



Wake Forest University
School of Medicine

Department of Academic Nursing

Established *Excellence*, Innovative Education

Learner Handbook

2023-2024

Department of Academic Nursing

525 Vine Street, Suite 230

Winston-Salem NC 27101

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PURPOSES:

- To inform learners of their responsibilities
- To provide guidance for new members in the department
- To furnish an orientation to the internal affairs of the department
- To provide an overview of the external affairs of the department
- To furnish pertinent information about the Department of Academic Nursing educational program
- To list personnel policies
- To supply information regarding due process

POLICY CHANGES AND DISCLAIMER

The WFUSM faculty and administration reserve the right to change, waive, delete, or implement policies to best serve the mission and interests of the program. Such changes will be communicated via email to learners. The learner handbook will be immediately updated to reflect any changes. The electronic version is to be considered a living document and should be accessed frequently for guidance throughout the duration of the program.

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FOREWORD

Welcome to the Wake Forest University School of Medicine Academic Nursing Programs. Our goal is that your time with us will be educational, rewarding, and fulfilling.

This handbook has been prepared to acquaint you with the services, regulations, and policies of Atrium Health Wake Forest Baptist Medical Center and School of Medicine related to nursing education. As a learner of Academic Nursing, you will be stimulated to analyze the principles and difficulties of problem-solving. You will be assisted in the investigation and understanding of various facets of the problem. Facts will be gathered, and the best solution implemented and evaluated. This process can also be adapted to other aspects of life, both personal and professional.

Learning is an active process that includes the learner and their facts, concepts, beliefs, expectations and insights. Inherent in learning is the need to evaluate one's own learning needs, choose appropriate activities and resources, and to question, solve problems, and think critically. The adult learner bears responsibility for their own learning, while the faculty resources made available to them serve as a valuable tool. For optimum learning, Academic Nursing Programs provide a positive atmosphere, which encourages investigation, experimentation, and application.

Teaching is a facilitative process. The role of the teacher is to provide insight, guide thinking, explain difficult concepts, stimulate generation of ideas, and oversee patient interactions to maintain safety. It is important that the teacher and learner be open to ideas, concepts, and insights. Teaching as a reflective or problem-solving exercise is encouraged to stimulate the learner in investigation and understanding of all facets of the problem. The learner is provided the freedom to learn while faculty still maintain close supervision. Evaluation is a critical component of this process. The teacher and learner provide feedback regarding their respective performance.

The interactive learning process evolves throughout life. Academic Nursing Programs build on individual nursing education and experience to provide solid education. Graduates will possess the knowledge and skills for entry or continuation of practice, and a foundation will be established for a life-long study in nursing professions.

Academic Nursing Mission & Vision

Mission:

1. Improve the health of our state, region, and nation by:
 - a. Educating nurses to translate research into practice
 - b. Educating day-one ready nurse anesthetists to improve access to healthcare
2. Generate leaders in nursing

Vision: To create a center of excellence in nursing education

Cultural Commitment Statement

We live out our commitment to the learning community through relentless passion for growth, purposeful innovation, and collaboration.

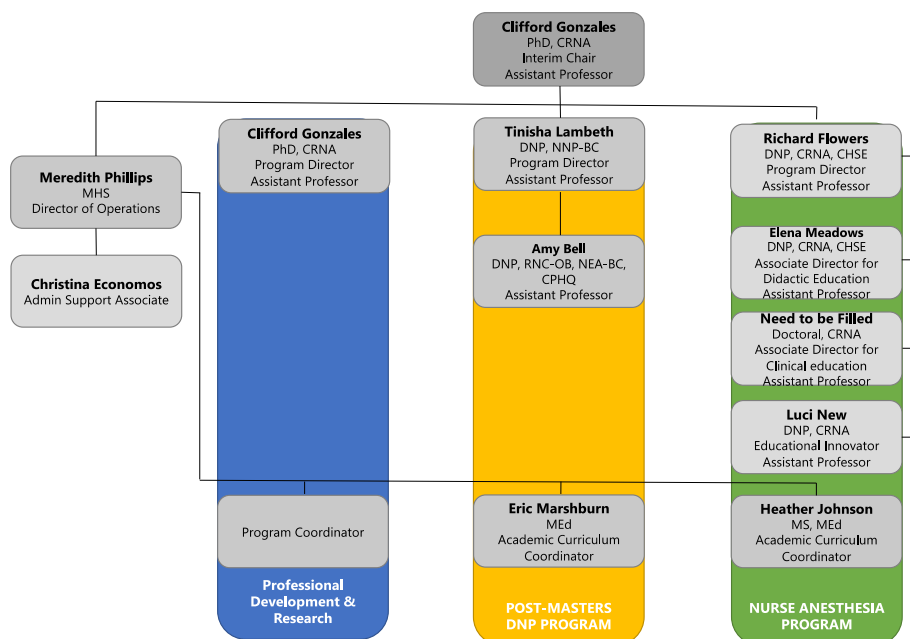
We celebrate, inspire, and empower each other.

We value people above their productivity, while maintaining excellence.

Our camaraderie encourages authenticity, well-being, and fun.

Organization

The Academic Nursing Programs are one of four major educational departments of the Wake Forest University School of Medicine. The other departments are Medical Education (providing the M.D. degree), PA Studies (providing the MMS degree), and the Biomedical graduate school (providing various MS and Ph.D. degrees). Academic Nursing programs lead learners to earn the Doctor of Nursing Practice degree. The department chair reports directly to the Dean of the School of Medicine. The organization structure of the department is below:



Learner Outcomes

As the nation works to ensure adequate nursing capacity, nurses with doctorate degrees will be essential to implementing the evidence that will support contemporary nursing practice, improve patient care, and reduce health disparities. Academic Nursing learners will be prepared to practice in service, leadership, or academic settings.

Academic Nursing graduates will:

1. Apply scientific principles in the provision of advanced practice nursing to promote the health of individuals, communities and populations.
2. Translate scientific evidence into practice and policy to promote ethically sound, high-quality, cost-effective patient-centered care.
3. Employ strategic leadership in interprofessional teams within organizations and healthcare systems.
4. Evaluate and utilize data analytic methods, information systems and technology to improve clinical outcomes.
5. Apply legal, financial and regulatory principles to advocate for change in healthcare policy.
6. Disseminate scholarly work.

PRIOR TO MATRICULATION

Nondiscrimination Statement

The Wake Forest University School of Medicine, inclusive of the Academic Nursing, Physician Assistant, and Undergraduate Medical Educational (MD) programs (the School of Medicine), and the Wake Forest University Graduate School of Arts and Sciences-Biomedical Sciences Programs (hereinafter jointly referred to as “School”) are committed to diversity, inclusion and the spirit of Pro Humanitate. In adherence with applicable laws and as provided by School policies, the School prohibits discrimination in its educational programs, admissions, and activities on the basis of race, color, religion, national origin, sex, age, sexual orientation, gender identity and expression, genetic information, disability, and veteran status.

Inquiries regarding nondiscrimination policies should be directed to:

Title IX Coordinator

Section 504/ADA Coordinator

titleixcoordinator@wfu.edu

Reynolda Hall 307

Sarah Riney

Learning Environment Liaison and Deputy Title IX coordinator

For online submissions: <https://wakehealth.service-now.com/aclab>

edcompliance@wakehealth.edu

336-713-3352

For information regarding the nondiscrimination policies in employment practices for Atrium Health Wake Forest Baptist Medical Center, see the ***Equal Employment Opportunity Policy***. Information about employment practices may also be obtained by contacting:

Employee Relations:

336-716-6464

Inquiries concerning the application of anti-discrimination laws may be referred to the individuals listed above or to the Office for Civil Rights, United States Department of Education. For further information on notice of nondiscrimination, visit <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the U.S. Department of Education office that services your area, or call 1-800-421-3481.

Transfer Credit Policy

A maximum of six credits may be approved for transfer from other accredited graduate schools. Courses completed at other graduate schools must be similar in academic level, content, quality, credit hours, contact hours, and degree program relevance to the equivalent courses offered at Wake Forest University School of Medicine. Transfer credit may be awarded only for academic work completed within the past three years. Some courses are structured to produce crucial components of the curriculum or capstone project, such that it would be detrimental to learner progress to defer them. Therefore, the acceptance of transfer credits for a given course is at the discretion of the program director.

Additionally, courses taken at other graduate schools must be completed with a grade of B (3.0) or better in order to be eligible for credit transfer. Transfer course grades are not included in the Wake Forest University School of Medicine Academic Nursing program grade point average.

A learner requesting approval to transfer course work must provide a written request to the program director and provide a syllabus of the course(s) to be considered for transfer credit. The decision of the program director to deny a request to transfer credits will be final.

For the most recent version and to view this policy in its entirety, please access the institutional policy site [here](#).

STUDENT SERVICES

Student Wellness

Counseling & Well-Being Services (CAWS) are available to learners in all programs of the School of Medicine. CAWS' mission is to reduce barriers to mental health care that are unique to this population and help learners find their cultivate internal and external resources so that they can successfully navigate the demands of medical school, and, ultimately, be thriving citizen-professionals in healthcare. Services are free and confidential and include individual, couples, and group counseling; crisis intervention; consultation; coaching; and well-being outreach in order to support and promote the emotional, intellectual, physical, and social well-being of learners.

Office hours are M-F from 8-5 with some limited evening hours available until 7. The counseling staff includes a director, three full-time staff counselors, a .2 FTE staff counselor, and a counseling intern. In addition, CAWS has a full-time RN/Clinical Case Manager and a part-time family medicine physician who provides medication management. The director and all staff counselors are licensed mental health professionals in North Carolina. The center also provides access to counseling for students who are residing outside the state of NC through MySSP/Lifeworks and offers a 24/7 Counseling Emergency Helpline for mental health support.

To schedule an appointment, learners can use the confidential, online appointment request form at <https://school.wakehealth.edu/about-the-school/health-and-wellness/counseling-and-well-being> or email directly at counselingservices@wakehealth.edu. The 24/7 Counseling Emergency Line can be reached at 336-716-0637. Option 2 will connect the caller with a live counselor. Option 1 will leave a message for the office that will be answered within 24 business hours.

The School of Medicine also offers the services of a clinical healthcare chaplain, Jissan Michelle Nicolle, PhD, BCC (Board Certified Chaplain). Dr. Nicolle served as a neuroscience researcher at WFBH for many years in the Section of Geriatrics and Department of Physiology and Pharmacology. With a deep desire to move away from the lab bench and to the bedside, she closed her laboratory in 2013 and then completed her clinical pastoral education at WFBH (internship and residency) to provide emotional and spiritual support to our patients and their families. Dr. Nicolle came on-board with the School of Medicine in 2017 to provide a wide range of emotional and spiritual support to learners who are struggling to find balance, meaning, or purpose in their personal lives. Additionally, she can support you as you lean into the emotional and challenging aspects of patient care. Dr. Nicolle's own religious tradition is Zen Buddhism, and she continues to train as a novice priest. Her office is in the BGCME, Room 3109, and you can reach her by email at mnicolle@wakehealth.edu.

Office of Student Inclusion and Diversity (SID)

The [Office of Student Inclusion and Diversity](#) (SID) supports the educational mission of Wake Forest University School of Medicine by promoting an environment of excellence and by recruiting and retaining students from diverse backgrounds.

Our office encourages and develops health systems learning environment areas designed to increase opportunities in the health professions for students from groups designated by the institutional diversity statement (disadvantaged background or underrepresented in medicine).

Programming focuses on talent identification and development designed to prepare, attract and retain diverse students in the health professions. SID supports students and fosters an environment of personal development and engagement throughout the institution as well as the community.

Center for Personal and Professional Development (CPPD)

We support students in a team-based approach that is dedicated to explicitly developing the whole person. Our longitudinal model emphasizes the value of personal and professional development, collaboration and social connection. Our focus is to provide support and resources related to well-being, professional identity formation, character, and leadership development for all students at Wake Forest University School of Medicine (WFUSM).

Our staff are Personal and Professional Development (PPD) coaches. What do we mean by coaching?

- Relationship building is our top priority as we work to build trust and rapport with students in order to provide strengths-based individualized and group support.
- Our signature distinction is that we provide relational and longitudinal personal and professional development (PPD) planning with students that is focused on their character development, well-being and short/long-term goals.
- Our coaching model is student-centered, supporting the development of their strengths, personal and professional confidence and sense of belonging.
- Our coaching model is not intended as a substitute for academic advising, mentoring or counseling services.

In addition to our individualized coaching services, we provide programming tied to our pillars and dispositional learning outcomes (DLOs)

- Pillars: academic success, well-being, culture and community, career exploration
- DLOs: intellectual humility, curiosity, respect for diversity, compassion, teamwork/collaboration

Insurance: Health & Dental

Health Insurance: Wake Forest University School of Medicine requires that all learners have adequate and applicable medical insurance. Any charges generated that are not covered by the learner's insurance policy will be the personal responsibility of the learner. Learners who are eligible to continue coverage under a parent's or spouse's policy may do so. As an alternative, Wake Forest University School of Medicine offers a learner plan through Aetna. The cost of this insurance is billed to the learner each Fall and Spring semester on their learner account. Learners are automatically enrolled in the plan each semester unless they waive coverage before the beginning of the academic year. Learners who fail to waive during the designated waiver period will be automatically enrolled in the plan and responsible for all premium costs.

Dental & Vision Insurance: Optional dental and vision insurance is offered to all medical learners through University Health Plans. Learners must enroll in the dental and vision plans each year directly with University Health Plans. Open enrollment occurs once each year during the month of August.

University Health Plans (UHP) is our learner health insurance administrator and serves as a one stop shop to manage all learner insurance questions. For more information and questions, learner reach out to UHP directly at:

www.universityhealthplans.com/WFUSOM

(800) 437-6448

info@univhealthplans.com

Health, Wellness, and Safety for onsite learners:

Student Health Services

Learners may also access services offered by Employee Health Services (336-716-4801). The health services center is located in the Innovation Quarter as of August 1st, located at 575 N Patterson Avenue, suite 148, next door to Allegacy Bank and on the ground floor of the Meads Hall building on the medical center campus. Virtual visits are available through the [Employee Health Portal](#).

Hours

- Regular hours: 8:00 am – 5:00 pm (M-F), walk-ins welcome
- AHWFBMC: 7:00 am – 5:00 pm (M-F), walk-ins welcome
- Innovation Quarter: 8:00 am – 5:00 pm (M-F), walk-ins welcome
- **After Hours** (for emergency needs, such as contaminated exposures)
- **CALL 336-716-4801** and follow voice mail instructions to be connected with someone to assist you.
- Medical care for onsite learners will be handled through the Emergency Department during the hours in which Employee Health Services is closed or for more serious injuries, anytime. Should a learner go to the Emergency Department between 8:30 am and 4:00 pm, he/she should inform his/her Program Director or Associate Director for Clinical Education as soon as feasible. If the

learner is in the clinical area, he/she may obtain permission from the Charge Nurse Anesthetist, who will contact the Program Director. All visits to the Emergency Department for injury or illness incurred during clinical training must be reported to the Program Director or Associate Director for Clinical Education as soon as possible.

Hospitalization/Extended Illness

Learners who are admitted to the hospital for a time period that will interfere with your educational requirements, please see specific program guidelines.

Medications

Learners who take prescription medications should familiarize themselves with the WFUSOM substance abuse policy, specifically noting that the School prohibits learners from attending classes, participating in clinical rotations, or otherwise participating in or attending School or AHWFB activities or functions while under the influence of alcohol, chemicals, or drugs which impair one's ability to perform normal activities.

Screening

To support the health of our learners and the safety of their patients, screening may be performed on learners annually, by random selection, or whenever suspicion of substance misuse exists. Screening will be carried out whenever requirements of clinical sites dictate, in order to qualify learners to rotate to those sites.

Immunizations

Other requirements such as vaccination against infectious disease may be necessary to meet contractual agreements with affiliating clinical agencies.

Support Services

Faculty and Office Appointments

The Academic Nursing Programs Office is open Monday through Friday from 8:00 am until 4:00 pm. Learners who need to make an appointment to review an assignment or to meet with a faculty member should contact the Administrative Support Associate at 336-716-1411. Appointments with faculty members should be scheduled in advance since faculty members are often away from the office on clinical or classroom assignments. Information about the program office:

Program address: 525 Vine St, Suite 230, Winston-Salem, NC 27101

Program email address: napinfo@wakehealth.edu

Department number: 5581.10850.45621

General office telephone: 336-716-1411

Program facsimile number: 336-716-1412

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Academic Technology

WakeUp is the learner portal for learners in all programs of the School of Medicine. From this single [portal](#), you can access the Canvas learning management system, Typhon for recording clinical cases (SRNAs), Wakehealth email, library resources, Sharepoint, Academic Computing, and other resources. You can also access non-academic resources related to safety and security, learner affairs, financial aid, policies, and many other resources. New learners should take time to explore WakeUp to become familiar with the resources which are accessible there.

The Canvas Learning Management System provides 24x7 access to all learning resources including lecture files, audio/visuals, objectives, learner resources, recorded lectures, and schedules at a glance. A dedicated portal provides direct access to learner administrative resources. You can access Canvas through WakeUp, or directly at this URL: <https://wfusm.instructure.com/>

For help with technical issues, contact:

- Technical Issues for Academic Needs - AC Lab: 336.716.1410 or ACLAB_DL@wakehealth.edu
- Wake Forest Health Sciences Information Technology Services (ITS) Help Desk: 336-716-4357
- Canvas Technical Support 24/7:

Login to Canvas and click HELP on the left toolbar for the support hotline OR

Email Canvas Support: support@infrastructure.com

Logging into Canvas:

Bookmark the following link to access your Canvas courses: <https://wfusm.instructure.com/>

Coy C. Carpenter Library

The Medical School Library (Coy C. Carpenter Library, 336-716-4414 OR [Student Resource Center at BGCME 336-713-9761](#)) is located on the first floor of the Medical Center Campus, James A. Gray Building. [The Carpenter Student Resource Center is located on the 3rd floor of the BGCME bldg.](#) The library is well-stocked with volumes covering all of the medical and surgical specialties as well as the basic sciences. Copy and printing services are available in the Medical Center Library, the learner resource area, and the nurse anesthesia learner work room.

Many resources are available online, with full-text articles and textbooks accessible from within the medical center network or when logged on via VPN. Please visit the [Library website](#) for contact #'s, holiday hours, databases, resources and information about the library. Brandy Hardy serves as the Program's Library Resource Liaison and can be reached at 6-0078 or bcwatt@wakehealth.edu.

Coy Carpenter Library Hours

Monday – Thursday	7:00 am – 10:00pm
Friday	7:00 am - 6:00 pm
Saturday	10:00 am – 6:00 pm
Sunday	1:00 pm - 10:00pm

Creative Communications

Creative Communications is the Atrium Health Wake Forest Baptist Health in-house communication resource and brand manager. The communications team has developed templates, brand standards, and printing services.

Approved Templates

Atrium Health Wake Forest Baptist and Wake Forest University School of Medicine templates are available here: [Templates](#) (Select from the templates tab or utilize the search bar)

Multiple options, including: flyers, posters, note cards, pocket folders and more.

Brand Center

Brand standards, digital letterhead, PPT templates and approved vendor information are all available here: [Creative Communications Brand Center](#)

Printing Services

Offering high speed copying and printing services. Please email them directly with questions: [Printing Services](#)

Distance Education

Course delivery and learner assessment is completed through the learning management system Canvas. Distance education is both independent and collaborative. It includes question-and-answer discussions, online group work, web conferencing, and recorded and live video instruction. See the **Learner Resource Center on Canvas** for information about best practices for learning online .

Minimum Requirements for Distance Education

Learners are required to have high speed or broadband internet availability.

Technical Requirements:

- Memory (RAM) 8 GB or Greater (16 GB is recommended)
- Hard Drive - 256 GB or higher
- CPU – quad core 2.0GHz+ (Intel i5, AMD Ryzen 5 or higher, Non-ARM based)
- Operating System – Minimum Windows 10 or MacOS 12.0 Monterey
- Microsoft Office 2016 or Newer
- WebCam – HD Camera 1920X1080

Distance Education General Expectations

- **Begin by reading the syllabus for every course**

This helps you understand the online course, the instructor's expectations, module content, deadlines, assignments, etc. Ask for instructor clarification as soon as possible.

- **Communicate via Canvas and email**

It is the expectation of the WFUSOM that learners use Canvas for course-related activities and communication. If you feel your question may be shared by other learners, please post your question so that everyone can see the response.

- **Written Assignments**

Individual written class assignments are submitted electronically through Canvas. Label all your submitted assignments clearly.

- **Deadlines**

Deadlines are important to help you plan your work and to allow adequate time to receive instructor feedback. Have a consistent plan for knowing your class deadlines. Staying on time is an essential component of successful distance education.

- **Professional Communication Guidelines**

We anticipate and hope course discussions reflect a variety of perspectives. Everyone is expected to work actively together to create an online climate that promotes collegiality and cordial, well-informed discourse. Expectations for class discussions are that contributions are substantive, reflect thought and analysis, integrate concepts from the week's readings, and build upon the thoughts expressed by classmates. Differences of opinion are welcomed and encouraged. Professional online behavior is expected and required.

- **Identifiability**

All information exchanged, whether by email, discussion board, or any other means, must be identifiable. Emails and discussion board posts must be signed. Do not assume that the recipient will know your name from your email address. Use your first and last name.
- **Salutations**

Emails should begin with a salutation. Emails to faculty should begin with “Professor (last name)” “Dr. (last name)” or “Mr. or Ms. (last name of faculty).” Include the course number in the *Subject* line. Emails to a classmate should begin with “Ms. Smith” or “Jane” or “Mr. Jones” or “Tim”. Note that it is not necessary to begin a discussion post with a salutation.
- **Clarity**

Clarity in electronic communication is essential. Reread what you’ve written before posting or sending. Use complete words, complete sentences, correct spelling, and appropriate punctuation. Consider using a grammar and spelling check application. Avoid the use of shortened words and abbreviations often common in texting and informal communication. Keep your electronic communications organized and to the point.
- **Polite Discourse**

As noted above, professional online behavior is expected and required. Please refer to netiquette guidelines.
- **Security**

Internet and email are never entirely secure. Save copies of all your outgoing e-mail messages.
- **Privacy**

Never share your classmates’ contact information with someone outside the class for any reason. Use good judgment in using the email “forward” and “carbon copy” functions. Do not forward an email sent to you to another person without the sender’s permission unless you are reporting a concern to the professor or the Program administration.
- **Plagiarism**

Plagiarism is prohibited. See Academic Honor Policy and Standards of Professional Conduct.
- **Copyright**

Please observe all copyright laws as they pertain to the Internet. **Do not upload copies of copyrighted material to WFUSOM.**
- **Class Participation**

Regular and active weekly engagement in the class discussions is critical to a successful doctoral-level course and provides a virtual classroom for the discussion of topics critical to understanding and synthesizing course content. Discussion should be thoughtful and referenced, with all non-original material cited with author, date, and web link, as appropriate, following the most recent APA guidelines.

Discussion Posts

Submit initial post(s) early, and subsequent responses to the posts of others at timely intervals throughout the discussion week. The goal is to have a dynamic discussion around the topic. Discussions occur when there is dialogue; therefore, you need to build upon the posts and responses of other learners to create discussion threads.

- Be succinct and keep each post and response to one or two short paragraphs. Classmates will be reading and responding to you, too. Adhere to the instructor's word count, references, and other guidelines.
- Make certain that all posts and responses address all parts of the question, problem, or situation as presented for discussion.
- When relevant, add to the discussion by including prior knowledge, work experience, references, web sites, resources, etc. (giving credit when appropriate).

Using Electronic Communications (EC)

Emails sent for non-urgent requests and/or sent to the inappropriate party can quickly fill inboxes, impeding workflow and obscuring more urgent messages. To be more efficient and to promote professional EC habits, the guidelines below will assist learners and faculty in the appropriate use of EC:

- Use your Canvas inbox or Outlook and verify with course director for preference for all course related communication.
- Utilize this Learner Handbook as a resource before constructing an email. Many of your answers can be found here.
- EC is most useful for relaying instructions or messages of a semi-urgent nature.
- If sending to multiple parties is necessary, address the specific concern intended for each recipient in the body of the message. Adding "cc" recipients means "FYI". Do not expect a reply from people you cc.
- Do not "reply to all" or add multiple recipients unless the message must be evaluated by all simultaneously. Indiscreetly adding recipients slows processing, as each recipient is then required to consult with one another before providing an answer to the sender.
- Expect that a response may take at least two business days.
- If you have sent inquiry to one member of the staff, await a response. Do not forward to another when you do not get an immediate response. This duplicates efforts and may further delay the response to your message.
- For more urgent needs, use telephone or other direct means. Likewise, flagging a message "urgent" does help with prioritization, but use this very sparingly.

Video and Recording and Photography

Learners may be captured by video or photography during interactions with the program, either as part of academic recording or recording for marketing purposes. Some course lectures are video recorded. In the process of capturing these recordings, images or audio of learners are occasionally captured. Learners will be asked to sign a photography consent upon matriculation, giving the program permission to use images of learners in social media, marketing materials, or other venues. Learners have the right to refuse consent, and they have the right to rescind previous consent at any time through written notice to studentrecords@wakehealth.edu. The program director will be notified.

Financial Aid

Tuition & Fees

Direct educational expenses for the learner include both tuition and learner fees. Visit <https://school.wakehealth.edu/education-and-training/paying-your-bill> for more information from the Bursar's Office. Please note, fees may be changed at any time without prior notice. We are required to estimate the total cost of attendance, which would include incidental and living expenses which a typical learner may pay on their own. That estimate is below.

2023-2024 Tuition

Nurse Anesthesia Program	
Year 1	\$40,406
Year 2	\$40,021
Year 3	\$39,252
Student Fees (all fulltime students)	\$3,418
Post-Master Doctoral Nursing Practice Program	
DNP Part-time tuition per credit	\$1,397
DNP Part-time Student Fees	\$772

A deposit of \$1,500 is payable to Wake Forest University School of Medicine (WFUSOM) upon acceptance to a degree program and is not refundable. This is applied to the first-year tuition.

WFUSOM will maintain records of all learner charges including tuition, insurance, parking, vaccine charges and any other miscellaneous items charged to the learner account. Student Financials located in Financial Services will process payments made by cash or check. Learners may view their learner accounts and make electronic payments from their checking or savings account online via PeopleSoft Self-Service. Tuition is payable in two equal installments and is due on the first day of the semester. If payments are not received within 10 days WFUSOM will charge interest at prevailing bank rates on tuition due. All charges must be paid in full each month by the learner. **Learners will not be eligible to advance in the curriculum and will be withdrawn if the balance is not paid in full within 90 days of first notification.**

A learner may accrue balances due for tuition, fees, insurance, or other services payable to the institution. A learner with past-due balances cannot:

- register for future semesters
- receive an official transcript of academic record
- have academic credits certified
- receive a diploma at graduation

In addition, payments which are delinquent by more than 10 days will accrue interest at prevailing bank rates. Learners will not be eligible to advance in the curriculum and will be withdrawn if the balance is not paid in full within 90 days of first notification.

Learners who are on Leave of Absence and have an outstanding balance should refer to the Student Payment Policy. Upon matriculation learners will be required to sign a Payment Responsibilities agreement.

****NOTE:** Many of the fees outlined above are not under the control of the Academic Nursing Programs. Furthermore, tuition and fees may change without notice at anytime. The figures herein are for informational purposes only and do not represent an agreement or contract to make services available at a particular cost.*

Financial Aid Office

The Financial Aid Office seeks to assist learners and their families. They support enrollment and retention by identifying resources and educating learners so that they may make sound financial decisions.

The Financial Aid Office at WFUSOM is committed to:

- Providing exemplary service in the most effective and efficient way possible to support the needs of our learners and university community;
- Delivering funds in a timely and equitable manner; and
- Acting with fiscal responsibility and following federal, state and institutional policies and regulations in the administration of student financial aid.

The Financial Aid Office may be reached at 336-716-2889.

Applying for Financial Aid

Application Deadlines:

- **New Learners:** April 15 (Regardless of acceptance status)
- **Returning Learners:** May 15

The Financial Aid Office may be reached at 336-713-2727

FAFSA (Free Application for Federal Student Aid)

To qualify for student loans for the academic year, complete the FAFSA at www.fafsa.gov after October 1. Entering learners should submit the FAFSA no later than May 15 to ensure the results reach the Office of Financial Aid in adequate time. Returning learners are required to update the FAFSA each year in order to be eligible for aid.

The WFUSOM School Code is E00524.

Parental financial information is not required on the FAFSA for graduate and professional learners. After your FAFSA is processed, you will receive a summary of your information in your Student Aid Report (SAR). If you provide an email address, your SAR will be sent via email within 3-5 days. If you do not supply an email address, your SAR (Student Aid Report) will be mailed to you about 4 weeks after you submit the FAFSA. The SAR indicates your expected family contribution, which is used to determine your eligibility for federal student loans. The SAR also lists the information you reported on the FAFSA, so that you can check your information for accuracy. If no corrections are needed, keep the SAR for your records. If you listed the WFUSM school code in the college release section of your SAR, we will receive your information electronically.

To be considered for a post-masters DNP scholarship, FAFSA is required.

What to expect after applying:

It is your responsibility to ensure all information is received and on time. Please feel free to contact us at any time to check on the status of your file. You may email us at FinAid@wakehealth.edu.

Receive award notification: all learners will receive their award package information on or by May 15. Review awards online and accept or decline awards offered accordingly. *Note: The total amount accepted will be divided into three disbursements (35 percent for fall; 35 percent for spring; and 30 percent for summer).*

Submit your award decisions by May 30. The Office of Financial Aid will certify your eligibility for the loans you have accepted and send the certification to the Department of Education.

Read, complete and electronically sign your Master Promissory Notes (MPN's). An MPN must be completed for the unsubsidized Stafford loan. If you also accepted the Graduate PLUS loan, you must complete a separate MPN. **The MPN link is provided once you submit your financial aid.** If you did not complete the MPN when you clicked submit, go to www.studentaid.gov.

Your awards are first applied towards tuition. If there is a remaining balance, an incoming learner should expect to receive a "refund check" at orientation.

Financial Aid Enrollment Status

Full-Time Status

A learner enrolled in the nurse anesthesia program for a minimum of **eight (8) credit hours of coursework** is considered a full-time learner for Fall and Spring terms. A minimum of five (5) semester hours of coursework is considered full-time for the Summer term.

Half-Time Status

A learner registered for less than the above amount of coursework is considered a part-time learner. Learners must maintain a credit-enrollment of at least half-time (4 credits per Fall and Spring semester and 3 credits for Summer) to remain eligible for financial aid.

