Baylor College of Medicine

School of Health Professions
Doctor of Nursing Practice Program
Nurse Anesthesia

Student Manual

January 5, 2026

Baylor College of Medicine
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Doctor of Nursing Practice Program – Nurse Anesthesia
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As a student enrolled in the Baylor College of Medicine School of Health Professions' Doctor of Nursing Practice (DNP) Program, you should be knowledgeable of the College's policies, rules, regulations, and administrative procedures that affect you. This Student Manual provides guidelines and policies for the DNP Program. Students are responsible for all the information presented in this book.

While every effort has been made to verify the accuracy of information, Baylor College of Medicine reserves the freedom to change, without notice, degree requirements, curriculum, courses, teaching personnel, rules, regulations, tuition, fees, and any other information published herein. This publication is not to be regarded as a contract.

Further information can be obtained from personnel in the following offices:

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One Baylor Plaza, Mail Stop BCM115
DeBakey Bldg., Suite M108
Houston, Texas 77030
(713) 798-8650
www.bcm.edu/crna

School of Health Professions
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(713) 798-4613
https://www.bcm.edu/education/school-of-health-professions

Office of Student Services
Baylor College of Medicine
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Houston, Texas 77030
(713) 798-8646
https://www.bcm.edu/education/academic-faculty-affairs/student-services

Baylor College of Medicine is committed to a safe and supportive learning and working environment for its learners, faculty and staff. College policy prohibits discrimination on the basis of race, color, age, religion, gender, gender identity or expression, sexual orientation, national origin, marital status, veteran status, disability or genetic information. Harassment based on any of these classifications is a form of discrimination and also violates College policy (02.2.25, 02.2.26) and will not be tolerated. In some circumstances, such discriminatory harassment also may violate federal, state or local law. View the College's Notice of Nondiscrimination.

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Baylor College of Medicine

History: Baylor College of Medicine, a private medical school, was chartered by the State of Texas in 1900 and organized as the University of Dallas Medical Department, an independent, nonsectarian institution. In 1903, it became affiliated with Baylor University in Waco as Baylor University School of Medicine. The College moved to Houston in 1943 and became the nucleus of the Texas Medical Center. Baylor College of Medicine separated from Baylor University in 1969 and became an independent corporation.

Mission: Baylor College of Medicine is a health sciences university that creates knowledge and applies science and discoveries to further education, healthcare, and community service locally and globally.

Vision: Improving health through science, scholarship, and innovation

Values:

Respect
- Value others and treat them with courtesy, politeness, and kindness
- Promote and support diversity, inclusion, and equity
- Encourage civil dialogue that considers diverse opinions and ideas

Integrity
- Interact with honesty, consistency, and transparency
- Operate in ways that demonstrate ethical behaviors
- Foster personal accountability to build trust

Innovation
- Cultivate creative ideas and unique talents across the organization
- Embrace a culture of continuous improvement
- Inspire the creation and application of new knowledge

Teamwork
- Sustain a culture that values collaboration
- Communicate openly to enhance understanding
- Establish effective partnerships

Excellence
- Promote the highest standards of safety, quality, and service
- Strive to excel in every aspect of our mission
- Support an environment that inspires the best from our people

School of Health Professions

History: The Division of Allied Health Sciences (DAHS) began in 1976 as a component of Baylor College of Medicine's (BCM) Department of Community Medicine. In 1988, the DAHS was transferred to the Dean of Medical Education's Office. In 2004, the Academic Council approved the conversion of DAHS to an independent School of Allied Health Sciences (SAHS). In 2007, the SAHS was administratively positioned to answer directly to the Executive Vice President and Executive Dean of the College. Currently, the Dean answers directly to the President and Executive Dean of the College. In 2018, the SAHS was renamed School of Health Professions (SHP).

Mission: To promote the well-being of the people of Texas and beyond by educating outstanding health professionals, providing quality health care services, and contributing to research to improve health professions education and health care delivery.

Accreditation:

Baylor College of Medicine is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award masters and doctorate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097 or call (404) 679-4500 for questions about the accreditation of Baylor College of Medicine.

The Doctor of Nursing Practice Program – Nurse Anesthesia is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (10275 W. Higgins Rd., Suite 906, Rosemont, IL, 60018-5603, (224) 275-9130, www.coacrna.org). The DNP Program – Nurse Anesthesia is accredited through May 2034.

Baylor College of Medicine is legally authorized to grant degrees, and grant credits toward degrees, in the State of Texas by the Texas Higher Education Coordinating Board (P.O. Box 12788, Austin, TX, 78711, 512-427-6225).

Doctor of Nursing Practice Program – Nurse Anesthesia

History: The Baylor College of Medicine Doctor of Nursing Practice (DNP) Program has historic roots dating back to the 1960s. In 1968, the Harris County Hospital District, Baylor's primary clinical partner, opened a School of Nurse Anesthesia. The program was designed as a 23-month course of study awarding a certificate of completion and eligibility to take the national certification examination for nurse anesthetists. The majority of the clinical learning experiences were offered at Ben Taub Hospital, a Level 1 Trauma Center and the primary hospital in the HCHD. In 1976, Baylor assumed administrative responsibility for the HCHD program and agreed to provide the majority of the instruction to the students.

In 1983, the HCHD certificate program transitioned to a Master of Science framework under the auspices of BCM. The College became the sixth nurse anesthesia program in the country to move to the master's level. The Graduate Program in Nurse Anesthesia was designed as a 30-month program awarding a Master of Science degree in nurse anesthesia. The clinical learning experiences remained primarily at Ben Taub but also included the Michael E. DeBakey Veterans Affairs Medical Center, Baylor St. Luke's Medical Center (formerly St. Luke's Episcopal Hospital), Houston Methodist, and Texas Children's Hospital.

In 2011, the Master of Science program transitioned to a Doctor of Nursing Practice program. Baylor continued to lead this national trend, becoming the fifth program in the country to transition to the entry-into-practice doctoral framework. The program is designed in two tracks including a BSN-DNP track for RNs desiring to become CRNAs and an MS-DNP track for masters-prepared CRNAs desiring to obtain the DNP degree. The BSN-DNP track is 36 months in length and the MS-DNP track is 24 months in length. All graduates receive a Doctor of Nursing Practice degree.

On Aug. 1, 2011, the Baylor DNP Program opened its state-of-the-art high-fidelity simulation center. The simulation center includes a CAE Human Patient Simulator, the most technologically advanced simulator on the market. In addition, the center includes a Sonosite ultrasound machine and anatomic ultrasound models for teaching peripheral nerve blocks, neuraxial techniques, and central vascular access. The Olympus videoscope tower provides the opportunity for students to develop competency in the management of difficult airways. The Laerdal pediatric and infant simulation manikins, in combination with the METI HPS, provide opportunities to simulate anesthetic scenarios across the lifespan. The center also contains a variety of task trainers for other anesthesia related skills such as airway management.

The combination of didactic, simulation, and clinical experiences have allowed Baylor's DNP Program to become one of the most respected programs in the country.

DNP Administration and Faculty – The administration, faculty, and staff of the DNP Program are listed below along with their email addresses.

Director
Rachel Davis, DNP, CRNA, CHSE, FAANA ..... rcdavis@bcm.edu

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Carla Roberts, DNP, CRNA..... carlar@bcm.edu
Audrey Weldon, DNP, CRNA ..... weldon@bcm.edu

Program Staff

Emily Hughes, MLS ..... ehughes@bcm.edu

DNP Program Values

Integrity, Advocacy, Service, Lifelong Learning, Excellence

DNP Program Vision

The Doctor of Nursing Practice Program will be recognized as an exemplar of nurse anesthesia education.

DNP Program Mission

The Doctor of Nursing Practice Program produces future generations of professional nurse anesthetists who are leaders in clinical practice, as well as healthcare research, education, and policy. Graduates will embrace innovation, technology, and evidence-based approaches within a culture of lifelong learning.

Educational Philosophy

The Baylor College of Medicine Doctor of Nursing Practice Program is committed to the promotion of excellence in the nurse anesthesia profession through education, research, and patient care. Nurse anesthesia is an evolving practice shaped by societal and professional needs. The College believes that the doctoral framework is fundamental to preparing clinical anesthesia practitioners and future educators. Together with the anesthesiologist and surgeon, certified registered nurse anesthetists seek to meet patient needs through the provision of high quality, safe, and cost-effective health care.

Professional nurse anesthesia practice involves patient assessment, planning, administering, directing and evaluating anesthesia care for the patient in a variety of settings and circumstances. Baylor's Doctor of Nursing Practice Program seeks to provide a wide base of anesthesia educational experiences. The curriculum incorporates cutting edge technology, including web-based learning and human anesthesia simulation, while providing a fully integrated learning experience for students. The faculty believes that learning is an independent, self-initiated, life-long process, including opportunities for teacher-student interaction, goal setting, selecting and evaluating learning experiences as well as monitoring and measuring student progress. The learning experiences, offered online as well as in the classroom and clinical settings, are designed to achieve integration of the knowledge, skills and attitudes necessary for the production of a competent anesthetist.

The Doctor of Nursing Practice Program views the student as an individual and is dedicated to the proposition of equal educational opportunity. It is our aim to provide an atmosphere of intellectual inquiry and clinical experience to enable students to realize their potential.

Academic Integrity

Students must abide by all rules and regulations of the School of Health Professions governing academic performance (Article 8.1 of the SHP Student Handbook). Academic misconduct, including but not limited to, cheating, plagiarism, falsification of data, or unauthorized use of academic materials, will not be tolerated. Any student engaging in any of these activities will face disciplinary action by the Program Director and/or Health Professions Student Promotions Committee. Audio or audiovisual recording of lectures is strictly prohibited, unless the lecturer has given specific permission for an individual lecture to be recorded.

Program Goals

The Doctor of Nursing Practice Program in Nurse Anesthesia of Baylor College of Medicine is a 36-month program of study leading to a Doctor of Nursing Practice Degree in Nurse Anesthesia. Graduates of the program are eligible to take the certification examination given by the National Board of Certification and Recertification for Nurse Anesthetists.

The goals of the program are as follows:

1. Support the College's mission, values, and imperatives
2. Prepare graduates to become competent Certified Registered Nurse Anesthetists, ready to serve society in an advanced role on the health care team.
3. Promote core values and behaviors that encourage respect for diversity, acknowledge human worth and dignity, and support professional nurse anesthesia practice.
4. Foster an appreciation for the necessity of learning, thinking critically, and continuing to grow personally and professionally.
5. Contribute to the nurse anesthesia profession and to society by engaging in expert clinical practice.

Normal Progress to Degree

It is customary that degree requirements be met during the 36 consecutive months after admission. The grading scale for didactic and clinical courses is outlined in Article 5.13 of the School of Health Professions Student Handbook.

Program Objectives

Upon successful completion of the Doctor of Nursing Practice (Nurse Anesthesia), the graduate will be able to:

1. Conduct and document a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
2. Design, implement, and evaluate therapeutic interventions based on scientific knowledge and emerging approaches to nurse anesthesia practice and healthcare delivery to promote optimal outcomes.
3. Demonstrate advanced levels of clinical reasoning and judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
4. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals (e.g., transdisciplinary) to facilitate optimal care and patient outcomes.
5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.
6. Educate and guide individuals and groups through complex health and situational transitions.
7. Apply ethical principles to decision making in health care practices and systems.
8. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

9. Advocate for anesthesia care and health care practice change through active involvement in policy development and political processes.
10. Obtain and document informed consent including risks, benefits, and anesthesia alternatives.
11. Evaluate the patient's physical and psychological status identifying abnormalities that will have implications on the anesthesia care plan, including evaluation of all laboratory, radiographic, and other diagnostic test data.
12. Develop and execute an appropriate anesthesia care plan based on the patient's condition and the surgical/diagnostic procedure, including effective utilization of fluids and blood products.
13. Select, assemble, and maintain proper equipment, anesthetic agents, and accessories in preparation for sedation, general anesthesia, and/or regional anesthetic techniques.
14. Demonstrate the ability to deliver individualized, safe and effective anesthesia care based on clinically relevant scientific principles
15. Perform physiologically sound sedation, general anesthesia and/or regional techniques to patients across the lifespan compatible with patient condition and the surgical procedure in a safe, effective, and ethical fashion.
16. Identify the need for, insert/employ, interpret and integrate information from a variety of monitoring modalities including electrocardiography, pulse oximetry, capnography, noninvasive and invasive monitoring (e.g., arterial blood pressure, central venous pressure, pulmonary artery pressure)
17. Implement and supervise appropriate physical positioning of the patient to ensure safety for the patient and optimum working conditions for the surgical team.
18. Function within appropriate legal requirements including those arising from licensing, certifying, or institutional entities.
19. Exhibit expected role responsibilities, maintaining integrity and legal/ethical standards.
20. Demonstrate responsibility for own actions through continuing personal and professional growth.
21. Provide leadership in organizations and systems to assure quality care delivery models.
22. Utilize information systems and technology to improve patient care and healthcare systems.
23. Analyze business practices encountered in nurse anesthesia delivery systems.
24. Disseminate research evidence.

Requirements for DNP Degree (Nurse Anesthesia)

1. Successful completion of all courses.
2. Satisfactory clinical performance.
3. Satisfactory completion of the DNP Project.
4. Satisfactory completion of the *Comprehensive Examination in Anesthesia*.
5. Satisfactory completion of all requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs and the National Board of Certification and Recertification for Nurse Anesthetists.

Note: Graduates are eligible to apply to take the National Certification Examination offered by the National Board of Certification and Recertification for Nurse Anesthetists and to apply for licensure/authorization from any state nursing licensing authority.

Program Design

The design of the program is a two-phase system with the didactic portion presented during the first 18 months and is followed by 18 months of predominately clinical experiences. The DNP program consists of 126 semester hours, 44 hours of which is offered in an online format only. Please refer to the curriculum overview in this manual for further detail. Clinical correlation conferences are carried out during the clinical portion of the program with students presenting selected topics with faculty mentorship. Faculty members also provide presentations. Other Clinical Conferences and Peer Review Conferences are held weekly and BSN-DNP students in the clinical phase of the curriculum are required to attend and participate.

This program design has been adopted because:

1. A sound theoretical base is needed upon which to develop clinical learning.
2. Clinical learning is more readily achieved if there is an understanding of the theory involved.

3. Stress is reduced if the student is allowed to develop a theoretical base prior to the beginning of clinical learning.
4. Advanced principles of anesthesiology are understood more readily after basic clinical learning has begun.
5. Reinforcement is better achieved and retention of theory is enhanced if appropriate information is available and understood as clinical competence is developed.

MS-DNP students with advanced standing complete 3 hours of advanced nursing practice core courses in a traditional format and 41 hours in an online format. The online portion of the curriculum is taught using online course management tools and videoconferencing.

Requirements for Admission

To be considered for admission into the BSN-to-DNP program, the applicant must possess the following:

1. Baccalaureate or higher degree in nursing from a fully accredited college or university in the United States.
2. Cumulative undergraduate grade point average of 3.0 or better (where A = 4.0).
3. Completion of the Graduate Record Examination (verbal, quantitative, and analytical writing sections) within the past four years.
4. Minimum of one year (two years preferred) of experience in an area of intensive care nursing after successful completion of National Council Licensure Examination for Registered Nurses.
5. Completion of the following undergraduate courses achieving a grade of B or better: organic chemistry and statistics.
6. Current eligibility for unencumbered licensure to practice professional nursing in Texas*
7. Proof of current competency in basic life support (CPR for the healthcare provider), advanced cardiac life support (ACLS), and pediatric advanced life support (PALS). CCRN certification is *strongly* encouraged.
8. Completion of the official application materials.
9. Personal interview with Admissions Committee (if invited).

