School of Nursing

DNP Nurse Anesthetist Program Student Handbook

Academic Year 2025-2026

6700 Health Sciences Center, South
64 Medical Center Drive
Morgantown, WV 26506
304-293-1382

The WVU Graduate Catalog is the official reference for all program and course information.

August 1, 2025

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Nurse Anesthetist Program Faculty and Staff

6416 Health Sciences Center South
64 Medical Center Drive
Morgantown, WV 26505

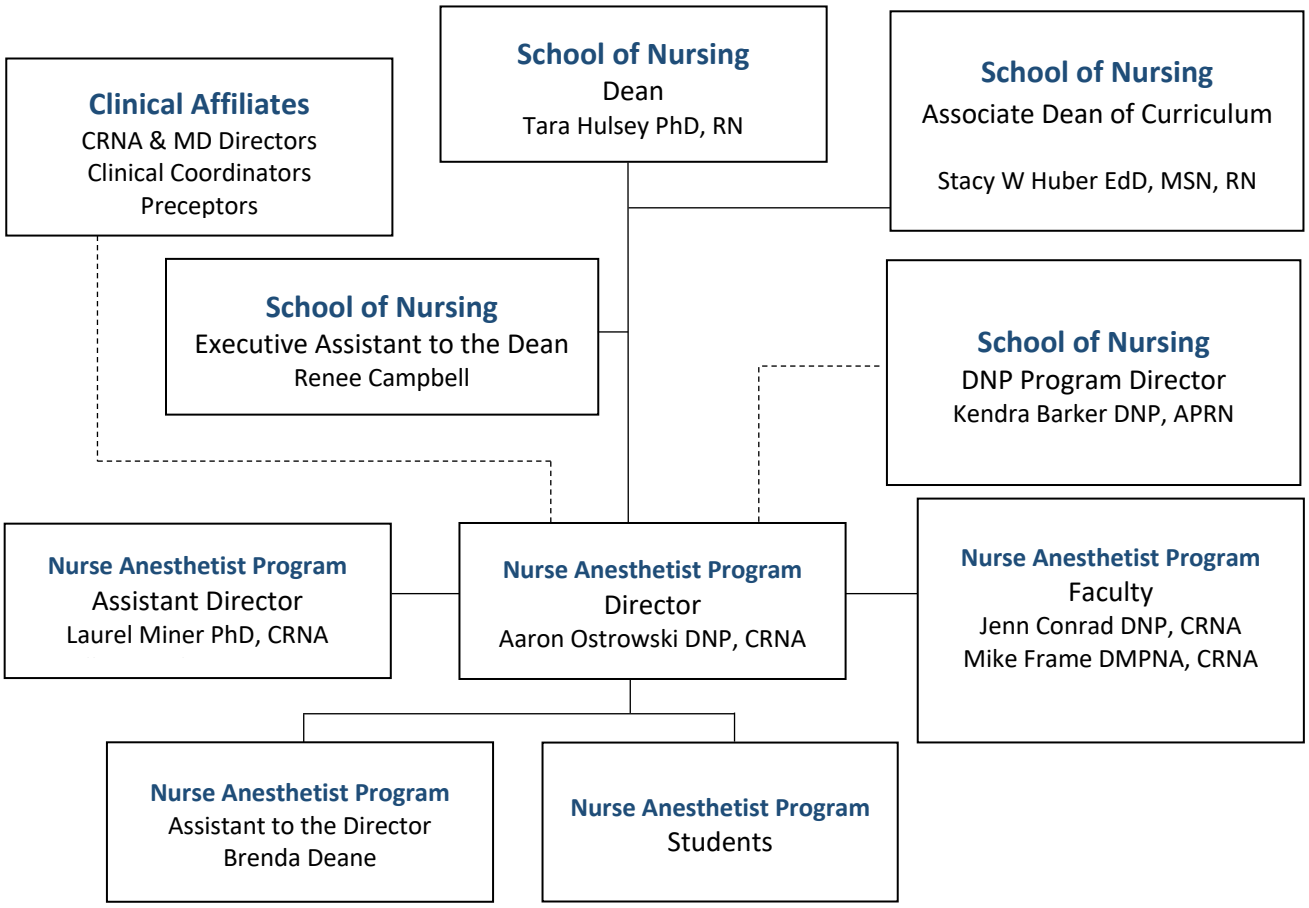
Aaron Ostrowski, DNP, APRN, CRNA
Director, Nurse Anesthetist Program
aaron.ostrowski@hsc.wvu.edu
Office: (304) 293-1382

Laurel Miner, PhD, CRNA, ARPN, CHSE
Assistant Director, Nurse Anesthetist Program
laurel.miner@hsc.wvu.edu
Office: (304) 293-1382

Mike Frame, DMPNA, APRN, CRNA
Lecturer, Nurse Anesthetist Program
mike.frame@hsc.wvu.edu
Office: (304) 293-1382

Jenn Conrad, DNP, APRN, CRNA
Lecturer, Nurse Anesthetist Program
jennifer.vaccaro@hsc.wvu.edu
Office: 304-239-9571

West Virginia University DNP Nurse Anesthetist Program Organizational Chart



West Virginia University

West Virginia University (WVU) was founded in 1867 as a result of the 1862 Land-Grant Act, otherwise known as the Morrill Act. As the state's flagship, land-grant university, WVU's mission reflects its dedication to serving the state and citizens of West Virginia through access to higher education, research, scholarship, and comprehensive health sciences. The WVU System, which includes the flagship campus in Morgantown, WVU Institute of Technology in Beckley, and WVU Potomac State in Keyser, enrolls approximately 26,000 students, who represent all 55 counties of West Virginia, 50 states and the District of Columbia, and over 100 other countries. West Virginia University is accredited by the Higher Learning Commission.

WVU Morgantown provides programs of instruction through 12 colleges and schools and offers over 350 degree programs at the baccalaureate, master's, doctoral, and professional levels, as well as numerous certificate programs. WVU Morgantown facilities are built on more than 1,000 acres and include several buildings on the National Register of Historic Places.

West Virginia University School of Nursing

The WVU School of Nursing (SON) was authorized by an act of the West Virginia Legislature in 1951. In 1960, the first Dean of the School of Nursing, Dr. Dorothy M. Major, was appointed, and the School of Nursing was approved by the West Virginia Board of Examiners for Registered Professional Nurses. The first class of baccalaureate students graduated in May 1964, and the first students were granted the Master of Science in Nursing (MSN) degree in 1977. The Doctor of Science in Nursing (DSN) program was established in 1999, with the first graduate in 2003. The Board of Governors approved the conversion of the DSN to the PhD degree in February 2007. The first cohort in the post-MSN Doctor of Nursing Practice (DNP) program was admitted in fall 2007, with the first graduates in spring 2009. The SON is accredited by the Commission on Collegiate Nursing Education (CCNE).

Welcome from Dean, Tara Hulsey

At the West Virginia University School of Nursing, our faculty, staff and students take to heart our mission as part of a land grant university. Specifically, we aim to improve the health of West Virginians, as well as regional and global communities. We will achieve this mission through the delivery of excellent student-centered programs and evidence-based teaching, scholarship, and service. As a School of Nursing, we envision improving the quality of life across all populations. To do this, we will address the social determinants of health through nurse-led policy, education, research, service, and practice initiatives. Throughout our campus locations, on campus and online, we will remain guided by our values — Integrity, Excellence, Compassion, Respect, Engagement and Inclusivity — in all that we do. Collectively, we are committed to addressing the unique needs of our students and the populations we serve. We aim to create an environment where individuality is encouraged, ethics are prioritized, and learning, discovery, and innovation can flourish.

School of Nursing Mission

The mission of the WVU School of Nursing is to improve the health of West Virginians, as well as our regional and global communities, through the delivery of excellent student-centered programs and evidence-based teaching, scholarship, and service.

School of Nursing Vision

The WVU School of Nursing envisions improving the quality of life across all populations by addressing the social determinants of health through nurse-led policy, education, research, service, and practice initiatives.

School of Nursing Values

The WVU School of Nursing is an organization that values integrity, excellence, compassion, respect, engagement, and inclusivity. We commit to addressing the unique needs of the students and populations we serve and to creating an environment where individuality is encouraged, ethics are prioritized, and learning, discovery, and innovation can flourish.

Nurse Anesthetist Program Mission

The mission is to prepare nurses to be excellent clinicians and leaders in the evidence-based delivery of safe anesthesia care and to serve the people and communities in which they practice.

Handbook and Policy Changes Disclaimer

Revisions of existing policy may be made at any time to correct misspellings, or for simple clarification of wording or expression. Changes that are substantive will go through an approval process. The Handbook will be published online once a year, prior to the start of the fall semester, incorporating any policies or language changed in the preceding 12 months.

Nurse Anesthetist Program Description

The DNP Nurse Anesthetist Program prepares registered nurses to become Certified Registered Nurse Anesthetists (CRNAs) through a rigorous, challenging curriculum based on the Standards of Accreditation from the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and the DNP Essentials: American Association of Colleges of Nursing (AACN) Domains, Competencies, and Concepts. Only offered as a full-time program, students are required to take 88 credits over 3 years or 9 continuous semesters.

Nurse anesthesia practice covers the continuum of care from pre-operative assessment to discharge from the recovery unit. Nurse anesthetists interview and assess each patient to best formulate and implement an individualized plan of care while collaborating with members of a multi-disciplinary health care team. This curriculum features courses that prepare nurse anesthetists to translate evidence to practice and become organizational leaders. The DNP Nurse Anesthetist Program prepares students through course work that develops knowledge and skill in anesthesia practice as well as in translation and implementation of evidence to practice to improve health outcomes for diverse populations.

Courses are divided into four categories, including core DNP, anesthesia specialty, clinical practicum, and DNP project offerings (See Table 1). Core DNP courses are offered online and address foundations of nursing theory, assessment, pharmacology, statistics, evidence-based practice methods, health promotion, informatics, leadership, ethics, and health policy. Anesthesia specialty courses are face-to-face classes with online capabilities. They are heavily based in sciences including chemistry, physics, advanced anatomy, physiology, pathophysiology, pharmacology, and basic and advanced principles of anesthesia. Additional specialty courses present physical assessment and principles of business, management, and finance pertinent to anesthesia practice.

Clinical practicum begins in the third semester and provides the student the opportunity to integrate didactic content with application of state-of-the-art techniques in the provision of anesthesia care to patients in all risk categories and age ranges in a variety of health care settings. Students are required to administer a minimum of 650 anesthetics and complete over 2000 clinical hours; however, graduating WVU DNP student nurse anesthetists exceed that minimum. Prior graduating classes have accumulated over 2450 hours of clinical practice and 860 anesthesia cases per student.

DNP project courses are incorporated early in the curriculum to give the student and faculty time to develop a project question, perform a literature search, refine and implement an initiative, collect and analyze data, and write a manuscript. The DNP Project manuscript and a portfolio of course work demonstrate a synthesis of the student's efforts in the program and lay the foundation for future clinical scholarly initiatives directed at improving health and organizational outcomes in nurse anesthesia practice.

The graduate earns a DNP degree and is eligible to sit for the National Certification Exam (NCE). This is a board exam administered by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA). Graduates who pass the Certification Exam become *Certified* Registered Nurse Anesthetists. Certified graduates have the opportunity to practice in traditional hospital operating suites; ambulatory surgical centers; offices of dentists, podiatrists and pain management specialists; or in a wide variety of settings including the U.S. military and Public Health Services. The Bureau of Labor Statistics projects that employment for Nurse Anesthetists will grow 12% by 2031. According to the most current American Association of Nurse Anesthetists (AANA) statistics, the median total compensation for full-time CRNAs is greater than $215,000.

Accreditation Information

The WVU Nurse Anesthetist Program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) until 2035. The COA may be contacted by mail at 10275 W. Higgins Rd., Suite 906; Rosemont, IL; 60018-5603; 224-275-9130 or on the web at https://www.coacrna.org .

The Baccalaureate Degree in Nursing, Master's Degree in Nursing, Post-Master's APRN certificate programs, and Doctor of Nursing Practice programs at West Virginia University are accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington, DC 20001; 202-887-6791

Core DNP	Cr.	Anesthesia Specialty	Cr.	Clinical Practicum	Cr.	DNP Project	Cr.
NSG 701 Advanced Pharmacology*	3	**NSG 740A** Overview of the Nurse Anesthesia Profession, Role and Standards	2	**NSG 752A** Foundations Clinical Practicum 1	1	**NSG 830** DNP Project Development*	2
NSG 702 Population Health Promotion*	3	**NSG 740B** Professional Issues in Nurse Anesthesia	2	**NSG 752B** Foundations Clinical Practicum 2	2	**NSG 831** DNP Project Implementation*	2
NSG 704 Foundations of Leadership for the Advanced Practice Nurse*	3	**NSG 741** Genetics, Chemistry, and Physics of Anesthesia*	3	**NSG 753A** Advanced Clinical Practicum 1	2	**NSG 832** DNP Project Presentation*	2
NSG 705 Advanced Lifespan Health Assessment*	3	**NSG 742A** Foundations of Anesthesia 1: Basic Principles of Safe Anesthesia Care	3	**NSG 753B** Advanced Clinical Practicum 2	2		
NSG 706 Advanced Pathophysiology*	3	**NSG 743** Foundations of Anesthesia Lab	1	**NSG 753C** Advanced Clinical Practicum 3	3		
NSG 707 Evidence Based Practice (EBP) and Quality Improvement (QI) Methods for the DNP*	3	**NSG 742B** Foundations of Anesthesia 2: Regional Anesthesia and Considerations for Common Procedures	2	**NSG 810** Nurse Anesthesia Clinical Immersion 1	3		
NSG 710 Advanced Nursing Practice Issues, Policy, and Ethics*	3	**NSG 744A** Advanced Anatomy, Physiology, and Pathophysiology 1: Cardiac, Pulmonary, and CNS	3	**NSG 812** Nurse Anesthesia Clinical Immersion 2	2		
NSG 739 Scientific Underpinnings of the DNP-Prepared Advanced Practice Nurse*	3	**NSG 744B** Advanced Anatomy, Physiology, and Pathophysiology 2: Hepatic, Renal, and Related Systems	2				
NSG 754 Advanced Informatics & Healthcare Technologies *	3	**NSG 746** Advanced Pharmacology for Nurse Anesthetists*	3				
NSG 829 Clinical Data Analysis and Visualization	3	**NSG 747** Perioperative Assessment and Care	1				
		NSG 748A Advanced Principles of Anesthesia 1: Cardiothoracic, Vascular, and Neuroanesthesia	3				
		NSG 748B Advanced Principles of Anesthesia 2: Management Across the Lifespan*	3				
		NSG 748C Advanced Principles of Anesthesia 3: Management of Special Populations	2				
		NSG 749 Business, Management, and Finance in Nurse Anesthesia Practice	3				
		NSG 751 Evidence Based Anesthesia Review	4				
Total Core DNP Credits	30	Total Anesthesia Specialty Credits	37	Total Clinical Practicum Credits	15	Total DNP Project Credits	6
*online course						**Total Credits**	**88**

Table 1: Core DNP, Anesthesia Specialty, Clinical Practicum, and DNP Project Courses of the WVU DNP Nurse Anesthetist Program; an asterisk (*) indicates an online course

DNP Nurse Anesthetist Program Outcomes

Upon completion of the Nurse Anesthetist Program, the graduate will be prepared to:

1. Integrate theories from nursing and other disciplinary knowledge to form the basis of clinical judgment and innovation in nurse anesthesia practice.
2. Demonstrate technical and professional competence, communication, and accountability in nurse anesthesia practice by coordinating safe, compassionate, inclusive, and evidence-based nursing care for diverse patients across the lifespan and at all levels of acuity.
3. Lead quality initiatives and activities with partnerships to strategically address the SDOH, improve health care delivery to diverse populations, and inform policy for the improvement of equitable population health outcomes.
4. Disseminate scholarly work of evidenced-based practice or quality improvement initiatives designed to improve health and transform health care.
5. Evaluate evidenced-based strategies to enhance quality and safety and minimize risk of harm to patients and providers through both system effectiveness and individual performance.
6. Lead interprofessional teams to translate evidence and communicate nursing science and expertise to collaboratively optimize care, enhance the healthcare experience, and strengthen outcomes.
7. Evaluate policy, practice, and complex care systems for the purpose of quality improvement, improved patient outcomes, reduction of risks to patients and providers, and to provide ethical care to diverse populations and others for the improvement of equitable population health outcomes.
8. Utilize information technologies and informatics processes to improve the delivery of safe, quality and cost-efficient patient care in accordance with best practice and professional and regulatory nurse anesthesia standards.
9. Model behaviors that reflect accountability, integrity, and characteristics that align with nurse anesthesia professional and ethical standards.
10. Participate in activities that promote compassionate self-care, leadership development, and life-long learning.

Graduate Outcome Criteria

The following standards described by the COA are competencies necessary for entry into anesthesia practice. These competencies are required at the time of graduation to provide safe, competent, and ethical anesthesia and anesthesia-related care to patients for diagnostic, therapeutic, and surgical procedures. The Graduate Standards are as follows:

Patient Safety- The graduate must demonstrate the ability to:

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

Perianesthesia- The graduate must demonstrate the ability to:

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

Critical Thinking- The graduate must demonstrate the ability to:

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

23. Use science-based theories and concepts to analyze new practice approaches.
24. Pass the National Certification Examination (NCE) administered by NBCRNA.

Communication- The graduate must demonstrate the ability to:

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

Leadership- The graduate must demonstrate the ability to:

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

Professional Role- The graduate must demonstrate the ability to:

33. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
34. Interact on a professional level with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for his or her practice.
38. Provide anesthesia services to patients in a cost-effective manner.
39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder (see Glossary, "Wellness and substance use disorder").
40. Inform the public of the role and practice of the CRNA.
41. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
42. Advocate for health policy change to improve patient care.
43. Advocate for health policy change to advance the specialty of nurse anesthesia.
44. Analyze strategies to improve patient outcomes and quality of care.
45. Analyze health outcomes in a variety of populations.
46. Analyze health outcomes in a variety of clinical settings.
47. Analyze health outcomes in a variety of systems.
48. Disseminate scholarly work.
49. Use information systems/technology to support and improve patient care.
50. Use information systems/technology to support and improve healthcare systems.
51. Analyze business practices encountered in nurse anesthesia delivery settings.

