. Students are not to use actual patient identifying data such as names, initials, or birthdates.

Assigned faculty will monitor Medatrax to ensure that the total number of hours recorded meet the requirements for each clinical course. Please refer to the individual didactic course guidelines in the course syllabus for documentation requirements. Each role performance course has specific objectives that must be met in order to progress through the program.

APRN specialty (needs-based) clinical experiences are permitted in the Primary Care Immersion offered in the final semester, up to a total of 90 of the 270 hours required for the course. All NSG 678 clinical practicum experiences are discussed by the program director before scheduling, considering student interests, community needs, and preceptor availability.

Student Accountability

Accountability for practice is a crucial aptitude of family nurse practitioners. Students in the DNP FNP track are expected to accept the same level of accountability in clinical practicum courses. Accountability includes the following:
- knowing and practicing safety measures,
- using evidence-based and national standards,
- providing quality care,
- placing the patient first, and
- reading and becoming knowledgeable of the FNP program entry level clinical competencies, i.e., Nurse Practitioner Core Competencies (NONPF, 2012) and Population-Focused Family Nurse Practitioner Competencies (Population-focused Competencies Task Force, 2013).

Clinical/Practicum Hours Expectations

While in the clinical practicum course sequence, FNP students should expect to spend several full days per week in the clinical environment. If a student maintains employment during the clinical sequence, flexibility with scheduling is necessary to fulfill clinical and academic requirements. The schedule of clinical practicum hours is at the convenience and availability of the preceptor. Students are not to ask preceptors to conform to a schedule that meets the student's personal and employment needs. The student's personal and work schedules must accommodate the required clinical hours prescribed by the clinical course. Students and preceptors need to agree on the days and times that the student will be in the clinical agency prior to beginning the practicum experience and then maintain a record of clinical hours.

Placement Site/Location Expectations

Students are assigned to clinical practicum experiences that provide requisite population- focused (adult, older adult, pediatric & women's health) faculty-supervised clinical hours in a variety of healthcare settings. Student geographic location and student interest areas are considerations in placement.

 While placement is ideally within a 100-mile radius of your home, some locations may require additional travel time and costs to secure appropriate clinical/practicum placements. If there are significantly limited or lacking resources for sites in the area, relocation may need to be considered for the clinical/practicum sequence. An early conversation should be had with the clinical faculty instructor regarding residence and potential resources available. All clinical placements will be made and approved by the program director, and are required to be outside of a student's employment responsibilities, i.e., unit they work on, office they work in, etc. If there is a conflict with a clinical practicum assignment and the policy outlined, the clinical instructor needs to be notified so alternative arrangements can be made.

Breakdown of Total Clinical Patient Hours for the DNP-FNP Program Examples (in parentheses after the category) include but are not limited to:

- Behavioral Health/Counseling (ADHD, anxiety, depression, addictions, smoking cessation medication education, and lifestyle modification) = 40 hours
- Women's Health/Gynecological Care/OB (Ambulatory prenatal management, pregnancy up to 8 weeks postpartum, STIs, annual exams, hormone therapy management, breast health, bone density evaluation, etc.) = 100 hours
- Pediatric Management: < 18 years = 120 hours
- Adult Management 19-59 years = 200 hours
- Geriatric Management 60+ years = 170 hours

    Total Clinical Patient Hours = 630 hours

Attendance

Students must perform clinical practicum hours at the agreed upon times and days with the preceptor. It is the student's responsibility to monitor and complete the number of hours required for the term and have the preceptor sign his or her clinical log indicating the dates and number of clinical hours performed. The student is responsible for adjusting his or her personal and employment commitments to complete the required number of clinical hours.

If the student does not complete the required clinical hours for the semester, he or she cannot expect the preceptor to continue the preceptor/student relationship. The student cannot assume extension of the clinical period with the preceptor; instead, an extension is granted only by agreement with the program director, preceptor, clinical agency, and faculty. When the student cannot attend a scheduled clinical day, the student must immediately notify both the preceptor *and* course faculty.

On the first day of the clinical practicum, the student should obtain a telephone number and discuss the procedure of notifying the preceptor for unexpected absences. Failure to notify the preceptor as negotiated, prior to the beginning of the scheduled clinical day, is unprofessional, unacceptable and may place the student and clinical placement in jeopardy. The student should notify the course faculty member of the absence as per the course guidelines and present the faculty member with a plan to complete the lost clinical time.

Patient Records

In accordance with the provisions of HIPAA, all information relating to individual patients must be removed when a patient's case presentation is documented in clinical logs, histories, physicals, case studies, etc. With the advent of the electronic health record (EHR), many practices and agencies/institutions use EHRs. Students will need to identify the processes for obtaining access, documentation, and preceptor review and signature. Many different EHR programs are currently in use and the experience of using one provides the student the opportunity to learn the benefits of the EHR and how best to document patient care and evaluate patient outcomes.

The student must take care to not violate the patient's HIPAA protections and right to privacy. This includes not discussing patients or any issues relating to them in public places, e.g. halls, elevators, or the cafeteria. Many institutions install signs in elevators and other public areas to remind staff not to speak Discussions about patients in public places violate federal HIPAA regulations regarding protecting each patient's right to privacy. Students must be sure not to include the patient's name or any identifying data on assignments submitted for grading.

Grading Criteria

As noted above, all clinical practicums are graded as Pass or Fail. A passing grade is determined through multiple methods, including but not limited to preceptor and clinical faculty evaluations, meeting the minimum number of clinical

hours required, completion of all clinical assignments, and demonstrating meeting clinical course competencies. Students will be provided with rubrics specific to each course that explain the competencies and expectations of that course**.**

Student Evaluation by the Preceptor

It is the responsibility of the FNP student to provide the course description and objectives, a syllabus, and the *NP Student Clinical Evaluation Form* and clinical requirement documentation (upon request) to the preceptor. The preceptor does not assign a final grade. The clinical instructor will use preceptor feedback and the clinical evaluation form to evaluate the student's progress and ability to meet the clinical course objectives. Students are to review the course description and objectives and the NP Student Evaluation form with their preceptor at the beginning of the clinical practicum. These forms are provided in clinical courses and available on Medatrax. The student and preceptor should also discuss the expectations and responsibilities of each role. Students will have 2 types of evaluations by the preceptor: formative and summative.

Formative evaluations are ongoing evaluations provided over the course of the semester. Formative evaluations identify clinical skills/areas needing improvement so feedback can be provided. Formative evaluations may be given incrementally, or at mid-semester, so students have the opportunity to improve and/or remediate prior to the completion of the semester.

Summative evaluations are the final or summary evaluation of the student's performance at the end of the semester/clinical practicum. The preceptor will document the summative NP Student Evaluation in Medatrax and may review it with the student.

Evaluation consists of multiple-choice question, LIKERT scales, and free text. LIKERT Scales provide a spectrum to determine performance. The following represents pass and fail of the clinical practicum:

NSG 672 Primary Care Across the Lifespan I

- Pass: No more than one level 2 or less in three of the assessed areas.
- Fail: More than one level 2 in three of the assessed areas.

NSG 674 Primary Care Across the Lifespan II and NSG 676 Primary Care Across the Lifespan III

- Pass: No more than one level 2 in any two assessed areas.
- Fail: More than one level 2 in two or more assessed areas.

NSG 678 Primary Care Immersion

- Pass: Level 3 and above in all assessed areas. Successfully meets practicum objectives.
- Fail: A score of less than level 3 in any assessed area. Does not meet practicum objectives.

Evaluation of Preceptor and Clinical Site

The student completes an evaluation using the Student Evaluation of Clinical Practicum and in Medatrax on the effectiveness of the preceptor and clinical site in achieving learning objectives. The evaluations are submitted anonymously to the program director. Evaluations are usually completed at the end of the semester/course in class or electronically. Following the completion of the clinical practicum, the student should provide feedback to the preceptor regarding the student's satisfaction with the learning experience.

Patient Incidents

Any patient incident that is unexpected or has an unexpected outcome and results from an FNP student's care must be reported to the program director (SEE Appendix C for Patient Incident Report form). Patient incidents are examined to ensure they are managed properly and to enhance the quality of patient care by identifying problem areas to prevent the occurrence of future incidents. These examinations also serve to address unsafe FNP student care. Incidents include

but are not limited to: medication errors, needle sticks, errors in diagnostic/therapeutic procedures, injuries to patients resulting from accidents or errors, patient falls, and HIPAA violations.

FNP-DNP Track Competencies

Scientific Foundations Competencies

- Critically analyzes data and evidence for improving advanced nursing practice.
- Integrates knowledge from the humanities and sciences within the context of nursing science.
- Translates research and other forms of knowledge to improve practice processes and outcomes.
- Develops new practice approaches based on the integration of research; theory; and practice knowledge.
- Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

Leadership Competencies (includes both FNP and NP Competencies)

- Assumes complex and advanced leadership roles to initiate and guide change.
- Provides leadership to foster collaboration with multiple stakeholders (e.g. patients; community; integrated health care teams; and policy makers) to improve health care.
- Demonstrates leadership that uses critical and reflective thinking.
- Advocates for improved access; quality and cost-effective health care.
- Advances practice through the development and implementation of innovations incorporating principles of change.
- Communicates practice knowledge effectively, both orally and in writing.
- Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

Quality Competencies

- Uses best available evidence to continuously improve quality of clinical practice.
- Evaluates the relationships among access; cost; quality; and safety and their influence on health care.
- Evaluates how organizational structure; care processes; financing; marketing and policy decisions impact the quality of health care.
- Applies skills in peer review to promote a culture of excellence.
- Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

Practice Inquiry Competencies

- Provides leadership in the translation of new knowledge into practice.
- Generates knowledge from clinical practice to improve practice and patient outcomes.
- Applies clinical investigative skills to improve health outcomes.
- Leads practice inquiry; individually or in partnership with others.
- Disseminates evidence from inquiry to diverse audiences using multiple modalities.
- Analyzes clinical guidelines for individualized application into practice

Technology and Information Literacy Competencies

- Integrates appropriate technologies for knowledge management to improve health care.
- Translates technical and scientific health information appropriate for various users' needs.
  - Assesses the patient's and caregiver's educational needs to provide effective personalized health care.
  - Coaches the patient and caregiver for positive behavioral change.
- Demonstrates information literacy skills in complex decision making.
- Contributes to the design of clinical information systems that promote safe; quality and cost effective care.
- Uses technology systems that capture data on variables for the evaluation of nursing care.