*Students admitted to the program must continuously maintain an unencumbered R.N. license from Texas and/or another state participating in the Enhanced Nurse Licensure Compact

To be considered for admission into the MS-to-DNP program, the applicant must have the following:

1. Current unencumbered license as a registered nurse in state of residence.
2. Current unencumbered APRN licensure, or other authorization to practice as a nurse anesthetist, in state of residence.
3. Master's or higher degree in nursing, nurse anesthesia, or a related field from a fully accredited college or university in the United States.
4. Completion of a nurse anesthesia educational program holding accreditation from the Council on Accreditation of Nurse Anesthesia Educational Programs.
5. Current certification or recertification by the National Board of Certification and Recertification for Nurse Anesthetists.
6. Cumulative grade point average of 3.0 on a 4.0 scale
7. Completion of the following courses at either the undergraduate or graduate level achieving a grade of B or better: statistics and research.
8. Two page essay describing career goals as they relate to the DNP program objectives. Include an overview of the proposed area of interest for the final DNP project.
9. Completion of the official application materials.
10. Personal or telephone interview with faculty representative of the Admissions Committee (if invited).

Technical Standards for Admission and Graduation

It is the policy of Baylor College of Medicine that no person shall be denied admission to the school, or awarded a degree from the school on the basis of any disability, pursuant to the Americans with Disabilities Act (ADA) of 1990 and section 504 of the Rehabilitation Act of 1973, provided that the person demonstrates ability to meet the minimum standards set forth herein. Baylor College of Medicine will reasonably accommodate individuals with disabilities, provided that the standards required by the school of all graduates and the integrity of the school's curriculum are upheld. Mastery of essential skills is required of all students.

These standards are developed as criteria to achieve the Doctor of Nursing Practice or Master of Science degree in preparation for practice as a Nurse Anesthetist or Physician Assistant. The faculty is equally cognizant of its responsibilities to patients who will be a part of the educational process and to future patients who will entrust their welfare and lives to graduates of our school. The safety of the patient, on whom the medical education process is largely focused, has been given a primary consideration in developing these standards. Therefore, the faculty must carefully consider the personal and emotional characteristics, motivation, industry, maturity, resourcefulness, and personal health of the aspiring health care professional.

Abilities and Skills Requisite for Nurse Anesthesia or Physician Assistant Program Completion – A candidate for the Master of Science degree in Physician Assistant Studies or the Doctor of Nursing Practice degree in Nurse Anesthesia must have abilities and skills in six essential areas: (1) observation, (2) communication, (3) motor, (4) conceptual, integrative, and quantitative, (5) behavioral and social, and (6) ethical. Technological compensation can be made for disabilities in certain of these areas, but a candidate must be able to perform certain basic functions in a reasonably independent manner. The use of a trained intermediary to observe or interpret information or to perform procedures is deemed to compromise the essential function of the health care professional and may jeopardize the safety of the patient. The six areas of abilities/skills are detailed as follows:

1. **Observation.** The candidate must be able to:
   a. observe demonstrations and experiments in the basic sciences
   b. observe a patient accurately at a distance and close at hand
   c. discriminate variations in human responses to disease using visual, auditory, tactile, and other sensory cues
   d. discriminate changes in monitoring devices and alarms using visual and auditory senses

2. **Communication**. The candidate must be able to:
   a. communicate clearly, effectively, and sensitively in English through oral, electronic, and written methods in order to communicate with other health care providers and patients of all ages in a timely manner
   b. speak, to receive information in oral form, and to observe patients in order to elicit information, to describe changes in mood, activity and posture, and to perceive non-verbal communications

3. **Motor.** The candidate must have sufficient motor function to:
   a. elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers
   b. execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of general care and emergency treatment reasonably required of Nurse Anesthetists and/or Physician Assistants include, but are not limited to, positioning patients, physical examination maneuvers, cardiopulmonary resuscitation, airway management, vascular access, medication administration, catheter insertions, suturing, application of pressure to stop bleeding, simple obstetrical maneuvers, etc.
   c. coordinate gross and fine motor movements, equilibrium and functional use of the senses of touch and vision

4. **Intellectual-Conceptual Integrative and Quantitative Abilities**. The candidate must be able to:
   a. use reason, analysis, measurements, calculations, problem solving, critical thinking, synthesis, self-evaluation and other learning skills to acquire knowledge, comprehend and synthesize complex concepts
   b. independently access and interpret medical histories or files

c. identify significant findings from history, physical examination, and laboratory data
d. provide a reasoned explanation for likely diagnoses and prescribed medications, therapies, and devices
e. interpret information derived from auditory, visual, written, and other visual data to determine appropriate patient management plans
f. recall and retain information in an efficient and timely manner
g. incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans
h. identify and communicate knowledge to others when indicated

5. **Behavioral and Social Attributes**. The candidate must possess the emotional health required:
   a. for full utilization of intellectual abilities
   b. for the exercise of good judgment
   c. for the prompt completion of all responsibilities attendant to the diagnosis and care of patients
   d. for the development of mature, sensitive, and effective relationships with patients
   e. to tolerate physically taxing workloads
   f. to function effectively under stress
   g. to adapt to changing environments
   h. to function flexibly and effectively in stressful and rapidly changing situations
   i. to learn to function in the face of uncertainties and ambiguities inherent in the clinical problems of many patients
   j. to employ compassion, integrity, concern for others, interpersonal skills, interest and motivation
   k. to accept criticism and respond by appropriate behavior modification
   l. to use supervision appropriately, and act independently when indicated
   m. to demonstrate personal and professional self-control as well as tactfulness, sensitivity, compassion, honesty, integrity, empathy, and respect

6. **Ethical Standards**: The candidate must demonstrate professional demeanor and behavior, and must perform in an ethical manner in all dealings with peers, faculty, staff, and patients.

Certain disabilities can be accommodated without sacrificing the standards required by the school or compromising the integrity of the curriculum. The school is committed to the development of competitive and qualified candidates with disabilities. At the same time, the school recognizes the essential need to preserve the standards and integrity of the curriculum requisite for competent and effective practice as a Nurse Anesthetist or Physician Assistant. Questions about any additional program-specific technical requirements should be addressed to the respective program director. Since the treatment of patients is an essential part of the educational program, the health and safety of those patients must be protected as a first priority.

Policy on Advanced Standing for MS-DNP Students

The Baylor College of Medicine (BCM) Doctor of Nursing Practice (DNP) program will be offered to currently certified and/or recertified nurse anesthetists possessing all admissions criteria as listed above. In order for the DNP curriculum to be responsive to student backgrounds, yet maintain a high quality education that avoids a protracted program of study, advanced standing will be offered to CRNAs meeting the essence of this policy.

The DNP curriculum is divided into two distinct curricular cores including a) the entry into nurse anesthesia practice core and b) the advanced nursing practice core. Refer to the Curriculum Overview found in this Student Handbook for courses falling into these two distinct cores.

- The entry into nurse anesthesia practice core includes coursework providing the BSN-prepared student with the necessary competencies for entry into nurse anesthesia practice.
- The advanced nursing practice core includes coursework providing both the BSN-prepared student and the masters-prepared CRNA with the advanced nursing competencies as established by national nursing organizations (e.g., American Association of Colleges of Nursing Essentials of Doctoral Education for Advanced Nursing Practice, Council on Accreditation of Nurse Anesthesia Educational Programs Competencies).

Nurse anesthetists meeting all required admissions criteria will be given advanced standing for entry into nurse anesthesia practice. Advanced standing will be offered *en bloc.* The CRNA awarded advanced standing status will be required to complete only the advanced nursing practice core courses to meet the requirements for the DNP degree. The official BCM transcript will reflect that advanced standing was awarded, but will list neither specific courses nor credits for which advanced standing was granted.

The rationale for awarding advanced standing to these individuals includes the following:

- The individual graduated from a nurse anesthesia program accredited by the COA. Graduation from a COA-accredited program ensures that the quality of their entry-into-practice education met the high standards of the COA.
- The individual is/was certified by the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA). Obtaining the CRNA credential documents that the individual meets all criteria for entry into nurse anesthesia practice therein assuring the public that the nurse anesthetist possesses competency.
- The individual, after the period of initial certification, is recertified by the NBCRNA. After meeting all criteria established by the COR, recertification signifies ongoing competence including maintenance of a high level of knowledge, skill and professionalism in order to provide high-quality anesthesia care.
- The individual possesses licensure as a registered nurse, and where necessary, as an advanced practice registered nurse, in the state of residence. Current RN/APRN licensure provides evidence that the nurse anesthetist has met the licensing authority's requirements assuring safety and competency to the public.

Admissions Committee Procedure

1. Review completed application to verify all admissions criteria are met.
2. Review and approve, when appropriate, requests for advanced standing. The review must include the following:
   a. Verification that the individual possesses current certification and/or recertification by the NBCRNA.
   b. Verification that the individual possesses a current RN license, and where required, an APRN license.
3. Statement on supervisor reference form stating that CRNA possesses competencies as outlined in the AANA scope of practice document.
4. Statement from applicant indicating that their experiential learning assures competencies as outlined in the AANA scope of practice and the AANA standards of practice documents.

Licensure

All BSN-DNP students must maintain a current, unencumbered license as a registered nurse issued by the Texas Board of Nursing, or a compact state, at all times while attending Baylor College of Medicine. All MS-DNP students must maintain a current, unencumbered license as a registered nurse ***and*** hold authorization/licensure as an APRN from their state of residence. MS-DNP students are not required to possess Texas nursing licensure unless they practice nursing in Texas. It is each student's responsibility to submit their current nursing license. A copy will be placed in the student's file. If the student has not provided evidence of current licensure to the director, clinical privileges will be immediately suspended. All clinical time missed as a result of such a suspension shall be debited from personal leave time or made up, at the director's discretion.

Clinical Privileges

All nurse anesthesia students must continually meet the standards of care promulgated by the Texas Nursing Practice Act and the rules and regulations of Texas Board of Nursing (TBON). The Program Director will investigate and take appropriate action regarding any information suggesting that a student is failing to meet these or any other regulatory requirements. In accordance with regulatory

law, the Program Director will report to the TBON (and/or other appropriate authorities) any conduct that violates laws and/or regulations of the state of Texas or the United States.

In the event that the Program Director determines that a student's conduct has presented concerns regarding patient safety, substandard care, or unprofessional conduct, the student's clinical privileges will be immediately suspended. The matter will then be forwarded to the Health Professions Student Promotions Committee for further consideration and action. While clinical privileges are suspended, the student is prohibited from any patient care activities pending the outcome of the deliberations of the Health Professions Student Promotions Committee.

Student Professional Liability Insurance

Students are required to carry professional liability insurance at all times during their enrollment. Professional Liability Insurance must be purchased by the student through the College's self-insurance program. Students must comply with all policies, procedures, and guidelines required by the Risk Management Office of the College and the individual clinical site.

AANA Membership

Students are required to maintain membership in the American Association of Nurse Anesthetists throughout the program. The cost of membership shall be the responsibility of the individual student.

Description of Facilities

Students have access to many educational facilities and resources on campus and within the Texas Medical Center, including:

Classrooms. Didactic courses are taught in state-of-the-art, newly renovated classrooms equipped with computers and digital projectors.

Simulation Center. The DNP Program has a high-fidelity Human Patient Anesthesia Simulator for guided clinical experiences. The Center contains task trainers for placement of ultrasound guided central venous access catheters, femoral as well as thorax/upper extremity peripheral nerve blocks, and a separate trainer for neuraxial blocks. In addition, there are automated child and infant simulators, videoscopic intubation tower, ultrasound machine, and various manikins for task-specific training.

Human Cadaver Laboratory. The cadaver laboratory is a vital learning component for the College's Human Anatomy courses.

Academic Success Center. The ASC has reference materials, computers, study areas, and other services to facilitate student inquiry and learning.

The Texas Medical Center Library. The TMC Library is a world-class medical library located adjacent to BCM. All students and faculty have free access to the library's resources including remote access to current and archived journals, databases, and electronic books.

During the clinical phase of the program, students also have access to the many resources available at each of the College's seven clinical sites, including library and research resources.

Simulation Laboratory Rules of Conduct

1. Faculty member must be present during simulation sessions.
2. Scrubs must be worn at all times during simulation sessions.
3. Absolutely NO food in the simulation laboratory. Water is allowed, but must be kept in a covered container when not being consumed.
4. Always be aware of umbilicus (simulator's life line) as damage will result in simulator malfunction.
5. If you are unfamiliar with a piece of equipment, you are required to ask for assistance prior to use.

6. Please return all equipment to assigned storage bins.
7. Please cleanup prior to departing from the simulation laboratory. It is everyone's responsibility to keep the lab tidy.
8. The simulation laboratory is a privilege. Inability to follow posted rules will result in suspension of privileges.

DNP Tuition and Fees

The rate for annual tuition and fees is established by the College and is subject to change without notice. Rates for the current academic year are posted online at https://www.bcm.edu/education/school-of-health-professions/tuition-and-fees. Students must also provide health insurance or purchase insurance through the BCM Student Health Insurance Plan. There are no additional fees for distance education courses.

The MS-DNP curriculum will be primarily online. MS-DNP students will not be assessed a lab materials or facility fee, nor will they be charged for malpractice insurance.

Tuition and fees for all students are billed twice each year. A billing statement will be available on the student portal of the student information system following each billing cycle. Students are responsible for paying with cash, a negotiable check or valid credit card. A $50 late payment fee will be added to a student's account if all tuition and fees are not paid by the respective due date.

Students who repeat coursework or otherwise extend their enrollment beyond the length of the program will be charged tuition and fees for each additional semester of enrollment. Title IV Federal financial aid recipients who meet degree requirements prior to the end of the semester will be subject to the Return of Title IV Funds Policy. All other students will be subject to the Institution's Refund and Repayment Policy.

Students who return from an approved leave of absence, or otherwise begin attending after the start of a semester, will be charged tuition and fees for the number of months remaining in the semester. A month's charges will be assessed if the student returns/enters prior to the sixteenth of the month. Yearbook, graduation, documentation and curriculum resource fees are not pro-rated, and graduation fees are only charged once for each program the student completes.

Students who go on an approved leave of absence during the academic year may continue their health insurance while on leave. Payment will be due monthly.

Students who withdraw, are dismissed or otherwise cease to be a student at Baylor College of Medicine must clear their financial account at the college prior to getting a signature of clearance from the Student Account Services Office. When a student is clearing an account balance upon checkout, the student must pay their balance using cash, money order or credit card. Student Account Services does not accept checks from students as final payment for clearing a balance due when leaving the college.

Travel, Housing, & Meals

Travel, housing, and meals are the sole responsibility of the student.

Student Employment

BSN-DNP students are strongly discouraged from seeking outside employment during the program. Students may choose to seek outside employment only if they are maintaining satisfactory academic progress.

1. During the first year, it may be possible to work 1-2 weekend shifts per month.
2. It is nearly impossible to work during the clinical phase of the program.
3. The DNP Program forbids the employment of nurse anesthesia students as nurse anesthetists by title or function.

MS-DNP students who are already CRNAs are permitted to work as their academic schedule allows.

Student Leadership

The DNP Program – Nurse Anesthesia believes that leadership skills are a valuable professional attribute. They serve not only the nurse anesthesia profession, but also the educational process for nurse anesthetists in important ways. The Faculty value and promote the students' input in the various facets of the DNP program.

Elected Positions

1. **President -** Each class elects their own president. The president is responsible for providing leadership to the class, serving as a liaison to other organizations without specific representatives, communicating class requests or concerns to the DNP director, etc.

Elected Committees

1. **Yearbook Committee -** The Yearbook Committee consists of the Historians from all classes and other interested DNP students. This committee will design the collect photographs/images and create layouts of the respective class pages in the yearbook.