**Reprinted from: 2014 Standards for Accreditation of Nurse Anesthesia Programs Practice Doctorate, D. Graduate Standards (effective January 2015, revised January 2023)*

DNP Nurse Anesthetist Program Progression Plan

	Fall (15 weeks)		Spring (15 weeks)		Summer (12 weeks)	
Year 1	NSG 704 Foundations of Leadership for the Advanced Practice Nurse *	3	NSG 701 Advanced Pharmacology*	3	NSG 742A Foundations of Anesthesia 1: Basic Principles of Safe Anesthesia Care	3
	NSG 706 Advanced Pathophysiology*	3	NSG 705 Advanced Lifespan Health Assessment*	3	NSG 743 Foundations of Anesthesia Lab	1
	NSG 739 Scientific Underpinnings for the DNP-Prepared Advanced Nursing Practice Role*	3	NSG 707 Evidence Based Practice and Quality Improvement Methods for the DNP*	3	NSG 752A Foundations Clinical Practicum 1	1
	NSG 740A Overview of the Nurse Anesthesia Profession, Role and Standards	2	NSG 741 Genetics, Chemistry, and Physics of Anesthesia*	3	NSG 829 Clinical Data Analysis and Visualization	3
					NSG 830 DNP Project Development*	2
	Total Credits:	11	Total Credits:	12	Total Credits:	10
Year 2	NSG 742B Foundations of Anesthesia 2: Regional Anesthesia and Considerations for Common Procedures	2	NSG 744B Advanced Anatomy, Physiology, and Pathophysiology 2: Hepatic, Renal, and Related Systems	2	NSG 748B Advanced Principles of Anesthesia 2: Management Across the Lifespan*	3
	NSG 744A Advanced Anatomy, Physiology, and Pathophysiology 1: Cardiac, Pulmonary, and CNS	3	NSG 747 Perioperative Assessment and Care	1	NSG 753B Advanced Clinical Practicum 2	2
	NSG 746 Advanced Pharmacology for Nurse Anesthetists*	3	NSG 748A Advanced Principles of Anesthesia 1: Cardiothoracic, Vascular, and Neuroanesthesia	3	NSG 832 DNP Project Presentation*	1
	NSG 752B Foundations Clinical Practicum 2	2	NSG 753A Advanced Clinical Practicum 1	2		
	NSG 831 DNP Project Implementation*	1	NSG 754 Advanced Informatics and Healthcare Technologies*	3		
			NSG 831 DNP Project Implementation*	1		
	Total Credits:	11	Total Credits:	12	Total Credits:	6
Year 3	NSG 702 Population Health Promotion*	3	NSG 710 Advanced Nursing Practice Issues, Policy, and Ethics*	3	NSG 751 Evidence Based Anesthesia Review	4
	NSG 740B Professional Issues in Nurse Anesthesia	2	NSG 749 Business, Management, and Finance in Nurse Anesthesia Practice	3	NSG 812 Nurse Anesthesia Clinical Immersion 2	2
	NSG 748C Advanced Principles of Anesthesia 3: Management of Special Populations	2	NSG 810 Nurse Anesthesia Clinical Immersion 1	3		
	NSG 753C Advanced Clinical Practicum 3	3				
	NSG 832 DNP Project Presentation*	1				
	Total Credits:	11	Total Credits:	9	Total Credits:	6

Course Descriptions

Core Courses		
Course #	**Course Name**	**Course Description**
NSG 701 (online)	Advanced Pharmacology (3 credit hours, didactic, Spring only)	PR: NSG 706. Examination of the relationship between pharmacologic principles and the APRN's selection of pharmacologic agents in altered health states across the lifespan
NSG 702 (online)	Population Health Promotion (3 credit hours, didactic, Summer only)	PR: None. This course explores epidemiological, environmental, psychological, social, cultural, and gender as key factors that impact health across the lifespan; and explores health promotion concepts including health, wellness, disease, quality of life, health promotion, and disease-prevention interventions and factors that impede healthy lifestyle changes. The student will explore evidence-based interventions that address key lifespan health themes and facilitate evaluation and application of epidemiological, occupational, and environmental data analysis. The student will understand how to develop, implement, and evaluate programs of clinical prevention and population health for individuals, aggregates, and populations.
NSG 704 (online)	Foundations of Leadership for the Advanced Practice Nurse (3 credit hours, didactic, Fall only)	PR: None. Explore foundations of personal, professional, and leadership development within the role of the advanced practice nurse.
NSG 705 (online)	Advanced Lifespan Health Assessment (3 credit hours, didactic, Spring only)	PR: NSG 706. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques and skills, concepts, and approaches for individuals across the lifespan.
NSG 706 (online)	Advanced Pathophysiology (3 credit hours, didactic, Fall only)	PR: None. Theoretical basis of pathophysiological changes in acute and chronic illnesses confronted across the lifespan is presented. The course serves as the foundation for clinical assessment, decision making, and management.
NSG 707 (online)	Evidence Based Practice (EBP) and Quality Improvement (QI) Methods for the DNP (3 credit hours, didactic, Spring only)	PR: None. This course provides an overview of EBP, QI and research methodologies with a focus on the translation of research into nursing practice. Methods that inform the design of system-level advanced nursing clinical practice interventions are examined to include: clinical practice problem exploration, evidence search and critical appraisal, and practice change implementation, evaluation and dissemination.
NSG 710 (online)	Advanced Nursing Practice Issues, Policy, and Ethics (3 credit hours, didactic, Spring only)	PR: None. An analysis of health policy and advanced nursing practice issues with a focus on advocacy for nursing leadership, ethics, and finance.
NSG 739 (online)	Scientific Underpinnings of the DNP-Prepared Advanced Practice Nurse Role (3 credit hours, didactic, Fall only)	PR: None. This course introduces students to competencies necessary to practice at the highest level within the nursing discipline. The role of the Doctor of Nursing practice-prepared advanced practice nurse is examined in the context of historical, ethical, environmental, clinical, technological, and professional perspectives.
NSG 754 (online)	Advanced Informatics and Healthcare Technologies (3 credit hours, didactic, Spring only)	PR: None. Evaluation and utilization of information systems and technology to improve quality, safety, and system outcomes to improve health care.
NSG 829 (online)	Clinical Data Analysis and Visualization	PR: None. This required course provides students with the skills to collect, manage, analyze, and interpret clinical data to evaluate quality improvement and

	(3 credit hours, didactic, Summer only)	evidence-based practice initiatives. Students will apply data analysis techniques and use data visualization tools to support clinical decision-making and dissemination.
Nurse Anesthesia Specialty Courses		
Course #	**Course Name**	**Course Description**
NSG 740A	Overview of the Nurse Anesthesia Profession, Role and Standards (2 credit hours, didactic, Fall only)	PR: None. This course provides information and perspectives on the Doctor of Nursing Practice (DNP) Essentials, history of the nurse anesthesia profession, informatics, professional roles, wellness and the effects of substance use disorder, curricular standards, scope of practice, and regulatory authorities pertinent to nurse anesthetists.
NSG 740B	Professional Issues in Nurse Anesthesia (2 credit hours, didactic, Fall only)	PR: NSG 740A. This course builds upon themes related to the role of the nurse anesthetist, which were presented in NSG 740A. Topics include safety, professional interactions, added value of a nurse anesthetist in a variety of arenas, legal issues, and future trends as related to the role of the CRNA.
NSG 741 (online)	Genetics, Chemistry, and Physics of Anesthesia (3 credit hours, didactic, Spring only)	PR: NSG 706. The student will examine science-based principles of genetics, chemistry, and physics that relate to the mechanisms and effects of anesthesia. Mathematics concepts such as converting systems of measurement and calculating drug infusion rates will be explored. Components and functions of the anesthesia gas machine will be introduced.
NSG 742A	Foundations of Anesthesia 1: Basic Principles of Safe Anesthesia Care (3 credit hours, didactic, Summer only)	PR: NSG 741 and PR or CONC: NSG 743 and 752A. Core anesthesia principles of preoperative assessment, monitoring, positioning, basic airway and fluid management, and administration and documentation of basic and safe anesthetics for adults are discussed in this course. Students will have the knowledge to prepare for workshops associated with NSG 743 and for clinical practicum, NSG 752A.
NSG 742B	Foundations of Anesthesia 2: Regional Anesthesia and Considerations for Common Procedures (2 credit hours, didactic, Fall only)	PR: NSG 742A. This course addresses basic anesthesia principles for safe administration of regional anesthesia. Students are introduced to anesthesia considerations for patients across the lifespan, including pediatric and geriatric patients, and will examine management fundamentals for common surgical subspecialty procedures.
NSG 743	Foundations of Anesthesia Lab (1 credit hour, didactic, Summer only)	PR or CONC: NSG 742A and NSG 752A. This course develops the necessary psychomotor and critical thinking skills to provide safe anesthesia care in clinical settings. Workshops include conducting a preanesthetic assessment, preparing the anesthesia workspace and gas machine, managing the airway, obtaining vascular access, monitoring, positioning, preparing anesthetic medications, and managing complications that arise during anesthetic inductions.
NSG 744A	Advanced Anatomy, Physiology, Pathophysiology 1: Cardiac, Pulmonary, and CNS (3 credit hours, didactic, Fall only)	PR: NSG 742A. The focus of this course is to address advanced concepts in anatomy, physiology, and pathophysiology, incorporating the effects of anesthesia, and discussing management principles for disorders associated with the cardiovascular, pulmonary, and central nervous systems.
NSG 744B	Advanced Anatomy, Physiology, and Pathophysiology 2: Hepatic, Renal, and Related Systems (2 credit hours, didactic, Spring only)	PR: NSG 744A. The focus of this course is to continue addressing advanced concepts presented in NSG 744A. Anatomy, physiology, and pathophysiology are presented, incorporating the effects of anesthesia, and discussing management principles for disorders associated with the hepatic, renal, endocrine, gastrointestinal, immune, and related systems.

NSG 746 (online)	Advanced Pharmacology for Nurse Anesthetists (3 credit hours, didactic, Fall only)	PR: NSG 701. This course applies principles of pharmacology to anesthesia practice. Pharmacologic properties of anesthetic agents and common adjunctive drugs are discussed to enable the student to develop advanced plans for anesthetic management.
NSG 747	Perioperative Assessment and Care (1 credit hour, didactic, Spring only)	PR: NSG 705. Students in this lab course apply principles of advanced assessment to nurse anesthesia practice. Comprehensive health history, in-depth physical exam techniques, and evidence-based diagnostic skills are expanded to emphasize critical thinking and decision-making in the perioperative environment. Students will demonstrate use of advanced airway devices and ultrasound to improve patient care.
NSG 748A	Advanced Principles of Anesthesia 1: Cardiothoracic, Vascular, and Neuroanesthesia (3 credit hours, didactic, Spring only)	PR: NSG 742A and NSG 744A. Advanced principles of anesthesia management for cardiac, thoracic, vascular, and neurosurgical procedures are presented in this course. Students examine techniques to administer anesthesia to patients undergoing procedures including coronary bypass grafting, lung resections, endovascular aortic repairs, and intracranial tumor resections.
NSG 748B (online)	Advanced Principles of Anesthesia 2: Management Across the Lifespan (3 credit hours, didactic, Summer only)	PR: NSG 748A. Advanced principles of anesthesia including obstetric and pediatric specialties are presented. Students examine anatomy, physiology, pathophysiology, and anesthetic management unique to the obstetric and pediatric populations. Simulations of induction and management for pediatric patients, aged from neonate to 18 years, and all levels of acuity will be conducted to reinforce didactic concepts.
NSG 748C	Advanced Principles of Anesthesia 3: Management of Special Populations (3 credit hours, didactic, Fall only)	PR: NSG 748B. Advanced principles of anesthetic management including trauma, abdominal transplant, burns, and pain management populations are presented in this course. Students will examine and apply techniques of difficult airway management, blood volume resuscitation, hemodynamic control, and acute and chronic pain management.
NSG 749	Business, Management, and Finance in Nurse Anesthesia Practice (3 credit hours, didactic, Spring only)	PR: NSG 704 and NSG 740B. Principles of business, management, and finance are applied to nurse anesthesia in this course. Students will analyze reimbursement and billing models, develop plans for business, and evaluate contracts for independent and hospital employment. Management relationships with staff, human resources, and other departments in a health organization will be evaluated. Health care and personal finance will be discussed.
NSG 751	Evidence Based Anesthesia Review Seminar (3 credit hours, didactic, Summer only)	PR: NSG 749 and NSG 810. An evidence-based update and review of the body of knowledge necessary to enter nurse anesthesia practice is the focus of this course. Students will revisit basic sciences, basic and advanced principles of anesthesia, pharmacology, and age and procedure-related management concepts. Students will sit for a threshold Comprehensive Exam based on the entire curriculum of the West Virginia University DNP Nurse Anesthetist Program.
Nurse Anesthesia Clinical Practicum Courses		
Course #	**Course Name**	**Course Description**
NSG 752A	Foundations Clinical Practicum 1 (1 credit hour, clinical)	PR or CONC: NSG 742A and NSG 752A. This initial clinical practicum course is designed to integrate basic anesthesia principles into practice. The student will be introduced to anesthesia monitoring, procedures, technology, equipment, medications, and the perioperative clinical environment.
NSG 752B	Foundations Clinical Practicum 2 (2 credit hours, clinical)	PR: NSG 752A and PR or CONC: NSG 742B. This second clinical practicum course is designed to increase the integration of basic anesthesia principles into clinical practice. The student will continue to develop skill with anesthesia monitoring, use of equipment, administration of medications, and gain greater experience in

		anesthesia management of uncomplicated surgical procedures and regional anesthesia in the perioperative clinical environment.
NSG 753A	Advanced Clinical Practicum 1 (2 credit hours, clinical)	PR: NSG 752B and PR or CONC: NSG 748A. This third clinical practicum integrates advanced anesthesia principles into clinical practice. The student will continue to develop competency with monitoring, use of equipment, administration of medications, and gain greater experience in anesthesia management of increasingly complex cardiac, thoracic, vascular, and neurosurgical procedures.
NSG 753B	Advanced Clinical Practicum 2 (2 credit hours, clinical)	PR: NSG 753A and PR or CONC: NSG 748B. This fourth clinical practicum continues the integration of advanced anesthesia principles into practice. The student will continue to develop competency with monitoring, use of equipment, administration of medications, and gain experience in anesthesia management including obstetric and pediatric patients.
NSG 753C	Advanced Clinical Practicum 3 (3 credit hours, clinical)	PR: NSG 753B and PR or CONC: NSG 748C. This fifth clinical practicum is designed to integrate advanced anesthesia principles with preparation for clinical immersion. The student will continue to manage general and specialty anesthetic techniques for patients with complex comorbidities and broaden experience in care of special populations.
NSG 810	Nurse Anesthesia Clinical Immersion 1 (3 credit hours, clinical)	PR: NSG 753C. This sixth clinical practicum is designed to immerse the student in advanced professional practice as a nurse anesthetist. Students develop clinical leadership skills in experiences ranging from a team-oriented academic trauma center to a community hospital with nurse anesthetists in independent practice.
NSG 812	Nurse Anesthesia Clinical Immersion 2 (2 credit hours, clinical)	PR: NSG 810. This seventh clinical practicum is designed to conclude the student's clinical immersion and marks the transition from student to advanced professional practice as a nurse anesthetist. Clinical experiences range from team-oriented, academic trauma centers to community hospitals with independent CRNA practitioners.
DNP Project Courses		
Course #	**Course Name**	**Course Description**
NSG 830 (online)	DNP Project Development (2 credit hours, didactic, Summer only)	PR: NSG 707 This course provides the Doctor of Nursing Practice (DNP) student with a framework for developing an evidence-based DNP Project. Types of projects include quality improvement, policy analysis, demonstration, clinical inquiry, translation of evidence-based practice, and program evaluation. The student applies principles of business, finance, economics, and health policy to address the identified problem.
NSG 831 (online)	DNP Project Implementation (Total of 2 credit hours, variable credit, didactic)	PR: NSG 830. This course provides the Doctor of Nursing Practice (DNP) student with a framework for implementing and evaluating the outcomes of a proposed DNP project. The student will present a project proposal, apply for institutional approval, implement an initiative, and collect and analyze data in preparation for the DNP Project presentation.
NSG 832 (online)	DNP Project Presentation (Total of 2 credit hours, variable credit, didactic)	PR: NSG 830 for 2 credits and NSG 831 for 2 credits. This course requires the Doctor of Nursing Practice (DNP) student to present the DNP project. The student will demonstrate mastery of the DNP Essentials and DNP program outcomes through a portfolio, a presentation of the project, and a manuscript describing the project.

DNP Program Outcome Measures

Program Outcome	Expected Level of Achievement
DNP students will complete a public presentation of DNP Project	100% of students will complete a public presentation of their DNP Project.
DNP students will complete a manuscript in a format suitable for submission for publication.	100% of DNP students will complete a manuscript in a format suitable for submission for publication.
DNP students will exceed the clinical practice hour requirements.	100% of DNP students will exceed the clinical practice hour requirements.

Relevant Professional Standards and Guidelines for the Preparation of Nursing Professionals

DNP Nurse Anesthetist Program	• The 2021 AACN Level 2 sub competencies • American Association of Nurse Anesthetists Code of Ethics (AANA): 2018 • Standards for Accreditation of Nurse Anesthesia programs • International Nursing Association for Clinical Simulation and Learning INACSL Healthcare Simulation Standards of Best Practice ®

Alignment of DNP Program Outcomes with AACN Domains and Concepts and COA Graduate Competencies

2021 AACN Domain	AACN Core Competency	COA Graduate Competencies (D Standards)	Nurse Anesthetist Program Outcomes
Domain 1: Knowledge for Nursing Practice Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.	Clinical Judgment Communication Compassionate Care Diversity, Equity, and Inclusion Ethics Evidenced-Based Practice Health Policy Social Determinants of Health	Critical Thinking	Integrate theories from nursing and other disciplinary knowledge to form the basis of clinical judgment and innovation in nurse anesthesia practice.
Domain 2: Person-Centered Care Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area	Clinical Judgment Communication Compassionate Care Diversity, Equity, and Inclusion Ethics Evidenced-Based Practice Health Policy Social Determinants of Health	Perianesthesia	Demonstrate technical and professional competence, communication, and accountability in nurse anesthesia practice by coordinating safe, compassionate, inclusive, and evidence-based nursing care for diverse patients across the lifespan and at all levels of acuity.

Domain 3: Population Health Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.	Clinical Judgment Communication Compassionate Care Diversity, Equity, and Inclusion Ethics Evidenced-Based Practice Health Policy Social Determinants of Health	Patient Safety	Lead quality initiatives and activities with partnerships to strategically address the SDOH, improve health care delivery to diverse populations, and inform policy for the improvement of equitable population health outcomes.
Domain 4: Scholarship for Nursing Discipline Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care	Clinical Judgment Communication Compassionate Care Diversity, Equity, and Inclusion Ethics Evidenced-Based Practice Health Policy Social Determinants of Health		Disseminate scholarly work of evidenced-based practice or quality improvement initiatives designed to improve health and transform health care.
Domain 5: Quality and Safety Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance	Clinical Judgment Communication Compassionate Care Diversity, Equity, and Inclusion Ethics Evidenced-Based Practice Health Policy Social Determinants of Health		Evaluate evidenced-based strategies to enhance quality and safety, and minimize risk of harm to patients and providers through both system effectiveness and individual performance.
Domain 6: Interprofessional Partnerships Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes	Clinical Judgment Communication Compassionate Care Diversity, Equity, and Inclusion Ethics Evidenced-Based Practice Health Policy Social Determinants of Health		Lead interprofessional teams to translate evidence and communicate nursing science and expertise to collaboratively optimize care, enhance the healthcare experience, and strengthen outcomes.
Domain 7: Systems-Based Practice Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.	Clinical Judgment Communication Compassionate Care Diversity, Equity, and Inclusion Ethics Evidenced-Based Practice Health Policy Social Determinants of Health		Evaluate policy, practice, and complex care systems for the purpose of quality improvement, improved patient outcomes, reduction of risks to patients and providers, and to provide ethical care to diverse populations for the improvement of equitable population health outcomes.
Domain 8: Informatics and Healthcare Technologies Descriptor: Information and communication technologies and	Clinical Judgment Communication Compassionate Care		Utilize information technologies and informatics processes to

informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.	Diversity, Equity, and Inclusion Ethics Evidenced-Based Practice Health Policy Social Determinants of Health		improve the delivery of safe, quality and cost-efficient patient care in accordance with best practice and professional and regulatory nurse anesthesia standards.
Domain 9: Professionalism Descriptor: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.	Clinical Judgment Communication Compassionate Care Diversity, Equity, and Inclusion Ethics Evidenced-Based Practice Health Policy Social Determinants of Health	Professional Role	Model behaviors that reflect accountability, integrity, and characteristics that align with nurse anesthesia professional and ethical standards.
Domain 10: Personal, Professional, and Leadership Development Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.	Clinical Judgment Communication Compassionate Care Diversity, Equity, and Inclusion Ethics Evidenced-Based Practice Health Policy Social Determinants of Health	Leadership	Participate in activities that promote compassionate self-care, leadership development, and life-long learning.

DNP Project

Introduction to the DNP Project

The DNP Project is a culmination of the knowledge gained in the DNP courses. The experience is designed to apply the breadth and depth of knowledge and skills gained within the doctoral program in the area of academic focus – nurse anesthesia. The final project demonstrates identification and work toward resolution of a practice problem through the scholarship of application. Per the Council on Accreditation of Nurse Anesthesia Educational Program's White Paper, WVU NAP students must develop a DNP project that relates to nurse anesthesia practice, education, or the nurse anesthesia profession.

In broad terms, the DNP Project is *not intended to test new models, develop new theory, or test hypotheses*. It is the *identification of a systems problem*, and the *implementation and evaluation* of an *evidence-based innovation or quality improvement initiative* aimed at *solving the identified problem.* Because the project involves innovation based on existing evidence, the objectives and evaluation generally focus on system change, rather than health outcomes. The rigor of the project process and evaluation should be different than, but comparable to, a PhD dissertation. For thorough and updated information on DNP projects at WVU School of Nursing, please refer to the WVU SON DNP Project Manual.