Policy Competencies

- Demonstrates an understanding of the interdependence of policy and practice.
- Advocates for ethical policies that promote access; equity; quality; and cost.

- Analyzes ethical; legal; and social factors influencing policy development.
- Contributes in the development of health policy.
- Analyzes the implications of health policy across disciplines.
- Evaluates the impact of globalization on health care policy development.

Health Delivery Competencies

- Applies knowledge of organizational practices and complex systems to improve health care delivery.
- Effects health care change using broad based skills including negotiating; consensus-building; and partnering.
- Minimizes risk to patients and providers at the individual and systems level.
- Facilitates the development of health care systems that address the needs of culturally diverse populations; providers; and other stakeholders.
- Evaluates the impact of health care delivery on patients; providers; other stakeholders; and the environment.
- Analyzes organizational structure; functions and resources to improve the delivery of care.
- Collaborates in planning for transitions across the continuum of care.

Ethics Competencies

- Integrates ethical principles in decision making.
- Evaluates the ethical consequences of decisions.
- Applies ethically sound solutions to complex issues related to individuals, populations, and systems of care.

Independent Practice Competencies

- Functions as a licensed independent practitioner.
- Demonstrates the highest level of accountability for professional practice.
- Practices independently managing previously diagnosed and undiagnosed patients.
  - Provides the full spectrum of health care services to include health promotion; disease prevention; health protection; anticipatory guidance; counseling; disease management; palliative; and end-of-life care.
  - Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
  - Employs screening and diagnostic strategies in the development of diagnoses.
  - Prescribes medications within scope of practice.
  - Manages the health/illness status of patients and families over time.
- Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
  - Works to establish a relationship with the patient characterized by mutual respect; empathy; and collaboration.
  - Creates a climate of patient-centered care to include confidentiality; privacy; comfort; emotional support; mutual trust; and respect.
  - Incorporates the patient's cultural and spiritual preferences; values; and beliefs into health care.
  - Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.
  - Develops strategies to prevent one's own personal biases from interfering with delivery of quality care.
  - Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.
- Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care
- Collaborates with both professional and other caregivers to achieve optimal care outcomes.
- Coordinates transitional care services in and across care settings.
- Participates in the development, use, and evaluation of professional standards and evidence-based care.

DNP Nurse Anesthesia Track

Program Mission

To educate and prepare compassionate, competent nurse anesthetists who will serve as leaders within nursing practice, research, and education.

Program Vision

To be recognized as one of the top nurse anesthesia programs in the country, producing CRNA leaders who are role models for safety, clinical expertise, advocacy, and compassion within the provision of culturally- competent anesthesia care.

Program Description

The Marian University Nurse Anesthesia Program is a 9-semester full time course of study that awards a Doctor of Nursing Practice degree upon successful completion of program requirements. The program is front loaded with 3 semesters of didactic, lab, and initial simulation preparation. The second 3 semesters include both clinical, didactic, and simulation content. The last 3 semesters are more focused on the anesthesia immersion with important seminar information, completion of the DNP scholarly project, simulation in crisis management, and board review.

Program Faculty and Staff Contact Information

Faculty	Role	email	phone
Brad Stelflug DrAP, MBA, CRNA	Program Director	bstelflug@marian.edu	812-243-7994
Derrianne Monteiro DNP, CRNA	Assist. Program Director/ Simulation Coordinator	dmonteiro@marian.edu	219-201-5059
Lee Ranalli DNP, CRNA	Instructor	lranalli@marian.edu	480-220-4436
Marie Goez DNP, CRNA	Instructor	mgoez@marian.edu	573-579-2492
Rayna Scruggs	Administrative Assistant	rscruggs1@marian.edu	317-955-6147

Professional Accreditation

The DNP Program, nurse anesthesia track is accredited by two agencies. The Doctor of Nursing Practice program is accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington, DC 20001, 202-887-6791. The Nurse Anesthesia program is also accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA, 2021). COA is located at 222 S. Prospect Ave., Park Ridge, IL, 60068, 847-655-1160, www.coacrna.org

Admission Requirements

- A BSN or MSN from an ACEN or CCNE accredited program
- Undergraduate GPA of at least 3.00/4.00
- Current, valid Indiana or multistate (compact) RN license
- Current resume or CV
- A 500-word essay addressing your career goals

- Three letters of recommendation from academic or professional references. One letter must be from a critical care supervisor.
- Clinical Observation Form
- Interview with the Admissions Committee
- One year of full-time work experience, or its part-time equivalent, as a registered nurse in a critical care setting (Level I/II trauma center intensive care experience preferred. PACU and ED are not counted)
- CCRN certification

Prerequisite requirement

An upper-level statistics course is required prior to matriculation in the program. Marian University offers BMS 511 Biostatistics online during the fall and spring semesters, but potential students can take any courses that satisfies this prerequisite. The student is responsible for all tuition and fees associated with enrollment in completion of this prerequisite.

Technical Standards

During the admissions process, your application was reviewed without regard to any real or perceived physical or behavioral disabilities. However, you need to meet standards of behavior and technical ability. We encourage you to consider whether you are able to meet the technical standards described below with or without reasonable accommodation.

The following delineates the imperative, non-academic characteristics that individuals must possess to effectively participate in and complete the Doctor of Nursing Practice - Nurse Anesthesia Program (DNP-Nurse Anesthesia) at Marian University.

Our goal is to allow full comprehension of the range of the physical, mental, emotional, and behavioral requirements mandatory to function as a nurse anesthetist, by interested prospective DNP-Nurse Anesthesia students. The Leighton School of Nursing and the Graduate Program at Marian University acknowledges the requirements of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. Marian University faculty recognizes that successful completion of the DNP-Nurse Anesthesia curriculum requires the same attributes necessary for the safe and competent provision of anesthesia care in all settings, to full scope of practice as a certified registered nurse anesthetist (CRNA). The practice of anesthesia as a CRNA is demanding physically, mentally, and emotionally. These facts mandate that nurse anesthetists must possesses and demonstrate adequate cognitive, technical, observational, and behavioral skills. Student nurse anesthetists must mirror these skills and must maintain physical and emotional endurance to accommodate to the needs of a challenging graduate program.

Effectual progression through the DNP-Nurse Anesthesia program at Marian University mandates the following abilities:

SENSORY:
- Discriminate variations in human responses to disease using visual, auditory, tactile, and other sensory cues.
- Discriminate changes in monitoring devices and alarms using visual and auditory senses.
- Communicate clearly and effectively in English through oral and written methods in order to communicate with other health care providers and patients of all ages.
- Comprehend written and verbal communications in English.

MOTOR:
- Coordinate gross and fine motor movements and the senses of touch and vision to insert intravascular access, administer regional anesthetic techniques, and perform airway management.

- Demonstrate sufficient physical strength to perform airway management, move and position patients and equipment.
- Sufficient stamina to stand or sit for prolonged periods of time.
- Safely maneuver in the operating room and other anesthetizing locations.
- Respond appropriately to alarms and changes in patient conditions that require physical interventions.

COGNITIVE:
- Use reason, analysis, calculations, problem solving, critical thinking, self-evaluation, and other learning skills to acquire knowledge, comprehend and synthesize complex concepts.
- Interpret information derived from auditory, written, and other visual data to determine appropriate anesthetic management plans.
- Apply theoretical knowledge to provide safe anesthetic care.

BEHAVIORAL:
- Demonstrate personal and professional self-control as well as tactfulness, sensitivity, compassion, honesty, integrity, empathy, and respect.
- Work flexibly and effectively in stressful and rapidly changing situations.
- Cooperate with other members of the health care team to provide a therapeutic environment and safe patient care.

Students who, after review of the technical standards determine that they require accommodation to fully engage in the program, should contact the Personalized Learning Center to confidentially discuss their accommodations needs. Given the clinical nature of the nursing program, additional time may be needed to implement accommodations. Accommodations are never retroactive; therefore, timely requests are essential and encouraged.

Contact information:

LSON: PLC@marian.edu or 317-955-6540

Curriculum

The nurse anesthesia track curriculum is designed to build off previous courses. Currently, courses are only offered once a year. Any student that does not pass a course will require a change in their plan of study. Further information can be found in the section detailing course failure.