2. **Social Committee -** The Social Committee consists of the Activities Coordinators from all classes and other interested DNP students. This committee coordinates a social event for DNP interviewees.

Appointed Committees

1. **Student Services Committee Representative -** Each class recommends a classmate for appointment to the Student Services Committee meetings. The representative is responsible for representing the class at the meetings and reporting back to the class about the activities of the committee.

2. **DNP Admissions Committee -** The DNP Director appoints a representative from each class to the DNP Admissions Committee. The student representatives serve as applicant interviewers and possess full voting rights on the DNP Admissions Committee.

3. **Health Professions Curriculum Committee -** The DNP Director appoints a representative from each class to the Health Professions Curriculum Committee. The representatives attend the Health Professions Curriculum Committee meetings to offer their perspective on the activities of the committee.

Attendance

Didactic Curriculum: Students are required to attend all scheduled educational activities (e.g., lectures, labs, small group activities, etc.). A student who is unable to attend an activity should notify the Program Director and course instructor in advance.

Clinical Curriculum: Attendance during all aspects of clinical courses is expected and considered an important part of the student's professional responsibility and education, and may be an important component in the evaluation of student performance. Students form an integral part of the hospital team and are accorded active clinical roles based on the expectation that they will fulfill their educational and patient care responsibilities. All students are required to be present on the first day of a new clinical course. Participation in the orientation session of a new clinical course is mandatory since important information regarding course expectations and procedures is covered on the first day. Requests for exceptions must be arranged with the program director. Course expectations and attendance requirements for clinical courses are determined and recorded by the department. In addition, students are expected to remain available to discharge clinical responsibilities until released from duty on the final day of the applicable term.

Visitors

Visitors are not allowed to attend or observe any class, academic activity, or social function unless specifically invited by the Program. All invitations require the approval of the Program Director.

Student Address/Contact Information

Students are expected to maintain accurate and up-to-date location/address/cell phone information and emergency contact information (who we should contact if you are unable to communicate). Students are responsible for promptly reporting updates as follows:

1. Email the DNP Program office (crna@bcm.edu).
2. Update the CAMS student portal
3. Update the Emergency Notification System

2025-2026 Program Overview for BSN to DNP Students

Didactic Phase (18 months)

Course	Spring 1 Semester			Fall 1 Semester			Spring 2 Semester		
	Term 1	Term 2	Term 3	Term 1	Term 2	Term 3	Term 1	Term 2	Term 3
*Advanced Health Assessment	X								
‡*Approaches to Healthcare Education			X						
‡*Ethical & Multicultural Healthcare	X								
‡*Professional Philosophy & Scholarship	X								
‡*Theories & Concepts in Healthcare		X							
‡*Decision Science & Informatics in HC		X							
‡*Influencing Healthcare Policy		X							
‡*Leading & Managing Healthcare Systems	X								
‡*Quality Outcomes Management			X						
‡*Biostatistics			X						
‡*Emerging Sciences for Healthcare				X					
Advanced Pathophysiology I					X	X			
Advanced Pathophysiology II							X	X	
Anatomical Science I				X	X	X			
Anatomical Science II							X		
Clinical Biochemistry				X	X				
Principles of Anesthesia					X	X			
Principles of Electrocardiology				X	X				
Advanced Principles of Anesthesia							X	X	X
Pharmacology in Advanced Practice I					X	X			
Pharmacology in Advanced Practice II							X	X	X
Human Physiology I					X	X			
Human Physiology II							X		
Immunology for Health Professions					X				
Physics for Anesthesia Practice				X					
Biomedical Instrumentation							X	X	
‡*Translational Research								X	X
Radiology for Nurse Anesthesia Practice								X	
Clinical Skills Inquiry								X	X

***Advanced Nursing Practice Core** **‡ = Course offered online only**

Program Overview for BSN to DNP Students

Clinical Phase (18 months)

Course	Fall 2 Semester	Spring 3 Semester	Fall 3 Semester
‡Seminars in Anesthesia	X		
‡*Evidence Based Anesthesia Practice		X	
‡Critical Concepts in Anesthesia I & II		X	X
‡*DNP Project I & II		X	X
Comprehensive Examination in Anesthesia			X

***Advanced Nursing Practice Core ‡ = Course offered online only**

Clinical Affiliates:

- Baptist Hospital of Southeast Texas..... Beaumont, Texas
- Baylor Scott & White Baylor All Saints Medical Center ..... Fort Worth, Texas
- Baylor Scott & White Heart and Vascular Hospital..... Fort Worth, Texas
- Baylor St. Luke's Medical Center ..... Houston, Texas
- Baylor St. Luke's Medical Center-McNair Campus ..... Houston, Texas
- Ben Taub Hospital ..... Houston, Texas
- Christus Southeast Texas St. Elizabeth ..... Beaumont, Texas
- Cogdell Memorial Hospital..... Snyder, Texas
- Covenant Health Plainview Hospital..... Plainview, Texas
- Houston Methodist Hospital..... Houston, Texas
- Houston Methodist Sugar Land Hospital..... Sugar Land, Texas
- Houston Methodist The Woodlands Hospital ..... The Woodlands, Texas
- Houston Methodist West Hospital ..... Houston, Texas
- Houston Methodist Willowbrook Hospital ..... Houston, Texas
- Memorial Hermann Memorial City Hospital..... Houston, Texas
- Michael E. DeBakey VA Medical Center ..... Houston, Texas
- Robert B. Green Campus-University Health ..... San Antonio, Texas
- Rolling Plains Memorial Hospital..... Sweetwater, Texas
- St. David's Medical Center ..... Austin, Texas
- St. David's North Austin Medical Center ..... Austin, Texas
- St. David's South Austin Medical Center..... Austin, Texas
- St. David's Round Rock Medical Center ..... Round Rock, Texas
- St. Luke's Baptist Hospital..... San Antonio, Texas
- Texas Children's Hospital..... Houston, Texas
- Texas Children's Pavilion for Women..... Houston, Texas
- Texas Health Huguley Hospital ..... Fort Worth, Texas
- University Hospital/The MARC ..... San Antonio, Texas

Other affiliations TBA. Refer to the Clinical Site Orientation Guide for more information.

Clinical Site Placements

Candidates for the Baylor College of Medicine DNP Program – Nurse Anesthesia are notified of their primary clinical site placement with their offer of admission. The candidate's acknowledgement and tuition deposit represents acceptance of the offer of admission and the primary clinical site assignment. The program will make all reasonable attempts to avoid changing clinical site assignments, however, it may be necessary to do so. When a change is indicated, the SRNA will be notified as soon as possible.

If a student wishes to edit their rank order of clinical sites, they may do so up to March 1 of the second year of the program. A change in rank order does not guarantee a change in clinical placement. Should additional clinical placements become available in a new or existing site, students will be considered as indicated by their documented rank order/preferences. All students who have

expressed interest in a site will be considered and the site will be assigned by the DNP Program Director with consideration of the students' needs and the available learning opportunities.

All BCM DNP Program – Nurse Anesthesia students will be required to relocate during the clinical phase of the program. The duration and distance will vary depending on clinical site assignment. All housing, meals, and transportation associated with required relocation is the student's responsibility. The DNP Program Director reserves the right to reassign students during the clinical phase of the program to ensure students meet the minimum clinical experience requirements as set by the Council on Accreditation of Nurse Anesthesia Educational Programs. Additionally, students may be reassigned for remediation purposes on a case-by-case basis.

Program Overview for MS to DNP Students (24 months)

Course	Spring 1 Semester			Fall 1 Semester			Spring 2 Semester			Fall 2 Semester		
	Term 1	Term 2	Term 3	Term 1	Term 2	Term 3	Term 1	Term 2	Term 3	Term 1	Term 2	Term 3
*Advanced Health Assessment	X											
‡*Professional Philosophy & Scholarship	X											
‡*Theories & Concepts in Healthcare		X										
‡*Biostatistics			X									
‡*Decision Science & Informatics in HC					X							
‡*Leading & Managing Healthcare Systems				X								
‡*Translational Research						X						
‡*Evidence Based Anesthesia Practice						X						
‡*Ethical & Multicultural Healthcare							X					
‡*Influencing Healthcare Policy								X				
‡*Quality Outcomes Management									X			
‡*DNP Project I and II							X	X	X	X	X	X
‡*Approaches to Healthcare Education											X	
‡*Emerging Sciences for Healthcare										X		

***Advanced Nursing Practice Core ‡ = Course offered online only**

Course Descriptions

Courses in the Advanced Nursing Practice Core are noted with an asterisk (*).

Advanced Health Assessment (NAAHA-63401)*
This course focuses on the development of advanced practice nursing skills in health assessment for diverse populations. Critical thinking, diagnostic reasoning and communication techniques will be developed through individual and group interaction, as well as case-guided learning experiences. Credit: 3 semester hours. Course Director: Dr. Aimee Langley.

Advanced Pathophysiology I (NPATH-62105)
This course focuses on the pathophysiological processes experienced throughout the lifespan. Evidence-based practice resulting from relevant research of pathophysiological disease states is incorporated to develop interventions and a plan of care for patients with health status alterations. Credit: 2 semester hours. Course Director: Dr. Megan Bullerwell.

Advanced Pathophysiology II (NPATH-62106)
This course focuses on the pathophysiological processes experienced throughout the lifespan. Evidence-based practice resulting from relevant research of pathophysiological disease states is incorporated to develop interventions and a plan of care for patients with health status alterations. Credit: 2 semester hours. Course Director: Dr. Megan Bullerwell.

Advanced Principles of Anesthesia (NANPA-65802)
This course builds on basic concepts and information covered in Principles of Anesthesia, including the evaluation and management of patients with increased complexity. Advanced principles of anesthesia are introduced and incorporated. Evidence-based practice will be utilized to formulate an anesthetic plan for increasingly complex surgical procedures and/or co-morbidities as well as patients of diverse populations. Prerequisite: Principles of Anesthesia. Credit: 5 semester hours. Course Director: Dr. Aimee Langley.

Anatomical Sciences I (HPANA-65101)
This course is designed to provide the student an extensive background in the fundamentals of human anatomy through lecture, small group laboratory, and independent study formats. Subjects taught include central nervous system anatomy, basic embryology, anatomy of upper and lower extremities, cardiovascular and pulmonary systems, abdomen, and pelvis. All course content is delivered through several learning modalities, including didactic lectures, laboratory sessions utilizing cadavers, radiographic images, anatomical models, in-class review sessions, and practice practical exams. The in-class review sessions and practice practical exams will allow for consolidation of the course material and an opportunity to test established knowledge prior to comprehensive exams. The course emphasizes the location, identification, function, and relationships of pertinent structures. The course is intended to provide an anatomical basis for understanding the physical examination and structural changes associated with illness and injury of each major organ and body system. Credit: 5 semester hours. Course Director: Dr. Adi Pinkas.

Anatomical Sciences II (HPANA-62102)
This course is designed to provide the student an extensive background in the fundamentals of human anatomy utilizing lecture, small group laboratory, and independent study formats. Anatomic structures of the head and neck are described and illustrated in lecture followed by laboratory experiential learning to include location and identification as well as function and relationships of structures using cadavers, boney specimens, models, and radiographic images. The course is intended to provide an anatomical basis for understanding the physical examination and structural changes associated with illness and injury of each major organ and body system. Credit: 2 semester hours. Course Director: Dr. Adi Pinkas.

Approaches to Healthcare Education (NAAHE-83107)*
This course will introduce, contrast, and apply adult teaching-learning theories in the design of effective education. Innovative teaching strategies, including a web-based approach to education, will be incorporated to provide the student with tools to become an effective educator. Students will gain practical experience in planning and presenting educational projects and course development utilizing various technology mediums. Credit: 3 semester hours. Course Director: Dr. Rachel Davis.

Biomedical Instrumentation (NABMI-62603)
This course is designed to educate the student regarding the essentials of biomedical instrumentation utilized in anesthesia. Topics include capnography, pulse oximetry, invasive / noninvasive monitoring, awareness monitoring and transesophageal echocardiography. Credit: 2 semester hours. Course Director: Dr. Megan Bullerwell.

Biostatistics (NBIOS-83110)*
This course provides a comprehensive overview of frequently used descriptive and inferential biostatistical methods. The course includes application of the theories of measurement, statistical inference, and decision trees, which all contribute to better clinical decisions and improved patient care outcomes. Conceptual understanding, rather than computational ability, is the focus of the course. Development of an adequate vocabulary, an examination of fundamental principles, and a survey of widely used procedures or tools to extract information from data will form a basis for fruitful collaboration with a professional biostatistician, when appropriate. Credit: 3 semester hours. Course Director: Dr. James Walker.

Clinical Biochemistry (HPBIO-63121)
This course is designed to provide the student with the basics of clinical biochemistry in order to prepare them for their further studies. The course will review basic organic chemistry pertinent to understanding metabolic pathways with emphasis on different aspects of clinical biochemistry including structure and function of proteins, enzyme kinetics, and the metabolism of carbohydrates,

lipids and amino acids. Special attention will be given to the nutritional needs of humans. Credit: 3 semester hours. Course Director: Dr. Kristina Hulten.

Clinical Skills Inquiry (NACLO-61608)
This course is designed to acclimate nurse anesthesia students to the clinical environment and facilitate the student transition from the didactic phase into the anesthesia provider role. The class includes case-based learning activities and skills workshops focusing on complex patient populations, effective communication, and management of critical clinical incidents. Credit: 1 semester hour. Course Director: Dr. Megan Bullerwell.

Comprehensive Examination in Anesthesia (NACEA-70810)
The comprehensive examination in anesthesia is given seven weeks prior to the date of graduation. This examination serves to assure continued development of the core fund of anesthetic knowledge, retention of previously introduced concepts and assimilation of the didactic curriculum into clinical practice. The student will be expected to demonstrate depth and breadth of knowledge of the practice of anesthesia. Credit: Pass/Fail; No credit. Course Director: Dr. Rachel Davis.

Critical Concepts in Anesthesia I (NACCA-71802)
This course is designed to enhance the student's theoretic foundation and aid in the development of critical thinking abilities. The course consists of a series of clinically relevant reviews and examinations of critical anesthesia concepts in order to foster continued academic development and integration of theoretical knowledge into clinical practice. Concepts and principles pertinent to each examination will be formally reviewed with students on a monthly basis. Additionally, two core competency simulation assessments are utilized to evaluate learner integration of core anesthesia concepts into simulated clinical practice. Credit: 1 semester hour. Course Director: Dr. Aimee Langley.

Critical Concepts in Anesthesia II (NACCA-71805)
This course is designed to enhance the student's theoretic foundation and aid in the development of critical thinking abilities. The course consists of a series of clinically relevant reviews and examinations of critical anesthesia concepts in order to foster continued academic development and integration of theoretical knowledge into clinical practice. Concepts and principles pertinent to each examination will be formally reviewed with students on a monthly basis. Additionally, two core competency simulation assessments are utilized to evaluate learner integration of core anesthesia concepts into simulated clinical practice. Credit: 1 semester hour. Course Director: Dr. Aimee Langley.

Decision Science and Informatics in Healthcare (NHIDS-83109)*
This course introduces students to concepts related to health information system management and provides an overview of the role of information systems in healthcare organizations. Coursework emphasizes the integration of evidence-based research into clinical decision-making and the influence of information systems on health outcomes. This course explores technical, organizational, and cost-benefit issues related to healthcare information systems, including clinical decision-support, integrated networking and distributed computing technologies, telemedicine applications, and artificial intelligence solutions. Credit: 3 semester hours. Course Director: Dr. Maddie Hortenstine.