WVU NAP students may use clinical days to implement DNP projects during NSG 831 DNP Project Implementation courses according to the learning contract negotiated with each student's faculty of record (FOR). Following FOR approval, students must communicate via email with their current clinical coordinators and carbon copy the FOR to schedule implementation days for DNP projects. WVU NAP faculty may decline requests for implementation days if the requests are excessive or detrimental to the student's clinical or academic success. WVU NAP faculty may decline requests for implementation days if the requests are excessive or detrimental to the student's clinical or academic success. Students must document DNP Project time in Typhon in hours or minutes in the "DNP Project" field and add a concise Time Log Note entry describing the activity. For example, begin the note: "In place of clinical…" then add the activity "convened in a project team meeting. Students should plan approximately 8 hours of DNP project activity to justify using an implementation day instead of clinical. DNP Project hours are monitored and approved by the Faculty of Record (FOR) in collaboration with the WVU NAP faculty.

Academic Policies

Admissions

Qualifications to apply to the WVU DNP Nurse Anesthetist program include:

- Bachelor of Science or graduate degree in Nursing from a nationally accredited nursing program and regionally accredited institution.
- Minimum nursing GPA of at least a 3.0 on a 4.0 scale.
- Cumulative GPA of a 3.0 on a 4.0 scale on all college work attempted.
- Minimum of 1-year post-orientation, and preferably 2-3 years of current, full-time critical care experience.
    - Employment in telemetry, cardiac catheterization lab, operating room, post-anesthesia care unit, interventional radiology, or emergency department is not considered critical care experience.
- American Heart Association certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). Pediatric Advanced Life Support (PALS) certification is required prior to beginning clinical activities.
- Current, unencumbered RN or APRN license. (Licensure in West Virginia will be required during the program and possibly one or more of the following states: Maryland, Ohio, and/or Pennsylvania.)

Applicants must submit official transcripts from all degree programs of attendance; a curriculum vitae/resume; 3 letters of recommendation (Professor/Faculty Member, Supervisor/Employer responsible for your annual performance review, and a professional colleague, physician or CRNA), evidence of licensure, BLS and ACLS certification, and an application fee by the specified deadline. It is also strongly recommended that students shadow a CRNA prior to applying to the program.

Applicants must submit official transcripts from all degree programs of attendance, a curriculum vitae/resume, an application fee, and 3 letters of recommendation – 1 each from a professor or faculty member of a prior academic experience; a supervisor or other employer responsible for completing your annual performance review; and a professional colleague, physician or CRNA. Applicants are strongly encouraged to shadow a CRNA prior to applying to the program. An applicant must provide of letter of good standing from any program in which the applicant is currently enrolled or any graduate program in which courses were taken but the program was not completed.

Competitive applicants will be invited for an interview. Applicants will not be admitted without an interview. Admission into any graduate program is granted on a competitive basis and students meeting minimum requirements may be denied admission based on such factors as program capacity or academic discretion.

Students must satisfactorily complete background checks and drug screens upon admission.

Please note: To be considered, applicants will be required to meet all WVU admission requirements in addition to program-specific admission criteria. Admission criteria are subject to change. Please see the School of Nursing website for the most up-to-date criteria at https://nursing.hsc.wvu.edu.

Readmission Policy

Any student who has been dismissed from the West Virginia University School of Nursing or any other nursing program may be considered for readmission if the dismissal was academic and was followed by successful completion of an additional degree. Any student who has withdrawn from the WVU School of Nursing program may be considered for readmission. See Graduate Readmission Policy.

Nondiscriminatory practice

Nondiscriminatory practice is the practice of treating all individuals, including applicants, without regard to race, color, national origin, gender, marital status, sexual orientation, religion, age or disability, consistent with law. Although an applicant should not be required to provide information regarding any protected characteristics, he or she can provide such information on a voluntary basis. An applicant may be asked if he or she can perform the essential tasks or functions of a nurse anesthetist.

Admission as a non-degree seeking student

Non-degree seeking students may only enroll in NSG 701 Advanced Pharmacology, NSG 705 Advanced Lifespan Health Assessment, and NSG 706 Advanced Pathophysiology.

Graduate Readmission Policy

Any student who has been dismissed from the West Virginia University School of Nursing or any other nursing program may be considered for readmission if the dismissal was academic and was followed by successful completion of an additional degree. Any student who has withdrawn from the WVU School of Nursing program may be considered for readmission. Students may apply for readmission in accordance with the following guidelines and criteria but must follow the standard admission procedures. Students must meet all original admission requirements.

- Students previously enrolled in a WVU nursing program must complete all exit procedures and forms during the semester of withdrawal to be eligible for readmission.
- Readmission to a WVU graduate nursing program will be considered one time only.
- Students unable to complete the program within 7 years of the original admission date (all graduate programs) and within 5 years of entry into candidacy (PhD program) will be required to restart the program if readmitted.
- Readmission is not guaranteed and is dependent upon space available, applicant qualifications, and academic discretion.
- Students may be required to repeat courses, revise the original progression plan, and/or validate clinical skills/knowledge obtained from previous courses.

Academic Advising

Students in the program will have two advisors: a nurse anesthesia faculty advisor, whose name is found in the letter of admission, and an academic advisor from the Office of Student Services. The nurse anesthesia faculty advisor is a nurse anesthetist employed by the School of Nursing, and may be the Program Director, Assistant Program Director, or any of the core Nurse Anesthetist Program faculty. The faculty advisor meets with the student shortly after enrollment in the first course and establishes a relationship centered on the student with a focus of promoting the student's success in the program. Students will meet at least once per semester with faculty advisors to review academic progress and clinical formative and summative evaluations. When questions arise about which courses are needed, transfer credits, or a change in track or progression plan; the faculty advisor or program director are points of contact. Each semester, initial academic planning should occur with the faculty advisor prior to registration, and the technical aspects of registration should be accomplished with the academic advisor, such as course registration, dropping courses, and filing forms. Both advisors can serve as resources any time guidance is needed regarding academic plans.

Any changes in the progression plan must be processed with the academic advisor and sent to the Program Director. Changes in the progression plan will only be approved if space is available. Students must be sure that a correct phone number, email, and home address are on record with both the academic advisor and the Office of Student Services. If such information changes, the student must notify the academic advisor, Office of Student Services, and the Office of the University Registrar immediately.

Registering for Courses

Registration for courses must be done only after consulting with the faculty and academic advisor. Course offerings are listed in the Schedule of Courses, which is published each semester, typically near the middle of the semester. The Schedule of Courses is available at WVU Office of the University Registrar. The most current information about course offerings and times is available on the WVU Office of the University Registrar website. Be advised that there may be days on which students are expected to come to campus for group activities related to enrolled courses. Students are notified of these dates and times on or before the first day of class by the course instructor.

Students should make and keep their own copies of all forms, documents, letters, etc. that relate to progression or academic standing in the program. Examples include registration forms, grade reports, grade modification forms, admission letters, and letters from the program director. All students enrolled in the DNP program are required to attend an on-line orientation. Nurse anesthesia students will receive a face-to-face orientation to the program. The dates for the on-line and face to face orientation will be communicated by email to the students prior to the first day of classes.

Credit Loads

Graduate students should plan for a minimum of one classroom hour per registered didactic credit per week and three outside hours of preparation per registered credit per week (e.g. 11 credits = 11 classroom hours/week plus 33 outside hours/week = 44 hours/week). This rule should be taken into consideration when planning work and school time. Working while in the Nurse Anesthetist Program is not restricted, but students should consider that classroom time, outside coursework, clinical practicum, and completion of the DNP project could consume up to 60 hours per week.

Attendance Policy and Class Participation

Faculty believe that class attendance contributes significantly to academic success. Students are expected to attend every class and to fully participate in all course activities, including workshops, simulations, conferences, and lectures. Alternate arrangements for meeting course requirements in the event of an absence are the responsibility of the student. Only physician anesthesiologists and nurse anesthetists may teach anesthesia content in the DNP Nurse Anesthetist Program curriculum.

Grading Policies

Grading Scale

93 – 100	A
85 – 92	B
77 – 84	C
76 and below	F

Grades are calculated to two decimal places (hundredths), and are rounded at the 0.5 level. Rounding will occur on final grades only and not on individual assignments or in grading categories. The following grading scale illustrates incorporation of rounding procedures. Percentage ranges are strictly enforced, and no additional rounding will occur.

A= 92.50-100, B=84.50-92.49, C=76.50-84.49, F= 76.49 and below.

Minimum Cumulative Exam Score and Coursework Grading Policy

To pass an anesthesia specialty course based on letter grades, students must:

- Achieve a cumulative 84.5% average on all exams in the course **and**
- Achieve a cumulative 84.5% average on all non-exam coursework.

If a student achieves an overall course average of at least 84.5%, but

- Fails to achieve a cumulative average of 84.5% on exams, **or**
- Fails to achieve a cumulative average of 84.5% on all non-exam coursework, then the course letter grade will be a C.

If a student earns a C grade, then the student will be subject to the Academic Standards for Progression policy for earning a C in an anesthesia specialty course.

Extra Credit and Bonus Point Policy

No bonus points or extra credit will be offered in nursing courses (courses with the prefix NSG). Bonus points are defined as any points (or percentages) added to the student's score that do not also add the same number of points (or percentages) to the total possible for the course. No academic points will be awarded for survey completion, research participation, or other non-academic, non-clinical activities.

Duo-Token/Okta Policy

The use of two-factor authentication for access to secure, targeted websites from all HSC campuses, including HSC offices, labs, offsite locations and WVU Medicine hospitals/clinics is required. This is to ensure uniformity across all WVU campuses. WVU's academic administrators determined that for this critical security initiative to succeed, no group of people and no physical location should be exempt. All HSC classrooms require the use of two - factor authentication. To ensure a secure testing area, students will not be permitted to use their smartphones or smart watches in the classroom to access the two-factor authentication app. Duo Token and generation of bypass code options are available for use through the WVU and HSC Bookstores. Additional information regarding dual authentication can be found through WVU IT.

Graduate Progression Policies

Student success and program completion are among the highest priorities. Failure to continue in established progression plan will result in program dismissal The following policies outline standards and procedures related to progression and graduation and describe options available when students determine that a change in intended progression is desired. The goal of these policies is to encourage progression, persistence, and completion while creating mechanisms for flexibility required to achieve that same goal.

Students must be continuously enrolled in School of Nursing programs in order to maintain active status. Summer term enrollment is only required if the student's program of study/progression plan is dependent on summer for an on-time graduation. If a student experiences extenuating circumstances and needs to interrupt enrollment in any way, the following policies should be reviewed carefully. If a student needs to withdraw from any courses or decides not to enroll for the next semester, the student must meet with the academic and faculty advisors.

Academic Standards for Progression

To progress in the graduate programs, a student must meet these academic standards. Failure to meet the criteria will result in dismissal from the program.

1. Grade Point Average (GPA) requirements:
    a. Degree-seeking graduate students are required to maintain a 3.0 program GPA. A student who falls below a 3.0 in program courses after nine or more credit hours are completed in the program will be placed on academic notice.
    b. Full-time degree-seeking graduate students will have only one semester to raise the GPA to the 3.0

requirement. Failure to raise the program GPA to 3.0 by the next enrolled semester will result in program dismissal.

c. Part-time graduate students will have two semesters to raise the GPA to the 3.0 requirement. Failure to raise the program GPA to 3.0 by the next enrolled semester will result in program dismissal.

2. Course grade requirements:
   a. Students must earn A, B, C, Pass, or Satisfactory in all required courses.
   b. A grade of F, Fail, or Unsatisfactory in any course results in program dismissal.
   c. Students can only carry forward one C grade in a nursing course. A second C in any nursing course will result in program dismissal.
   d. Students can only carry forward two course withdrawals (resulting in a "W" on the academic transcript). The withdrawals cannot occur in the same course more than one time.
   e. (Nurse Anesthesia Students Only) A student earning below a B- grade in any anesthesia specialty course must repeat the course. This means the student will fall out of progression with the current cohort and must wait until the course is offered in the next academic year. Students may repeat only one course and only one time.
3. Course age requirements:

   Students are permitted to continue in a graduate nursing program for a maximum of 7 years following their term of admission to the programs or 5 years following PhD candidacy. A course completed more than 7 years prior to the term of degree or certificate completion will be reviewed by program administrators and the Associate Dean of Curriculum. The student may be required to validate current knowledge in the subject area, repeat the course(s), or complete competency evaluation. The University's time limit requirements must also be met. http://catalog.wvu.edu/graduate/advisingcoursesdegrees/degree_regulations/#timelimitstext

If a student needs to withdraw from all courses in a semester, the student must meet with his or her faculty advisor. See program handbook for Leave of Absence and Withdrawal policies at https://nursing.wvu.edu/students/resources/student-handbooks.

Withdrawal and Leave of Absence Policies

Withdrawal Policy

A withdrawal is defined as withdrawing from the program or failing to enroll in any given semester of the progression plan (see summer exception above). Students who withdraw must submit the LOA and Withdrawal Form, meet with the program administrator, and complete the Exit Interview Survey. Students must follow this process to leave in good standing and to be eligible for readmission at a later date (See Readmission Policy). Withdrawals resulting in Ws on the transcript will be subject to the Academic Standards for Progression Policy.

LOA Policy

Students may request a leave of absence (LOA) or a partial LOA (Appendix 10) for extenuating circumstances, such as family and parental leave, military duty, jury duty, or significant changes in health or financial status. The student is required to submit an LOA and Withdrawal Form with the rationale, requested time period, and revised progression plan to the Associate Dean of Curriculum (who consults with program administrators). Requests that include partial semesters and/or individual courses will be reviewed on a case-by-case basis for timeframe implications. Additional documentation may be required to clarify the circumstances for the request. Students are encouraged to evaluate the WVU Withdrawal Policies, the financial implications of the decision, the effects of the LOA on program progression and the 7-year time limit, and International Student Policies as applicable. While students may be permitted to request a partial LOA and withdrawal from individual courses, WVU policies regarding course refunds should be carefully considered.

An LOA is not equivalent to a withdrawal or a dismissal, and there are specific limitations. Students are not permitted to have more than one LOA, and each LOA is limited to one semester. If unforeseen circumstances prevent the student's return to a program following a one-semester LOA, the student may request a one-semester extension, which is only granted in extreme circumstances. Transcript Ws that are part of an approved LOA do not count against the student and are not subject to the Academic Standards for Progression policy.

If a student is on an approved LOA, it is the student's responsibility to notify the advisor to schedule classes for the semester following the LOA and to seek a review of the revised progression plan. If the LOA was due to a significant change in health status, the student may be required to provide documentation from a healthcare provider that he or she is able to return to the nursing program and perform all aspects of the student role.

If a student does not return to the program during the contracted semester, it will be considered a withdrawal and will require readmission to continue in the program (See Withdrawal Policy and Readmission Policy). Exceptions will be granted if required courses are not offered the semester in which the student is expected to return. Retrospective LOA requests will not be

accepted. Students planning to return from an LOA are highly encouraged to maintain their Sentry/Pre-check account. This account must be up-to-date by the end of the first week of the semester the student is returning.

Writing Expectations

Graduate education requires high level writing skills. WVU School of Nursing adopted a writing plan for all graduate programs described below:

- Faculty will refuse to accept poor writing and will actively promote good writing.
- Students' writing skills will be reinforced from course to course over the curriculum.
- One writing assignment will be required in every course.
- A standard rubric to evaluate writing will be used in all courses (Appendix 1).
- Two books will be the standard writing resources for every course.
    - American Psychological Association. (2010). Publication Manual of the American Psychological Association (7th ed.). Washington, DC: Author.
    - Venolia, J. (2001). Write right: A desktop digest of punctuation, grammar, and style. (4th ed.). Berkley, CA: Ten Speed Press.
- Faculty will not allow re-writes of final submitted papers.
- If a teacher decides to accept drafts, he or she must incorporate in the syllabus expectations for the drafts and the final submissions.
- All students are encouraged to have a non-peer proofreader who is willing to critically analyze writing.
- Standard writing resources will be used to improve students' writing as follows:
    - The Purdue Online Writing Lab (Purdue OWL) - This includes online writing tutorials that can be used as needed.
    - Drake University, A Writing Tutorial for Graduate Students - This is a clearinghouse of writing resources that can be used as needed.

Incomplete Grades

The grade of Incomplete (I) is a temporary grade assignment used when unforeseen, non-academic circumstances arise that prohibit students from completing the last course assignments or examinations at the end of the semester. For more detailed information, see: http://catalog.wvu.edu/graduate/advisingcoursesdegrees/advising_and_evaluation/#Incompletes).

Students must remedy the Incomplete prior to the end of the add/drop period of the next semester to enroll in a course for which the Incomplete serves as a prerequisite, course in sequence, or repeatable course.

Transfer of Course Work

For degree seeking students, twelve semester credits of course work with a grade of B or better may be transferred from institutions accredited at the graduate level in consultation with the program administrator and permission of the Associate Dean of Curriculum. A student wishing to transfer credit from another institution must confer with his or her academic advisor and obtain a transfer of graduate credit form from the WVU SON Office of Student Services. This form requires the signature of the program administrator.

The applicant must provide a letter of good standing from the program in which currently enrolled and/or any graduate program in which courses were taken but the program was not completed. The student should provide information about the course for transfer including the name of the institution with address and zip code, the course number, name, course description and syllabus as published by that institution. The student must specify the WVU course that is intended to be replaced. Courses for transfer will be evaluated for equivalency by the program administrator and Associate Dean of Curriculum or their designee.

The student must have an official transcript from all attended institutions sent to the Office of the University Registrar. Failure to submit an original transcript will result in nullification of the transfer of credit. If the Registrar already has an official transcript, additional copies are not required.

Nursing courses that will be 7 years old or older at the time of projected graduation will not be accepted. Students may request an exemption from the 7-year time limit for core advanced pharmacology, pathophysiology and assessment courses as long as the student has a current advanced practice certification and current work experience as an advanced practice nurse. The University's time limit requirements must also be met.
http://catalog.wvu.edu/graduate/advisingcoursesdegrees/degree_regulations/#timelimitstext

Graduation Requirements

It is essential that students meet with the academic and faculty advisors each semester to discuss progression and graduation

requirements. Students should also track progress in DegreeWorks. Students must complete all program and University requirements at http://catalog.wvu.edu/graduate/advisingcoursesdegrees/degree_regulations/#graduationtext. Students in a degree program must be enrolled in classes in the semester in which they plan to graduate. Finishing an incomplete does not fulfill this requirement.

ETD Requirement

The final version of all WVU SON DNP project manuscripts must be submitted electronically through the University Libraries Electronic Theses and Dissertations website. Information about formatting, submission, and approval of electronic theses and dissertations is provided at this website. Submission of Electronic Thesis and Dissertation (ETD) is required for graduation. Students must complete library-specific committee signature form for ETD submission (available on the ETD website). Students must submit ETD by posted deadline to graduate during that term.

Graduation

A checklist of requirements for graduation must be signed by the student's Academic and Faculty Advisors. It is essential that students meet with their Academic Advisor each semester throughout the Program to discuss progression and graduation requirements so that all requirements are met by the time of graduation. Once all requirements are met, the student must submit an Application for Graduation.

Records Management and Retention

The program must maintain basic information of current students in shareable documents for various purposes, including scheduling with clinical partners, training for the electronic health record, or simulation with STEPS. These documents may include student identifiers such as first and last name, WVU ID number, MIX email address, and AANA numbers. Identifying information is also required to register students with the NBCRNA for standardized exams and for certification after graduation. These documents are created in electronic files created by the program administrators and stored in secure university servers.

Upon graduation, and for the purposes of accreditation, nurse anesthesia programs are expected to retain complete and accurate records in a readily retrievable format. For these purposes, the WVU NAP will maintain:

- All records of each student until the student passes the National Certification Exam (NCE)
- Once a student passes the NCE, the program will indefinitely retain any records relating to grievances, litigation, final case records, summative student evaluations, and NBCRNA transcripts.

In addition to student records, the WVU NAP will maintain current records of the program's :

- Program mission, outcomes, and master schedule
- Organizational charts
- Administrative policies
- Budget data
- Committee meeting minutes
- Clinical site demographics
- Current course descriptions, learning outcomes, and student brochure
- Examinations and testing materials
- Faculty teaching and time commitment data
- Alumni evaluations of program quality and employer evaluations of the preceding 3 years
- All COA decision letters and formal correspondence sent to the program since the last accreditation review
- Student and faculty evaluations of the program conducted by the COA

For graduates of the NAP, WVU has a comprehensive Record Retention Policy. Records will be retained or destroyed according to the University Retention Schedule.