Curriculum Grid

YEAR 1	Summer	CR	Fall	CR	Spring	CR
NSG502 Theoretical Foundations of Nursing Practice		3	NSG506 Advanced Health Assessment:	3	NSG607 Anesthesia Principles I:	3
NSG503 Advanced Physiology and Pathophysiology		3	NSG507 Nursing Research:	3	**NSG607 - S** Anesthesia Principles I – **Simulation**	1
NSG601 Neuro Biology:		3	NSG603 Advanced Pharmacology for NA 1:	3	NSG609 Pharmacology for NA 2:	3
			NSG605 Scientific Concepts for Anesthesia Practice:	4	NSG705 Information Management to Improve Healthcare:	3
					NSG701 Analytical Methods for the Translation of Evidence into Practice:	3
	Total	9	Total	13	Total	13
YEAR 2	Summer	CR	Fall	CR	Spring	CR
NSG702 Systems and Program Planning for Quality Improvement:		3	NSG505 Policy, Organization and Financing of Health Care:	3	NSG704 Professional Leadership and Collaboration:	3
NSG611 Anesthesia Principles II:		3	NSG613 Anesthesia Principles III:	3	NSG617 Anesthesia Seminar 2- (includes professional aspects):	2
NSG611 –S Anesthesia Principles II – **Simulation**		1	**NSG613 -S** Anesthesia Principles III – **Simulation**	1		
NSG661 Basic Clinical Anesthesia Practice I:		3	NSG663 Clinical Anesthesia Practice II:	3	NSG665 Clinical Anesthesia Practice III:	3
NSG615 Anesthesia seminar 1 (wellness, chemical dependency):		2	NSG706 DNP Project 1- Assessment	1	NSG707 DNP 2 Project- Implementation and Evaluation	1
	Total	12	Total	11	Total	9
YEAR 3	Summer	CR	Fall	CR	Spring	CR
NSG667 Nurse Anesthesia Immersion 1:		5	NSG668 Nurse Anesthesia Immersion 2:	5	NSG669 Nurse Anesthesia Immersion 3:	5
NSG708 DNP 3 Project – Dissemination		1	NSG619 Anesthesia seminar 3 - (business):	2	**NSG670 – S** Anesthesia Crisis Management	2
	Total	6	Total	7	Total	7
					Total Program Credit Hours	87

Requirements for Successful Program Completion

The graduate outcomes for this program include knowledge, skills and competencies required to comply with the elements of Council on Accreditation of Nurse Anesthesia Educational Programs (COA) 2021 Standards for Accreditation of Nurse Anesthesia Educational Programs, Practice Doctorate- Standard D, Graduate Standards. These include the following terminal learning objectives:

Patient Safety

Demonstrated by the ability of the graduate to:

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

Individualized Perianesthetic Management

Demonstrated by the ability of the graduate to:

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

Critical Thinking

Demonstrated by the ability of the graduate to:

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

Communication Skills

Demonstrated by the graduate's ability to:

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

Leadership

Demonstrated by the graduate's ability to:

31. Integrate critical and reflective thinking in his or her leadership approach.
32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

Professional Role

Demonstrated by the graduate's ability to:

33. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
34. Interact on a professional level with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for his or her practice.
38. Provide anesthesia services to patients in a cost-effective manner.
39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder.
40. Inform 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 scholarly work.
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.

Successful attainment of these criteria is determined by:
- A cumulative grade point average of at least 3.0, with no grade lower than "B" (3.0) in any program courses
- Satisfactory completion of clinical assignments, demonstrated by the clinical or simulation grade of "Pass"
- Satisfactory completion of all COA requirements relative to case numbers, clinical hours and program length
- Current ACLS, BLS, PALS, and unencumbered Indiana or multistate (compact) professional nursing licenses
- Completion of the Self-Evaluation Examination (refer to SEE policy)
- Successful completion of the DNP Scholarly project requirements

The National Certification Examination

The Marian University Nurse Anesthesia Program prepares students to meet the educational eligibility requirements to take National Certification Examination (NCE). NCE certification examinations are offered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). The student is responsible for all costs and fees associated with the NCE certification examination. More details are located on the NBCRNA website, www.nbcrna.com/exams/nce-resources.

Faculty Advisors

Each student will be assigned a Marian NAP faculty advisor during their first semester. The faculty advisor's role is to support the intellectual and professional maturation of the student. Also, the faculty advisor ensures the experiences the students are encountering in the didactic and clinical arenas are consistent with the Program's policies and procedures, and the standards set forth by the Council on Accreditation (COA).

Each faculty advisor engages in a collegial relationship that involves the mentor to be an active listener and a learning coach and provides an atmosphere for the mentee to openly share.

Academic Calendar

All didactic courses will follow the Marian University academic calendar which can be found at https://www.marian.edu/academics/academic-calendar. Anesthesia clinical hours may begin prior to the official beginning of the semester. Clinical courses in semesters four, five, and six follow the Marian University academic calendar and require 20 hours per week for a total of 300 hours per semester. Semesters seven, eight, and nine require 36 hours per week for a total of 540 hours per semester. Once semester seven begins, the University academic calendar no longer applies to clinical courses.

NOTE: Program administrators and faculty reserve the right to offer any courses during day and/or evening hours.

Faculty Expectations of Students

Faculty expectations of students written in each in course syllabi and clinical objectives. Faculty expect that students are intellectually curious and are sensitive of the need to study independently and in depth; to return to basic physiology and pharmacology, nursing science and other basic courses; to make inferences, draw upon experience and integrate them with the present; develop concepts, think through processes and to ask questions of oneself and others. The faculty also expects that students will learn to adapt to new stresses and experiences and not give up.

The volume of material is much greater than most students may be accustomed to, and it isn't possible to succeed utilizing poor study patterns. Memorization of isolated facts is not enough. It is expected that each student's concern and respect for their classmates will be as great as their concern and respect for themselves. If a student comes unprepared for class or clinical assignments, they will require a disproportionate amount of the instructor's time and deprive them and other students of their rightful share of time for learning.

Time Commitment

Successful completion of the program requires a substantial time commitment. Student's time commitments are limited to that which is reasonable to ensure patient safety and promote effective student learning. This commitment averages 50-60 hours a week, year-round, assuming that two to three hours of study are required for each class hour. This commitment figure includes time spent in the classroom, in clinical, and in study.

Outside Employment

The program encourages students in this highly demanding program to devote full time to the study and practice of anesthesia. Students are strongly discouraged from holding outside jobs during enrollment in first year (Semester 1-3) of the program.

However, if a student chooses to work during the program, they can NOT work as a nurse anesthetist or represent themselves as a nurse anesthetist. Doing so is a violation of COA standards and the Nurse Practice Act. Student employment should:
1. Not compromise the student's academic performance.
2. Not occur during the 8 hours prior to any class.

NOTE: There is a strict no work policy in effect the beginning of year two (semester 4) in this program.

Self-Evaluation Examination (SEE)

All students enrolled in the nurse anesthesia track of the DNP program are required to take the SEE, and obtain a score of 425, in the Summer Semester of their senior year. Fees for the first SEE will be paid by the program.

Students who do not obtain a score of 425 are required to meet with a faculty advisor, or learning support specialist, to create a comprehensive remediation plan. The remediation plan will identify deficiencies in his or her knowledge, skill or attitude, and establish objectives and articulate actions necessary to remediate the identified deficiencies. Students who do not create a remediation plan may be subject to disciplinary action.

The remediation plan will include the requirement that the student take a second SEE no later than the first week of the Spring Semester of their senior year. The SEE will be scheduled in accordance with applicable attendance policies. Fees for the second SEE will be paid by the student. Students who fail to attain a score of 425 on the second administration of the SEE will be required to attend an advising meeting with the Program Director (or designee).

Details about the SEE are located on the NBCRNA website, www.nbcrna.com/exams/see-resources

The Clinical Practicum

There is nothing more important to learning nurse anesthesia than the clinical experience. Students will remember that patient safety is always the first priority! Students will help ensure patient safety by attending each clinical experience rested and fully prepared for the clinical day. Students will always maintain vigilance in the care of every patient while at the clinical site.

Patient Rights

Patients have a right to know who is administering their anesthesia, who will be supervising the administration of the anesthetic and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard. Patients have a right to expect that those anesthesia services provided by students will be under the supervision of a CRNA and/or an anesthesiologist. This should be consistent with the anesthetic risk of the patient, the magnitude of the anesthesia and surgery, and the educational level of the student.

At all times a CRNA and/or anesthesiologist shall be immediately available in all anesthetizing areas where students are performing anesthesia. Patients have a right to expect that the student and supervisory personnel providing their services are mentally competent and not impaired by fatigue, drugs or other incapacitating conditions. The patient's surgeon, or responsible physician, shall be kept informed pertaining to the anesthetic management and any complications arising from that management. Nothing shall prevent any patient from requesting not to be a teaching patient or prevent any member of the medical staff from designating any patient as a non-teaching patient.

Self-Identification

The SRNA will introduce themselves to patients and OR personnel in a manner that clearly identifies them as a **student registered nurse anesthetist**. The SRNA may NOT refer to themselves simply as "part of the anesthesia team," "I'm with anesthesia," or "I'm helping with anesthesia." "I'm your anesthesia provider," "anesthesia staff," or "anesthesia resident" are also unacceptable forms of identification.
A student's failure to identify himself/herself as a student is grounds for disciplinary action, up to and including dismissal.

Identification Badges
Facility ID badges must be worn at all times and must be visible and worn at chest height, unless patient care dictates otherwise. If site specific identification is not provided by an affiliate clinical site, the SRNA will wear their school identification badges at all clinical sites.

Clinical Practicum Description

In addition to the didactic requirements of the program, students are required to complete the clinical practicums. By completion of the clinical practicums, students must have administered a minimum of 600 cases, 2000 clinical hours and meet all the required COA clinical experiences. Completion of specific clinical experiences is required for graduates to be eligible to apply for the NBCRNA certification exam. The clinical practicums are structured to allow the novice student to progress gradually to become a competent, entry- level anesthesia provider upon graduation. During the clinical practicum, students work in various settings under the supervision of CRNA or Anesthesiologist clinical preceptors/clinical instructors. Clinical preceptors provide daily clinical instruction, guiding student progress in a wide array of clinical situations.

Initially, clinical coordinators make every attempt to assign students to patients and procedures that are less complex to allow development of basic knowledge, skills, and abilities. As students develop the requisite judgment, technical and critical thinking skills, they will be assigned to cases of increasing difficulty and complexity. Students eventually have the opportunity to administer all types of anesthesia to patients across the life span with a wide range of pathophysiology undergoing surgical procedures in all specialties.