Satisfactory Academic Progress for Financial Aid Eligibility

- A. Federal law and regulations require Wake Forest University School of Medicine (WFUSOM) to establish and implement a policy to measure whether learners applying for and/or receiving federal financial aid are making **Satisfactory Academic Progress (SAP)**. SAP is the successful completion of degree requirements according to established increments that lead to awarding of the degree within specified time limits. The following policy delineates the standards for Satisfactory Academic Progress (SAP) at WFUSOM Academic Nursing Programs, which applies to all matriculated learners, whether or not they are recipients of financial aid. Failure to meet the SAP requirements may result in a learner's loss of all financial aid, including federal and institutional. This policy addresses only the financial aid consequences of not meeting the qualitative measures of SAP and does not address the consequences to academic program standing or eligibility for continued enrollment. For more information about those consequences, see the section in the handbook titled Academic Honor Policy and Standards of Professional Conduct.

1. Quantitative Measures of SAP: Reviewed at the end of each Semester

The requirements for all learners include satisfactory achievement of performance objectives of each program's curriculum. Formative and summative evaluation of academic progress occurs throughout the program. The progress of each learner working toward the designated degree is monitored carefully, and the determination of **Satisfactory Academic Progress (SAP)** is reviewed each semester by the Academic Nursing Program Directors and the WFUSOM registrar. At the end of each academic semester, learners must have demonstrated compliance with WFUSOM academic, professional, and graduation requirements.

- a. The curriculum is set up in a lock step manner. Cohorts will begin and complete the program of study together. In extenuating circumstances, with approval by the program director and the associate director for doctoral education, learners will be given up to two extra years to complete their program of study for a maximum of five years for the both the post master's DNP and Nurse Anesthesia program, including LOA.
 2. Qualitative Measures of SAP: Reviewed at the end of each Semester
Learners are expected to maintain an overall grade point average (GPA) of 3.0. However, up to 10% of credit hours may be below a "B" average during the completion of the program. The final grade given by the course director will be reported to the registrar.
 3. Process of Determination for achieving SAP
 - a. Early identification of learners at risk of not meeting quantitative or qualitative measures of SAP. Early intervention and counseling to achieve the measures of SAP.
 - b. When interventions of counseling are not satisfactory, learner will be invited to meet with the Student Success Committee. The SSC will identify and be convened other interventions to meet the quantitative and qualitative measures of SAP. Additionally, the SSC may opt to give a warning letter. If the learner unsatisfactory meets the qualitative and quantitative measures of SAP despite previous interventions, the student success committee and financial aid policy will be enforced.
- B. Financial Aid Appeal
1. A learner who has lost eligibility for financial aid because of a failure to make **Satisfactory Academic Progress (SAP)** may re-establish eligibility for financial aid only if the learner subsequently meets SAP requirements or successfully appeals the decision that SAP has not been met.
 2. Learners who lose eligibility for financial aid may appeal the decision regarding SAP by following the procedures below. Those wishing to utilize this process must present evidence of mitigating circumstances that occurred during the semester in question that could not have been anticipated prior to that period and that adversely affected their ability to make SAP. Events such as the death of an immediate family member, extended illness suffered by the learner, or other unforeseeable events that may have caused significant hardship for the learner may be considered as examples of mitigating circumstances.
 3. To appeal, the learner must submit letters of appeal to the Financial Aid Office. These letters of appeal should include the following:
 - a. Mitigating circumstances that prevented the learner from meeting the requirements for SAP.
 - b. Documentation that supports the learner's basis for appeal.
 - c. Steps the learner has taken/will take to ensure future SAP. This plan should outline the learner's academic goals for each period that will enable the learner to meet the requirements for SAP at a specified future point in time.
 - d. Anticipated graduation date.
 4. In most cases, the **WFUSOM SAP for Financial Aid Committee** will render a decision within two

weeks of receipt of a fully completed appeal. All decisions of the **WFUSOM SAP for Financial Aid Committee** are final. Notification of the decision will be sent to the learner via the learner's WFUSOM e-mail account.

5. If the appeal is approved, the learner will be placed on financial aid probation and will be eligible for financial aid if an approved Academic Plan is in place. An Academic Plan must be formulated with the Academic Nursing **Student Success Committee** in consultation with the Registrar and learner. The Academic Plan will typically be developed to encompass one academic semester. Academic progress will be evaluated at the conclusion of each enrolled term for all learners on financial aid probation.
6. Learners who meet the requirements for SAP during their probationary semester will resume financial aid good standing and again be evaluated at the conclusion of the following academic year. Learners who fail to meet the requirements for SAP during the probationary semester or do not complete the requirements of their Academic Plan will again be ineligible for financial aid. Learners may appeal again by following the appeal process.
7. **If the SAP appeal is denied, financial aid will be cancelled.**
Learners who are ineligible to receive financial aid may use one or more of the following payment options while attempting to regain eligibility: learner/family resources or Alternative/Private Educational Loans.

Note: A learner who has lost eligibility for financial aid due to a failure to make SAP cannot automatically regain eligibility by paying tuition for a semester or by sitting out a term. Eligibility may be regained only by eliminating all SAP deficiencies at the learner's expense until all requirements of this policy are met. Learners who have reached their maximum time frame are not able to regain eligibility. Learners who are withdrawn from WFUSOM are not making SAP and are not eligible to receive financial aid.

C. Monitoring and Enforcement of Satisfactory Academic Progress

1. The progress of each learner working toward a degree is monitored carefully, and the determination of **SAP** is reviewed each semester. Each learner's progress will be evaluated after grades are finalized at the end of each academic semester. Evaluations of learners' SAP will be completed in a timely manner, however the subsequent term/year, may be in progress at the time learners are notified of their ineligibility. A learner who fails to meet one or more of the standards for SAP is ineligible for financial aid beginning with the academic term immediately following the term in which the SAP requirements were not met, pending results of the appeal process. Learners will be notified via their WFUSOM e-mail account if they have failed to meet the requirements for SAP. Learners may appeal the decision. The program director and the Office of Financial Aid and the Offices of the WFUSOM Registrar collaboratively shall have the responsibility for monitoring and enforcing standards for SAP. At the end of each semester the WFUSOM Registrar will notify the program director of any learners who are not meeting the requirements for SAP. The program director will determine whether academic or other sanctions are warranted and will inform the learner of such sanctions. The Financial Aid Office will inform any learner whose financial aid has been impacted.

Student Success Committee (SSC)

If a learner fails to comply with academic or professionalism standards, the learner will be required to meet with the **Student Success Committee (SSC)**. The Student Success Committee is comprised of 3 Department of Academic Nursing faculty members, plus relevant *ad hoc* members as appropriate.

The **SSC** is empowered to evaluate substandard academic and professional performance by a learner and to recommend remediation work, recommend support resources, and/or impose sanctions upon the learner. The SSC may recommend dismissal of any learner at any time when the committee deems that the learner is not qualified to continue or demonstrates failure which is refractory to prior notification or remediation of said deficiency.

The SSC will be appointed by the Department Chair, who serves as committee Chair. The committee will consist of the Chair, and at least two additional representatives of the core faculty. The Chair may invite additional *ad hoc* members, such as a clinical preceptor, faculty mentor, project advisor, or other relevant faculty members or support personnel who can provide insight and/or guidance on the learner's specific concern. The Chair and members of the SSC have access to all grades and other evaluations performed on learners under review. The committee will be convened to review the performance and progress of any learners who are not meeting performance objectives. The committee may impose a written warning, academic probation, or recommend dismissal for learners who do not meet program performance standards for academic or professional behavior.

When a learner deficiency is referred to the SSC, that committee will evaluate the details of the concern, including hearing a statement from the learner, if the learner desires to speak before the committee. The learner will be invited to provide a personal statement, but no other representatives, proxies, or legal representation will be allowed to attend a learner's meeting with the committee. The learner's lack of availability or willingness to attend will not preclude the committee from acting on the case. Synchronous video communication will be permitted at the discretion of the Chair. As a result of evaluating the learner's actions or performance, the SSC may impose one of the following:

- **Written Warning:** A written censure issued to the learner. This document outlines the details of the learner's deficiency or breach in the Academic Honor Policy and Standards of Professional Conduct and provides an academic or professional action plan for improvement. The written warning may include an action plan for improvement, which could establish behavioral performance measures or require that the learner participate in confidential personal counseling sessions with a licensed professional counselor.

A follow-up evaluation will take place after an appropriate developmental interval to determine if the deficiencies or breach in **Academic Honor Policy and Standards of Professional Conduct** have been corrected. Inability of the learner to remediate substandard performance outlined in the written warning will cause further disciplinary action to be considered, up to and including dismissal.

- **Probation:** Official probation is a period of no more than one semester in which the learner must correct academic deficiencies or breaches in the **Academic Honor Policy and Standards of Professional Conduct**.

Should the learner violate any established terms of probation, further disciplinary action may be taken. In the event that deficiencies that required probation are not corrected, recommendations

for dismissal of a learner may be made by the **Student Success Committee**. *For sanctions less than dismissal, the decision of the Student Success Committee will be final and not subject to appeal.*

- **Dismissal:** Expulsion from the Wake Forest University School of Medicine Academic Nursing program in its entirety.

A dismissal decision by the Student Success Committee will be communicated in writing to the Dean or designee within ten (10) calendar days of its decision.

Appeal of Dismissal

A learner who wishes to appeal a dismissal decision must do so through a formal request for appeal in writing (which may include electronic mail) to the department chair within seven (7) business days after the learner is informed of the decision for dismissal. Learners can appeal one time. Once the Appeals Committee confirms the committee's decision, that decision is final. Please see the policy, [Student Appeal of Dismissal Policy - Wake Forest University School of Medicine](#) for complete details.

Other Policies

Learners may also be subject to disciplinary action, up to and including dismissal from the Program, when a learner fails to comply with other policies applicable to all Department of Academic Nursing programs. Examples of such policies include:

[Conflict of Interest Related to Student Assessment Policy \(WFUSM\)](#)

[Anti-Harassment Policy \(WFUSM\)](#)

[Student Substance Use Policy \(WFUSM\)](#)

[Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures \(WFUSM\)](#)

Withdrawal

Learners who wish to withdraw from an Academic Nursing Program must complete the appropriate form, which requires approval from the Program Director. A learner who withdraws from the Program during a semester may be entitled to a refund of certain charges. A withdrawal also affects financial aid eligibility and could require a return of federal financial aid funds. Please see the [Refund of Tuitions and Fees Policy \(WFUSM\)](#) and the [Return of Federal Financial Aid Funds Policy \(WFUSM\)](#) Policies for further details. Because of the sequential nature of the curriculum and course offerings, dropping a course will likely also necessitate the learner's withdrawal from the program for the remainder of the year and re-application to the program to be considered for matriculation into a subsequent cohort. Learners will be required to contact the following offices to complete exit procedures:

- Office of Financial Aid
- Office of Student Financial Services
- Academic Applications
- Library
- Office of Student Records

Learners wishing to reenter the program following voluntary withdrawal must reapply and undergo an interview with the specific program admissions committee. Re-admission is contingent on committee recommendations. Learners reentering after a 4-year absence need to repeat any prior coursework completed.

Tuition Refund Policy

Learners who withdraw from an Academic Nursing Program or fail to complete a period of enrollment for any reason may be entitled to a partial refund of tuition and fees depending upon the date of withdrawal in the semester. No refunds will be made after the 5th week of the semester. Refunds apply to the fees paid for the academic period of withdrawal only. Retroactive payments will not be made. Please refer to the official School of Medicine policy, [Refund of Tuitions and Fees Policy \(WFUSM\)](#) and [Return of Federal Financial Aid Funds Policy \(WFUSM\)](#)

Leave of Absence Policy

Students enrolled in programs of the Wake Forest University School of Medicine (WFUSM) are eligible for a leave of absence that will permit the student to temporarily step away from the curriculum for specified reasons in accordance with the terms of this Policy. This Policy does not apply to military leaves of absence. Students requesting a military leave of absence should adhere to the Military Leave of Absence Policy.

Leaves of Absence Types

1. Academic Leave of Absence

A student with academic deficiencies may, under certain circumstances, take an Academic LOA for a specified time, either to bring the student's schedule back into synchrony with the curriculum, or to require or allow specific support activities (e.g., counseling, remedial reading or other background courses, etc.)

2. Medical Leave of Absence

A student with documented health concerns limiting their ability to perform as a student within the program curriculum or to meet the program's Technical Standards may be granted a Medical LOA. The student must submit to the School of Medicine Office of Educational Effectiveness and Compliance (OEIEC) documentation from a treating provider as a part of the application for a Medical Leave of Absence. Student re-entry from a Medical LOA will require documentation from a licensed treating healthcare provider which indicates the student is fit to return to the Program curriculum and can meet the program's Technical Standards. The program will review any provider-recommended restrictions/limitations for the student which would necessitate consideration for referral to Center for Learning, Access, and Student Success (CLASS) for accommodations.

3. Administrative Leave of Absence

An administrative LOA may be arranged for compelling reasons not covered by the other LOA categories, as determined by the student's Program Director or designee.

4. Personal Leave of Absence

A Personal LOA enables a student to take time off, in extenuating circumstances, to address issues of a personal nature, such as, but not limited to, the death, disability or serious illness of a family member, or a financial crisis. The student's request for a Personal LOA must explain how the student expects to cope with or address the situation that has resulted in the request for a personal leave. A Personal LOA is granted only to students in good standing (as defined by the student's Program Director or SPARC for MD students) and permits them to continue in the program when they return from leave.

Notice

Students requesting a leave of absence under this policy must submit the request and all supporting documents to the Wake Forest University School of Medicine Office of Education Institutional Effectiveness and Compliance (OEIEC) (oeie@wakehealth.edu) at least 35 calendar days prior to the date they are requesting the leave to begin. Exceptions may be made for unforeseen emergencies and time-sensitive issues.

Program Director-initiated Leaves of Absence

In an emergent or urgent situation in which a student is unable to make a LOA request, the Program Director or designee may initiate LOA procedures with the OEIEC. This LOA can be designated as the appropriate type of leave under the circumstances on behalf of the student. If necessary, the Program Director is also authorized to implement an extension of a LOA.

Duration

The initial request for a LOA length of leave will not extend beyond one year. Program leadership may extend that length due to extenuating circumstances. Return after a leave requires that the student has met all other requirements for progression to the level at which they are returning, whether or not such requirements change during the leave period. In the event of a change of policy, return to WFUSM requires meeting the requirement(s) of the new policy. In addition, return to the curriculum is subject to the availability of space in the appropriate program. Students may apply for a leave extension. This extension may not extend the period of leave beyond one (1) year. Program leadership may extend that length due to extenuating circumstances.

During Leave

While a student is on an approved Leave of Absence (LOA), the student will be placed on inactive status and will be neither assessed tuition nor eligible for financial aid from WFUSM. A student who is currently on a LOA is not permitted to attend educational sessions or activities or participate in SOM or program-sponsored extracurricular activities. The student's identification badge, the school-issued laptop computer, and the student's institutional e-mail account may be retained at the discretion of the Program Director or their designee. Access to various institutional software systems/programs may be deactivated during the approved LOA. Any disruption in the continuum of the curriculum may result in the need for repeating some of or the entire curriculum, depending upon the type of leave and the timing and duration of the absence. Students who have been placed on Warning or Probation will return to the same standing upon return from LOA. The curriculum will not be adversely modified to make up for lost time.

Financial Considerations

Students on an approved LOA are not eligible for federal financial aid, including Federal Direct Loans. In some cases, student loans may not be deferred for the entirety of a leave. Students should contact the Office for Student Financial Aid with any questions regarding how their financial aid status may be impacted.

Return from Leave

All Academic Nursing students are required to alert the OEIEC at least 14 calendar days prior of their intent to return. The Compliance Office will communicate the student's intent to return to the Registrar and the student's program. If a student on LOA fails to inform the school within the applicable time frame as specified above or fails to meet any stipulated conditions of return, they may be withdrawn from WFUSM and would need to apply for re-admission. If applicable, documentation required for a return from a LOA must include verification that the student is fit to return to training and can comply with the current published version of the Program Technical Standards where applicable.

Procedures to request a Leave of Absence and a return from a Leave of Absence

Students must refer below about the process involved in requesting a Leave of Absence and in requesting a return from a Leave of Absence.

- Students who would like to request a leave of absence must first contact one of the following:
- Advisor, Program Director, Faculty member, or the School of Medicine Compliance Office
- Student will be given the Status Change Form that must be completed and return to the School of Medicine Compliance Office or for PA students to the PA Registrar.
- The School of Medicine Compliance Office will alert programs and submit tickets for approved leave of absences.
- The School of Medicine Compliance Office will alert programs and submit tickets for return from leave.

For the most recent version and to view this policy in its entirety, please access the institutional policy site [here](#).

Military Leave of Absence Policy

Students who are members of the United States armed forces may be subject to military duties outside of their control, including being called to active duty, specialized training, or disaster relief efforts with little notice. This policy covers the process of applying for, managing, and returning from a student military leave of absence when called to such duties. This policy applies to Wake Forest University School of Medicine (WFUSM) and Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences students who are service members and reservists in the United States Armed Forces, including the National Guard or Reserve.

Notice

Students must provide advance written or verbal notice of military service to their program director at least 35 days prior to the date they are requesting the leave to begin. The notice must include a copy of the military orders or other appropriate documentation. If military necessity renders it impossible to provide advance notice to the program director, the student may initiate a military service leave by providing notice at the first reasonable opportunity, in writing, personally signed, and with a copy of the military orders

attached. Students who do not submit a timely notification of intent or provide an attestation may not be eligible for military leave of absence or re-enrollment.

Duration

A student military leave of absence begins with the academic term in which the student reports to active duty and ends with the start of the academic term immediately following the student's release from active duty. If the release from active duty was less than 30 calendar days from the start of the next term, the student may request an extension of one academic term. A student military leave of absence may last up to five years.

During Leave

The student may retain their identification badge, WFUSM-issued laptop computer (if applicable), and institutional email account within the discretion of the program director. Access to various institutional software systems/programs may be deactivated during the approved leave of absence. The student will have access to advising and assistance offices on campus. The Office of Education Institutional Effectiveness and Compliance (OEIEC) is the primary contact with the student while on leave. OEIEC will follow up with the student on a yearly basis to confirm the student is still in active-duty military service.

Re-Enrollment/Return from Leave

The student is eligible for re-enrollment under this provision if, during the military leave of absence, they performed voluntary or involuntary active-duty service in the United States armed forces, including active duty for training and National Guard or Reserve service under federal authority, and they received a discharge other than dishonorable or bad conduct. The cumulative length of absence and all previous absences for military service (service time only) must not exceed five years. The student may also request a later date of re-enrollment or, if unusual circumstances require it, WFUSM may re-enroll the student at a later date. The student must be seeking re-enrollment to the program that they previously attended or were enrolled in at WFUSM. The student may re-enroll in the next class or classes in the same program, with the same enrollment status, number of credits, and academic standing as when the student last attended WFUSM. Students may be required to attest they are able to meet any required program technical standards in order to resume the program. If the school determines that the student is not prepared to resume the program where he or she left off, the school will make reasonable efforts at no extra cost to the student to enable the student to resume and complete the program. Such reasonable efforts include, but are not limited to, providing a refresher course and allowing the student to retake a pretest, as long as they do not place an undue hardship on the school. If reasonable efforts are unsuccessful or the school determines that there are no reasonable efforts that the school can take, the school may not re-enroll the student. If the program to which the student was enrolled is no longer offered, the student may be enrolled to the program that is most similar, unless the student requests or agrees to enrollment in a different program. If the school determines that there are no reasonable efforts that the school can take to prepare the student to resume the program, the school may not re-enroll the student.

To be re-enrolled, the student must give notice (written or verbal) of intent to re-enroll to OEIEC no later than three years after the completion of the period of service. Any student who, due to military necessity, did not give written or oral notice of service to their program director prior to withdrawal, may, at the time the student seeks re-enrollment, submit documentation that the student served in a branch of the United

States Armed Services that necessitated the student's absence from WFUSM. If the student is recovering from a service-related injury or illness, they must notify OEIEC no later than two years after recovery. Notice should include documentation (including an official certificate of release or discharge, a copy of duty orders, or other appropriate documentation) to confirm/verify the student's withdrawal was related to service in the uniformed services and that the student is able to resume studies.

Tuition and Fees

A student re-enrolled from a military leave of absence will be re-enrolled to the same course of study they were in at the time of withdrawal without incurring a re-enrollment fee, unless the student receives a dishonorable or bad conduct discharge or has been sentenced in a court-martial. For the first academic year in which the student returns, they must be re-enrolled with the same tuition and fees charges the student was or would have been assessed for the academic year when the student left, unless there are sufficient veterans' educational benefits or institutional aid to pay the increased amount of tuition and fees. For subsequent academic years, the student may be charged the same tuition and fees as other students in the program.

To view this policy in its entirety, please visit the [Military Leave of Absence Policy \(Wake Market\)](#) in our PolicyTech System

Disabilities and request for accommodation

Requests for accommodation of a disability must be made in a timely manner to the Center for Learning, Access, and Student Success (CLASS) by submitting a request for consideration form found at the CLASS website. At that time, the following information must be provided at the learner's expense:

Documentation of the disability from a licensed professional.

1. The diagnosis of the disability using standard nomenclature.
2. A description of the learner's functional limitations due to the disability.
3. Copies of the evaluation report(s) on or accompanied by a letter on the evaluating professional's letterhead.
4. A description of the requested accommodation.

More information related to disability accommodations may be found at: <https://class.wfu.edu/>

Transcripts

Current learners can request a transcript via the student center or by emailing studentrecords@wakehealth.edu. Following graduation, learners who require a copy of their transcript may obtain one by requesting a copy and paying a required fee online through Parchment:

<https://www.parchment.com/>

INSTITUTIONAL POLICIES

Following is a list of institutional policies which may be particularly relevant to the Academic Nursing learner. This is not a comprehensive list of applicable policies, and the learner is responsible for familiarity and compliance with all policies of the institution.

Wake Forest University School of Medicine Policies

Please refer to our [Policy Navigation portal](#) to view the following:

- [Medical Health Requirements and Immunizations Policy \(WFUSM\)](#)
- [Nepotism and Consensual Relationships Policy \(Wake Market\)](#)
- [Distance Education Policy \(WFUSM\)](#)
- [Information Security Policy \(SE Region\)](#)
- [Student Disability Accommodations Requests Policy and Procedures \(WFUSM\)](#)
- [Student Disability Grievance Procedures \(WFUSM\)](#)
- [Student Education Records Policy \(WFUSM\)](#)

Electronic Communication Policy

Electronic technology has changed the way we communicate – both as an institution and as individuals. A Policy on Internet Access & Personal Electronic Devices has been developed to ensure that use of electronic communication by Medical Center staff, faculty, and learners is appropriate and consistent, and that personal use does not interfere with work responsibilities. Uses of electronic communication include but are not limited to their use in accessing the internet for e-mails and social media and use of cellular phones to take photos.

Key points of the policy include:

Learners may not access any electronic devices for other than patient-care related reasons while engaged in patient care, whether on Medical Center computers or personal electronic devices. This includes, but is not limited to, checking the next day's clinical cases.

Internet and personal electronic devices may not be accessed for personal use at any time (including meal breaks) in patient care areas (including non-treatment areas such as nurse's stations, patient/family waiting rooms, hallways)

Learners may not capture or post protected health information or violate the privacy of patients in any way, including disclosing a patient's identity. Photos or videos that include patients, family members of patients, or human or non-human research participants may not be posted. Note that while this policy prohibits posting of private health information, the HIPAA policy separately prohibits unauthorized access to, copying of, or photography of patient-identifiable images or data.

Please review the full Social Media Policy located at Atrium Health Wake Forest Baptist Medical Center, see AHWFB Policies section of the handbook.

Professional Guidelines to using Electronic Communications (EC)

Electronic Security

Learners are issued a university/medical center username and password to access electronic resources including the learning management system, library resources, examination systems, and other networks and systems. Learners are bound to abide by the Confidentiality of Information policy, and the confidentiality agreement they sign in terms of maintaining security of their password. Learners shall never share their password with another person, nor shall they use another individual's password to access university-related systems. Use of another learner's login information such as to misrepresent the identity of the individual participating in class activities, assignments, or examinations is considered a breach of the academic honor policy.

Conflict of Interest, Nepotism, and Consensual Relationships

Consistent with the School of Medicine policies on nepotism and consensual relationships and Conflict of Interest Related to Student Assessment, the Department of Academic Nursing ensures fair treatment of learners by avoiding interpersonal interactions which may be biased by relationships not related to the academic mission. Familial, financial, and romantic relationships may create conflicts of interest or appearances of impropriety that impair the integrity of academic and clinical performance and evaluation. Such relationships have the potential for exploitation of either involved party and may professionally disadvantage third parties. Sometimes a consensual relationship can create discriminatory favoritism. For purposes of this policy, the term supervisor includes any faculty in a position to supervise, evaluate, schedule, assign work or influence the evaluation or academic environment of another faculty member or learner. Supervisor may also refer to a member of the program's admissions committee or the Student Success Committee, who is in a position to influence a decision regarding admission or discipline of an applicant or learner.

A familial relationship is one between two members of the same family, whether related by blood or not. Familial connections may exist over a wide range of personal closeness, as may personal relationships. When in doubt about whether an interpersonal relationship may be influenced by this policy, the involved individuals are responsible for making confidential disclosure to the program director. Business relationships may exist in which an individual has engaged in professional service or informal business dealings (such as babysitting) for another individual in the medical center.

It is the policy of Atrium Health Wake Forest Baptist that consensual relationships between supervisors and subordinates are strongly discouraged. Such relationships present conflicts of interest. Should such a relationship exist or develop, the supervising partner has the obligation to disclose the relationship so that conflicts of interest or the appearance of impropriety can be managed or resolved. Learners or faculty members involved in personal relationships should be mindful of avoiding personal interactions in the workplace which would create uncomfortable situations for reasonable third-parties who witness such interactions.

A learner who has a personal, familial, or business relationships with a faculty member or supervisor must disclose such relationships to the program director, who will determine appropriate duty assignments, based on the type of relationship which exists. Assessment of the situation and plans for managing the conflict will be filed by the Director in the learner record. Disclosure of consensual relationships is required whether the relationship is currently ongoing or has ended. Most commonly, relationships which may bias supervisory relationships will lead to the faculty member being excused from serving as a supervisor or providing evaluations on the learner's academic or clinical progress.

Failure to disclose such relationships or to cooperate in managing the conflict of interest may result in disciplinary action, up to and including job transfer or termination. Reports of suspected violations may be made to the program director or dean, or anonymously through the Compliance Hotline (1-877-880-7888).

Weather Guidelines

It is the policy of the Department of Academic Nursing, related to in-person activities, to remain open and continue operations unless otherwise determined by the specific program directors. Classes and activities may be held online in lieu of in-person activities.

In the event of inclement weather conditions in Winston-Salem for onsite sessions that may result in hazardous driving or flying conditions, learners are encouraged to check for electronic communication regarding scheduled class status (delayed classes or cancellations). The program will seek to provide notification as early as possible. In the absence of an email notification otherwise, learners should assume that classes will be on schedule.

Any learner who is unable to attend class because of inclement weather in their area must notify the Didactic Program Coordinator and course faculty as soon as possible if their area has inclement weather.

Summary of what to do on inclement weather days:

- Check for an e-mail or text message first to see if a cancellation has been announced.
- Even if there are no announced postponements, make a wise decision that emphasizes your own safety above all else.
- If you cannot make it to your scheduled obligation, contact the Academic Nursing office (336) 716-1411.

Section B

Doctor of Nursing Practice (DNP) Program

2023-2024

Post-Master's Part-time Program

Established *Excellence*, Innovative Education

Department of Academic Nursing

525 Vine Street, Suite 230

Winston-Salem NC 27101

Doctoral Education and the Wake Forest University School of Medicine DNP Program

A doctorate degree is the highest earned academic degree in US postsecondary education. There are two types of doctoral degrees: The professional doctorate degree and the Doctor of Philosophy degree (PhD). Professional doctorate degrees focus on application of knowledge and theory that exist within the field. Examples include: JD – Juris Doctor (Law), DBA – Doctor of Business Administration, DNP – Doctor of Nursing Practice, MD – Doctor of Medicine, EdD – Doctor of Leadership in Education, DO – Doctor of Osteopathic Medicine, PharmD – Doctor of Pharmacy. Internationally recognized, the Doctor of Philosophy degree (PhD) focuses on academic research, thereby contributing new knowledge and theories to a field.

Pedagogy is the discipline of teaching. There are many variations of pedagogical theory and practice that influence how learners learn. Doctoral education can be classified under andragogy; the theory and practice of adult learning, and heutagogy; the theory of self-determined learning. Centered around andragogy and heutagogy, the Wake Forest University School of Medicine Doctor of Nursing Practice (WFUSOM DNP) curriculum and instructional models focus on problem centered learning instead of content centered learning. Doctoral faculty in the WFUSOM DNP program are designers of learning methods, a paradigm shift from focusing on basic teaching to emphasizing learning. The lines between teacher and learner are more fluid and the focus is on shared learning, exploration, and discussion.

The WFUSOM DNP program uses several strategies for implementing classroom instruction that are foundational to both doctoral education and distance education. For example, less hierarchal instruction and more self-direction, collaborative learning, scholarly writing, theoretical thinking and critical analysis traverse the online courses. Throughout the DNP program, teaching is a facilitative process. The role of the doctoral teacher is to provide insight, guide thinking, explain difficult concepts, and stimulate generation of ideas. It is important that the teacher and learner be open to ideas, concepts, and insights.

Welcome to the Wake Forest University School of Medicine, Doctor of Nursing Practice Program. Our goal is that your time with us will be educational, rewarding and fulfilling.

History

At the national level, exploring doctoral education for advanced practice nurses has been a methodical, deliberate process. In 2008, the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee of the RWJF Initiative on the Future of Nursing that would make recommendations for an action-oriented blueprint for the future of nursing. As part of its report, *The Future of Nursing: Leading Change, Advancing Health*, the committee considered many challenges that face the nursing education system and some of the solutions that will be required to advance the system. The IOM determined that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. The extensive review of nursing education revealed two recommendations that align with Doctor of Nursing Practice (DNP) education: (1.) Double the number of nurses with a doctorate degree by 2020; and (2.) Ensure nurses engage in lifelong learning.

The American Association of Colleges of Nursing (AACN) August 2004 position statement endorses the development of the practice doctorate, Doctor of Nursing Practice (DNP), in the advanced clinical practice roles of clinical nurse specialist (CNS), nurse practitioner (NP), nurse anesthesia (CRNA), and certified nurse midwife (CNM). The DNP degree is also applicable to nursing leaders and educators with a focus on quality, safety, decreased cost, and improved outcomes. The American Association of Nurse Anesthetists (AANA) 2007 position statement endorses the practice doctorate as the entry degree for nurse anesthetists.