DNP Project I (NAPIA-83901)*
This course emphasizes the synthesis, critique, and application of learning gained in the program to support quality clinical practice and organizational systems. The DNP candidate, in consultation with their academic advisor, proposes a project that begins with a thorough and scientific evaluation of a current healthcare issue. Following approval of the proposal by the academic chair and project committee, the DNP candidate will complete the doctoral project within two academic years as evidenced by the rendering of recommendation(s) or design of an innovative clinical practice or program solving an actual healthcare issue. Credit: 3 semester hours. Course Director: Dr. Rachel Davis.

DNP Project II (NAPIA-84902)*
This course emphasizes the synthesis, critique, and application of learning gained in the program to support quality clinical practice and organizational systems. The DNP candidate, in consultation with their academic advisor, proposes a project that begins with a thorough and scientific evaluation of a current healthcare issue. Following approval of the proposal by the academic chair and project committee, the DNP candidate will complete the doctoral project within two academic years as evidenced by the rendering of recommendation(s) or design of an innovative clinical practice or program solving an actual healthcare issue. Credit: 4 semester hours. Course Director: Dr. Rachel Davis.

Emerging Sciences in Healthcare (NEMER-82111)*
This course surveys emerging sciences and technologies in health care including Genetics, Genomics, Proteomics, Robotics, Stem Cells, Nanotechnology, tissue engineering, patient safety, and emerging mechanical technologies. Additional topics will be covered as they emerge. Credit: 2 semester hours. Course Director: Dr. Megan Bullerwell.

Ethical and Multicultural Healthcare (NAEMH-83106) *
This course will provide a basic theoretical framework that will enable students to apply multicultural healthcare principles and concepts in their professional practice. An awareness of cultural influence on the biological, psychological, sociological, intellectual, and spiritual dimensions of the individual will be developed and specific healthcare values and practices of different cultural groups will be identified. International healthcare perspectives and issues will be explored. Credit: 3 semester hours. Course Director: Dr. Nathan Jones.

Evidence Based Anesthesia Practice (NAEBP-72804)*
This course is designed to enhance the student's theoretic and clinical foundations via an incorporation of evidence-based theory into clinical anesthesia practice. The course requires a review and synthesis of current published research germane to the student's area of interest for their DNP project. Students are required to conduct an evidence-based practice literature review utilizing an evidence-based framework that integrates research evidence into current clinical practice. Credit: 2 semester hours. Course Director: Dr. Rachel Davis.

Human Physiology I (HPPHY-64221)
This course is designed to provide the student an extensive understanding of human physiology from the cellular to the organ and body systems level with a focus on the mechanisms of normal organ function and the consequences of malfunction of the nervous, cardiovascular, respiratory, renal and digestive systems along with temperature regulation. Clinical examples that illustrate the consequences of malfunction are used to emphasize, by comparison, normal physiology. Credit: 4 semester hours. Course Director: Dr. Irrum Niazi.

Human Physiology II (HPPHY-62222)
This course is designed to provide an extensive understanding of human physiology from the cellular to the organ and body systems level with a major emphasis on the mechanisms of normal organ function and the consequences of malfunction of the endocrine and reproductive systems along with energy and metabolism, bone, and the physiology of normal pregnancy. Clinical examples that illustrate the consequences of malfunction are used to emphasize, by comparison, normal physiology. Credit: 2 semester hours. Course Director: Dr. Irrum Niazi.

Immunology for Health Professions (HPIMM-62131)
This course will provide an overview of basic immunological concepts including components of the immune system, innate, and adaptive immune responses. The immune responses against infectious microbes, as well as immunologic diseases will also be addressed. Credit: 2 semester hours. Course Director: Dr. Vanaja Konduri.

Influencing Healthcare Policy (NAIHP-83104)*
This course will provide an overview for understanding healthcare policy, organization, and economics within a systems analysis framework. Current literature and research related to healthcare policy development and healthcare delivery systems will be examined. The role of leadership in policy development and in changing healthcare delivery and healthcare education systems will be highlighted. Credit: 3 semester hours. Course Director: Dr. James Walker.

Leading and Managing Healthcare Systems (NLMHS-83105)*
This course provides in-depth analysis and synthesis of the healthcare delivery system emphasizing improvement of healthcare delivery and access. It examines the complex organizational dynamics and structures that predicate the interaction among major components of the United States healthcare system. Individual strategies for effectively leading and managing organizational change, building strong organizational culture, developing effective teams, resolving conflicts, implementing effective motivational systems and nurturing a learning organization are investigated. Credit: 3 semester hours. Course Director: Dr. James Walker.

Pharmacology in Advanced Practice I (NANAP-63901)
This course begins with an in-depth study of basic human pharmacology principles. The course progresses to detailed explorations of the uptake, distribution, biotransformation, and elimination of currently utilized clinical anesthesia pharmacotherapeutics. Pharmacogenetic disorders with specific anesthesia implications are examined. Various agents affecting the autonomic nervous system are detailed. Credit: 3 semester hours. Course Director: Dr. Rachel Davis.

Pharmacology in Advanced Practice II (NANAP-64902)
This course is an in-depth study of the pharmacology of drugs currently used in human medicine. The student should gain an understanding of the uptake, distribution, biotransformation, and elimination of drugs that are currently prescribed for specific human conditions, such as endocrine disorders, hypertension, rheumatic/inflammatory disorders & obstetrics. An in-depth study of the pharmacology of drugs currently utilized in the management of central nervous system disorders is included. Cancer chemotherapeutic & antimicrobial agents are addressed along with attendant anesthetic implications. The pharmacology of drugs used to treat cardiovascular conditions and hemostatic derangements is also discussed. Phytopharmaceuticals, toxicology and agents that may be encountered in biological and chemical warfare are also described. Prerequisite: Pharmacology in Advanced Practice I. Credit: 4 semester hours. Course Director: Dr. Rachel Davis.

Physics for Anesthesia Practice (NAPAP-61602)
This course reviews the laws of physics as they relate to the practice of anesthesia with emphasis placed on clinical application. Topics presented include the gas laws, force / pressure of fluid flow, fires, explosion hazards, osmosis and diffusion. Credit: 1 semester hour. Course Director: Dr. Nathan Jones.

Principles of Anesthesia (NANPA-63801)
This course investigates the basic concepts in anesthesia care delivery including pre-anesthetic and post-anesthetic evaluation, premedication, formulation of anesthesia management plans, anesthetic techniques and procedures, equipment requirements, monitoring, and record keeping. Credit: 3 semester hours. Course Director: Dr. Aimee Langley.

Principles of Electrocardiology (NANPA-61803)
This course investigates the basic electrocardiology for nurse anesthesia practice. Fundamental concepts of the electrocardiogram will form the foundation for identification of normal and abnormal findings. The ECG criteria for various dysrhythmias, as well as the physiological underpinnings, will be explored. Concepts based on the 12-lead electrocardiogram will explore frontal plane axis, horizontal plane axis (R-wave progression), chamber enlargements, injury patterns, conducting system abnormalities, and other conditions with ECG findings. Treatment of various dysrhythmias and other ECG abnormalities will be addressed. Credit: 1 semester hour. Course Director: Dr. James Walker.

Professional Philosophy and Scholarship (NAPAS-83102) *
This course will draw upon the disciplines of philosophy, ethics, and the social sciences to examine key concepts of professional practice that form the foundations for many advanced practice roles in nursing and anesthesia, with a focus on leadership and scholarship. Emergence and foundations of nurse anesthesia practice will be explored. Scholarship within the discipline will be investigated. Credit: 3 semester hours. Course Director: Dr. Maddie Hortenstine.

Quality Outcomes Management (NAQOM-83108)*
This course analyzes problems raised by various levels of quality found in healthcare systems, educational institutions and other organizations. It includes knowledge about the major theories for the measurement of quality. This course will also explore the definitions of quality, how to measure quality, analyze outcome data, and implement improvements in a healthcare system. Credit: 3 semester hours. Course Director: Dr. Maddie Hortenstine.

Radiology for Nurse Anesthesia Practice (NARAD-61151)
This course is designed to acquaint the students with the basic principles involved in and the clinical value of radiology examinations. The module will emphasize normal radiographic anatomy as compared with abnormalities and findings associated with various disease states. The primary effort is directed at teaching students how to use radiology examinations in evaluating various medical disease/disorders. Credit: 1 semester hour. Course Director: Dr. Maddie Hortenstine.

Seminars in Anesthesia (NASEM-71801)
This course consists of weekly seminars by students and faculty members on research topics, current literature, and case presentations. The course is designed to enhance the student's theoretic foundation as well as develop critical thinking abilities. Credit: 1 semester hour. Course Director: Dr. Aimee Langley.

Theories and Concepts in Healthcare (NPTHC-83101)*
This course reviews the history and evolution of the philosophy of science in nursing, laying the foundation for the generation and expansion of new professional knowledge that will guide evidence-based practice for nursing and healthcare. Selected approaches to concept/theory development, analysis, and evaluation are examined and applied. Concepts related to acceptable theories in the scientific community and epistemology and ontology of nursing will be explored. This course allows doctoral students to gain appreciation for the underpinnings of philosophical frameworks and epistemological paradigms in future research. Credit: 3 semester hours. Course Director: Dr. Rachel Davis.

Translational Research (NATRR-83112)*
This course is designed to provide the tools for the advanced practice nurse to evaluate, translate and integrate published research results into clinical practice. During the course, students will learn how to conceptualize clinical practice problems, how to transform these problems into answerable clinical research questions, how to search for the best clinical evidence, how to assess clinical evidence using basic epidemiological, biostatistical and scientific principles and how to integrate the research results with patient's values and preferences across clinical sites. Critical appraisal and research synthesis will provide understanding of models used to inform evidence-based advanced practice nursing. The course will culminate in development of the DNP project proposal. Credit: 3 semester hours. Course Director: Dr. Nathan Jones.

2025-26 Academic Calendar (Didactic Phase)

Exams are given intermittently throughout the block as well as during the designated exam week.

Fall 1 Semester 2025	
Term 1 (6 weeks)	**June 16 – July 27, 2025**
First Day of Classes	June 16
HOLIDAY (Independence Day)	July 4
Last Day of Classes	July 11
Study Time and Exams	July 12 - 18
Vacation	July 19 - 27
Term 2 (9 weeks)	**July 28 – September 28, 2025**
First Day of Classes	July 28
HOLIDAY (Labor Day)	September 1
Last Day of Classes	September 19
Study Time and Exams	September 20 - 26
Vacation	September 27 - 28
Term 3 (10 weeks)	**September 29, 2025 – January 1, 2026**
First Day of Classes	September 29
HOLIDAY (Thanksgiving)	November 27
Last Day of Classes	November 28
Study Time and Exams	November 29 - December 5
Vacation	December 6, 2025 – January 1, 2026

Spring 2 Semester 2026	
Term 1 (9 weeks)	**January 2 – March 1, 2026**
First Day of Classes	January 2
HOLIDAY (Martin Luther King Day)	January 19
Last Day of Classes	February 20
Study Time and Exams	February 21 – 27
Vacation	February 28 - March 1

Term 2 (11 weeks)	**March 2 – May 17, 2026**
First Day of Classes	March 2
Last Day of Classes	May 1
Study Time and Exams	May 2 – 8
Vacation	May 9 – 17
Term 3 (6 weeks)	**May 18 – June 30, 2026**
HOLIDAY (Memorial Day)	May 18
First Day of Classes	May 25
Last Day of Classes	June 12
Study Time and Exams	June 13 – 19
Vacation	June 20 – 30

Spring 1 Semester 2026	
Term 1 (8 weeks)	**January 5 – Feb 25, 2026**
Orientation	January 5 – 6
First Day of Classes	January 5
HOLIDAY (Martin Luther King Day)	January 19
Last Day of Classes	February 25
Term 2 (8 weeks)	**Feb 26 – April 23, 2026**
First Day of Classes	February 26
Last Day of Classes	April 15
Vacation	April 16 – April 22
Term 3 (8 weeks)	**April 23 – June 14, 2026**
First Day of Classes	April 23
HOLIDAY (Memorial Day)	May 25
Last Day of Classes	June 10
Vacation	June 11 – June 14

2025-26 Academic Calendar (Clinical Phase* & Online Courses)

Fall Semester - 2025	
Term 1 (8 weeks)	**June 19 – August 13, 2025**
First Day of Classes	June 19
HOLIDAY (Independence Day)	July 4
Last Day of Classes	August 6
Vacation	August 7 - 13
Term 2 (8 weeks)	**August 14 – October 8, 2025**
First Day of Classes	August 14
HOLIDAY (Labor Day)	September 1
Last Day of Classes	October 1
Vacation	October 2 - 8
Term 3 (8 weeks)	**October 9, 2025 – January 4, 2026**
First Day of Classes	October 9
HOLIDAY (Thanksgiving)	November 26
Last Day of Classes	November 27
Graduation (MSDNP 3)	December 5
Last Day of Program (MSDNP 3)	December 31
Vacation (MS-DNP 2)	Nov. 28, 2024 – Jan 4, 2026

Spring Semester - 2026	
Term 1 (8 weeks)	**January 5 – Feb 25, 2026**
Orientation (MSDNP 1)	January 5 – 6
First Day of Classes	January 5
HOLIDAY (Martin Luther King Day)	January 19
Last Day of Classes	February 25
Term 2 (8 weeks)	**Feb 26 – April 23, 2026**
First Day of Classes	February 26
Last Day of Classes	April 15
Vacation	April 16 – April 22
Term 3 (8 weeks)	**April 23 – June 14, 2026**
First Day of Classes	April 23
HOLIDAY (Memorial Day)	May 25
Last Day of Classes	June 10
Vacation	June 11 – June 14

***Clinical Phase:** During the clinical phase of the program, the academic calendar is divided into two 6 month semesters (no terms). Generally, the fall semester is July – December and the spring semester is January – June.

Doctor of Nursing Practice Program – Nurse Anesthesia
Master Book List

This list is provided for informational purposes only. **DO NOT** purchase books for a course until instructed to do so by the DNP office or the course director.

