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1. INTRODUCTION

Welcome to the University of Detroit Mercy Graduate Program of Nurse Anesthesia. This Student-Faculty Handbook is intended to be used as a reference for questions regarding policy, procedure or any other matters related to the Nurse Anesthesia program. It should be referred to on an ongoing basis as questions arise. Unless they conflict with the policies stated in this document (in which case this document supersedes all others) students are expected to adhere to policies in the

Detroit Mercy Student Handbook
Current Graduate Catalog
McAuley School of Nursing Graduate Student Handbook
College of Health Professions Honor Code
Detroit Mercy Social Media Policy
AANA documents: Scope of Practice, Code of Ethics, etc. (may require login)

PROGRAM ADDRESS AND PHONE NUMBER

Nurse Anesthesia
University of Detroit Mercy
4001 W McNichols Rd.
Detroit MI 48221-3038
313-993-2446 Fax: 313-993-1271

POLICY CHANGES AND DISCLAIMER

Handbook will be published online once a year, prior to the start of fall term, incorporating any policies or language changed in the preceding 12 months.

HISTORY AND ACCREDITATION

History

The University of Detroit Mercy, a Catholic university in the Jesuit and Mercy traditions, exists to provide excellent, student-centered undergraduate and graduate education in an urban context. A Detroit Mercy education seeks to integrate the intellectual, spiritual, ethical and social development of students.

The University mission evolved from the traditions of its sponsors, the Society of Jesus and the Sisters of Mercy. These Catholic traditions emphasized concern for the dignity of the person and for the common good of the world community. The Society of Jesus (Jesuits) founded the University of Detroit in 1877. The Sisters of Mercy, Province of Detroit, founded Mercy College of Detroit in 1941. Together these religious congregations created a partnership in higher education to establish the University of Detroit Mercy in 1990. Each religious congregation brings its spirit to the mission of the University. The spirit includes commitment to quality education, the service of faith, promotion of justice, and compassionate service to persons in need.

The University of Detroit Mercy Graduate Program of Nurse Anesthesia has two antecedents. The Mt. Carmel Mercy Hospital/Mercy College of Detroit Program of Nurse Anesthesia graduated its first class in 1942 at Mt. Carmel Mercy Hospital, Detroit. It awarded a diploma (1942-1980), a Bachelor's degree (1980-1985), a Master of Science degree (1985-2021), and then a Doctor of Nursing Practice beginning in 2022. The Program offices were located at St. Joseph Mercy-Oakland (Pontiac, Michigan) from 1990-2004. The program transferred to the sole governance of the University of Detroit Mercy in 2004, and moved its offices from Pontiac to the McNichols campus in Detroit in September 2004.

From its inception in 1985, the Henry Ford Hospital Program of Nurse Anesthesia was affiliated with the University of Detroit. All graduates were Master of Science-prepared. The consolidation of Mercy College of Detroit and the University of Detroit in 1990, resulted in the two nurse anesthesia programs sharing an academic affiliation, while retaining separate clinical tracks and accreditation. The HFH/Detroit Mercy program closed voluntarily in late 2002, and its students transferred to, and graduated from, the Detroit Mercy program.

The Registrar at Detroit Mercy can provide transcripts and verification of degrees obtained at Mercy College of Detroit, the University of Detroit, and The University of Detroit Mercy. For Alumni: Click Transcripts for how to obtain a transcript. Please contact the Program offices if you need any assistance.

Accreditation

The University of Detroit Mercy Graduate Program of Nurse Anesthesia is accredited by the

Our Beliefs

The nurse anesthesia faculty believe that **care**, **competence**, **scientific inquiry**, and **integrity** are the heart of the profession of nurse anesthesia. **Care** denotes the respect for and advocacy that we provide the patient as a unique individual. Care values guiding practice include respect, integrity, compassion, and excellence. These values will facilitate maintaining or promoting beneficial health or well-being of patients and the communities we live and work in. **Competence** refers to the skill, knowledge of relevant scientific disciplines, and vigilance that we exercise. **Scientific inquiry** is necessary to the recognition and advancement of the nursing profession and its advanced specialties. **Integrity** is vital. The faculty expect that students are honest. This includes adhering to the CHP Honor Code; admitting mistakes; forthrightness with patients, families, and other team members; and a thorough standard of accountability with respect to controlled and other medications.

The Program seeks to educate students at a higher level of learning. It is necessary to synthesize concepts and theory and apply these in the production of a plan relevant to safe patient care in specialty nursing practice. Students are taught to analyze relationships of various phenomena. The student is expected to exercise a high level of judgment in the classroom or clinical area. The graduate program tograduatvpi(a)4 (m)>3 (oom)-2 (ob[(p)-4 (at)-6 o)-4 (f)-1 (

Sharing of student information- The Program will communicate details about a student which we are contractually obligated to supply to our affiliate clinical sites. This may include contact information, immunization and vaccination status, RN license status, BLS/ACLS/PALS renewal dates, and other information. Some clinical sites will require physical proof of a criminal background check and urine drug screen. Federally affiliated sites such as the Veteran's Administration Hospital require a clinical background check with no reports. This information may be shared with clinical coordinators through password-protected systems (e.g. Typhon). Personal health may be shared with clinical site coordinators on a need to know basis for patient safety reasons (e.g. if a student has diabetes, seizures, or other disorders).

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Th (t)-, 8 -0.02 -2 (e)4 fex 0 (qupi)-2 imence04 (gUf)2 ((l)-6 ve)4 (i)3 T.

LOYALTY

Loyalty is reciprocal, up and down the organizational channels. It should not be misconstrued to mean absence of valid critique, complaint or discussion, nor total agreement or consensus with decisions. It does imply that students and faculty support educational policies or decisions, and work within the system to effect change in those policies or decisions with which there is disagreement or difficulty. Therefore, third-party representations to the Council

STUDENTS

Students have a right to expect that upon acceptance into an accredited program of nurse anesthesia, they will be provided the quality of education necessary to fulfill the objectives of the program to prepare competent nurse anesthetists capable of:

1. Attaining the terminal objectives of the program
2. Successfully completing the Doctoral Project
3. Meeting the Graduate Standards for the Practice Doctorate published by COA
4. Meeting the requirements to take the National Certification Examination administered by NBCRNA
5. Integrating theory underlying the practice of anesthesia with the actual practice
6. Providing anesthesia management to all categories of patients for all varieties of diagnostic or therapeutic intervention, utilizing consultation as required
7. Functioning with minimal supervision in all hospitals or agencies
8. Assuring patient comfort and safety within the confines of those aspects of care over which a student has control or can influence through consultation, advice, or other actions.
9. Incorporating sound ethical and moral practices into their own personal value system.

Students have a right to expect that

1. They will not be exploited relative to time commitment for pay or profit of the conducting institution or its affiliates.
2. Enrollment in a program of nurse anesthesia grants certain rights and responsibilities to both the student and the program. These rights and responsibilities of each party should be fully understood and complied with.
3. A student's failure to achieve the goal within the time frame expected should be based on valid, reliable data and information from evaluations, viewed objectively and fairly and reviewed as may be required. Appeals mechanisms are available when decisions are contested. Fair and accurate evaluations of their progress in the educational program will be made and they will be kept informed of their progress.