The ways in which nurses were educated during the 20th century are no longer adequate for dealing with the realities of health care in the 21st century. As patient needs and care environments have become more complex, nurses need to attain requisite competencies to manage and deliver high-quality care. These competencies include leadership, health policy, system improvement, research and evidence-based practice, teamwork, and collaboration, as well as specific competencies such as public health and management of subpopulations, such as geriatrics. In addition, nurses are called to fill expanding roles and to master technological tools and information management systems while collaborating and coordinating care across teams of health professionals. To respond to these increasing demands, the IOM committee calls for nurses to achieve higher levels of education and suggests that they be educated in new ways that better prepare them to meet the needs of the population.

The transition of many healthcare roles to the practice doctorate in the US has been driven by national healthcare policy as attempts are made to reduce medical errors, mediate healthcare costs, and improve quality and outcomes for patients. Practice doctorates have been established for numerous health professions in this environment (e.g., pharmacy, optometry, and physical therapy). The American Association of Colleges of Nursing (AACN) published a position statement in October 2004 for its member colleges to transition all advanced practice nursing education to the Doctor of Nursing practice degree, stating that APRNs identify additional knowledge needed and that the time spent in master's level nursing education is not congruent with the degree earned. The American Association of Nurse Anesthetists (AANA) appointed the Task Force on Doctoral Preparation for Nurse Anesthetists, and in June 2007, the AANA Board adopted a position statement to support doctoral education for entry into nurse anesthesia practice by 2025.

Preparation for the WFUSOM DNP began with a high-level working group in 2016. Representation from Deans, educators, and executive leadership from AHWFB, WFUSOM, and WFU convened monthly to assure the development of an exceptional DNP program. This group explored the need for the DNP program, and identified stakeholders, including the University, the School of Medicine, learners, employers including and

beyond AHWFB, the profession of nursing, and patients. The working group explored overall curricular models and distance education, addressing the need for contemporary delivery to meet the needs of today's DNP learners. Additionally, the group examined interdisciplinary collaboration across the School of Medicine and Wake Forest University, dual degree offering potentials, and future possibilities of expanded degree offerings in advanced practice nursing. With unanimous approval across all institutions in early 2018, the inaugural class began August 2018. The Wake Forest University School of Medicine Post-Master's DNP program builds on the nursing master's degree, and provides doctoral level content in research, evidence-based practice, public health, theory, leadership, interprofessional collaboration, systems management, policy, finance, and nursing informatics. This unique nursing program, housed within a school of medicine, offers an unrivalled degree and will supply healthcare systems across the country with remarkable DNP nurses.

Accreditation

Wake Forest University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award baccalaureate, masters, and doctorate degrees. Wake Forest University also may offer credentials such as certificates and diplomas at approved degree levels. Questions about the accreditation of Wake Forest University may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

Admission

Candidates for admission to the Wake Forest University School of Medicine Post Master's Doctor of Nursing Practice program must demonstrate academic excellence, a positive impact in their area of nursing practice, and leadership skills. This is exhibited by meeting the following admission criteria by the application deadline (see below). The program will enroll learners starting in the fall semester each year. Review of applications is on an ongoing basis. The Admissions Committee will review each complete application. Every applicant's individual characteristics and experiences will be evaluated based on the best fit for the cohort and opportunity for successful completion of the DNP. The program reserves the right to deny admission to any applicant without assignment of reasons.

Application Requirements:

- A master's degree in nursing or a related field (ex. MPH, MBA, MHA) from an accredited university by the date of matriculation into the program; If the applicant's undergraduate degree is not in nursing, the master's degree must be in nursing
- Proof of a current and unrestricted RN license or authorization to practice as an RN in the United States
- If applicable, documentation of current certification as an advanced practice registered nurse (APRN) by the date of matriculation into the program
- Official transcripts from all post-secondary institutions attended
- A minimum GPA 3.0 or above on a 4.0 scale (if calculated by institution)

- Resume or curriculum vitae
- Two letters of reference that highlight the applicant's personal character, professional accomplishments, leadership and academic ability
- Completed online admissions application found on the website
- Payment of the non-refundable application fee

Upon acceptance offer, applicants can secure their position with a non-refundable deposit of \$1,500, which is applied to the first semester tuition.

All learners who enter the Wake Forest University School of Medicine Post Master's Doctor of Nursing Practice program will be required to have a criminal background check completed prior to matriculation. Learners will receive email communication from CastleBranch, an applicant screening company, authorizing them to perform a criminal background check. Payment is the responsibility of the learner. The report is released simultaneously to the learner and school. Continued enrollment is conditional upon the results of the background check. During orientation learners will sign a *Criminal Background Check Authorization Form* which authorizes the Wake Forest University School of Medicine Post Master's Doctor of Nursing Practice program to release results of the criminal background check on a need-to-know basis for educational purposes.

Curriculum

The WFUSOM DNP curriculum aligns with and contains core courses reflecting the AACN Essentials of Doctoral Education. The Post-Master's DNP program is a 30-credit part-time, 2-year online program with three onsite sessions. This model is designed for the working professional nurse. The curriculum has lockstep offerings; a cohort begins and ends together.

DNP Course Descriptions

Foundations of Scholarly Writing (1 credit): This course is designed to provide graduate-level nurses with the knowledge and skills to be successful in articulating concepts and ideas in a logical and scholarly manner throughout their doctoral studies. This course begins by providing some general principles of expository writing, ensuring each student has a clear understanding of APA formatting. Development of strategies to use in achieving professional and effective communication through the written word will be stressed.

Conceptual Models of Quality and Safety (2 credits): This course provides an overview of theoretical, quality improvement, and evidence-based practice models that are frequently used in patient safety and quality improvement literature. Learners will explore human, systems, and organizational factors impacting care; analyzing and applying select theoretical and conceptual models used across their various areas of healthcare.

Foundations of Research Analysis (2 credits): The purpose of this online course is to prepare the learner to critically appraise, analyze, and synthesize the scientific literature as it relates to nursing practice. This course will build on concepts from statistics, epidemiology, and theoretical models for translational science and evidence-based practice (EBP). The learner will cultivate a critical attitude towards reading and analyzing scientific literature for the purposes of evidence translation.

Healthcare Policy, Advocacy and Ethics (3 credits for class of 2024) (2 credits for class of 2025): This course examines the ethical principles of moral reasoning and its practical application. Learners debate and critique moral, ethical, and political arguments using case studies, as well as examine current political events that impact nursing practice.

Informatics and Data Driven Healthcare (3 credits): This course analyzes the application of data in the healthcare system and the policies surrounding its collection and use. Learners explore the role of the electronic health record, telemedicine, and ethical *big data* collection in improving population and individual health and driving clinical decision making. Learners will evaluate the use of technology for health planning and delivery of care.

Leadership and Professional Collaboration (3 credits for class of 2024) (2 credits for class of 2025): This course focuses on leadership and interprofessional collaboration as it applies to the role of the DNP prepared nurse in a variety of settings. The course begins with the foundation that leadership starts with an exploration of self, then branches into interactions with others, and ends with impacting organizations and the community (local, state, national, global). Emphasis is placed on the development of leadership skills required for building effective teams necessary to transform health delivery systems.

Healthcare Management, Finance and Law (3 credits): This course prepares the nurse leader to navigate organizational, financial, and legal environments to ensure delivery of compliant and quality healthcare. Learners will produce a business plan for a change management project.

Biostatistics and Epidemiology (2 credits for class of 2024) (3 credits for class of 2025): This course explores the application of biostatistics and epidemiology to clinical decision-making in nursing. Learners will apply basic concepts of design and statistical inference to the study of health for selected clients, populations, and settings.

Translating Research into Practice (3 credits): This course builds upon the concepts from Foundations of Research Analysis to provide a broader understanding of the translational research process, quality improvement processes, and ideas for framing DNP scholarly projects. Learners learn to translate scientific evidence and evaluate the translational research process; thereby impacting professional, organizational systems and patient populations.

Doctoral Study (6 credits over 4 semesters for class of 2024) (6 credits over 5 semesters for class of 2025): During the doctoral study, learners will synthesize learning throughout the program through the construction and dissemination of an evidence-based practice project. The scholarly project will be derived from practice needs that focus on a change initiative such as a quality improvement project, program evaluation, or evaluation of a new practice model.

In partnership with Wake Forest University School of Business, the DNP program provides a unique offering of 3 elective Business credits. The WFU School of Business courses are designed specifically for working professionals. Our nationally recognized program equips you with a strategic, global perspective on business, and sharpens your ability to approach challenges from a variety of perspectives.

WFU School of Business Academic Calendar

***Note: WFU School of Business Academic Calendar differs from DNP academic calendar**

Course Descriptions

Financial Management (FIN 7040)

Financial Management examines the conceptual and practical issues involved in contemporary financial management. Primary emphasis is placed on the development of analytical tools needed by financial managers seeking to maximize shareholder value. Topics covered include financial statement analysis, working capital management, risk measurement, valuation, capital structure, cost of capital, capital budgeting, dividend policy, and financing alternatives. Additional topics frequently covered in this course include the use of derivative securities, international financial management, mergers, acquisitions and corporate restructuring, and the instruments and operation of the money and capital markets.

(3 credits) Online

Information Technology Management (ITM 7045)

Information is a critical organizational resource. This course provides frameworks for evaluating a firm's portfolio of information technology investments and alternatives; for identifying future opportunities for business transformation, and for managing information technology resources within the organization. Topics include the use of information systems (IS) for competitive advantage, the role and organization of the IS function in the firm, options for sourcing IS, the management of IS projects, and recent technological advances.

(3 credits) Online

Behavior and Leadership in Organizations (MGT 7000)

Organizational behavior focuses on the understanding of employee behaviors and attitudes that ultimately contribute to organizational success or failure. The study of organizational behavior attempts to identify critical organizational factors that influence workers, the processes by which these factors exert their influence and ways of applying this knowledge within organizations. The course is based on principles of scientific inquiry and knowledge from the behavioral sciences. All managers have traditionally been held accountable for influencing their employees' levels of job satisfaction, absenteeism, turnover and performance. The focus here is on understanding current managerial approaches, models and methods for

influencing these critical outcomes. The course covers individual, group and organizational influences on organizational effectiveness.

(3 credits) Online

Diverse Teams (MGT 7005)

The purpose of this course is to help you be an effective team member, but more importantly, to help each team quickly become a high performing team; achieving results while supporting each other. In this course, we will focus on skills that we believe will help you work effectively on teams as you grow in your education and career.

(1.5 credits) Online

Purpose and Ethics in Business (MGT 7010)

Students will explore the purpose of business in order to reclaim the ways in which business is a noble pursuit that creates value and combats major problems in society through cases and targeted readings in ethics. This foundational understanding of purpose will also help to derive a view of business ethics that is at once practical, intuitive, and theoretically integrated, thus easily applied to real-world scenarios.

(1.5 credits)

Financial Accounting (MGT 7015)

The ability to use and manage information, both financial and non-financial, is becoming the key to success in today's business environment. As accounting is the language of business, it is imperative that managers understand accounting systems and accounting information. This course focuses on how financial information is prepared for external users (financial accounting), how to interpret the information provided in externally oriented financial reports and how managers can use this information in their decision-making processes. The accounting cycle, financial reports and the impact of accounting alternatives on reported financial information are the main focus of this course.

(3 credits) Online

Business Analytics I (MGT 7025)

This course is an introduction to data analysis, probability and statistical methods for improving managerial decision making. Analytics topics covered include data management, descriptive analytics, hypothesis testing, confidence intervals, regression analysis, modeling uncertainty and decision analysis. The course emphasizes applications of analytics to the functional areas of business and how to conduct analyses, interpret results and effectively communicate the results.

(3 credits) Online

Introduction to Strategy (MGT 7050)

The course examines the fundamental components of the strategic management discipline. Strategy process, content and context will be explored utilizing texts, historical and contemporary case studies, and the seminal academic and current practitioner literatures. The topics comprise the integrative core of strategic management and establish an interdisciplinary framework that connects to other courses in the curriculum. Subjects and concepts include strategy formulation, industry and competitive analysis, and competitive advantage.

(1.5 credits) Online

Business Law (MGT 7055)

A survey of legal subjects that managers frequently encounter in their careers and with which every manager should be conversant, including: property, contract, tort, corporate governance, employment discrimination,

sexual harassment, and government regulation. In addition, the student will learn the sources of American law, how the legal system works, particularly in a litigation context, and will garner an appreciation for the limits and logic of the law.

(1.5 credits) Online

Managerial Economics (MGT 7060)

This course uses the tools and concepts of microeconomics to analyze decision problems within a business firm. Topics include the goal of the firm, capital budgeting, consumer demand, the empirical estimation of demand, production and costs, pricing, and profit maximization under various industry structures. These fundamentals provide a better understanding of the microeconomic environments faced by managers in making strategic business decisions.

(3 credits) Online

Marketing Management (MKT 7065)

Marketing Management is structured around the central business goal of maximizing enterprise value. As a discipline, marketing contributes to enterprise value by delivering customer value profitably. All topics addressed in the course demonstrate how firms deliver customer value in both consumer and business-to-business marketplaces. Emphasis is placed on the managerial activities of strategic planning, market and competitive analyses, customer behavior evaluation, value assessment, market segmentation, targeting, positioning, and marketing mix design. Instruction features case discussions, lectures, team exercises, a student project and presentation, and a computer simulation game.

(3 credits) Online

All courses listed below may not be offered each year, therefore students should refer to their current schedule.

Advanced Financial Management (FIN 7100)

This case-based class focuses on value creation by utilizing financial architecture to enhance the corporate strategy of firms. Advanced valuation techniques (option pricing, adjusted present values, discounting equity, capital cash flows) are used to evaluate leveraged buyouts, leveraged recapitalizations, initial public offerings, restructurings and real options embedded in investment decisions. Financing growth, the use of private equity, securitization, syndication and risk management also are covered.

(3 credits) Online

Tactical Asset Allocation and Portfolio Management (FIN 7105)

Students gain exposure and experience with asset management and portfolio construction primarily using equity securities. Topics include asset valuation and selection, constraint setting and asset allocation, optimal portfolio choice/construction, asset pricing models, risk management, and performance evaluation. Fundamental and technical analysis are covered with an emphasis on fundamental analysis. Students obtain asset management experience by servicing as portfolio managers charged with actively managing a portfolio and outperforming the respective benchmark.

(3 credits) Online

Data Management (MGT 7075)

As online and connected processes generate increasingly large volumes of data, i.e., "big data", it is important for businesses to understand how to handle these data. Managing data requires a fundamental understanding of database systems, so this course is designed to give an understanding of contemporary technologies used for storing and manipulating big data. The course covers concepts related to database

design and usage, discusses new approaches to transforming large volumes of data, such as MapReduce, and highlights best practices for manipulating large sets of data.
(3 credits) Online

The Influential Leader (MGT 7085)

In this course, you will learn how world-class influencers think: the questions they ask and the purpose behind those questions; the information they gather and the assumptions they make; the influencing and negotiating principles and concepts they use.
(3 credits) Online

Analytics Software Technology (MGT 7090)

This course is an introduction to the software packages and coding languages for data management and analytics. Topics include importing data, data manipulation, data cleansing, data transformation, creating new variables and basic data analysis.
(3 credits) Online

Visual Analytics and Influencing (MGT 7095)

To be a successful analytics practitioner who can drive impact within an organization, you must be able to effectively communicate with all levels of management. Business professionals who understand descriptive modeling and data visualization can communicate complex analyses in simple, powerful graphs. In this online course, you will learn the principles of effective data visualization as well as approaches to developing a compelling narrative are discussed.
(3 credits) Online

Contemporary Issues in Leadership (MGT 7110)

Leadership has a history spanning that of human existence. As long as there have been two or more people, it is highly likely that at least one of them had influence over the other. Throughout this history, thought leaders have wrestled with the question of who should lead and how these individuals should do so. As the issues facing leaders change, so do the principal leadership questions of the day.
(3 credits) Online

Mastering Strategy Execution (MGT 7115)

This course has as its focus the nature of hypercompetition in industries and the strategies that firms deploy in response. Organizations have proven to be reasonably skilled at analyzing competitive challenges and developing strategies to address these challenges. Unfortunately, the implementation and execution of their strategies have proven to be the downfall for many organizations and the managers that lead them. This course is designed to go beyond helping you to understand the nature of competition and competitive strategy to also develop specific knowledge and skills necessary for implementing and executing strategy in modern organizations.
(3 credits) Online

WFU Law School Elective (3 credits total) – Master of Studies in Law (MSL) - Health Law and Policy

In partnership with Wake Forest University, the DNP program provides a unique offering of 3 elective MSL credits. The law electives reflect content in healthcare administration, finance, telemedicine, ethics, and compliance.

The Master of Studies in Law (MSL) elective courses are taught asynchronously through the Wake Forest Master of Studies in Law learning management system - Canvas. Courses include pre-recorded videos and

podcasts created and produced by the teaching professor, and assignments focus on solving real-world problems.

[WFU Law Health Law Policy](#)

[WFU Law Academic Calendar](#) *Note: Law Academic Calendar differs from DNP academic calendar

706 – Detecting Wrongdoing with Investigations, Monitoring, and Audits (3 Credits)

An introduction to the detection of wrongdoing in the workplace, with an emphasis on the following key methods: investigations, monitoring, and auditing. Coverage includes essential investigation components and pitfalls, as well as the use of auditing and monitoring to detect and prevent misconduct.

707 – Employment Law for Managers* (3 Credits)

An analysis of the relevant laws that regulate hiring, classification, evaluation, development, and discharge of employees. Covers the law prohibiting workplace discrimination on any basis under state and federal statutes and regulations, including Title VII, the Americans with Disabilities Act, the Equal Pay Act, and the Age Discrimination in Employment Act. Learners will also explore the EEOC administrative process. (* Course name is subject to change)

709 – Telemedicine (1.5 Credits)

This course is an introduction to the legal landscape governing the use of digital information and telecommunication technologies in patient care delivery. Coverage will include licensing and credentialing, technology, business models, contracts and governance issues impacting the rapidly growing global digital health industry.

712 – Healthcare Compliance (3 Credits)

This course will provide in-depth coverage of health care compliance programs and laws, progressing from the basics of a compliance program to specific issues facing the health care industry. The course is structured to include both a “compliance” and “legal” component for each module. The compliance portion of the course will focus on the seven elements of an effective compliance program, while the legal portion will cover selected laws impacting health care compliance, including HIPAA, the Stark Law, the Anti-Kickback Statute, and the federal False Claims Act.

715 – Paying for Healthcare (3 Credits)

The changing landscape of how we pay for health care, consisting of Medicare, Medicaid, private insurance, and health insurance reform. This course will examine the current fee-for-service system and its alternatives, as well as the policies behind these models.

716 – Bioethics and Law (1.5 Credits)

This course will survey bioethics issues prominent in health care delivery, including “aid in dying,” genetic therapies and research, the treatment relationship, informed consent, clinical research, organ transplantation and advances in biotechnology. In this course, you will apply principles of bioethics to legal, medical, scientific, and business scenarios to determine how ethical principles should affect decision-making and strategy in the business, clinical, litigation and legislative processes.

718 – Compensation and Benefits (3 Credits)

The legal landscape governing employee pay and benefits, broadly defined with a focus on ERISA governed plans, including life, health and disability insurance, retirement plans, educational programs, flexible spending accounts, wellness programs, and other forms of compensation. Learners explore employee leave policies, health care reform, and executive compensation.

721 – Cybersecurity & Privacy (3 Credits)

An overview of cyber risks, along with the laws and regulations that apply to the rapidly changing threat landscape of cybersecurity. We will explore the impacts of data breaches, data privacy challenges, cyber-criminal motives, and common strategies used to combat cyber warfare. After studying the strategies and challenges of preserving the confidentiality, integrity, and availability of sensitive information such as personally identifiable information (PII), financial information, and protected health information (PHI), you will develop a cybersecurity risk mitigation strategy for your workplace or personal security.

736 – The Business of Health Policy: Politics and Theory (1.5 credits)

This course is designed to provide a general understanding of health theory and policy. This includes exploration of economic and political philosophies, and their impact on health policy development; consideration of the impact of cost, access, and quality; policy-development theories; legislative processes; as well as frameworks for health policy analysis and advocacy.

Part-Time Post-Master's DNP Plan of Study (Class of 2024)– 30 credits

Year	Fall Course (Credits)	Spring Course (Credits)	Summer Course (Credits)
1	Conceptual Models, Quality and Safety (2)	Foundations of Research Analysis (2)	Translating Research into Practice (3)
	Biostatistics and Epidemiology (2)	Informatics and Data Driven Health Care (3)	*Wake Forest University Law Elective (3)
2	Doctoral Study I (2)	Doctoral Study II (2)	Doctoral Study III (2)
	Healthcare Policy, Advocacy, and Ethics (3)	Leadership and Interprofessional Collaboration (3)	Health Care Management, Finance, and Law (3)

Part-Time Post-Master's DNP Plan of Study (Class of 2025)– 30 credits

Year	Fall Course (Credits)	Spring Course (Credits)	Summer Course (Credits)
1	Conceptual Models, Quality and Safety (2)	Foundations of Research Analysis (2)	Translating Research into Practice (3)
	Biostatistics and Epidemiology (3)	Informatics and Data Driven Health Care (3)	*Wake Forest University Law Elective (3)
	Foundations of Scholarly Writing (1)		Doctoral Study I (1)
2	Healthcare Management, Finance, and Law (3)	Leadership and Interprofessional Collaboration (2)	Healthcare Policy, Advocacy, and Ethics (2)
	Doctoral Study II (1)	Doctoral Study III (2)	Doctoral Study IV (2)

*Can be taken any time with the exception of the first semester

Full-time: 8 credits (6 credits- summer)

Half-time: 4 credits (3 credits-summer)

Course Registration

Because learners must complete the curriculum in lock-step fashion, they do not need to register for each individual course. Learners will be registered for their required courses each semester by the program registrar. Certain situations (such as medical or financial issues or incomplete coursework from a previous semester) may make a learner unable to begin a course at the outset of the semester. In those situations, learners will be registered when meeting the above criteria, but not later than two weeks following the first day of classes.

Law Electives: Learners will receive an email each semester from the WFUSOM registrar indicating the deadline for selecting a law elective for the next semester. Each learner will send an email to the WFUSOM registrar Susan Pierce at studentrecords@wakehealth.edu with the exact name of the LAW elective course and course number they want to take. Please indicate your full name and that you are a DNP learner enrolling in a law elective. Enrollment will be managed by the registrar. If you do not receive confirmation information 1 month prior to the start date of the LAW course, please contact the WFUSOM registrar.

Graduation

Once the required coursework and program requirements are successfully completed, the Program Director will evaluate the learner for graduation. The normal time frame for completion of required course work for the part time Post Master's DNP degree is 2 academic years. The maximum time permitted for completion of the DNP degree is 5 academic years, satisfactory completion of DNP courses with a Passing grade, satisfactory completion of the DNP project, and payment of all fees. DNP faculty and scholars annually nominate a peer to receive the Outstanding DNP Scholar award for demonstrating academic excellence, commitment and contribution to nursing, leadership, professionalism, and other recognized qualities during their enrollment.

Academic Honor Policy and Standards of Professional Conduct

The **Academic Honor Policy and Standards of Professional Conduct** are predicated upon the mission and vision statements of the DNP program and Wake Forest University School of Medicine. Successful attainment of program objectives does not rest solely upon academic performance. Professional conduct, such as the demonstration of upstanding character and integrity are required of those who will be deemed to have successfully achieved program outcome objectives. Learners shall be committed to uphold the policy on the **Academic Honor Policy and Standards of Professional Conduct**. Any suspected violations of policies of which the learner has firsthand knowledge to the attention of an appropriate person in the DNP program, or School of Medicine, with assurance that retaliation against individuals who make such reports is expressly prohibited by the School of Medicine.

Plagiarism

Whether intentional or unintentional, plagiarism is a serious violation of the Academic Honor Policy. It represents a breach of honor and integrity. Plagiarism occurs when a learner presents any information, ideas, graphics or phrasing of another as if they were his/her own and/or does not give appropriate credit to the original source. Proper scholarly procedures require that all quoted material be identified by quotation marks or indentation on the page, and the source of information and ideas, if from another, must be

identified and be attributed to that source. Proper attribution must be given to all scholarly work delivered in any format. This includes, but is not limited to: papers, presentations, posters and discussion posts. Learners are responsible for learning proper scholarly attribution procedures.

Neither intentional nor unintentional plagiarism is acceptable. Examples of intentional plagiarism include not personally authoring the written work, purchasing a paper, or deliberately not citing sources so that faculty will believe the writing is yours. Don't assume that a few words or lines taken from other sources don't need to be acknowledged. Unintentional plagiarism i.e. misuse of sources, is still plagiarism. For example, forgetting to put quotations around direct quotes, excessive paraphrasing of the original writing, or listing sources in a bibliography without the body of the paper, assignment or discussion are all considered plagiarism. Not knowing the rules of the citation style (APA, AMA, etc.) is not acceptable.

Other examples include self-plagiarism, i.e. submitting the same, or substantially the same paper written for another class. Also, excessive direct quotations linked by a few sentences written by you may not be plagiarism, assuming you use quotation marks and cite properly, but may be a poorly written paper and may be reflected by a poor grade. To avoid this, complete your own work and show your own synthesis of material, thoughts, and ideas.

Faculty detect plagiarism by noting unusual or inconsistent styles of writing. Online services/detection software may be used to check for suspected misuse or adoption legitimate work by other authors. Learners can check their own writing by using such services.

Writing assignments may be submitted through Canvas' Turnitin plagiarism prevention service as approved by WFUSOM Department of Academic Nursing. Your writing assignment will be checked for plagiarism against Internet sources, other academic papers, academic journal articles, the WFUSOM Department of Academic Nursing Turnitin database, and the Turnitin Global Reference Database.

Turnitin generates an originality report for faculty that highlights any blocks of text in your paper that match the above reference sources and allows a line-by-line comparison of potentially unoriginal text from your paper with the matching document sections in the reference sources. Faculty may choose to have your Turnitin submissions added to the WFUSOM Department of Academic Nursing Turnitin database and later used only to check against other WFUSOM Department of Academic Nursing paper submissions.

Neither Canvas nor WFUSOM Department of Academic Nursing claim any copyright ownership of your writing submitted through Turnitin. Upon completion of revisions to your work you may choose to permanently contribute a copy of your paper to Canvas' Global Reference database. This would protect your original writing from plagiarism at other institutions. However, opting in and voluntarily contributing your work to the global database is an individual learner decision and not required by your faculty or WFUSOM Department of Academic Nursing

What should you do to avoid plagiarism? Understand what constitutes plagiarism. Ask faculty if you have questions about your academic work. The Purdue Writing Lab has a website with helpful tips and citation information.

- Never engage in academic cheating or plagiarism; including but not limited to:
 - unauthorized copying
 - collaboration without authorization
 - use of notes or books on exams (unless approved by course director)

- Each learner is required to sign the following Academic Honor Statement on all major work submitted:
 - **I HAVE NOT ENGAGED IN ANY UNAUTHORIZED COPYING OR COLLABORATED WITHOUT AUTHORIZATION ON THIS ASSIGNMENT**

Standards of Professional Conduct

The Honor Policy and Standards of Professional Conduct are predicated upon the mission and vision statements of our institution and the expectations of professionalism among individuals entrusted with the lives of others. Successful attainment of program objectives does not rest solely upon academic performance. Behavioral attributes such as the demonstration of upstanding character and integrity are required of those who will be deemed to have successfully achieved program outcome objectives. Learners shall be committed to uphold the policy on the Standards of Honor and Professional Conduct. Nurses are called to the highest standards of honor and professional conduct. Learners must also refrain from conduct on or off campus which would tend to bring discredit upon the Wake Forest University School of Medicine, Academic Nursing DNP program, or the nursing profession. Unprofessional behavior, violence, or breach of criminal law are inconsistent with the standards of honor.

Professional characteristics of nurse leaders include, but are not limited to, honesty, trustworthiness, professional demeanor, respect for the rights of others, personal accountability and concern for the welfare of patients. As such, Post Master's DNP learners are bound by the **American Nurses Association Code of Ethics**. Failure to comply with the American Nurses Association Code of Ethics is considered a violation of the DNP Program's Standards of Professional Conduct and will be addressed in accordance with the procedures for addressing professional deficiencies. Learners must immediately report lapse or loss of their nursing license to the program director.

Altruism

This premise involves putting the interest of the patient and healthcare team above self-interest. It is universally known as an unselfish concern for the welfare of others.

Accountability

Accountability is a multifaceted principle. The anesthesia provider is accountable to patients, society, and the profession as a whole. The profession can be viewed entirely by the actions of one CRNA; therefore, one must be mindful of how his/her actions inside and outside of the healthcare arena are perceived. Learners are expected to attend all course activities arriving promptly, and demonstrate a high degree of preparedness for the learning process. They should be timely in completing all duties and assigned tasks.

Excellence

Professional excellence requires a conscientious effort to exceed ordinary expectations and a commitment to life-long learning. Excellence at WFNAP means having the personal desire and commitment to consistently perform in a superior manner.

Duty

One must freely subscribe to the obligation to service despite the cost to personal convenience.

Honor and Integrity

Honor and integrity are the consistent regard for the preeminent principles of behavior, and refusal to violate one's personal and professional codes of conduct. It charges one to be fair, truthful, reliable, and to meet commitments.

Respect

Consideration of others including colleagues, patients, their families, and other members of the healthcare team is the embodiment of respect. It is the essence of humanism, which is central to professionalism, and fundamental to optimal collegial relationships.

Self-reflection

Demonstration of the understanding of the importance of self-reflection and a willingness to examine one's own strengths, weaknesses and biases. The ability to recognize, acknowledge, and remedy personal weaknesses which degrade one's professional ability is of great importance.

Education

Commitment to learning, defined as being able to assess one's own learning needs, continually seeking new knowledge and understanding, accepting responsibility to seek learning or remediation.

Constructive Evaluation

Identifying sources of feedback, seeking out feedback, accepting feedback in a mature manner, using feedback to change behaviors, providing appropriate and constructive feedback.

These guidelines are not meant to be wholly inclusive, but to be representative examples.