WVU Student ID Card

Students who wish to obtain a WVU Student Identification card must pay the special fees included in their tuition and fees invoice. To get the ID card, take a copy of the paid invoice to the Student ID Office in the Mountainair on the Morgantown Downtown Campus. The personnel there will validate the invoice and take a picture. The cards are usually ready in five to seven working days. Students must have a valid photo ID when picking up the card. For information on obtaining a photo ID call 304-293-2273. For a non-photo student ID email wvucard@mail.wvu.edu.

Responsible Conduct of Research

All graduate students are responsible for completing the Responsible Conduct of Research course at WVU within 30 days of matriculation into graduate coursework. Students will receive notice of this requirement during the orientation to the DNP

Nurse Anesthetist Program SOLE site. Responsible Conduct of Research

Self-Evaluation Examination (SEE)

The SEE will be required to be taken by all students approximately one year before the end of the program. Results of the SEE will guide faculty in advising students toward success on the National Certification Examination (NCE) after graduation. Information about the SEE may be found at NBCRNA SEE.

Degree Requirements

The following requirements must be met for graduation:

- Remove all provisions
- Complete all required semester credit hours
- Remove all conditions, deficiencies, and incomplete grades
- Register for course work during the semester graduating. Note: Course work to complete an Incomplete or I grade does not meet degree requirements for graduation. Registration in the final semester must include other course work.
- Complete and document all clinical cases and continuing education hours in the Typhon case tracking and time logs
- For the DNP, make sure that all AACN Essential Domains have been met via the Clinical Immersion experience and the Final Project.

Graduate Peer Student Tutor Policy and Procedure

Policy: Peer Student tutoring provides an opportunity for students who may be struggling with nursing courses or content to be tutored by a nursing student who has excelled in the course the student tutee is having difficulty with. Tutors may facilitate tutee learning through assisting tutees in summarizing/applying content of notes or instructor power points, explaining content that is not understood by the tutee, suggesting review activities, posing questions for tutees to answer, or assisting with test-taking strategies. The peer tutor may share his/her notes with students, but may not share any completed assignments, testing materials, or test banks that the tutee student does not already have access to.

Potential peer student tutors will be identified by nursing faculty for the courses having tutorship opportunities and will be contacted by the tutor program coordinator to determine interest.

Students can access the peer tutor resource based on recommendation of a course coordinator, program director, or an advisor. Students who have struggled with a prior nursing course or who have been placed on probation for GPA of <3.0 should be referred. Alternatively, students can self-identify for the program, if they have received a grade of (80%) or lower on a test in a current course or an overall final grade of C in a prior nursing course.

The tutor will meet with the tutee at least three times per semester, but no more than weekly (unless approved by the Tutor Coordinator), for a period of time between one and two hours. Tutors will be paid by the School of Nursing. Tutors will log tutoring time via “clocking in and out” of the tutor sessions (if the tutor is on WVU campus), or by emailing the Tutor Coordinator at the end of the week. Tutoring may be conducted face-to-face or remotely in 1:1 tutor to student sessions.

Tutors may use such skills as assisting mentees in summarizing/applying content of notes or instructor power points, explaining content that is not understood by the tutee, suggesting review activities, posing questions for tutees to answer, or assisting with test-taking strategies. The peer tutor may share his/her notes with students, but may not share any completed assignments, testing materials, or test banks that the tutee student does not already have access to in their course. Other resources may be suggested by the course instructor.

Tutoring is offered for any course as long as there are tutors available for the eligible student(s).

Procedure:

- Potential student tutors will be identified by course coordinators or course coordinator and contacted by the tutoring coordinator to determine interest in participation.
- Student tutors will be employed on an hourly basis by the School of Nursing, and will be required to clock their tutor time (or email the Tutor Coordinator with tutoring hours) for payment. Tutors will be required to sign the peer tutor contract and complete a brief virtual orientation.
- At the conclusion of the semester, both the tutee and the tutor will evaluate the tutoring arrangement via an anonymous survey.

Student Nurse Anesthetist Clinical Information and Requirements

Clinical Time Commitment

Each student will complete a minimum of 650 cases and 2,000 hours of anesthesia administration, as required by the COA Standards and Guidelines (Appendix 4). Clinical experience does not follow the West Virginia University academic calendar. Students are assigned to clinical practice on non-class days during the semester and 5 days/week (or the equivalent) during semester breaks. Operating room schedules are conducted at clinical sites Monday thru Friday, while additional elective and emergency procedures are performed in selected clinical sites at any time seven days a week, twenty-four hours a day. Student clinical schedules are arranged to maximize clinical experience at all institutions and will include weekend, evening, and night rotations when available.

Clinical rotation assignments will be posted in SOLE. The last day of clinical rotations will always be the last Friday of the month preceding the next rotation. The next clinical rotation will begin on the next eligible clinical day.

Students will complete 7 clinical practicums, which may consist of more than one clinical rotation or site. The first 2 clinical practicums, NSG 752A and 752B, will include rotations through sites where students administer basic general and regional anesthetics to patients with simpler comorbid conditions. As semesters progress through the next 3 clinical practicums, NSG 753 A, B, and C, assignments will incorporate more complex procedures and patients who have more complex comorbidities. Specialty rotations through these courses include cardiac, neurosurgical intracranial/complex spine, pediatric, and obstetric cases. Requests for specific clinical assignments may not be accepted for the specialty rotations to ensure fair assignments and to maximize the student's time in specialty cases. The final 2 clinical practicums, NSG 810 and 812, are immersive experiences in which the student fulfills clinical requirements, participates in clinical leadership, and explores options and interests for future clinical practice.

Students may submit preferences for distant rotations including southern and eastern West Virginia, western Maryland, southeastern Ohio, and southwestern Pennsylvania. Meeting COA and Nurse Anesthetist Program case requirements always takes precedence over student requests. Requests are submitted to the Nurse Anesthetist Program Clinical Placement Coordinator. Extenuating circumstances that impact clinical scheduling must be submitted to the faculty advisor and the Clinical Placement Coordinator in advance.

Remote Learning When Practicing at Remote Site

A student may request to attend didactic classes remotely when practicing at a clinical site more than a 2-hour drive from the face-to-face class. Students are required to be present for any workshops or simulations associated with the course. Faculty reserve the right to require in-person presence for any given class or other program activity at their discretion.

Clinical Coordinator

The clinical coordinator is a nurse anesthetist in practice at each clinical site appointed by the Nurse Anesthetist Program director to oversee the clinical experiences of students. The qualifications and duties are as follows:

1. Active, practicing, credentialed CRNA or physician.
2. Experienced in the delivery and management of anesthesia care.
3. Minimum of a master's degree (CRNAs).

The clinical coordinator will:

1. Serve as the site resource person for implementation of the clinical practicum of the Nurse Anesthetist Program.
2. Provide students with a comprehensive orientation to the clinical site including but not limited to:
    a. Physical plant overview
    b. Emergency equipment and procedure
    c. Phone and paging system
    d. Rotation expectations of student performance/responsibility
    e. Overview of relevant departmental/hospital policies including controlled substances and key safety policies
3. Facilitate assignment of nurse anesthesia students to a variety of clinical experiences that are appropriate to the student's level of experience and meet certification requirements.
4. Make recommendations regarding the assignment of supervisory personnel to the students.
5. Review student evaluations and management plans.
6. Counsel students as necessary.
7. Function as a resource person for students.
8. Serve as a liaison between the Nurse Anesthetist Program and the clinical faculty and relay important information between the program and the clinical site.
9. Function as a member of the Community Advisory Council of the Nurse Anesthetist Program and attend quarterly

meetings.

10. Encourage the clinical faculty to complete daily student evaluations.
11. Complete written summary evaluations of the students' clinical progress following consultation with the anesthesiologists and CRNAs of the anesthesia department at the conclusion of each rotation. However, program faculty of the WVU SON will assign the final grades for all clinical practicums.
12. Conduct interim and summary conferences with each student to discuss the student's progress including strengths and weaknesses.
13. Submit student evaluations and other required paperwork to the program according to Nurse Anesthetist Program guidelines. Evaluations must be submitted to the program electronically to a Qualtrics database or in a sealed envelope, either hand-delivered or postal-mailed. Email of evaluations is not permitted.
14. Monitor and assure compliance of the facility with the COA Standards and Guidelines for Nurse Anesthesia Educational Programs. The clinical coordinator will discuss issues relating to compliance with program faculty.
15. Maintain files of appropriate student records and store files in a location where confidentiality is secured.
16. Maintain student confidentiality in accordance with Program, School, University and federal guidelines (FERPA).

Clinical Scheduling

Students are to report for orientation on the first clinical day of a new rotation at the time and location specified unless prior arrangements were made with the clinical coordinator and approved by the program director or designee. The agenda for the orientation day will be determined by each clinical coordinator. No time off will be granted on an orientation day for a new clinical site or when beginning a specialty rotation.

Clinical days are scheduled according to the practicum's course syllabus by the clinical coordinator to accommodate didactic schedules and other program requirements throughout the semesters and semester breaks. Changing clinical times or scheduled clinical days must have the approval of the clinical coordinator and/or program faculty when applicable. Under no circumstances will clinical schedules be designed to accommodate outside employment activities. Students are responsible for verifying that any requested schedule changes appear on the schedule posted at the rotation site.

Students are responsible for obtaining clinical assignments the preceding day (as per each rotation site guidelines) and preparing for the clinical experience. Students may be required to perform preoperative visits on in-patients despite non-clinical time the preceding day. Students must arrive in the operating room in sufficient time to completely prepare for the administration of anesthesia of the assigned cases. Students are not to expect the ancillary support personnel to prepare the anesthesia environment.

Students are expected to finish each case, even if the case extends beyond 3:00 pm. However, students may be released from the clinical site by the clinical coordinator or their designee. Occasionally, the supervising CRNA, MD, or clinical coordinator may require that students remain at the clinical site for unusual or exceptional learning experiences. Compensatory time off can be awarded by the clinical coordinator if deemed appropriate. Total clinical hours within a rotation will be determined by the clinical coordinator in consultation with Nurse Anesthetist Program faculty. If students are unassigned, or have completed their assigned scheduled cases, re-assignment is at the discretion of the clinical coordinator or site scheduler/assignment coordinator (MD or CRNA).

Students may schedule extra clinical days only after all regularly scheduled students have case assignments. These extra clinical days cannot be used to replace regularly scheduled days, replace ill days, or provide extra days off. In accordance with COA Standards, total time per week (including classroom time) may not exceed 64 hours.

Alternative Scheduling

When scheduled for alternative hours, off shift, in-hospital call, or outside the hospital call; students are to report to the charge CRNA/MD or clinical coordinator for the assignment and prior to leaving the site at the end of the experience. Weekday, weekend, and beeper call may be scheduled at the discretion of clinical coordinators. Students in specialty rotations who have completed sufficient clinical experience and have successfully met course objectives for the semester may be assigned to or may request call experiences.

Students assigned a call shift may receive compensatory time off as appropriate. Compensatory time off is assigned only at the discretion of the clinical coordinator in consultation with program faculty. The scheduling of extended hour shifts may only be done in consultation with the clinical coordinator and the program director. No student may be scheduled for a regular shift exceeding 12 hours. Students must have a 10-hour rest period between scheduled clinical shifts.

Clinical Supervision of Student Nurse Anesthetists

Clinical experience at each of the rotation sites is unique. Students will be assigned in the clinical area by the person responsible for scheduling personnel to cases in each particular institution. The degree of responsibility and autonomy should

be relative to the student's length of time in the program, the physical status of the patient, and the complexity of the procedure. Opportunities for advanced clinical experiences or increased autonomy will be contingent upon student performance, demonstrated capabilities, and knowledge base as agreed upon by the program director, the clinical coordinator, and attending anesthesiologists, as applicable. Direct supervision will be provided by a credentialed preceptor (CRNA or anesthesiologist). The preceptor must be immediately available at all times in the anesthetizing area (OR suite) when the student is managing the anesthetic.

If a student participates in a clinical experience in a nonanesthetizing area, the WVU NAP restricts clinical supervision in nonanesthetizing areas to credentialed experts who are authorized to assume responsibility for the student. For example, if a student spends a clinical day with a perfusionist to learn management during cardiopulmonary bypass, the perfusionist must be credentialed by the facility and understands that he or she is assuming responsibility for the student.

No more than two students may be concurrently supervised by a single preceptor (CRNA or anesthesiologist). Graduate registered nurse anesthetists (GRNAs), anesthesiology residents, and anesthesiologist assistants (AA) may not be responsible for the instruction or direct clinical supervision of a student. GRNAs, residents, and AAs are permitted to assist students during clinical care as long as a CRNA or attending MD is immediately available to provide the required direct supervision.

Clinical Assignments and Student Responsibilities

Every attempt will be made to complete assignment schedules on the afternoon prior to the clinical experience day in order for students to prepare adequately for the experience. Responsibilities in preparing for clinical experiences are specific to the clinical institution and these policies and will be discussed during the orientation. Students are responsible for:

- Obtaining a patient assignment prior to the clinical day
- Performing a preoperative patient interview/assessment on all available cases
- Preparing a comprehensive, individualized anesthetic management plan for every clinical case with a written plan due for one case/day unless otherwise directed by program faculty
- Preparing in advance for all patients to whom they are assigned to administer anesthesia as per the COA Outcome Criteria
- Discussing the plan of care with both the supervising CRNA and/or Anesthesiologist
- Implementing an appropriate plan of care
- Performing a postoperative patient evaluation on all cases as appropriate
- Documenting all case information and time logs in the Typhon Nurse Anesthesia Student Tracking (NAST) system
- Completing required evaluations in Qualtrics, including daily clinical and site and preceptor evaluations at the end of the rotation. Evaluation links are posted in SOLE.

Clinical Experience Data Entry

Students are required by the COA to maintain a record of clinical experiences. The Nurse Anesthetist Program requires submission of all case data and time logs to be performed electronically using the Typhon Group NAST System. Students are given detailed, current instructions on this system and its requirements during the third semester. Students are responsible for following these directives and failure to comply will result in removal from clinical. All clinical case records and time information are to be submitted within 48 hours. Information entered into a handheld device must be uploaded to the main system within the 48-hour guideline. Failure to submit clinical and time information in a timely and accurate manner may result in a disciplinary action or a failing grade for the clinical practicum.

There are several procedures that are difficult to acquire, including actual central venous catheter procedures, epidural insertions, and peripheral nerve blocks. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) prescribes that the procedure requirements can be met in part with simulation experiences, but no requirements can be met by simulation alone. The WVU NAP provides simulation training for all 3 clinical experiences, but students must acquire the actual procedures in the clinical practicum rotations throughout the program. Upon completing their first central line procedure, epidural insertion and peripheral nerve block, students are required to send an email to the program director and add a note to the applicable Typhon case record that documents the key components of the procedure, such as anatomical location, size of catheter, and setting of the experience.

Evaluation Process of the WVU NAP

Students in the WVU NAP are asked to complete many surveys throughout the program. These surveys and their results are not taken lightly, and students are expected to complete all requested surveys as part of the systematic evaluation plan of the WVU NAP. Systematic evaluation is a Council on Accreditation of Nurse Anesthesia Educational Programs (COA) requirement and means that these evaluations are deliberately designed to meet accreditation needs of the student, program, university, and nurse anesthesia profession. As survey results are collected, they are analyzed and then reported to all appropriate stakeholders. For instance, students will receive updates on many evaluations they submit, and clinical sites will receive

feedback about their site's learning environment and preceptors as evaluated by the students.

Some of the surveys are used to evaluate and improve student performance, others are used for students to evaluate components of the program. All survey results are used to improve the program, whether through improved student performance or through the program meeting student and stakeholder needs.

Evaluations administered or used for improvement of the program include:

- Daily, formative student self-evaluation and preceptor evaluation of student clinical performance
    - This Qualtrics-based evaluation guides the student through self-evaluation of preparation, management of the patient in all anesthetic phases, performance of skills and professionalism.
    - For each clinical day, WVU NAP students should complete and self-evaluation of the level-appropriate Qualtrics clinical evaluation tool (CET). Once completed, a link is sent to their clinical preceptor assigned with them for the day. CETs are unique to each clinical practicum course (NSG 752A to NSG 812) and will be used to evaluate the students' daily clinical performance throughout the program.
    - At the conclusion of each clinical day, the student and preceptor should summarize the key learning points, areas of strength and opportunities for improvement in their clinical performance. By the end of each day, the preceptor and the student should debrief the clinical performance and sign the daily evaluation.
    - Students are responsible for generating the self-evaluation, which will trigger the preceptor evaluation, soliciting feedback from the preceptor and submitting the evaluations to the clinical coordinator. Completed forms will be submitted to clinical coordinators according to site-specific policies.
- Summative, End of Rotation Clinical Coordinator Evaluation of Student Performance
    - This Qualtrics-based evaluation asks the clinical coordinator to rate the student's assessment skills, performance in all phases of the anesthetic, safety, decision-making, problem-solving, communications and professionalism.
    - Prior to a student completing a clinical rotation, the clinical coordinator will review the preceptor evaluations of students on a regular basis and complete an End of Rotation Evaluation. If needed, the clinical coordinator may contact NAP faculty to discuss student clinical progress.
    - The student is responsible for arranging a meeting with the clinical coordinator to review and discuss the End of Rotation evaluation before the last day of the rotation. The clinical coordinator will submit the summative End of Rotation clinical evaluation via Qualtrics to the NAP for review by program faculty.
        - It is common that a student has multiple summative evaluations within one semester if the student attends multiple rotations.
    - The clinical coordinator is responsible for submitting student daily and summative evaluations to the WVU Nurse Anesthetist Program (NAP) administrative support team.
    - Program faculty are responsible for assigning grades for clinical practicum courses.
- Student Evaluation of Clinical Preceptor
    - This Typhon EASI survey asks students to share their feedback on the quality of the learning experience with their preceptor.
    - Students must complete this survey on a daily basis.
    - Participation in the evaluation process is a course requirement and failure to comply could result in an Incomplete grade or Failure in the clinical practicum course for that semester.
- Student Evaluation of Clinical Site
    - This Typhon EASI survey asks students to share their feedback about the quality of the learning experience at their clinical sites. Students may rotate to more than one clinical site within one semester session, so students will evaluate their CRNA and MD preceptors and clinical sites on a regular basis.
    - Information from the clinical preceptor and clinical site surveys is reviewed by the NAP, compiled into an anonymous report and shared with each site's administrative CRNA.
    - Participation in the evaluation process is a course requirement and failure to comply could result in an Incomplete grade or Failure in the clinical practicum course for that semester.
- Evaluation of Workshops and Simulations in STEPS
    - Students will evaluate each simulation experience in the STEPS lab. The STEPS administrative team compiles and reports the student responses to the NAP faculty.
- WVU Health Sciences Center (HSC) Graduate Student Satisfaction Survey
    - This survey is administered annually by the WVU HSC to evaluate student satisfaction with aspects of each program including advising, mentoring, the learning environment, and amenities in the HSC.
- WVU SON Graduate Student Exit Survey
    - The School of Nursing administers the Graduate Student Exit Survey. NAP student will complete this survey in their last semester of the program immediately prior to graduation. Students are asked to evaluate all phases of the program including didactic, clinical, doctoral project and advising experiences.
- WVU NAP Alumni Survey

- This Qualtrics-based survey is administered by the WVU NAP at 1-year after graduation from the program to collect the reflections of NAP alumni on their experience.

- WVU NAP Employer Survey of NAP Graduates
  - This Qualtrics-based survey is administered by the WVU NAP at 1-year after graduation to the employers of NAP graduates to assess their performance over the first year of employment.

The WVU DNP Nurse Anesthetist Program systematic evaluation plan (SEP) is available upon request.

Management Plans

Students are required to prepare in advance for the administration of anesthesia including knowledge of the patient pathophysiology, surgical procedure, and potential complications. Failure to prepare for clinical assignments is grounds for removal from the clinical area. Clinical coordinators are expected to review procedures and expectations for obtaining clinical assignments during orientation to the site.

The COA requires students to complete a written or verbal management plan for every patient. The clinical coordinators have the right to require additional written plans for specific types of cases. Students must submit the plans for required cases regardless of the semester in the program. Management plan requirements specific to rotation sites will be discussed with students during orientation to the site. Compliance with this program requirement will be monitored and an inadequate number or quality of management plans can result in clinical failure for the rotation.