	Professional Philosophy & Scholarship
300.00/710.00	AANA Membership (Associate/Certified/Recertified)
25.00	*Advancing the art and science of anesthesia for 75 years: A pictorial history of the American Association of Nurse Anesthetists* (2006). Park Ridge: AANA Publishing Company. ISBN: 978-0970027955
24.95	Bankert, M. (1989). *Watchful care: A history of America's nurse anesthetists*. New York: Continuum. ISBN: 978-0826405104
38.00	Boyer, E. L. (2016). *Scholarship reconsidered: Priorities of the professoriate* (2nd ed.). Jossey-Bass Books. ISBN: 978-1118988305
75.00	Foster, S. D. & Faut-Callahan, M. (2011). *A professional study and resource guide for the CRNA* (2nd ed.). Park Ridge: AANA Publishing Company. ISBN: 9780970027986
90.00	Grant, P. D., & Ballard, D. C. (2018). *Law for nurse leaders: A comprehensive reference* (2nd ed.). Springer Publishing Company. ISBN: 978-0826133564
24.00	Grenny J., et al. (2022). *Crucial conversations: Tools for talking when stakes are high* (3rd ed.). McGraw-Hill. ISBN: 9781260474183
0.00	*Professional practice manual for the certified registered nurse anesthetist*. American Association of Nurse Anesthetists.
44.99	*Publication manual of the American Psychological Association* (7th ed.) (2020). American Psychological Association. ISBN: 978-1433832178
9.99	Strunk, W. & White, E. B. (1999). *The elements of style* (4th ed.) Longman. ISBN**:** 978-0205309023
35.95	Warden, P. (2023). Watchful care: A history of America's nurse anesthetists, volume II. Rosemont, IL: AANA Foundation. ISBN: 9780578328119.
	Leading & Managing Healthcare Systems
28.00	Brown, B. (2018). Dare to Lead. New York: Random House. ISBN: 978-0399592522
0.00	Foster, S. D. & Faut-Callahan, M. (2011). *A professional study and resource guide for the CRNA*(2nd ed.). Park Ridge: AANA Publishing Company. ISBN: 978-0-9700279-8-6 (also used in PPS)
101.99	Huston, C. J. (2024). *Leadership Roles and Management Functions in Nursing* (11th ed.). Wolters Kluwer. ISBN: 9781975193065
18.99	Makary, M. (2019). The price we pay: What broke American health care – and how to fix it. New York: Bloomsbury Publishing. ISBN: 978-1635574111
22.99	Morowitz, H. J. (2004). *The Emergence of Everything: How the World Became Complex*. Oxford University Press. ISBN 9780195173314.
79.99	Robbins, S. P. and Judge, T. A. (2022). *Essentials of Organizational Behavior* (15th ed.). Pearson Education. ISBN: 9780135468890
89.95	Shi, L. and Singh, D. A. (2023). Essentials of the U.S. Health Care System (6th ed.). Jones and Bartlett Publishers. ISBN: 9781284235104
32.00	Stein, S. J. (2017). The EQ leader: Instilling passion, creating shared goals, and building meaningful organizations through emotional intelligence. John Wiley & Sons. ISBN: 9781119349006
32.50	Topol, E. (2019). Deep medicine: How artificial intelligence can make healthcare human again. New York: Basic Books. ISBN: 978-1541644632
38.95	Zimmerman, B., Lindberg, C. and Plsek, P. (2008). *Edgeware: Lessons from Complexity Science for Health Care Leaders* (2nd ed.). Lindberg Publishing. ISBN: 978-0966782806
	Ethical & Multicultural Healthcare

59.70	Barr, D. A. (2019). *Health disparities in the United States: Social class, race, ethnicity, and the social determinants of health* (3rd ed.). Johns Hopkins University Press. ISBN: 9781421432588
58.99	Carr, M. F., Sorajjakool, S., and Bursey, E. J. (2024). World religions for healthcare professionals (3rd edition). New York: Routledge. ISBN: 9781032265605
121.99	Flanagan, J. M., and Beck, C. T. (2025). Polit & Beck's nursing research: Generating and assessing evidence for nursing practice (12th ed.). Wolters Kluwer. ISBN: 978-1975223809
99.00	Van Norman, G. A. (Ed.). (2011). *Clinical ethics in anesthesiology: A case-based textbook*. Cambridge University Press. ISBN: 9780521130646
	Advanced Health Assessment
143.84	Bickley, L. S. (2023). *Bates' guide to physical examination and history taking (13th ed.*). Wolters Kluwer. ISBN: 978-1975210533
	Theories & Concepts in Healthcare
109.99	McEwen, M., & Wills, E. (2023). *Theoretical basis for nursing* (6th ed.). Wolters Kluwer. ISBN 978-1975175658
	Approaches to Healthcare Education
136.95	Bastable, S. (2023). *Nurse as educator: Principles of teaching and learning for nursing practice* (6th ed.). Jones and Bartlett Publishers. ISBN: 9781284229271
51.00	Benner, P., Sutphen, M., Leonard, V., and Day, L. (2010). *Educating Nurses: A call for radical transformation*. San Francisco: Jossey-Bass ISBN: 978-0470457962
59.95	Henrichs, B., Thompson, J. (2017). *A resource for nurse anesthesia educators (2nd ed.).* Park Ridge, IL: AANA Publishing, Inc. ISBN 978-0970027962
0.00	McEwen, M., & Wills, E. (2023). *Theoretical basis for nursing* (6th ed.). Wolters Kluwer. ISBN 978-1975175658 (also used in T & C)
	Influencing Healthcare Policy
126.99	Mason, D. J., Gardner, D. B., Outlaw, F. H., and O'Grady, E. T. (2021). *Policy and politics in nursing and health care* (8th ed.). Elsevier Saunders. ISBN: 978-0323554985
120.00	Meacham, M. R. (2021). Longest's H*ealth Policymaking in the United States* (7th ed.). Health Administration Press. ISBN: 9781640552111
	Biostatistics
18.10	Keller, P. (2011). *Statistical Process Control DeMYSTiFieD*. McGraw-Hill. ISBN: 9780071742498
98.00	White, S. E. (2020). *Basic & clinical biostatistics*. New York: McGraw-Hill Companies. ISBN: 978-1260455366
53.35	SPSS Statistics Standard GradPack 29 (6 mo. rental)
	Quality Outcomes Management
0.00	Aspden, P., Corrigan, J., Wolcott, J., and Erickson, S. (Eds.). (2004). *Patient safety. Achieving a new standard for care.* Washington D.C.: National Academies Press. ISBN 9780309090773
0.00	Committee on Quality of Health Care in America, IOM (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington D.C.: National Academy Press. ISBN 978-0309072809. (PDF available at http://www.nap.edu)
0.00	Kohn, L., Corrigan, J., and Donaldson, M. (Eds.) (2000). *To err is human. Building a safer health system.* Washington D.C.: National Academy Press. ISBN 978-0309068376. (PDF available at http://www.nap.edu)
0.00	McBride, S. & Tietze, M. (2018). Nursing informatics for the advanced practice nurse: patient safety, quality, outcomes, and interprofessionalism (2nd ed.). Springer ISBN: 978-0-82-614045-6 (also used in DSI)
0.00	Page, A. (Ed.). (2004). *Keeping patients safe. Transforming the work environment of nurses.* Washington D.C.: The National Academies Press. ISBN 978-0309187367. (PDF available at http://www.nap.edu)

68.00	Wachter, R.M. (2018). *Understanding patient safety* (3rd ed.). New York: McGraw-Hill Companies, Inc. ISBN: 978-1259860249
	Decision Science & Informatics in Healthcare
138.00	McBride, S. & Tietze, M. (2018). *Nursing informatics for the advanced practice nurse: patient safety, quality, outcomes, and interprofessionalism* (3rd ed.). Springer ISBN: 978-0826185259
	Advanced Pathophysiology
150.99	Rogers, J. (2024). *McCance & Huether's Pathophysiology: The Biologic Basis for Disease in Adults and Children* (9th ed.). Mosby. ISBN: 9780323789875
	Anatomical Science I
0.00	Drake, R., Vogl, A. W., & Mitchell, A. W. M. (2024). *Gray's anatomy for students* (5th ed.). Elsevier. ISBN 978-0323934237- free via TMC Library
0.00	Schoenwolf, G.C., Bleyl, S.B., Brauer, P.R., & Francis-West, P.H. (2022). *Larsen's human embryology* (6th ed.). Elsevier. ISBN 978-0323696043 – free via TMC Library
90.00	Gilroy, A., MacPherson, B., Wikenheiser J. (2020). *Atlas of anatomy (4th ed.).* Thieme. ISBN: 978-1684202034
93.99	Siegel, A. & Sapru, H. N. (2019). *Essential Neuroscience* (4th ed.). Wolters Kluwer. ISBN 9781496382405
0.00	Waxman, S. (2023). *Clinical Neuroanatomy* (30th ed.). McGraw Hill. ISBN: 978-1264583621 - free via TMC Library
	Clinical Biochemistry
83.99	Abali, E.E., Cline, S.D., Franklin, D.S., Viselli, S.M. (2025). *Lippincott's illustrated reviews: Biochemistry (*9th ed.), Philadelphia: Wolters Kluwer. ISBN: 9781975220495
245.32	McMurry, J., Ballantine, D. S., Hoeger, C. A., & Peterson, V. E. (2017). *Fundamentals of general, organic, and biological chemistry* (8th ed.). Pearson. ISBN: 9780134015187
	Principles of Anesthesia
244.99	Cullen, B.F., Stock, M.C., Ortega, R., Sharar, S.R., Holt, N.F., Connor, C.W., & Nathan N. (2017). *Barash, Cullen, and Stoelting's Clinical Anesthesia* (9th ed.). Wolters Kluwer. ISBN: 9781975199074
120.00	Butterworth, J., Mackey, D. C., & Wasnick J. (2023). *Morgan & Mikhail's Clinical Anesthesiology* (7th ed.). McGraw Hill. ISBN: 978-1260473797
189.99	Hines, R., and Marschall, K. (Eds.) (2022). Stoelting's Anesthesia and Coexisting Disease (8th ed). Elsevier. ISBN: 978-0323718608
482.99	Gropper, M. A., Cohen, N. H., Eriksson, L. I., Fleisher, L. A., Johnson-Akeju, S., & Leslie, K. (2025). Miller's anesthesia (10th ed.). Elsevier. ISBN 978-0323935920
	Principles of Electrocardiology
49.95	Dubin, D. (2000). *Rapid Interpretation of EKG's* (6th ed.). Cover Publishing Company. ISBN: 978-0912912066
149.95	Garcia, T.B. (2015). 12-Lead ECG: The Art of Interpretation (2nd ed.). Jones & Barlett Learning. ISBN: 978-0763773519
75.99	Huff, L.J. (2023). ECG Workout: Exercises in Arrhythmia Interpretation (8th ed.). Wolters Kluwer. ISBN: 978-1975174545
	Pharmacology in Advanced Practice
0.00	Cullen, B.F., Stock, M.C., Ortega, R., Sharar, S.R., Holt, N.F., Connor, C.W., & Nathan N. (2017). *Barash, Cullen, and Stoelting's Clinical Anesthesia* (9th ed.). Wolters Kluwer. ISBN: 9781975199074 (also used in Principles of Anesthesia)
0.00	Butterworth, J., Mackey, D. C., & Wasnick J. (2023). Morgan & Mikhail's Clinical Anesthesiology (7th ed.). McGraw Hill. ISBN: 978-1260473797 (also used in Principles of Anesthesia)
298.00	Evers, A.S., Maze, M., & Kharasch, E.D. (2011). *Anesthetic Pharmacology: Basic Principles and Clinical Practice* (2nd ed.). St. Louis: Mosby. ISBN: 9780521896665
189.99	Flood, P., Rathmell, J.P., & Urman, R. (2022). *Stoelting's pharmacology & physiology in anesthetic practice* (6th ed.). Wolters Kluwer. ISBN: 978-1975126896

72.00	Vanderah, T. (2024). *Katzung's basic and clinical pharmacology* (16th ed.). McGraw-Hill. ISBN: 978-1260463309
0.00	Rogers, J. (2024). *McCance & Huether's Pathophysiology: The Biologic Basis for Disease in Adults and Children* (9th ed.). Mosby. ISBN: 9780323789875 (also used in Adv Pathophysiology)
	Human Physiology
59.99	Costanzo, L. S. (2023). *Physiology (8th ed.)*. Wolters Kluwer. ISBN: 978-1975153601
	Immunology for Health Professions
77.99	Abbas A. K., Lichtman A. H., & Pillai, S. (2024). *Basic immunology: Functions and disorders of the immune system* (7th ed.). St. Louis: Elsevier. ISBN: 978-0443105197
	Physics for Anesthesia Practice
58.13	Middleton, B., Phillips, J., Thomas, R., & Stacey, S. (2022). *Physics in Anaesthesia* (2nd ed.). Oxfordshire, UK: Scion Publishing. ISBN: 978-1911510802
	Emerging Sciences in Healthcare
0.00	None
	Advanced Pathophysiology II
0.00	No Additional Books
	Anatomical Science II
0.00	No Additional Books
	Advanced Principles of Anesthesia
251.99	Cote, C. J., Lerman, J., and Anderson, B. (2025). *A practice of anesthesia for infants and children* (7th ed.). Elsevier: ISBN: 978-0323825603
289.99	Suresh, M. S., Segal, B. S., Preston, R., Fernando, R., & Mason, C. L. (Eds.) (2013). *Shnider and Levinson's Anesthesia for Obstetrics* (5th ed.). Baltimore: Lippincott, Williams, & Wilkins. ISBN 978-1451114355
102.22	Bartels, K., Fox, A., Shaw, A., Howard-Quijano, K., & Thiele, R. (2025). *Hensley's practical approach to cardiothoracic anesthesia* (7th ed.). Wolters Kluwer. ISBN: 978-1975209100
	Pharmacology in Advanced Practice II
0.00	No Additional Books
	Human Physiology II
0.00	No Additional Books
	Biomedical Instrumentation
228.99	Dorsch, J. A., Dorsch, S. E. (2008). *Understanding Anesthesia Equipment* (5th ed.). Lippincott William & Wilkins. ISBN: 9780781776035
194.99	Ehrenwerth, J., Eisenkraft, J. B., & Berry, J.M. (2021). *Anesthesia Equipment: Principles and Applications* (3rd ed). Elsevier Saunders. ISBN: 978-0323672795
0.00	Gropper, M. A., Cohen, N. H., Eriksson, L. I., Fleisher, L. A., Johnson-Akeju, S., & Leslie, K. (2025). Miller's anesthesia (10th ed.). Elsevier. ISBN 978-0323935920 (also used in Principles)
	Translational Research
26.95	Biddle, C. (2013). *Evidence trumps belief: Nurse anesthetists and evidence-based decision making (2nd ed.)*. AANA Publishing, Inc. ISBN: 9780982991206
119.99	Melnyk, B. M. and Fineout-Overholt, E. (2023). *Evidence-based practice in nursing & healthcare* (5th ed.). Philadelphia: Lippincott, Williams & Wilkins. ISBN 978-1975185725
0.00	Flanagan, J. M., and Beck, C. T. (2025). Polit & Beck's nursing research: Generating and assessing evidence for nursing practice (12th ed.). Wolters Kluwer. ISBN: 978-1975223809 (also used in EMH)
	Radiology for Nurse Anesthesia Practice

59.99	Herring, W. (2023). Learning radiology: Recognizing the basics. (5th ed.). Elsevier. ISBN: 978-0323878173
126.19	Novelline, R. A. (2018). Squire's fundamentals of radiology (7th ed.). Harvard University Press. ISBN: 9780674057951
	Clinical Skills Inquiry
0.00	None
	Evidence Based Anesthesia Practice
0.00	Biddle, C. (2013). *Evidence trumps belief: Nurse anesthetists and evidence-based decision making (2nd ed.)*. AANA Publishing, Inc. ISBN: 9780982991206 (also used in TR)
0.00	Melnyk, B. M. and Fineout-Overholt, E. (2023). *Evidence-based practice in nursing & healthcare* (5th ed.). Philadelphia: Lippincott, Williams & Wilkins. ISBN 978-1975185725
0.00	Flanagan, J. M., and Beck, C. T. (2025). Polit & Beck's nursing research: Generating and assessing evidence for nursing practice (12th ed.). Wolters Kluwer. ISBN: 978-1975223809 (also used in EMH)

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Course participants retain copyright of all course assignments and posts; however, these materials may be used for educational purposes within the given course, or future courses. In group projects, only the portion of the work completed by that individual is copyrighted by that individual.

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Artificial Intelligence

All homework, writing assignments, tests and other class materials is expected to be the original work of the student. The use of Artificial Intelligence is prohibited unless permission is given by the Course Director. With express consent of the Course Director, limited use of Artificial Intelligence (AI - ChatGPT, Bard, Bing, etc.) in the course may be allowed. The Course Director will provide guidance and the required documentation for use of AI if it is permitted.

If the use of AI is permitted, students must ensure the following, which is consistent with BCM Institutional Guidelines for the use of Generative AI.

- Confirm the validity and accuracy of information generated by an AI tool. This includes confirming the data does not contain copyrighted, incorrect, or contextually unsound material.
- AI output and generated responses should not replace one's own work or be used verbatim; rather, these tools are intended to inspire and generate ideas.
- Never share proprietary data or protected health information with AI enabled models.
- Secure permission from an instructor prior to using an AI tool.

Failure to follow this guidance and provide the specified documentation of use of AI is considered plagiarism and/or misconduct and are examples of prohibited conduct (article 8.4 in the SHP Student Handbook).