In education, the relationship between learners and teachers should be conducted in a professional manner, based on mutual trust, respect and responsibility. This relationship will foster an environment that cultivates educational growth, excellence in patient care and development of the ethical behavior society expects from health care professionals. A sense of professional conduct and learning in the learner-teacher relationship will further develop the appropriate professional provider-patient relationship in clinical practice. It is upon this foundation that the following guidelines are adopted:

The learners agree to:

- Act as a role model for peers.
- Foster an environment conducive to learning and professional growth.
- Maintain high professional standards in all interactions with faculty, staff and peers.
- Admit errors and not intentionally mislead others or promote the learner's own self at the patient's expense.
- Use the utmost effort to acquire the knowledge, skills, attitudes and behaviors required to fulfill all educational objectives.
- Acknowledge that the educational objectives of WFUSOM NAP mark the beginning of a life-long learning process.
- Value the professional virtues of honesty, compassion, integrity, fidelity, reliability, accountability, and dependability.

- Respect all individuals, without regard to race, gender, national origin, religion, sexual orientation, or age.
- Embrace the highest standards of the nursing profession and pledge to conduct ourselves accordingly in all interactions.
- Develop a balance of commitment to the educational process and personal well-being to improve the vigor, enthusiasm, and performance of ourselves and our peers.
- Fulfill obligations as professionals and to assist fellow learners in meeting their professional obligations.
- Bring any violations of policies to the attention of an appropriate person, with assurance that these reports will remain restricted and without reprisal or retaliation

Some examples of behaviors which are divergent from the principles of professionalism include:

- Arrogance
- Conflicts of interest
- Breach of privacy of peers or patients
- Greed, selfishness
- Academic dishonesty, including plagiarism
- Lack of personal commitment to nurse anesthesia
- Subversion of PTO policies to provide individual advantage
- Violation of the sexual misconduct policy
- Offensive dress, appearance, behavior, or language
- Physical or mental impairment, including drug abuse and emotional instability
- Projection of responsibility or “excuses” to rationalize inappropriate behaviors
- Lack of conscientiousness or integrity in carrying out patient care responsibilities
- Use of offensive language, gestures, or inappropriate remarks in the professional setting

Principles of academic honor are particularly important, as the program intends to award grades, evaluations, and academic credit which reflects each learner’s personal level of achievement. To maintain academic honor, learners are required to:

1. Be truthful and forthcoming in communication with others regarding academic assignments and clinical care.
2. Refrain from cheating, including, but not limited to, copying the answers of another learner on an examination, unauthorized access or use of examination materials, reproducing information on an examination for other learners who have not taken the examination, or any other use of unauthorized information or assistance on an examination or assignment.
3. Refrain from plagiarism, including, but not limited to representation of another’s work as one’s own. Plagiarism occurs when a learner presents ideas, words, or phrases of another and represents it as being the learner’s own work without citing the original source. Learners are individually responsible for applying proper procedures in scholarship so as to prevent plagiarism.

Learners will be evaluated by Program faculty on a semester basis, and as needed in response to a breach in professional behavior. Breaches in professional behavior can impact the learner’s standing in the program. The first breach will result in a verbal or written warning or meeting with the Student Success Committee

(SSC), depending upon the severity of the breach. A written warning provided by the program administration provides clear documentation of the concerns at hand. In the case that a verbal or written warning from the program administration does not result in correction of the deficiency by the learner, the learner's case may be referred to the Student Success Committee for consideration. Learners will be required to submit to the following attestation upon matriculation.

I have read statement on professionalism and understand that the Nurse Anesthesia Program expects nurse anesthesia learners to adhere to the professional standards described above. I understand that breaches in my professional behavior will impact my clinical evaluations, and that major violations of these standards may result in one more of the following penalties:

- Written Warning
- Probation
- Dismissal

Signature _____

Printed Name _____

Date _____

Dress Code

Dress for on-campus activities is business casual. Be mindful of your dress and surroundings during live video conferencing. Consider business casual when you are presenting an assignment on camera. Significantly reduce background noise (dogs, children, TV, music, etc.). Make sure your visual background is not distracting or inappropriate. Do not have personal items of a non-academic nature in view.

Satisfactory Academic Progress Policies and Student Success Committee Proceedings

Credit and Grade Determination

Academic credits are awarded according to the following schema: Distance (online) courses are awarded one credit for each 15 hours of instructional time in a 15-week semester. Instructional time in online courses may include viewing live or asynchronous lectures, participating in moderated discussion boards, posting a reflection paper, or other activities. This credit determination also assumes 2-3 hours of independent reading and study per each hour of instructional time.

Learners earn points through various assignments in a course. The final grade is rounded to the nearest whole number. Nursing (NRS) courses are assigned final grades on a pass-fail basis. If a learner's cumulative achievement in a course meets or exceeds 70% of the available points, the transcript will reflect "pass". A failed course will not receive credit toward graduation requirements and must be repeated, earning a passing grade in order to progress in the curriculum.

The policy describes how a learner's GPA and pace of completion are affected by course incompletes, withdrawals, or repetitions, or transfers of credit from other institutions.

Pass-Fail grading scale for NRS courses:

Pass = 100 - 70

Fail = ≤ 69 (No credit earned)

I = Incomplete

NR = Not Reported

W = Withdraw

In the case of failure of a NRS course, a learner has one (1) opportunity to retake the course and must achieve a passing grade in order to complete the program successfully. Failing three (3) or more NRS courses will result in automatic dismissal. In the case that course repeats occur outside of the standard curriculum, learners in the nurse anesthesia program must remain continuously enrolled in clinical coursework after the first complete year of the program, until completion of all program requirements.

The Law School grading scale:

A+ = 4.00

A = 4.00

A- = 3.67

B+ = 3.33

B = 3.00

B- = 2.67

C+ = 2.33

C = 2.00

C- = 1.67

D = 1.0

D+ = 1.33

D- = 0.67

F = 0.00

*Scholars earning a C- or greater will receive a Pass for the Law elective taken.

Thirty (30) credits are required to complete the post-masters DNP program.

Grade Reporting

Course directors will submit grades to the registrar within 4 weeks following the end of each semester. For the convenience of learners, course directors may establish a gradebook in the Canvas learning management system. Grades reported in Canvas are unofficial and may be subject to reporting or calculation error. However, learners should inform the course director if a grade reported in Canvas appears to be in error. Official grades for courses are only the course grades which are reported on the learner's official transcript. For circumstances such as leave of absence or acute illness, when course requirements cannot be completed, a grade of I (incomplete) will be entered on the transcript. An "I" grade will be replaced on the transcript after successfully meeting the requirements of the course in the timeframe determined by the course director or program director. If a learner is delinquent in completing course requirements, a grade will not

be recorded, and the transcript will demonstrate “NR”. If the learner does not complete course requirements within 30 days into the following semester, a NR entry will be replaced with a Failing grade for the course.

Grade Appeal Policy

A learner may appeal a final course grade which the learner believes to have been calculated or reported in error. The appeal must be preceded by a meeting with the course director. The learner has up to ten (10) working days after the grade is posted in PeopleSoft to meet with the course director to review the grade calculation. If this meeting does not resolve the learner’s concerns, the learner may appeal the grade to the program director within 10 working days following the required meeting with the course director. The appeal must contain an explanation of the basis for the appeal and a complete review of the circumstances and any relevant documentation. Grades may not be appealed based upon disagreement with the grading structure published in the course syllabus. The learner must provide a copy of the appeal to the Office of Student Records.

The program director will review the appeal and issue a decision. In the review of the learner’s appeal, the program director may discuss the appeal with the course director and/or others. The program director will notify the learner of the decision in writing within 10 working days of receipt of the appeal. The decision of the program director or designee is final. A copy of the final decision will be forwarded to the Registrar in the Office of Student Records. In the case that the program director is the course director of the course in question, the learner appeal instead will be evaluated by an Associate Director of Academic Nursing.

Repeating an Elective Course

A DNP scholar may repeat a course once in which a D or lower grade has been received. The course may be counted only one (1) time for credit. The passed course will overwrite the failed course. In addition, federal financial aid rules dictate that federal aid can only be used twice for the same graded course.

Time Commitment, Attendance and Leave of Absence

Time Commitment

The Post-Master’s DNP program is a part-time online program designed for working professionals. The DNP program is committed to wellness and work-life balance of learners pursuing this advanced degree. To support this value, the following guidelines are provided. Please refer to the course syllabi for more detailed information regarding each course.

The credit load can be used to estimate the time commitment. Each credit hour relates to one hour per week of engagement with faculty (instruction hours), and learners can expect to spend 2-3 additional hours per credit reading, completing assignment and producing scholarly work. For a 5-credit semester, a learner could expect to spend 15-20 hours per week in school-related activities. While the total may vary from week-to-week, generally one semester credit hour will translate into 2-3 hours of work outside of the instruction hours. These are estimates, and coursework per week will vary person to person and based on assignments and other factors.

Class Example:

2 credit class

2 hours of online instruction

4-6 hours of studying, reading or assigned work

Total estimate of weekly time commitment for the course: 6-8 hours

Semester Example:

Semester 1: 4 credits

4 hours of online instruction

PLUS 8-12 hours of studying, reading or assigned work

Total estimate of weekly time commitment for semester 1: 16 hours

Attendance & Engagement

Distance Education attendance is considered engaged activity within each course in Canvas. Course faculty may have specific course determinates of attendance in the syllabus. Overall, the program estimates that learners will engage in a course on average 3 days a week, likely every 48 hours. Faculty and learners will respond to course emails within 2 business days. Online attendance will be monitored weekly by the course faculty, recorded weekly by the Department of Academic Nursing, and reported to WFUSOM monthly. Learners are required to attend all online courses and onsite sessions. Certain weeks that are indicated by the course director/syllabus may not require engaged activity. Such occurrences will be clearly indicated by the course director and/or the weekly module.

Committee Structure

Wake Forest University, the School of Medicine and the DNP program have committee structures, departments and individual positions that support learner and faculty needs, including distance education.

DNP Curriculum Committee

Comprised of DNP faculty, this committee has oversight for the DNP curriculum. The committee meets monthly to evaluate and improve the DNP curriculum. Courses are approved prior to implementation and evaluated annually by the committee.

DNP Admissions Committee

The DNP admissions committee is composed of the program director and doctoral faculty who evaluate applications for admission. The committee determines the applicants that will be offered a position in the Program by majority vote, with the Program Director having the final decision. The committee reviews the admissions process and requirements annually.

DNP Student Success Committee (SSC)

The SSC is called to meet when a Student Success issue is identified. The SSC is composed of 3 DNP faculty, including the program director. (see Satisfactory Academic Progress).

DNP Program Evaluation Committee

The associate director for doctor education is the chair of the program evaluation committee. Core DNP faculty are members of the committee. This committee meets annually, reviewing the DNP program midterm evaluation completed by learners and the exit evaluation completed by learners prior to graduation.

WFUSOM Distance Education (DE) Committee Support

School of Medicine Distance Education Committee

This ad Hoc committee, along with various subcommittees are develop and evaluate the roadmap for distance education for the School of Medicine. DNP faculty are members of the planning group.

Committee on Distance Education Coordination and Compliance

This committee is comprised of WFUSOM and WFU administration, faculty and instructional design experts. The committee is explore adherence to accreditation requirements, SARA, and ways that WF and the WFUSM can collaborate on distance education.

The School of Medicine Education IT Council

This council explores the technical side of distance education. The committee members include AHWFB ITS and WFUSM ITS leadership, WFUSM department and program directors, administrative leadership, and DNP faculty.

Program, Learner and Faculty Evaluation

A rigorous program evaluation plan is essential to the success of the Wake Forest University School of Medicine Post Master's Doctor of Nursing Practice Program. The program, its faculty, and learners are evaluated extensively by each other, program committees, stakeholders and accrediting bodies. The DNP program evaluation plan is guided by SACSCOC standards, the AACN Essentials of Doctoral Education, and the Quality Matters Rubric for Distance Education.

The DNP pedagogical conceptual framework guides course development. To evaluate the quality of the curriculum, its delivery, and didactic faculty performance, the program will obtain learner evaluations of each course and each faculty member every semester. The faculty and course evaluations will be reviewed by the associate director for doctoral education. The associate director will review faculty and course evaluations with each course director, and summarized semester evaluations for the Curriculum Committee. Summary evaluations will allow the DNP Curriculum Committee to determine areas for improvement in course content, delivery and instructional methods.

The DNP program's core faculty members are evaluated by the program director annually during a performance evaluation. These evaluations will assist in identification of areas for future growth for each faculty member. The program director, in turn, is evaluated by the Dean of the Wake Forest University School of Medicine on an annual basis to assess teaching, practice, service and scholarly activities.

At the end of the 3 semester (halfway point in program) and at the end of the program learners complete a learner self-evaluation. Core faculty review each learner self-evaluation and provide feedback as needed. This process forms the basis for ensuring retention as well as gathering feedback from learners regarding their progress toward meeting the terminal objectives, quality of support services they have received and overall quality of education. These evaluations will be reviewed in DNP Curriculum meetings to determine if any issues need to be referred to the Program Evaluation Committee.

The Program Evaluation Committee and the Advisory Committee will meet as needed and at least annually to gather stakeholder input in program effectiveness and to provide recommendations for innovative change. The plan for institutional effectiveness as well as pertinent committee meeting minutes from the various program committees will be provided for the committees' review. The associate director for doctoral education is the chair of the Program Evaluation Committee. Core DNP faculty are members of the program evaluation committee. This committee meets annually, reviewing the DNP program midterm evaluations completed by learners and the exit evaluation completed by learners just prior to graduation.

Program faculty evaluate the program annually through completion of a program evaluation tool. The assistant director of doctoral education summarized the evaluations and presents the content at the annual program evaluation committee meeting.

Following are the DNP Evaluation Grid and sample faculty, didactic and learner self-evaluations. Evaluation forms will be electronically available, completed and submitted via Canvas.

DNP Evaluation Grid

Evaluator	Subject	Timeline	Evaluation Method
Learner Evaluation of:			
	Course	Each Semester	DNP Course Evaluation Tool
	Faculty	Each Semester by course	DNP Faculty Evaluation Tool
	Self	Mid-program and Final Semester	DNP Learner Self Evaluation Tool
	Program	Mid-program and Final Semester	DNP Program Evaluation Tool
	Peers	As indicated by course	Provided by Faculty
Faculty Evaluation of:			
	Self	Annually	Performance Review
	Learners	Each Semester	Course Grades Individual Assignment Grades per Syllabus Student Success Committee as needed
	Program	Annually	Reviewed by Associate Director Program Evaluation Committee
Stakeholder Evaluation of:			
	Program	Annually/As Needed	Program Evaluation Committee Program Advisory Committee
Southern Association of Colleges and Schools/Commission on Colleges:			
	Program	SACSCOC Cycle	Per SACSCOC

Wake Forest University School of Medicine Post Master's DNP Sample Faculty Evaluation

Fall/Spring 20XX NRSXXX Name of Course	Excellent	Very Good	Good	Fair	Poor	N/A
Knowledge of course content.						
Effectiveness of instructional strategies used and/or facilitation.						
Clarity and organization of content presented.						
Overall effectiveness of instructors feedback						
Enthusiasm and interest in the subject.						
Make good use of examples and illustrations.						
Promoted an engaging and interactive learning environment.						
Responsive to questions and/or class discussions.						
Provides information (i.e. research, experiences/real life examples, articles, illustrations, etc.) not readily found in texts.						
Handouts and materials are up-to-date and clearly organized.						
What aspects of the faculty's teaching were most helpful to you?						
In what ways could the faculty's effectiveness be enhanced? Be sure to professionally comment on any items rated as "Fair" or "Poor" in the previous questions.						

Wake Forest University School of Medicine Post Master's DNP Sample Course Evaluation

Please complete a separate evaluation of each instructor in this course

Fall/Spring 20XX NRSXXX Name of Faculty	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Clarity of course learning outcomes to facilitate understanding of knowledge.					
Course content was congruent with the course objectives.					
Course materials (ie. textbooks, readings, links, etc.) lead to attainment of learning outcomes.					
Course expectations for discussion, email, and other forms of communication are clearly stated.					
Course activities contributed to attainment of learning outcomes.					
Appropriate orientation to course components.					
Ease of navigation within the course.					
Course content links theory to clinical or professional practice (ie. real world applications).					
Course assessments (i.e. exams, assignments) provided applicable and effective feedback.					
What topics and / or experiences in the course were most helpful to you?					
In what ways could this course be enhanced? Be sure to professionally comment on any items rated as "Fair" or "Poor" in the above questions.					

Wake Forest University School of Medicine Post Master's DNP Sample Self-Evaluation

Mid Program

1. Develop a personal statement of intent. How do you plan to be successful in your intentions?
2. Set three measurable goals for the upcoming academic year and how you will achieve those goals with your upcoming coursework. These goals can be academic, personal, professional, or any combination thereof.

End of Program

1. Reflect on your personal statement of intent from your mid-program self-evaluation. How have you achieved your goals?
2. Reflect on the three goals you set in the mid-program self-evaluation. Were you successful in reaching your goals?

Provide examples of how you are working toward meeting the following terminal program objectives:

DNP graduates will:

1. Apply scientific principles in the provision of advanced practice nursing to promote the health of individuals, communities and populations.
2. Translate scientific evidence into practice and policy to promote ethically sound, high-quality, cost-effective patient-centered care.
3. Employ strategic leadership in interprofessional teams within organizations and healthcare systems.
4. Evaluate and utilize data analytic methods, information systems and technology to improve clinical outcomes.
5. Apply legal, financial and regulatory principles to advocate for change in healthcare policy.
6. Disseminate scholarly work.

DNP Book List

See complete book list through Carpenter Library's [Lib Guide](#)

Section C

Nurse Anesthesia Program

Established *Excellence*, Innovative Education

Learner Handbook

2023-2024

Department of Academic Nursing

525 Vine Street, Suite 230

Winston-Salem NC 27101

336.716.1411

About Wake Forest University School of Medicine

At Atrium Health Wake Forest Baptist Medical Center (AHWFB), the teaching hospital for Wake Forest University School of Medicine, we are dedicated to providing comprehensive health care services of the highest quality to our patients, with emphasis on specialized health care services which complement those available in our referral area.

We are committed to accomplishing our mission in a manner that represents value to our patients, physicians, payors, fellow employees, and others.

We seek to advance clinical standards of patient care through participation in research and education programs and to share our knowledge and expertise on local, regional, national, and international levels.

We strive to provide excellent health care in a caring and compassionate manner consistent with our Judeo-Christian heritage.

We aspire to surpass current professional quality standards, to exceed the performance of our peers, to meet the highest expectations of those we serve, and to provide a work environment that conveys respect and integrity and encourages all employees to reach their full potential.

The AHWFB Vision

To be the **national leader for health, learning & community**.

The AHWFB Mission

To improve **health**, elevate **hope** and advance **healing – for all**.

The AHWFB Culture Commitments

- We create a space where **all belong**
- We **work as one team** to make great things happen
- We earn **trust** in all we do
- We **innovate** to better the now and create the future
- We drive for **excellence** - always

INSTITUTIONAL FOUNDATION AND ORGANIZATION

Ethical Statement

The Nurse Anesthesia Program is part of the Department of Academic Nursing at Wake Forest University School of Medicine. Learners enrolled in the program earn a DNP degree from the school of medicine and a certificate of completing all didactic and clinical requirements of the NBCRNA/COA from Wake Forest University School of Medicine Nurse Anesthesia Program. The program supports the ethical standards of professional groups such as the AANA as they pertain to the nursing profession. The program maintains compliance with the COA's Guidelines for Ethical Conduct relative to patients, learners, faculty, and the conducting and affiliating institutions. The program complies with applicable laws and regulations regarding nondiscrimination.

Ethical Guidelines

Honesty and integrity are the basis for the representation of the profession and the program to patients, learners, and the public. The following guidelines represent the program's commitment to patients, learners, faculty, and institutions:

1. Patients

- Patients meet the learner when feasible and are not deceived regarding components of the anesthesia team.
- Learners are appropriately supervised by a CRNA or physician anesthesiologist as outlined by the COA's criteria and/or outlined in affiliation agreements.
- Learners and faculty are not impaired by fatigue, drugs, or other incapacitating conditions.
- The patient's surgeon or responsible provider is kept informed of anesthetic management or complications arising from management.

2. Learners

A. Applicants

- Recruitment material is factual.
- Fair, non-discriminatory practices in the selection process are maintained.
- Explanation of tuition and fees is fair and available to applicants via the website ([Link](#)).

B. Learners

- Theory of anesthesia is given to provide a firm foundation for clinical practice.
- Experience is gained in the anesthetic management of all categories of patients in major medical centers and community hospital settings.
- Supervision is in accord with level of the learner, status of the patient, COA criteria, and agency agreements.
- Learners receive socialization into the profession which includes the values of the institutions and ethical and moral values of the AANA and related organizations.
- Learners are not exploited relative to time commitment or pay for profit of the conducting institution.
- Learners receive fair and accurate evaluations of their progress and are kept informed of their status in the program.
- Learners and graduates are provided evidence of their academic and clinical achievement and upon request have official transcripts furnished to institutions, agencies, or others specified by the learner or graduate.
- Transcripts of learner records are forwarded to the NBCRNA in sufficient time to take the first certification examination following graduation.
- Learners are accountable for complying with the policies and regulations of the program, preparation, completion of assignments, and fulfilling all responsibilities connected with the program.

3. Academic Faculty

- Faculty members are provided with opportunities for professional growth and development through weekly conferences and opportunities to participate in and attend professional meetings.

- Faculty members participate in policy-making decisions through committee participation and faculty meetings.
- Clinical and didactic assignments are appropriately made relative to faculty expertise, time of preparation, etc.
- Faculty evaluations are fair and unbiased.
- Faculty members are held accountable for the quality of assigned responsibilities.

4. **Conducting Institution**

- The program philosophy and objectives are consistent with the philosophy, mission, and values of the conducting institution.
- WFUSOM administration is informed of the program and learner progress.
- Changes in program philosophy, objectives, and policies are approved through the appropriate administrator, academic, or faculty structures.
- The director and faculty meet or exceed standards of performance in fulfillment of program responsibilities.
- Learners approved for graduation are a fair reflection of the conducting institution.

5. **Affiliation Institutions**

- Affiliates receive the definition of purpose and objectives of the affiliation.
- Affiliates receive the responsibilities of learners and the conducting and affiliating institution.
- Affiliates receive a definition of learner time commitment in the agreement and expected level of learner at committee meetings.
- Affiliates are informed of COA or program changes which may impact the affiliating institution.

History

The anesthesia department at Baptist Hospital was started in 1940 by Dr. R.L. Wall, who was the first North Carolina physician to focus his practice in anesthesia.

Chronology of leadership:

Dr. R.L. Wall

Director of Anesthesiology (1940 – 1956) retired

Established the Program in Anesthesia for Nurses as one of the professional schools of North Carolina Baptist Hospital and Wake Forest University School of Medicine (1942)

Dr. Leroy Crandell

Director of Anesthesiology (1957 – 1965) held position until his death in 1965

Dr. Thomas Irving

Head of the Section of Anesthesiology (1967 -1970)

Department of Anesthesia established (1970)

Chair of Department of Anesthesia (1970)

Mrs. Lillian Stansfield Smith (one of the first graduates of the school)

Chief Nurse Anesthetist

Director of the School of Anesthesia for Nurses (1956-1963)

Miss Helen Vos

Director of the School of Anesthesia for Nurses (1963 – 1976)

Miss Shirley Crump

Director of School of Anesthesia for Nurses (1977 – 1981)

Dr. Sandra Maree Ouellette

Director of School of Anesthesia for Nurses (1981 –2005)

Established MSN in Nurse Anesthesia in conjunction with UNCG

Dr. Francis James, III

Chair of the Department of Anesthesiology (1983 – 1998)

Dr. Raymond Roy

Chair of the Department of Anesthesiology (1998 - 2006)

Dr. Joseph Tobin

Chair of the Department of Anesthesiology (2006 – 2014)

Dr. Michael Rieker

Director of Nurse Anesthesia Program (2005 – 2022)

Founding Department Chair of Academic Nursing (2021-2022)

Established Master of Science in Nurse Anesthesia as a program of the Wake Forest University School of Medicine

Transition to Doctor of Nursing Practice in Nurse Anesthesia as a program of Wake Forest University School of Medicine

Dr. Scott Segal

Chair of the Department of Anesthesiology (2015 - 2022)

Dr. Douglas Ririe

Interim Chair of the Department of Anesthesiology (2023)

Dr. Clifford Gonzales

Interim Chair of the Department of Academic Nursing (2022 – present)

Interim Program Director (2022)

Dr. Richard Flowers

Program Director (2023 – present)

The Nurse Anesthesia Program has been accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia and/or its predecessors since 1952. From 1969 to 1977, the program was operated under the auspices of the Allied Health Programs of the Wake Forest University School of Medicine and was funded by North Carolina Baptist Hospital. From 1988 until 2014, learners admitted to the program were also enrolled in the graduate school of the University of North Carolina Greensboro, and graduates received the Master of Science in Nursing degree from the school of nursing at UNCG. In order to maximize program quality and efficiency while striving to be recognized as the top program nationally, a proposal was made in 2012 to provide a new degree in nurse anesthesia under the Wake Forest University School of Medicine. The class of 2016 was the first class to graduate under the new collaboration with the School of Medicine for a Master of Science in Nurse Anesthesia degree. The Class of 2023 was the last Master of Science in nurse anesthesia degree. The Class of 2024 is the inaugural cohort for the Doctor of Nursing Practice degree.

Twenty-four learners receive appointments to the Nurse Anesthesia Program each year. To date, the program has graduated over 800 anesthetists who are serving in hospitals and clinics in 40 states.

Philosophy

The mission of the Atrium Health Wake Forest Baptist includes the education and training of health care leaders. The fundamental purpose of the Nurse Anesthesia Program is to offer an educational experience of high quality to a select group of registered nurses to satisfy the societal need for competent anesthetists. Initially, the idea may have been to assure the local availability of nurse anesthetists; however, the program has become an important resource of the entire state of North Carolina and beyond. The overall philosophy for the education of the learner has been expressed for us by Sir William Osler, “The hardest conviction to get into the mind of the beginner is that the education he is receiving in college is not a medical course but a life course for which the work of a few years under teachers is but a preparation.” Therefore, the primary objective is to prepare our graduates for a life-long study and practice of anesthesia.

Mission and Vision

The Nurse Anesthesia Program strives to be a top-ranked program and an invaluable asset to the profession and the community. This is accomplished through the provision of a rigorous education, development of faculty investment, a service-oriented approach to customer needs, and program evolution to capitalize upon emerging trends in health care and education. Our program is renowned for a legacy of leadership development, with our graduates serving in or having occupied the highest positions of state, national, and international nurse anesthesia organizations. Our learners are privileged to be educated by professional advocates who have held positions of prominence in our profession. We provide a rigorous education that leads graduates to embody passion for the art of anesthesia

nursing, commitment to professionalism, and stewardship of the profession. Our unique combination of longstanding history and a current, progressive approach is embodied in our tagline "Established Excellence, Innovative Education".

Objectives and Goals

Completion of an accredited nurse anesthesia program is the primary component of the professional certification as a registered nurse anesthetist. Therefore, the program bears a responsibility to ensure that graduates have demonstrated mastery of all aspects of the professional competencies required of a CRNA. These competencies include knowledge, skills, decision-making, and character traits such as integrity and trustworthiness. At the completion of this program, it is expected that the graduate will be able to accomplish the following relative to patient safety, perianesthetic management, critical thinking, communication, and professional commitment:

Doctoral Degree terminal objectives

1. Patient safety is demonstrated by the ability of the graduate to:
 - Be vigilant in the delivery of patient care.
 - Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, e-mailing, etc.)
 - Protect patients from iatrogenic complications.
 - Conduct a comprehensive and appropriate equipment check.
 - Protect patients from iatrogenic complications.
2. Individualized perianesthetic management is demonstrated by the ability of the graduate to:
 - Provide individualized care throughout the perianesthesia continuum.
 - Deliver culturally competent perianesthesia care.
 - Provide anesthesia services to all patients across the lifespan.
 - Administer general anesthesia to patients with a variety of physical conditions, surgical and medically-related procedures.
 - Administer and manage a variety of regional anesthetics.
 - Maintain current certification in ACLS and PALS.
3. Critical thinking is demonstrated by the graduate's ability to:
 - Apply knowledge to practice in decision-making and problem solving.
 - Provide nurse anesthesia services based on evidence-based principles.
 - Perform a preanesthetic assessment before providing anesthesia services.
 - Assume responsibility and accountability for diagnosis.
 - Formulate an anesthesia plan of care before providing anesthesia services.
 - Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
 - Interpret and utilize data obtained from noninvasive and invasive monitoring.
 - Calculate, initiate, and manage fluid and blood component therapy.
 - Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.

- Recognize and appropriately manage complications that occur during the provision of anesthesia services.
 - Use science-based theories and concepts to analyze new practice approaches.
Pass the National Board of Certification and Recertification for Nurse Anesthetists' (NBCRNA) certification examination in accordance with NBCRNA policies and procedures.
4. Communication skills are demonstrated by the graduate's ability to:
- Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
 - Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
 - Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
 - Maintain comprehensive, timely, accurate, and legible healthcare records.
 - Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
Teach others.
5. Professional role is demonstrated by the graduate's ability to:
- Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
 - Interact on a professional level with integrity.
 - Apply ethically sound decision-making processes.
 - Function within legal and regulatory requirements.
 - Accept responsibility and accountability for his or her practice.
 - Provide anesthesia services to patients in a cost-effective manner.
 - Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder
 - Inform the public of the role and practice of the CRNA.
 - Evaluate how public policy making strategies impact the financing and delivery of healthcare.
 - Advocate for health policy change to improve patient care and advance the specialty of nurse anesthesia.
 - Analyze health outcomes in a variety of populations, clinical settings and systems and examine strategies to improve patient outcomes and quality of care.
 - Disseminate scholarly work.
 - Use information systems/technology to support and improve patient care and improve healthcare systems.
 - Analyze business practices encountered in nurse anesthesia delivery settings

Crosswalk between the Program Outcomes, DNP Essentials, the AACN APRN Doctoral Level Competencies, the COA graduate standards and the WFUSOM BSN to DNP program's terminal objectives.

The graduate must demonstrate the ability to:

I. Patient Safety

WFUSOM BS to DNP Program Outcomes (DNP Essential-VIII)	COA graduate standards (AACN APRN Doctoral Level Domains and Competencies)	WFUSOM BSN-DNP terminal objectives
Apply scientific principles in the provision of advanced practice nursing to promote the health of individuals, communities and populations (DNP I, VII, VIII) .	D.1. Be vigilant in the delivery of patient care (1.1;1.2;1.3;1.4)	a. Be vigilant in the delivery of patient care.
Translate scientific evidence into practice and policy to promote ethically sound, high-quality, cost effective patient-centered care (DNP I, II, III, VIII) .		
Evaluate and utilize data analytic methods, information systems and technology to improve clinical outcomes. (DNP III, IV, VII, VIII)		
	D.2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.) (5.1;5.2;5.3)	a. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).
	D.3. Conduct a comprehensive equipment check.	b. Conduct a comprehensive equipment check.
	D.4. Protect patients from iatrogenic complications (1.1;1.2;5.1; 5.2; 5.3; 5.5)	c. Protect patients from iatrogenic complications.

II. Perianesthesia Care

WFUSOM BSN to DNP Program Outcomes

(DNP Essential-VIII)

Apply scientific principles in the provision of advanced practice nursing to promote the health of individuals, communities and populations **(DNP I, VII, VIII)**.

Translate scientific evidence into practice and policy to promote ethically sound, high-quality, cost effective patient-centered care **(DNP I, II, III, VIII)**.

Evaluate and utilize data analytic methods, information systems and technology to improve clinical outcomes. **(DNP III, IV, VII, VIII)**.

COA graduate standards

(AACN APRN Doctoral Level Domains and Competencies)

D.5. Provide individualized care throughout the perianesthesia continuum **(1.1;1.2;1.3;1.4; 3.2; 5.1; 5.2; 5.5)**

D.6. Deliver culturally competent perianesthesia care **(1.3;1.4;5.1; 5.2; 5.3; 5.6)**

D.7. Provide anesthesia services to all patients across the lifespan **(1.1;1.2;1.3;1.4; 5.1; 5.2; 5.3; 5.6; 6.1; 7.4)**

D.8. Perform a comprehensive history and physical assessment **(1.1; 1.4)**

D.9. Administer general anesthesia to patients with a variety of physical conditions **(1.1;1.2;1.3;1.4)**

D.10. Administer general anesthesia for a variety of

WFUSOM BSN-DNP terminal objectives

a. Provide individualized care throughout the perianesthesia continuum.

b. Deliver culturally competent perianesthesia care.

c. Provide anesthesia services to all patients across the lifespan.

d. Perform a comprehensive history and physical assessment.

e. Administer general anesthesia to patients with a variety of physical conditions, surgical and medically-related procedures.

surgical and medically related procedures **(1.1;1.2;1.3;1.4)**

D.11. Administer and manage a variety of regional anesthetics **(1.1; 1.4)**

D.12. Maintain current certification in ACLS and PALS.

f. Administer and manage a variety of regional anesthetics.

g. Maintain current certification in ACLS and PALS.

III. Critical Thinking

WFUSOM BSN to DNP Program Outcomes

(DNP Essential-VIII)

Apply scientific principles in the provision of advanced practice nursing to promote the health of individuals, communities and populations **(DNP I, VII, VIII)**.

Translate scientific evidence into practice and policy to promote ethically sound, high-quality, cost effective patient-centered care **(DNP I, II, III, VIII)**.

Employ strategic leadership in interprofessional teams within organizations and healthcare systems **(DNP II, VI)**

Evaluate and utilize data analytic methods, information systems and technology to improve clinical outcomes. **(DNP III, IV, VII, VIII)**.

COA graduate standards

(AACN APRN Doctoral Level Domains and Competencies)

D.13. Apply knowledge to practice in decision making and problem solving **(1.1; 1.2; 1.3; 1.4; 3.2)**.

D.14. Provide nurse anesthesia services based on evidence-based principles **(1.1; 1.2; 1.3; 1.4; 3.2)**.

WFUSOM BSN-DNP terminal objectives

a. Apply knowledge to practice in decision making and problem solving.

b. Provide nurse anesthesia services based on evidence-based principles.

- D.15. Perform a preanesthetic assessment before providing anesthesia services **(1.1; 1.2; 1.3; 1.4)**.
- D.16. Assume responsibility and accountability for diagnosis **(1.1; 1.2; 1.3; 5.1)**.
- D.17. Formulate an anesthesia plan of care before providing anesthesia services **(1.1; 1.2; 1.3; 1.4; 2.1; 2.2)**.
- D.18. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions **(1.1; 2.1)**.
- D.19. Interpret and utilize data obtained from noninvasive and invasive monitoring **(1.2; 3.3)**.
- D.20. Calculate, initiate, and manage fluid and blood component therapy **(1.4)**.
- D.21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services **(1.1; 1.2; 2.1)**.
- D.22. Recognize and appropriately manage complications that occur during the provision of anesthesia services **(1.1; 1.2; 1.4; 2.1)**.
- D.23. Use science-based theories and concepts to analyze new practice approaches **(1.3; 1.4; 2.1; 2.2; 3.2; 8.2)**.
- c. Perform a preanesthetic assessment before providing anesthesia services.
- d. Assume responsibility and accountability for diagnosis.
- e. Formulate an anesthesia plan of care before providing anesthesia services.
- f. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
- g. Interpret and utilize data obtained from noninvasive and invasive monitoring.
- h. Calculate, initiate, and manage fluid and blood component therapy.
- i. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
- j. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
- k. Use science-based theories and concepts to analyze new practice approaches.

D.24. Pass the National Certification Examination (NCE) administered by the NBCRNA.

I. Pass the National Certification Examination (NCE) administered by the NBCRNA.

IV. Communication

WFUSOM BSN to DNP Program Outcomes

(DNP Essential-VIII)

Apply scientific principles in the provision of advanced practice nursing to promote the health of individuals, communities and populations **(DNP I, VII, VIII)**.

Translate scientific evidence into practice and policy to promote ethically sound, high-quality, cost effective patient-centered care **(DNP I, II, III, VIII)**.

Employ strategic leadership in interprofessional teams within organizations and healthcare systems **(DNP II, VI)**.

Evaluate and utilize data analytic methods, information systems and technology to improve clinical outcomes. **(DNP III, IV, VII, VIII)**.

COA graduate standards

(AACN APRN Doctoral Level Domains and Competencies)

D.25. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families **(1.5; 4.1; 4.2; 5.2; 5.6; 7.3)**.

D.26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals **(1.5; 5.1; 5.3; 5.4; 7.1; 7.2; 7.3; 7.4)**.

WFUSOM BSN-DNP terminal objectives

a. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.

b. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.

- D.27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care **(4.2; 5.1; 5.2; 5.3; 5.6; 7.1; 7.3)**.
- D.28. Maintain comprehensive, timely, accurate, and legible healthcare records **(4.3; 5.5)**.
- D.29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety **(4.1; 4.2; 4.3; 7.1; 7.4)**.
- D.30. Teach others **(1.5; 2.3; 5.4)**.
- c. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
- d. Maintain comprehensive, timely, accurate, and legible healthcare records.
- e. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
- f. Teach others.

V. Leadership

WFUSOM BSN to DNP Program Outcomes

(DNP Essential-VIII)

Translate scientific evidence into practice and policy to promote ethically sound, high-quality, cost effective patient-centered care **(DNP I, II, III, VIII)**.

Employ strategic leadership in interprofessional teams within organizations and healthcare systems **(DNP II, VI)**.

Evaluate and utilize data analytic methods, information systems and technology to improve clinical outcomes. **(DNP III, IV, VII, VIII)**.

COA graduate standards

(AACN APRN Doctoral Level Domains and Competencies)

D.31. Integrate critical and reflective thinking in his or her leadership approach **(2.1; 2.2; 3.1; 8.3)**.

WFUSOM BSN-DNP terminal objectives

a. Integrate critical and reflective thinking in his or her leadership approach.

D.32. Provide leadership that facilitates intraprofessional and interprofessional collaboration **(2.3; 6.1; 6.2; 7.2; 8.3)**.

b. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

VI. Professional Role

WFUSOM BSN to DNP Program Outcomes

(DNP Essential-VIII)

Apply scientific principles in the provision of advanced practice nursing to promote the health of individuals, communities and populations **(DNP I, VII, VIII)**.

Translate scientific evidence into practice and policy to promote ethically sound, high-quality, cost effective patient-centered care **(DNP I, II, III, VIII)**.

Employ strategic leadership in interprofessional teams within organizations and healthcare systems **(DNP II, VI)**.

Evaluate and utilize data analytic methods, information systems and technology to improve clinical outcomes. **(DNP III, IV, VII, VIII)**.

Apply legal, financial and regulatory principles to advocate for change in healthcare policy **(DNP II, V, VII, VIII)**

Disseminate scholarly work.

COA graduate standards

(AACN APRN Doctoral Level Domains and Competencies)

D.33. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist **(4.2; 5.1; 5.2; 5.3; 5.6)**.

WFUSOM BSN-DNP terminal objectives

a. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.

- D.34. Interact on a professional level with integrity **(4.2; 5.2; 7.1)**.
- D.35. Apply ethically sound decision-making processes **(5.1; 5.2; 5.3; 5.6)**.
- D.36. Function within legal and regulatory requirements **(5.3; 6.1)**.
- D.37. Accept responsibility and accountability for his or her practice **(2.2; 3.1; 5.1; 8.1; 8.3)**.
- D.38. Provide anesthesia services to patients in a cost-effective manner **(6.2)**.
- D.39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder **(3.1; 8.1)**.
- D.40. Inform the public of the role and practice of the CRNA **(6.3)**.
- D.41. Evaluate how public policy making strategies impact the financing and delivery of healthcare **(5.2; 6.2; 6.3)**.
- D.42. Advocate for health policy change to improve patient care **(2.3; 6.1; 6.2; 6.3)**.
- D.43. Advocate for health policy change to advance the specialty of nurse anesthesia **(1.5; 5.3; 6.3; 8.2)**.
- D.44. Analyze strategies to improve patient outcomes and
- b. Interact on a professional level with integrity.
- c. Apply ethically sound decision-making processes.
- d. Function within legal and regulatory requirements.
- e. Accept responsibility and accountability for his or her practice.
- f. Provide anesthesia services to patients in a cost-effective manner.
- g. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder.
- h. Inform the public of the role and practice of the CRNA.
- i. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
- j. Advocate for health policy change to improve patient care and advance the specialty of nurse anesthesia
- k. Analyze health outcomes in a variety of populations,

quality of care **(1.1; 1.2; 1.3; 1.4; 2.1; 2.2; 3.4; 6.1)**.

clinical settings and systems and examine strategies to improve patient outcomes and quality of care.

D.45. Analyze health outcomes in a variety of populations **(1.3; 1.4; 2.1; 2.2; 3.4; 6.1)**.

D.46. Analyze health outcomes in a variety of clinical settings **(1.3; 1.4; 2.1; 2.2; 2.3; 6.1)**.

D.47. Analyze health outcomes in a variety of systems **(2.1; 2.2; 3.4; 6.1)**.

D.48. Disseminate scholarly work **(2.3)**

l. Disseminate scholarly work.

D.49. Use information systems/technology to support and improve patient care **(1.2; 2.1; 3.2; 3.3; 4.3; 6.1)**.

m. Use information systems/technology to support and improve patient care and improve healthcare systems.

D.50. Use information systems/technology to support and improve healthcare systems **(4.3; 6.1; 6.3)**.

D.51. Analyze business practices encountered in nurse anesthesia delivery settings **(6.1; 6.2)**.

n. Analyze business practices encountered in nurse anesthesia delivery settings

Admission Requirements

Learners are selected for admission competitively, based on their academic record, character and general fitness for the study of anesthesia nursing. The program reserves the right to deny interview or admission to any applicant without assignment of reasons.

Prerequisites for admission:

- Bachelor of Science degree in nursing or related field from an accredited university (NLNAC, CCNE, or regional accreditation)
- A minimum GPA of 3.0 in nursing and supporting courses
- Satisfactory completion of undergraduate courses in biostatistics or statistics (including *inferential* statistics) and chemistry (3 semester hours each)
- Satisfactory score on the Graduate Record Examination (GRE) within the past 5 years. Scores below the 50th percentile may not be considered acceptable.
- Current licensure as a registered nurse - (NC licensure required for matriculation)
- A minimum of one year (2,080 hours) of full-time experience within the 2 years prior to application in an intensive care or coronary care unit. Clinical experience must be direct patient care which demonstrates independent decision-making (time in orientation or in managerial positions is not applicable). Management of vasoactive infusions, invasive monitors, ventilator modalities, sedative and paralytic drugs and blood test interpretation are examples of experiences most applicable to nurse anesthesia study.
- Certification in BLS and ACLS
- The ability to comply with all hospital policies and to carry out the physical aspects of the position

Learner Application and Selection Process

The Admissions Committee evaluates applicants and invites the most-qualified applicants for personal interview. Not all applicants who meet minimum qualifications are granted an interview. The Admissions Committee evaluates learners based on academic acumen, clinical expertise, and personal characteristics consistent with success as a learner and professional practitioner of nurse anesthesia. Applicants who are not initially selected may receive notice of being held in an alternate pool which is considered in cases of new class openings. After two years of an applicant not being selected following personal interview, the pre-screening committee may elect to deny further interviews. Upon acceptance offer, applicants can secure their position with a non-refundable deposit of \$1,500, which is applied to the first-semester tuition.

International Matriculates Policy

Matriculates and learners enrolled at Wake Forest University School of Medicine who are not citizens of the United States must maintain a current legal status with the US Immigration and Naturalization Service as a prerequisite for continued enrollment. As a nurse anesthesia learner, the legal authority to administer medications as a learner is by way of a license as a registered nurse (RN) which is current and valid in North Carolina. Obtaining a RN license requires passing the NCLEX examination in the United States and demonstrating citizenship (via having a social security number issued). Because of the sequential nature

of these steps, the RN license is a prerequisite for admissions consideration. An applicant from a non-English-speaking country must demonstrate adequate performance on the *Test of English as a Foreign Language*.

Criminal Background Check & Health Screening Policy

All learners who enter the Nurse Anesthesia Program will be required to meet immunization requirements and have a criminal background check and drug screen completed with satisfactory results prior to matriculation. Learners will receive email communication from Castle Branch, an applicant screening company, authorizing them to perform a background check. Payment is the responsibility of the learner. The report is released simultaneously to the learner and school. Continued enrollment is conditional upon the results of the background check and health screening.

Learners will sign (1) a *Criminal Background Check Authorization Form* and (2) an *Authorization for Use or Disclosure of Protected Health Information* which authorizes the Nurse Anesthesia Program to release results of the criminal background check and immunization records, drug screens and TB results on a need-to-know basis for educational purposes (i.e., clinical sites). Acceptance into the Nurse Anesthesia Program does not imply or guarantee that the learner will be able to obtain state licensure upon graduation. Additional health screen requirements are at the discretion of individual clinical sites and subject to change at any time.

Immunization Policy

Nurse Anesthesia Program (NAP) learners are informed of policies addressing learner exposure to infectious and environmental hazards before learners undertake any educational activities that would place them at risk. These policies related to infectious and environmental hazards address methods of prevention; procedures for care and treatment after exposure, including the definition of financial responsibility; and the effects of infectious and environmental disease or disability on learner learning activities.

The NAP refers to relevant institutional policies, including the Policies and Procedure Bulletin on Communicable Diseases, Immunization Policies and Medical Health Requirements and Student Immunization Policy. Learners of the NAP are eligible for services from and must demonstrate compliance with these policies to the Office of Student and Employee Health. Information about the Office of Student and Employee Health and related learner health records follows:

Mandatory Learner Health Records:

A complete physical examination, immunization history and personal health history are required for admission to the School of Medicine and must be received by the Student Health Service prior to matriculation.

Mandatory Immunizations:

North Carolina Immunization Rules require that specific immunizations be documented within 30 days following enrollment. All immunization obligations must be fulfilled before matriculation. Failure to comply will result in suspension until immunization or documentation is complete. Wake Forest University School of Medicine's requirements exceed the state laws because it follows the guidelines provided by the Immunizations Practices Advisory Committee of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, for persons working in health-related occupations [HHS Publication No. (CDC) 84-8017].

- Diphtheria/Pertussis/Tetanus - Tdap is preferred
- Tetanus/Diphtheria (TD or Td or Tdap) within past 10 years
- Rubeola (Measles)
 - Two doses live attenuated vaccine or two MMRs given after 12 months of age and at least one month apart, or laboratory evidence of immunity (rubeola titer)
- Mumps
 - Two doses live attenuated mumps vaccine or two MMRs after 12 months of age, or laboratory evidence of immunity (mumps titer)
- Rubella (German Measles)
 - One dose live attenuated rubella vaccine or one MMR after 12 months of age, or laboratory evidence of immunity (rubella titer)
- Chickenpox (Varicella zoster) titer
- Laboratory evidence of immunity to Varicella.
 - History of disease will not be accepted.
 - Varicella vaccines will be required for negative titer results as per recommendations (currently two doses).
- Tuberculosis
 - An IGRA TB test is required within the 12 months prior to the matriculation date. A TST is acceptable within the 12 months when the preferred method cannot be completed. Tine test are NOT acceptable.
 - A TB test is not required if documentation of a positive test is provided and includes positive lab result or millimeter measurement (mm) for TST. When a prior TB test has been positive, you must provide a copy of your chest x-ray report made within the 12 months prior to the matriculation date and documentation of any treatment received.
- Bloodborne Pathogens Prophylaxis:
 - In keeping with Occupational Safety and Health Administration (OSHA) standards, all learners must annually document attendance at a training session devoted to the avoidance of biological hazards. This instruction will take the form of mandatory lectures emphasizing the control of blood-borne pathogens. The procedures for care and treatment after accidental exposure to a biological hazard are available from Employee Health, who should be contacted at 336-716-4801 immediately upon a needle stick or other work-related hazardous occurrence. After 5:00 p.m. and on weekends and holidays, learners should call 336-716-4801 and follow the prompts.

- Influenza Immunization (Seasonal)
 - Required annually, in accordance with the Infectious Diseases Prevention Policy. For matriculation, influenza immunization is required **ONLY** for Students who matriculate during the influenza season. Influenza season is generally noted as October 1 – March 31, or as determined by the WFBMC Influenza Immunization Task Force
- Hepatitis B
 - A completed full series of an approved Hepatitis B vaccine (3 doses of Energix-B or Recombivax-B or 2 doses of HepB-CpG/HepLisav-B) **AND** a quantitative Hepatitis B Surface antibody titer of ≥ 10 mIU/ml (lab report or physician verification of results required)
NOTE: If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series.

Financial Responsibility

Students are responsible for all costs to meet matriculation and continuing/renewal requirements unless otherwise noted below, including those services received at AHWFB Employee Health.

- Students are responsible for:
 - Charges for for-cause drug screening and alcohol testing beyond the initial test and one retest.
 - Charges for services related to non-required electives.
- The School is responsible for:
 - Charges for the following continuing/renewal requirements: annual immunizations, annual Respiratory (N95) Fit testing, annual TB testing.
 - Charges for an initial drug screening and alcohol testing and one for cause retest.
 - Any screenings required by the curriculum including requirements for field studies, lab assignment, type of animal species and/or the type of agents used during research.
- Services unable to be obtained through Employee Health will be reimbursed by the program up to the amount charged by Employee Health.

Exemptions

- In accordance with the WFBH Communicable Diseases, Employee Health and Infectious Disease Prevention policies, immunity to the communicable diseases listed on pages 2-4 of this policy is required for all Students. In certain circumstances, a medical or religious exemption for a required immunization may be granted. Requests for exemption must be approved by the Employee Health Medical Director or designee.

For the most recent version and to review the Medical Health Requirements and Immunization Policy in its entirety, please access the institutional policy site [here](#).

For more details or questions, please contact the Office of Student and Employee Health. Contact information is available online at Student Health Services.

Learner Lounge and Lockers

The learner lounge and other study areas are provided for relaxation or group study use by learners currently enrolled in the nurse anesthesia program. Books, furniture, or computers identified as program property in these areas are to remain in their location at all times. Books which are designated for short-term loan should be checked out with a member of the program's office staff. Learners are responsible for maintaining a clean environment including appliances, bookcases, and table surfaces. Please notify program staff should the lounge need vacuuming. Learners should follow common courtesy in making shared areas a **clean, comfortable, and functional space for all**.

Learners should not leave personal items unsecured in public areas. Lockers are provided for safe securing of personal items. The lockers are the property of the school, and the program retains the right to inspect the locker and its contents to ensure that the locker is being used in accordance with its intended purpose, perform maintenance, eliminate fire or other hazards, maintain sanitary conditions, attempt to locate lost or stolen material and to prevent use of the locker to store prohibited or dangerous materials such as weapons or illegal drugs. The program is not responsible for loss or theft of personal items from public areas or which is secured in lockers. Learners should not deface or apply non-removable decoration (such as strong adhesive stickers) to lockers.

Building Access

Learners have badge access to the following areas of campus at all times: 525@Vine nurse anesthesia learner areas (including labs and small group rooms), Biotech Place (use Patterson Ave. entrance after hours and on weekends, Bowman Gray Center for Medical Education (including quiet study rooms on floors 3-5).

Professional Enrichment Activities

AANA Associate Membership

Learners are automatically enrolled to become members of the American Association of Nurse Anesthesiology (AANA). Learners qualify as "associate members" and are responsible for the membership cost, which covers membership until graduation. Associate membership provides a subscription to the *AANA Journal*, a subscription to the AANA news bulletin, the privilege of attending meetings as a guest (fee often reduced or waived for learners), and eligibility to serve on the AANA councils and committees. All learners are encouraged to maintain current memberships in other professional organizations. Because of the professional enrichment value of these activities, participation in association activities is generally considered "professional time" and not counted against time-off allotment.

Global Health Education

Due to the program's vision to educate learners to appreciate a wide role in healthcare, global health experiences provide opportunities outside of the regular classroom and clinical arena.

An optional global health experience allows learners to participate in an international medical mission. This type of opportunity provides a perfect blend of clinical as well as professional growth. The Nurse Anesthesia Program has partnered with a number of organizations to provide learner opportunities. The Chair of Student Affairs coordinates the global health experiences. Learners interested in this opportunity should make their intentions known early in the program so that they may be entered in the queue for selection to participate in a global experience. Connection of learners with mission groups are made based upon the date of declaration of the learner, learner preferences for type of mission, and coordination of scheduled missions with other program requirements (i.e., clinical and didactic activities). Mission trips are considered extracurricular activities, as the program has no oversight of the environment, experiences, or preceptors on the trips. Accordingly, cases performed in other countries may not be counted toward the official case record. However, the value of international experiences far outweighs the trade-off, and time spent on mission trips is considered professional development time (learners are excused from the regular clinical assignment with no PTO deduction). This enriching experience provides a wealth of insight in areas such as:

- Administration of anesthetic agents or techniques that are not used in the United States

- Intraoperative assessment skills with little reliance on electronic monitors and much reliance on basic nursing physical assessment skills

- Healthcare needs and administration in other countries

- General aspects of foreign travel

The learner participant is responsible for all expenses related to a mission trip, however partial financial support may be available through alumni donations. Besides the clinical learning, this experience also provides an invaluable opportunity for the learner to learn about and practice philanthropy in terms of “giving back” for the very fortunate state that we find ourselves in, thus tying in to the precepts of Leadership and the CRNA Role.

Notes for learners interested in global health experiences:

While on mission, you will be under the supervision and control of the mission organization. Nurse Anesthesia Program faculty will not be supervising, dictating, or monitoring your actions, and the Nurse Anesthesia Program will have no control or supervision over any aspect of the mission trip. Your role on the team must be established between you and the mission coordinator or medical director, and you will be responsible to that individual during your mission. Likewise, the Program does not take measures to assure your travel success, safety, or health during the mission. You are responsible for assessing any risks involved with international travel and addressing those risks for yourself. You may choose to utilize the WFUSOM Student Wellness Clinic to ensure you have the recommended immunizations to the area of travel. We would strongly suggest that you purchase traveler’s insurance to cover various contingencies which may arise while abroad, not the least of which would be repatriation, should you fall ill and require urgent transportation back to the U.S.A.

Approval of release from clinical for an international mission will be at the sole discretion of the program administrators. Since this is an extracurricular activity, a limited number of learners will be able to participate, and this experience is not guaranteed to anyone as a condition of matriculating through the NAP. Approval will be based upon multiple factors, including that the learner is in good academic standing

and progressing adequately in the program, the learner has completed necessary prerequisite clinical rotations, and that the clinical rotation schedule would not be adversely affected by a week's absence.

TECHNICAL STANDARDS AND POLICIES OF PROFESSIONAL CONDUCT

NAP Technical Standards for Admission, Continuation, and Graduation

Applicants to the NAP are selected on the basis of their academic, personal and extracurricular attributes. Applicants must also have the intellectual, physical, and emotional capabilities to meet the requirements of the School's curriculum and to function as a safe anesthesia provider.

The following technical standard guidelines are based on those recognized as essential to the study and practice of nurse anesthesia. These guidelines specify the attributes considered essential for completing nurse anesthesia training and for enabling each graduate to enter clinical practice. Because these standards describe the essential functions that learners must demonstrate to meet the requirements of nurse anesthesia training, they are prerequisites for admission, continuation, and graduation.

Wake Forest University School of Medicine Nurse Anesthesia Program will consider for admission any applicant who meets its academic and nonacademic criteria and who demonstrates the ability to perform skills listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and the Rehabilitation Act. Our institution is committed to considering all qualified applicants and prohibits discrimination on the basis of race, color, religion, national origin, sex, age, sexual orientation, gender identity and expression, genetic information, disability, and veteran status. The Admissions Committee believes that all learners must possess the intellectual, physical, and emotional capabilities necessary to undertake the required curriculum in a reasonably independent manner without having to rely on intermediaries and that all learners must be able to achieve the levels of competence required by the program goals and objectives. All candidates for admission, both those with and without disabilities, are expected to be competitive with others in the applicant pool in academic, personal, and extracurricular attributes. The institutional policy is to make admissions decisions on the basis of each applicant's qualifications for the study and practice of nurse anesthesia. The NAP's commitment to nondiscrimination against any applicant or admitted learner on the basis of disability is consistent with applicable law.

Admitted learners with documented, qualified disabilities have access to support personnel within the Office of Student Services. An agent of this office will collaborate with other faculty and staff as necessary to provide reasonable accommodations for courses and examinations. The goal is to help learners with qualified disabilities find access to the necessary resources to assist them in meeting the technical standards for nurse anesthesia program admission, continuation and graduation.

Requests for accommodation of a disability must be made in a timely manner to the Director of the Nurse Anesthesia Program and the Office of Student Services. At that time, the following information must be provided at the learner's expense:

Documentation of the disability from a licensed professional.

The diagnosis of the disability using standard nomenclature.

A description of the learner's functional limitations due to the disability.

Copies of the evaluation report(s) on or accompanied by a letter on the evaluating professional's letterhead.

A description of the requested accommodation.

Accommodations that may be appropriate will depend on individual circumstances. In evaluating a request for an accommodation, the Nurse Anesthesia Program will consider the individual's specific limitations and needs to determine whether the requested accommodation is reasonable and will permit the applicant or learner to satisfy the Technical Standards. An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards, or poses an undue administrative or financial burden. As mentioned above, except in rare circumstances, the use by a learner of an intermediary to perform any of the functions described in the Technical Standards would constitute an unacceptable substantial modification.

For learners seeking accommodations, a comprehensive neuropsychological evaluation conducted by a qualified professional must be provided. The evaluation must appear on, or be accompanied by a letter on, the evaluating professional's letterhead. The learner is responsible for all costs related to evaluation by qualified professional.

Technical Standards for Nurse Anesthesia Studies Required for Admission, Continuation and Graduation

A candidate for the NAP must be able to demonstrate intellectual-conceptual, integrative and quantitative abilities; skills in observation, communication and motor functions; and mature behavioral and social attributes. Technological compensation can be made for some disabilities in certain areas, but a candidate should be able to perform in a reasonably independent manner **without a trained intermediary**. The use of a trained intermediary means that a candidate's judgment or performance must be mediated by someone else's power of selection, observation, or performance.

Sensory

A candidate must be able to detect and interpret changes in monitoring alarms and equipment.

A candidate must have sufficient sensory capacity to observe in the lecture hall, the laboratory, the outpatient setting, and the patient's bedside.

Sensory skills adequate to perform a physical examination are required. Functional vision, hearing and tactile sensation must be adequate to observe a patient's condition and to elicit information from computerized monitors, and through procedures regularly required in a physical examination, such as inspection, auscultation and palpation.

A candidate must be able to observe a patient accurately at a distance and close at hand.

Communication

A candidate should be able to speak, hear and observe patients in order to elicit information; describe changes in mood, activity, and posture; and perceive nonverbal communications.

A candidate must be able to communicate effectively and sensitively with patients. Communication includes speech, as well as reading and writing.

A candidate must be able to communicate effectively via oral and written modalities interacting with all members of the health care team.

Motor

Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers.

A candidate must be able to negotiate patient care environments and must be able to move self/patients between settings, such as clinic, classroom building, and hospital.

A candidate should be able to execute fine motor activities reasonably required to provide general care, perform direct laryngoscopy, arterial and venous line placement, and performance of peripheral and central nerve blocks, anesthesia gas machine operation and troubleshooting, and provide emergency and urgent treatment to patients such as fiberoptic intubation and therapies of the difficult airway algorithm.

Examples of emergency treatment reasonably required of a nurse anesthetist are cardiopulmonary resuscitation (CPR) and the administration of intravenous medication. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

Intellectual-Conceptual, Integrative and Quantitative Abilities

Intellectual-conceptual, integrative and quantitative abilities include measurement, calculation, reasoning, analysis and synthesis. Problem-solving, the critical skill demanded of a nurse anesthetist, requires all of these intellectual abilities.

A candidate should be able to comprehend 3-dimensional relationships and to understand the spatial relationships of structures for the performance of peripheral and central nerve blocks.

A candidate must be able to read and understand medical and nursing literature. In order to complete the degree, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely and often critical fashion in problem-solving and patient care.

Behavioral, Emotional, and Social Attributes

A candidate must possess the emotional health required for full utilization of intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients and other healthcare personnel.

A candidate must be able to tolerate physically and emotionally taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients.

Commitment to excellence, service orientation, goal-setting skills, academic ability, self-awareness, integrity, professional advocacy, and interpersonal skills are all personal qualities that are assessed during the admission and education process. Because the nature of nurse anesthesia education is based on a mentoring process, candidates are expected to be able to accept feedback and respond by appropriate modification of behavior. Compassion, integrity, empathy, interpersonal skills, engagement, resilience, adaptability, and motivation are all personal qualities that are required.

Annotations to the Technical Standards

In addition to the existing text incorporated within the **Technical Standards for Nurse Anesthesia Studies** for Admission, Continuation and Graduation, there are specific needs that are relevant to successful completion of curriculum requirements. This addendum provides specific examples to enhance the interpretation of the Technical Standards, particularly within the Motor and Behavioral, Emotional, and Social Attributes categories.

Learners are required to master the skills of a complete physical examination. They must complete Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Cardiac Life Support (PALS) and Neonatal Resuscitation Program (NRP) instruction and certification processes. Learners must be available to meet when sessions are available for the mastery of the curriculum objectives. This may include evening, night, weekend, and extended-hour obligations.

During the clinical internship, several mandatory rotations require extended hours, with start times as early as 5:00 am. Evening, on-call, and weekend shifts are common and may extend into 12 to 16 hour days. As a result, learners must be able to perform the identified technical standards, with moderate degrees of sleep deprivation.

Many surgical procedures essential to training may exceed 3 or more hours. Learners may be required to stand in a relatively fixed position for the entirety of the procedure with minimal rest or breaks. In emergency situations, patients may need to be moved, turned or resuscitated, and the learner may be in situations that necessitate short periods of bending, lifting or partial lifting, reaching, squatting or straining.

Within AHWFB rotations, learners may be required to cover large areas of space (different patient-care floors, different wings or sections within institutional building structures). They must be able to transport themselves and patients from one location to another in a timely fashion to facilitate patient care responsibilities and to receive educational training, such as during rounds.

Learners are responsible to ensure that they arrive fit for duty, which is defined as being in sound emotional, physical, and mental health to provide safe anesthesia care. Learners are required to update the program on changes in their mental and physical health status (including medications) which may impact their vigilance, alertness, or ability to provide safe patient care. The presence of communicable disease (such as HIV or Hepatitis) may impair the learner's ability to provide safe care, and the program abides by NC law and the School of Medicine policy on the *Effects of Infectious Disease or Disability on Student Learning Activities*. Learners infected with a communicable disease should consult with the program director to ensure that they are able to safely care for patients.

Time Commitment

The nurse anesthesia program is committed to the wellness of learners. In order to support this value and to comply with the Standards set forth by The Council on Accreditation, the Nurse Anesthesia Program has implemented the following duty hour limits for learner anesthetists:

1. The clinical time commitment will be scheduled for learners based on the operating room schedule at the clinical sites. Shift times vary as directed by clinical schedules and specific learning needs. **The average weekly time commitment to the program including study time, class time, and clinical time is 70 hours per week or less (64 hours as dictated by the COA is the sum of hours scheduled for class and clinical).** The weekly total may vary from week-to-week. One hour of classroom time generates or adds an average of two or more hours of study time.
2. Call experiences and weekend shifts will be provided throughout the program. The scheduling of these clinical experiences will be throughout the clinical residency.
3. Learners will be scheduled a variety of shifts (7-3, 7-5, 7-7, Call). Because of the nature of a clinical assignment, the learner may need to extend their time beyond eight hours to achieve the optimum clinical learning experience. Should the assignment extend 2 hours beyond the scheduled shift, the learner is to contact the Associate Director for Clinical Education.
4. Learners will have a minimum of 10 hours of rest between assigned clinical shifts.

Dress Code

Professional development of learners is as important to a successful career as is clinical education. Learners shall project an image of professionalism to our patients and colleagues worthy of the elevated status we aspire to achieve. As such, casual clothing, obtrusive accessories, or body decoration which may detract from your professional image are prohibited. Examples include denim garments, t-shirts, shorts, caps, bandanas, jewelry in excessive size or number, visible body piercings, and similar adornments. Tattoos deemed offensive or unprofessional must be covered by clothing. This policy applies to the clinical sites and Innovation Quarter campus during normal business hours and assigned clinical hours. Additionally, at clinical sites, learners must wear a white lab coat when visiting patients and when leaving the surgical suite in scrub attire. Clinical affiliate sites may have additional requirements. (For additional information, refer to the clinical affiliate site policies and [Atrium Health Wake Forest Baptist Dress Code Policy](#) available on the policy navigation portal).

Below are the general recommendations of proper attire in the Surgical Suite. However, please refer the policies of individual clinical site for proper attire.

- Fresh hospital-laundered scrub suits (to be changed if they become soiled or you have taken care of patients with specific isolation precaution such as MRSA).
- Scrub clothing is not to be worn outside the hospital.
- All facial hair must be covered (hoods are available).
- Shoe covers are required in the OR and must be removed when leaving the department. All disposable hats, masks and eye protection, as well as cloth caps are to be removed when leaving the department. Shoes dedicated to wearing in the OR do not require shoe covers.
- The mask is to be secured over both nose and mouth in a way to prevent venting at the sides. Masks must be work at all times in sterile and substerile areas of the OR.
- Jewelry is restricted to:
 - A watch
 - A flat-surfaced ring

- One necklace if confined within the scrub top
- Small earrings, if confined within the hat
- Nail polish and artificial nails are not to be worn when providing patient care.
- Personal products (including, but not limited to perfume/colognes, lotions and other similar products) with scents that are perceptible by others are not to be worn. Other fragrant products such as air fresheners also are not permitted.
- A laboratory coat purchased by the SRNA will be worn when going out of the operating room such as to conferences or clinical sites within AHWFB.
- OSHA mandated goggles must be worn during anesthesia case and in the preoperative holding area while starting lines. Protective devices are available for those who wear prescription glasses.
- Gloves are to be worn according to universal/standard precautions.
- Extraneous gear (large textbooks, backpacks, etc.) are not to be brought into the OR.

Learner Evaluation

Learner progress is evaluated throughout the program through formative, summative, and self-evaluation mechanisms. Academic achievement is reflected by grades on exams and other assigned activities. Clinical achievement is reflected by daily evaluations against established competencies. Learners also perform a self-evaluation each semester to identify gaps in knowledge and skills and to consider learning needs. On a semester basis, learners receive a summative evaluation by the program faculty to review overall didactic, clinical, and behavioral performance.

Self-Evaluation Exam (SEE)

The SEE is a formal assessment taken by all learners during Year 2 and Year 3. This examination evaluates learners' knowledge, in comparison to a national comparative group. The exam should be scheduled during the summer session within eligibility dates determined by the NBCRNA, following regular PTO rules, or on a non-scheduled day. Program administrators identify the minimum score for each cohort. The syllabus for ANES 739 and ANES 740 dictates the requirements and criteria for academic progress. If a learner is required to retake the SEE, the cost will be the responsibility of the learner.

The NBCRNA complies with the Americans with Disabilities Act (ADA) and provides reasonable accommodations for person with documented disabilities. Refer to the [SEE Handbook](#) with the NBCRNA for further details on requesting accommodations.

Work for Compensation and Scope of Practice

Learners are encouraged to devote their full attention to the study and practice of anesthesia; therefore, part-time work as a registered nurse is discouraged following their first year of study. Prior to graduating from the nurse anesthesia education program and successful completion of the national certification exam, the learner is not permitted to be employed as a nurse anesthetist by title or function. In the role of learner registered nurse anesthetist, learners should also be mindful of accepting learning opportunities that are within the scope of practice for a nurse anesthetist. The learner must recognize that practicing outside this scope (even when offered by a faculty member) may involve risk to the patient and the learner's professional well-being. Any learner not in compliance with this mandate is subject to a meeting with the Student Success Committee with the possibility for program dismissal.

Approved Absences

Following are various policies governing allowable absences from scheduled program events. Absences from clinical assignments are addressed more specifically in the section on clinical education. All absences require prior approval from the program director or their designee at least 2 weeks before scheduled absence.

Job Interviews

The Nurse Anesthesia Program supports learners in seeking job placement. Any learners who can present documentation (e-mail, letters, etc.) of a scheduled interview will be given a total of two days off during the course of the program. The days off will not be considered as vacation time. Any additional days needed by learners will be deducted from their PTO.

Professional Development Time Off

Learners are encouraged to participate in professional committees and are expected to attend at least 1 state and 1 national association meeting during their education, related to nurse anesthesia. Extenuating circumstances surrounding meeting attendance expectations must be approved in advance by the program director. Additional meetings may be at the local, state, regional, national, or international level. Time off for virtual attendance requires program director approval and will only be considered on a case-by-case basis. If approved, deliverables showing evidence of participation will be required. Accommodations will be made in clinical and classroom schedules to facilitate a learner's participation in professional activities, while balancing clinical and academic priorities. Participation is at the discretion of the program administration and will not be approved when a learner is in poor academic standing, on probation, or when educational priorities take precedence. Professional days off will be limited for learners in key specialty rotations (e.g. pediatrics and obstetrics). Learners are financially responsible for all costs involved in professional activities.

Learners are provided a bank of 14 days per academic year, which may be used to attend or participate in the following extracurricular activities: AANA Annual Congress, AANA Mid-Year Assembly, AANA Assembly of Clinical and Didactic Educators, NCANA Annual Meeting, North Carolina Legislative Day, World Congress of Nurse Anesthetists and other external conferences of interest, and to represent the program at diversity or career fairs, high school immersion programs, and other professional development activities. This bank of professional days includes travel days, so learners should carefully budget their time off. Learners holding state or national association positions may be granted additional days, if required for those committees.

Guidelines for use of professional time off:

- Professional time off is granted as an element of the educational program. As such, a learner using professional time in lieu of being in clinical is expected to attend a majority of the meeting's sessions and to be at key events of the meeting (will be designated by program administration for annual meetings). Likewise, the program will designate reasonable travel dates for each meeting (based on distance from Winston-Salem). Professional days may not be used as vacation time or to extend an absence around a meeting for recreational purposes.

- Professional time off is defined as days during which a learner is excused from otherwise scheduled clinical or didactic activities. In most cases, weekend days at a meeting will not require deduction from the professional time bank, unless the learner was scheduled for clinical responsibilities over the weekend.
- Learners must send request for professional time off **2 months prior** to the meeting to the Program Manager.
- In lieu of time off of regular activities for professional meetings, learners will be expected to attend mandatory events at meetings. These events will be published by program faculty. When planning travel, learners should plan to attend the entire scheduled meeting.
- **AANA meeting:** Time off begins at 7:00 AM the day prior to the meeting and ends at 3:00 PM on the day following the meeting, unless otherwise designated by the program administration.
- **NCANA Meeting:** The NCANA annual meeting is usually held on a Friday, Saturday, and Sunday. Time off begins at 3:00 PM the Thursday prior to the meeting and ends at 3:00 PM on the Sunday of the meeting, unless otherwise designated by the program administration.

Review for Certification

Anesthesia courses ANES 739 and ANES 740 focus on certification exam preparation. Learners may choose to attend an additional certification exam review course over a weekend during the spring or summer semester of year 3. One professional day will be granted off from clinical activities to attend, e.g. if the course runs Friday to Sunday, Friday will be the learner's day off from clinical. Review course fees are the learner's personal responsibility.

Clinical

Clinical Residency

A Learner matriculating in the Nurse Anesthesia Program is a Registered Nurse that is a licensed professional at the time of matriculation. As such the clinical component is considered a residency which means that clinical education spans 365 days per year and is not subject to mandatory scheduled breaks at WFU or WFUSOM.

Supervision of SRNA's

Each learner shall have immediate supervision during years 2 and 3. Immediate supervision is defined as the supervisor being in the anesthetizing and operative area, dressed in scrub clothing, not personally administering another anesthetic and available immediately by pager, telephone, or overhead announcement. The proximity of the supervisor to the SRNA is the professional judgment of the supervisor and is based on the experience and skill of the SRNA.

Supervision for the learner during year 2 is generally by a Certified Registered Nurse Anesthetist (CRNA) working with a physician anesthesiologist who is physically present on a 1:1 basis. During the third year, a learner may be supervised by a CRNA, a physician anesthesiologist, or a pediatric intensivist credentialed to provide anesthesia. The actual ratio of supervision for each learner shall not be more than two learners for one supervisor.

Although at no time may a learner administer anesthesia without supervision being available from a CRNA or physician anesthesiologist, the learner should be capable to provide selected anesthesia services and to make preoperative, intraoperative and postoperative decisions to assure that appropriate anesthetic management and skills have been accomplished.

Academic and Professional Titles

It is a long-held tradition in academic settings that faculty members who hold doctoral degrees are recognized by the title of *Doctor* before their last name. This includes physicians, nurses, dentists, researchers, podiatrists, educators, and others who hold terminal degrees in diverse fields. We appreciate maintaining a respectful environment between faculty and learners where this tradition is upheld in the academic setting.

Because nurse anesthetists work in close collaboration with physician anesthesiologists, there has always existed the potential for patients to confuse the role identity of anesthesia providers. In the interest of helping our patients to accurately identify the members of their care team and to appreciate the distinct contribution provided by a nurse-physician team, the following guidance is provided regarding professional titles.

In patient care settings, it is expected that learners always properly introduce themselves to patients. Using generic terms such as *anesthesia person, part of the team*, and ambiguous titles such as *Dr. last name* downplays the important nursing contribution that person brings, and it does not support full disclosure of information to the patient. Consequently, it is strongly discouraged for nurse anesthetists in patient care settings to refer to themselves or for learners to refer to them as “*Dr. last name*”, especially if that title is not accompanied by the more relevant clinical title of *nurse anesthetist*. It is recommended that anesthesia learners NOT refer to or address CRNAs with doctorate degrees as “*doctor*” in the presence of patients. In these settings, unless given other guidance by the faculty member, a title of “*Mr./Ms. last name*” demonstrates due respect for the faculty member. Note: this guidance is not to suggest prohibition of discussing CRNA education, and when the topic is discussed, all are encouraged to inform patients of the rigorous 8+ year journey and academic requirements that lead to certification and licensure as nurse anesthetist.

Regarding titles, similarly, it behooves the learner to act as an ambassador for the nurse anesthesia profession and to let each patient interaction serve as an opportunity to educate the public about the role of nurse anesthetists. It is also important to emphasize that as a Registered Nurse, our learners are

licensed professionals and as such are technically not a “student”. Learners may choose the form of introduction which best promotes patient rapport. The title of “student” should be avoided as it does not accurately represent your professional status as a registered nurse. When the situation allows, it is preferable to explain your background and role rather than stating your title (SRNA). An example would be to describe yourself as a registered nurse with a critical care background enrolled in a graduate nurse anesthesia training program.

Anesthetic Preparation & Responsibilities

Preoperative preparation - the learner shall:

1. Perform a preoperative visit on **ALL** admitted patients that the learner anticipates managing during the assigned clinical hours. Review medical records of ALL patients, including preoperative assessment by the Preadmission Clinic and medical records from previous admissions when available. Old records should be reviewed for critical information (e.g., details of a previous difficult intubation). Year 2 learners are **not** to obtain consent for anesthesia from the patient. Year 3 learners should obtain anesthesia consent and be certain that the faculty member co-signs the consent documentation.
2. Regardless of mandated anesthesia management plans, learners should prepare an anesthetic plan for all scheduled cases and should be prepared to discuss these with the anesthesia team.
3. Discuss the clinical assignment and anesthetic plan by phone or in person with their assigned preceptor the evening before, ***prior to 9 pm.***

Postoperative Visits – All patients who receive care by the Department of Anesthesia in the operating room setting need some sort of post anesthesia note. There are two assigned nurses that complete the post anesthesia notes. Occasionally, when a patient will be transported to the intensive care unit (ICU), the anesthesia provider is expected to complete the post anesthesia note and close the encounter at EPIC. Other than the post anesthesia note completed at the ICU, SRNAs are currently not expected to complete post anesthesia notes. Each SRNA, however, is expected to perform postoperative visits with necessary documentation as progress notes within 24-48 hours as long as the patient/s is/are admitted at AHWFB. Post anesthesia notes are documentation found at the “Anesthesia Post Evaluation” category at EPIC and filled by assigned anesthesia personnel. In contrast, progress notes are similar to quick notes. Steps in creating a progress note include:

- (a) Log in to WakeOne and open the patient’s chart.
- (b) Click the tab ‘Notes’ located at the left side
- (c) Click ‘New Note’ which is found just above the tab ‘All notes’
- (d) At the top box labeled ‘Type,’ click at the magnifying glass symbol and choose progress notes
- (e) Write your notes at the field provider for

RN Licensure, ACLS, BLS, PALS

The program requires nurse anesthesia learners to maintain a valid, unrestricted license as a registered nurse in North Carolina or a Nursing Licensure Compact State (including any other state where the learner is scheduled to rotate to a clinical affiliate site) during the entire program of study. Any nurse anesthesia

learner who does not maintain a current RN license will be immediately removed from the clinical site. The license cost is the responsibility of the learner. Similarly, the program requires nurse anesthesia learners to possess current basic life support (BLS), advanced cardiac life support (ACLS) and pediatric advanced life support (PALS) recognitions. Once enrolled, learners are required to promptly report events that might impact their ability to continue to hold a North Carolina RN license. Learners may be suspended if the events have implications for patient safety or their ability to continue to deliver professional nursing care. A referral may be made to the State Board of Nursing if required by law. Failure to notify the school will result in disciplinary action up to and including dismissal, regardless of the outcome of the event that was reported.

Anesthesia Management Plan and Clinical Case Cards

Year 2 SRNAs complete a formal written anesthesia management plan (AMP) as directed by the program. The goal of the AMP is to synthesize pertinent patient and surgical information to develop a safe and effective anesthetic plan. The AMP is developed the evening before each clinical day. While the SRNA is expected to prepare for every patient, an AMP will be completed for one patient each clinical day. Clinical case cards are used to organize patient- and case-related information for planning and rapid access.

Clinical Case Cards will be completed for every patient (excluding the AMP patient) each clinical day. Details regarding the AMPS and Clinical Case Cards will be provided prior to the beginning the SRNA's clinical education.

The logistics for the anesthesia management plan activity include:

1. The program will set a start date for the submission of the AMPs (this will vary, depending on the start date of clinical rotations).
2. Year 2 SRNAs will complete the AMP whether they are assigned at AHWFB or at affiliate sites when case assignments and access to patient records are available prior to the clinical day.
3. Year 2 SRNAs will provide a printed copy of the AMP to their assigned clinical preceptor at the beginning of each clinical day. Clinical preceptors will provide written and verbal feedback to the SRNA each day.
4. The formal written AMP requirement will cease at a time determined by the clinical director.
5. Case Cards are not submitted to clinical or program faculty members. These cards are for the benefit of the SRNA's organization of and preparation for each patient's anesthetic.
6. Year 2 learners who fail to meet the objectives of the AMP requirement will fail to progress to the third year of the program.

Semester Case Submission and Presentation

All learners will submit a case study for each semester except summer semester of year 3. The case submission will be accompanied by two scholarly peer reviewed articles related to the learner's topic of interest. The scholarly articles should have been published within five years from the date of case submission. The deadline for case submissions and scholarly articles will be on or before the final exams of year 2 and 3. SRNAs will follow the template and upload case submission through Canvas. Late submission will result in:

- a. Incomplete clinical grade for the current semester,
- b. Will not be allowed to attend clinical education until completion of requirement,
- c. Any missed assigned clinical days will be taken out of the PTO bank. The policy on excess PTO will be followed, and
- d. The program will follow the guidelines for breach of professional behavior for late submissions.

Clinical Case Records

To be eligible for graduation and certification, learners are required to maintain a daily record of clinical experiences. Achievement of minimum numbers of specific experiences as well as benchmarks in overall hours and case numbers must be achieved to meet certification eligibility.

- Clinical case records will be completed in the following manner:
 - Go to www.Typhon.com
 - Enter your user name and password
 - Follow prompts to enter your daily data

- Each learner's account will be set up by Program Manager.
 - Typhon will only be open for submission for seven days following each clinical day.

Evaluation Processes

Completed by Learner

Evaluation is integral to education. Evaluation serves as feedback in learning and teaching process. Evaluation by learners promote our program's vision and the nurse anesthesia profession. Learners build the skills and knowledge in giving feedback, which is an integral component in professional development especially as future educators.

Affiliate Rotation Evaluations

Required for each affiliate rotation and are **due on the final SUNDAY of the rotation**. Affiliate rotation evaluations can be accessed via the course links in Canvas. **Evaluations not received by the deadline result in the loss of eight (8) hours PTO per rotation.** It is suggested that evaluations be completed starting the third week for the monthly rotations to avoid the potential of missing the deadline. Information on each affiliate rotation is found on the Typhon site.

Clinical Preceptor Evaluations

Required for each affiliate rotation and are **due on the final SUNDAY of the rotation**. Clinical preceptor evaluations can be accessed via the course links in Canvas. Learners must evaluate most if not all the clinical preceptors members they collaborated with. **Evaluations not received by the deadline result in the loss of eight (8) hours PTO per rotation.** It is suggested that evaluations be completed starting the third week for the monthly rotations to avoid the potential of missing the deadline. Information on each affiliate rotation is found on the Typhon site.

Completed by Clinical Preceptors

Preceptor evaluations of learner clinical performance are recorded via Typhon. Learners should solicit a clinical evaluation **after EACH DAY in clinical**. If the evaluation cannot be completed within seven days,

the learner follows the directions found in the clinical course in Canvas. It is the responsibility of the learner to ensure that an adequate number of evaluations have been logged.

Clinical Evaluation

Learner performance is evaluated as follows:

1. Learners are expected to obtain an evaluation of performance every day that they are assigned in clinical, except at specific sites identified by the Clinical Director. The process is designed to foster an open, two-way conversation between the learner and preceptor each day.
2. Evaluations are customized to the expected clinical competencies of each semester (see chart: *Standards of Progression in Clinical by Semester*).
3. Program faculty will receive electronic notification of learner clinical deficiencies. Learners will be notified of areas in need of improvement.
4. A summary of clinical performance may be reviewed by the learner via the Typhon website. An end-of-semester review of the learner's clinical performance will be scheduled with the program faculty.
5. Learners' clinical performance on clinical competencies is rated on a 4-point scale; (1) unacceptable, (2) needs improvement, (3) performs, (4) above expectations.
6. Learners must pass the clinical course each semester. Learners are expected to achieve ratings of 3 or 4 in clinical performance competencies on daily clinical evaluations (DCEs). A below-standard competency evaluation is one which earned a 1 or 2 rating. A passing grade is achieved by maintaining overall DCEs which do not exceed the maximum allowable percentage of "below standard" ratings during a given semester, as outlined below.
7. Remedial action plans can be instituted despite an overall grade of "Pass" if clinical evaluations indicate a trending pattern of clinical deficiencies in one or more areas.

Maximum below standard ratings per semester

Semester	I	II	III	IV	V	VI
Maximum allowable below standard	5%	5%	3%	3%	2%	1%

Learner Self-Evaluation

In accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs, learners must perform a regular self-evaluation of clinical competency. The program espouses a lifespan development model of education. Reflective practice is integral to professional nurse anesthesia practice. In evaluating one's practice, a critical analysis of beliefs and actions must be reconciled. Once per semester, the learner must 1) review the clinical competencies of the current semester; 2) review daily clinical evaluations submitted via Typhon; 3) identify strengths, weaknesses, and opportunities for growth; and 4) set goals and a plan for the upcoming month in relation to the analysis. These evaluations should be completed in conjunction with end of semester evaluations, by the Friday before the final examination. Because this is an accreditation requirement, the final grades for each academic semester will be withheld from the Registrar until the learner has satisfied this requirement. The link to the survey by semester is found in specific Canvas clinical courses along with other required program evaluations.

Standards of Progression in Clinical by Semester

*The identified semesters are for years 2 and 3.

Competency/ Semester	1	2	3	4-5	6
I. Pre-anesthetic preparation	I. Pre-anesthetic preparation	I. Pre-anesthetic preparation	I. Pre-anesthetic preparation	I. Pre-anesthetic preparation	I. Pre-anesthetic preparation
Room preparation/equipment check	Checks the anesthesia gas machine. Prepares the ploss cart or Omnicell top surface with needed supplies to manage the airway, induction drugs drawn and labeled, and stored narcotics drawn.	Prepares the anesthesia cart, gas machine, and drug setup	Checks gas machine. Effectively remedy leaks or malfunctions. Proper set-up of appropriate equipment and medications.	Identifies and assembles anesthesia equipment for all ASA level cases with minimal assistance	Gathers and correctly prepares appropriate monitors, medications, and special equipment for all patients
Pre-op review	Evaluates each patient's record, history, and medications	Evaluates each patient's record, history, and medications	Completes a thorough pre-operative evaluation on class I/II patients independently; class III/IV with appropriate assistance.	Completes an appropriate pre-operative evaluation on class I-IV patients	Performs a thorough pre-operative evaluation, predicts complications, and requests additional needed studies
Develops anesthetic plan	Identifies the standard monitors	Develops plan for standard monitoring and medications needed, based upon pre-operative assessment	Identifies and plans for potential anesthetic problems, considering implications of patient pathophysiology	Analyzes a variety of pre-operative data to form a complete anesthetic plan	Synthesizes a comprehensive anesthesia management plan for all ASA physical status categories with minimal assistance

Communicates pre-op	Discusses airway assessment with the faculty	Discusses patient assessment with faculty, identifying pertinent issues and demonstrating critical thinking	Discusses anesthetic plan with instructor in a knowledgeable and organized manner	Discusses anesthetic plan in a knowledgeable and organized manner. Identifies need for consultation with surgeon	Clearly communicates anesthetic plan and rationales. Consults surgeon for discussion as necessary
Knowledge basis of preparation	Discusses the basic pharmacology (mechanism of action, usual dose, major side effects) of the INDUCTION drugs.	Discusses pharmacodynamics/ pharmacokinetics of commonly used anesthetic drugs	Justifies the selection of pharmacological agents based upon individual pt. history and drug interactions	Incorporates understanding of surgical procedure and complications from co-morbidities in anesthetic plan	Incorporates understanding of patient status, procedure, and anticipated responses in devising anesthetic plan
Competency/ Semester II. Anesthetic Management	1 III. Anesthetic Management	2 III. Anesthetic Management	3 III. Anesthetic Management	4-5 III. Anesthetic Management	6 III. Anesthetic Management
Monitoring	Properly applies standard monitors	Properly applies routing monitoring equipment	Accurately interprets monitor data; able to problem-solve in a systematic manner	Accurately interprets monitor data; able to problem-solve in a systematic manner	Accurately interprets basic and advanced monitors; able to problem-solve in a systematic manner
Vascular access				Skilled in venipuncture and arterial line insertion	Proficient in obtaining intravenous and arterial access
Drug administration	Administers routine anesthetic medications and agents in proper dosages with faculty instructions.	Administers routine anesthetic medications and agents in proper dosages	Administers induction medications in appropriate dosages and sequences	Safely and effectively induces anesthesia/sedation for adults and pediatrics	Safely and effectively induces anesthesia or sedation
Secures airway	Demonstrate sniffing position for airway management when applicable.	Effectively positions head, maintains mask airway	Proper insertion of LMA, laryngoscopy proficiently with one blade. Successful intubation in class I-II airways	Readily establishes and maintains airway. Uses adjunctive airway tools with some assistance	Proficient in oral and nasal intubation with class III-IV airways. Utilizes a variety of airway adjuncts
Manages airway	Demonstrate hand in C position during mask ventilation.	Recognizes airway problems and adequacy of ventilation throughout case	Recognizes and treats airway obstruction promptly with minimal assistance		Promptly and independently recognizes airway inadequacies and effectively intervenes
Positioning	Identifies position of the patient required by the surgical procedure.	Properly positions patient with some assistance		Safely manages positioning, including sitting, prone, and lithotomy positions	Independently positions patient for optimum safety and surgical accessibility
Critical thinking/decision-making	Follow standards of safety and infection control		Demonstrates rational prioritization in the anesthetic plan based upon changing patient conditions. Begins to demonstrate autonomous decision making	Demonstrates effective problem-solving and trouble-shooting techniques	Actions are based upon accurate interpretation of monitors and understanding of patient physiology and pathophysiology. Uses sound clinical judgment when

					managing routine, advanced and emergency cases
Blood and fluid administration	Calculates and administers fluids and blood appropriately and with faculty instruction.	Calculates and administers fluids and blood appropriately	Effectively calculates and manages fluid and blood requirements		Maintains proper fluid balance and administers colloids as indicated
Maintains anesthesia	Maintains an appropriate level of anesthesia with faculty guidance	Maintains an appropriate level of anesthesia with guidance	Maintains appropriate level of anesthesia; discontinues anesthetic at appropriate time	Skillfully manages adequate level of anesthesia for ASA I-V cases	
Specialty knowledge				Applies sound principles for specialty populations: obstetric, pediatric, neuro, & cardiac	Competently cares for specialty populations: obstetric, pediatric, neuro, & cardiac
Regional anesthesia		Describes pharmacology and application of various local anesthetics	Performs spinal/epidural techniques with assistance	Sound decision-making regarding choice, application, and management of regional anesthetics	Demonstrates cognitive and manual skills to plan and administer safe regional anesthesia
Vigilance and patient assessment	Maintains vigilance. Responds promptly to alarms, vital sign changes	Maintains vigilance. Responds promptly to alarms, vital sign changes	Maintains vigilance and responds promptly to changes in patient condition. Balances attention between charting and case management.	Monitors patient continuously and promptly responds to changing conditions	High degree of patient vigilance. Anticipates surgical and patient responses. Intervenes appropriately
Documentation			Properly completes the anesthetic record		Documents care using accepted format and abbreviations, with minimal errors
Emergence/extubation	Demonstrate suctioning of oral airway prior to tracheal extubation.		Correctly assesses extubation criteria. Extubates safely. Prepares for transport, facilitates rapid turnover	Correctly assesses extubation criteria. Extubates safely	Plans and implements a timely and safe emergence and extubation
Competency/Semester III. Communication Skills/Professional Role	1 IV. Communication Skills/Professional Role	2 IV. Communication Skills/Professional Role	3 IV. Communication Skills/Professional Role	4-5 IV. Communication Skills/Professional Role	6 IV. Communication Skills/Professional Role
Self-assessment			Seeks additional guidance when needed	Critiques own performance to determine learning needs	Accurately evaluates and critiques own performance
Communication skills	Effectively communicates and interacts with health care team	Effectively communicates and interacts with health care team	Effectively communicates and interacts with health care team. Reports patient status to PACU	Communicates effectively and personably with surgeons, nurses, and ancillary staff	Independently communicates and interacts with members of the health care team

Professional behavior	Demonstrates reliability and punctuality regarding clinical assignments	Demonstrates reliability and punctuality regarding clinical assignments	Demonstrates responsibility and accountability for patient and room management		Plans for future events; demonstrates efficiency in clinical practice
Command of anesthesia care		Accepts close guidance and supervision	Performs effectively in stressful situations	Functions as a valuable member of the anesthesia team. Demonstrates independent decision-making	Demonstrates self-confidence. Performs effectively in stressful situations. Autonomous management of routine cases
Willingness to learn	Willingness to learn; accepts instruction and constructive criticism	Willingness to learn; accepts instruction and constructive criticism	Demonstrates initiative to seek out learning opportunities and is receptive to instruction	Independently seeks extra learning experience to expand anesthesia expertise	Demonstrates willingness to learn; accepts guidance. Seeks out relevant learning opportunities
Safety/infection control		Follows standards for safety and infection control	Follows standards for safety and infection control	Follows standards for safety and infection control	Follows standards for safety and infection control
Work area	Maintains a clean, neat working environment	Maintains a clean, neat working environment	Maintains a clean, neat and organized work area	Organizes work area to facilitate smooth operations and patient care	Works within the budgetary and accreditation goals of the O.R./anesthesia department
Cultural competence	Treats patients respectfully, demonstrating appropriate cultural awareness	Treats patients respectfully, demonstrating appropriate cultural awareness	Treats patients respectfully, demonstrating appropriate cultural awareness	Treats patients respectfully, demonstrating appropriate cultural awareness	Treats patients respectfully, demonstrating appropriate cultural awareness

Attendance and Vacation Policy: Personal Time Off (PTO)

Personal time off is granted to provide the learner with a flexible opportunity to miss scheduled curricular time while ensuring that the accreditation-required time commitment is achieved.