Infection Control

Students are required to follow hand hygiene, infectious disease, and OSHA bloodborne pathogen standards in all clinical areas. Surgical care improvement protocols (SCIP) and other patient safety and patient care standards established by each institution must be completed in accordance with site policy. Re-use of single use medical devices, syringes, and multi-dose vials between patients is prohibited.

All students are required to follow OSHA policy. Failure to follow blood and body fluid precautions is a critical clinical weakness. This means that protective gear such as goggles/face shield masks must be worn whenever body fluid contact is likely. In the perioperative area, this is on MANY occasions but certainly induction, emergence, invasive procedures, trauma cases, and 'splashing' from the surgical field, etc. Other practitioners in the clinical setting may not always follow strict blood and body fluid standards. This fact is not relevant to the student requirement. Students must abide by strict blood and body fluid guidelines. Recapping of needles should never occur after they have been used on a patient. All used needles should be disposed of as soon as possible after use.

Health Insurance Portability and Accountability Act (HIPAA)

All students enrolled in the West Virginia University School of Nursing Graduate Program are required to provide verification or complete training on the Federal Law – Health Insurance Portability and Accountability Act (HIPAA). See the Health Information and Credential Documentation Policy. Students must maintain patient confidentiality and adhere to HIPAA guidelines at all times.

Criminal Background and Immunizations

Clinical facilities require that students are fit for duty in their facilities. To that end, all students are required to complete the immunization and criminal background requirements upon admission and throughout the program. The Nurse Anesthetist Program and WVU SON utilize a third party, PreCheck/SentryMD, to manage this information and documentation. See the Health Information and Credential Documentation Policy. Felony convictions, some serious misdemeanors, and positive drug screens may preclude participation in clinical rotations and completion of the program. This may also result in admission ineligibility or program dismissal. Students will be required to complete a Statement of Criminal Record form each semester of enrollment to indicate any changes that may have occurred related to the criminal record. Students who are charged with or convicted of a crime may be subject to dismissal, suspension, or lesser disciplinary sanctions. **Students who experience a "citation" or "arrest" while enrolled in the nursing program must notify the SON Office of Student Affairs within 24 hours of the citation or arrest.**

Health Information and Credential Documentation Policies

All West Virginia University School of Nursing (WVU SON) students in clinical-based programs must submit and verify approval of immunizations, immunity, compliance with clinical requirements, and other important documentation in order to safeguard students and protect patients in the clinical setting.

Students are required to purchase and are responsible for maintaining the current information in the Precheck/SentryMD

account, including items that must be maintained continuously or that expire as outlined below. A packet of instructions will be distributed to students upon admission, and students are responsible for checking all relevant email accounts (required to use MIX email account) to verify that submissions were approved. If there are any unresolved issues or extenuating circumstances, it is the student's responsibility to contact Precheck/SentryMD and/or the program director prior to the deadline.

Graduate nursing students are required to maintain and document active unencumbered RN licensure. APRN certification maintenance and documentation is also required for those who are in programs that require it for admission. Students must immediately report any event or circumstance that could impact the status of continued RN licensure or APRN certification. Failure to do so or allowing a license or certification to expire would result in dismissal from the program.

Health Information and Credential Documentation Policy: Admission

The following documents are required for admission in all WVU SON graduate programs (excluding the PhD Program). Official documentation must come from a physician, health clinic, etc., and parental written documentation of immunization records is not considered adequate. Please note that students will need to meet all clinical facility requirements prior to clinical experiences, even if they are not listed in this policy.

Documentation required as a condition for admission

- Proof of RN licensure and APRN certification (if a requirement of the program)
- Criminal Background Check (See Background Check Policy) Please note that students rotating to Pennsylvania clinical sites will have additional background check requirements that may take up to 3 months to process.
- Current American Heart Association BLS and ACLS certification (CRNA only)
- Urine drug screen (See Drug and Alcohol Screening Policy) (within six weeks of first day of classes) Students are required to repeat the drug screen if the negative result is dilute. Drug screens are completed through PreCheck and uploaded to SentryMD.

Health Information and Credential Documentation Policy: Progression

Graduate nursing students are required to maintain and document active unencumbered RN licensure. APRN certification maintenance and documentation is also required for those who are in programs that require it for admission. Students must immediately report any event or circumstance that could impact the status of continued RN licensure or APRN certification. Failure to do so or allowing a license or certification to expire would result in dismissal from the program.
The following documents are required for progression in all WVU SON graduate programs (excluding the PhD Program). Official documentation must come from a physician, health clinic, etc., and parental written documentation of immunization records is not considered adequate. Please note that students will need to meet all clinical facility requirements prior to clinical experiences, even if they are not listed in this policy.

Requirements

Documentation required upon admission

- Signed handbook signature page
- Signed academic integrity policy page
- Current American Heart Association BLS CPR certification for adult, child, and infant
- Current American Heart Association ACLS certification (CRNA only)
- HIPAA training completion certificate (found in SOLE)
- Official documentation of tetanus and pertussis immunization within the last 10 years (and prior to expiration)
- Official documentation of Varicella (Chicken Pox): ***must have 2 dose vaccine series*** **OR** positive surface antibody titer date. If antibody titers are required, quantitative lab report including values and reference range required. *If Non-Immune titer results, repeat two-dose series. If there is only documentation of "history of disease," a varicella titer is required. If that titer is negative, documentation of 2 doses of varicella vaccine are required.
- Official documentation of initial immunization and booster for Measles, Mumps and Rubella (MMR), ***must have a 2-dose series on file***, Dose #1 given at age 12-15 months and Dose #2 given approx. 1 month after first dose **OR** positive surface antibody titers are required. If antibody titers are required, a quantitative lab report including values and reference range is required. *If Non-Immune titer result, a booster is required
- Hepatitis B: Submit a HepB Surface Antibody Quantitative (numerical result) Titer proving immunity AND proof of a completed HepB Vaccine Series. *If you receive a Non-Immune Titer result, a single challenge dose of hepatitis B vaccine should be administered and then repeat the antibody titer 4-6 weeks after the last vaccine dose. If the titer continues to indicate non-immunity, the full vaccine series would need to be completed with a repeat antibody titer 4-6 weeks after the last vaccine dose. **If the test is still negative after a second vaccine series, the person should be referred for follow up testing and clearance by a health care provider. Submit all documentation to Sentry MD during the process.

- Official documentation of a **negative current two-step PPD OR a Quantiferon-TB Gold serum screening test**. (A two-step PPD requires 2 PPD's to be placed, 1-3 weeks apart, with each of those tests read 48-72 hours after placement. Documentation of an older two-step PPD followed by annual PPDs will also be accepted as long as there are no missing doses.) If the PPD is positive, a chest x-ray is required.
- Official documentation of Varicella (Chicken Pox): ***must have 2 dose vaccine series*** OR positive surface antibody titer date. If antibody titers are required, quantitative lab report including values and reference range required. *If Non-Immune titer results, repeat two-dose series.
- Documentation of full Covid-19 Vaccination (if required by a clinical facility) (recommended that all students that are vaccinated upload the documentation). ***The COVID-19 vaccine is highly recommended. Some clinical agencies outside the WVUH system may require the COVID-19 vaccine.*** Upload documentation of vaccination and any booster received.
- OSHA-Required Training Compliance Certificate
- Proof of health insurance

Documentation required every semester

- Completed Statement of Criminal Record Form

Documentation required every year

- Proof of RN licensure and APRN certification (if a requirement of the program and prior to expiration)
- Current American Heart Association BLS CPR certification for adult, child, and infant (prior to certification expiration)
- Current American Heart Association ACLS and (CRNA only – prior to certification expiration)
- Current American Heart Association PALS certification (CRNA only – prior to beginning clinical activities)
- HIPAA training completion certificate (found in SOLE)
- Completed TB questionnaire (If students miss the annual TB questionnaire, the TB screening required upon admission will need to be repeated)
- Official documentation of an influenza vaccine (November 15 deadline)
- Signed handbook signature page

NAP students who are compliant with this Health Information and Credential Documentation policy through their final semester do not need to respond to notices of expiring credentials from SentryMD that expire after their date of graduation. If a student would need to extend clinical practicum beyond the date of graduation of their cohort, then the student would need to maintain compliance with this policy.

Compliance

Compliance requirements include any items that are due at the beginning of the semester and items that will become due prior to the end of the semester. Students must exhibit compliance prior to the beginning of each semester. It is **HIGHLY RECOMMENDED** that students complete all requirements for admission and ANNUAL requirements by August 1 for fall, Jan. 1 for spring, May 1 for summer) to avoid course point reduction. Students noncompliant on the first day of classes each semester will only have the add/drop week to remedy documentation errors. **After the first week of class, penalties will be applied.**

An evaluation method for documentation compliance will be placed in every course syllabus. Faculty will receive reports regarding compliance from program administrators. Students receiving a series of immunizations are required to document each step of the series as it is received. **Students will not be penalized as long as they are following the recommended timeline for each step in the series**.

Non-compliance with this policy is considered a violation of WVU SON Professional Standards.

Per the WVU SON Professional Standards policy, students are to:

Comply with the policies and procedures of the WVU SON, course syllabi, the clinical agency, and the West Virginia RN Board (WVBON)

See Graduate Academic Penalties

No student will be permitted to engage in clinical hours until all requirements have been met. Students who are not permitted to attend clinical due to non-compliance are still required to complete all clinical objectives/ required practice hours. No additional hours will be permitted. Students do not meet all clinical behaviors will fail the clinical component of the course. Students who are enrolled in non-clinical courses and who are non-compliant with these requirements will receive a grade deduction in the lowest numeric course taken in the semester for each week that the they are non-compliant.

- Students non-compliant by the end of the second week of classes in the semester – 2% reduction in the final course grade.
- Students non-compliant by the end of the third week of classes in the semester – 5% reduction in the final course grade.

- Students non-compliant by the end of the fourth week of classes in the semester – 7% reduction in the final course grade.
- Students non-compliant by the end of the fifth week of classes in the semester – 24% reduction in the final course grade.

Student who are non-compliant with flu vaccines will receive a 2% deduction in the final course grade.

Please note: It may take up to 5 days for Sentry to process documents. Please submit accordingly.

Vaccine Policies

Waivers

Any student who declines immunizations for religious, medical, or other reasons is required to sign a waiver. Even if a waiver is signed, lack of immunization/immunity to the above communicable diseases will likely prevent a student from participating in required clinical experiences, and, therefore, may prevent a student from being admitted to the nursing program. Immunization request forms are available upon request.

Vaccine Exemptions

Students may request medical or religious vaccine exemptions. **Medical vaccine exemption** requests should be directed to the Office of Accessibility Services.

West Virginia University ("WVU") students seeking a religious exemption from a vaccine mandate of a WVU Health Sciences Educational Program must submit a form (APPENDIX 9) for review to the Chancellor's Office at vaxreligiousexemption@hsc.wvu.edu. Following this review, the student will be notified if the exemption is approved. This form is for a **Religious** exemption ONLY.

Students who are granted medical or religious exemptions for vaccination requirements must upload written confirmation to Sentry prior to the beginning of the semester. Students requesting vaccine exemptions are to follow the Health Information and Credential Documentation Policy and Compliance Requirements as denoted above. Students who fail to submit required documentation for exemptions by August 1 for fall, Jan. 1 for spring, May 1 for summer and are subject to course point deduction or removal from clinical, as stated above.

Additionally:

- Receiving an exemption may delay or prohibit the timely completion of the academic program at WVU.
- Students will be required to wear a mask and take any other reasonable precautions that may be requested by the clinical site to which the student is assigned to protect against the spread of contagions.
- All rotation and experiential sites may not be available, and this delay may prohibit timely completion of the academic program at WVU.
- This exemption may not be recognized or accepted at sites that are not owned or operated by WVUHS, and those sites may require me to go through their religious exemption request process.
- In addition, some sites that are not owned or operated by WVUHS may refuse to grant an exemption, and students may not be able to participate in those rotations or experiences, which may delay or prohibit the timely completion of my program at WVU.
  Students are responsible for securing the clinical site that honors their vaccine exception.

WVU HSC Medical Cannabis Policy

The West Virginia University Health Sciences Center (HSC) is comprised of the Schools of Dentistry, Medicine, Nursing, Pharmacy, and Public Health. Student curricular requirements often include both direct and indirect patient care learning assignments and required competencies set forth by accrediting bodies. Upon graduation, students are required to obtain licensure from their professional licensing boards prior to practicing clinically.

HSC students are not prohibited from receiving a cannabis certification from a healthcare practitioner and possessing a valid identification card issued by the Bureau for Public Health within the West Virginia Department of Health and Human Resources under WV 16A-1-1. However, WV 16A-5-10 states that medical cannabis patients may be prohibited by an employer from performing any duty which could result in a public health or safety risk while under the influence of medical cannabis. Due to patient care requirements within each schools' curricula and the need to obtain professional licensure prior to employment, use and/or consumption of cannabis is not permitted while enrolled or actively performing in any clinical program within the WVU HSC. WVU HSC is subject to the federal Drug Free Schools and Communities Act, which prohibits possession of cannabis, even medical cannabis, anywhere on campus. Additional information can be found here: 2024 Drug-Free Schools and Communities Act Booklet.

In the exercise of their clinical responsibilities, students must follow West Virginia University Health System clinical guidelines and direction related to the prescription and use of medical cannabis.

Student Health Insurance and Responsibility for Medical Expenses

Students must have health insurance while they are enrolled in the WVU School of Nursing. Health insurance is available through Student Health for students who are enrolled in 6 or more credits. Students who have private health insurance can apply for a waiver of insurance coverage through WVU. Visit the online Waiver Application webpage to show proof of insurance and opt out of the WVU sponsored health insurance plan.

Maintenance of RN Licensure

All DNP students are required to maintain RN licensure in states in which they will participate in clinical practicums during enrollment in the Nurse Anesthetist Program. RN licensure is documented in Precheck/Sentry MD. See the Health Information and Credentialing Documentation Policy. If the student's RN license lapses or becomes encumbered due to a disciplinary action, the student will be dismissed from the program. All students are required to maintain West Virginia Registered Nurse (RN) licensure, or an equivalent multi-state Nurse Licensure Compact (NLC) license, while a student in the WVU Nurse Anesthetist Program. Licensure may be required at the student's expense for other states where clinical rotations are assigned.

Program Costs of Attendance

Financial Aid

Financial aid may not be available every semester depending on the individual progression plan and number of credits taken. For applications and information concerning forms of financial assistance available to students, contact:
HSC Financial Aid Office
Health Sciences North
PO Box 9810
Morgantown, WV 26506-9810
Telephone (304) 293-3706
https://financialaid.wvu.edu

Tuition and Transportation

Tuition and fees (Appendix 4) are subject to change without notice. Students' expenses vary widely according to their individual course of study. Students are expected to provide their own transportation, equipment, and instruments for the clinical courses. Some clinical experiences require the student to travel in a multi-county area. Students are responsible for providing and funding their own transportation to all clinical sites.

Housing at Clinical Sites

Housing is available at variable rates at all clinical sites. Any sites that require payment for housing is the responsibility of the student. Information pertaining to costs of lodging at particular clinical sites are described in the Induction SOLE site for each cohort in the Clinical Information folder.

Listing of Clinical Sites

1. **J.W. Ruby Memorial Hospital – WVUM (Morgantown, WV)** is the flagship clinical site of the West Virginia University Nurse Anesthesia Program. Over 35,000 anesthetics are performed in 3 distinct OR locations. Five North is the inpatient OR where orthopedic knees and hips, thoracic, neurosurgical, general surgery, and bariatric cases are performed. Day-surgery and minor procedures are done on 2 West including many pediatric, ENT, orthopedic shoulders, gynecologic, urologic, and gastroenterology. Two Southeast is the OR for the Heart and Vascular Institute (HVI) where over 1100 procedures are done every year. Bypass cardiac cases include CABG, valve replacement, and MAZE procedures. Minimally invasive transaortic valve replacements (TAVR), endovascular aortic aneurysm repairs, and other major vascular procedures are included among the HVI cases.
2. **WVU Medicine Children's – WVUM (Morgantown, WV)** is a new tower constructed next to J.W. Ruby Memorial Hospital. The 150-bed hospital is a self-contained unit of the WVU Health System providing pediatric care with its own emergency department, radiology suite, and operating room. The pediatric surgical team completes over 6900 procedures annually including ENT, general surgery, urologic, plastic, orthopedic, and cardiac specialties.
3. **Berkeley Medical Center – WVUM (Martinsburg, WV)** is 150 miles from Morgantown and offers over 6800 anesthetics per year. Students manage anesthetics for general, pediatric, orthopedic, and neurosurgical spine cases at this site. The obstetric service is largely managed by CRNAs and provides care for approximately 120 obstetric cases per month. Students will have the opportunity for an in-house, overnight call shift at this site.

4. **Braxton County Memorial Hospital – WVUM (Gassaway, WV)** is 95 miles from Morgantown and is a CRNA-only clinical site where CRNAs provide anesthesia to over 1500 patients per year. WVU SRNAs will learn critical decision-making as they work side-by-side with CRNAs in a rural and independent practice setting. Students will attend 2 clinical sites in this one rotation, because the same CRNA staff provide anesthesia at Summersville Regional Medical Center and Braxton County Memorial Hospital on alternating days during the weekly schedule of procedures. Students will acquire general and regional anesthesia experiences while providing anesthesia to patients receiving orthopedic and general surgeries.
5. **Cabell Huntington Hospital – MHN (Huntington, WV)** is 207 miles from Morgantown and provides about 12,000 anesthetics per year. Students manage anesthetics for intracranial, thoracic, pediatric, and obstetric cases.
6. **Camden Clark Medical Center – WVUM (Parkersburg, WV**) is 150 miles from Morgantown and is a site at which over 13,000 cases are performed per year. Students manage anesthetics for intracranial, thoracic, pediatric, and obstetric cases.
7. **Conemaugh Memorial Medical Center – CHS (Johnstown, PA)** is 88 miles from Morgantown and requires a student to have a PA nursing license. CMMC anesthesia staff provide over 13,000 general and regional anesthetics per year in general, thoracic, intracranial, cardiovascular, and obstetric surgeries.
8. **Garrett Regional Medical Center – WVUM (Oakland, MD)** is 54 miles from Morgantown and provides services to over 5000 patients per year. Students gain experience with general, orthopedics, pediatric, and regional anesthesia in a community hospital.
9. **Jefferson Medical Center – WVUM (Ranson, WV**) is 168 miles from Morgantown. It is a CRNA-only site in which CRNAs work in cooperation with the surgeon, providing over 2400 anesthetics per year. Students care for adult and pediatric patients undergoing orthopedic and general surgical procedures.
10. **Marietta Memorial Hospital – MHS (Marietta, OH)** is 120 miles from Morgantown. Students have the opportunity to participate in approximately 27,000 anesthetics for specialty cases including liver resections, pediatrics, obstetrics, and occasional intracranial cases. This site will help the student reach clinical numbers for regional blocks including: spinals, TAP blocks, and new strategies for decreasing opioid use in the operating room.
11. **Mon Health Medical Center – MH (Morgantown, WV)** is situated less than a mile from Ruby. The staff of the anesthesia department provide over 15,000 anesthetics per year. Students encounter a variety of specialty cases including thoracic, cardiac, and obstetrics.
12. **Potomac Valley Hospital – WVUM (Keyser, WV)** is 89 miles from Morgantown. Students at this CRNA-only site will be able to participate in many of the site's 1600 cases per year which include orthopedic and general cases and an immersive acute pain management and regional anesthesia experience.
13. **Raleigh General Hospital (Beckley, WV)** is 173 miles from Morgantown. Students provide general and regional anesthesia at a site that sees approximately 6000 adult and pediatric patients per year undergoing general, orthopedic, intrathoracic, and obstetric procedures.
14. **St. Joseph's Hospital – WVUM (Buckhannon, WV)** is 72 miles from Morgantown. CRNAs serve the population in the Appalachian foothills by providing anesthesia to over 9600 patients per year. Students will be able to care for patients undergoing obstetric, general, and orthopedic procedures while administering regional central and peripheral nerve blocks.
15. **St. Mary's Medical Center – MTN (Huntington, WV)** is 207 miles from Morgantown. At a site providing care to around 12,000 patients per year, students provide general and regional anesthesia for adult intracranial, thoracic, cardiac, pediatric, and obstetric cases.
16. **Stonewall Jackson Memorial Hospital – MH (Weston, WV)** is 60 miles from Morgantown and provides clinical experiences with CRNAs who practice independently. Over 2000 basic orthopedic, general, and pediatric cases are performed at this site every year.
17. **Summersville Regional Medical Center – WVUM (Summersville, WV)** is 124 miles from Morgantown. This site provides an experience with CRNAs who practice independently. Over 2000 basic orthopedic, general, and pediatric cases are done at this site every year. Students will practice at this site and the Braxton County Memorial Hospital with these independently practicing CRNAs.
18. **Uniontown Hospital – WVUM (Uniontown, PA)** is a community hospital 26 miles from Morgantown across the state line in Pennsylvania. This WVU Medicine hospital provides surgical care to over 6700 patients per year in general, orthopedic, vascular, thoracic, and pediatric subspecialties.
19. **United Hospital Center - WVUM (Bridgeport, WV)** is 35 miles south of Morgantown. Included among 24,000 cases per year, thoracic, pediatric, general and obstetric cases are available at UHC. Student nurse anesthetists will gain experience in general and regional anesthesia, including spinals, epidurals, and peripheral nerve blocks.
20. **UPMC Western Maryland (Cumberland, MD)** is 75 miles from Morgantown. The site provides over 6000 cases per year in care to its population. Students experience a variety of routine and specialty cases including thoracic, cardiac, pediatric, and obstetric cases. This site will help the student reach clinical numbers for regional blocks.
21. **Washington Health System (Washington, PA)** is 48 miles from Morgantown. The site provides over 12,000 cases per year in care to its population. Students experience a variety of routine and specialty cases including thoracic, cardiac, and obstetric cases.