Clinical practicums include experiences in obstetrics, pediatrics, and neurosurgery, vascular, thoracic, and cardiovascular surgery. Students are involved in all aspects of perioperative anesthesia management from preoperative assessment through maintenance of anesthesia and postoperative pain control.

The Program Faculty and clinical coordinators will help track case requirements, but students must take an active role in ensuing COA clinical requirements are met. Students must communicate with faculty and clinical site coordinators regarding case needs, keeping appropriateness of experience level in mind. Refer to the COA's current GUIDELINES FOR COUNTING CLINICAL EXPERIENCES for Clinical Experience Requirements (found at https://www.coacrna.org/accreditation/accreditation-standards-policies-and-procedures-and-guidelines).

Clinical Competencies

Anesthesia Clinical Practice I-III, Anesthesia Immersion I-III. The student will progress from Novice Learner to Proficient in the following objectives. The SRNA:
- Maintains patient safety
- Positions patient appropriately for the surgical case
- Aware of potential complications related to improper positioning
- Takes appropriate steps to insure patient comfort and safety
- Works as a member of the team when positioning patient
- Performs a pre-anesthetic evaluation
- Comprehensive medical and surgical history
- Formulates an anesthetic plan factoring in patient characteristics, co- morbidities, medications and surgical considerations
- Communicates plan of care with anesthesia staff
- Remains flexible to changing assignments
- Demonstrates a beginning knowledge of anesthesia principles
- Responds appropriate to theory questions
- Synthesizes didactic content with clinical application
- Conducts a comprehensive machine and equipment check
- Utilizes universal precautions and infection control measures with all patients
- Adapts to the unique OR environment

- Observes sterile areas and demonstrates sterile technique
- Gives a comprehensive report to PACU or ICU RN staff when turning over care of a patient
- Exhibits an understanding of surgical and anesthetic implications for emergence and patient recovery
- Develops regional anesthesia skills, plans appropriately for regional both as a primary and adjunct anesthetic
- Initiates appropriate action when confronted with malfunctioning machinery and equipment
- Interprets and utilizes data obtained from invasive and non-invasive monitoring devices
- Demonstrates beginning competence with the insertion of invasive lines
- Calculates, initiates, and manages fluids and blood component therapy
- Recognizes and responds appropriately to anesthetic complications that arise in the peri-operative period
- Utilizes a variety of anesthetic techniques, agents, adjunctive drugs, and equipment in the administration of anesthesia
- Provides anesthesia and emergency airway management in code and trauma situations
- Provides anesthesia for complex cases
- Formulates a plan for ASA 3 and 4 patients with minimal staff assistance
- Integrates current literature into practice and articulate a critical understanding of clinical research
- Participates in the administration and management of complex regional anesthetic techniques
- Administers anesthesia to all types of patients
- ASA 1-5, including pediatrics, obstetrics, trauma, open heart, and neuro
- Exhibits proficiency with titration of vasoactive medications
- Functions as a resource person for airway and ventilator management of patients
- Continues to refine skills and objectives laid forth in previous quarters
- Exhibits proficiency and competence with a variety of advanced airy management techniques
- Demonstrates proficiency with basic and advance regional techniques
- Serves as a leader or member of a cardiopulmonary resuscitation team
- Provides comprehensive anesthesia care for all types of patients, from pre- anesthetic interview, plan and post-op management
- Continues to refine skills and objectives laid forth in previous quarters
- Exhibits proficiency and competence with a variety of advanced airy management techniques
- Demonstrates proficiency with basic and advance regional techniques
- Serves as a leader or member of a cardiopulmonary resuscitation team
- Provides comprehensive anesthesia care for all types of patients, from pre- anesthetic interview, plan and post-op management
- Exhibits proficiency and competence with a variety of advanced airy management techniques
- Demonstrates proficiency with basic and advance regional techniques
- Serves as a leader or member of a cardiopulmonary resuscitation team
- Provides comprehensive anesthesia care for all types of patients, from pre- anesthetic interview, plan and post-op management

Practice and Professional Ethics

The program expects students to adopt and observe the American Association of Nurse Anesthetists (AANA) Code of Ethics, which can be found at: https://www.aana.com/practice and then select *Code of Ethics for the CRNA*. Violations of this ethical conduct standard will be regarded as professional and academic misconduct and maybe grounds for dismissal from the program.

Clinical Affiliations

The program is continually evaluating clinical sites and sites may be added or deleted as deemed appropriate by the NAP administrators and faculty. Clinical sites are subject to change. Additional clinical sites are constantly under development to enhance the educational opportunities for students.
A list of clinical sites can be found in the appendices (Appendix H).

Certifications

All SRNAs must maintain BLS, ACLS, and PALS certifications to participate in clinical experiences. American Heart Association approved BLS, ACLS and PALS certification is required for the clinical practicum phase and clinical immersion phase of both tracks of the DNP program. DNP students without evidence of certification will not be permitted to begin the program. Current certifications for the duration of the clinical phases are required and non- compliant students will not be permitted to register for the next academic semester until all certifications are current. Students are required to submit documentation of the current AHA approved BLS, ACLS and PALS certification cards in Complio-American DataBank, ACEMAPP, CastleBranch, or any other database designated by the program. Students are also encouraged to maintain copies of certification cards.

Licensure

All graduate students must hold an unencumbered professional nursing license from the state of Indiana or a multistate license (compact). Prior to matriculation, all SRNAs must hold an unencumbered professional nursing license in Indiana or a multistate license **and** any state that they are assigned for clinical experience (NSG 661, NSG 663, NSG 665, NSG 667, NSG 668, NSG 669). Failure to hold an active, unencumbered professional nursing license in the state of Indiana or a multistate license will result in discharge from the program. Failure to hold an active, unencumbered professional nursing license in any state that they are assigned for clinical experience may result in failure of the course NSG 661, NSG 663, NSG 665, NSG 667, NSG 668, or NSG 669.

Clinical Site Orientation

All students will go through facility-specific orientation at each clinical site. Students will not engage in clinical practice until they have completed clinical site orientation.

Clinical Assignments

Every effort is made to ensure clinical assignments are obtained the day before the scheduled clinical experience. Assignments may become available sometime in the afternoon depending upon the clinical site, and occasionally assignments are made or changed the morning of the clinical day.

After obtaining clinical assignments, it is the responsibility of the student to perform preoperative evaluation on all assigned inpatients. The assessment should include an anesthesia-related history and physical examination and review of pertinent laboratory and other diagnostic studies, e.g., x-ray, EKG, MRI, stress tests, etc. Previous anesthesia records from old charts should be accessed and reviewed if possible. Some facilities may have extensive electronic information system and clinical data can be retrieved on-line regardless of the site at which the testing or procedure was performed.

The pre-anesthetic assessment is documented according to the procedures in place at each clinical site. Please remember, this is a Joint Commission requirement as well as a professional standard of care (Standard 2 of Standards for Nurse Anesthesia Practice, AANA: 2019). Other requirements include:

- Review the completed preoperative assessments for ambulatory surgery patients the day before surgery when available.
- Review the pre-operative evaluations with a CRNA or anesthesiologist preceptor at the clinical site. The preceptor may suggest additional areas for assessment or preoperative evaluation.
- During the first 3 months of clinical rotations, one care plan per day is required. These care plans should be shared with your clinical preceptors and will be evaluated by your NAP faculty mentor.
- If possible, communicate with assigned clinical personnel (or the clinical coordinator) the day before to discuss potential options for anesthetic management. A list of preceptor phone and pager numbers is available from each site.
- Revise the anesthesia care plan based on suggestions from the clinical preceptor(s) or your NAP faculty mentor.
- On the day of clinical, review the patient's record and update the care plan prior
- to the scheduled anesthetic.
- Review the revised care plan with your preceptor(s) prior to induction. In the event of a conflict between the care plan of the student and that of the anesthesiologist or CRNA, the anesthesiologist or CRNA will make the final decision for the plan of care.

Attendance – Clinical

Clinical rotations are arranged to maximize student experience. Current COA requirements include 2,000 clinical hours and a minimum of 600 cases. These minimums are expected to increase in the future and will be dictated by the COA. The clinical coordinator has final discretion as to when the student will be dismissed from the clinical area. Students are expected to complete their assigned cases if the case is expected to finish within a reasonable time, or at a time defined by the course faculty or preceptor. Students are discouraged from leaving the assigned case during critical moments to include induction, emergence, or emergencies. The expectation is that the student will be in the clinical setting at least 8- 10 hours per day when assigned at the clinical site. If for some rare reason the student has no cases in which to participate in; the student will utilize this time to study in the hospital's library until the minimum clinical time has been met.

If the student experiences numerous days greater than 10 hours in duration, the student should make the clinical coordinator aware of this fact. Logging clinical time as accurately as possible on the Medatrax system will help program administrators and clinical coordinators assure that individual or aggregate student time commitment is not excessive. Falsification of data entered into Medatrax may be considered a violation of the Code of Student Rights and Responsibilities, and potential violations of this Code will be referred appropriately.

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

Clinical Hours is defined to include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, pre-

anesthesia assessment, post-anesthetic assessment, patient preparation, OR preparation, and time spent participating in clinical rounds. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of anesthesia administration time.

Semesters 4-6: students are scheduled clinical 2 days per week. Clinical day ends at 3 pm. Students are expected to complete their assigned case past 3 pm if the case is expected to finish within a reasonable time.

Semesters 7-9: students are scheduled clinical 4 days per week. Clinical day ends at 5 pm. Students are expected to complete their assigned case past 5 pm if the case is expected to finish within a reasonable time.