Online Course Policies

The Doctor of Nursing Practice program offers select learning activities or entire courses in an online format only. The following policies apply to online learning activities.

Time Zone
Baylor College of Medicine is located in the Central Time zone. All scheduled course times, including office hours, chats, and assignment deadlines, are central time (CT). If a student resides in another time zone, it is the student's obligation to determine the appropriate differences in time zones and submit course materials by the deadline. In addition, the College observes daylight savings time. If a student lives in an area that does not observe daylight savings time, it is the student's obligation to factor in the time difference when submitting an assignment.

Course Week
Instructors will set a course week for each online course (e.g., Thursday 12:01 AM central time through Wednesday at 11:59 PM central time). This time frame may vary by course. Students should consult each syllabus for information about the course week.

Communication with Instructors
Instructors of online courses will check email frequently and set regular office hours for communicating with students via phone, chat, or other means. Instructors will respond to course-related email within 24-48 hours of receipt, Monday through Friday. Instructors may be able to respond to messages during the weekend on a limited basis.

Textbooks
Instructors will make textbook lists available three weeks prior to the course start date. Students are responsible for purchasing required texts in time to participate in course assignments.

Participation
Online courses require significant time reading online materials, communicating with fellow students in course discussion forums, and completing assignments. Students are encouraged to log into courses with regular frequency. Inability to do so will reduce a participant's ability to receive the maximum benefit from the course.

Discussion forums are especially important in online learning, and students must observe specific course guidelines. Each Instructor may have different polices regarding discussion participation, including grading discussion threads and requiring a minimum number of posts per activity.

For synchronous activities, e.g., virtual classes (Zoom, Teams, Collaborate), students are required to have their webcams turned on at all times in order to engage better with the instructor. Microphones must be kept muted until a student desires/needs to speak. Ambient noises, e.g., pets, children, others adults, construction, must be controlled such that they do not interfere with the virtual learning environment.

Netiquette
When in an online community, you must be:

1. **Respectful**
   - Treat your instructor and classmates with respect in email or any other communication.
   - Always use your professors' proper professional titles (e.g. Dr., Professor, etc.).
   - Unless specifically invited, don't refer to your instructor by their first name.
   - Always be respectful of others' opinions even when they differ from your own.
   - If participating in a discussion board, when you disagree with someone, you should express your differing opinion in a respectful, non-critical way.
   - Compose messages with tact, fairness, and common courtesy.

2. **Considerate**
   - Be cautious when using humor or sarcasm as the tone is sometimes lost in an email or discussion post and your message might be taken seriously or sound offensive.
   - Be careful with personal information (both yours and others).
   - Do not send confidential information via e-mail.

3. **Aware**
   - Avoid using the caps lock feature AS IT CAN BE INTERPRETED AS YELLING.
   - Avoid slang terms such as “wassup?” and texting abbreviations such as “u” instead of “you.”
   - Use clear and concise language.
   - Use graduate-level spelling, grammar, and syntax (including posts to discussion boards, email, and any other communication).
   - Be sure to read all messages in a discussion thread before replying.
   - Avoid dominating a discussion by posting threads excessively, intentionally changing the discussion topic, exhibiting an inappropriate or argumentative attitude or any other disruptive behavior.

For more information about online netiquette, visit http://www.albion.com/netiquette/corerules.html.

Email Communication
Students must use their BCM email accounts for all program communication. When submitting questions or coursework via email, students should observe the instructor’s guidelines regarding subject lines, attachment types, and file naming conventions. Instructors may request that students put the course name or course ID in the subject field, use a particular naming convention for attachments, or request assignments in a particular format or file type. Following these guidelines will help ensure efficient communication between instructors and students. Failure to comply with these guidelines may result in a delayed reply or misplaced coursework.

Technical Difficulties
All students are encouraged to have a back-up plan for internet/computer access should they experience technical difficulties with their primary computer or internet service provider. If a student experiences technical difficulties (e.g., internet outage, power outage, weather-related issues, etc.) that prevent the submission of an assignment, the student should contact the instructor immediately via phone or other communication method. The instructor will advise the student how to proceed with submitting the coursework.

Grades
Students are required to score 76% or higher on each individual course module. For modules in which a student scores less than 76%, remediation of the module will be required. A successful remedial attempt will result in a grade of 76% for the module. An unsuccessful remedial attempt will result in a failing course grade. The grading scale for online courses will be as follows:

Grade	Score Range	Quality Points	Interpretation
A	90 – 100	4.0	Exceptional performance
B	76 – 89	3.0	Performance meeting expectations
C	70 – 75	2.0	Unsatisfactory performance (failure)
D	65 – 69	1.0	Unsatisfactory performance (failure)
F	0 – 64	0.0	Unsatisfactory performance (failure)

Late Submissions
All assignments are due by 11:59 pm central time on the stated due date. Assignments received after this time are considered late. In special circumstances, course directors may grant extensions for assignments. A student who wishes to apply for an extension should contact the course director immediately to discuss the circumstances. Assignments submitted after the due date will not be accepted unless the student has an extension from the course director.

Group and Individual Assignments
Coursework may consist of individual and/or group assignments. Unless specifically authorized by the instructor as a group assignment, coursework should be done by the student working alone. Collaborating with another student in preparing individual assignments is prohibited. This includes dividing assignment questions among students, lending completed assignments to other students, and consulting assignments from previous terms (unless they are made available by the instructor to the entire class).

Protection of Student Privacy in Online Courses

The Doctor of Nursing Practice Program in Nurse Anesthesia is committed to protecting the privacy of students who participate in online course activities. Student privacy is maintained through the use of unique credentials and security protocols that protect a student's work from unauthorized view.

Privacy

The DNP Program complies with all requirements of the Family Educational Rights and Privacy Act (FERPA) and is committed to protecting the privacy of a student's educational record regardless of delivery method. Faculty and staff are trained on their responsibilities and what constitutes the unauthorized release of confidential records or information. Because an online environment creates a record of student activity, it is subject to FERPA privacy rights.

Security

The College uses Blackboard, a web-based course management system, for online course activities. Blackboard uses SSL (Secure Sockets Layer), a security protocol, to encrypt data transmission between the Blackboard server and an individual user's browser. This technology ensures a secure connection as well as the secure exchange of information within Blackboard. Access to Blackboard is restricted to individuals who have been issued a unique username and password for the system by the College. The identity verification process for accessing Blackboard includes the use of a secure portal with a secure login and user-selected password.

The DNP Program office oversees and grants appropriate access to both faculty and students for each specific Blackboard course. Faculty may only access information associated with the specific courses they teach. Students are enrolled in only those courses for which they have paid tuition. A select number of staff with legitimate educational and technical roles also have access to courses. Guest access to DNP courses is not permitted.

Student submissions within Blackboard can only be viewed by the individual student, the course instructor, and the Teaching Assistant (if applicable). A student may not view another student's assignments, assessments, grades, or any other work. Blackboard does not allow students to view each other's work except in designated open forums (e.g., discussion boards).

Student Responsibility

It is the student's responsibility to keep login credentials confidential in accordance with the College's Authorized Use Policy (12.2.01). A student must not disclose a username and password to anyone for any reason, or record the username and password on any media without encrypting the information before recording it. In accordance with the College's Distance Education policy (23.1.10), the College expects each student to 1) preserve the academic integrity of distance education courses and maintain the confidentiality of course materials, including any assessments administered during the course and/or outside the classroom setting, and 2) uphold the privacy of other students enrolled in the course, not sharing personal information divulged by another student outside the virtual classroom, discussion, forum, or assessment setting.

Faculty and Staff Responsibility

In accordance with the College's Distance Education policy (23.1.10), faculty providing distance learning education must instruct students on their obligation to maintain confidentiality of distance education course materials and the privacy of other students enrolled in the online course. Faculty and staff must demonstrate a commitment to confidentiality, integrity, and security to protect the privacy of students who participate in online course activities. Student records are kept private by the instructor, except in cases where academic staff access the course for a legitimate educational purpose under FERPA guidelines. Faculty and staff must also adhere to all provisions of College's Acceptable Use Policy.

Virtual Learning Activities

The following rules apply for any web-based class, conference, grand rounds, or other synchronous virtual learning activity. These activities may be held via Zoom, Collaborate, Microsoft Teams, or other videoconferencing tools.

When engaging in synchronous web-based learning activities, students are required to:

1. Log in on time, just like walking into a classroom if it were face-to-face
2. Keep their video on at all times, and keep the camera positioned so that their face is visible
3. Keep their audio muted unless speaking
4. Be attentive to the speaker and participate in discussions as appropriate
5. Be stationary and in a one location (e.g., not walking around, not driving or riding in a vehicle, not setting up your room in the OR, etc.)
6. Be in an environment conducive to learning (e.g., private environment without noise or other distractions)
7. Refrain from engaging in distractions (e.g., reading, studying, writing/reading email, texting for personal reasons, personal grooming, etc.)
8. Refrain from any behavior that is inconsistent with behaviors acceptable in a face-to-face classroom setting
9. If social distancing is required or recommended, students should be in a setting where they can maintain appropriate distance from others (i.e., 6 feet apart) and not share cell phones cameras or webcams.

Examinations

The DNP Program deploys examinations via ExamSoft, a cloud-based exam management tool. All students are required to have a laptop computer that can be used for electronic examinations. Certain types of exams may also be administered on paper, as appropriate. The following policies must be observed for all exams:

1. All personal belongings (backpacks, purses, tablets, cell phones, smart watches, calculators, scratch paper, pens/pencils etc.) must be placed at the front of the room.
2. If the exam is being given via ExamSoft, students must have privacy screens installed on their laptops prior to the start of the exam.
3. The examination **MUST** be completed within the allotted time. If a student has not completed the exam by the end of the allotted time period, the proctor will ask the student save/exit the exam and upload the exam file (or turn in the exam, if a paper exam).
4. Students may leave the room to use the restroom, however, no additional time will be allowed to finish the exam. If the exam is being given via ExamSoft, a student may need a resume code from the proctor to restart the exam. Only one student may leave the room at a time.
5. No questions will be answered during the exam. Students should answer each question to the best of their abilities, being sure to follow all instructions.
6. Scratch paper and pencils will be provided. Students may write notes on the scratch paper, however, only answers uploaded into ExamSoft (or entered on the Scantron, if a paper exam) will be counted toward the student's grade. The scratch paper and pencils must be returned to the proctor at the end of the exam.
7. Simple, non-programmable calculators will be issued for examinations. Students may use the calculator issued or the calculator available through ExamSoft. Students may not use any other calculator or similar device. Calculator must be returned to the proctor at the end of the exam.
8. After finishing an exam in ExamSoft, click the "exit/save" button on the tool bar and then close the exam. When prompted, select "exit and upload." A green screen indicates that the student has successfully uploaded the exam. Students MUST show the green screen to the proctor in order to be dismissed from the classroom.
9. If for any reason your computer need to be re-booted during the exam, e.g., screen freezes, crashes, simply restart your computer. When it restarts, the ExamSoft screen will appear with a pop-up message. **Do not** close either the popup message or ExamSoft. You must contact the proctor/course director immediately for the resume code.
10. Any behavior suspect of being unethical during the exam will result in immediate uploading of the exam and a grade of zero.
11. The College recognizes honesty and integrity as essential to the academic functions of the College. The following rules are promulgated in the interest of protecting the validity of the College's grades and degrees, and to assist students in developing standards and attitudes

appropriate to academic life and the practice of health care. Violation of academic rules can result in dismissal from the College.

- No student shall receive assistance not authorized by an instructor in the preparation of any assignment, laboratory exercise, report, or examination submitted as a requirement for an academic course or rotation.
- No student shall knowingly give unauthorized assistance to another student in such preparation.
- No person shall sell, give, lend, or otherwise furnish to any unauthorized person material that can be shown to contain the questions or answers to any examination scheduled to be given at any subsequent date, in any course of study offered by the College, excluding questions and answers from tests previously administered when supplied by the department.
- Any persons taking, or attempting to take, steal, or otherwise procure in any unauthorized manner any material pertaining to the conduct of a class, including examinations, laboratory equipment, etc. shall be in violation of this regulation.
- Students can be disqualified from taking or continuing to sit for an exam and/or be dismissed from Baylor College of Medicine if the College, at its sole discretion, determines through any reasonable method, including but not limited to observation or statistical analysis that a student was engaged in collaborative, improper, or disruptive behavior.
- The contents in examinations are confidential and students may not reproduce or distribute materials and/or content in any form to anyone, including students in upcoming classes, or obtain any test items (in whole or part) from any source other than the course director.

For examinations being remotely proctored:

12. Some exams will be administered via ExamSoft and employ ExamIntegrity. ExamIntegrity includes two features, ExamID and ExamMonitor. ExamID is an identity verification tool and ExamMonitor is a virtual proctoring service.
13. In preparation for your exams, please update your Examplify application to the most current version. You may update through the application or download the installer from https://examsoft.force.com/emcommunity/s/article/Examplify-Downloading-for-Windows-Mac.
14. You may take the exams at a location of your choosing, but it must be a private space that is free from noise and changes in lighting, e.g., your home.
    - Sudden changes in lighting will be flagged for adjudication. Do not adjust lighting during the exam.
    - Unexpected sounds will be flagged for adjudication. Do not play music, take phone calls, etc. during the examination. Be sure that children or pets do not interrupt your exam.
15. The password for all ExamSoft exams is **DNPexam2026!**. Your exams will be available for download 15 minutes before the scheduled start time. After you download the exam and click begin exam, your identity will be confirmed via ExamID and the exam will launch. ExamMonitor will capture audio and video footage of each test taker throughout the exam. Should you need to leave the exam for any reason, you must call the course director (or other assigned proctor) to obtain the resume code.
16. The calculator in Examplify will be enabled for exams requiring calculations.
17. The notes feature will be enabled for all exams allowing you to type notes about a particular question. Notes are not viewed by the course director, and will not be considered when grading the exam.
18. You may not use any reference materials. Examinations are closed-book and remotely proctored.
19. You are strongly discouraged from using scratch paper, but it is not prohibited. Because you are not allowed to use any reference materials, ExamMonitor will flag any incident where you look down and write on your scratch paper. Recorded video will be analyzed by faculty to determine if there has been a breach of integrity. For example, the question for which you are using scratch paper should require scratch paper. Try to avoid it, please. Do not hold up your scratch paper for the camera to see. Destroy all scratch paper when the exam is completed.

20. Your approach should be the same as if you were sitting in a classroom being proctored by a human being.
    - No book bags or references in the room.
    - Nothing on your desktop.
    - No smart watches.
    - No personal communication devices/smart phones
    - No headphones or ear buds.
    - No food/beverages.
21. Prepare for the exam. Go to the restroom before you begin the exam so you do not have to leave in the middle. Control your pre-exam liquid intake to prevent the need from developing during the exam. If you need a boost in your glucose level, eat before the exam. No food or drink allowed during the exam.
22. Avoid any behaviors (e.g., eyes looking around the room, looking at certain places on the desktop, a wall, at the floor, etc.) that would bring suspicion upon you for cheating.

Exam Feedback

Following an exam, students will receive feedback on their performance in specific topical categories represented on the exam. This report is released via the ExamSoft portal and is the only feedback provided to students regarding exam performance.

Clinical Experience Guidelines and Instructions

1. It is imperative that the DNP Program maintains compliance with the standards of accreditation set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs. A copy has been furnished to all clinical affiliates for consultation.
2. Clinical time commitment, preoperative and postoperative visits should represent a reasonable commitment for attaining educational objectives. This will allow proper educational programs to continue and be in compliance with the requirements for a reasonable time commitment.
    a) **Reasonable time commitment** - A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours *(defined below)* averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.
    b) **Clinical hours** - Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, preanesthesia assessment, postanesthetic assessment, patient preparation, operating room preparation, and time spent participating in clinical rounds. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time.
3. Students may take call provided that:
    a) the time committed is reasonable and attains educational objectives
    b) they are properly supervised
4. Appropriate supervision must be available at all times. Supervision at clinical sites is limited to CRNAs and anesthesiologists who are institutionally credentialed to practice and immediately available for consultation. Instruction by graduate registered nurse anesthetists or physician residents is never appropriate if they act as the sole agents responsible for the students. The clinical supervision ratio of students to instructor ensures patient safety by taking into consideration: the complexity of the anesthetic and/or surgical procedure, the student's knowledge and ability, and the comorbidities associated with the patient. At no time does the number of students directly supervised by an individual clinical instructor exceed 2:1.
    a) **Clinical supervision** - Clinical oversight of graduate students in the clinical area must not exceed (1) 2 graduate students to 1 CRNA, or (2) 2 graduate students to 1 anesthesiologist, if no CRNA is involved. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., life-threatening situations.
5. Each clinical coordinator is responsible for assuring that students are supervised only by anesthesiologists (not residents) or certified/recertified CRNAs. A list of anesthesiologists and nurse anesthetists who clinically supervise nurse anesthesia students shall be submitted to the

Director of the DNP Program – Nurse Anesthesia at least annually. Records of certification / licensure shall be kept at the affiliating institution and shall be available to the Director or the designee for inspection.

6. The clinical affiliates are required to dismiss students in time to attend scheduled educational activities.
7. The clinical staff, faculty, Clinical Coordinator and Chief of Service at each clinical affiliate are requested to evaluate the students monthly on the final day of work prior to the end of the month. Evaluation forms are provided electronically.
8. Should difficulties arise with any student, the Clinical Coordinator and/or Chief of Service should contact the Program Director immediately. The Program Director, in coordination with the Dean of the School of Health Professions, will take appropriate action.
9. A copy of the clinical rotation schedule will be provided to each agency prior to the students' arrival.
10. Students must complete all requirements of each clinical site in preparation for assigned clinical rotations. This may include specific vaccinations, background checks, drug screens, etc. BCM will not release results from a student's background check or drug screen to any clinical site without the student's written consent except to inform a clinical site that a student is in compliance with BCM policies regarding background check(s) and drug screen(s). Students will be responsible for submitting to the clinical sites any health-related information such as vaccination records. Student who fail to comply with all clinical site requirements cannot be placed in the site, which may lead to inability to complete the curriculum.
11. Students will be assigned to an Academic Advisor by the Program Director. The Academic Advisor will formally evaluate students on a quarterly basis. Clinical students will meet with their advisors during the last half of January, April, July and October. The scheduling of the meeting is the student's responsibility. Failure to schedule and attend the meeting will result in disciplinary action including the use of personal time to attend the meeting. The student will bring a completed self-evaluation form to the conference. The advisor will review the self-evaluation, current case records, quarterly summative evaluation, and the faculty's completed evaluations with the student.

SRNA Clinical Performance Expectations

The clinical performance expectations are delineated in the form of clinical competencies that all graduates must attain. These competency expectations are intended to provide students a way to evaluate their own performance, as well as guide the faculty/preceptors in the accurate, thorough, and objective evaluation of the SRNA's clinical performance. It is important to consider the individual's clinical experiences, recognizing that the number of months of clinical experience, combined with the various specialty rotations can significantly alter the clinical performance expectations.

1. Maintain vigilance; refrain from engaging in extraneous activities (e.g. texting, reading, e-mailing etc.)
2. Demonstrate the application of principles for the correct positioning of patients
3. Demonstrate compliance with regulatory requirements (e.g. OSHA, EPA, etc.) including blood and body fluids precautions, infection control guidelines etc.
4. Conduct a comprehensive check of and take appropriate, timely action with anesthesia and adjunctive equipment malfunctions
5. Recall, based on level of education and experience, knowledge in the basic sciences, principles of anesthesia and pharmacology
6. Describe a complete, patient specific preanesthetic evaluation
7. Determine, select and interpret appropriate laboratory and diagnostic data
8. Assume responsibility and accountability for diagnosis
9. Formulate a cogent perioperative anesthesia care plan
10. Select appropriate anesthesia modalities (e.g. general, regional, sedation) for a variety of emergent and non-emergent surgical patients
11. Demonstrate utilization of an evidenced-based practice approach by engaging in patient care-related decision making
12. Identify and administer patient specific and cost effective anesthesia to patients across the lifespan utilizing a variety of techniques, agents and equipment.
13. Apply patient specific assessment, calculation and management of fluid and volume homeostasis including blood and blood product administration

14. Interpret and employ data obtained from noninvasive and invasive monitoring modalities
15. Recognize and appropriately manage changes and complications coincident to the provision of anesthesia
16. Transfer patient care to other qualified providers in a manner that ensures continuity of care and patient safety
17. Conduct and document a postoperative patient assessment to evaluate anesthesia care
18. Interact on a professional level with integrity and adherence to the *Code of Ethics* for the CRNA
19. Deliver culturally competent perianesthesia care
20. Effectively communicate with patients, families and members of healthcare team utilizing professional verbal, nonverbal and written communication

Handling of Controlled Substances

The DNP Program has adopted a **"zero tolerance"** policy for Controlled Substance (e.g. narcotic) discrepancies.

When Registered Nurses (including student registered nurse anesthetists) gain possession of controlled substances, they become fully responsible for the handling of that controlled substance in full accordance with institutional policy / procedure in one of the following ways:

a. clearly document that you have administered the controlled substance to a patient
b. clearly document that you have wasted the controlled substance
c. clearly document that you have returned the controlled substance to pharmacy stock.

Failing to appropriately handle and document controlled substances is a violation of institutional policy, DNV standards, the Texas Nurse Practice Act, the Texas Controlled Substances Act, other applicable statutory or regulatory law, and departmental standards.

Students failing to meet the requirements for handling controlled substances at any time will be subject to disciplinary action.

Occupational Exposures

In the event a student is injured on the job or exposed to a patient's bodily fluids (e.g., blood) via needle stick, splash or other mechanism:

1. Call Dr. Davis. During business hours, call her at the DNP Office. If the incident is after hours, call her cell phone.
2. Call the BCM Occupational Health Program. During business hours, call 713-798-7880. If the incident is after hours, call the answering service at 713-428-6496.

Educational Conferences

Students assigned to Ben Taub Hospital and the VA Medical Center are required to attend Wednesday morning grand rounds. All students, regardless of clinical site, are required to attend Thursday afternoon conferences/exams. Failure to attend a required educational conference will result in the SRNA being charged a vacation day. Any exception to this policy must be approved, in advance, by the director.

Am I required to attend if:	**Wednesday Grand Rounds**	**Thursday Conference**
Post-call	No. You are required to cover the clinical service during grand rounds.	Yes
Post-call day followed by a vacation day		Yes
Pre-call	No	Yes
Late person (BTOR only)	Yes	Yes
Late start (BTOB only)	No	Yes
Swing shift (BTOR only)	No	Yes
Reading days (BTOR/BTOB)	Yes	Yes
Free days (BTOR/BTOB)	No	Yes

Houston Clinical Sites outside loop 610	No	Yes
Clinical Sites outside of Houston	No	Yes
TCH or HMH-CV (Walter Tower) rotation	No	Yes
Sick day	No	No
Vacation day	No	No
Meeting day	No	No

Personal Leave Policy

1. The student adheres to the college calendar during the first 18 months of the BSN-DNP program and the entire MS-DNP program.

2. During the clinical phase of the program, the student is allotted 25 personal leave days, including 20 vacation days and 5 sick days. Students using more than the allotted days for illness will be required to use vacation days for the absence. Unused sick days can be used as vacation during the last six months of the program. Students absent for more than 25 days total will be required to make up the days requiring the student to enroll in an additional semester. The student is responsible for all associated tuition and fees for the additional semester.

3. Vacation Days

   a. The Program Director (or his/her designee) must approve all vacation requests. On rotations where the students are considered in the staffing plan (i.e., BTOR, BTOB, VAMC, etc.), the chief of service (or his/her designee) at the clinical site must also approve vacation requests.

   b. **All students are required to utilize 5 vacation days within each 6-month period of the final 18 months of the program.** Any unused vacation days, out of the 5 required to be used semi-annually, will be forfeited. If a clinical site denies requested vacation days, the student is responsible for submitting an additional request to ensure that the 5 days are used during the required semi-annual period. If the student does not successfully request and take the required 5 days off during the semi-annual period, the days are permanently forfeited.

   c. Approval of five vacation days will permit the student to be absent for one calendar week. Personal leave time will not be charged for approved weekend days off.

   d. Vacation days are limited to one week (five business days) during any one month.

   e. Vacation days will not be granted during the first month of the clinical phase of the program for 2nd-year students.

   f. Vacation days will not be granted during the first two weeks of a student's initial rotation at any clinical site. It is permissible to request leave during the first week of a rotation at a clinical site where the student has previously rotated.

   g. Vacation days may be granted while the student is on rotation at most clinical sites. The maximum amount of leave that may be granted at any one clinical site shall be limited as follows.

      1. **One-month rotation** – no more than 2 days
         a. Exception: no vacation allowed at single-month rotations at TCH or Rural Facility
      2. **Two-month rotation** – no more than 5 days
      3. **Three-month rotation** – no more than 7 days
      4. **Four-month rotation** – no more than 10 days
      5. **Five (or more) month rotation** – no more than 25 days

   h. Vacation will not be granted on the program's last day of clinical or educational activity (see terminal leave below).

i. Vacation will not be granted in the 5 days prior to the Comprehensive Examination in Anesthesia, if applicable.

j. Seniors will be given priority for vacation and absence from clinical during graduation activities and the Comprehensive Examination in Anesthesia.

k. Vacation will not be granted the weekend of the Comprehensive Exam for 2nd – year students.

l. Vacation requests that conflict with professional meeting dates will only be considered after all requests to attend the professional meeting have been approved. This means that vacation requests during this time will not be processed until after the 8th of the preceding month.

m. After vacation time has been fully approved, it may not be canceled.

n. Students exploring practice opportunities (e.g., interviews) must use vacation time for their absence(s).

o. Students are required to obtain the necessary clinical experiences for specific rotations to graduate. In circumstances where these experiences have not been met, students may be required to cancel personal leave time.

p. Requests for exceptions to the above policies must be directed to Dr. Bullerwell.

4. Holidays

Students will adhere to the holidays observed at the individual clinical sites (refer to the *Activity Absence Due to Religious Holiday* section of this manual for further information). Please note that each clinical site may observe different holidays. You are required to follow the holiday schedule of the individual clinical site with disregard for BCM holidays. Students are required to use vacation time if they desire to be absent on a BCM holiday that is not observed by an individual clinical site. Please see facility specific holiday request information below.

a. Clinical rotations where SRNAs are required to take holiday call: a request must be submitted if the SRNA wishes to have a holiday off. Note: multiple holiday requests will not be granted for any one student. Program faculty and clinical site leadership will make every effort to fairly allocate holidays. There is no guarantee that a holiday request will be granted when on rotation at a site where holiday call is expected of anesthesia trainees.

b. Clinical rotations that do not require SRNAs to take holiday call: Students will be granted the day off on all holidays observed by the individual institutions. Holidays do not result in the loss of vacation time.

5. Illness (Sick Days)

a. Absence due to illness results in the use of sick days.

b. Time taken for illness in excess of allowable sick days shall require the student to use vacation for the absence.

c. Students are required to follow the COVID-19 and Influenza Baylor College of Medicine Continue to Train Guidelines for Students for any related symptoms.

d. The student must notify the clinical site of illness pursuant to the specific clinical site's policy (see DNP Clinical Orientation Guide). The student is required to notify the clinical site at the earliest awareness that illness will prevent the student from fulfilling clinical obligations.

e. The student must also notify the DNP Program of the absence **before 9 a.m. on the day of the absence.** The notification must occur via email. Please email Dr. Davis and copy Dr. Bullerwell and Ramona Miller. Text messages or voicemail messages are **not** accepted.

f. Absence from a clinical assignment due to illness will be accounted for as follows:

Absence from a day shift: 1 sick day.
Absence from a 12-hour call shift: 1.5 sick days.
Absence from a 16-hour call shift: 2 sick days.
Absence from a 24-hour call shift: 3 sick days.

g. Unexpected illness presents a significant hardship to the remaining members of the anesthesia team. Students should avoid calling in sick unless they are unable to provide safe anesthesia care, or are concerned about transmitting infection to patients or others. Students are expected to practice wellness, and seek prompt healthcare from a qualified provider.

h. At the discretion of the DNP Program, a note from an authorized healthcare provider indicating readiness to return-to-work may be required.

i. Unused sick days are converted to vacation days six months prior to graduation.

6. Administrative days

a. Administrative days are subject to the approval of the program director (or his/her designee).

b. Administrative days do not count toward the student's 25 personal leave days. However, administrative days will be included in the total number of days missed during a month rotation. For example, if you attend AANA Annual Congress during a rotation where you may only use three personal leave days, the administrative days issued for the meeting will count in those three days. This ensures you have adequate time to obtain the required experiences during that rotation.

c. Students are required to attend one AANA meeting (i.e., Nurse Anesthesia Annual Congress, Midyear Assembly, Assembly of Didactic and Clinical Educators) and one state association of nurse anesthetists meeting (e.g., Texas Association of Nurse Anesthetists, or nurse anesthesia association meeting in the state of your primary clinical site or where you desire to practice after graduation). A justifiable number of administrative days may be approved for attendance at professional meetings.

d. Students making professional presentations at professional meetings may be approved for an administrative day to prepare for the meeting.

e. Students who attend assigned committee activities may be granted justifiable administrative days at the discretion of the program director (or his/her designee).

f. An administrative day will be granted to take SEE examinations. The SEE will be completed during the fall of the SRNA-2 and SRNA-3 years. Students are required to submit a schedule request form to Dr. Bullerwell by the 8th of the month prior to get approval of these days.

g. Students may request an administrative day related to their DNP Project (see below).

h. All students will be assigned an administrative day for their scheduled DNP Project Defense. This will be in addition to the one administrative day granted for project related activities.

7. Military Time

Vacation time will be granted to students who serve in the U.S. Military or Reserves. This time must be requested as far in advance as possible. Every effort will be made to accommodate such requests unless they are submitted after the cutoff date for schedule requests. If military leave results in the student exceeding the allotted personal leave, the days in excess of allotted personal leave must be made up.

8. Funeral Leave

Students may be granted funeral leave, at the discretion of the Program Director (or his/her designee), for deaths of family members or significant others. Time off may be granted for

attendance at a funeral or comparable service, related travel time or time necessary to conduct arrangements or other necessary business.

a. **Immediate Family** - Students are eligible for five (5) consecutive bereavement days to attend the funeral of an immediate family member. Immediate family is defined as father, mother, legal guardian or other person who stands in the place of a parent, brother, sister, spouse, child, grandchild and grandparent, and all the same listed as in-laws.

b. **Extended Family** - Three (3) bereavement days are provided to attend the funeral of an extended family member. Extended family is defined as aunt, uncle, niece, nephew, and all the same listed as in-laws.

c. Should a student wish to attend the funeral of a family member or a close friend not defined herein as "immediate family," or “extended family” the student must use vacation days.

d. Students must request approval, at the earliest opportunity, from the program director to use bereavement leave.

9. Terminal Leave

Terminal leave is not permitted. Graduation will be delayed if the student is absent on the last scheduled day of clinical experience or other educational activity. For example, on Monday-Friday rotations, vacation will not be granted on the last weekday of possible clinical experience. On rotations that include call, vacation will not be granted on December 31 (or the last possible day the clinical site might schedule the student).

10. DNP Project

Students may be granted one administrative day related to their DNP project. The administrative day may be used for a) the day of the student’s dissemination or b) a day the student uses to analyze data and work on his/her paper (advisor approval required). Prior to submitting a request for an administrative day, the DNP Project Chair must approve the request, including how the day will be used, and what deliverable will confirm the day was used as planned. Like other scheduling requests, this day must be requested in advance (8th of the month prior) and, when required, must be approved by the student’s assigned clinical site. Students will also be granted an administrative day for the day they are scheduled to complete their DNP Defense. This day will be determined by the Program Director.

11. Travel Time

Travel time will be assigned at the discretion of the Program Director (or his/her designee) based on the clinical rotation schedule. Travel time to an away rotation will usually be the 1st of the month, whereas travel time back to Houston will usually be the last day of the month. The maximum allotted time for travel to or from away sites is one day each way. The travel schedule must be reviewed in advance, especially if no requests are required. In addition, conflicts with program activities, such as presentations and exams must be identified with alternative arrangements made in advance. Should a student require additional time to travel to or from away rotations, they must request vacation days according to the personal leave policy and procedures.

Procedure for Requesting Personal Leave
Clinical Site – Houston Metropolitan Area

1. All students must complete and electronically submit the *SRNA Schedule Request Form* (DNP Form AM-310) to the program director (or his/her designee). Requests shall **not** be submitted directly to any clinical service.

2. Early requests are strongly encouraged.

3. Requests must be submitted **no later than** 5 pm on the 8th of the preceding month. If the 8th of the month falls on a weekend, the request must be submitted by 5 pm on the last workday (Friday) before the 8th of the month.

4. **August and September 2025 Ben Taub requests can be entered in Qgenda beginning May 9th. October 2025 – December 2026 requests can be entered beginning June 1st.** You may submit requests to Dr. Bullerwell earlier, but they will not be entered until these dates.

5. Dr. Bullerwell will enter requests for Ben Taub and the VA into the Qgenda system following program approval. The student will receive automated messages from Qgenda on their request's status (approval/denial). If the clinical site denies your request, the student is responsible for notifying Dr. Bullerwell and submitting a new or modified personal leave request.

6. Requests for all other facilities will be forwarded to the appropriate clinical service following approval by Dr. Bullerwell.

7. Students are strongly discouraged from making any form of nonrefundable reservations until receiving official notification that personal leave has been granted by both the DNP Program and the clinical service, when applicable.

8. Students are responsible for reviewing their monthly schedule to ensure requests are accurately reflected and to notify Dr. Bullerwell if there is a discrepancy. If on call the last day of the month, notify Dr. Bullerwell in advance.

Procedure for Requesting Personal Leave
Clinical Site – San Antonio, DFW, and Huntington Metropolitan Areas

1. Students whose primary clinical site is outside of the Houston metropolitan area are required to adhere to the personal leave policy of BCM.

2. Prior to submitting a schedule request to the program, the SRNA should seek approval for time off from the clinical coordinator at their primary clinical site. This does not apply for any rotations within the Houston Metro Area (i.e. if you will rotate at WT).

3. Once the clinical coordinator has approved the time off, the student must complete and electronically submit the *SRNA Schedule Request Form* (DNP Form AM-310) to Dr. Bullerwell. The clinical coordinator must be copied on this electronic communication to document clinical site approval.

4. Early requests are strongly encouraged.

5. Requests must be submitted **no later than** the 8th of the preceding month.

6. The program director (or his/her designee) will notify the student and the clinical coordinator of either approval or denial of the request and the time off will be documented in the student's record.

7. Clinical site approval/denial of requests will not occur until after the 10th of the month prior.

    a. Students are strongly discouraged from making any form of nonrefundable reservation until they receive official notification that personal leave has been granted by both the DNP Program and the clinical service, when applicable.

Schedule Request Guidelines

The following guidelines should be considered when making schedule requests.

1. Unless an exception is granted, no more than five vacation days will be granted in a single month.

2. You must request no call the last day of the month if you will begin a new rotation the following day. For example, If you are on rotation at TCH in August, you must request no call on July 31st to ensure you are present for orientation.

3. No more than four special call requests can be made in a single month. This includes "call" AND "no call" requests. Note: requesting a week-end off is equivalent to two "no call' requests.

4. No more than two weekends may be requested off per month. Single days will count toward this, as it prevents others from having the weekend off. If you request two weekends off, you have met the limit for “no call” requests for the month.

5. No more than two Friday or Monday requests may be requested per month. It is inconsiderate to request every weekend as a long weekend. This prevents others from taking consecutive days off. Exceptions will be considered on a case-by-case basis.

6. You are not guaranteed approval for call/no call requests. This is at the discretion of the clinical site and scheduling needs. Do not make non-refundable plans before receiving confirmation that the clinical site approved your request.

7. Holidays:

    a. Be courteous to your colleagues with regard to holidays. If you request off, a colleague will be working.

    b. **Holiday requests can be entered in Qgenda starting June 1of the concurrent year.**

    c. **Holiday requests during Ben Taub and VAMC rotations must be submitted to Dr. Bullerwell by August 1.** The scheduler will finalize requests early so trainees may make travel arrangements. Late requests for this period will not be accepted.

    d. Vacation requests surrounding the holiday weekend must fall within 5 consecutive days (i.e. M-F, no W-F and M-Tu).

    e. Even if a request is placed prior to the deadline, it does not guarantee approval. Please do not make non-refundable travel arrangements until your request is approved in Qgenda.

    f. Due to increased weekday needs, the weekday vacation requests surrounding a holiday weekend will be approved based on the earliest request placed.

    g. Clinical sites do their best to be fair in distributing work among all trainees. Every attempt will be made to give trainees at least one major holiday call weekend off. This means if you request Thanksgiving off, you will likely be working Christmas and New Year. This includes requests at other facilities/rotations. Request the holiday you wish to prioritize.

    h. For Ben Taub Hospital, the holiday schedule will be published by October 1.

8. Plan as far ahead as possible when considering how to use your personal leave time. If you do not plan, you may lose time.

9. **Any need to leave a clinical day early requires communication and approval in advance from Dr. Bullerwell. Under no circumstances is the student permitted to request this with the clinical site. Approval will be considered for unanticipated events ONLY, not travel or related activities. In addition, the SRNA must be present for the majority of the day, or a personal leave day must be used.**

10. It is the SRNA’s responsibility to review their schedule (especially travel dates) to ensure there are no conflicts with presentation dates and other established deadlines. If a conflict is identified, notify Dr. Bullerwell so adjustments can be made in advance.

Activity Absence Due to Religious Holiday

Principle: The purpose of this policy is to acknowledge respect for the religious diversity of Baylor College of Medicine (BCM) students by providing opportunities, where possible, for accommodation in cases where genuine conflicts exist between students’ religious beliefs/practices and educational activities. Such accommodations must honor the primacy of our commitment to patient care and not

unduly burden faculty or disproportionately affect the general student population involved in the affected educational activity.

Applicability: This policy applies to BCM students who, because of religious beliefs or practice, believe that they are unable to attend a class, participate in any examination, or in other ways fulfill an educational requirement of any course or other required activity.

Policy: Recognizing that the religious diversity of its students may result in conflicts between students' religious beliefs/practices and certain educational activities, BCM will attempt to make accommodations that honor the primacy of its commitment to patient care and do not unduly burden faculty or disproportionately affect the general student population involved in the affected educational activity. Students who believe they have a need for religious accommodation during any course or other required educational activity shall notify the relevant course faculty as soon as possible, after an impending conflict becomes apparent-preferably prior to or at the beginning of the course or other activity. If it is established that there is a legitimate need for the affected student(s) where possible, the student(s) shall be provided reasonable accommodation, including the opportunity to make up the activity in conflict, if this is indicated.

Student Record Keeping

It is imperative that students maintain complete and accurate records of not only their clinical learning experiences, but also their time commitment for other learning activities. Students in the clinical phase of the program are required to enter both case logs and time logs in Typhon Group's NAST Student Tracking System **on a daily basis**. Maintaining accurate case and time logs is a professional responsibility of each individual student.

Typhon Instructions

Time Log Definitions

1. **Total Shift Time** – enter the total time spent at the hospital (time you arrive until time you leave). All activities that are "during clinical time" are part of the shift time you record here.
2. **Anesthesia Time** – You cannot enter time here. This time is calculated automatically based on your case record entries (i.e., anesthesia start time vs. stop time).
3. **Clinical Conference Time** – Dr. Davis will enter your conference time – do not put anything here
4. **Preanesthesia visit time** – enter the time spent performing preoperative anesthetic evaluations. The time spent discussing (in person on via telephone) your preanesthetic assessment / anesthesia plan with faculty should be included here.
5. **Postoperative visit time** – enter the time spent performing postoperative anesthetic evaluations. The time spent discussing (in person on via telephone) your postanesthetic assessment / anesthesia plan with faculty should be included here.
6. **Study Time (during scheduled clinical time)** – enter the amount of time that you spend reading and studying while you are at the clinical site.
7. **Break / Sleep Time** – enter the time spent taking breaks (e.g. lunches, coffee, beverage du jour, breaks, napping, sleeping, resting your eyes, watching television, social conversations, etc.)
8. **Class / Conference Time** – enter the time spent in lectures, classes, attending presentations, Thursday conferences, Grand Rounds, M&M Conferences, etc.
9. **Study Time (home)** – enter the amount of time that you spend reading and studying while you are at home. This time includes preparation of care plans.
10. **Home Call Time** – enter the amount of time that you spend taking call from home. However, if you are ever assigned as back-up call from home, you should count that time here. Do not include any call time requiring you to stay in-house.
11. **Research Time** – enter the time spent on your research / DNP project or any other form of research activity.

12. **Clinical Preparation (e.g. room set-up)** – enter the time spent preparing the clinical area for anesthesia care (e.g. checking code boxes, stocking, cleaning, etc).
13. **Meetings with faculty** – enter the time you spend meeting with faculty. This includes evaluation of performance, preparing for presentations, discussing DNP projects, performance improvement discussions, etc. This does not include discussing preoperative assessments with faculty (include this under 4.).
14. **Meeting (Continuing Education)** – enter **8 hours** for each day you spend attending a continuing education meeting such as TANA or AANA meetings.
15. **Sick** – enter **8 hours** when you call in sick for a day shift, enter **16 hours** when you call in for a weekday call shift, and enter **24 hours** when you call in for a 24-hour call shift.
16. **Vacation** – enter **8 hours** for each day of vacation that you take.
17. **Other** – enter time here for all activities for which you have not otherwise accounted.
18. **Other Anesthesia Time** – enter amount of time you spend giving breaks, lunches, dinners, or helping in a case that is not your case (e.g., STAT cases). This category is used only when you are providing anesthesia to a patient and you are not counting the case as your case.
19. **Total Allocated Time** – You cannot enter time here. This column automatically sums what you have entered in other cells. Obviously, you must not enter time that exceeds 24 hours.

Case Entry Issues:

1. **Entering OB Case Records**:

- If you participate in the preanesthetic evaluation of a parturient, and place the epidural catheter, it counts as a case. You would enter all the data, including the technical aspects (i.e. epidural administration, epidural management, and possibly spinal administration *if* you performed a CSE technique). The only entry under the anatomical category section is for either labor analgesia or C-section. Do not enter any other anatomical category information. If you also attend delivery for this patient, you cannot count the delivery as an additional case. Only one case per patient.
- If you assume care of a patient that already has a labor epidural in place, and you do not attend delivery (in other words, you are simply refilling a pump, checking their level of analgesia, etc.), then it does NOT count as a case. However, you can take credit for regional management of that patient ... just check the "Do not count this case..." box at the top of the screen.
- If you assume care of a patient that already has a labor epidural, AND you are called to attend delivery to manage the patient during the delivery, then you *DO* count it as a case. Again, you would only check the regional management box.

2. **Pain Management**:

- For patients that you manage their labor analgesia, you must also check the Pain Management box.
- You will also count episodes of acute pain management when you are consulted to manage pain in the PACU or other locations.
    - You may NOT count analgesic/narcotic doses that are administered at the point in time when you are giving report in the PACU.
    - You may count analgesic/narcotic administration as a pain management case if you assess the patient and determine the intervention, and follow-up to ensure efficacy.
    - You may count regional techniques that you perform that are utilized for postoperative pain management.
- You may count cases for which you have provided acute or chronic pain management treatment. That means that you can count each patient you treat in the PACU, when you are assigned to the PACU.

- This does NOT include patients that you have managed in the OR and are transitioning care over to the PACU nurses. This only includes cases that you did NOT take care of in the OR, and are taking care of in the PACU. It would also include patients that you are managing in SICU (or other places) that have a postop pain epidural.
- Do NOT enter cases here when you have administered sedation or general anesthesia for a pain management practitioner to perform some form of pain management procedure. When you are the anesthesia provider for another practitioner to perform a pain management procedure, they should be entered as any other type of intraoperative case, complete with an anatomic category (you would not check the pain management treatment box).

3. **Miscellaneous Case Entry Issues**:

- Lunch/dinner/coffee breaks – you may count this time as anesthesia time, but you cannot count it as a case unless something major happens requiring unanticipated management such as a cardiac arrest. Count the minutes you were giving the break (administering anesthesia) and add those minutes to a case that you do in the future.
  Example: You are floating and give 4 lunch breaks totaling 148 minutes (2 hours, 28 minutes). You are later assigned to an emergency case that lasts 120 minutes (e.g., actual start time 1400, actual stop time 1600). You would adjust the end time of the case by adding 148 minutes (e.g., actual start time 1400, adjusted stop time 1828.
- Cardioversions – Their anatomic category is “extrathoracic.”
- ECT – Their anatomic category is “extracranial.”
- Colonoscopies – Their anatomic category is “anorectal.”
- EGD/ERCP/E-BUS – anatomic category is under “oropharyngeal.”
- Intrathecal chemotherapy injections – anatomic category is “Neuroskeletal – Other”

To be sure you have entered your case records correctly, you can be sure the following are true:

a. Add up the numbers under Patient Physical Status I-V. The total here should be equal to or greater than the Total Anesthesia Cases.
b. Add up the number under Anatomical categories. Then, subtract the Obstetrical management cases from the Total Anesthesia Cases. The total number of anatomic cases should be equal to or greater than total cases minus OB management cases.
c. All general anesthetics must have had their airways managed in some way. Add mask management, laryngeal mask airways, and tracheal intubations (oral and nasal). If this number is not equal to the number of general anesthetics, you should analyze to be sure you have good rationale for that. Rationale would include a) the number of patients you intubated (e.g. shock room, codes) that you did not also provide a general anesthetic, and b) the number of patients that you managed solely with a tracheostomy (i.e., they came to you with a trach and left with a trach). So, shock room intubations would inflate the airway total above the general anesthetic total, whereas trach patients would lower the airway total. Typically, you will perform fewer shock room intubations than you will provide anesthesia solely via a trach.
d. All cases received some form of anesthesia. Add the number of general anesthesia, monitored anesthesia care/moderate sedation, and regional management cases. That number should be greater than the total number of anesthesia cases. How much greater depends on the number of epidurals you placed that did not count towards your total number of anesthesia cases. Also, if you performed combined general-regional techniques, the number of regional management cases would increase the total anesthesia techniques sum above the number of total cases.

5. Central lines and PA Catheters

When inserting a PA catheter, you enter the procedure of floating the PA catheter under PA catheter placement. If you also inserted the introducer, then you count that as a central line insertion. Therefore, if you placed the introducer and then floated the PA catheter, you would count both central line insertion (for the introducer) and PA catheter insertion (for floating the PAC). When you place either a PAC or central line for intraoperative use, you always count both placement and management. If you go to the ICU to place the line, then you can only count placement.