Community Advisory Council (CAC)

Membership on the Community Advisory Council (CAC) is by invitation from the Nurse Anesthetist Program director in accordance with the guidelines of the COA. The CAC is comprised of the Nurse Anesthetist Program faculty, clinical coordinators, assistant clinical coordinators, and student representatives elected by each class. A complete listing of CAC members is maintained by the program director. Confidentiality of student information is required from each member of the CAC.

The purpose of the CAC is to provide stakeholders of the West Virginia University Nurse Anesthetist Program a regular opportunity to:

1. Review information and issues relevant to the academic and clinical experience of students, including:
    a. Student clinical schedules
    b. Admissions
    c. Program policies and guidelines
    d. Academic curriculum
    e. Council on Accreditation (COA) requirements for students and programs
2. Provide information to the Nurse Anesthetist Program and other clinical sites.
3. Participate in the Nurse Anesthetist Program through a process of discussion and deliberation. Recommendations by the CAC will be used to establish short- and long-term goals for the Nurse Anesthetist Program.
4. CAC members, excluding student representatives and guests, will report on individual student clinical progress, assist with problem identification, review relevant SON policy regarding clinical performance, and make recommendations for development of performance improvement and remediation goals.

CAC Meetings

Meetings are scheduled once each academic semester. Date and time of meetings will be determined for the year by the Nurse Anesthetist Program and will be communicated to members electronically. All CAC members are strongly encouraged to attend. Clinical coordinators are expected to communicate student progress information to the faculty in advance of the meeting if unable to attend. Agenda items should be submitted in writing to the program director in advance of the meeting. The agenda, announcements, and minutes from the prior meeting will be distributed prior to the meeting.

Technology Requirements for Delivering Graduate Program Courses

The graduate programs at WVU make use of the latest in technological advances. Students need to have access to appropriate hardware, software, and systems to be successful. WVU NAP students participate in the Health Science Center's Laptop computer program and will receive a new laptop during orientation.

Students are required to review the Student Computer Policies and Procedures Manual for the program and accept the Student Computer Program Terms by logging into SOLE prior to receiving their laptop.

WVU Student Email System

All students in the University have access to email through the Mobile Friendly App portal.wvu.edu. where information about the Mountaineer Information Express (MIX) system is found. Students must use this email system for all graduate program coursework and any WVU SON communication. No other email addresses will be used by faculty or administrators to contact students regarding course-related or program information. Students can access MIX from any computer where there is internet access or from portal.wvu.edu. A username and password is required.

All students are assigned a WVUID number, username, and account. Please follow the steps below to claim the WVUID username and account:
Find WVUID:

1. Go to Look Up WVUID
2. Under Alternate WVUID Lookup, enter your date of birth, then select "Social Security Number from the ID Type" drop down box and enter your SS#, and
3. Click Look Up.
4. Write down your WVUID number and memorize it!

Claim WVID Account:

1. Go to Claim Account and click the Claim Account button,
2. Enter your name and date of birth,
3. In the ID Type drop-down field, select WVUID and enter your 9-digit WVU ID number,

4. Answer the validation question,
5. Read and accept the Annual Security Responsibility Statement,
6. Choose if you would like to extend your password from 90 to 180 days and complete the instructions listed,
7. Select three different security questions,
8. Create a password, and
9. Write down and memorize your username and password. You will use this for all WVU logins unless otherwise instructed.

Students should access MIX as soon as possible. Faculty and advisors will send important information through this account. Students are requested to check email daily and be accountable for any information found in the MIX email. The MIX homepage has a great tutorial that should be completed before classes begin.

Distance Course Delivery

Courses taken in the graduate program will be delivered via distance education technologies using the SOLE (Study, Observe, Learn, Engage) platform for course deliveries. Zoom and Teams are common platforms used for distance education.

SOLE (Study, Observe, Learn, Engage)

SOLE is the WVU Health Sciences Center's portal for online education and information. It is a web-based tool for students to access courses and for instructors to build and maintain those courses. SOLE was developed by HSC Information Technology Services as an open-ended system for online course development and management with a single-login and user-friendly environment. Login to SOLE at SOLE Login using your WVUID username and password. Students are expected to check SOLE courses and mix e-mail on at least a daily basis. If assistance is needed with SOLE, go to the SOLE support page.

Blackboard Collaborate Ultra

Blackboard Collaborate delivers synchronous real-time online classes. To begin, log into the SOLE home page of each course with links to the Collaborate sessions. Students are active participants in the Collaborate sessions, discussing issues using a microphone or answering live poll questions. Because exchange of ideas is an important function of University education, students are required to be present for these real-time Collaborate sessions, unless otherwise instructed by faculty.

Computer Specifications

Supported Browsers and Operating systems for SOLE and Collaborate are available at this SOLE Supported Browsers page. SOLE support has recommended computer specifications for PC, MAC, hardware, software, modem, Ethernet adapter, and other devices also at Are you SOLE Ready? Laptop computers distributed to NAP students through the HSC laptop computer program will meet or exceed the recommended computer specifications.

Internet Standards

An internet connection is required for online course participation along with a soundcard with microphone and a headset, instead of external speakers. Students must complete the Audio Wizard as soon as possible to be sure that the computer supports Collaborate. The wizard should be completed on every computer to access coursework. The audio wizard must be repeated each time Collaborate is accessed. High speed internet access through a cable modem, DSL, or satellite is required.

Software Requirements

Microsoft Office (includes Word, Excel, Power Point, and Outlook) is required for all West Virginia University School of Nursing coursework. The software is preloaded on the computers of students participating in the laptop program.

Online Meetings

Microsoft Teams and Zoom will be used frequently in the WVU Nurse Anesthetist Program. Students may enroll for a basic Zoom account. NAP faculty use Zoom in many courses to record lecture or for student advising.

Apex

Apex Anesthesia Review is a web-based anesthesia review curriculum that is integrated into many of the NAP anesthesia specialty courses. Apex is the primary means of review for the National Certification Examination after graduation. Students are directed to purchase a subscription to Apex at the end of the first semester.

Webcast

Webcast technology is used for the asynchronous lectures that are viewed from a remote class location. Webcast uses web-based streaming video and synchronized multimedia presentation. The West Virginia University School of Nursing has adopted webcast technology to deliver some of core graduate nursing content.

Computer Help Desk Contact Information:		Computer Help Desk Hours:	
Phone: 304-293-4444		Monday-Thursday:	7:30 am-10:00 pm
Toll Free: 877-327-9260		Friday:	7:30 am-8:00 pm
Help Desk Email:		Saturday:	10:00 am-5:00 pm
ITSHelp@mail.wvu.edu		Sunday:	10:00 am-10:00 pm

For problems any time during online coursework, students should contact the Help Desk and not call the instructor for help with technical problems. Prior to calling the help desk, determine the version of Internet Explorer and Microsoft media player installed on the computer, and be prepared to identify the online delivery system (i.e. Collaborate, Webcast).

Computer skills

It is expected that students be familiar with operating and using electronic technology. The skills of word processing on Microsoft Word, database utilization, internet competence, and email know-how, including the use of attachments, are essential to course work in the graduate program. It is an expectation that students are proficient with these computer skills. We recommend you visit the Office 365 Training Center for online tutorials to help with Microsoft Office product use.

Morgantown Computer Lab

The Health Sciences Center Computer Based Learning Center (CBLC) offers a computer lab on the 2nd floor of Health Sciences Center South. The lab contains both PC and Macintosh computers. The computers are supported by a local area network that provides internet access.

Student Participation in Online Courses

Students in online courses have the professional responsibility to devote their full attention to the class while it is in session, just as they would in a traditional classroom setting. Students may not attend an online class session while responsible for patient care in the workplace. If a student is permitted by an employer to participate in an online course during working hours, he or she must do so away from the clinical setting and only after being completely relieved of patient responsibilities. Students will not be permitted to make up course work or testing that is missed if called back to the workplace.

Technical/Functional Standards

The WVU SON is committed to Campus Engagement and Compliance in the educational preparation of healthcare professionals. WVU SON personnel strive to provide quality opportunities to students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

WVU Office of Student Accommodations (OSA), WVU SON personnel, and clinical agencies collaborate with students with disabilities regarding options available for academic and nonacademic accommodations. Students are not required to disclose their disability; however, registration with WVU OSA is required to seek reasonable accommodations. Students seeking academic or nonacademic accommodations should contact WVU OSA.

Students will be required to meet program outcomes, clinical facility requirements, WV state code for nursing programs, and the following technical standards independently with or without reasonable accommodations. It is recommended that students report any potential issues regarding meeting these outcomes at the time of admission to avoid problems with clinical placement and progression in nursing courses. Students cannot attend clinical if there are limitations in the ability to safely provide care to assigned patients. Students are encouraged to reach out to OSA or program administrators if they are unsure whether they have a qualified disability or are able to meet the technical standards. Reasonable accommodations cannot be implemented retroactively. If any change occurs in the student's ability to perform these skills, whether temporary or permanent, the BSN Program Director must be notified. The student may be required to provide documentation from a health care provider, noting any restrictions or necessary accommodations.

Outcomes and Standards

Patient-centered Care

- Provide direct patient care in a variety of settings, including, but not limited to, long-term care facilities, community agencies, hospitals, and primary care clinics
- Conduct comprehensive and focused patient assessments (including, but not limited to, skills in interviewing, observation, auscultation, palpation, and percussion)
- Create a safe care environment that results in high-quality patient outcomes
- Implement evidence-based interventions for managing acute and chronic care
- Apply psychomotor skills to accurate, effective skill demonstrations and safe, efficient patient care
- Provide emergency care, including, but not limited to, assisting patients during a fall, a fire, or cardiac arrest

- Manage the interaction of multiple patient functional problems
- Move, transfer, and position patients or equipment safely under a variety of circumstances
- Participate in emergency preparedness and disaster response
- Manage care for individuals that approximates a workload appropriate for student level

Communication

- Communicate effectively and sensitively with the healthcare team, patient, and patient support network (in electronic, oral, and written form)
- Provide appropriate and individualized education
- Demonstrate effective delegation and supervision

Affect and Professionalism

- Develop awareness of patient and peer spiritual beliefs and values
- Demonstrate tolerance for ambiguity and unpredictability in the healthcare system
- Deliver compassionate and holistic care
- Implement patient and family care around end-of-life and palliative care issues
- Engage in caring, healing, and therapeutic relationships
- Demonstrate emotional stability to function under stress and adapt to changing environments inherent to the classroom and practice settings

Cognition, Critical Thinking, and Clinical Judgment

- Synthesize and analyze data to provide quality care and solve patient care and healthcare system problems
- Complete mathematical calculations related to medication administration and patient data
- Successfully complete course and program examinations
- Demonstrate sound judgment

Students seeking academic or nonacademic accommodations should contact the WVU Office of Accessibility Services. More information regarding OAS services can be found at https://accessibilityservices.wvu.edu/ .

Conduct Policies

American Association of Nurse Anesthesiology Code of Ethics (AANA): 2018

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

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

Each student must sign an acknowledgement of the AANA Code of Ethics as an assignment in the NAP SOLE site, see Appendix 5.

WVU School of Nursing Professional Standards Policy

All students of the University and, to the extent applicable, all student organizations are expected and required to obey federal, state, and local laws, to comply with the policies of the West Virginia University Board of Governors (WVU BOG), with institutional or campus rules and regulations, with directives issued by any University official, and to observe standards of conduct appropriate for an academic institution. Any alleged violation to the Campus Student Code will be reported to the Office of Student Rights and Responsibilities.

Students are expected to adhere to academic requirements and standards in all academic settings, such as classrooms, laboratories, and clinics, and during any activities that are part of academic requirements such as clinical and observational experiences. In addition, all students in the WVU SON are expected to uphold and demonstrate professional and personal moral standards as defined and described in the following documents:

- West Virginia Code and Legislative Rules; Section 30-7 and Title 19

- American Nurses Association Standards of Practice
- American Nurses Association Code for Professional Nurses
- American Nurses Association Code of Ethics

The WVU SON graduate student is expected to practice with responsibility and accountability as a professional nurse and professional nursing student. The ultimate goal of nursing practice is to promote health while preventing harm to others. The WVU SON believes that this goal will be attained if the student's daily nursing practice is guided by the Standards of Professional Practice. These standards reflect minimum acceptable professional conduct.

- The role of the professional nurse involves demonstrating attitudes, values, and behaviors consistent with professional nursing practice. Behavior in conflict with professional nursing practice is inconsistent with professionalism and will not be tolerated.
- Unprofessional behaviors consist of actions that do not demonstrate the minimum behaviors described as acceptable nursing practice. Incidents may be a single event or a pattern of behaviors. Professional Standards include, but are not limited to:
    i. Maintain professional integrity,
    ii. Practice within boundaries of the nursing student role,
    iii. Comply with the policies and procedures of the WVU SON, course syllabi, the clinical agency, and the West Virginia RN Board (WVBON),
    iv. Demonstrate behaviors consistent with expectations outlined by program outcomes and competencies.
    v. Maintain patient privacy and confidentiality at all times.

The WVBON requires that the program report misdemeanors or felonies and that applicants for licensure undergo a criminal background check and provide an explanation of any criminal incident. Depending on the Board's action, applicants for licensure may be barred from taking the NCLEX-RN, disciplinary action may be applied, and/or the nursing license may be restricted. An active, unencumbered nursing license is required to remain in some WVU SON programs.

Students are expected to demonstrate knowledge, attitudes, professional values, personal qualities, and behaviors consistent with the nursing role. Therefore, there is tangible link between professional role and academic achievement. Students who violate WVU SON professional standards and/or policies outside the purview of the Campus Student Code may receive a penalty for failing to meet academic or professional requirements or standards, including but not limited to a final grade reduction or other penalties. See Graduate Academic Penalties. Violations of WVU SON professional standards and/or policies unrelated to clinical experiences will be reviewed on an individual basis. Any violation that could potentially alter progression through immediate course failure, program dismissal, delay in graduation, or university suspension/expulsion will be referred to the Office of Student Rights and Responsibilities and the WVU Student Conduct process.

A faculty member witnessing a violation that interferes with the ability to meet immediate classroom, clinical, or safety has the discretion to dismiss the student from the experience. In this instance, the program director must be notified that the student was dismissed and whether SON personnel believe it is necessary to suspend student participation of certain activities until resolution has been completed and documented.

Academic Integrity Statement

WVU SON faculty desire to create and foster a positive learning environment that promotes professionalism, integrity, and mutual trust. Nursing students are expected to act with integrity and honesty in all didactic and clinical settings, regardless of the nature of the assignment or activity or percentage weight toward course grade. For example, the WVU SON places as high an expectation on academic integrity for assignments, quizzes and short discussion board writing submissions as it does for exams or end-of-semester papers. WVU defines academic dishonesty in its policy referenced above and includes any dishonest act during didactic or clinical activities that violates professional nursing standards. Such standards can be found in the American Nurses Association (ANA) Code of Ethics (2015) and the ANA Scope and Standards of Practice (2015). All forms of academic dishonesty are prohibited. The WVU SON follows the WVU Policy on Student Academic Integrity.

It is important that instructors and students adhere to rigorous standards of academic integrity in all aspects and on all assignments and coursework to maintain the integrity of the education provided and ensure the validity of student assessment. In addition, RN licensure and safe nursing practice require that students exhibit characteristics of good moral character, including honesty and integrity. Students are strongly encouraged to ask a faculty member or administrator if they are unsure if a practice would be considered academic dishonesty prior to engaging in that practice. Students and faculty are expected to model the highest professional standards and to report possible instances of academic dishonesty. Any questions about professional standards or policies may be directed to the instructor, program director, or Associate Dean of Curriculum.

Formal complaints of academic dishonesty shall be filed with the Director of Academic Integrity by any Authorized Reporter

(typically the Instructor of Record). Complaints should be submitted to the Director of Academic Integrity within ten (10) academic days following the discovery of the alleged incident of academic dishonesty. Academic dishonesty sanctions may range from remedial/educational sanctions to university expulsion. The comprehensive Academic Integrity policy, process, and list of sanctions can be found in the WVU Policy on Student Academic Integrity.

Professionalism and Vigilance in the Student Role

Students are expected to demonstrate conduct reflective of professional values. Students are expected to be punctual for class, clinical and other program functions; *attend and participate* in professional meetings at local, state, and national levels; and maintain academic, clinical, and personal integrity while in the student role.

Students are discouraged from participating in activities that abandon or minimize vigilance while providing direct patient care. Students are advised that many patterns of communication exist among departments, through cell phone texting, text paging, and email. While students may need to occasionally use a device for communication at a clinical site, it should not be done while in engaged in patient care or in a patient care area. Personal texting is forbidden, and in clinical sites in which texting is NOT a standard method of communication, students will be asked to leave smart phones in a locker or other secured location. Students are reminded that metadata is searchable in a legal case, and any negative patient outcome traced to use of a device could be evidence of malpractice.

Appeal Policies (Final Grades, Academic Penalties, and Academic Dishonesty Charges)

The primary purpose of the appeal procedure is to allow review of a penalty or sanction in cases in which a student believes that due process was not followed or that the penalty or sanction was imposed unfairly or inconsistently with regard to course requirements and policies, or with program and University standards and regulations. Students have the right to appeal a final grade, academic penalty, or charge of academic dishonesty that they believe reflects a capricious, arbitrary, or prejudiced academic evaluation or reflects discrimination based on race, gender, age, disability, veteran status, religion or creed, sexual orientation, color, or national origin. Additional grounds for appeal may include unreasonable severity penalty, demonstrable prejudice in the decision-making process, a belief that the evidence does not support the finding of responsibility (in the case of academic dishonesty) or the choice of penalty, or additional evidence or new information that was not considered in determining the penalty.

If a student does not appeal an academic penalty or fails to follow the appeal procedures described below, the academic penalty will be upheld.

Appeal of a Final Grade

For WVU SON, the Level 1 appeal should be submitted through WVU email to the Associate Dean of Curriculum, and Level 2 appeals are submitted to the Dean. Please refer to the WVU Policy for Appeal of a Final Grade for more information.

Appeal of an Academic Penalty

Students may also appeal academic penalties other than a final grade, such as admissions decisions, program dismissals, academic notice, or progression policy penalties. This type of appeal is not used for academic dishonesty cases. Please refer to the WVU Policy for Appeal of an Academic Penalty for additional information. Level 3 appeals are submitted through WVU email to the graduate associate provost.

In the WVU SON, the Academic and Professional Standards Committee presides over the Level 1 appeal. The letter of appeal should be submitted through WVU email to the Associate Dean of Curriculum, who will forward the appeal to the committee chairperson. Level 2 appeals are submitted through WVU email to the Dean.