All students will arrive early enough at the clinical site to perform the FDA anesthesia machine check, set all equipment and drugs necessary for the case, pre-op the patient, and discuss the anesthesia plan with the preceptor before **7 am.**

The student completes all clinical hours as directed by the professor of the course.

- Absences
- An absence must be reported by the student, in writing, to the clinical faculty member NO LATER THAN one hour prior to the clinical experience arrival time.
    - Failure to notify the appropriate clinical faculty member prior to the clinical experience is a "no call-no show". This will result in a clinical failure for the course. In documented extenuating circumstances, an exception may be granted at the discretion of the didactic faculty.
    - The student is required to provide documentation for the clinical absence within 48 hours and dated the same day as the absence. The student may also be asked to provide additional documentation regarding their ability to return to clinical activities as indicated.
    - In the event of an absence, only one absence can be made up.
    - A second absence in the semester may:
    - Result in a clinical failure for the course and result in loss of progression in the nursing program, or
    - At the discretion of the course lead, be allowed and made up.
- Punctual attendance at all clinical days is mandatory
- Tardiness is defined as not being ready for the first case at 7 am.
    - If a tardy is incurred, the student must meet with the course instructor for counseling of professional conduct; documentation of tardiness will be placed in the student's permanent file.
    - A second (2nd) clinical tardy scores as an Unexcused Absence and may result in dismissal for the clinical day, at the discretion of clinical faculty.
- A clinical day missed due to administrative closure and/or inclement weather is made up at the discretion of the faculty and/or the Dean.
- **Students will not leave early unless approved by the MU course instructor and clinical coordinator the day prior.**
- The clinical coordinator has final discretion as to when the student will be dismissed from the clinical area.
- If for some rare reason the student has no cases in which to participate in; the student will utilize this time to study in the hospital's library until the minimum clinical time has been met.
- If a student leaves early without proper approval, the clinical day and cases will not be counted, and the clinical day will need to be made up.
- The schedule of clinical practicum hours under the purview of the clinical instructor and the clinical coordinator. Students are not to ask clinical coordinators to conform to a schedule that meets the student's personal needs. All changes in schedule must have the prior approval the clinical instructor and clinical coordinator.

Anesthesia Care Plans

The anesthesia care plan is a tool to help students plan their clinical experiences for their assigned cases. Care plans are to be submitted to the clinical preceptor. Care plans are required for submission on a weekly basis to the faculty mentor during the first practicum, or until deemed necessary by the faculty mentor. Faculty mentors are to review and evaluate the care plans with the student. Submission of unacceptable, inaccurate, improperly, or poorly constructed care plans represents unacceptable work and will be returned to the student for resubmission within a timeframe identified by his or her faculty mentor. It is preferable that the written care plan be prepared for the most complex case of the day.

Clinical Preparation

Arrive at the clinical site in sufficient time to prepare for the assigned clinical experiences. This may necessitate arriving at least an hour or more early. Prepare the anesthesia machine and all airway equipment, drugs, and ancillary equipment necessary for the conduct of the surgical procedure and anesthetic (unless otherwise specified by the clinical site coordinator). This includes IVs, regional anesthesia trays, fluid warmers, and invasive monitoring lines. Students are not to utilize anesthesia technicians to prepare their equipment or drugs. Students make sure that everything is in place for the patient in advance of the anesthetic.

Pre-operative and Postoperative Assessment

It is the responsibility of the student to perform preoperative evaluation on all assigned patients. The assessment should include an anesthesia-related history and physical examination and review of pertinent laboratory and other diagnostic studies, e.g., x-ray, EKG, MRI, stress tests, etc. Previous anesthesia records from old charts should be accessed and reviewed if possible. Some facilities may have extensive electronic information system and clinical data can be retrieved on-line regardless of the site at which the testing or procedure was performed.
The pre-anesthetic assessment is documented according to the procedures in place at each clinical site.
Other requirements include:
- Review the pre-operative evaluations with a CRNA or anesthesiologist preceptor at the clinical site. The preceptor may suggest additional areas for assessment or preoperative evaluation.
- Revise the anesthesia care plan based on suggestions from the clinical preceptor.
- On the day of clinical, review the patient's record and update the care plan prior to the scheduled anesthetic.
- Review the revised care plan with your preceptor(s) prior to induction. In the event of a conflict between the care plan of the student and that of the anesthesiologist or CRNA, the anesthesiologist or CRNA will make the final decision for the plan of care.

Students must visit all patients postoperatively and document the postoperative visit according to institutional policies. The postoperative visit should occur after the patient is discharged from the post anesthesia recovery room. The student may evaluate ambulatory surgery patients while in the Phase II recovery area. Your postoperative evaluations are to be documented according to the clinical site's policy and discussed with the preceptor.

Anesthesia Management

Students manage the anesthetic from pre-induction through maintenance and emergence, and into the postoperative phase in collaboration with their clinical preceptors. The clinical preceptor will decide the degree of student level involvement based on the student's level of experience, patient acuity, and procedure complexity. Students should strive for increased independence related to decision making and patient management as they gain knowledge, skills, abilities, and competencies. Students will also position and/or supervise the positioning of patients to insure optimal physiologic function and to prevent injury. At the end of the anesthetic or the procedure, the student and preceptor

will transport the patient safely to the appropriate postoperative area. At that time, the student will report relevant preoperative and intraoperative information to the recovery room staff.

It is the responsibility of the student to document all aspects of anesthesia care given in the perioperative period according to the policies and procedures of the clinical site. Further, the student must complete all required documentation of controlled substances, quality assurance, and billing.

Clinical Vigilance

Students who engage in extraneous activities that minimize vigilance while providing direct patient care, e.g., texting, reading, emailing, visiting social media sites, are subject to dismissal from the clinical area for the day. Violations will result in disciplinary action. A pattern of recurrent infractions could lead to dismissal from the program.

Continuous Auscultation

As auscultation provides the only method to monitor heart sounds, it is clearly required and will be practiced by all NAP students. The following procedure must be followed for adult general anesthetics:

1. Prior to the induction of general anesthesia, a small sized Wenger stethoscope chest piece will be placed in the paratracheal region at the suprasternal notch and attached to the earpiece so that auscultation will be carried out during the induction process.
2. If the anesthetic is conducted using a mask or LMA this stethoscope will be used throughout the procedure and continued through emergence and transport to PACU if needed to verify effective ventilation.
3. If the patient is to be intubated, the chest piece will be left in place for use after extubation. After the endotracheal tube has been placed, and position verified, an esophageal stethoscope will be inserted and attached to the earpiece and used continuously throughout the case.

Professional Communications

Please remember that students are guests of the clinical affiliates. Students must conform to the policies and procedures of the clinical site and its anesthesia department. Students represent themselves as well as Marian University, the Leighton School of Nursing, and the Nurse Anesthesia Program during rotations at clinical sites. Each student's behavior will affect all who follow.

Students, please read this carefully: Do not become involved in day-to-day political or personality conflicts that may exist in each clinical affiliate. Failure to comply with institutional requirements, reports of disruptive or unacceptable behavior, or other violations of academic or institutional standards will result in IMMEDIATE suspension of clinical privileges pending investigation of the charges made. Violations of unprofessional or unethical behavior may result in dismissal from the program.

Rest Periods

Students must have adequate rest before entering clinical rotations, and the program directors and clinical coordinators monitor the clinical education process to ensure compliance with this policy. Students who appear unprepared to administer anesthesia due to lack of rest, illness, or other problems that could impair patient safety will be relieved from their clinical commitments for the day. The clinical coordinator or designee notifies the program

administrators that the student was relieved. Student clinical privileges will not be restored until the student has met with his or her faculty mentor.

Restocking and Maintenance of Supplies

Students are responsible for stocking, maintaining, and restocking all anesthesia equipment and supplies in accordance with departmental policies.

Reporting of Unexpected Clinical Incidents

Any unexpected or unplanned incident during clinical training that result in patient injury or may result in patient injury MUST be reported to the program directors. Examples include, but are not limited to: traumatic intubations, dental injury or damage to bridges, crowns or caps, corneal abrasions, nerve or positioning injury, wrong blood type administered, patient fall, medication or antibiotic administration error, allergic/anaphylactic reaction, wet taps, aspiration, intraoperative myocardial infarction, wrong site surgery, or patient death.

Complete documentation is very important to demonstrate pre-existing conditions. The SRNA should be diligent in creating and documenting an accurate preoperative assessment of each patient. Reporting an unexpected or adverse event in no way constitutes liability or fault. Within 24 hours of the discovery of the incident, the INCIDENT REPORT FORM (SEE Appendix G) must be competed and sent to the Nurse Anesthesia department via email. This policy does not include accidental exposure, like needle stick injury or bodily fluids.

Grading for Clinical Anesthesia Practice Courses I-III and Immersion I-III

Grading for all Clinical Anesthesia Practice courses will be Pass or Fail as described in the individual course syllabus. Successful completion of any Clinical Practicum course is contingent upon meeting expectations for all clinical practicum objectives/performance indicators and completing/submitting required documents. Minimum requirements to receive a passing grade for each Clinical Practicum course include:
1. A "PASS" grade on quality care plans as determined by the faculty mentor (required number of care- plans to be completed is also determined by the faculty mentor).
2. Submission of daily evaluations.
3. Completion of an evaluation for each clinical site.
4. Completion of the preceptor evaluation for each clinical site.

Clinical coordinators may remove a student from the clinical area for violations of professional standards. Examples of such behavior include but are not limited the following: failure to contact the clinical coordinator at least one week before the start of a rotation; failure to prepare for assigned clinical cases; inability to work effectively and safely with assigned clinical preceptors; failure to report to the clinical site, or notify the clinical site/program office of absences per program policy; or patient safety violations. Clinical performance or behavior that represents violations of patient care standards, and/or poses a patient safety risk, will result in immediate removal of the student from the clinical rotation.

Students may be assigned a failing grade and be subject to dismissal from the program prior to completing the clinical practicum due to: (1) egregious ethical violations, (2) egregious patient safety violations that result in near misses or negative patient outcomes, and (3) failure to comply with patient management orders dictated by the supervising nurse anesthetist or anesthesiologist.

The overall evaluation of a student's clinical performance, and determination of a student's grade for each practicum, will be informed by 1) daily evaluations; 2) the cumulative evaluation; 3) clinical preceptor communications with program faculty; 4) program faculty communications with the student; 5) number and type of performance indicators that are below expectations; and 6) progress toward achievement of performance indicators.

The clinical course instructor has the right and responsibility to determine each student's final grade. A failed grade of "F" in any Clinical Practicum course places a student in a situation subject to dismissal from the program. The earliest indication that a student's performance in the clinical area is unsatisfactory and inconsistent with the program standards, a meeting with the program directors will be scheduled. The performance of such students will be reviewed, and a course of action will be determined.

Potential courses of action include, but are not limited to (these courses of action may be concurrent, when applicable):

1. Written warning, kept in the file of the involved student;
2. Remediation, which may include additional simulation lab testing and oral board exams

Daily Clinical Evaluations

Daily evaluations are completed using Medatrax. At the end of each clinical day, the preceptor will rate the performance of the student in the listed categories. Comments that provide constructive suggestions are an integral part of the evaluation process and will help the student improve their performance. It is the student's responsibility to obtain their daily evaluation.

After completing the Medatrax evaluation, preceptors should discuss the evaluation with the student.
If a preceptor doesn't provide a daily evaluation, the student must contact the Clinical Coordinator at their clinical site.

Summative Evaluations

At the end of each rotation, the clinical coordinator or his/her designee completes a summative practicum evaluation tool. This evaluation will capture feedback from all the anesthesia staff and will reflect their evaluation of the student's overall performance while at the site and determine the readiness of the student for increased levels of responsibility. These are objective-based evaluations that increase in complexity over the sequence of clinical courses. The student should become familiar with the stated objectives to ensure appropriate progress.

It is the responsibility of the student to seek the clinical coordinator or his/her designee for the cumulative evaluation at least 2 weeks prior to the end of the clinical rotation for a rotation greater than one month, and at least 1 week prior to the end of the clinical rotation for a rotation of one-month duration.

Completed summative evaluations should be received by the course instructors by the 10th day of the month following the last clinical rotation by Medatrax submission.

Call Experience

Students may begin taking call in Clinical Anesthesia Practice III. Call experienced is required by the COA. Call is a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 PM and before 7 AM, Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience

with emergency cases. Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

NOTE: When a student is on call, there must be a qualified nurse anesthetist or anesthesiologist immediately available to the student.

Experience in Non-Anesthetizing Areas

Students may provide clinical anesthesia related services in areas outside the operating room. These services include IV placement, ventilator management, and responding to cardiac or respiratory arrests. When in these situations, students are under the direction of the professionals responsible for the care of the affected patients. In some instances, these individuals may not be anesthesia providers. This does not diminish their authority over the practice, or their responsibility for the care rendered. This policy will be reviewed and discussed with each clinical site coordinator.

Clinical Experiences Record (Medatrax ®)

SRNAs are responsible for accurately and truthfully filling out their clinical experiences in Medatrax after each clinical day. Clinical experiences not recorded in Medatrax within 7 days will not be considered course progression or expectations. Please refer to Recording Cases Supplement (SEE Appendix I).

Policy on Attendance at Department Meetings

Students are expected to attend conferences, in-services, and meetings at the clinical facility to which they are assigned. If the institution holds an early morning conference, students should allow sufficient time to prepare for the day's cases prior to the conference. If students would like to take time off a leave request is required (SEE Appendix J) is required to be submitted to the Program Director.

Coursework During Clinical Rotations

It is the responsibility of the student to stay up to date with all classes in which they are enrolled. The student will bring a computer (or appropriate device) to their clinical sites in order to stay current in their courses (i.e. care plans, tests, APEX workbooks, discussion posts, daily evaluations, and any other course requirements). All clinical sites have free internet available to students. The student will be responsible to take tests at the assigned time and to turn in assignments before their deadline. The excuse of not having a computer (or appropriate device) or internet at their clinical site will not be accepted for missing deadlines. It is the responsibility of the student to arrange an alternative deadline if there is another conflict with an assignment/test deadline.

Student Housing during Clinical Practicum

If the clinical site does not provide student housing, housing during that clinical rotation is the responsibility of the student. Every effort will be made to provide students adequate notice to plan for housing accommodations. However, clinical rotation schedules may subject to change for a variety of reasons.

Parking during Clinical Experiences

During the course of study at LSON, students will visit, train in, and/or reside at locations off campus ("offsite locations") to further their education. LSON has no control over the safety and security procedures at these offsite

locations. Students are to be mindful of their own safety and security and to familiarize themselves with the policies, practices and procedures regarding safety and security at these offsite locations.

Clinical Leave Policy

POLICY NAME	Clinical Leave Policy – CRNA Program			Where policy to be located	Graduate Nursing Student Handbook
EFFECTIVE DATE	23/24 Graduate Nursing Handbook	DATE OF LAST REVISION	3/23	VERSION NO.	1
ADMINISTRATOR RESPONSIBLE	Program Director or Assistant Program Director CRNA Program				

SCOPE

This policy applies to all students enrolled in the DNP program, Nurse Anesthesia Track who are in their 2nd or 3rd years.

POLICY STATEMENT

Clinical students are expected to attend and engage in all learning opportunities as defined by the preceptor or clinical coordinator unless it violates the *Attendance Policy – Clinical* found in the Graduate Nursing Student Handbook. This policy addresses student requested leave from a clinical rotation.

Policy intro: This policy addresses student requested leave from a clinical rotation.

- This policy does not include illness. Illness is covered in the *Illness Policy* found in the Graduate Nursing Student Handbook.

- This policy does not address accommodations. Accommodations arranged by the Personal Learning Center supersede this policy. Students with disabilities who may need reasonable accommodations to engage with this process should contact the Personalized Learning Center (PLC).

- A clinical leave is an approved 1-week absence from clinical expectations. The leave does not apply to didactic requirements.

The following guidelines apply clinical leave during the final two clinical years of the program:

1. Clinical leave must be taken in one-week blocks. Only one one-week of clinical leave may be taken per semester.

2. To request leave time, students submit a completed SRNA Leave Request form to the APD. A copy of the approved (or denied) request will be returned to the student.

3. The deadline for clinical leave requests is the 15th of the month two months prior to the requested leave time. For example, leave requests for July must be submitted no later than May 15th.

4. Students may not take clinical leave when on rotation at specialty clinical sites (for example: Vanderbilt, Centennial Hearts, Community OB). Please check with the assistant program director for latest list of specialty clinical sites.

5. A legal holiday falling the day before, during or the day after a clinical leave request will be counted as leave time and no allowances will be made to give alternative holiday leave.

6. Any students who make plans for clinical weeks without permission (including monetary commitments such as purchasing airline tickets) do so at their own risk.

Professional meetings:

- Time off is allowed for attendance at one professional meeting per year.

- 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 leave.

- The deadline for requests is the 15th of the month two months prior to the requested leave time. For example, leave requests for July must be submitted no later than May 15th.

DNP Project Days:

The program recognizes that the project is labor intensive and may require work by the student during normal clinical hours which may include but is not limited to data collection, meeting with stakeholders and other unforeseen work. As a result, the student may use up to 5 "project days" to meet these needs. These are not included in the student's clinical leave and may not be taken in lieu of class attendance.

- The deadline for requests is the 15th of the month two months prior to the requested leave time. For example, leave requests for July must be submitted no later than May 15th.

- Students may not take project days when on rotation at specialty clinical sites (Vanderbilt, Centennial Hearts, Community OB).

- The student may petition for additional project days which may be granted by the Program Director based on the complexity of the project's needs.

- The student is discouraged from using these days during one of their specialty rotations, however if there is a pressing need the student may request an exception by the Program Director.

VERSION HISTORY				
VERSION	APPROVED BY	REVISION DATE	DESCRIPTION OF CHANGE	AUTHOR
1	LSON Faculty	N/A	N/A	Bradley Stelflug DrAP, CRNA

Evaluations

Clinical Evaluation Process

The nurse anesthesia program has an overall evaluation plan that is essential for quality assessment and quality improvement. Elements of this plan include student evaluations of their clinical preceptors and the clinical site.

SRNAs Evaluation of Clinical Sites and Clinical Preceptors

Students complete an evaluation, with narrative comments, of the clinical site and its clinical preceptors NO LATER THAN THE FINAL DAY OF THE CLINICAL ROTATION. These evaluations are completed in Medatrax. Comments and

critiques of the preceptors and the sites are an integral part of the learning process and allow us to make recommendations about improvements at the sites. Composite evaluations will protect the identity of the student and will be shared with the involved clinical coordinators and preceptors within one month of the completion of each clinical course.

Student Self-Evaluations

Students complete Self-Evaluations no later than one week after the end of semesters 3 and 6. Submit completed Self-Evaluations to the Program Director. Self-evaluation tools on Canvas. Students will meet with their faculty advisor to review self-evaluations and assess student progress relative to their own and programmatic guidelines. Nurse anesthesia faculty will formulate a plan for any remediation the students deem as needed.

Other Program Policies

Conference Hours

It is important for your professional growth and continued learning that you attend anesthesia meetings while in training. The Council on Accreditation (COA) requires that students engage in integration and clinical correlation activities. Clinical correlation may include presentations provided at professional anesthesia meetings (AANA, INANA, etc.). They may also include other clinically focused activities such as student presentations (outside of those occurring as part of required course/class sessions), Journal Club, M and M conferences, morning conferences in preparation for clinical cases, etc.

The Marian University Leighton School of Nursing NAP also requires each student to attend one INANA state nurse anesthesia association meeting per year. Attendance is at the expense of the student. Students will be given time off to attend the meeting. Students are encouraged to attend an AANA National meeting at least once during their program. Meeting information is found at www.INANA.org.

Advocacy is a crucial part of the CRNA's practice and students must learn these tools prior to graduation. Students in their first and second years of the program are required to attend the INANA state lobbying day. This is held at the Indiana State Capital in January or February each year. Lobby day information is found at www.INANA.org.

State Meeting and Lobby Day attendance will be counted towards points earned in assigned courses.

Record retention

This records retention schedule is based on recommendations developed by the American Association of Collegiate Registrars and Admission Officers' (AACRAO) Retention of Records: Guide for Retention and Disposal of Student Records (2000 Edition), recommendations from the Office of the Registrar.

While varied stakeholders serve important roles in the course of a student's enrollment, coursework, and graduation, the Office of the Registrar maintains the official student file and educational record for all LSON students. "Education records" are records that are directly related to a student and that are maintained by an educational agency or institution or a party acting for or on behalf of the agency or institution.
Copies of student education records accumulated by other stakeholders or units need not be retained beyond the period of their administrative use in those units' offices. By following this records retention schedule, campus units may dispose of student records and copies of records when their retention is no longer necessary.
Disposal of records will be completed in accordance with internal procedures of the department.

The student records covered by this schedule contain confidential information protected by federal and state law, including FERPA. This documentation is kept in the student's individual academic file. In all cases, student information is considered strictly confidential and kept in a secured filing system that is only accessible to authorized personnel.

Important COA Definitions

Call experience – Call is a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 PM. and before 7 AM., Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

Clinical hours – Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, paranesthesia assessment, postanesthetic assessment, patient preparation, operating room preparation, and time spent participating in clinical rounds. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time.

Clinical supervision - Clinical supervision of students must not exceed (1) 2 students to 1 CRNA, or (2) 2 students to 1 anesthesiologist, if no CRNA is involved. The CRNA and/or anesthesiologist are the only individual(s) with responsibility for anesthesia care of the patient, and have responsibilities including, but not limited to: providing direct guidance to the student; evaluating student performance; and approving a student's plan of care. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., life threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g., additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety). Clinical supervision must be consistent with the COA Standards (i.e., clinical oversight is the responsibility of a CRNA or anesthesiologist only). The program is responsible for ensuring its clinical supervision requirements are consistent with the COA Standards and that students are aware of these requirements and know who is supervising them in the clinical area.

Counting clinical experiences - Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., central venous catheter placement, regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the management of the anesthetic, or only observe another anesthesia provider manage a patient's anesthetic care. Two learners should not be assigned to the same case, except when the case provides learning opportunities for 2 students and 2 anesthesia providers are necessary due to the acuity of the case. The program will need to justify any deviation from this requirement.

Mask management - A general anesthetic that is administered by mask, exclusive of induction.

Reasonable time commitment – A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in in class and all clinical hours (see Glossary: 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.

Appendices
Appendix A

Student Handbook and Minimum Technical Standards Attestations

I attest that I read, understand and will abide by all policies and expectations of the Marian University Leighton School of Nursing (LSON) as articulated in the LSON Student Handbook, Code of Student Rights and Responsibilities, and University Catalog, including all policies related to progression, exposure prevention and management.

In addition, I understand that the above referenced documents are LSON's official notification to students of its policies, rules, regulations, and standards of conduct. The provisions in these documents are not to be regarded as a contract between any student and LSON. LSON reserves the right to change any of the policies, rules, regulations, and standards of conduct at any time as may be necessary in the interest of the School. The School also reserves the right to modify or discontinue any of the services, programs, or activities described.

Student Printed Name:	Expected Graduation Year:
Date:	Program:
Signature:	

I hereby attest that I have read and understand the minimum technical standards of the Marian University Leighton School of Nursing (LSON). To the best of my knowledge I agree that I meet these standards with or without reasonable accommodations. I also understand that should I need an accommodation(s) due to disability, or should the need arise during my studies, it is my responsibility to contact the Personalized Learning Center. I understand that if I am unable to fulfill these technical standards at any time after admission to LSON (with or without reasonable accommodation), I will not be allowed to progress or participate in the academic program.

Student Printed Name:	Expected Graduation Year:
Date:	Program:
Signature:	

Appendix B

Student-Preceptor-Faculty Agreement

CRITERIA FOR CLINICAL AGREEMENT BETWEEN STUDENT, PRECEPTOR, AND FACULTY

Prior to any practicum in which a FNP student enters a preceptorship relationship, the student will collaborate with preceptor and faculty to plan and implement an instrument of agreement that is signed by the student, preceptor, and faculty member responsible for evaluation of the student. The instrument is kept on file by the faculty member, and copies are distributed to all other parties of the agreement. The written agreement will contain, but is not limited to, the following:

1. Student's responsibilities for attendance and participation in agency activities and in evaluation of the practicum experience.
2. Preceptor's commitment of time, supervision, guidance, and evaluation of the student and collaboration with student and faculty.
3. Faculty member's role in orientation and collaboration with student and preceptor, evaluation of classroom and clinical performance, and determination of course grade.
4. A statement providing for the confidentiality of information related to the agency, patient, institution, and/or student affairs

PRECEPTORS: Review: Benner, P. (19) *From Novice to Expert*.

Criteria for Preceptors:
1. Leader, researcher, manager, expert practice role
2. Accessible
3. Role model
4. Change agent
5. Articulate communicator
6. Professionally active
7. Proficient to expert in interviewing, history taking, physical examination skills, diagnostic reasoning, planning and managing.
8. Interested in teaching and working with nurse practitioner students.
9. Objectively assesses, critiques and validates the learner's competencies.
10. Facilitator for professional advanced practice socialization.
11. Holds a trusting, confident, relationship with student and treats student as a professional colleague.

The purposes of the clinical preceptorships are to:
1. Integrate the student into the roles of the nurse practitioner.
2. Assist the student to apply theory to practice.
3. Assist the student to increase skills, competence and expertise.

The nurse practitioner student enrolled in the FNP track in the DNP program will commit an average of _hours weekly participating in clinically sanctioned activities.

The student will share in the evaluation of the preceptor and course content.

The preceptor will serve as a role model and will provide adequate opportunities for practice and success.

The preceptor will provide support, encouragement, and professional feedback in difficult and complex situations. The preceptor will share various tools and references which will assist the student in the role transition to nurse practitioner.

The preceptor agrees to review the student's weekly activity log and provide supervision and guidance to facilitate the student's goals and expectations for the clinical experience. The preceptor also agrees to collaborate with the student and professor in an ongoing evaluation of the student's needs and clinical experiences.

The student agrees that all information concerning the involved agency, patients, or school/college of nursing will be kept confidential. The student also agrees that the preceptor will evaluate the student's activities, professionalism, goal attainment, etc.

Student First & Last Name (printed): _____

X
_____
Student Signature & Date

Preceptor Name & Title (printed): _____

X
_____
Preceptor Signature & Date

AGENCY: _____

Clinical Faculty (printed): _____

X
_____
Clincal Faculty Signature & Date

Appendix C

Patient Incident Report Form

CLINICAL SITE:	DATE:
PATIENT'S INITIALS: AGE: DOB:	
PATIENT PRESENTATION:	
SUPERVISING NP or MD/DO:	
NAME OF FACILTY/INSTITUTION SUPERVISOR (IF APPLICABLE):	
WHAT WAS THE NEGATIVE PATIENT OUTCOME?	
WHAT INCIDENT LED TO THE NEGATIVE PATIENT OUTCOME?	
SUPPORTING NARRATIVE ABOUT THE INCIDENT:	
SUMMARY NARRATIVE FROM PROGRAM ADMINISTRATOR:	

SIGNATURE OF STUDENT:
SIGNATURE OF PROGRAM DIRECTOR:

DEPARTMENT TO COMPLETE

WAS FACILITY RISK MANAGEMENT NOTIFIED? ___YES ___NO

OUTCOME:

WAS MARIAN UNIVERSITY RISK MANAGEMENT NOTIFIED? ___YES ___NO

OUTCOME:

Appendix D

Student Image Waiver & Opt Out Form

Photography & Videography Permission and Use Waiver

Unless otherwise indicated below, I hereby give Marian University (MU) the absolute right and permission, with respect to the photographs and/or videotaped images taken of me or in which I may be included with others, to use such images for educational and/or promotional purposes. Furthermore, MU is authorized to use/print my name in conjunction with such images and/or related quotes given by me.

I understand that I will not be compensated for the use of photos or video or my time spent while taking photos or videos. I also acknowledge that there may be no notice given to me regarding when or how MU or its designees may use my image or video.

This consent will remain in effect until changed in writing by completing the appropriate opt out form

Please note, only complete this form if you wish to opt out of this release. Also, even if a student opts out of this release, videos and recordings will still be maintained for educational purposes.

I wish to withdraw from the consent described in the release above. ☐

_____

Signature of Individual

_____

Printed Name of Individual

_____

Date

MARIAN UNIVERSITY
Indianapolis

Leighton School of Nursing

Student or Visitor Injury/Accident Report

STUDENT/VISITOR INFORMATION

Name:	Student: YES ☐ NO ☐
Visitor: YES ☐ NO ☐ If visiting: purpose of visit:	
Mailing Address:	
Phone No:	Email:

INCIDENT INFORMATION

Date of Injury/Accident:	Time of Injury/Accident: **Cannot be determined** ☐
Did injury/accident occur on Marian University's premises? YES ☐ NO ☐	Department or location where the injury/accident occurred:
What body part was affected?	How was it affected?
Equipment, materials, or chemicals involved in incident:	
Specific activity engaged in during injury/accident:	
How did the injury occur? Please provide a description of the events leading up to the injury/accident and any relevant objects or substances.	
Were there any witnesses? YES ☐ NO ☐	If yes, please list witnesses:
Was medical care sought? YES ☐ NO ☐	If yes, please provide details:
Was Campus Police notified? YES ☐ NO ☐	Submitted by:

Instructions for Submission:
- Notify the LSON faculty or staff member on site at the time of the occurrence.
- Complete this form within 24 hours of the initial injury/accident.
- A copy of this form is given to the School of Nursing Administrative Office to be filed in the student's folder.
- The faculty or staff member notifies the Course Director.

Students and Visitors Please Note: If follow up medical care is needed, you are responsible for the expenses incurred.

Grievance Procedural Form

The purpose of this form is to provide written documentation of student concern (burden, or injustice). Student concerns will be presented within the Leighton School of Nursing's channel of communication.

Communication Chain of Command:

1. Clinical Coordinator/Course Faculty
2. Program Directors
3. Dean of the School of Nursing

Appeals regarding grades or instructors must go through the Grade Appeal Process and should not be included on this form.

Please summarize your concern/complaint:

Name: _____   Date: _____

Appendix G

SRNA Accident Form

This form is used to report an issue with a student performance in clinical or any unexpected patient incidents related to patient care or treatment, even if there is no adverse patient outcomes. This includes errors, safety hazards, injuries, or sentinel events. This form is to be completed by the clinical faculty in addition to any reporting requirements of the facility or hospital. After completion, this should be signed by both the nurse anesthesia faculty and nurse anesthesia student.

Name of student:

Name of faculty completing form:

Nature of Incident	Intervention
☐ Malfunction Equipment/Monitors	Add comment(s)
☐ Lack of Equipment/Monitors	Add comment(s)
☐ User error of Equipment/Monitors	Add comment(s)
☐ Medication dispensing/administration error	Add comment(s)
☐ Breach of policy/protocol	Add comment(s)
☐ Poor patient/room preparation	Add comment(s)
☐ Breach of confidentiality	Add comment(s)
☐ Patient documentation issue	Add comment(s)
☐ Patient positioning issue	Add comment(s)
☐ Patient consent issue	Add comment(s)
☐ Failure to perform adequate pre-op assessment	Add comment(s)
☐ Wrong site or wrong patient	Add comment(s)
☐ Failure to form an appropriate care plan	Add comment(s)
☐ Punctuality at clinical site (arrive late/leave early)	Add comment(s)
☐ Medication error	Add comment(s)
☐ Patient safety issue	Add comment(s)
☐ Failure to perform adequate hand-off of patient	Add comment(s)
☐ Other (please explain)	Add comment(s)

SRNA CLINICAL SITES

Hospital	Location
Indiana Hospitals	
Community Hospital North	Indianapolis, IN
Community Hospital South	Indianapolis, IN
Elkhart General Hospital (Beacon Health)	Elkhart, IN
Franciscan Health Lafayette East	Lafayette, IN
Good Samaritan Hospital	Vincennes, IN
Goshen Hospital	Goshen, IN
Hendricks Regional Health	Danville, IN
IU Health Arnett, Lafayette	Lafayette, IN
IU Health Frankfort	Frankfort, IN
IU Health White Memorial	Monticello, IN
Logansport Memorial Hospital	Logansport, IN
Margaret Mary Hospital	Batesville, IN
Marion General Hospital	Marion, IN
Memorial Hospital (Beacon Health)	South Bend, IN
Memorial Hospital and Health Care Clinic	Jasper, IN
Porter Hospital (NW Health)	Valparaiso, IN
Putnam County Hospital	Greencastle, IN
Schneck Medical Center	Seymour, IN
St. Elizabeth Dearborn Hospital	Lawrenceburg, IN
St. Joseph Regional Medical Center	Plymouth, IN
St. Vincent Anderson Regional Hospital	Anderson, IN
Sullivan County Community Hospital	Sullivan, IN
Terre Haute Regional Hospital	Terre Haute, IN
Union Hospital	Terre Haute, IN
Illinois Hospitals	
Carle BroMenn Medical Center	Normal, IL
Ohio Hospitals	
Bethesda North	Cincinnati, OH
Van Wert Health	Van Wert, OH
Tennessee Hospitals	
St. Thomas Midtown	Nashville, TN
St. Thomas West	Nashville, TN
TriStar Centennial Medical Center	Nashville, TN
TriStar Skyline Medical Center	Nashville, TN
TriStar Summit Medical Center	Hermitage, TN

Hospital	Location
Vanderbilt University Medical Center	Nashville, TN

Appendix I

SRNA Recording Cases Supplement

Students will utilize the most current version of the COA Guidelines for Counting Clinical Experiences document. Fraudulent documentation and recording of case records including but not limited to clinical time, clinical case type, procedures, etc. is in violation of standards for professional and student ethics. This may be grounds for dismissal from the program. If you have questions, ASK!

Medatrax has provided a student user guide. The 2019 User Guide is available in the help section of Medatrax. Example below. There is also a Student Training Video in the help section of Medatrax.

Entering Cases:

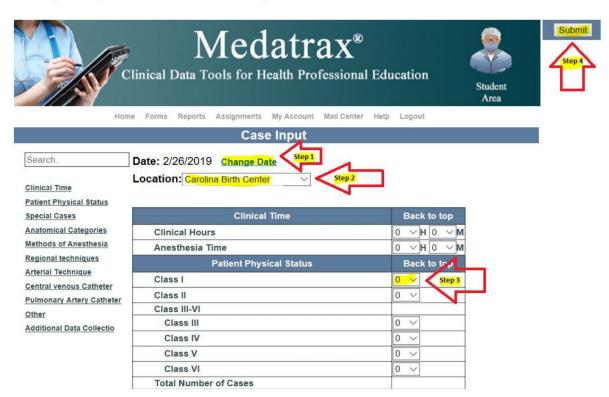## Case entry includes 4 main steps:

Step 1: Date- verify the date displayed is the date for the cases. If not, click Change to select a different date.

Step 2: Location- select the clinical site from the drop-down list.

Step 3: Case entry numbers- Enter the total number of cases that apply to each item. Remember to include all patients seen each day.

Step 4: Saving an entry- Click Submit in the upper right corner of the page to save the case entries.

Note: Repeat this process for each desired data entry

The COA Guidelines for Counting Clinical Experiences document provides examples of counting clinical cases. Samples below:

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples
Total Clinical Hours (2000)	Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time. (see Glossary, "Clinical hours")	Examples of other clinical time would include in-house call, preanesthesia assessment, postanesthesia assessment, patient preparation, OR preparation, and time spent participating in clinical rounds.
Patient Physical Status	Each patient must have only one physical status. The Patient Physical Status categories are to be used only for learning experiences where the student administers an anesthetic. They are not to be used for other learning situations that cannot be counted as a case.	Students would not include the Patient Physical Status category for code blue responses, intubations outside the OR, vascular access consultations, and other situations where an actual anesthetic is not being administered.

CLINICAL EXPERIENCES	Interpretive Guidelines	Examples

b. Analgesia for labor **(10)** [15]	Students performing a pre-anesthetic assessment, developing a plan of care, performing an intervention (e.g., epidural catheter placement), and providing care following the intervention, should count the experience as a case. The case is counted as a SINGLE case, and a SINGLE pain management encounter even if the student periodically returns to evaluate the patient and adjust the epidural dosing.	A student places an epidural catheter for labor pain management. The student provides care after placing the epidural for a period of time and periodically reassesses the patient, adjusting the dosing as indicated.
		This case is recorded as ONE case in the following categories:
		• Obstetrical management
		  o Analgesia for Labor
		• Pain management encounter
		• Regional techniques
		  o Management
		    ▪Pain management
		  o Actual administration
		    ▪ Epidural
		      ◆ Pain management

	If the student only performs the intervention (i.e., another provider has performed the assessment and developed the plan of care), the student <u>does not</u> count the experience as a case, but <u>does</u> count the skills performed (e.g., epidural administration).	A student places an epidural catheter for labor pain management. Another anesthesia provider performed the preanesthetic assessment and patient preparation. The student's involvement was limited to performance of the procedure.
		The student would count this as neither an anesthetic case nor a pain management encounter, but would take credit for the clinical skills performed. The experience would be recorded in the following categories:
		• Regional techniques
		  o Actual administration
		    ▪ Epidural
		      ◆ Pain management

	When a student performs a combined spinal/epidural catheter placement, the student counts both procedures (i.e., spinal and epidural).	A student places a combined spinal/epidural catheter for labor pain management. This case is recorded in the following categories:
		• Obstetrical management
		  o Analgesia for Labor
		• Pain management encounter
		• Regional techniques
		  o Management
		    ▪Pain management
		  o Actual administration
		    ▪ Epidural
		      ◆ Pain management
		  o Actual administration
		    ▪ Spinal
		      ◆ Pain management

CRNA Request of Leave

Student Name: _____**Date of Request:** _____

Date(s) Requested: _____

Reason for Request:

_____

_____

_____

_____

_____

_____

_____

☐ Approved

☐ Denied

Course Instructor's Signature: _____

Program Director's Signature: _____**Date of Decision:** _____

Please keep this form as proof of submission. Requests must be made in accordance to Marian University policy.