160 PTO hours (PTOs) are allowed per year.

- **80 PTO hours** per year are provided for winter vacation during the fall semester (either Christmas and/or New Year's week), and summer vacation during the summer semester. A maximum of **40 PTO hours** are allowed for each of the two vacation periods.
- **80 PTO hours** are available to be requested for vacation, illness, or other personal needs.

NOTE: Time granted for attendance at state/national professional meetings is deducted from a separate pool, but regular PTO may also be used for professional meeting attendance.

- Vacations are scheduled on a Monday-Friday basis.
- Vacations may be changed at the discretion of the program faculty when the learner's curricular needs prevail.
- Vacation during scheduled class time will be approved only at the discretion of the course coordinator.

Rules & Regulations for PTO

- **PTO – The Basics**
 - Please submit a request using the [Clinical Days Request Form](#)
 - PTO request must be received via RedCap at a minimum of 4 weeks prior to the day requested except for the Atrium Health Wake Forest Baptist Medical Center Cardiothoracic rotation, which has a minimum of 6 weeks prior to the first clinical day.
 - Up to 24 PTO hours are allowed during a given clinical assignment.
 - PTO must be requested at a minimum of 8 hours. Requests for PTOs for a partial of the shift will be denied.

- **PTO and Clinical Sites**
 - PTO requests cannot involve the 1st day of a new rotation.
 - If you call in sick on an already scheduled evening shift on a Friday or weekend shift at AHWFB, a note will be required from a licensed primary care practitioner or documentation regarding the reason for the absence within 2 days of return to clinical. The note must be submitted to the Program Manager via email or handed in.
 - If you call in sick on an already scheduled call shift at AHWFB, a PTO deduction of 12 or 16-hours PTO is applied. A note will be required from a licensed primary care practitioner or documentation regarding the reason for the absence within 2 days of return to clinical. The note must be submitted to the Program Manager via email or handed in.
 - Considering the enhanced experience afforded by the weekend, evening, and call shifts, NO PTO will be granted for these shifts. This rule exempts call in sick—if you call in sick documentation regarding the absence must be provided within 2 days of return to clinical. The documentation must be submitted to the Program Manager via email or handed in.
 - The clinical director identifies specific clinical sites where no PTO will be granted.

- **PTO Year 2**
 - Time taken in excess of 160 hours your Year 2 will be deducted from your Year 3 PTO allowance.
 - No PTO carry over is allowed from Year 2 to Year 3.

- **PTO Year 3**
 - Time taken in excess of 160 hours your Year 3 year must be made up before a diploma will be issued.

Illness Call-in Procedure on Clinical Assignment

Sick time is **unplanned** illness of a learner or immediate family member. All steps must be performed:

- Must call the Program Manager **at 336-713-7356**. If this occurs outside of office hours, the learner must leave a message with their name, date of illness, and time.

- Call clinical site coordinator

When on rotation at AHWFB, the charge CRNA must be notified that the learner is ill so that provisions can be made for appropriate room set-up. Additionally, for 7-3 shifts, the learner must talk to their assigned CRNA before 5:30 am (or appropriate time for those CRNAs who live out of town).

When on outside rotations, the charge CRNA, control desk, or other contact (see individual rotation packet) should be called by 5:30 am. It is very important to report illness in time for appropriate preparations to be made for the shift. It is difficult to supply optimum anesthesia care when a room has been quickly prepared.

Abuse of sick time (habitual call-ins the day before every exam or to extend approved PTO, or more than 4 call-ins per semester) may be investigated for breach of the honor policy.

NOTE: If a learner is not able to report to clinical or class for **two** consecutive days, they must report to the Student Health Clinic or bring documentation from a licensed provider before returning.

Hospitalization/Extended Illness

Learners who are admitted to the hospital for a time period which will interfere with your educational requirements, please see specific program guidelines. Learners should inform the Program Director or Associate Director for Clinical Education (preferably prior to the scheduled duty), so that their absence may be excused. Upon discharge, the learner should obtain clearance from a physician that they are clear to return to clinical duty. The learner must contact the Program Director following hospital discharge to make plans to make up missed classes and clinical assignments.

Late Arrival

If a learner arrives late to clinical and is unable to appropriately set up the operating room or begin the first scheduled case, **8 hours will be deducted from the PTO bank**. Learners are required to notify the program office of late arrivals.

Unexcused Absences

Absence from clinical assignment which is not associated with the required notifications outlined previously will be considered an unexcused absence. Except in the case of an emergency or extenuating circumstance, this is a violation of the Honor Policy and Standards of Professional Conduct. Therefore, an unexcused absence is cause for dismissal and shall not be tolerated.

Clinical Schedule Changes

The clinical rotation schedule is formulated to meet the requirements of the Council on Accreditation. The Program reserves the right to change the clinical schedule for learners to ensure optimal clinical experience for all learners. Under the following stipulations, learners may request changes to their schedule:

- Requests for changes by learners to the clinical schedule shall be submitted via email to the Associate Director for Clinical Education.
- All requests of this nature which are granted shall be indicated on the Master Clinical Schedule by the Associate Director for Clinical Education or the Program Manager
- Time changes, other than vacation, will only be made when there are EXTENUATING CIRCUMSTANCES (extenuating circumstances does not mean personal trips, visiting friends or family, extensions of vacations, holidays, time off, child care, etc.).
- Requests for changes to affiliate rotations due to their distance from the learner's residence are not permitted.
- Requests for time changes involving another learner requires both learners to submit an email to the Associate Director for Clinical Education.
- Changes for EXTENUATING CIRCUMSTANCES with classmates should be even exchanges, (i.e., Saturday 7-3 for Saturday 7-3).

Clinical Conferences

A weekly clinical conference is held Wednesday at 0645-0745 on the hospital campus for Year 2 and Year 3 learners. Preclinical learners will have the option to view virtually.

This conference serves to connect clinical and didactic learning and to provide interprofessional education for clinical preceptors and learners. Learners shall attend scheduled conference every Wednesday, except:

- if scheduled for a Tuesday or Wednesday 3p-11p or call shift
- if not in clinical due to PTO
- if scheduled in clinical at a rotation out of town on Wednesday
- Wednesday conference scheduled as a faculty forum
- Learners are excused from attending the conferences.
- Wednesday conference scheduled as staff meeting- On didactic days, learners will come and view Anesthesiology Grand Rounds here at our facility (traditional and collaborative classroom). Learners who have clinical days will be excused from Wednesday conferences during scheduled "staff meetings."
- If the learner is involved in a critical clinical situation or a valuable clinical educational experience, the CRNA or SRNA should notify the Associate Director of Clinical Education.

Wednesday conferences scheduled as staff meeting, faculty forum, or joint conference:

- Whenever there are joint conferences with Anesthesiology, we will still utilize Hanes Building room 1064 to view the presentation through a live stream.

Submit a minimum of one case per semester for Clinical Conference (use form in Canvas courses ANES721-725).

Conference absences: For Year 2, three (3) absences are allowed per semester (2 per summer). For Year 3, five (5) absences are allowed per semester (2 per summer)

****Absences beyond this will be counted as a PTO for each missed conference.***

'Incomplete' grade in clinical will be given for learners who will fail to submit a clinical case for Wednesday conference.

HIPAA

In accordance with Health Insurance Portability and Accountability Act (HIPAA), patient information is not to leave the hospital or be left in open view of those not caring for the patient. Learners should never copy, carry or share any protected health information (name, hospital number etc.) outside hospital premises. Patient information cannot be stored on any unencrypted devices. Computers that display patient information must not be left unattended. This includes, but is not limited to the surgery schedule used to obtain assignments and specific patient information obtained in preparation for your clinical day. Failure to comply with HIPAA requirements could result in immediate dismissal from the program. All learners should review Atrium Health Wake Forest Baptist Hospital's [HIPAA](#) and [Confidentiality](#) policies found on the policy navigation portal.

Mandatory Hospital Education

Each learner must complete annual compliance education for Atrium Health Wake Forest Baptist. These programs are required by the Joint Committee on Accreditation of Healthcare Organizations (JCAHO). The programs include but are not limited to:

1. Fire safety
2. Radiation exposure
3. Infection control
4. HIPAA
5. Electrical safety
6. Patient safety

Learners are required to view all mandatory programs found via their WakeHealth HealthStream account available via the intranet or through the employee portal.

Wake Wings

AHWFB Surgical Services utilizes a patient safety system termed **Wake Wings**.

Philosophy Statement: Every patient at Atrium Health Wake Forest Baptist Medical Center reliably receives patient-centered, safe and compassionate care of the highest quality. We provide this care by holding ourselves accountable for expert teamwork, technical excellence and adherence to policy, procedures and checklists, and by continuous data-driven improvements to our knowledge and skill.

Preoperative, intraoperative, and postoperative handoff will be conducted employing the Wake Wings tools. SRNAs will fully participate in all required patient safety training, communications and checklists. An example of the OR team checklist:

Wake Forest Baptist Health		OR Team Checklist	
<p>Sign In (patient on stretcher in holding room or operating room)</p> <p>Led by anesthesia</p> <ul style="list-style-type: none"> ▶ surgical team available / summoned ▶ confirm "Anesthesia Verifications" ▶ patient identity ▶ anesthesia safety check ▶ allergies ▶ difficult airway / aspiration risks <p>Led by RN Circulator:</p> <ul style="list-style-type: none"> ▶ confirm bed / equipment / implants ▶ H&P and consent consistent with scheduled surgery ▶ site & procedure consistent with consent ▶ site marked by protocol 	<p>Prep Verification (after induction of anesthesia) Led by surgeon</p> <p>Surgeon reviews:</p> <ul style="list-style-type: none"> ▶ team introductions / roles / white board ▶ patient / site / side / procedure ▶ surgeons' briefing ▶ allergies / antibiotics ▶ position / critical steps / contingencies ▶ DVT drug prophylaxis / SCDs activated ▶ operative duration / blood loss ▶ equipment / implants / essential imaging <p>Anesthesia team reviews:</p> <ul style="list-style-type: none"> ▶ ASA status and special concerns ▶ fire and team safety ▶ beta blocker and glucose protocol ▶ DNR status? <p>Nursing team reviews:</p> <ul style="list-style-type: none"> ▶ sterility indicators ▶ medications and fluids labeled 	<p>Closing Time Out (attending anesthesiologist called) Initiated by attending surgeon</p> <p>Anesthesia team reviews:</p> <ul style="list-style-type: none"> ▶ next patient called? ▶ post-procedure concerns / extubation? ▶ beta blocker / glucose / temperature / devices ▶ destination / bed ▶ ID bracelet ▶ agreement on turnover time <p>Nursing team reviews:</p> <ul style="list-style-type: none"> ▶ family notification / location ▶ closure counts ▶ altered materials ▶ specimens labeled ▶ Foley removal? <p>Attending surgeon reviews:</p> <ul style="list-style-type: none"> ▶ procedure name ▶ wound class ▶ equipment / setup / issues for next case ▶ "Were there any delays, equipment or behavior problems?" ▶ "What could we have done to improve the performance of this case?" ▶ Concern Report needed? 	
<p>Transport to OR</p> <ul style="list-style-type: none"> ▶ patient labels ▶ match name / MR# / birth date to computer record ▶ activate antibiotic plan 	<p>Incision TIMEOUT Led by surgeon</p> <p>Final confirmation: patient, site, side, procedure, maintenance anesthetic? "Is everyone ready?"</p> <p>"If anyone has a concern or sees anything that is not in the patient's best interest, we expect you to speak up with an assertive statement."</p>		
<p>Transfer to Bed</p> <ul style="list-style-type: none"> ▶ SCDs activated ▶ safety belt on ▶ Foley considered 	<p>Surgical Attending Inbrief</p> <p>Timeout completed? Equipment review Review key concerns / patient status</p>		

OR Team Checklist Version 2.0 Martin / Olympia / Bowen
WakeWings

Unsafe Practitioner Policy

The nurse anesthesia program ascribes to a just culture philosophy which balances human accountability with system accountability. Clinical errors are considered in the context of the system, the learning environment, and the institutional culture, such that individuals are encouraged to report errors in the hope that system deficiencies may be recognized and improved upon. It is not a foregone conclusion that an individual practitioner is solely responsible for every error. At the same time, the program has adopted an *Unsafe Practitioner Policy* to ensure that the health and safety of our patients, learners, and employees may be protected as our foremost priority. The policy allows for a rapid response to a situation where a learner's actions threaten the safety of those around them. Clinical instructors and supervisors are instructed to notify either the Program Director or the Clinical Director as soon as feasible of the occurrence of an unsafe action or behavior incident.

The faculty of the NAP has an academic, legal, and ethical responsibility to prepare graduates who are competent as well as to protect the public and health care community from unsafe nurse anesthesia practice. It is within this context that learners can be disciplined or dismissed from the Program for an action or behavior which threatens or has the potential to threaten the safety of a patient or others.

I. Learner Awareness

All learners are expected to be familiar with the principles of safe practice and are expected to perform in accordance with these requirements. Within courses, counseling and advising processes, and other instructional forums, learners will be provided with the opportunity to discuss the policy and its implications.

II. Definition

An unsafe action/behavior is defined as:

- an act or behavior of the type which violates the North Carolina Nursing Practice Act, Article 9 of Chapter 90 of the North Carolina General Statutes (NCGS 90-171.37; 90-171.44)
- an act or behavior of the type which violates the AANA Code of Ethics
- an act or behavior which threatens or has the potential to threaten the physical, emotional, mental or environmental safety of a patient or others
- an act or behavior (commission or omission) which constitutes nursing practice for which a learner is not authorized at the time of the incident

III. Investigation and Evaluation of an Unsafe Practice

When an incident occurs which a faculty member believes may constitute an unsafe practice, he/she shall immediately notify the learner and excuse the learner from the clinical setting. The faculty member will notify the NAP Director or designee within AHWFBH.

The NAP Program Director or designee will begin investigation of the incident as soon as possible to determine whether there are grounds that an unsafe action/behavior has occurred. At their discretion, the NAP Director may require remedial work or instruction for the learner, or convene the Student Success committee for review of the incident.

Should the learner wish to appeal a dismissal decision of the Student Success Committee, the learner must submit a written appeal directly to the Program Manager or designee within 7 business days of notification

of the dismissal decision. The Committee Chair will provide the accumulated correspondence or documentation related to the issue to the committee.

Didactic Component

Course Registration

Because learners must complete the anesthesia curriculum in lock-step fashion, they do not need to register for each individual course. When a learner presents to the program ready to attend classes, having successfully completed prerequisite courses, they will be registered for their required didactic and clinical courses each semester by the program registrar. Certain situations (such as medical or financial issues or incomplete coursework from a previous semester) may make a learner unable to begin a course at the outset of the semester. In those situations, learners will be registered when meeting the above criteria, but not later than two weeks following the first day of classes.

Didactic Curriculum

The didactic component of the curriculum is structured to lead the learner on a rational progression of nurse anesthesia care. The intentional broadening of the content provides preparation for certification and practice upon culmination of the program. A mixture of conceptual-based and case-based teaching meshes with the clinical rotations to offer a strong and highly-effective educational program. The didactic curriculum exceeds the number of hours of instruction required in specific areas by the Council on Accreditation of Nurse Anesthesia Educational Programs. The curriculum is offered in a lock-step sequence, according to the arrangement below.

Doctor of Nursing Practice in Nurse Anesthesia – 85 Credit Hours				
Semester	Course #	Course Title		Credits
Fall 1 FALL 2023	NRS 769	Professional Role in Nurse Anesthesia		2
	NRS 770	Conceptual Models, Quality and Safety		2
	NRS 775	Biostatistics and Epidemiology		3
	NRS 777	Healthcare Management, Finance, and Law		3
	NRS 760	Foundations of Scholarly Writing		1
				TOTAL
Spring 2 SPRING 2024	NRS 771	Foundations of Research/QI and EBP Analysis		2
	NRS 776	Leadership and Interprofessional Collaboration		2
	NRS 773	Informatics and Data Driven Healthcare		3
				TOTAL
Summer 3 SUMMER 2024	NRS 772	Translating Research into Practice		3
	ANES 702	Basic Principles of Nurse Anesthesia Practice		2

			TOTAL	5
Fall 4 FALL 2024	ANES 701	Physics and Mechanics of Anesthesia Delivery Systems		1
	ANES 703	Advanced Health Assessment for Nurse Anesthesia		2
	ANES 710	Advanced Pathophysiology I: Neuropathophysiology of Nurse Anesthesia		2
	ANES 721 (P/F)	Applied Clinical Learning in Nurse Anesthesia I		2
	ANES 752	Basic Pharmacology and Biochemistry of Nurse Anesthesia		2
	NRS 790	Doctoral Study I		1
				TOTAL
Spring 5 SPRING 2025	ANES 704	Advanced Principles of Nurse Anesthesia Practice (incorporates regional, peds, OB, complex)		4
	ANES 712	Advanced Pathophysiology II: Cardiovascular and Cellular Pathophysiology for Nurse Anesthesia		2
	ANES 754	Advanced Pharmacology I: Common anesthetic agents		2
	ANES 722 (P/F)	Applied Clinical Learning in Nurse Anesthesia II		4
	NRS 791	Doctoral Study II		1
				TOTAL
Summer 6 SUMMER 2025	ANES 739 (P/F)	Clinical Integration Concepts 1		1
	ANES 723 (P/F)	Applied Clinical Learning in Nurse Anesthesia III		5
	NRS 792	Doctoral Study III		1
				TOTAL
Fall 7 FALL 2025	ANES 714	Advanced Pathophysiology III: Respiratory Pathophysiology for Nurse Anesthesia		3
	ANES 756	Advanced Pharmacology II: Autacoids and other chemical mediators		2
	ANES 724	Applied Clinical Learning in Nurse Anesthesia IV		6

	(P/F)			
	NRS 793	Doctoral Study IV		1
	TOTAL			12
Spring 8 SPRING 2026	ANES 716	Advanced Pathophysiology IV: Pathophysiology of Abdominal Systems for Nurse Anesthesia		2
	ANES 758	Advanced Pharmacology III: Survey of pharmacotherapeutics		2
	ANES 725	Applied Clinical Learning in Nurse Anesthesia V		6
	(P/F)			
	NRS 774	Healthcare Policy, Advocacy, and Ethics		2
	NRS 794	Doctoral Study V		2
TOTAL			14	
Summer 9 SUMMER 2026	ANES 726	Applied Clinical Learning in Nurse Anesthesia VI		5
	(P/F)			
	ANES 740	Clinical Integration Concepts II		1
	(P/F)			
TOTAL			6	
Total for entire curriculum				85

Course Descriptions

ANES 701 **Physics and Mechanics of Anesthesia Delivery Systems (1 cr.)**

This course emphasizes the application of the physical laws of gas, the study of compressed gases used clinically, and the physical and mechanical considerations of anesthesia delivery devices. The application of mathematical formulas for calculations used in the practice of anesthesia will be demonstrated. The inspection, use, and troubleshooting of anesthesia delivery systems will be detailed.

ANES 702 **Basic Principles of Nurse Anesthesia Practice (2 cr.)**

This course provides a broad introduction and overview of basic anesthesia theory, principles, and procedures. It includes an in-depth examination of airway anatomy, as well as didactic instruction in airway management, anesthesia techniques, and perioperative preparation and management.

ANES 703 **Advanced Health Assessment for Nurse Anesthesia (2 cr.)**

This course provides the foundation of patient assessment in the perioperative period as it relates to nurse anesthesia practice. Methodologies of data gathering, data analysis and theoretical integration are emphasized in lecture and laboratory content.

ANES 704 **Advanced Principles of Nurse Anesthesia Practice (4 cr.)**

Principles and application of anesthetic techniques to effectively care for complex cases. Obstetrical, pediatric, cardiac, and regional anesthesia will be addressed, as well as anesthesia delivery in unconventional environments.

ANES 710 **Advanced Pathophysiology I: Neuropathophysiology of Nurse Anesthesia (2 cr.)**

This course provides instruction in neuroanatomy, physiology, and pathophysiology, as well as neurosurgical procedures and anesthetic management of cases.

ANES 712 **Advanced Pathophysiology II: Cardiovascular and Cellular Pathophysiology for Nurse Anesthesia (2 cr.)**

Advanced knowledge of pathophysiology, pharmacology, and anesthesia nursing care related to persons with cardiovascular dysfunction.

ANES 714 **Advanced Pathophysiology III: Respiratory Pathophysiology for Nurse Anesthesia (3 cr.)**

Advanced knowledge of pathophysiology, pharmacology, and anesthesia nursing care related to persons with respiratory and cellular dysfunction.

ANES 716 **Advanced Pathophysiology IV: Pathophysiology of Abdominal Systems for Nurse Anesthesia (2 cr.)**

This course provides instruction in anatomy, physiology, and pathophysiology, as well as anesthetic management of procedures related to hepatic, renal, and endocrine dysfunction.

ANES 721 **Applied clinical learning in nurse anesthesia I (2 cr.)**

Delivery of basic anesthesia nursing care to persons in a variety of settings.

ANES 722 **Applied clinical learning in nurse anesthesia II (4 cr.)**

Foundations of clinical anesthesia nursing care.

- ANES 723 Applied clinical learning in nurse anesthesia III (5 cr.)**
Delivery of basic anesthesia nursing care to persons in a variety of settings.
- ANES 724 Applied clinical learning in nurse anesthesia IV (6 cr.)**
Delivery of intermediate anesthesia nursing care to persons in a variety of settings.
- ANES 725 Applied clinical learning in nurse anesthesia V (6 cr.)**
Delivery of advanced anesthesia nursing care to persons in a variety of settings.
- ANES 726 Applied clinical learning in nurse anesthesia VI (5 cr.)**
Delivery of advanced anesthesia nursing care to persons in a variety of settings. Demonstration of patient care at a level largely independent of instructor intervention.
- ANES 732 Professional communication and informatics (1 cr.)**
Introduction to professional and scientific writing related to nurse anesthesia. Learners prepare a capstone project proposal and a case report manuscript suitable for publication submission.
- ANES 734 Applied Theory for Nurse Anesthesia Practice (2 cr.)**
The theoretical basis for anesthetic decision-making. Particular focus is placed on exploration of theories related to human error and patient safety. Learners propose a conceptual model of a practice-improvement project, which can serve as the Year 3 capstone project.
- ANES 736 Analysis of research in healthcare (2 cr.) (prereq. Inferential statistics course)**
Techniques to evaluate design, analysis, and conclusions of research in order to formulate evidence-based clinical decisions. A critical analysis of literature is a requirement for this class.
- ANES 738 Leadership and the CRNA Role (3 cr.)**
Analysis of professional issues and research affecting anesthesia nursing practice. Through completion of a capstone project, learners demonstrate critical analysis of research to lead change in anesthesia practice.
- ANES 739 Clinical Integration Concepts 1 (1 cr.)**
Independent study to review and integrate all concepts learned in foundational anesthesia courses. A comprehensive examination is employed to demonstrate mastery of Year 2 level knowledge.
- ANES 740 Clinical Integration Concepts II (1 cr.)**
This course provides a format for students to complete a structured study plan for the review of anesthesia practice and related professional concepts and preparation for the NBCRNA National Certification Examination (NCE). The NBCRNA Self-Evaluation Examination (SEE) is used to evaluate the requisite body of knowledge for anesthesia practice.
- ANES 752 Basic Pharmacology and Biochemistry of Nurse Anesthesia (2 cr.)**
Fundamental knowledge of pharmacologic principles related to anesthetic medications. Pharmacokinetics, pharmacodynamics, and unique kinetics of volatile anesthetics are examined. Biochemistry of body water, electrolytes, and acid-base balance and dysfunction are explored.
- ANES 754 Advanced Pharmacology I: Common Anesthetic Agents (2 cr.)**

Advanced knowledge of pharmacology of inhaled and intravenous anesthetics, muscle relaxants, opioids, and adrenergic medications.

ANES 756 Advanced Pharmacology II: Autacoids and other chemical mediators (2 cr.)

Exploration of the physiochemical basis and treatment of pain as well as pharmacology of autacoids and other inflammatory mediators.

ANES 758 Advanced Pharmacology III: Survey of Pharmacotherapeutics (2 cr.)

Advanced knowledge of pharmacology of adjunctive anesthetic medications and non-anesthetic medications.

NRS 760 Foundations of Scholarly Writing (1 credit):

This course is designed to provide graduate-level nurses with the knowledge and skills to be successful in articulating concepts and ideas in a logical and scholarly manner throughout their doctoral studies. This course begins by providing some general principles of expository writing, ensuring each student has a clear understanding of APA formatting. Development of strategies to use in achieving professional and effective communication through the written word will be stressed.

NRS 769 Professional Roles in Nurse Anesthesia (2 cr.)

An exploration of the theoretical and practical aspects of the profession of nurse anesthesia and how they impact the delivery of anesthesia care and patient access to anesthesia services

NRS 770 Conceptual Models in Quality and Safety (2 cr.)

This course provides an overview of theoretical, quality improvement, and evidence-based practice models that are frequently used in patient safety and quality improvement literature. Learners will explore human, systems, and organizational factors impacting care; analyzing and applying select theoretical and conceptual models used across their various areas of healthcare.

NRS 771 Foundations of Research/QI and EBP Analysis (3 cr.)

The purpose of this online course is to prepare the learner to critically appraise, analyze, and synthesize the scientific literature as it relates to nursing practice. This course will build on concepts from statistics, epidemiology, and theoretical models for translational science and evidence-based practice (EBP). The learner will cultivate a critical attitude towards reading and analyzing scientific literature for the purposes of evidence translation.

NRS 772 Translating Research Into Practice (3 cr.)

This course builds upon the concepts from Foundations of Research Analysis to provide a broader understanding of the translational research process, quality improvement processes, and ideas for framing DNP scholarly projects. Learners learn to translate scientific evidence and evaluate the translational research process; thereby impacting professional, organizational systems and patient populations.

NRS 773 Informatics and Data Driven Healthcare (3 cr.)

This course analyzes the application of data in the healthcare system and the policies surrounding its collection and use. Learners explore the role of the electronic health record, telemedicine, and ethical big data collection in improving population and individual health and driving clinical decision making. Learners will evaluate the use of technology for health planning and delivery of care.

- NRS 774 Healthcare Policy, Advocacy, and Ethics (2 cr.)**
 This course examines the ethical principles of moral reasoning and its practical application. Learners debate and critique moral, ethical, and political arguments using case studies, as well as examine current political events that impact nursing practice.
- NRS 775 Biostats and Epidemiology (3 cr.)**
 This course explores the application of biostatistics and epidemiology to clinical decision-making in nursing. Learners will apply basic concepts of design and statistical inference to the study of health for selected clients, populations, and settings.
- NRS 776 Leadership and Interprofessional Collaboration (2 cr.)**
 This course focuses on leadership and interprofessional collaboration as it applies to the role of the DNP prepared nurse in a variety of settings. The course begins with the foundation that leadership starts with an exploration of self, then branches into interactions with others, and ends with impacting organizations and the community (local, state, national, global). Emphasis is placed on the development of leadership skills required for building effective teams necessary to transform health delivery systems.
- NRS 777 Healthcare Management, Finance, and Law (3 cr.)**
 This course prepares the nurse leader to navigate organizational, financial, and legal environments to ensure delivery of compliant and quality healthcare. Learners will produce a business plan for a change management project.
- NRS790-795 Doctoral Study (6 credits over 5 semesters)**
 During the doctoral study, learners will synthesize learning throughout the program through the construction and dissemination of an evidence-based practice project. The scholarly project will be derived from practice needs that focus on a change initiative such as a quality improvement project, program evaluation, or evaluation of a new practice model.

Didactic Progress

Determining the progress of the learner is obtained through evaluation of class participation, interest, attitude, verbal or written presentation of assigned materials, didactic and clinical course assignments, and routine assigned and unassigned tests. The practical application of didactic material is assessed in the clinical areas and graded at the time of the daily evaluation.

Personal Computer/Technology Usage in the Classroom

All electronic equipment should be silenced during class. Computers or other electronic devices should be used to supplement classroom learning. Use of these devices during class in a way that is disruptive to others is prohibited. Most class sessions are captured via video and audio recording for learners' benefit in later review of material. Learners should be aware that they may be recorded any time they are present in the classroom, in simulation, and in the simulated patient assessment area.

Class Attendance

Attendance at all scheduled classes is expected to meet course objectives. To demonstrate accountability and behavior consistent with an anesthesia professional, learners are expected to arrive on time for scheduled class activities. Anticipated class absences or tardy arrival should be discussed with the course director and didactic program coordinator prior to class, or in the case of unanticipated absences, after the class. It is the course director's prerogative to assign specific make up work for each class absence. Habitual class tardiness may be brought to the attention of the Student Success Committee. PTO time granted from clinical requirements does not automatically include excuse from classroom activities. Unexcused absences are unacceptable. Anticipated absences coinciding with scheduled examinations (e.g., scheduled global health experiences) should be discussed with the course director at least two weeks prior to the scheduled exam, so that arrangements may be made for an alternate exam date. In response to unanticipated absences on exam days (e.g., illness), the course director may require written documentation from a health professional attesting that the learner was ill or under care on the date of the exam.

Credit and Grade Determination

Academic credits are awarded according to the following schema:

- Didactic courses in a traditional lecture format are awarded one credit for each 15 hours of class time. (This equates to one hour of class per week in a typical 15-week semester). This conversion assumes that the learner will devote 2-3 hours of independent study per each hour of class. For courses where content is “flipped” (i.e., additional time is shifted to study outside the classroom), an equivalent credit conversion will be applied.
- Distance (online) courses are awarded one credit for each 15 hours of instructional time. Instructional time in online courses may include viewing live or asynchronous lectures, participating in moderated discussion boards, posting a reflection paper, or other activities. This credit determination also assumes 2-3 hours of independent study reading and study per each hour of instructional time.
- Laboratory activities are awarded credit at a rate of one credit for each 30 hours of laboratory time.
- Clinical practicum courses are awarded credit at a rate of one credit for each 80 hours of work.

NRS courses follow a different grading scale, please review in the DNP section.

ANES Courses which earn grades are awarded on a 7-point scale as follows:

Performance level	Grade
93-100	A
85-92	B
78-84	C
< 78	F
Incomplete	I
Not Reported	NR
Withdraw	W

The final grade is rounded to the nearest whole number. Courses graded on a pass/fail basis are awarded credits, but not grade points. They therefore do not contribute to the calculation of the grade point average.

The final course grade, multiplied by the credits awarded by the course, will comprise the grade points awarded and reflected on the transcript. The total of all grade points earned, divided by the total number of credits completed will determine the grade point average. Courses which are graded on a pass/no-pass basis will not generate grade points and will not contribute to the grade point average.

Grade Reporting

Course directors will provide grades to the Didactic Program Coordinator who will submit to the registrar within 30 days following the end of each semester. For the convenience of learners, course directors may establish a gradebook in the Canvas learning management system. Grades reported in Canvas are unofficial, and may be subject to reporting or calculation error, however learners should inform the course director if a grade reported in Canvas appears to be in error. Official grades for didactic and clinical courses are only the course grades which are reported on the learner's official transcript in PeopleSoft. For circumstances such as leave of absence or acute illness, when course requirements cannot be completed, a grade of I (incomplete) will be entered on the transcript. If a learner is delinquent in completing course requirements, a grade will not be recorded, and the transcript will demonstrate "NR". If the learner does not complete course requirements within 30 days into the following semester, a NR entry will be replaced with a Failing grade for the course.

Grade Appeal Policy

A learner may appeal a final course grade which the learner believes to have been calculated or reported in error. The appeal must be preceded by a meeting with the course director. The learner has up to ten (10) business days after the grade is posted in PeopleSoft to meet with the course director to review the grade calculation. If this meeting does not resolve the learner's concerns, the learner may appeal the

grade to the didactic director within 10 business days following the required meeting with the course director. The appeal must contain an explanation of the basis for the appeal and a complete review of the circumstances and any relevant documentation. The didactic director will review the appeal and issue a decision. In the review of the learner's appeal, the didactic director may discuss the appeal with the course director and/or others. The learner will receive a written decision within 10 business days by the didactic director, and the decision will be final. A copy of the final decision will be forwarded to the Registrar in the Office of Learner Records. In the case that the didactic director is the course director of the course in question, the learner will appeal instead to the program director. In the case that the course director is the program director, the appeal will be decided by the chair of the department. If a decision is not able to be made on the program level, the decision will be made by the chair of the department.

Examinations

All learners are expected to take exams when scheduled. Any unavoidable absences must be discussed with the course director or designee prior to examination time or, in the event of an emergency, as soon as possible. (Please review the Attendance Policy).

Any unexcused absence results in a "Failure" (50% grade) for that exam. Arrangements to make-up examinations that are missed due to excused absences must be scheduled with the course director or designee. Some year 3 specialty clinical sites have high-value cases scheduled on class days. In the case of a pre-approved absence on an exam day at one of these sites, the exam must be made up within 48 hours of the originally-scheduled time.

An Examination Session is defined as the time period between the start time of a particular exam or set of exams and the time at which all learners have completed that exam or set of exams.

The Honor Policy is in effect for all examinations whether onsite or via online format.

Learners observed engaging in possible violation of policies may be allowed to complete the exam at the discretion of the exam proctor. The learner will be notified of any irregularities noted and/or the need for an investigation within 3 business days of the incident.

No personal belongings are allowed within immediate access of the learner during an exam. Any materials that are, or reasonably appear to be, a reproduction of any examination materials, study notes, or other materials which could confer an advantage to the examinee or to others will be confiscated.

For personal needs which require a learner to leave the exam room during an exam session, the proctor may grant permission to only one learner at any one time. When learners are assigned to program identified distant clinical rotations, examinations will be administered via a live, online proctoring service. Learners will schedule the exam during the approved time period. Learners are responsible for paying for their exam if scheduled within 72 hours of the exam. Learners will not be reimbursed for late registration fees or fees for exam re-takes, (when re-takes are allowed).

Irregular Behavior:

Irregular behavior is any behavior that undermines or threatens the integrity of the examination, whether it occurs before, during, or after an exam. Irregular behavior includes, but is not limited to, logging in with another individual's credentials, having or seeking access to exam materials before the exam, copying answers from someone else or allowing one's answers to be copied, having study guides or notes present in the exam area, making notes during a computer-based exam administration, altering or misrepresenting scores, stealing exam materials, possessing unauthorized materials during a computer-based exam or other such behavior, overt or perceived, which may cast doubt on the exam results of those or another person. Receiving examination content or collaborating with illicit removal of material is also considered a breach of this honor policy through complicity. Disruptive behavior (including talking, laughing, tapping) is also considered irregular behavior.

The content of the examination and each of its items, is strictly confidential, and any unauthorized retention, possession, copying, distribution, disclosure, or receipt of any examination question, in whole or in part, by written, electronic, oral or other form of communication, including but not limited to e-mailing, copying or printing of electronic files, and reconstruction through memorization and/or dictation, before, during, or after an examination, is **strictly prohibited**.

A learner who has information or evidence that irregular behavior has occurred should submit a written, signed statement to the NAP Program Director detailing the incident, along with any supporting evidence or documentation. Effort should be made to present this material only to the Student Success Committee to protect the rights of the accuser and to allow for a proper investigation of the complaint. For exam security, learners will not be given copies of their examinations to review. Learners will be provided a "Strengths and Opportunities" report from Examssoft.

Mastery Learning

Mastery learning philosophy is applied to courses during Year 2 and Year 3 to ensure that learners master imperative concepts before progressing to more advanced units. To promote mastery learning of the nurse anesthesia coursework, **learners who fail an examination with a grade below 78% will be required to demonstrate mastery of examination content once per semester.** Demonstration of mastery will be shown by creating a multiple question examination including alternative item formats of 50 questions with rationale and references to current text books identified in the course.

The mastery learning assignment may be used as an opportunity for grade replacement **once per semester**. Failure of all examinations will result in a failing grade for the course. Should the learner pass the first opportunity to demonstrate mastery, the failed examination grade will be replaced with an 84%. Should the examinee require a second attempt to demonstrate mastery, an oral examination by the course director must be conducted within the two (2) weeks following the first attempt. Should the learner successfully pass this second opportunity to demonstrate mastery, the failed examination grade will be replaced with a 78%.

Learner Behavioral and Performance Standards

The nurse anesthetist holds a position which demands an extremely high level of accountability. The anesthetized patient is among the most vulnerable, because they have given up all control of their body and vital functions, while entrusting them to the care of the anesthetist. In many operating rooms, the anesthetist may be the only individual who has any expertise in the science of anesthesia. Therefore, the anesthetist must be entrusted to make sound decisions and to admit their own shortcomings when it is in the interest of patient safety. Due to the highly critical aspect of this role, standards for academic, clinical, and behavioral performance are stringent, and must not be compromised in the objective evaluation of learner performance. This section of the handbook defines specific expectations of learners and outlines the procedures for addressing deficiencies.

Learner Progress Evaluation

Learners are evaluated on formative and summative basis throughout their program of study. The learner will be provided with a written evaluation of progress at the conclusion of the fall and spring semesters.

When a learner's breach of requirements or behavioral objectives is of a particularly serious nature or is unresponsive to prior counseling by program faculty, the Student Success Committee may be convened to evaluate the learner's performance and to make recommendations regarding remediation or appropriate disciplinary action.

Honor Policy and Standards of Professional Conduct

The Honor Policy and Standards of Professional Conduct are predicated upon the mission and vision statements of our institution and the expectations of professionalism among individuals entrusted with the lives of others. Successful attainment of program objectives does not rest solely upon academic and clinical performance. Behavioral attributes such as the demonstration of upstanding character and integrity are required of those who will be deemed to have successfully achieved program outcome objectives. Learners shall be committed to uphold the policy on the Standards of Honor and Professional Conduct.

Nurse Anesthetists are called to the highest standards of honor and professional conduct. Upon entering the Nurse Anesthesia Program (NAP), the same standards of professionalism to which CRNAs are held, also hold true for the Student Registered Nurse Anesthetist (SRNA). Learners are expected to function as members of the perioperative team, and as such, are bound by the same contract governing the nurse/patient and nurse/colleague relationship. Learners must also refrain from conduct on or off campus which would tend to bring discredit upon the School of Medicine or the nurse anesthesia profession. Patterns of unprofessional behavior, violence, or breach of criminal law are not consistent with expectations of a learner in the School of Medicine. The following characteristics of the professional nurse anesthetist that are expected of our learners are adapted from The NAP's Philosophy and Objectives, The AANA Code of Ethics, and The American Board of Internal Medicine's *Project Professionalism*.

Behavior considered appropriate for a career in nurse anesthesia includes, but is not limited to, honesty, trustworthiness, professional demeanor, respect for the rights of others, personal accountability and concern for the welfare of patients. In these areas, NAP learners are bound by:

Altruism

This premise involves putting the interest of the patient and healthcare team above self-interest. It is universally known as an unselfish concern for the welfare of others.

Accountability

Accountability is a multifaceted principle. The anesthesia provider is accountable to patients, society, and the profession. The profession can be viewed entirely by the actions of one CRNA; therefore, one must be mindful of how their actions inside and outside of the healthcare arena are perceived. Learners are expected to attend all course activities arriving promptly, and demonstrate a high degree of preparedness for the learning process. They should be timely in completing all duties and assigned tasks.

Excellence

Professional excellence requires a conscientious effort to exceed ordinary expectations and a commitment to life-long learning. Excellence at WFNAP means having the personal desire and commitment to consistently perform in a superior manner.

Duty

One must freely subscribe to the obligation to service despite the cost to personal convenience.

Honor and Integrity

Honor and integrity are the consistent regard for the preeminent principles of behavior, and refusal to violate one's personal and professional codes of conduct. It charges one to be fair, truthful, reliable, and to meet commitments.

Respect

Consideration of others including colleagues, patients, their families, and other members of the healthcare team is the embodiment of respect. It is the essence of humanism, which is central to professionalism, and fundamental to optimal collegial relationships.

Self-reflection

Demonstration of the understanding of the importance of self-reflection and a willingness to examine one's own strengths, weaknesses and biases. The ability to recognize, acknowledge, and remedy personal weaknesses which degrade one's professional ability is of great importance.

Education

Commitment to learning, defined as being able to assess one's own learning needs, continually seeking new knowledge and understanding, accepting responsibility to seek learning or remediation.

Constructive Evaluation

Identifying sources of feedback, seeking out feedback, accepting feedback in a mature manner, using feedback to change behaviors, providing appropriate and constructive feedback.

These guidelines are not meant to be wholly inclusive, but to be representative examples.

In education, the relationship between learners and teachers should be conducted in a professional manner, based on mutual trust, respect and responsibility. This relationship will foster an environment that cultivates educational growth, excellence in patient care and development of the ethical behavior society expects from health care professionals. A sense of professional conduct and learning in the learner-teacher relationship will further develop the appropriate professional provider-patient relationship in clinical practice. It is upon this foundation that the following guidelines are adopted:

The learners agree to:

- Act as a role model for peers.
- Foster an environment conducive to learning and professional growth.
- Maintain high professional standards in all interactions with patients, faculty, staff and peers.
- Admit errors and not intentionally mislead others or promote the learner's own self at the patient's expense.
- Use the utmost effort to acquire the knowledge, skills, attitudes and behaviors required to fulfill all educational objectives.
- Acknowledge that the educational objectives of WFUSOM NAP mark the beginning of a life-long learning process.
- Value the professional virtues of honesty, compassion, integrity, fidelity, reliability, accountability, and dependability.
- Respect all individuals, without regard to race, gender, national origin, religion, sexual orientation, or age.
- Embrace the highest standards of the nursing profession and pledge to conduct ourselves accordingly in all interactions.
- Develop a balance of commitment to the educational process and personal well-being to improve the vigor, enthusiasm, and performance of ourselves and our peers.
- Fulfill obligations as professionals and to assist fellow learners in meeting their professional obligations.
- Bring any violations of policies to the attention of an appropriate person, with assurance that these reports will remain restricted and without reprisal or retaliation.

Some examples of behaviors which are divergent from the principles of professionalism include:

- Arrogance
- Conflicts of interest
- Breach of privacy of peers or patients
- Greed, selfishness
- Academic dishonesty
- Plagiarism
- Lack of personal commitment to nurse anesthesia
- Subversion of PTO policies to provide individual advantage
- Violation of the sexual misconduct policy
- Offensive dress, appearance, behavior, or language
- Physical or mental impairment, including drug abuse and emotional instability
- Projection of responsibility or "excuses" to rationalize inappropriate behaviors
- Lack of conscientiousness or integrity in carrying out patient care responsibilities

- Use of offensive language, gestures, or inappropriate remarks in the professional setting

Principles of academic honor are particularly important, as the program intends to award grades, evaluations, and academic credit which reflects each learner's personal level of achievement. To maintain academic honor, learners are required to:

1. Be truthful and forthcoming in communication with others regarding academic assignments and clinical care.
2. Refrain from cheating, including, but not limited to, copying the answers of another learner on an examination, unauthorized access or use of examination materials, reproducing information on an examination for other learners who have not taken the examination, or any other use of unauthorized information or assistance on an examination or assignment.
3. Refrain from plagiarism, including, but not limited to representation of another's work as one's own. Plagiarism occurs when a learner presents ideas, words, or phrases of another and represents it as being the learner's own work without citing the original source. Learners are individually responsible for applying proper procedures in scholarship so as to prevent plagiarism.

Learners will be evaluated by Program faculty on a semester basis, and as needed in response to a breach in professional behavior. Breaches in professional behavior can impact the learner's standing in the program. The first breach will result in a verbal or written warning or meeting with the Student Success Committee (SSC), depending upon the severity of the breach. A written warning provided by the program administration provides clear documentation of the concerns at hand. In the case that a verbal or written warning from the program administration does not result in correction of the deficiency by the learner, the learner's case may be referred to the Student Success Committee for consideration. Learners will be required to submit to the following attestation upon matriculation.

I have read statement on professionalism and understand that the Nurse Anesthesia Program expects nurse anesthesia learners to adhere to the professional standards described above. I understand that breaches in my professional behavior will impact my clinical evaluations, and that major violations of these standards may result in one more of the following penalties:

- Written Warning
- Probation
- Dismissal

Signature _____

Printed Name _____

Date _____

Performance Expectations of Learners and Disciplinary Policies

Successful progress in the program requires the following:

1. It shall be the responsibility of every learner to behave in a manner that does not impair the welfare or the educational opportunities of others in the Hospital Community. Behavior which threatens the safety of others is addressed under the Unsafe Practitioner Policy.
2. Individual offenses and their penalties prescribed by the disciplinary policies related to student conduct shall include but not be limited to dismissal, probation, or lesser sanctions resulting from the commission or omission of any of the following offenses:
 - a. Academic cheating (including but not limited to unauthorized copying, collaboration, use of notes or books on examinations) and plagiarism (defined as the representation of another person's words, thoughts, or ideas as one's own). Each learner is required to sign the following Honor Statement on all major work and tests submitted to an instructor:

I HAVE ABIDED BY THE HONOR POLICY ON THIS ASSIGNMENT.
 - b. Furnishing of false information, with intent to deceive, to members of the hospital community who are acting in the exercise of their official duties.
 - c. Forgery, falsification, or fraudulent misuse of hospital documents, records, or identification cards.
 - d. Intentionally inflicting physical injury upon a person, intentionally placing a person in fear of imminent physical injury or danger, or intentionally inflicting severe mental or emotional distress upon a person through a course of conduct.
 - e. Damage to or destruction, theft or other misuse of hospital property.
 - f. Illegal trafficking in the selling or transfer of narcotics, marijuana or other hallucinogens, amphetamines, barbiturates, or similar drugs; or the possession of these drugs.
3. Each learner should be familiar with the disciplinary policies related to learner academic and clinical performance as outlined in the *Policy on Satisfactory Academic Progress* as well as the *Honor Policy and Standards of Professional Conduct*, such that:
 - a. Each learner must maintain a "B" average in the letter-graded didactic coursework and pass each individual course. Failure to accomplish either of these may be followed by probationary status, loss of financial aid, or dismissal from the program.
 - b. Dismissal may be recommended if a learner earns less than B grades in more than 8.5 credits of letter-graded coursework.

- c. Except in extenuating circumstances, learners must complete the full nurse anesthesia curriculum within the three-year period following initial registration.
- d. Dismissal will be recommended for any learner failing to abide by the rules, regulations, and disciplinary procedures as outlined by the WFUSOM Institutional Policies. The guidelines apply to each learner upon admission to the Program.

Learners should be aware that disciplinary action, up to and including dismissal from the program may result from breach of any program policies.

PROGRAM COMMITTEES

Admissions Committee

Purpose

- To interview eligible candidates for admission to the Nurse Anesthesia Program
- To select and grant appointments to the Nurse Anesthesia Program
- To determine the content of the program application forms

Membership

- Chaired by the Program Director
- full-time program faculty and staff

Meetings

- Interviews are conducted periodically throughout the year
- A quorum consists of three members present

Advisory Committee

Purpose

- To evaluate and advise on general trends in health care and education which may impact the program
- To evaluate the self-study documents prior to accreditation review dates
- To make recommendations for the overall improvement of the program

Membership

- Members representing profession
 - DAN faculty
 - Invited representatives from full-time affiliate sites
 - Two Learner class representatives
 - School of Medicine representative(s)
 - One public representative
- Members appointed or approved by Program Director
- Program Director serves as Chair

Term of Office

- Two years for learner class representatives
- Three years for all others with reappointment as desired

Meetings

- Annually

Curriculum Committee

Purpose

- To promote high standards in curriculum, pedagogical approaches, assessment methods, and grading guidelines.
- To ensure program alignment with national standards, quality of course design, quality of didactic instruction, standardization in course structure, learner learning outcomes and quality of course delivery.
- To establish the annual academic calendar.

Membership

- Chaired by the Didactic Director
- All full-time NAP program faculty and staff
- Additional ad hoc members may include:
 - Adjunct faculty who direct courses
 - Learner representative of the program

Guidelines

- Evaluate the quality of the curriculum, its delivery, and course outcomes by using national trends and benchmarks.
- Review summarized semester evaluations, learner performance within the course, and the alignment with program outcomes and learner learning outcomes.
- Summary evaluations will allow the NAP Curriculum Committee to determine areas for improvement in course content, delivery, and instructional methods.
- Make recommendations, suggestions, and provide feedback to each course director.
- Approve or deny course directors' changes to the course by a majority vote following course director presentations.

Meetings

- Meetings are scheduled monthly on an ongoing basis for continuous quality improvement.
- Meetings for course review are scheduled bi-annually in October (for Summer and Spring courses) and March (for Fall courses). During these meetings, the committee will review and approve course changes recommended by course directors and finalize course objectives and learner learning outcomes.

Committee for Evaluation of the Program

Purpose

- To plan and promote systematic program evaluation (Program components include structure, resources, policies, faculty, curriculum, learners, and evaluation.)
- To utilize the Council on Accreditation preferred benchmarks to gauge program effectiveness (NCE preferred pass rate 90%; graduate employment rate 80%)
- To recognize faculty and learner excellence
- To make recommendations to the Director regarding program development, maintenance, and revision

Membership

- Chaired by Program Manager
- Nurse Anesthesia Program full-time faculty
- Clinical affiliate site representatives (MDAs and/or CRNAs)
- Medical School administrator(s)
- Two learner representatives

Term of Office

- Three years with reappointment as desired except for the Chair, Program leaders, medical school administrator, and learner representatives
- All members must sign a consent form to include confidentiality and disclose conflict of interest

Meetings

- Annually and other times as necessary to meet obligations
- Meeting quorum 50% of membership

Director's Advisory Council

Purpose

- To advise the Director on matters that impact upon the program and its goals

Membership

- Member of program faculty appointed by Director
- Director of Nurse Anesthesia from AHWFB
- Representative from WFUSOM Department of Anesthesiology
- Representative from AHWFB administration

Meetings

- As necessary

Student Affairs Committee

Purpose

- Monitors and evaluates the education of learners related to their personal wellness
- Serves as department's resource and consultants on issues of provider substance abuse and wellness in the academic setting

Membership

- Chaired by Program Faculty
- Care Team Department Representative
- An academic Faculty
- An administrative support associate
- Additional members deemed necessary by Chair

Meetings

- At least once every semester

Student Success Committee**Purpose**

- To monitor and evaluate learner performance related to academic, behavioral, and ethical requirements
- To support learner success through recommendations, referrals, remedial work, and other means of supporting learner performance which will align with program requirements
- To act on petitions from learners regarding academic status and individual adjustments to curriculum requirements

Membership

- Chaired by full-time Nurse Anesthesia Program faculty member as assigned by the program director
- Administrative faculty of the Department of Academic Nursing
- As appropriate to the issue at hand, ad hoc membership representation from learner affairs, counseling, clinical instructors or supervisors, or other departments, as appropriate

Meetings

- Meetings are scheduled as necessary, in response to identification of a concern for a learner's progress

Guidelines

- The success committee may be convened to evaluate minor or serious issues, where the level of complexity suggests that the learner is best served by a multiple-perspective review of the circumstances.
- The committee may be called upon to consider breaches of clinical, academic, or professionalism standards by a learner, if those issues are not easily adjudicated through written policies.
- Committee members will evaluate a situation based upon the published policies and regulations of the department, program, and institution and make a recommendation to the NAP program director. In situations where the program director must be involved in the SSC meeting, the department chair will have final determination authority.

GRADUATION AND BEYOND

Certification Examination Fees & Eligibility

Transcripts for the CRNA Certification Examination are sent to the NBCRNA in July of the Year 3. The examination fee of \$1045 (as of June 2023) must accompany the application. Please plan to pay this online fee by mid-July of Year 3. The certification examination is a computer adaptive test which is taken at a designated testing center. An appointment is made by the learner to take the examination at an approved testing center following graduation.

To satisfactorily complete the program and be eligible to sit for the certification exam, the learner must:

- complete the Nurse Anesthesia program and COA minimum case requirements
- successfully meet the ANES 740 requirements for SEE and/or comprehensive examination
- comply with all program policies
- pay all fees and tuition due to WFUSOM and return all property of clinical affiliate sites including books, scrubs, ID cards, cart keys, scrub cards, pagers, graduation regalia, or others
- complete the exit interview with WFUSOM Financial Aid Office

The Agatha Hodgins Memorial Award

History - Agatha Hodgins was distinguished as an excellent clinician, an educator, and a leader in the promotion of nursing as a profession. Ms. Hodgins' career began at the turn of the 20th century, when delivering anesthesia was neither an esteemed nor an especially well-paid position. Agatha was appointed by a surgeon, Dr. George Crile, to administer anesthetics to his patients at Lakeside Hospital in Cleveland. He recognized that her exceptional abilities and talents as a nurse were qualities that were indispensable in delivering safe anesthesia at the head of the surgical table. Working with Dr. Crile, Agatha Hodgins was a pioneer in perfecting the nitrous oxide-oxygen technique of anesthesia. She served in France from 1914 to 1915, helping train French and British nurses and physicians in anesthesia care. In 1915, Agatha founded the Lakeside School of Anesthesia. Agatha Hodgins was also instrumental in the establishment of the profession of nurse anesthesia, becoming the founder and first president of the American Association of Nurse Anesthetists.

Award - The Agatha Hodgins Memorial Award will be awarded to a deserving graduating Student Registered Nurse Anesthetist (SRNA). The award will consist of the recipient's name on a plaque at the Nurse Anesthesia Program office. A commemorative award will be presented to the recipient during graduation ceremonies.

Criteria for Selection of SRNA Recipient

The nominated learner should:

1. Show evidence of academic excellence
2. Demonstrate outstanding clinical performance
3. Demonstrate commitment and dedication to the profession of Nurse Anesthesia

Procedure

In June of each year, votes will be solicited of all CRNAs and physician anesthesiologists, including those from affiliate sites, to select who they feel, from a clinical perspective; best exemplifies the qualifications for the Agatha Hodgins Memorial Award. The Program Director will combine the results with the academic performance of the SRNA's to determine the award recipient.

The Charles Alexander "Chal" Maree Award of Excellence

History - Chal Maree was the husband of former program director, Sandy Maree Ouellette. Chal was a strong advocate of nurse anesthetists and became the third person to be awarded an Honorary Membership in the American Association of Nurse Anesthetists in 1990 by the AANA Board of Directors.

Award - The Charles Alexander "Chal" Maree Award of Excellence is awarded to a deserving graduating Student Registered Nurse Anesthetist (SRNA). The award will consist of the recipient's name on a plaque in the anesthesia classroom. A commemorative award will be presented to the recipient during graduation ceremonies.

Criteria for Selection of SRNA Award Recipient

The nominated learner should:

1. Be an associate member of the American Association of Nurse Anesthetists
2. Show evidence of academic and clinical excellence
3. Demonstrate leadership potential through involvement in program, regional and/or national learner affairs
4. Demonstrate an active role in providing and improving quality patient care

Procedure

In June of each year, votes will be solicited from all SRNAs and CRNAs, including those from affiliate sites.

The Progressive Leadership Award

The Progressive Leadership Award recognizes an alumnus/a of the Wake Forest University Nurse Anesthesia Program who demonstrates accomplishment and the potential for continued growth in leadership roles in the nurse anesthesia profession. The award is bestowed annually, determined by an award committee, based upon nominations received. Nominations of any alumnus/a may be made by any person. The award is presented annually, either at the general alumni meeting or program graduation.

Alumni Association

The alumni association of the North Carolina Baptist Hospital School of Anesthesia was organized in June of 1969. The purpose of the Association is to promote the best interests of its members, support the Nurse Anesthesia Program, uphold the nurse anesthetists and their relationship with the medical profession and hospitals, and contribute to the fellowship of the graduates of the Program. The alumni association meets in the spring of odd-numbered years at an alumni luncheon. The association distributes a newsletter to

members annually. Learners are encouraged to attend alumni meetings as guests or to help host the meeting.

Program Evaluation

As a means of continuous quality improvement, learners are asked to provide both formative and summative evaluation of the program. Formative occurs when they evaluate clinical and didactic instructor on a periodic basis. Summative evaluation occurs when learners can offer feedback during each end-of-semester meeting or on exit interviews. Furthermore, graduates are surveyed at 1-year and 3-years post-graduation to evaluate the efficacy of the program in preparing them for the professional role of nurse anesthetist.

REFERENCE RESOURCES

Book List

Because the program is organized in an integrated design, merging clinical and didactic education throughout the program, specific books may be used at various times. Unlike undergraduate education or front-loaded programs, few books are used only during a specific semester. Therefore, learners are encouraged to purchase a working library of textbooks which can serve as references throughout the various courses and clinical experiences.

Wake Forest University Stores (<http://stores.wfu.edu/stores/the-bookstore/>) (By phone: (336) 758-5145) may be used to purchase textbooks for the program or other university paraphernalia. Learners may also elect to purchase books through other retail outlets.

When choosing from different versions of books, consider the benefits of books with electronic content. This provides a very easy mechanism for searching for a particular point, and you may find it a helpful resource to be able to cross-reference information in class, if you bring a laptop to class. The electronic versions also often contain helpful quizzes and supplemental study materials. "Kindle versions" can be read on a PC, MAC, or iPad with a free application.

Required Books

See Carpenter library [Lib Guide](#) for complete list of books.

The information in this learner handbook applies to the academic year 2023-2024. Wake Forest University School of Medicine reserves the right to change policies and procedures at any time and without prior notice. Errors and omissions in published documents (written or electronic) may be corrected at any time. Learners will be notified via email in a timely manner of all changes to policy that occur during the academic year. Policy changes will be added as an appendix to the learner handbook.

Appendix A



StudentID:

Strengths and Improvement Opportunities

Pharm Common Agents Exam 2 2021

Course: Advanced Pharmacology Common Agents • Instructor: • Questions: 50

94.33%

My Score
(47.16/50)*

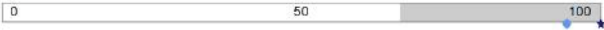









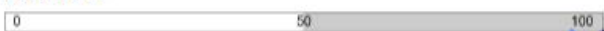
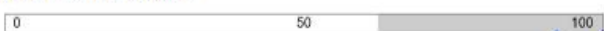
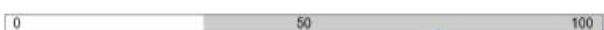

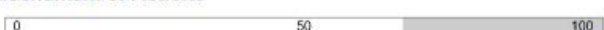


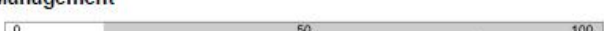
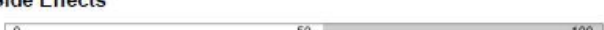
92.07%

Average Score
(46.03/50)*

*Bonus points were available on this assessment and were calculated into the score.

Overall, you scored above the class average. Please take note of the areas, noted in yellow or red, where you may have opportunities for improvement.

CATEGORY	MY SCORE	AVERAGE	CORRECT	LEGEND		
				▲ DOING WELL	● NEEDS REVIEW	▼ NEEDS IMPROVEMENT
754 Exam 2 Opioids	100.00%	100.00%	3/3	▲		
Adjunct Agents	100.00%	97.92%	3/3	▲		
Agonist/Antagonist	80.00%	86.25%	4/5		●	
Alfenta	75.00%	56.94%	3/4	▲		
Awareness	100.00%	86.46%	4/4	▲		
Demerol	100.00%	95.00%	5/5	▲		

Fentanyl		100.00%	94.31%	5/5	▲
Infusion Pharmacokinetics		100.00%	94.79%	3/4	▲
Morphine		100.00%	95.60%	6/6	▲
Neuraxial Administration of Opioids		50.00%	88.54%	2/4	▼
Opioids		80.95%	88.89%	4.6/6	●
Pharmacodynamics		66.67%	75.69%	2/3	▼
Potency		100.00%	97.22%	2/2	▲
Remifentanyl		100.00%	87.08%	5/5	▲
Sufenta		100.00%	91.67%	2/2	▲
Pharmacodynamics		100.00%	92.71%	2/2	▲
Side Effects		100.00%	94.79%	2/2	▲
Mechanism of Action		100.00%	92.19%	4/4	▲
Pharmacokinetics		100.00%	72.22%	2/2	▲
Side Effects		0.00%	77.08%	0/2	▼
Mechanism of Actions		100.00%	97.92%	3/3	▲
Side Effects		100.00%	95.37%	3/3	▲
Contraindications		100.00%	93.75%	4/4	▲
Management		100.00%	78.47%	2/2	▲
Side Effects		73.33%	82.50%	3.6/5	●

Performance Logic: Doing well = above class average and above 70% for category. Needs review = (between 60-70% correct and above class average) or (scored below class average and above 70%). Needs improvement = (scored below 50%) or (20%+ below class average).
 *Average or Total Correct/Total Number of Questions - Individual question value may adjust final percentage.
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