Appeal of a Charge and/or Penalty Based on Academic Dishonesty

A student who has been found responsible for violating the WVU Policy on Student Academic Integrity may initiate an appeal by submitting a written appeal following the instructions provided in the notice of outcome. The student must file an appeal within 10 academic days from the date the outcome letter is sent. If no appeal is submitted within that time frame, the sanction(s) will be applied, no appeal will be considered, and the matter will be concluded. The student's appeal must include the documentation and evidence forming the basis of their appeal and must be based on one or more of the recognized grounds for appeal listed in the WVU Policy on Student Academic Integrity. The student may appeal the finding of responsibility, the sanction(s), or both. The Office of Academic Integrity must provide all relevant documentation to the Provost upon their request. The Provost assesses the available evidence and makes a decision about the appeal based on that evidence. The sanction(s) under review may be upheld, lessened, or dismissed entirely, but not aggravated, by the Provost. The Provost communicates the decision in writing via WVU e-mail to the student and other individuals or committees that have been involved in the charge or appeal to that point. The Office of Academic Integrity retains all documentation related to the appeal for 5 years. Once the Provost has issued a decision, the matter is final and binding upon all involved.

Appeal of an Admission Decision

If an application for admission into a graduate program is denied, the applicant may request the reasons for refusal of admission by writing to the specific graduate program coordinator (see Academics page). Note that meeting the minimum requirements for admission into a graduate program does not ensure admission. An applicant may appeal to the graduate program coordinator for reconsideration if the applicant can document either factual errors in processing the application or that the decision was arbitrary, capricious, or discriminatory in nature. Appeals must be submitted within 30 calendar days of the date of the admission denial. If the matter is not resolved satisfactorily within 30 calendar days of the receipt of the appeal by the graduate program coordinator, the applicant may appeal to the dean of the college or school. The decision of the dean, as the provost's designee, shall be rendered within 20 calendar days of the receipt of the appeal and is final. Please see Graduate Admission Denial.

Formal Complaint Process

The WVU SON has formal processes in place for student appeals and complaints. The institution and program utilize the formal appeals process to facilitate student appeals related to a final grade, academic penalty, academic dishonesty charge, and admission decision. Forma student complains are submitted to the Associate Deans via survey-distributed weekly in the pulse and via email communication from the Associate Deans. Student can choose to identify themselves or submit anonymously. The Associate Dean for the program identified in the complaint keeps a file with formal complaints and follows up with appropriate actions on a case-by-case basis based on the nature of the complaint. Students may also file a complaint through the WVU complaint form.

Electronic Devices

Cell phones, laptops, and any devices with ringtones or other audible notifications must be silenced when in the classroom, workshop, or clinical area. Students may not accept or access personal cell phone calls or text messaging when providing anesthesia. Students must adhere and will be subject to WVU SON and clinical institution policies regarding cell phone use and social media activity.

American Nurses Association (ANA) Position on Incivility, Bullying, and Workplace Violence

According to the ANA's Code of Ethics for Nurses with Interpretive Statements, nurses are required to "create an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect." Similarly, nurses must be afforded the same level of respect and dignity as others (ANA, 2015a). Thus, the nursing profession will no longer tolerate violence of any kind from any source. All registered nurses and employers in all settings, including practice, academia, and research must collaborate to create a culture of respect, free of incivility, bullying, and workplace violence. Best practice strategies based on evidence must be implemented to prevent and mitigate incivility, bullying, and workplace violence; to promote the health, safety, and wellness of registered nurses; and to ensure optimal outcomes across the health care continuum. This position statement, although written specifically for registered nurses and employers, is also relevant to other health care professionals and stakeholders who collaborate to create and sustain a safe and healthy interprofessional work environment. Stakeholders who have a relationship with the worksite have a responsibility to address incivility, bullying, and workplace violence.

*The ANA position statement may be viewed in its entirety at: ANA: Violence, Incivility, & Bullying

Dress Code

Classroom:

- Business casual attire in the classroom is expected to be clean, neat, and appropriate at all times.
- Hair must be of a naturally occurring color and neatly groomed.

Clinical:

- Attire in the clinical sites is to be professional at all times.
- Jewelry: Earrings - one per ear lobe, button style, are permitted. Visible body jewelry must be removed including facial piercing. Smooth band rings, service or professional pins are acceptable.
- Hair must be of a naturally occurring color and neatly groomed.
- Nails are to be clean and short and follow the CDC recommendations (less than 1⁄4-inch length, no acrylic/synthetic nail tips). The definition of artificial fingernails includes, but is not limited to, acrylic nails, all overlays, tips, bondings, extensions, tapes, inlays, and wraps. Nail polish without embedded enhancements in good repair is permitted.
- When visiting patients on a clinical unit, either business professional street clothes or scrubs under a lab coat is acceptable. A lab coat must be worn at all times when outside the OR area. Shoe covers, OR hats, and masks must be removed when leaving the OR.

Social Media Policy

WVU is committed to free and open expression and supports its faculty, staff, and students in the use of social media to connect with each other and to accelerate teaching and learning. Social media is a powerful tool that carries with it many rewards, but with those rewards come personal and institutional risks. The University has developed these guidelines to assist the University community in the safe, legal, and effective use of blogs, Facebook, Twitter, YouTube, LinkedIn, Foursquare, and other social media outlets, and to protect users' personal and professional reputations and the institutional reputation of the University. Because technology evolves constantly, these Guidelines will be monitored and revised as deemed necessary. WVU Social Media Guidelines

General Guidelines:

1. Use of social media must comply with all applicable University policies, guidelines, and regulations, including but not limited to: Board of Governors policies, Division of Human Resources policies, Administration and Finance policies, and University Relations and Information Technology Services standards and procedures.
2. All use of technology resources must comply with the Information Technology Services Acceptable Use of Data and Technology Resources Policy.
3. Users must not post confidential information about West Virginia University, its faculty, staff, or students.
4. Faculty, employees, and students at the West Virginia University Robert C. Byrd HSC also must abide by the HSC Standards, policies, procedures and Interim HIPAA Privacy and security policies reviewed upon admission and during annual required HSC IT Security Awareness Training which contain vital information relating to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Violation/ Breach of HIPAA may result in immediate dismissal from the School of Nursing.
5. Content managers must follow all WCAG 2.0 and 508 Compliance recommendations including captioning of all videos with correct spelling and grammar as well as other accessibility guidelines including alt tags for graphics. If a video is not transcribed by another group, it should not be shared.

HSC ITS Social Networking Sites, Blogs, & Instant Messaging Policy

Social media guidelines for nurses may be found on the National Council of State Boards of Nursing (NSCBN) website at: https://www.ncsbn.org/347.htm

Clinical Events Reporting

Students are required to report involvement in any event, incident, or near miss that results in possible or actual adverse patient outcomes or injury to self. Students must contact the faculty-on-call and discuss the event. If requested to submit a written report, please follow the instructions listed Incident Report Form under the Clinical Overview folder of the WVU NAP Induction SOLE site. Clinical Incident forms must be typed and hand-delivered to the program director. When a clinical incident results from actions of the student, the clinical coordinator is to notify the Nurse Anesthetist Program Director or the Director's designee at the School of Nursing to verify that the student has filed a report. Student failure to report a clinical incident to the clinical site coordinator and Program is grounds for probation or dismissal from the program.

Student Injury or Blood and Bodily Fluids Exposure Policy

An exposure incident is defined as follows:

- Injury with a contaminated sharp object (e.g., needle-stick, scalpel-cut)
- Spills or splashes of blood or other potentially infectious material onto non-intact skin (e.g., cuts, hangnails, dermatitis, abrasions, chapped skin) or onto a mucous membrane (e.g., mouth, nose, eye)

If a student has an exposure to blood/bodily fluids as described above, the student must first wash the injury site with soap and water and immediately notify the faculty or preceptor.

Students experiencing an exposure or injury must notify the agency preceptor and WVU SON faculty of the exposure or injury and be treated according to the agency protocol. Students must immediately report any health incident to the CRNA/MD with whom they are working and to the Clinical Coordinator or Chief CRNA. They are required to complete the treatment and documentation required by the facility and the SON Incident Report Form. When treatment is not available in the clinical agency, the student should be referred to Student Health Service. Follow-up care is the responsibility of the student through his/her primary health providers. *All costs related to testing and treatment are the responsibility of the student.*

Students that incur injuries that do not involve exposure to blood or body fluids must contact their own personal physician for care. Students with allergies to specific personal protective equipment that is provided by the clinical site are responsible for obtaining whatever special products they require. The cost of these supplies is the responsibility of the student. Assistance will be provided in directing the student to suppliers.

Work Outside of the Student Role

The faculty of the Nurse Anesthetist Program do not recommend student employment during Semesters 3 – 9. No student will be excused from class or clinical assignments to report for outside employment. If circumstances should necessitate casual employment, students may not work the shift preceding class or clinical. Scheduled work shifts will not be considered a valid excuse to leave clinical. Faculty and clinical site personnel will make no concessions in clinical or class time due to outside employment. In accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs: Registered Nurse Anesthesia Students are forbidden to be employed as nurse anesthetists by title or function while in the student status of a Nurse Anesthetist Program.

WVU School of Nursing Drug and Alcohol Screening Policy

The WVU SON has an obligation to protect the public and its students while also respecting students' privacy rights. Drug screening policies at the academic program level must balance safety and privacy rights. This drug and alcohol screening policy applies to all WVU SON programs that incorporate a clinical component, direct patient care provision, and/or handling prescription medications. In addition, the SON and its students must follow clinical facility policies and requirements regarding drug and alcohol screening.

New program applicants with a positive drug screen will be ineligible for admission to the program and will forfeit their admission "seat."

Prohibited Substances

Any student under the influence of drugs or alcohol during a clinical experience may pose serious safety and health risks, not only to themselves, but also to all those who work with them and to patients for whom they provide care. The unlawful possession, use, or sale of illegal drugs, prescription drugs, over-the-counter drugs, and/or alcohol poses an unacceptable risk for unsafe patient care. On-campus and off-campus incidents involving alcohol or prohibited substances will be referred to the Office of Student Rights and Responsibilities and may result in a violation pursuant to this policy.

Prohibited substances include cannabinoids, anesthetics, phencyclidine (PCP), cocaine, amphetamines, benzodiazepines, barbiturates, propoxyphene, methadone, methaqualone, methamphetamine, buprenorphine, opiates, and opioids. Students may not be under the influence of alcohol while performing patient care duties or handling prescription medication, and possession or consumption of alcoholic beverages by individuals under the age of 21 is a violation of state liquor laws. Likewise, it is illegal for anyone to provide alcoholic beverages to persons under the age of 21.

Students who are prescribed any substance that may impair their alertness or cognition while enrolled in a nursing course with a clinical component must notify their instructor as soon as possible and prior to clinical experiences, medication administration, or patient care. Students are permitted to take medications that may affect urine drug screen results when legally prescribed to the student following documentation approval and as long as the student is able to safely provide care.

Nurses are not prohibited from receiving a cannabis certification from a healthcare practitioner and possession of a valid identification card issued by the Bureau for Public Health within the West Virginia Department of Health and Human Resources under 16A-1-1 simply by virtue of their profession; however, a cannabis certification is not considered a prescription, and consumption is not permitted while enrolled in the nursing program. Positive drug screens, regardless of certification status, will be sanctioned as outlined in this policy.

Routine Urine Drug Screening Requirements

Students enrolled in programs with clinical components are required to submit a urine drug screen within six weeks of the first day of classes through Health Information and Credential Policy. Students are required to comply with clinical facility policies, which may include random drug screening.

Reasonable Suspicion ("for cause") Screening

Students enrolled in courses with clinical components may be subject to additional blood alcohol testing or urine alcohol and drug screening if reasonable suspicion for drug screening is found. Reasonable suspicion requires some level of objective information to believe that drugs or alcohol are involved beyond a hunch. Reasonable suspicion of substance use is considered in the presence of the following factors.

1. Direct observation of the student engaging in drug or alcohol related activity
2. Direct observation of the student demonstrating symptoms of being under the influence, including, but not limited to:
    a. Slurred speech
    b. Odor of alcohol on breath or person
    c. Unsteady gait

   d. Dilated pupils or bloodshot/glassy eyes
   e. Disoriented or confused behavior
   f. Observed behaviors indicative of hallucinations
   g. Unexplained accident or injury
3. Documented pattern of erratic behavior or sudden change in demeanor
4. Conviction of an alcohol or drug related offense
5. Documented sudden change in performance, including, but not limited to:
   a. Excessive absenteeism or tardiness
   b. Decline in academic performance, including missed deadlines
   c. Work habits in the clinical environment, including increased errors
6. Specific and reliable information from a credible source

Following an incident that requires drug or alcohol testing, the student will be sent home by cab (at the student's expense) or a responsible individual. Under no circumstances will the student be allowed to drive home or return to class or clinical.

Urine Drug Screening Procedures

Students are responsible for the cost of all drug screening. Routine drug screens are purchased and documented through PreCheck/Sentry MD. Random and "for cause" drug screening can be documented through PreCheck/Sentry MD or a participating LabCorp facility. More information regarding drug screen locations can be obtained through the Office of Student Services.

Students may not be permitted to begin or return to the clinical rotation until drug screen results are available. It is the student's responsibility to ensure that drug testing is completed in a timely manner.

Positive Alcohol and Drug Screens

Any positive alcohol or drug screen may result in a violation of academic program policies and professionalism standards. Refusal of a blood alcohol, urine alcohol, or urine drug screen will be treated as a positive drug screen result and repeat specimen collection for a positive result is prohibited. Students are required to repeat urine screenings with a negative but dilute result within 48 to 72 hours.

On-campus and off-campus incidents involving alcohol or prohibited substances will be referred to the Office of Student Rights and Responsibilities and may result in a violation pursuant to this policy. Interim suspension measures or an immediate leave of absence may be necessary during the investigation and/or during follow-up treatment and support. Required documentation will be outlined in a formal outcome letter and will be maintained with the student's academic program record.

The WVU SON recognizes that chemical dependency is an illness that can be treated. Assistance for students who are dependent on a chemical substance is available through WVU and WV Restore (http://wvrestoreprogram.com), and any sanction regarding a violation of this policy will result in a WV Restore referral. If, through disciplinary proceedings and the resulting sanctions, the student is permitted to return to the academic program, full compliance with the recommendations of the counseling/support program will be required.

Under the University's Campus Student Code and WV law, bystanders and those affected by drug or alcohol overdose may be safe from prosecution and may not face charges if they seek medical assistance in an emergency.

Guidelines for Taking Time Off and Making Requests

The WVU Nurse Anesthetist Program does not follow the University Academic Calendar due to requirements for clinical cases and hours. All vacation/time requests must follow the guidelines established by the NAP for Semesters 3 – 9.

Personal Time Off

Students take vacation at designated times which will be posted one academic year ahead. Students receive 2 weeks off a year in addition to the break when the university closes between the Christmas and New Year holidays. Students are granted an additional 5 days per year while in years 2 and 3 of clinical practice for personal, flexible time off which may be used for vacation, illness, appointments, or interviews. Personal time may carry over from year to year. Scheduled personal time off needs to be approved by the program director and should be requested 14 days in advance. Students are prohibited from taking personal time for vacation during scheduled final exams and discouraged from taking days off during specialty clinical experiences such as pediatric, obstetric, and cardiac rotations.

Holidays

The following days are observed by the WVU Nurse Anesthetist Program as national holidays. Not all clinical sites observe these holidays; therefore, it is the student's responsibility to inform the clinical coordinator if holiday time is not scheduled. If the clinical site does not observe one of these holidays, students have the option of working the holiday and taking a different day as holiday time. This must be scheduled in advance with the clinical coordinator and substitute holiday time must be taken in the current rotation.

Recognized WVU Holidays include:
New Year's Day
Martin Luther King Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

If the holiday falls on a weekend, the celebrated day will be determined by the University or the applicable clinical site. To be consistent among all students, holiday time replaces a clinical or class day, not a regularly scheduled "off" day. Therefore, all students will have the same number of clinical days in any week that has a holiday. Other University Holidays may occur during class time but do not affect clinical schedules. Classes or program activities may not be scheduled during University breaks, but students are still expected to attend clinical practicum during mid-semester breaks as described in the practicum course syllabi. Students will observe the operating room schedule of the clinical site at which they are assigned with regard to additional holiday time. Compensatory time will not be given to students at other clinical sites.

The West Virginia Office of the Governor occasionally declares holidays to give state employees additional time to enjoy national holidays. The WVU NAP will observe these holidays when they are declared on a class day by cancelling classes, however these declarations are often communicated in the same week as the holiday and can significantly affect clinical scheduling, especially when clinical case or hour requirements must be acquired in a compressed timeline. Therefore, the WVU NAP will not observe the additional declared holidays when they occur during a clinical practicum day. Compensatory time will not be given to students for attending clinical practicum on these declared holidays.

Illness During Clinical

Excessive ill time or calling off is a reflection of professional reliability and may be reflected in the end of program evaluation.

1. There are 5 allowable illness days for Semesters 3 – 6 and 7 – 9. Days used for illness will be deducted from personal time. Illness days are based on equivalent 8-hour days. Call offs for shifts longer than 8 hours consumes an equal amount of ill time (e.g. 12-hour shift call off = 12 hours, or 1.5 ill days used)
2. Students may not make-up ill day(s) or re-arrange clinical schedules/off days to compensate for ill time unless approved by the program director and accommodated by the clinical coordinator.
3. Students who contract a contagious illness and must quarantine for a mandated period of time will be charged with 1 illness occurrence. Faculty reserve the right to require proof of positive testing.
4. Call offs to a clinical site must be in accordance with the guidelines established by the individual clinical sites and coordinators. Students should record the name of the person who takes the call off message.
5. Students are required to notify the program assistant on the morning of the missed clinical or academic class day at (304) 293-5446. Leave a message if the office is closed or there is no one to answer the call. Students MUST note the clinical site and scheduled hours missed for the illness/call off day when notifying the program and in the Typhon NAST System time logs.
    a. Failure to notify the school of illness or other absences from clinical will result in a deduction of the personal time equal to the time needed for the original event plus a penalty of an equal amount of personal time as a disciplinary action.
6. Any student exceeding allowable ill days must submit a provider's excuse. If an excuse is not provided, the absence will be considered unexcused and disciplinary action may result. Even with a provider's excuse, the student must meet clinical hour requirements for the clinical practicum or risk failing the practicum course.
7. In addition, the following require written documentation of medical illness:
    a. Calling off on the day preceding an examination (including Friday for Monday exam)
    b. Calling off on the day of an examination
    c. Calling off clinical on the day preceding or following a legal holiday (including Friday for Monday holiday)
    d. Calling off clinical on the day preceding a vacation or on the final day of the clinical rotation.
8. Failure to produce the required documentation of illness will result in disciplinary action.

Compensatory Time

Only the program director can grant comp time for activities such as attending a conference or participating in a program

activity on an off day.

1. Students should email requests to their advisors prior to submitting a registration and making travel arrangements.
2. Conferences/activities attended in lieu of clinical do not generate compensatory time off.
3. Students are permitted to accumulate a maximum of 3 compensatory days per year.
4. If a student attends a conference in place of a clinical day, no compensatory time is given. Permission to attend a conference in lieu of clinical must have the approval of the clinical coordinator and faculty advisor and is dependent on satisfactory clinical progress.
5. If a conference is attended on the student's day off or on a weekend, compensatory time may be granted for each full day attended. A compensatory day will be granted for half-day meetings ONLY if the preceding full day was attended. Compensatory time is not guaranteed but decided on a circumstantial basis.
6. BLS and ACLS certification is required for admission at all times during the program. PALS is required before beginning clinical activities. Since these certifications are mandatory requirements for this program, compensatory time is *not* granted for BLS/ACLS/PALS course attendance. Students may not register for these courses on a scheduled clinical day.
7. Compensatory time will not be granted in advance of a qualifying event but only for events that have been attended.

Conference Time

1. Registration for meetings and conferences as a student usually requires a "letter of verification" of student status. Please request this from the program secretary at least **two weeks** in advance.
2. All conferences attended must be entered in the Typhon NAST System Time Log and Conference Record.
3. A copy of the certificate of attendance must be submitted to the program director to receive compensatory days off.
4. Attendance at WVANA Meetings, AANA Mid-Year Assembly, and AANA Annual Congress is strongly supported by the program. Proof of attendance and Continuing Education (CE) Records must be submitted to the program office within 2 weeks of attending the meeting.
5. All costs related to attendance at any meeting are the responsibility of the student.
6. Board Review Courses are treated as a conference and a maximum of 2 days will be granted.