Students have a responsibility and accountability for

1. The quality of preparation, completion, and performance of assignments
2. Complying with the policies and procedures pertaining to the program of nurse anesthesia and all affiliate sites. Student responsibilities may be defined at the time of enrollment in the program, or made part of the educational experience during the period of enrollment.
3. Their ethical and legal responsibilities for repayment of **student loans** from any source, public and private.
4. Monitoring their **Detroit Mercy email account**. Communications sent to the student through Detroit Mercy email shall be considered as adequate notice. Students must use their Detroit Mercy email account in communicating with University faculty and clinical coordinators.
5. Ensuring that the Program, the Detroit Mercy Registrar, and NBCRNA (nbcrna.com/) have the student’s current contact information (name, email, postal address, phones) always.

6. Submitting current records, such as case logs, licensure, certifications (ACLS and PALS), health status, immunizations and vaccinations, and other records which may be requested by the program.

ALUMNI

Graduates may have access to transcripts of their academic and clinical achievements and, upon their request, have verified copies furnished to institutions, agencies, other programs of nurse anesthesia or others as specified by the student or graduate. A fee may be charged for processing of transcripts and records.

Records retained by the program after graduation may include grades, certification exam application, special awards or honors, licenses and certifications (e.g. ACLS). The Registrar -02 (pt)-2 ludpł(w

9. Evaluate academic work without bias related to race, age, creed, gender, sexual orientation, color, national origin, marital status, religion or any other factor prohibited by law or defined by COA. Respect confidentiality of student information contained in University academic records. Faculty may release such information about intra-University business, including releasing information to clinical preceptors and affiliate faculty without prior student consent, or as may be required by law
10. Not exploit professional relationships with students for private advantage; and refrain from soliciting the assistance of students for private purposes in a manner which infringes upon such students' freedom of choice
11. Give appropriate recognition to contributions made by students in research, publication, service, or other activities
12. Refrain from any activity which involves risk to the health and safety of a student, except with the student's informed consent, and, where applicable, in accordance with the University policy relating to the use of human subjects in experimentation
13. Respect the dignity of each student individually and all students collectively in the classroom, laboratory, clinics, and other academic contexts.
14. Classroom faculty (including guest lecturers who are CRNAs) must: be certified or recertified as a CRNA by NBCRNA, and have at minimum a Masters degree. If not a CRNA, they must have appropriate credentials and expertise.

CONDUCTING INSTITUTION

The program, the University, and affiliated clinical sites are responsible to:

1. Provide didactic instruction
2. Coordinate and carry out application and admission procedures
3. Provide classroom and laboratory space as needed for didactic courses
4. Provide for academic counseling of nurse anesthesia students
5. Coordinate advertising and public relations efforts
6. Provide professional liability coverage which applies to nurse anesthesia students
7. Provide for the clinical instruction and evaluation of nurse anesthesia students
8. Provide orientation to the clinical area
9. Evaluate students in the clinical area
10. Provide support for clinical research and studies
11. Provide the resources needed for effective operation of an educational program of high quality
12. Continually evaluate the program to ensure that it meets student needs and that graduates attain the desired outcomes
13. Prevent department needs from superseding students' needs
14. Conduct the program in compliance with all legal and accreditation standards
15. Facilitate access of COA to all records, individuals, and physical sites needed to perform its accreditation functions.

Detroit Mercy, as the conducting institution, has the right to expect that:

1.

2. Accurate and comprehensive records will be maintained, and these will be made available to on-site accreditation reviewers.
3. The program will submit annual reports and other submissions to the accrediting agency in a timely fashion.
4. The program represents itself with integrity and truthfulness in all communications.
5. It will be kept informed of program changes, accrediting agency evaluations and standards, and trends affecting nurse anesthesia education.
6. Applicants will be selected after review of their academic records, interview, and personal references.
7. Students will be aware of and follow department and institutional policies relative to patient care, personal health care habits, and in all other matters addressed in relevant policies.
8. Students will communicate with clinical instructors relative to their ability to perform procedures, throughout the perioperative period, and apply knowledge in their clinical internships.
9. Students will arrive prepared for classes, seminars, conferences, and clinical internship.

COUNCIL ON ACCREDITATION

1. It is the responsibility of the Council on Accreditation (COA) to
   a. publish all applicable standards necessary for accreditation and successful re-accreditation
   b. evaluate programs in their ability to meet the published standards.
   c. identify any areas of noncompliance and to inform the program accordingly.
   d. conduct periodic announced and unannounced site reviews to assess for compliance to published standards.
2. It is the responsibility of the Program to
   a. assist the COA in all requirements necessary to conduct a thorough evaluation.
   b. provide any required supportive documentation to demonstrate compliance.
   c. provide accurate and truthful statements and documents to COA.
   d. follow all policies and procedures published by COA.

3. PROFESSIONALISM AND INTEGRITY

Patient rounds, case preparation, reading, meeting attendance and other types of inquiry often must be performed on the student's own time. Students shall conduct themselves in a professional and respectable manner during class time, clinical time and during professional meetings and seminars.

All students should be dressed neatly and appropriately when on hospital property (no shorts, sweat suits, etc.) See the various hospitals' dress code policies and the discussion below.

Professional decorum- The Student Registered Nurse Anesthetist (SRNA) is a representative of the specialty, the profession, the University, and the clinical affiliates. The maintenance of a professional appearance and demeanor facilitates the acceptance of the profession and the individual by patients and other health professionals. It is expected that students will assume responsibility for observing the following guidelines on professional behavior.

Guidelines for clinical conduct-

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Students should not discuss or present PHI in a manner or situation which would violate the confidential nature of that record.
Charts or contents (e.g., lab reports, sticky labels, etc.), are not to be removed from the

should a student initiate care for any patient on any rotation without prior consultation and approval of the clinical supervisor. These guidelines must be strictly adhered to for the student's protection and the protection of the patients seen by students.

TITLE AND IDENTIFICATION

Role and title confusion are common problems encountered in dealing with patients. Students should be aware of this problem and avoid misrepresentation by politely explaining their role and position.

In professional interactions with patients and others, students should introduce themselves as a Student Registered Nurse Anesthetist using the title of Mr. or Miss, Mrs., or Ms.

- Equivalent phrases are acceptable provided they clearly convey who is caring for the patient, and who is supervising the student, such as

  "I am Ms. Xavier, a Registered Nurse in training with the anesthesia department. I will be working with Ms. Y, the nurse anesthetist, and Dr. Z, the anesthesiologist."

  Or "I am a Registered Nurse pursuing a graduate degree in Nurse Anesthesia at Detroit Mercy. I will be working with …"

  Or similar expressions.

Students should use the designation, SRNA, following all notations in charts, records, and other medical forms.

In all professional communications, including paging, a student should introduce him or herself as a Student Registered Nurse Anesthetist. No student should casually accept being addressed as “doctor” or as a Certified Registered Nurse Anesthetist.

Likewise, patients should be addressed respectfully, with their last name, e.g. “Mr. Smith” or “Ms. Jones.” Do not use their first names, nicknames, or terms of endearment more appropriate in informal or family settings (e.g. “sweetie”).

Students may be subject to sanctions within the Program for failure to observe any of these ethical guidelines.

Practice and professional ethics

The program expects students to adopt and observe the AANA Code of Ethics. Vingeieio adoTc 0.02 (s)-0 (t)

- ANE 7030 Clinical Internship 3 (1)

Term 7 Fall 8 credits

- ANE 7900 DNP Practicum Project Implementation (3)
- ANE 7520 Anesthesia for Surgical Procedures & Special Populations 3 (2)
- ANE 7100 Physics & Biomedical Instrumentation (2)
- ANE 7040 Clinical Internship 4 (1)

Term 8 Winter 5 credits

- ANE 7920

The program understands that hardships occur during extreme events such as natural disasters or uncontrolled communicable diseases like COVID-19, and consequently, students could be unable to attend clinical for an extended period. In such a case, with appropriate documentation

hours of the end of the exam. The instructor shall have two weeks to respond. Rebuttals will not be accepted for final exams unless they would change the letter grade the student received for the course.

Examination dates: Examination dates, times, and locations may be changed at the instructor's sole discretion. Make-up exams for those unable to write an exam on the scheduled day will be scheduled only on approval of the program director and/or the instructor. It is expected that the student contacts the course instructor 24 hours prior to missing an examination. If this notice is not received, make-up exams will only be given in the event of illness with a physician's note, death in the family with a notification, jury duty with notification, or auto breakdown with a dated repair bill. Make-up exams may not contain the same items or be in the same format as the original exam. If a student arrives more than 30 minutes after the scheduled exam start time, they must reschedule an alternate date. Students will incur a 3-point penalty deducted from their score on any make-up exam, if the make-up was scheduled because they were absent from the original exam without prior notice, or if they arrived more than 30 minutes after the original exam start time without valid and documented extenuating circumstances. The course instructor reserves the right to allow or disallow a student from taking an examination if the student arrives more than 30 minutes after the scheduled exam start time

Computerized Testing: Several testing modalities may be used however, computerized testing (in person or remote-proctored), is the primary method. Scantron, or pencil and paper exams will be given if needed or directed by the course instructor. If the computer goes down or a student is unable to complete for any reason, there are several options available to the class instructor specific to the testing software or hardware issue. The student may be given a written examination or computer examination or the student may be rescheduled on a different time and date. The option chosen will depend on whether there is enough time for the student to take the exam. Any attempt to access an exam a second time (each entry into the test is recorded by the computer) will be considered a violation of testing protocol, and the student will receive a zero for that exam. The same is true in the event a student fails to accept the stated rules at the beginning of the testing session. Failure to follow any policy or guideline related to exams, stated in syllabi or this handbook, will result in your exam being voided and a grade of zero assigned for that exam without chance of remediation.

Remote monitoring may be used for testing purpose for students while at remote clinical locations. This must be communicated to the course instructor at least 1 week prior to the exam and is only available if the course instructor approves remote testing. If used, the student cannot use a paper/pen and instead can use a whiteboard that must be shown prior to and after the exam. Prior to discontinuing the remote monitoring, the student must clear the whiteboard and show the cleared whiteboard to the remote proctor.

WARNING: Students are responsible for knowing how much time they are given to take each exam and finishing within the time limit.

WARNING: The score or percent correct displayed on screen at the end of a computer-administered exam, or in the course site Gradebook in Blackboard is for your feedback only. These may differ slightly from your exact score due to rounding and other reasons. Please consult the individual syllabus for details of how grades are calculated.

WARNING: It is the student's responsibility to assure that an electronic exam is properly submitted and uploaded as instructed to receive credit for the exam. Answers may not be recoverable if this is not completed correctly. The student is responsible for asking for assistance from the proctor if needed.

Written Testing if needed: Answer sheets must be completed in number 2 pencil when Scantron is used. If Scantron is not used, students **must** use a pen for the sake of clarity. The exam booklet must be turned in with the answer sheet. Credit will only be given for answers indicated on the answer sheet, not on the exam booklet. Exams must be kept flat on the desk (this means that you may not lift your exam booklet or answer sheet to a vertical position while reading questions).

GRADING SCALE

Each classroom instructor will communicate

the per-term flat rate fee structure for the student. Petitions for transfer credit are limited to 12 credits maximum. Ordinarily requests are limited to include up to 12 credits from the following courses: NUR 7500 Evidence Based Practice Theory Design Methods, NUR 7000 Advanced Theory Development, NUR 7400 Information Management Decision Support, HLH 7100 Healthcare Policy Economics & Law, and NUR 7300 Transformational Leadership & Innovation.

If you wish to petition for transfer credit, ensure that an original transcript is submitted showing graduate coursework completed within 5 years with a grade of B (3.0) or better. You must write the program Chair with your request, enclosing a copy of the syllabus and topical outline for the course as taught in the term you took it. The Chair may approve or deny your application after reviewing how closely the course you took matches the coursework offered at Detroit Mercy in course objectives, topical coverage, assignments, and assessments. The Program Director may consult colleagues currently teaching the course for their opinion on equivalency. Credits transferred from an institution which utilizes quarter credits may result in a calculation that does not add up to the total credits needed to graduate. In such case, those credits will not be accepted.

CURRICULUM TRANSFER

Students experiencing personal or financial hardship may petition for a leave of absence (policy is elsewhere in this handbook). Students who withdraw but wish to continue in the program later, may only do so through the regular admissions process.

ACADEMIC MISCONDUCT

ACADEMIC INTEGRITY POMo3s02 Tc 0.002TJBPhrough

Students in the College of Health Professions at the University of Detroit Mercy are expected to exhibit behaviors that epitomize academic

physicians, respiratory therapists, or registered nurses, provided that those accepting responsibility for supervision of nurse anesthesia students are entitled by license, hospital credentialing, or job description to perform these duties.

- Students responding to code, rapid response, or respiratory distress calls are required to do so only under the direct supervision of a licensed anesthesia provider who is physically present.

Procedure The decision as to when students are experienced enough to be left alone during an anesthetic will be made based on the following:

- Institutional policy
- Complexity of the surgical procedure.
- Medical stability of the individual patient.
- Level of experience (number and types of cases completed). *
- Individual clinical skills, in a student who is in good academic standing. *
- Completion of didactic courses appropriate to the surgical case. *

* This information is available through the student's case records on Typhon, through the clinical coordinator at each site, or by calling the program administrative faculty directly.

6. SCHEDULING

TIME COMMITMENT

Successful completion of the program requires a substantial time commitment. For the first year of the program, the time commitment is expected to be approximately 30 hours per week. For the second and third years, this commitment averages 55-60 hours a week, year-round These estimates assume that two hours of study are required for each class hour (credit). This figure includes time spent in the classroom, in clinical, and in study.

HOLIDAYS

Throughout the program the student may be scheduled on duty for each of three shift rotations, including weekend experiences. Students will be granted ten (10) holidays per year: New Year' (ude2 ref*541.56 390. Tc 0. (d)2 (2 (heS)-4d)2 (2 (heS)(i)dS6eS)-4d 6 (time)6 (c)6 (o8,1 (w)2 (i)-2 (l

CLINICAL TIME- ASSIGNED HOURS PER WEEK

Clinical courses begin in Year 2:

Fall term 4: 16 hours/week
Winter term 5: 16
Summer term 6: 24
Fall term 7: 32
Winter term 8: 32
Summer term 9: 32

Hours are per week and are subject to change. These hours are SCHEDULED hours. Students may be required to arrive earlier than their scheduled start time to prepare, and to stay after their scheduled departure when good learning experiences are available.

FLEXIBLE SCHEDULING (OPTIONAL)

Students may qualify for flexible scheduling. This privilege is usually reserved for students in their senior/third year of study. Program administration reserves the right to cancel flexible scheduling as necessary if it does not meet the needs of the clinical site, if abuse of the privilege occurs, or for presently unforeseen reasons. Students eligible for participation will be chosen based on performance in their didactic curriculum and on their clinical evaluations. All students may not be eligible. The weekly scheduled time commitment for flexible scheduling will not exceed 40 hours, averaged over a four-week period (counting class days and CAC as 8 hours, and clinical as either 8 or 12 hours). Class days will count as 8-hour days whether they exceed or are less than 8 hours of actual class time. The 12- hour shifts will be scheduled by Detroit Mercy faculty and may be on days, afternoons, or midnights.

Program administration would like to ensure that all involved understand that the purpose of a flexible schedule is to allow them more time to study, attain certain clinical experiences and to meet the needs of the anesthetizing areas of the clinical site. Students shall not be scheduled for 16-hour shifts (unless specific prior arrangements are made with the Detroit Mercy faculty who makes the student schedule, and permission is obtained). The Hutzel obstetrical rotation and the Grace Trauma rotation may include 16-hour shifts.

Selected clinical sites may initiate flexible scheduling to optimize the students' clinical experiences. The student shall not approach the clinical site coordinator to initiate schedule changes without permission from the Program scheduling coordinator. The student must notify program administration of any changes in or variances from the published schedule within 24 hoursprior to any changes from the schedule published by Detroit Mercy faculty.

CLINICAL RELEASE TIME

Requests Clinical release time of twenty (20) days will be granted during the clinical internships. Requests for days off must be in writing, submitted by email to program administration before the deadline, and approved in advance. Students will be scheduled for didactic and clinical experiences by program administration. Requests are due for the upcoming

be communicated to the affiliate clinical coordinator(s) responsible for scheduling and clinical evaluation by email no later than 48 hours prior to the requested day.

UNSCHEDULED ABSENCES

Students are allowed not more than five of their 20 total days as unscheduled absences (call-in's) during the program. Students must call in at least one hour before their scheduled arrival time when they are ill. While on rotation, students **must call the clinical site as well as the program offices at the university** (**313-993-3291**) by one hour before your scheduled shift. You **must also send an email** to hurtpe@udmercy.edu notifying the scheduling coordinator of your clinical or class absence. Call-ins on weekends or off shifts must be made up and will be re-scheduled at the discretion of the program chair. The maximum amount of time to be made-up is 5 days. Use of time (scheduled and unscheduled absences together) in excess of 20 days or patterned absences are grounds for dismissal. Documentation of the number of unscheduled absences will appear in evaluation summaries and in letters of recommendation required by future employers.

Two days will be deducted from a student's vacation bank for

1. No call/no shows (This is also grounds for immediate dismissal.)
2. Calling-in ill at an affiliate clinical site, but failing to notify the program office (313-993-3291) of this call-in
3. Unexcused class absences, but failing to notify the program office of this call-in.
4. Absence or call-in for a sixteen-hour shift (OB, Trauma).

A student who calls in as unavailable for clinical on the last day preceding, or the first day following, a scheduled block of days off must bring in a note (e.g. from a healthcare provider) documenting their illness. Failure to submit documentation of absence necessary for health or other reasons, will be considered an unscheduled absence.

Students are required to attend certain required events that occur outside of class or clinical time (e.g. graduation, seminars, monthly clinical anesthesia conference (CAC), simulation labs, workshops, and conferences). Non-attendance will be treated as an unscheduled absence.

Current information specific to requirements at each clinical site is posted on Typhon, and updated annually prior to the fall semester. Changes to site coordinators and orientation materials may be updated throughout the year. Please review the Typhon site prior to each clinical rotation. It is the responsibility of the student to keep track of their clinical rotation credentialing requirements based upon upcoming clinical rotations. Note that credentialing and computer access can take 4-6 weeks. Students **must** initiate credentialing and other processes well ahead of time. If they do not, days missed from clinical are counted as unscheduled absences.

SEE EXAM AND VACATION BANK

Students are required to complete the Self Evaluation Examination (SEE) offered by the NBCRNA in their senior year. Students are not granted extra time off to take the SEE examination. The list of students to take the SEE is provided to NBCRNA after the Fall term of year three. Students then visit NBCRNA to complete the registration process. Students must take the SEE by the end of February of their final year and must attain a minimum score as set by the Program Director. Students who do not meet the minimum must repeat the SEE up to three more times. The first repeat must be taken two months later to encourage further preparation. A third or fourth attempt, if needed must be taken at least one month after the previous attempt. Attainment of the set minimum score or all retakes (if required) must be completed to graduate. These requirements are also applied in the syllabus of ANE 7110 Pathophysiology Review. A day will be deducted from the allotted time of any student who does not complete the SEE examination by the due date. A second day will be deducted if these results are not on file 30 days after the deadline. A third day will be deducted if these results are not on file by sixty days after the deadline. It is the student's responsibility to submit a copy of their results by the deadlines, if the program is unable to obtain a report directly from NBCRNA.

BEREAVEMENT TIME

Requests for bereavement leave may be granted at the discretion of the program director. You must notify program administration as soon as possible after your loss. The amount of time granted will be decided based on the following guideline:

1. Up to five (5) consecutive scheduled days within a one-week period immediately following the death of the student's spouse, child, or stepchild or parent/step-parent.
2. Up to three (3) consecutive scheduled days within a one-week period immediately following the death of the student's brother, sister, legal dependent, grandparent, grandchild, great grandparent, daughter in law, son in law; or the student's spouse's parent, spouse's brother, or spouse's sister.
3. Up to one (1) scheduled day may be taken to attend a memorial service or funeral of the student's aunt, uncle, niece, nephew, or the student's spouse's grandmother or spouse's

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MILITARY ABSENCE

Students who are members of the armed services of the United States who are called to active duty or required to meet reserve training obligations will be granted time for those purposes. Students must notify the program director of their military status and anticipated obligations upon enrollment in the program. Dates of upcoming military instruction or annual training (including drill periods) that may impact the school or clinical schedule shall be provided to faculty as soon as the student is aware of dates.

MISSION TRIPS

Purpose: To describe specific guidelines for students participating in medical missions in relation to requirements and expectations and to define the process for requesting leave from the regular nurse anesthesia program curricular expectations.

Students may apply for time to serve on medical mission experiences. This time is separate from, and not deducted from, the 20-day allotment of clinical release time. These trips are not part of the curriculum or clinical internship, and they are not sponsored by Detroit Mercy. The student undertakes to serve on these trips at their own risk, and the university does not insure, endorse, protect, or assume liability for any aspect of these experiences. Students are encouraged to consider all possible risks to travel for global mission experiences and take appropriate precautions. Sponsors and CRNA instructors who attend and organize such trips are a good resource for further information about specific missions.

Because these trips are not scheduled with consideration for the University calendar, they may interrupt the student's clinical assignments, therefore the student must petition for release time to participate (using schedule request processes) and sign a consent acknowledging and agreeing to this policy.

Procedure

time, or an excessive use of sick time during the term in which the mission would preclude the student from release for a mission trip.

Requirements:

1. Participants must sign a release form. Along with the release form the student must provide a written statement of goals, rationale for the request (why you feel you meet the acceptance criteria) and how the Mission will enrich their educational experience.
2. In addition to the release form, a schedule request form must be submitted for the actual dates of the mission and travel.
3. During the mission trip, students must keep track of their total cases and experiences. The Council on Accreditation of Nurse Anesthesia 1 (t)-fa 1 (t)-f/TT4 ()4 (l.)]TJ12.44 w 1.5cp tudentp

Additional medical mission schedule and expectations and considerations include:

1. While on a mission, workdays are long and may lack some of the amenities a student may be accustomed to, such as timed lunches and breaks. This would require careful consideration prior to agreeing to participate in Medical Missions.
2. A mission experience is for those respectful of cultural differences and who will represent themselves as future members of their professional organization.
3. Part of respect for peoples' culture and privacy involves the desire for recording the mission and the use of social media. As such, while photos or videos may be useful for the student to remember the experience and share it with others the student must;

    Never take a photograph that could in any way identify the patient. Patient encounters on a mission should be as respectful and adherent to United States HIPPA rules.

    Be mindful of hazards of displaying photos/videos on social media. The student must be mindful of their role as an ambassador of the program, profession, and country.

    This experience expects students to represent themselves among the hosts as ambassadors of the home country and program that has allowed them the privilege to experience and participate in these life changing experiences. The work during the trip is long and difficult and the need for rest and relaxation to maintain wellness is critical. The student must be mindful of these guidelines not only while delivering care, but also in activities enjoyed outside of the workday.

    Any violation of the professional expectations could result in the student being returned to their home country as well as possible disciplinary action by the program.

Request for Release for Mission Trip Form is found at the end of this Handbook.

SNOW DAYS & INSTRUCTIONAL CONTINUITY

Students are strongly encouraged to sign up for the campus emergency alert system (details at my.udmercy.edu). When

1. Michigan Association of Nurse Anesthetists (MANA) meetings held in the metropolitan Detroit area (usually one per year in the spring; students are highly encouraged to attend other MANA conferences).
2. Detroit Mercy Senior Seminar held on an annual basis.
3. Clinical case presentations, anesthesia conferences and department meetings at their scheduled clinical site. Clinical Anesthesia Conference (CAC) day is considered a class day. A monthly student meeting is scheduled following CAC. Lectures or additional classes may be scheduled following the student meeting, **so students must keep CAC day free of other personal commitments.** During some distant specialty rotations (e.g. Gerber, Hillsdale) students may be excused from traveling back to campus for CAC meetings. Prior authorization from faculty is required.
4. Morning clinical conferences - If students are scheduled at a clinical site that holds a morning clinical conference or daily patient presentation, they are required to attend. They should also be-prepared to present their patients scheduled for surgery and review previous day's cases. Children's Hospital of Michigan (CHM) holds a weekly conference on Wednesday mornings for all learners rotating to the site.

Special permission for an excused absence from any of the above must be requested prior to the required commitment from the Program Director or designee.

OPTIONAL CONFERENCES

Conference time may be granted to students to attend the American Association of Nurse Anesthetists (AANA) Annual Congress, the Mid-Year Assembly, Assembly of Didactic & Clinical Educators, or other conferences. Students are discouraged from taking time off the week of the Annual Congress if they are not attending the meeting. Time off shall not exceed the duration of the meeting. To extend time off either before or after the scheduled meeting, the student must use days from your clinical release time. It is customary for students to receive a day for travel both preceding and following the conference. Additional requests for conference time must be approved by Program administration. Time awarded for conferences will be deducted from students' personal time if they do not attend required sessions.

MATERNITY OR PATERNITY LEAVE

Students will receive three (3) days maternity or paternity leave from all clinical or classroom attendance. If additional days are required, the student may request to use clinical release time, or request a leave of absence.

LEAVES OF ABSENCE

In the case of an illness that depletes the student's clinical release time, requires more than a two-week absence, or for other reasons, a personal leave of absence may be granted at the discretion of the program Chair or designee. A leave of absence is designed to cover a short and unexpected illness or emergency. Due to the cumulative nature of the curriculum, in the case of longer illnesses or elective procedures, it may be necessary for the student to resign and reapply to the program. Criteria for returning to the program after a leave of absence will be determined

by the Program Director with input from the treating care provider. However, the leave of absence shall extend no longer than a single calendar year. A student will normally be readmitted-to the Program at the end of the leave of absence if the faculty believes the purpose of the leave of absence has been achieved. The student may be required to do preparatory work before reentry after a prolonged leave or demonstrate current knowledge through examination or through other means upon re-entry. A leave of absence will require additional class and clinical days to meet graduation requirements. Therefore, the student does not graduate on time (with their original cohort). All missed time will be made up at the end of the program.

7. FINANCIAL CONSIDERATIONS

Any fees or prices quoted in this section are subject to change without prior notice.
Financial Assistance Financial assistance is available through several sources. Federal grants have been available to students for several years. These grants are renewed each year by Congress, so their availability for any future student cannot be guaranteed. In addition, a wide range of grants, loans and other forms of support are available through the Detroit Mercy Financial Aid Office. Please contact them directly at (313) 993-3350 for details.
Tuition and Fees Tuition and fees tuition and fees may be found on the Detroit Mercy website in Cost of attendance.

nature of the program, students will find it difficult to subsidize their educational costs through part-time employment. Should students find it necessary to engage in part-time employment, scheduling of such shall not conflict with their academic or clinical commitments. Thus, schedules for any program activities shall take precedence over scheduling needs for employment.

Costs of Affiliations Other than travel and a refundable charge for badges, affiliations provide clinical experience at no cost to the student. Certain rotations may be too distant to commute f prf [efil. , Ihf4 (of)3 (he)0 (at-2 (d s)-1 (t)-2 (ude)4 (n p)-10 e)4 (is)-1 (t)-2

Dorsch JA, Dorsch SE. Understanding Anesthesia Equipment, A Practical Approach to Anesthesia Equipment. 1st ed. 2011.
Ehrenwerth, Eisenkraft, Berry. Anesthesia Equipment: Principles and applications. 2nd ed 2013.
Fleisher. Essence of Anesthesia Practice 4th Edition 2017
AANA. AANA Professional Practice Manual.
Hagberg & Benumof's Airway Management, 4th ed. 2017
Brunton, Lazo, Parker. Goodman & Gilman's Pharmacological Basis of Therapeutics, 13th Ed., 2017

13th Ed.,

All students are required to take the Self-Evaluation Examination (SEE) at least once but possibly more attempts, during their senior year. The cost as of January, 2023 is $265.

Students must maintain a current license as a Registered Nurse in Michigan, and ACLS and PALS recognition throughout the program and at the time of graduation. The cost of these is the student's responsibility. (refer to the separate SEE policy)

A fee must be paid to Detroit Mercy to petition for graduation. This fee is paid during the final semester of course work.

Students will be required to submit a $1,045 fee (as of January, 2023) during the final months of the program to NBCRNA for application to take the certification exam.

White lab coats must be worn whenever outside of the operating room and must be furnished and laundered by the student. Operating room scrubs are furnished and laundered by each institution. You may not remove scrubs from the hospital facility or wear your own scrubs in the operating room.

Each student must supply their own transportation to affiliating hospitals and attend clinical anesthesia conferences at selected hospitals.

Students are required to have email accounts and internet access. These are available at no cost at Detroit Mercy.

Students are financially responsible for textbooks or software which may be required or recommended.

Precordial and binaural stethoscopes, anatomy lab supplies, and regional anesthesia class supplies.

Costs of remote proctoring for exams (if needed) are the student’s responsibility.

Cost of doctoral regalia to participate in graduation commencements

TECHNOLOGY REQUIREMENTS

Access to a personal computer (with camera, microphone, and speakers) and off campus internet access are required. Students are required to have basic personal computing skills (keyboarding, applicable software applications, application of internet skills, etc.). Minimum technology skills required include:

Use of Blackboard Learning Management System

Application of Internet skills including teleconferencing (Microsoft Teams, or Zoom)

Basic abilities in Microsoft Word, Excel, PowerPoint, and other Office 365 applications.

Note: these applications are available as a free download while a student.

Blackboard Use of Blackboard is required for most courses as well as access to clinical schedules and other announcements, and for miscellaneous functions (access through my portal). Office of Digital Education (ODE) provides the Detroit Mercy community with Blackboard training and self-service tutorials and online or call 313-578-0580. Mo (i)-2 (t)-uO

record cases properly. No PHI should be removed from the clinical area in any form (paper, labels,

The first page is a pre-anesthesia evaluation tool.
Page 2 is the overview of the plan and brief statements about the implications thereof.
Write the primary implications. An additional page may

are not limited to: major vascular, neurosurgical, extraordinarily lengthy, expected high blood loss, unusual or complex positioning.

For your obstetric rotation, you will not see many of your patients in time to prepare a written plan of care. Please visit the Typhon folders for Hutzel and Beaumont-Dearborn for obstetrical care plan guidelines and requirements. One care plan per week should be prepared during your obstetric rotation. The care plans should be submitted to your instructor or the clinical coordinator on your first day, and then turned in Detroit Mercy CRNA faculty at the end of the month.

CLINICAL TIME

Most operating room cases start at 7:30am. Day shift clinical experiences are scheduled from 7:00 a.m. to 3:30 p.m. It is expected that the student will arrive and prepare their room and equipment by 7:00 a.m. and be ready to start assigned cases by 7:30 a.m. Clinical assignments are usually distributed the evening before surgery, and it is expected that all patients should be seen and evaluated preoperatively. Outpatient or same day admit patient records should be evaluated the evening before surgery if their chart is available. The plan of care developed and written for outpatients is then modified based on assessing them the day of surgery.

Students shall accept assignments willingly from the clinical coordinator. Refusal of assignments is rarely or never appropriate, and the only grounds are patient safety or ethical considerations. Personal preference or personal safety is only grounds for refusal if adequate personal protective equipment in unavailable.

Students who have cases that start later than 7:30 should assist other students or CRNAs with patient preparation. Students should check with the clinical coordinator regarding reassignment whenever cases are canceled, when there are extended breaks between cases, or if the room finishes early. Students must also check with the clinical coordinator prior to leaving the operating room area for any reason. Students must comply with all department practices regarding time spent out of the department (e.g., 15 minute breaks, 30 minute lunches). It is expected t

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provided by each affiliating hospital. This includes Infection Control, Hazardous Chemical policies and attendance at department meetings.

Typical daily responsibilities of SRNA's **before leaving clinical area**:

restock cart, cupboards, and anesthesia machine
untangle cords/wires
machine turned off
wipe down horizontal surfaces of machine and tabletop with disinfectant
general check of anesthetizing areas
return all narcotics through clinical sites designated processes.
visiting post-op patients
preop rounds on the following day's patients

COMMUNICATIONS AND DISTRACTIONS IN CLINICAL

No reading or writing of any materials except the patient chart is permitted in the OR. **Students should not use mobile electronic devices or cell phones for personal communications or entertainment while caring for a patient**. Any inattentive behavior during a procedure, such as reading, texting, gaming, or using mobile devices to access nonclinical content, will

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.

Students shall have a ten-hour rest period between scheduled clinical duty periods (i.e. assigned continuous duty hours). Ordinarily this means that no duty will be scheduled on the day after a 16- or 24-hour call, particularly in busier institutions where it is likely the student will be awake and giving care for a large portion of the on-call hours. Acceptable alternatives include a late start or early out on the day following a 16- or 24-hour call, at the discretion of the clinical coordinator.

9. ENVIRONMENTAL & CHEMICAL HAZARDS

ENVIRONMENTAL HAZARDS

Selected inhalation anesthetic agents have been thought to be hepatotoxic and on occasion an anesthetist may develop a sensitivity to agents which is reflected in abnormal liver function studies. In addition, studies performed in the past have suggested an association between sustained exposure to an anesthetic environment and an increased incidence in abortions, birth defects, and certain types of malignancies for both male and female personnel. While no cause-and-effect relationship has been established, consideration should be given to these findings in choosing anesthesia as a specialty.

Sites have installed anesthetic gas scavenging systems for minimizing risk to operating room personnel. All Detroit Mercy clinical affiliates have scavenging systems for waste gases. It has not been established whether the risks to personnel are eliminated by these exhaust systems.

Anesthesia caregivers are frequently exposed to blood products, body secretions, and used syringes and needles. All students are expected to strictly adhere to universal precautions whenever involved in patient care that involves potential for contact with mucous membranes, secretions or open wounds. Gloves, protective eye wear, gowns, and masks are available at each anesthetizing site and must be worn when indicated. Proper regard for and performance of aseptic technique is mandatory to protect both patients and anesthesia caregivers. All students must be vaccinated against Hepatitis B and have other immunizations required by policy at the various clinical sites.

Anesthesia personnel are also frequently exposed to x-rays during operative procedures. Lead aprons and thyroid shields are available at each anesthetizing site and must be worn during fluoroscopy or x-ray procedures.

Responsibility for accepting risks associated with this specialty rests with the individual who chooses to work within this environment, rather than with the institutions which take reasonable precautions to minimize potential hazards.

CHEMICAL DEPENDENCY

Purpose The educational program has a vital interest in maintaining a safe, healthy, and efficient environment, free from misuse of drugs and alcohol, for its students and patients.

Recogni

2. whether they entered treatment voluntarily or involuntarily,
3. the severity, type, and manner of substance abuse,
4. their desire to seek treatment,
5. their compliance and insight during treatment,
6. the medical/health/substance abuse professional

When they return from a leave of absence, or if they have not attended clinical internships within the thirty days preceding their return date.

Confidentiality - Testing and test results will be handled confidentially with disclosure of results provided only to appropriate faculty, management, and program administration.

Prescription drugs - Students who have been taking legally prescribed drugs or over-the-counter medications that may affect their judgment or alertness should disclose this use prior to testing. They will be required to bring prescription or OTC medications to the pre-enrollment health screening.

A student's refusal to submit to drug testing shall be considered as equivalent to a failed drug test and will subject the student to disciplinary action.

Controlled Substance Accountability

1. Handling of controlled substances must comply with all applicable policies and procedures at the clinical site.
2. A written, consistent process of controlled substance accountability will be followed by all nurse anesthesia students.
3. All controlled substances will be kept under the control of the person who signed for them; that is, on their person or kept in a locked drawer.
4. Controlled substances will not be exchanged between department members or fellow students.
5. All unused portions of drugs will be returned to the locked compartment in the anesthesia workroom after hours or to the OR Pharmacy satellite. All controlled substance wastage will follow guidelines at the site and may require a witness at the time of wastage.
6. Assays on unused portions of controlled substances, as well as audits of anesthesia and PACU records, may be conducted periodically and if suspicion warrants.
7. Random audits of written records or returned waste may be conducted as part of the QA process. This information will remain confidential until such time that intervention or discipline may be required.
8. When sufficient evidence exists that inappropriate controlled substance usage has occurred, a specific investigation will begin. Unusual trends, violations or errors will be documented and investigated by administrators in Anesthesiology, Pharmacy, Nurse Anesthesia, and the Program of Nurse Anesthesia, or their designees.

10. CLINICAL AFFILIATIONS

Students rotate to various local hospitals where the program has clinical affiliations. Affiliations are designed to provide depth and breadth of clinical experience. Maps The updated list of contact information for affiliate clinical sites will be kept on Typhon.

Trinity Health Services

- Trinity, Ann Arbor
- Trinity, Grand Rapids
- Trinity Oakland, Pontiac, Michigan (Main OR and ASC)

- Trinity, Livonia
- Trinity Muskegon

Corewell Health- formerly Beaumont Healthcare
- Beaumont Hospital, Dearborn
- Beaumont Wayne

Detroit Medical Center
- Harper Hospital, Detroit, Michigan
- Sinai-Grace Hospital, Detroit, Michigan
- Children's Hospital of Michigan
- Huron Valley-Sinai Hospital

Veterans Administration Hospital, Detroit, Michigan

Henry Ford Health Services
- Henry Ford Hospital (Macomb), Clinton Township
- Henry Ford Hospital (Detroit)
- Henry Ford Hospital (Wyandotte)
- Henry Ford Hospital (West Bloomfield)
- Henry Ford Allegiance Hospital (Jackson)

Ascension-St John Health
- Providence Hospital –Ascension Southfield
- Providence Park – Ascension Novi
- Genesys Regional Medical Center – Ascension Grand Blanc
- St. John Hospital Detroit- Ascension Detroit
- St John Macomb- Ascension Macomb
- Ascension Rochester Hospital

Munson Healthcare System
- Cadillac Hospital
- Charlevoix Hospital

Hillsdale Community Hospital

Gerber Memorial Hospital, Fremont MI

Students are scheduled for clinical one to two months in advance based upon student and clinical site needs. Students will not complete the rotations in the same order or at the same times as their classmates. Students may submit clinical rotation preferences during the last six months of the program.

COMMUNICATION

Critical incidents at an affiliate site shall be reported by the student to program administration at the time of the occurrence (within 48 hours). Critical incidents include, but are not limited to, any actual or potential patient injury, complication, morbidity, or mortality.

Sick calls involve notifying the clinical site and calling the program offices at 313 993 3291 and leaving a recorded message. You must call at least one hour prior to the start of your shift. The program voice mail system will record the time of the call. You must also email the CRNA faculty responsible for the schedule.

DUTIES OF CLINICAL COORDINATORS AND FACULTY AT CLINICAL SITES

12. EVALUATION PLAN

OVERVIEW

Student orientation for all beginning students will include review of all program policies. Students shall acknowledge receipt of a copy of the Student Faculty Handbook by signature or by their responses to an online survey.

The evaluation process is an integral part of the educational mechanism a-2 (r)3ofcu tr5 (a)6 (it3 (1)3)2 (r5 (c

summarize their findings in writing on an annual basis. The summary will be forwarded to the Education Committee for review to serve their on-going evaluation of the curriculum.

Affiliation site evaluations are completed annually. Each student will complete one evaluation for each affiliate site which they have attended. All student comments will be compiled in such a way that confidentiality and freedom of expression for each student is preserved. All comments will be reviewed by program administration and shared with the clinical coordinator at each site and any appropriate committees.

SUMMARY OF EVALUATION METHODS AND PROCESS

Students- Clinical

Daily clinical evaluations (verbal and written)
Self-evaluation of clinical competency (written- end of each term)
Summary clinical evaluations (written), and interview (end of each term)
Pass-Fail designation for clinical practice (each clinical term through graduation)
The quality of preparedness during morning conferences, CAC, seminars etc.

Students- Didactic

Written examinations
Quizzes, work sheets, patient simulations, essays
Grades assigned for courses

Clinical Faculty

Written evaluation by students annually
Written evaluation of affiliate sites by students annually
Site visits to each affiliate annually

Didactic Faculty

Written classroom evaluations by students at the end of each course
Observation and documentation by program administration as needed

Program

Seniors students in their final month complete an annual written anonymous evaluation, which must be completed before the exit interview
Graduates complete written evaluation (1-year post graduation)
Employers of graduates provided with a written evaluation tool (1-year post graduation)
Self-Study Committee/Accreditation process
Individual committees address issues pertaining to various areas
Students complete a generalized clinical evaluation annually for the clinical sites.

13. ACADEMIC PROGRESSION

evaluations, care plans, case records, clinical, didactic, or faculty evaluations, and other designated record-keeping responsibilities must be completed, or a passing grade will not be given for clinical internship.

Faculty will review the written evaluations with the student at the time that a probationary status is assigned, noting specific areas requiring improvement. The student will help develop a written plan for meeting the clinical objectives. While on probation, the student will meet with the Academic Progression committee chairperson or designee regularly to discuss the student's progress and review written evaluations received. This discussion will be summarized in writing after each meeting. Students will sign these minutes to indicate that they were reviewed with the student, and they are free to add written comments should they desire. Student signature on these minutes does not indicate agreement; only that the student has had the opportunity to review them. Students on probation will rotate to clinical sites chosen for quality of clinical instruction, and appropriate-level experiences. The clinical faculty will be notified of a student's probationary status.

While on clinical probation, the CRNAs that the student works with will be chosen by the clinical coordinator, in consultation with the Academic Progression committee chairperson or designee as needed.

Length of Probation Probationary status can only be assigned once during the program. The period of clinical probation will last for up to four weeks, but can be shortened without warning if the student's practice represents a clear danger to patient safety, or lengthened if required by the calendar or for other reasons related to the clinical placement. At the end of the probationary period, the Academic Progression committee will make the recommendation to either lift the probationary status or to give the student a failing grade for clinical. The committee will make a recommendation to the program chair who will make the decision based on all data available. The student will be excused from the clinical area while this decision is pending. Any days missed while waiting for this decision will not count against the student's allotted time. If probation is lifted, the student will receive a passing grade for clinical. If not, the student will be dismissed (see "Dismissal").

CLINICAL REASONS FOR DISMISSAL

All students must continually meet standards of care and the requirements of state law that pertain to Registered Nurse practice. The program Chair will report violations of law to appropriate authorities.

Students are normally notified during the term if they are not meeting expectations. However,

2. A course grade of less than B- (2.7) is received in any course. This includes cumulative score below the threshold of 77% to qualify for a remediation examination and students who do not achieve a score of 80% on the remediation examination. *
3. Failure to achieve a cumulative grade point average greater than or equal to 3.0 after one semester of probation for cumulative grade point average below 3.0. *
4. Violation of CHP Honor Code
5. Any dishonest act whose result or intent is a subversion of fair and accurate didactic evaluation, i.e., "cheating" on exams.
    - Instances of academic dishonesty or cheating will result in at least a score of zero on the assignment or examination, and thus, potentially a failing grade in a course. For any such instances, instructors shall notify the program director who shall impose appropriate discipline, up to and including dismissal from the program.
6. Violation of program polices on professionalism and integrity, or ethical behavior *
7. False statements made, or false documents submitted, in the admissions process. Falsification of the application (including providing incomplete or misleading information or withholding facts that might call into question the applicant's meeting the Admission Requirements) shall result in withdrawing an offer of enrollment, immediate dismissal, or rescinding of the degree after graduation. *

Items above marked with an asterisk have the potential for immediate dismissal. Falsification of the application may result in rescinding of the degree after graduation.

NOTIFICATION OF DISMISSAL

Dismissal of a student will be recommended to the program Chair by the Academic Progression Committee. Such recommendations shall include documentation of the reason(s) for dismissal. The final decision for dismissal rests with the program Chair. Once the student is dismissed, they must turn in any records and any affiliate hospital or University property to the director. A summarization of the student's performance to date and a description of the circumstances of dismissal will be placed in the student's file. The Dean of the College of Health Professions, other University officials (Registrar, Financial Aid, etc.), the NBCRNA, and various departments of the clinical site (public safety, the administrator of the anesthesia or other departments that are applicable) will also be notified of the dismissal. The NBCRNA will be notified of the reason(s) for the dismissal. The Detroit Mercy academic transcript will reflect the dismissal.

WITHDRAWAL

Students contemplating withdrawal from the program are required to consult in person with the program Chair or designee prior to finalizing the decision and submitting a written resignation. At the time of resignation, the student must state their intentions in writing and turn in their case totals and all hospital or Detroit Mercy property to the Chair. A student may resign during an

academic or clinical probationary period. However, the resignation must be made prior to the point where the Academic Progression Committee has made a final recommendation to the

ADMISSIONS COMMITTEE

Charge

The interview and review of applications. Student members to inform and guide applicants (but no confidential information shared)

Membership, meetings

Chair: Nurse Anesthesia faculty members

Members: Program administrative faculty. Students, CRNA clinical or classroom faculty, and CRNA clinical coordinators may be invited to participate.

Meet annually or as needed.

ADVISORY COMMITTEE

Charge

Share what is happening in the program, areas for improvement, and efforts to address these

Allow the Program to obtain feedback from the community of interest

Membership, meetings

Chair: Nurse Anesthesia faculty member

Clinical coordinators at all sites, program administrative faculty, public member, senior and junior students, Dean of the College of Health Professions

Meet every other year or as needed.

PROGRAM DIRECTORS ADVISORY COMMITTEE

Charge

Share what is happening in the program, areas for improvement, and efforts to address these

Allow the Program to obtain feedback and concerns from the students regarding the above.

Membership, meetings

Chair: Nurse Anesthesia Program Director

15. CLINICAL PERFORMAN

12. Recognizes standard views of cardiac anatomy obtained by TEE, with assistance.
13. Utilize appropriate monitored parameters (e.g. BP. PAP, CVP, U/O, length of procedure, blood loss) to determine the need for fluid and blood replacement.
14. Relate correct dosages, mechanisms of actions and duration of action of Heparin and Protamine; and recognize when these drugs are to be administered during the open heart procedure.
15. Verbalizes interventions to prepare the patient for going on Cardiopulmonary Bypass (CPB) and weaning from CPB.
16. Demonstrate knowledge of activated clotting time and adjust protamine administration accordingly.
17. Maintain effective interaction with entire open heart team.
18. Utilize all available monitoring devices (e.g. esophageal/precordial stethoscope, EKG, arterial pressure recording) to provide a safe transport of patient to ICU, PAR.
19. Relay thorough and accurate report of patient's intraoperative course (e.g. crystalloid and blood replacement, U/O, general cardiovascular status, intra-operative complications) to the nurse providing post-anesthetic care.

Clinical Obstetrical Rotation Objectives Students may encounter obstetric cases at several sites including Oakwood, Sinai-Grace, Hutzel, and other sites. It is expected overall that the nurse anesthesia student will provide safe and specialized anesthetic care for healthy and high-risk obstetrical patients using various anesthetic techniques.

11. Observes and actively participates in the resuscitation of depressed/high risk newborn infants.
12. Appropriately administers anesthetic care to obstetrical patients during emergency situations (placenta previa, preeclampsia, abruptio placenta, amniotic fluid embolism, etc.)
13. Actively participates in the peri-partum pain management of the obstetric patient. Discuss and educate the parturient on options available for labor pain management.
15. Recognizes health care disparities that affect marginalized groups of obstetric patients that can influence prenatal care and delivery.

17. IMPORTANT TELEPHONE NUMBERS

Clinical Sites- Contact Information Contact information can be found through your Blackboard link on your "M