Special Considerations for Time Off

Bereavement

Requests for bereavement leave may be granted at the discretion of the program director. The student must notify the program director or their designee as soon as possible after the loss. The amount of time granted will be determined according to the following guidelines:

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

If the student requires more time, the student may request to use personal time off or request a leave of absence.

Maternity or Paternity Leave

Students will receive three (3) days maternity or paternity leave from all clinical or classroom attendance. If additional days are required, the student may request to use personal time off, a medical leave, or a leave of absence in consultation with the program director.

Appendix 1: West Virginia University SON Writing Rubric

Criteria	**Paragraph structure (logic):** • Development • Coherence • Clarity	**Sentence structure (syntax):** • Parallel construction • Subject verb agreement • Noun pronoun agreement • Precision • Economy of expression	**Word choice:** • Appropriate word choice for topic and audience • Appropriate verb tense • Avoidance of jargon • Avoidance of anthropomorphism • Avoidance of gender bias • Avoidance of errors with referents • Avoidance of pretentious words	**Mechanics:** • Spelling • Punctuation
Unacceptable	There is no clear topic sentence. The paragraph does not build upon and support a single coherent idea. Sentences have no clear relationship. Transition words are inappropriate or absent.	Most sentences are flawed by errors in parallel construction, subject verb agreement, noun pronoun agreement, precision, and economy of expression.	Poor word choice is very frequent and may include incorrect use for topic, audience and verb tense. There are many errors in jargon, anthropomorphism, gender bias, referent error, and Use of pretentious words.	Errors in spelling and punctuation are very frequent.
Poor	The topic sentence is not the first sentence in the paragraph. The order in which ideas in the paragraph are presented is not coherent. Transition from sentence to sentence, or paragraph to paragraph is abrupt.	Sentence structure is adversely affected by many errors in parallel construction, subject verb agreement, noun pronoun agreement, precision, and economy of expression.	Poor word choice is frequent and may include incorrect use for topic, audience and verb tense. There are many errors in jargon, anthropomorphism, gender bias, referent error, and use of pretentious words	Writing is adversely affected by errors in spelling and punctuation.
Satisfactory	The topic sentence is the first sentence in the paragraph but the relationship of topic sentence to paragraph development is difficult to discern. Transition words are limited.	Sentence structure is weakened by more than a few errors in parallel construction, subject verb agreement, noun pronoun agreement, precision, and economy of expression.	Word choice does not meet criteria and may incorrect use for topic, audience and verb tense. There are more than a few errors in jargon, anthropomorphism, gender bias, referent error, and use of pretentious words.	Writing is weakened by occurrence of errors in spelling and punctuation.
Good	One idea is stated in each paragraph topic sentence (first sentence) but not adequately developed in the paragraph. Transition words are used inconsistently.	Sentence structure meets criteria except for occasional errors in parallel construction, subject verb agreement, noun pronoun agreement, precision, and economy of expression.	Word choice meets criteria except for occasional errors in correct use for topic, audience and verb tense. There are few errors in jargon, anthropomorphism, gender bias, referent error, and use of pretentious words	Writing demonstrates meeting the criteria except for minor errors in spelling and punctuation.
Excellent	The topic sentence is the first sentence in each paragraph. One idea is stated in the paragraph topic sentence and developed logically in the paragraph. Transition words are used consistently to maintain the flow of thought.	Sentence structure demonstrates correct use of parallel construction, subject verb agreement, noun pronoun agreement, precision, and economy of expression.	Word choice demonstrates correct use for topic, audience and verb tense. There is avoidance of errors in jargon, anthropomorphism, gender bias, referent error, and use of pretentious words.	Writing demonstrates correct use of spelling and punctuation.

Writing Rubric Definitions and Resources

- Paragraph development
  - Definition: A process resulting in the clear statement of a main idea and supporting details in multiple sentences.
- Paragraph coherence
  - Definition: Singularity of focus in a paragraph. Ideas are linked through logical or verbal bridges.
- Paragraph clarity
  - Definition: Each idea presented relates directly to the paragraph's topic sentence.
- Parallel construction
  - Definition: Using similar patterns of words to show that 2 or more words have the same importance.
- Subject verb agreement
  - Definition: A singular subject takes a singular verb, while a plural subject takes a plural verb.
- Noun pronoun agreement
  - Definition: Pronoun should be consistent with the noun it replaces.
- Precision
  - Definition: Using the exact words needed and eliminating extraneous words.
- Economy of expression
  - Definition: Limiting word usage to a clean, direct style that is most effective in expressing the idea.
- Word choice for topic and audience
  - Definition: Selecting words that are appropriate for the age, culture, and education of the reader.
- Verb tense
  - Definition: Consistency of verb tense within the paragraph and paper.
- Jargon
  - Definition: Language specific to one group or profession that might not be understandable to everyone.
- Anthropomorphism/personification
  - Definition: Attributing human characteristics to anything other than a human being.
- Gender bias
  - Definition: The use of gender-specific pronouns when referring to nouns that include both genders.
- Referent
  - Definition: A clear connection between the pronoun and the noun that precedes it.
- Pretentious or flowery words
  - Definition: Dramatic, flamboyant words that do not necessarily convey the desired meaning.
- Punctuation
  - Definition: Proper use of symbols to indicate structure and organization of thought, including commas, quotation marks, apostrophes, and hyphens.
- Spelling
  - Definition: The forming of words with letters in the correct sequence.

Appendix 2: Contract to Remove Grade of Incomplete

Department:			
A Contract to Remove Grade of **I** should be completed before a grade of **I** is given or during the first two weeks following the term during which the **I** was given.			
Student Name:		Student No.:	
Course:	Section:	Semester:	Year:
Student Rank (F, S, SI, SII):		Major:	
Advisor:		Name(s) of textbook(s)	
Instructor:			
Course grade at this time:			
If the student will not be enrolled as a full-time student when the course is completed, give mailing address:			
Street			Apt
City		State	Zip
Reason for grade of **I**: ☐ Work was unavoidably incomplete ☐ An additional examination is justified			
Work necessary to remove the **I**:			
Date by which course must be completed:			
Grade to be assigned if the incomplete work is not completed:			
I understand that the course work must be completed by the date indicated above; otherwise the grade for the course will be as specified above.			
Student's Signature:			Date:
Instructor's Signature:			Date:

SAMPLE

Copy: Student
Department (Office where course is offered)
Student's Advisor
Instructor
Associate Dean

Appendix 3: COA Required and Preferred Clinical Experiences

The minimum number of clinical hours is 2,000.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Patient Physical Status		
Class I		
Class II		
Classes III-VI (total of a, b, c, & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
Total cases	*650	700

*For all students matriculating into an accredited program on or after January 1, 2022.

Patient Assessment		
Initial preanesthetic assessment	50	100
Postanesthetic assessment	50	150
Comprehensive history and physical		
a. Actual		
d. Simulated		

Special Cases		
Geriatric 65+ years	100	200
Pediatric		
Pediatric 2 to 12 years	30	75
Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5
Trauma/emergency (E)	30	50
Obstetrical management (total of a & b)	30	40
a. Cesarean delivery	10	15
b. Analgesia for labor	10	15
Pain management encounters *(see Glossary, "Pain management encounters")*	15	50

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Anatomical Categories[4]		
Intra-abdominal	75	
Intracranial (total of a & b)	5	20
a. Open	3	10
b. Closed		
Oropharyngeal	20	
Intrathoracic (total of a, b, & c)	15	40
a. Heart	5	20
1. Open heart cases (total of a & b)	5	10
a) With cardiopulmonary bypass		
b) Without cardiopulmonary bypass		
2. Closed heart cases		10
b. Lung	5	
c. Other		
Neck	5	10
Neuroskeletal	20	
Vascular	10	30

[4] Count all that apply.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Methods of Anesthesia		
General anesthesia	400	
Perform a general anesthetic induction with minimal or no assistance.	50	100
Inhalation induction	25	40
Mask management[6]	25	35
Supraglottic airway devices (total of a & b)	35	50
a. Laryngeal mask		
b. Other		
Tracheal intubation (total of a & b)	250	
a. Oral		
b. Nasal		5
Alternative tracheal intubation/endoscopic techniques[7] (total of a&b) *(see Glossary, "Alternative tracheal intubation techniques")*	25	50
a. Endoscopic techniques[8] (total of 1 & 2)	5	15
1. Actual tracheal tube placement		
2. Simulated tracheal tube placement		
3. Airway assessment		
b. Other techniques	5	25
Emergence from anesthesia	300	

[6] A general anesthetic that is administered by mask, exclusive of induction.

[7] Tracheal intubations accomplished via alternative techniques should be counted in both tracheal intubation and the alternative tracheal intubation categories.

[8] Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Regional techniques		
Actual administration (total of a, b, c, & d)	35	
a. Spinal (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
b. Epidural (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
c. Peripheral[9] (total of 1 & 2)	10	50
1. Anesthesia		
Upper		
Lower		
2. Pain management		
Upper		
Lower		
d. Other[10] (total of 1 & 2)		
1. Anesthesia		
2. Pain management		
Management (total of 1 & 2)	35	50
1. Anesthesia		
2. Pain management		
Moderate/deep sedation	25	50

[9] Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

[10] Examples include truncal, cutaneous, head, and neck blocks (e.g., transversus abdominis plane, rectus sheath, ilioinguinal, iliohypogastric, oral, and maxillofacial blocks).

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Arterial Technique		
Arterial puncture/catheter insertion	25	
Intra-arterial blood pressure monitoring	30	
Central Venous Catheter		
Placement[11] – Non-PICC (total of a & b)	10	15
a. Actual		5
b. Simulated		
Placement – PICC (total of a & b)		
a. Actual		
b. Simulated		
Monitoring	15	
Pulmonary Artery Catheter		
Placement		5
Monitoring		10
Other		
Ultrasound-guided techniques (total of a & b)	20	
a. Regional	10	
1. Actual regional		
2. Simulated regional		
b. Vascular	10	
1. Actual vascular		
2. Simulated vascular		
Point of Care Ultrasound (POCUS)		
2. Actual		
2. Simulated		
Intravenous catheter placement	100	
Advanced noninvasive hemodynamic monitoring		
Assessment of chest X-ray	5	10

[11] Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone. Insertion of peripherally inserted central catheters (PICC) does not meet the requirements for central line placement.

Appendix 4: WVU Nurse Anesthetist Program Tuition and Associated Fees

Academic Year 2025-2026
West Virginia University
Professional - Health Sciences

Tuition Per Semester		Resident Professional 2025-2026	Nonresident Professional 2025-2026
University Tuition		$ 5,364.00	$ 15,012.00
University Fees		$ 702.00	$ 702.00
College Tuition	CRNA	$ 7,335.00	$ 7,335.00
Student Tuition Subtotal		$ 13,401.00	$ 23,049.00

Approximate Additional Fees			
Laptop Program	Once	$ 1,375.00	$ 1,375.00
AANA Membership	Once	$ 200.00	$ 200.00
APEX 3-yr access	Once	$ 470.00	$ 470.00
Typhon	Once	$ 100.00	$ 100.00
PreCheck/SentryMD	Once	$ 143.00	$ 143.00
NSG 705 Life Assess	Once	$ 500.00	$ 500.00
SEE*	Once	$ 280.00	$ 280.00
My Clin Exch ($40)	Year 2 & 3	$ 80.00	$ 80.00
Licensure ($90)	Every 2 yrs	$ 180.00	$ 180.00
BLS, ACLS, PALS ($300)	Every 2 yrs	$ 600.00	$ 600.00
Books ($150)	Every Semester	$ 1,500.00	$ 1,500.00
Health Insurance	Every Semester	$ 12,000.00	$ 12,000.00
Lab ($150)	Every Semester	$ 1,350.00	$ 1,350.00
Clinical Site Housing	Variable	$ 5,000.00	$ 5,000.00
		Resident	Nonresident
Subtotal Additional Fees		$ 23,778.00	$ 23,778.00
Estimated Tuition for 9 Semesters		$ 120,609.00	$ 207,441.00
	Total	$ 144,387.00	$ 231,219.00

*Students may elect to repeat the SEE in last semester

Confirmed 7/4/2025

Appendix 5: AANA Code of Ethics

1. Responsibility to Patient

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

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

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

- 1.2.1 Presents accurate, complete and understandable information to the patient to facilitate informed healthcare decisions.
- 1.2.2 Encourages patients, including minors, to participate in healthcare decision making that is appropriate for their developmental capacity.
- 1.2.3 Supports a patient's decision making without undue influence or coercion.

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

- 1.3.1 Discloses and manages or resolves perceived or real conflicts of interest (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict between the CRNA's interests and the patient's interests.)
- 1.3.2 If the CRNA has a moral, religious or ethical conflict related to the patient's healthcare decisions or plan for care, the CRNA may, without judgement or bias, transfer care to an appropriately credentialed anesthesia provider willing to perform the procedure.

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

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

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

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

2. Responsibility as a Professional

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

Competence and Responsibility in Professional Practice

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

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

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

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

2.5 Is physically and mentally fit for duty.

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

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

2.8 Treats all others, including patients, families, staff, students, and colleagues, in a culturally sensitive manner and without prejudice, bias, or harassment.

2.9 Maintains professional boundaries in all communications and actions.

Leadership

2.10 Creates an ethical culture and safe work environment.

- 2.10.1 Supports policies and behaviors that reflect this Code of Ethics.
- 2.10.2 Communicates expectations for ethical behavior and actions in the workplace.
- 2.10.3 Helps individuals raise and resolve ethical concerns in an effective and timely manner.

Clinical Practice and the Interdisciplinary Team

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

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

2.12 Manages medications to prevent diversion of drugs and substances.

Role Modelling and Education of Others

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

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

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

The Profession

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

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

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

3. Responsibility in Research

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

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

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

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

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

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

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

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

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

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

3.9 Reports research findings in an objective and accurate manner.

3.10 Provides appropriate attribution for contributions by other individuals.

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

4. Responsibility in Business Practices

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

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

4.2 Is honest in all business practices.

5. Responsibility when Endorsing Products and Services

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

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

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

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

6. Responsibility to Society

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

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

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

Appendix 6: Consent Form for Alcohol, Drug, and Substance Testing

I hereby consent for the agency's laboratory to collect blood, urine, or saliva samples from me to conduct necessary medical tests to determine the presence or use of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the test result(s) and other relevant medical information to the WVU SON Dean. I also understand that if I refuse to consent, I may be subject to disciplinary action, which could include dismissal from the nursing program.

AGREED TO:

_____Student_____Date

_____Witness_____Date

REFUSED:

_____Student_____Date

_____Witness_____Date

Reason for Refusal: _____

Copies of completed form to:

Student
Faculty/Preceptor
Agency
WVU SON Student Services

Appendix 7: DNP Nurse Anesthetist Program Handbook Signature Page

I acknowledge that it is my responsibility to read and clarify my understanding of the contents of the WVU Doctor of Nursing Practice Nurse Anesthetist Program Handbook and to access my WVU email Mountaineer Information Exchange (MIX) account at least weekly while I am a student at WVU. The Program Handbook is updated annually and emails are distributed regularly by program faculty, director, and advisors. These documents represent formal means of communication between students and the School of Nursing. Receiving information distributed to students through these mechanisms is the responsibility of the student.

I have received and read the 2025-2026 WVU Doctor of Nursing Practice Nurse Anesthetist Program Handbook.

Please sign, date, and upload to PreCheck/SentryMD.

Print Name:_____

Signature:_____

Date:_____

Appendix 8: Statement of Criminal Record

STATEMENT OF CRIMINAL RECORD

My signature verifies that:

(True or False)

_____ a) I have not been cited, arrested or convicted of any felony or misdemeanor in the past 12 months.

_____ b) I will notify the West Virginia University School of Nursing Student Services Department within 24 hours of any citations, arrests or convictions.

If any of the above statements are answered False, you must explain below.

Appendix 9: WVU HSC Student Vaccine Religious Exemption Request Form

West Virginia University ("WVU") students seeking a religious exemption from a vaccine mandate of a WVU Health Sciences Educational Program must submit this form for review to the Chancellor's Office at vaxreligiousexemption@hsc.wvu.edu. Following this review, the student will be notified if the exemption is approved. This form is for a **Religious** exemption ONLY. **Medical vaccine exemption** requests should be directed to the Office of Accessibility Services. Residents and fellows should submit vaccine exemption requests to Employee Health at WVUH.

By submitting and signing this form you agree to the following terms and conditions:

- I understand and agree that receiving an exemption may delay or prohibit my timely completion of my program at WVU.
- I understand and agree that I will be required to wear a mask and take any other reasonable precautions that may be requested of me by the clinical site to which I am assigned to protect against the spread of contagions.
- I understand and agree that all rotation and experiential sites may not be available to me and that this delay may prohibit my timely completion of my program at WVU.
- I understand and agree that this exemption may not be recognized or accepted at sites that are not owned or operated by WVUHS, and that those sites may require me to go through their religious exemption request process. In addition, I understand and agree that some sites that are not owned or operated by WVUHS may refuse to grant an exemption, and I may not be able to participate in those rotations or experiences, which may delay or prohibit my timely completion of my program at WVU.

Section 1: Basic Information

Print Name: _____Date of Request ___/___/____

WVU Student ID#: _____

School: _____Program: _____

E-mail: _____Phone: _____

Does your position/activity involve direct patient care? Yes ☐ No ☐

Section 2: Previous Religious Exemption

Have you previously received an exemption from a vaccination from WVU or WVUHS?
Yes ☐ No ☐

If Yes, state:
Name of entity granting exemption: _____
Date(s) of previous exemptions: _____

Section 3: Required Information

Please list below the vaccination(s) from which you are seeking an exemption.

Please describe below the nature of your objection to the vaccination requirements including a description of the specific religious beliefs, practices, or observances at issue.

Would complying with the vaccination requirements substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how below.

Please
provide any additional information that you think may be helpful in reviewing your request. For example:

- Whether your religious objection is to the use of all vaccines, a specific type of vaccine, or some other subset of vaccines.

- Whether you have received vaccines as an adult against any diseases (such as measles, chicken pox, or a tetanus vaccine).

You are strongly encouraged to attach any documentation that may support or assist in the review of your request. Examples: a letter from your priest, pastor, or religious leader.

Please indicate below whether you have provided supporting documentation.

Yes ☐ No ☐

[Signature Page Follows on Page 4]

Section 4: Affirmation and Acknowledgement

By signing below, I am representing that I understand the terms and conditions outlined above and the potential risk inherent in not receiving vaccinations. I declare to the best of my knowledge and ability that the foregoing is true and correct.

Printed Name: _____

WVU Student ID#:_____

Date: ___/___/_____

Signature: _____

PLEASE EMAIL THIS FORM AND ANY ATTACHMENTS TO:

vaxreligiousexemption@hsc.wvu.edu

FOR OFFICE USE ONLY

Date received: _____ Documentation attached: _____

Date reviewed: _____

Reviewed by: _____

Approved: Yes _____ No_____

Comments: _____

Appendix 10 : Leave of Absence (LOA) or Withdrawal Form

WVU SCHOOL OF NURSING
APPLICATION FOR LEAVE OF ABSENCE or PROGRAM WITHDRAWAL
For the BSN, MSN, Post-MSN, DNP, and PhD Programs

Name (Print):_____ Student ID#: _____

Date:_____ WVU MIX Email Address:_____

Present Program & Track (if applicable):_____

Students should contact their program director and academic advisor regarding their intent to takea leave of absence or withdraw from the program. Please review the LOA and withdrawal policies located in the program handbook.

It is my desire to:

☐ Take a Leave of Absence (Please include rationale below and any relevant documentation)

LOA Start Semester & Date: _____

LOA Intended Semester & Date of Return: _____

**Please note: It is the student's responsibility to contact the Advisor, Track Coordinator, and Program Director by the following date prior to the term in which you plan to return:*
July 1 to return in January; November 1 to return in May; February 1 to return in August

There is no guarantee that there will be a clinical placement available for you when you return. Decisions will be made based on space availability and availability of course or track offering.

Rationale for LOA Request:

☐ Withdraw from the Program & University**

Effective Date: _____

***Please note: If you withdraw from the program and would like to reapply in the future, you are required to follow the LOA policy to be eligible for continuation or readmission.*

SCHOOL OF NURSING USE ONLY

Program Director Signature:_____Date:_____

Associate Dean Signature: _____Date:_____Accepted☐ Denied ☐

Notifications Made To:
Course Professors ☐ Track Coordinator ☐
Academic Advisor ☐ Associate Dean ☐

Comments: