



Doctor of Nurse Anesthesia Practice (DNAP) Program Policy Resident Handbook

Academic Year (May 2025-2026)



This handbook has been prepared for the Doctor of Nurse Anesthesia Practice (DNAP) Program as a supplement to policies contained in the AdventHealth University (AHU) *Academic Catalog* and *AHU Student Handbook*. It is the resident's responsibility to read and follow the AHU Academic Catalog, Student Handbook and DNAP Policy Resident Handbook. **The Program reserves the right to revise statements, policies, curriculum, fees, calendars, schedules, in its sole discretion. Residents will be notified of material changes in policies via email, or Canvas with a resident affirmation.**

TABLE OF CONTENTS

<i>AHU Mission, Vision, & Values</i>	<i>4</i>
<i>AHU Educational & Program Philosophy</i>	<i>4</i>
<i>AHU Learning Outcomes</i>	<i>5</i>
<i>Civility</i>	<i>5</i>
<i>Community Service Learning Requirements</i>	<i>7</i>
<i>DNAP Program Goals & Learning Outcomes</i>	<i>8</i>
<i>Accreditation</i>	<i>10</i>
<i>Academic Accommodations</i>	<i>10</i>
<i>Academic Advisement.....</i>	<i>11</i>
<i>Academic Calendar</i>	<i>11</i>
<i>Academic Integrity.....</i>	<i>11</i>
<i>AdventHealth University Confidentiality Agreement.....</i>	<i>13</i>
<i>A.I Policy.....</i>	<i>13</i>
<i>Allowable Time Off</i>	<i>14</i>
<i>Breaks for Residents / Vacation Days</i>	<i>18</i>
<i>American Association of Nurse Anesthesiologists (AANA) Membership.....</i>	<i>18</i>
<i>Attendance</i>	<i>19</i>
<i>Clinical Experience Records</i>	<i>22</i>
<i>Clinical Residency.....</i>	<i>22</i>
<i>Communication.....</i>	<i>28</i>
<i>Computers</i>	<i>28</i>
<i>Computerized Testing Policy.....</i>	<i>29</i>
<i>Course Descriptions.....</i>	<i>30</i>
<i>Critical Event Report</i>	<i>30</i>
<i>Simulation Policy</i>	<i>30</i>
<i>Curriculum</i>	<i>30</i>
<i>Dismissal</i>	<i>31</i>
<i>Dress Code</i>	<i>31</i>

AHU ID Badge	31
Evaluation	34
Graduation	44
Identification - Clinical Sites	44
Extra-Curricular Employment	44
Exemplify Guidelines	29
Insurance.....	44
Liability.....	44
Licensure, Certification, and Immunizations.....	45
Monitoring Radiation Exposure.....	46
National Examinations (SEE/NCE.....	46
Organizational Chart.....	49
Faculty Responsibilities to the Student	50
Student Responsibilities to the Faculty	50
Performance Improvement Plans	50
Problem Resolution.....	55
Professional Conferences	56
Professional Integrity.....	57
Professional Support.....	58
Program Mental and Physical Standards.....	59
Program of Study.....	59
Readmission	60
Reporting Clinical Incidents.....	60
Social Media	61
Social Media Addendum	61
Substance Use and Abuse.....	61
Suspension/Probation.....	62
Tuition and Fees.....	67
HIPPA Compliance requirement.....	69

UNIVERSITY MISSION STATEMENT

AdventHealth University, a Seventh-day Adventist institution, specializes in the education of professionals in healthcare. Service-oriented and guided by the values of nurture, excellence, spirituality, and stewardship, the university seeks to develop leaders who will practice healthcare as a ministry.

UNIVERSITY VISION STATEMENT

The University is a leader in healthcare education, transforming the science and practice of whole-person care and developing influential professionals of uncommon compassion.

UNIVERSITY VALUES

These four words and their accompanying definitions are an identification and explanation of the values underlying the University Mission Statement. They play a vital role in the fulfillment of this Mission.

1. NURTURE

AHU will be an institution that encourages the personal and professional growth of its residents, faculty, and staff by nourishing their spiritual development, fostering their self-understanding, and encouraging a zeal for knowledge and service.

2. EXCELLENCE

AHU will be an institution whose programs are built upon an optimal blend of superior pedagogy, technology, and spiritual values; a blend designed to lead to the highest level of professional practice by its graduates.

3. SPIRITUALITY

AHU will be an institution where Christian professionalism is such an integral part of its programs and practices that it becomes the distinguishing characteristic of the organization.

4. STEWARDSHIP

AHU will be an institution where the wise stewardship of its human, intellectual, financial, and physical resources enable the university to achieve outcomes consistent with its mission.

UNIVERSITY EDUCATIONAL PHILOSOPHY

The University, a Christian institution, is built on the belief that God is the Creator and Sustainer of all things. This concept provides the foundation for the holistic approach the University takes toward human life. The general education curriculum endeavors to enhance residents' search for God, encourage respect for themselves and others, and expand their appreciation for all aspects of creation.

The faculty believe that a quality educational program offers residents the opportunity to develop personal and professional skills that will enable them to succeed in today's complex and fast-changing world. To achieve this success, graduates should be knowledgeable in a broad range of disciplines, including religion; the humanities; the natural, behavioral, and social

sciences; health and well-being; oral and written communication; mathematics; peer to peer teaching, and computer science.

The Doctor of Nurse Anesthesia Practice program is a rigorous program that requires an intense amount of studying, superior research methods, enhanced critical thinking skills, and problem-solving abilities. Residents are expected to utilize their own personal learning style to master more efficient studying techniques than they might have ever needed in the past.

NURSING EDUCATIONAL PHILOSOPHY OF AHU

AdventHealth University has adopted an educational philosophy that includes a course delivery format: blended learning. Blended learning includes content and activities delivered in a web-based format, while other content and activities are offered in a classroom setting. The blended course promotes learning that is interactive and engaging for students in the classroom but also allows them autonomy to learn at their own pace outside the classroom. In the blended format, a portion of the course activities will be completed on campus or through synchronous interactive video, to provide real-time contact with course instructors. Course activities may include, but are not limited to, lecture content, case scenarios, chats or discussions, exams, and clinical involvement. Real-time interactions may occur in the classroom or via technological interactives such as Polycom, or Skype. All nursing classes are offered in a blended and/or online learning format.

CIVILITY

Students, faculty, and staff are required to demonstrate civility in all interactions and communication, e.g., in-person, on-line, emails, phone and cell calls, virtual interactions, texting. They must always treat each other with respect and care. Students, faculty, and staff will demonstrate civility, professional, and caring, Christian behaviors in all interactions and communication, e.g., consideration, kindness, patience, grace, a positive attitude.

Students, faculty, and staff who demonstrate incivility, unprofessional, and un-Christian behaviors in interactions and communication, e.g., confrontational, interrupting, bullying, cursing, vulgarities, sarcasm, aggressiveness, threatening, accusatory, disrespectful, unkind, impatient, negative tone of voice, negative behavior, negative communication, judgmental, devaluing students, peers, faculty, staff, colleagues, and administration will be documented in a Disciplinary Process. This may lead to referral to the Citizenship Committee and dismissal from the Programs in the Department of Nursing, based on the frequency and severity of the behaviors. The Faculty and Vice-Chairs of the Department of Nursing Programs will make the determination of the disciplinary actions and procedure.

ADVENTHEALTH UNIVERSITY STUDENT LEARNING OUTCOMES

AdventHealth University strives to create an educational environment that fosters the inculcation of its four core values: Nurture, Excellence, Spirituality, and Stewardship. From those four ideals, the University has identified seven learning outcomes that inform its curricular and extracurricular endeavors with the goal that they be manifested in the lives of its

graduates. University Mission, Vision, Values, and Learning Outcomes may be found in 2025-2026 Academic Catalog.

In congruence with AHU's mission to education healthcare professionals who will practice healthcare as a ministry by being service-oriented and guided by the values of nurture, excellence, spirituality, and stewardship, the University strives to create an educational environment that fosters the inculcation of these four core values. From these four ideals, the University has identified seven learning outcomes which inform its curricular and extracurricular endeavors, with the goal that they be manifested in the lives of its graduates. Mastery of the learning outcomes is important to all AHU residents and graduates as they become professionals and develop a respect for others. The Seven Learning Outcomes consist of: 1) Caring, 2) Communication, 3) Critical Thinking, 4) Ethical / Moral, 5) Professional Expertise, 6) Service to the Community, and 7) Lifelong Learning.

1. **Caring (CA)**: The AHU graduate will be a caring professional who possesses a willingness to nurture other individuals in the context of healthcare as a ministry. A caring individual:
 - a. Defines the concept of caring.
 - b. Identifies the principles of caring.
 - c. Engages in caring behaviors.
 - d. Analyzes the impact of caring behaviors in healthcare.
 - e. Evaluates caring behaviors of oneself and others in healthcare.
 - f. Constructs new caring strategies for quality improvement in healthcare.
2. **Communication (CM)**: The AHU graduate will be an effective communicator who possesses appropriate verbal, nonverbal, and written skills in the practice of healthcare as a ministry. The effective communicator:
 - a. Employs appropriate mechanics, grammar, and word usage based on American Standard English.
 - b. Organizes and presents thoughts in a coherent form.
 - c. Adapts both written and oral communication to the target audience.
 - d. Analyzes and critiques the communication of oneself and/or others.
 - e. Reads and evaluates research reports within the healthcare field.
 - f. Designs and presents scholarly activity.
3. **Critical Thinking (CT)**: The AHU graduate will be a critical thinker who gathers relevant information and analyzes and uses that knowledge in practicing healthcare as a ministry. The critical thinker:
 - a. Identifies critical thinking strategies.
 - b. Interprets meaning using critical thinking strategies.
 - c. Classifies information using critical thinking strategies.
 - d. Develop solutions for complex problems.
 - e. Evaluates solutions for complex problems.

- f. Uses critical thinking strategies in the design and implementation of scholarly activities.
4. **Ethical/Moral (EM):** The AHU graduate will exhibit the characteristics of a Christian professional, treating everyone with respect and dignity in the context of healthcare as a ministry. The ethical/moral individual:
- a. Identifies the principles of moral/ethical behavior.
 - b. Illustrates principles of ethical/moral behavior.
 - c. Rates or ranks the importance of ethical/moral principles.
 - d. Apply ethical/moral principles in decision making.
 - e. Evaluates the ethical/moral principles in healthcare practice.
 - f. Integrates ethical/moral principles in healthcare practice.
5. **Professional Expertise (PE):** The AHU graduate will demonstrate professional expertise by passing appropriate professional examinations and exhibiting proficiencies within the context of healthcare as a ministry. The professional:
- a. Demonstrates an adequate knowledge base of his or her profession.
 - b. Performs skills appropriate to the clinical environment.
 - c. Advocates for the patients.
 - d. Examines the impact and effectiveness of the profession.
 - e. Supports the profession within the arena of healthcare.
 - f. Constructs innovative ideas and/or practices for improvement in the profession.
6. **Service to the Community (SC):** The AHU graduate will be one who fulfills social, civic, and environmental responsibilities while practicing healthcare as a ministry (see paragraph after #7 for more details in student responsibilities). The serving individual:
- o Identifies the needs of underserved populations.
 - o Explains the importance of participating in a professional community.
 - o Examine strategies to provide service to the community.
 - o Engages with civic entities.
 - o Evaluates service opportunities completed through self-reflection and peer evaluations.
 - o Designs solutions to assist populations in need.
7. **Lifelong Learning (LL):** The AHU graduate will be a lifelong learner who pursues excellence and the ongoing acquisition of knowledge and professional expertise. The lifelong learner:
- a. Defines the principles of lifelong learning.
 - b. Reflects on learning strategies.
 - c. Engages in a variety of learning opportunities.
 - d. Demonstrates information fluency.
 - e. Examine growth and improvement in learning experiences.
 - f. Develops a personal plan for lifelong learning.

AdventHealth University Community Service-Learning Requirements

The Doctor of Nurse Anesthesia program requires all students to complete 20+ hours of service-learning to successfully complete their education at AdventHealth University. Opportunities are provided through the program or the Office of Community and Student Engagement. After an event, the student must write a one-page reflection and email a copy to the Program Director and Kendra.Presley-VanHouten@ahu.edu. The students will be responsible for maintaining their total hours required for graduation along with reporting them to Kendra Presley Van Houten.

DNAP PROGRAM GOALS & STUDENT LEARNING OUTCOMES

The DNAP degree is a professional practice doctoral degree in nurse anesthesia. It provides the foundational sciences, anesthesia specific courses, and clinical practicums necessary to prepare residents for the National Certification Examination (NCE). Additionally, the related scholarship focuses on utilization of research findings for evidence-based clinical practice, education, and/or administration/business management related to nurse anesthesia, and the DNAP curriculum is designed accordingly.

In addition to the requisite foundational courses, completion of a Scholarly Project is required. The Scholarly Project is the culminating scholarly work that demonstrates the ability to translate research findings into practice. Each scholarly project is supervised by AHU faculty. The Scholarly Project focuses on utilization of research findings to augment evidence-based nurse anesthesia clinical practice, nurse anesthesia education, and/or administration/business management related to nurse anesthesia.

Graduates of the DNAP Program are expected to have acquired the knowledge, skills, and competencies necessary to fulfill their professional responsibilities, including but not limited to patient safety, peri-anesthetic management, critical thinking, and communication.¹

Council on Accreditation Required Competencies

- **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, e-mailing, social media viewing, etc.).
 - 3) Conduct a comprehensive and appropriate equipment check.
 - 4) Protect patients from iatrogenic complications.
- **Perianesthesia Management** – The graduate must demonstrate the ability to:
 - 5) Provide individualized care throughout the peri anesthesia continuum.
 - 6) Deliver culturally competent peri anesthetic care. (See definition: Culturally Competent)
 - 7) Provide anesthesia services to all patients across the lifespan. (See definitions: “Anesthesia services” and “Across the lifespan”)
 - 8) Perform a comprehensive history and physical assessment. (See definition:

¹ The DNAP Goals/Learning Outcomes and some definitions are adapted from the Standards for Accreditation of Nurse Anesthesia Educational Programs – Practice Doctorate (2015, Revised 1/2021), D-Graduate Standards 1-51 (pp. 17-20) & Glossary (pp. 34-42), by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), which is available at <https://www.coacna.org/wp-content/uploads/2023/02/Standards-for-Accreditation-of-Nurse-Anesthesia-Programs-Practice-Doctorate-revised-January-2023.pdf>.

- 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 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 physiological responses coincident with 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 NCE administered by the National Board on Certification and Recertification of Nurse Anesthetists (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 interprofessional and interprofessional collaboration.
 - **Professional Role** – The graduate must demonstrate the ability to:
 - 33) Adhere to the Code of Ethics for the CRNA.
 - 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 definition: 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 changes 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 various clinical settings.
- 47) Analyze health outcomes in a variety of systems.
- 48) Disseminate research evidence.
- 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.

ACCREDITATION

1. The DNAP Program is accredited by the **Council on Accreditation of Nurse Anesthesia Educational Programs ("COA")**, 10275 W. Higgins Rd., Suite 906, Rosemont, IL 60018-5603 phone: 224-275-9130. The COA website is: <http://coacrna.org>. The Program's previous review was completed in 2020 and granted until Spring 2030. The COA is a specialized accrediting body recognized by the Council on Higher Education Accreditation ("CHEA") and the U.S. Department of Education.
2. AdventHealth University is accredited by the **Southern Association of Colleges and Schools Commission on Colleges ("SACSCOC")**, 866 Southern Lane, Decatur, GA 30033-4097; phone: 404-679-4500. Pursuant to its SACSCOC accreditation, the University is authorized to award associate, baccalaureate, masters, and doctorate degrees.

ACADEMIC ACCOMMODATIONS

Information for residents seeking accommodations can be found at: [Disabilities | my.ahu.edu](#). Residents can also contact Betty Varghese, Licensed Mental Health Counselor for an evaluation at: betty.varghese@ahu.edu

Requests for accommodation and supporting documentation should be completed before the beginning of the trimester. Accommodations can take up to two weeks for approval and will not take effect until the approval process is completed.

ACADEMIC ADVISEMENT

DNAP residents are assigned an advisor at the beginning of their program of study and will meet with their advisor on a regular basis. At minimum, residents will meet with their advisor every trimester to discuss their didactic performance, clinical performance, professional behavior, and any issues of concern. In advising sessions, the faculty advisor and resident will review the academic/didactic progress and the clinical experience logs and time records. Faculty advisors and residents will review anesthesia management plans, case and skill numbers, and the formative clinical evaluations as discussed above. Formative daily clinical evaluations and summative clinical practicum evaluations are reviewed during these sessions.

- Advisors are available in person during school/office hours and via phone and email outside of school/office hours.
- Residents are responsible for monitoring their clinical and didactic performance and seeking assistance and guidance from instructors, coordinators, or their advisor.
- Advisors may request a meeting either in person or virtual any time a resident's performance or behavior is unsatisfactory.

ACADEMIC CALENDAR

The DNAP degree program is a 36-month course of continuous study. Upon entering the anesthesia clinical practicum sessions, residents do not follow the traditional AHU trimester breaks. To provide residents with necessary hours to accomplish course and clinical objectives and comply with the required numbers and types of anesthesia cases designated by the COA and NBCRNA. Didactic and clinical assignments are scheduled continuously throughout the calendar year.

Vacation time is pre-scheduled by the DNAP, typically in one-week increments each trimester and usually during a portion of the AHU trimester break periods, dispersed throughout the Program. Detailed information on time off can be found in the *Allowable Time Off* section of this handbook.

ACADEMIC INTEGRITY

Violations of academic integrity in any form are detrimental to the mission of the Program, the University, the resident's professional development, the academic and anesthesia practice communities, patients, and society at large. Residents are expected to avoid even the appearance of cheating or academic dishonesty. Violations of academic integrity may be reported to the Florida Board of Nursing. All academic integrity standards apply to both online courses and traditional in-person format courses.

DNAP faculty have the authority and the responsibility to make initial judgement regarding violations of academic integrity in the context of the courses and clinical assignments they teach. Faculty will evaluate all course assignments for copyright or plagiarism violations. The faculty may also request an electronic copy of all written course work or assignments completed by residents. Faculty may impose sanctions up to and including failure of the assignment, paper, exam, or course. Actions taken by the instructor do not preclude the Program or the University from taking

further action, including dismissal. Residents who are later discovered to have violated academic integrity during the Program, even if they have graduated, may have course grades changed to a failing score with appropriate notification given to the NBCRNA. Conduct that is punishable under the *Academic Integrity Policy* could result in criminal or civil prosecution.

Violations of Academic Integrity include but are not limited to:

- **Cheating:** any action that violates the Program's norms or instructors' guidelines for preparation and submission of assignments. This includes but is not limited to:
 - communication with another resident during a quiz or exam
 - attempts to read from another's paper or computer screen and any use of a mobile device for reference or communication.
 - wearing a smart watch
 - bringing materials such as paper (without prior approval from instructor), notes, phones into the testing area
 - accessing information electronically during a quiz or exam
 - having another person take an exam in one's place or taking a quiz or exam for another person.
 - copying from another resident
 - attempting to give or receive aid on an exam or graded assignment. This includes supplying OR receiving information on current, past, or future tests from fellow residents AND accepting test information (even if unsolicited).
 - circumventing secure exam practices/lockdown browsers
 - copying and/or sharing of exam materials, including talking to examinees or other residents about the exam, exam experience, and/or other inappropriate activities as defined by the NBCRNA: Inappropriate Exam Behavior | NBCRNA
- **Plagiarism** is a major violation of academic integrity involving the presentation of the work of another as one's own. Plagiarism includes, but is not limited to:
 - direct copying of any source (written or verbal material, computer files, audio, or video disks) whether published or unpublished, in whole or in part, without proper acknowledgment that it is someone else's.
 - copying any source in whole or part with only minor changes in wording or syntax, even with acknowledgment.
 - paraphrasing another's work or ideas without acknowledgment.
 - submitting one's own work which has been prepared by someone else, including research papers purchased from a person or agency.
 - copying or sharing of lecture content, both written and recorded. Lecture content is considered the intellectual property of the Program and is for the personal use of the enrolled resident only.
- **Alteration/Falsification of Academic or Clinical Records** includes any action which tampers with official Program or patient records and documents. This includes but is not limited to any alteration through any means whatsoever of an academic transcript, a

grade or change of grade report, attendance records, clinical experience records, patient charts, case numbers, anesthesia management plans, clinical evaluations, unauthorized use of Program documents including letterhead, and misrepresentation of one's academic accomplishments, awards, or credentials.

- **Academic Misconduct** is any action which deliberately undermines the free exchange of ideas in the classroom or threatens the impartial evaluation of residents by instructors or advisors. This includes but is not limited to attempts to bribe an instructor or advisor for academic advantage, and persistent hostile treatment of, or any act or threat of violence against, an instructor, advisor, or other residents; any activity presenting a conflict of interest (financial or otherwise) this also includes reproduction of exam content. Any copy, reproduction, or transmission of exam material is forbidden, and will be considered a violation of the *Academic Integrity Policy*.

AHU A.I. POLICY – A.I. CLASSROOM USAGE POLICY

AHU encourages the adoption and responsible use of AI tools as aids to enhance learning and productivity. It is important to understand that AI tools are intended to support student/resident work, and do not replace original thought or effort. These tools should be used only with explicit and clear permission from the course faculty, and then only in the ways allowed by the instructor. All submissions, unless otherwise specified by the course faculty, must be the student's own, original work. This includes but is not limited to draft or final assignments, papers, projects, exams/quizzes, oral presentations, discussion boards, or other work. Use of any other person, or AI for submitted work it will be treated as non-original work and is considered academic misconduct and is subject to appropriate actions AHU's Academic Misconduct Policy ([ACD 101.005](#)) [Academic Misconduct Policy | my.ahu.edu](#) still applies.

Consequences of Violation of the Academic Integrity Policy

Residents in violation of the policy are subject to disciplinary sanctions, which will include one or more of the following:

- Immediate dismissal from a quiz or exam resulting in a grade of zero.
- Lowered course grade, including a grade of F.
- A formal notice of a Violation of Academic Integrity, signed by the resident, placed in the resident's permanent record.
- Immediate dismissal from the Program, even on the first offense.
- *A second violation of the academic integrity policy *will always result in dismissal* from the Program.

ADVENTHEALTH UNIVERSITY CONFIDENTIALITY AGREEMENT

Students will abide by institutional, state, and federal privacy and confidentiality regulations and laws. Information students receive during their clinical experiences is considered confidential. Release of this data, in any manner, to an individual or entity that does not have an authorized need to know is prohibited. While in the clinical setting, it is possible to work with, have access to, and overhear information regarding patients, physicians, and others which must be considered confidential.

Students are directed, therefore, not to discuss outside the clinical setting or even with other students or agency personnel these items of information. Even casual conversation with instructors, agency personnel, and other students may be overheard and thereby violate the right of privacy of others. Be particularly careful about conversation in elevators, eating areas, and other public areas. Any inappropriate or unauthorized retrieval, review, or sharing of protected health information with other students, instructors, or agency personnel, or with the assistance of agency personnel is considered a breach of confidentiality and is illegal.

Students are to respect the privacy of all individuals with whom they come in contact while in the nursing program. Students who violate or participate in a breach of confidentiality will face disciplinary action, see Disciplinary Policy.

A form outlining specific obligations must be signed by the resident and given to the DNAP office.

[STUDENT CONFIDENTIALITY AGREEMENT.pdf](#)

ALLOWABLE TIME OFF - For Clinical Trimesters

The following policies supplement those in the *AHU Catalog*, and these are specific to DNAP residents.

Holidays

AHU recognizes the following eight (8) holidays:

- New Year's Day,
- Martin Luther King Day,
- Memorial Day,
- Juneteenth,
- Independence Day,
- Labor Day,
- Thanksgiving
- Christmas

The DNAP department also recognizes these two days as holidays:

- Wednesday before Thanksgiving
- Friday after Thanksgiving

Residents may be assigned clinical time during holidays, and holidays may vary according to clinical site. Residents who complete a clinical assignment on any of these holidays will earn one compensatory ATO day in their bank. If a holiday falls during a pre-assigned vacation time, the resident will not earn an extra day for the holiday.

Assigned Break/Vacation Time (See pg. 18 for dates)

DNAP residents will be assigned time off from academic classes and clinical assignments between trimesters by the DNAP, typically in one-week increments, as outlined in the DNAP Curriculum schedule. (*One week is typically equivalent to five AHU business days.*) These dates are pre-assigned by the DNAP and are not subject to be changed or extended by the resident. Residents are expected to use this pre-assigned vacation time to allow for rejuvenation and recreation, as well as for scheduling personal or routine healthcare appointments. Residents will be awarded Spring Break per the academic calendar.

Allowable Time Off (ATO): 10 days

Residents receive 10 days of allowed/scheduled time off for scheduled/approved time off outside of trimester breaks. These 10 days do NOT need to be made up. No more than four resident requests will be approved to use ATO on the same date (per discretion of DNAP Program Director). These days can be used for interviews, family events (reunions, weddings, etc.), etc. See ATO Guidelines for scheduling information.

Exceptions to ATO (no pre-planning or make-up time required)

- Bereavement: Three days will be granted for the death of an immediate family member (Parent, Sibling, Child, Spouse, or Grandparent).
- Jury Duty: Notify Program Director and Clinical Manager upon notification of summons for jury duty. (See *"Absenteeism; Jury Duty/Court Dates"* p.19)

Unplanned Clinical Absences

- In the case of personal illness or unforeseen circumstances resulting in a "call out" from clinical, each day missed, in excess of one day per trimester, must be made up during that trimester (except for the final trimester). Extenuating circumstances will be evaluated on a case-by-case basis per the discretion of the Program Director.
 - A provider's note is required for any absence greater than ONE day within 24 hours of the absence.

ATO Guidelines

- Allowable Time is scheduled at least 31 days prior to the day requested via Typhon and approved by the DNAP Program Clinical Manager
- Once a resident's request for ATO has been approved by the Clinical Manager, the resident may not withdraw that request, and the time will be deducted from the ATO bank accordingly.
- Residents may not request scheduled ATO during:
 - Independent 2:1 rotation
 - Any specialty rotation
 - Transplant rotation
 - Lake Monroe clinical rotation

Clinical Call out Resulting in Two ATO Day Deductions:

- The day before an exam.
- Any call out during a specialty rotation.
- The day before or day after an excused or approved day off, holidays DNAP breaks, on a scheduled makeup day.
- Calling out on Friday, Saturday, Sunday, or on scheduled makeup day(s)
- Failure to follow all three steps in the call out process

Residents are responsible for monitoring their ATO balance and can check with the clinical manager at any time.

Leave of Absence

Excessive clinical days missed may result in a leave of absence per the discretion of the Program Director. The maximum time of program completion is 48 months from start to finish.

Early Release from Clinical Day:

As soon as the resident is released from clinical, ***if before 2pm***, please notify the DNAP Program Director & Clinical Manager by email PRIOR to leaving clinical in real time to with the following information:

1. Doctor/CRNA who granted early release
 2. Time of release
 3. Location
 4. Reason for release
 5. Each resident MUST inform DNAP of early release. Classmates may not email on another's behalf.
- **Note for Illness:** *If 50% of the day is fulfilled, no ATO will apply. Otherwise, leaving early sick will result in the loss of 1 ATO Day*
 - **Release by Clinical Site:** *Does not apply to ATO (see procedure for early release from clinical)*

Makeup/Earned Time:

Please enter a Typhon request for ATO makeup time during a break or Saturday/Sunday. Also, email the Clinical Manager with the same information and details if makeup request falls within one week of the date requested.

****Please select the ATO - Allowable Time Makeup or Earned Request option in Typhon.**

In the request, please include request details such as desired location.

- May request makeup on any day **not scheduled for clinical or scheduled class time to be completed at any AdventHealth hospital**
- Saturday/Sunday makeup time must be made up at Orlando Main.
- Requests must be entered 1 week in advance
- Clinical makeup days for after graduation will be assigned per DNAP Clinical Manager
- Missed clinical days/hours can be made up in 12-hour shifts pending resident, program, and clinical site agreement.

ATO Guidelines for Final Trimester 9:

Residents will only be allowed one week (5 consecutive days) along with 2 non-consecutive days to schedule throughout the final trimester. Any unplanned absences in the final trimester must be made up before graduation.

Call Out Procedure for clinical

Use the following three (3) steps:

1. Call the Charge Anesthesiologist for the assigned clinical site that day, between 6:00am-6:30am (at 5:30am if assigned to ECT).
 - Give Charge Anesthesiologist the following information: resident name, assigned rotation site, specific OR room number assignment (if pre-assigned), and if working independently. (The resident should NOT simply call the main OR desk at the specific campus location.)
2. Immediately send an email to the DNAP Program Director, Assistant Program Director and the DNAP Clinical Manager BETWEEN 6:00 – 6:30am.
Email must include:
 - Time of the phone call

- Name of the Charge Anesthesiologist notified
3. Enter a request for an Other/Unplanned Circumstances Day in the online Typhon Scheduling System **after step 1 and 2 prior to 6:30 am. Typhon request MUST include time of the phone call and name of the charge Anesthesiologist**

*Note: A missed clinical day will count as a 9-hour day (average shift time)

Call Out for Junior/Seniors on Independent Shifts (2:1):

If scheduled for independent/medical direction (2:1) and need to call out for the shift, a classmate who is scheduled in the main OR, Orthopedics, or Endoscopy must be found to take the 2:1 rotation.

Procedure for Finding Coverage for a 2:1 Independent Shift:

○ **Resident #1:**

- Find clinical replacement (resident #2)
- Notifies charge MD at clinical site scheduled that resident #1 is calling out and resident #2 is covering.
- Send email to the Program Director, Assistant Program Director, Clinical Manager, and USAP scheduling (if USAP) with the charge MD's name, time notified, and time clinical site was notified.
- This can be done the night before the scheduled shift, or in the morning between 0600 – 0630 (unless in ECT, 5:30am)

Resident #2:

- Calls Charge MD at the clinical site to be covered to notify them of agreement to cover for the other resident who called off.
- Sends email to the Program Director, Assistant Program Director, Clinical Manager, and USAP scheduling (if USAP) with the charge MD's name, time notified, and that "resident #2 will be covering shift for resident #1".

Pregnancy

Operating rooms may present a potentially hazardous environment to a fetus. Residents who become pregnant should consult with the Program Director and Assistant Program Director as soon as possible so that clinical assignments may be adjusted, as necessary. The DNAP will work with residents who anticipate taking birth or pregnancy- related leave to adjust clinical and didactic assignments and the length of the Program, as necessary. Documentation must be completed by the resident for a special fetal radiation badge prior to the resident's return to clinical. A meeting with the Title IX officer is suggested for all pregnant SRNAs to be aware of their rights, accommodation and leave options. Any extension of clinical time due to birth or pregnancy related leave will be made up and may result in time after graduation not eligible for any further financial aid. Here is the form to fill out <http://www.ahu.edu/title-ix> if there are any concerns about fair treatment. Title IX officer is Ana-Michelle.Carrington@ahu.edu

Family Leave

Extended leave from the nurse anesthesia program will be granted to residents in accordance with [The Family and Medical Leave Act of 1993 | U.S. Department of Labor.](#)

Military Duty

Residents who are U.S. National Guard or U.S. Armed Services Reserve Force members will be granted military leave as outlined for Active Military Duty in the [AHU Academic Catalog.](#)

Leave of Absence (LOA)

A LOA may be granted at the discretion of the DNAP Program Director and the Provost. Residents requesting a LOA must obtain all necessary approvals from the DNAP and file the required forms with the Registrar's office before a LOA can be finalized.

Residents will be allowed a limited LOA for pregnancy/maternity or illness. Residents in good academic standing may request an LOA for reasons other than pregnancy/maternity or illness. Approval for the LOA is dependent upon the reason for the request, academic status, length of time in the program, and the curriculum design/schedule of the program.

- All requests for LOA must be submitted in writing.
- The length of the leave, date, and terms for reinstatement in the program must be determined before the LOA is approved.
- Failure to resume full time studies on or before the scheduled date may result in dismissal from the program.
- Other than for illness or pregnancy, a resident may only request one LOA during their program of study.
- The maximum time for an LOA (single or combined) is 12 months.

Hurricane Days

All clinical assignments will be cancelled if AHU closes. Notify the clinical sites immediately upon notification from AHU that the school is closing due to hurricane. If a clinical day is missed due to a hurricane, the day(s) do not need to be made up. All assignment due dates remain in effect regardless of hurricane status. Notify the course instructor of any unforeseen issues prior to the due date.

Vacation dates for Residents as of May 2025



Breaks Outline - Year
1 to Year 3.docx

AANA MEMBERSHIP

Residents are required to join the American Association of Nurse Anesthesiology (AANA) as associate members. These dues are \$300 (subject to change per AANA) paid by the resident to AANA, and the cost is the responsibility of the resident. Benefits of membership include the following:

- Subscription to the *AANA Journal*
- Subscription to the *AANA News Bulletin*
- Automatic Membership in the Florida Association of Nurse Anesthesiology (FANA)
- Reduced enrollment fees at national and state meetings
- Privilege to attend business meetings of AANA and FANA (non-voting status)

- Opportunities to network with other resident anesthetists, CRNAs, and health service industry personnel
- Opportunities to present info to new ICU RN's wanting to become a CRNA at FANA meetings

ATTENDANCE IS MANDATORY FOR CLASS AND CLINICALS

Residents must attend all instruction, including didactic coursework, laboratory assignments, computer applications, clinical instruction, clinical conferences, program recommended professional meetings, and clinical site conferences. Residents who are absent from instruction without authorization are subject to disciplinary action.

Residents who have an unscheduled absence (such as for illness) must contact the course instructor and Program Director and Assistant Program Director via email before the scheduled time and produce verifiable documentation to explain why the resident needs to miss class and to discuss what they need to do to address any missed didactic material. A missed class day will be deducted from the resident's allowable time off bank.

Unplanned clinical absences (in trimesters 3-8) are required to be made up within that trimester.

Absenteeism

Personal business must be managed during a resident's own time or using scheduled Allowable Time Off. Unexcused absenteeism is grounds for disciplinary action up to and including dismissal from the Program.

Jury Duty/Court dates: It is understood that court dates and jury duty are non-negotiable. These dates will be approved with verifiable documentation to the Program Director, Assistant Program Director, and Clinical Manager.

- Once a resident is notified of a requirement to appear in court or for jury duty a copy of the request must be scanned and sent to the Program Director, Assistant Program Director, and Clinical Manager immediately.
- A letter from the Office Manager can be provided to any resident who is in poor academic standing or will suffer any undue hardship by being called for jury duty if a resident requests it, and the resident can send it to the Jury Duty Administrator.
- There is no guarantee the administrator will excuse the resident. It is the constitutional right of any resident to serve their civic duty and attend jury duty.

Unplanned Class Absences

Class attendance is mandatory. Class days are not to be used to make personal appointments. Residents are responsible for contacting their didactic course instructors and the DNAP Program Director and Assistant Program Director before any unforeseen class absence. Consequences for missed classroom time are at the discretion of the course instructor and PD and APD.

- Residents who have more than five (3) unscheduled/unplanned absences in a calendar year will receive a Professional Performance Improvement Plan (P-PIP). A P-PIP remains in effect until completion of the DNAP program. Residents receiving two P-PIPs for any professional reason will be dismissed from the DNAP program.

Missed assignments must be resolved within 48 hours. Failure to do so can result in failing the assignment. Missed exams/quizzes must be made up the first day back in class. If the first day back is a clinical day, the resident will be released early to take the exam the first day back.

Missed Quiz or Exam

The DNAP recognizes the potential for other unforeseen emergencies on scheduled quizzes or exam dates and a medical doctor's note is required with the reason for the absence WITHIN 24 HOURS. Residents who miss quizzes or exams in DNAP-labeled courses must:

- Notify the Program Director, Assistant Program Director, course instructor, clinical manager, and their advisor via email as soon as possible in advance of the quiz or exam.
- Provide the program a note from a primary care health professional within 24 hours of notification that they will not be present. Residents will receive a zero for the missed quiz/exam without a formal note from a primary care health professional.

Missed Exam/Quiz Guidelines:

- If the resident calls in on a class day where there is also an exam/quiz, the entire day is considered an absence. The resident may not be absent from class but take the exam.
- The residents will take the missed quiz or exam on their first day back.
 - If the first day back is a clinical day, the resident will be dismissed early from clinical to take the exam.
- The quiz or exam will be an equivalent but different version of the original.
- 1 ATO will be deducted for each missed day.
- Test/exam make-up is allowed for the death of an immediate family member, with verifiable documentation within 24 hours.
- The resident is prohibited from any communication with classmates about the test/exam topics.
- The resident may be assigned additional coursework, non-course related work, and/or counseling.

Tardiness

Tardiness includes reporting late for clinical duties, didactic classes /labs, and/or abuse of extended lunch periods or breaks. If a resident knows they will be late, they should notify the Course Coordinator, Program Director, Assistant Program Director, and clinical site. Residents failing to report to clinical within an hour of the scheduled start time will be considered absent and may activate the emergency contact for that resident to locate them. Unexcused tardiness is grounds for disciplinary action up to and including dismissal.

Late arrival of more than 5 minutes may result in prohibited admission into the classroom/zoom/meeting/lab.

Clinical Attendance Guidelines

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) expects residents' time commitment to be reasonable, and states that resident time commitment

consists of a reasonable number of hours that does not exceed 64 hours per week. COA defines Reasonable Time Commitment as follows:

- A reasonable number of hours to ensure patient safety and promote effective resident learning should not exceed 64 hours per week.
- This time commitment includes the sum of the hours spent in class and all clinical hours averaged over four weeks.
- This does not include commute time to and from clinical, or study hours.
- Residents must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours).
 - 10 hours off time does not apply from a clinical call shift to class time, just from one clinical shift to the next.
 - At no time is a resident administering anesthesia for over 16 hours straight.
 - Although a resident may be assigned to a 24-hour call experience, at no time may a resident provide direct patient care for a period longer than 16 continuous hours.

Clinical Clock in/Clock Out

Residents are required to log their clinical time accurately in Typhon and to clock in/out every clinical day using their AdventHealth (AH) ID badge at all AH facilities. The DNAP periodically spot-checks to compare residents' self-reported clinical time in Typhon with their clocked in/out time to maintain accuracy for NBCRNA/COA graduation requirements. Variations between these times will be addressed with the resident; significant variations on multiple occasions may lead to a clinical suspension or dismissal from the Program.

Missed Clock in/ Clock out

- More than two instances of a missed clock in/out within one rotation month will result in the resident being issued a Professionalism Performance Improvement Plan (P-PIP) and the deduction of 1 ATO day.
- If a resident's AH ID badge is lost, or if the resident suspects there may be an issue with the function of a time clock, the resident must email the DNAP Clinical Manager and advisor (in one email) immediately.

ResQ app for clinical log in times

ResQ is an app required for SRNAs that tracks many clinical training hours via their location through their smart phone once they enter a clinical site's geofence. DNAP residents use this app and must always leave their location on for all clinical site training to keep accurate records of their time. DNAP Administrators receive a daily, weekly, and monthly report on all residents at their sites to monitor clinical times.

- Residents are required to use the ResQ clocking in and clocking out application on their smart phones.
- Failure to comply with the ResQ application may result in dismissal from the program.

Attendance at Clinical Department Meetings

Residents are expected to attend the conferences and meetings of the clinical facility to which they are assigned. If the institution holds an early morning conference, residents should allow sufficient time to prepare for the day's cases prior to the conference.

CLINICAL EXPERIENCE RECORDS

Residents are responsible for maintaining an accurate, daily record of their clinical experiences. It is the residents' responsibility to understand and adhere to the COA guidelines for counting cases and the accurate recording of case logs in the Typhon system.

Residents are required to complete and submit **daily** clinical experience records via the Typhon system. This information should be updated daily.

- At **the end of each day**, the resident will record the total number of cases, procedures, etc. that were performed, as well as clinical time, anesthesia time, and simulated procedures on the Clinical Experience Record in Typhon.
- **Residents are responsible for securing their case needs and seeking these experiences out at the clinical site.**
- Residents should also be managing the accuracy of the clinical experience and time logs.

Clinical Experience Guidelines for Counting Clinical Experiences (COA)

<https://www.coacrna.org/wp-content/uploads/2020/01/Guidelines-Counting-Clinical-Experiences-July-2017.pdf>

- A resident may only count a case or procedure that they perform or participate in.
- Residents cannot take credit for an anesthetic case if they are not personally involved with the management of the anesthetic or only observe another anesthesia provider manage a patient's anesthetic care. No two residents can be in the same case.
- Residents will record their clinical cases **daily** online at: Typhon Group: NAST Resident Tracking System - Log In
- Inaccurate or delayed entry of cases in Typhon- **more than 1 week** -will result in a Clinical Performance Improvement Plan (C-PIP) and Professional -Performance Improvement Plan
- Typhon records are randomly audited throughout the Program and are reviewed during each academic advising session.

CLINICAL RESIDENCY

The clinical residency provides the resident with comprehensive clinical educational experience in basic and advanced principles of anesthesia practice. It includes but is not limited to the clinical curriculum requirements of the COA.

Educational Program

The 21-month clinical residency includes 7 sequential practicums where residents work under instruction/supervision of a CRNA or physician anesthesiologist. Each practicum has specific behavioral objectives for knowledge, skills, and attitudes. Instructional objectives are used to transmit knowledge, develop psychomotor skills, and shape attitudes.

A progressive intensity of clinical experience allows the resident the opportunity to demonstrate competency in specific knowledge, skills, and attitudes. Residents administer

sedation, general anesthetics, and regional anesthesia to all patient populations undergoing diagnostic surgical and therapeutic procedures including but not limited to general surgery, orthopedics, obstetrics, gynecology, pediatrics, geriatrics, transplant, thoracic, open heart, neurosurgery, and trauma. Upon completion of the clinical residency the resident is expected to meet the terminal objectives of the program as well as the required clinical experiences of the COA.

13 Current Clinical Sites, 6 in contract phase

The program utilizes a variety of clinical sites including community hospitals, academic departments, research institutions, ambulatory surgery centers, as well as CRNA only surgery centers providing the residents with a broad selection of clinical experiences. Clinical rotations begin on the 1st of the month and run one to three months. The dates and lengths of the rotation and the number of residents assigned to each site are dependent upon the number of enrolled residents, the number and selection of experience is at the site, availability of clinical faculty, and the readiness of the resident to benefit from the available experiences. A CRNA clinical coordinator at the affiliate sites is responsible for coordinating the educational experience including but not limited to resident schedules, assignments, and evaluations.

A resident may be excused from participating in a case because of conflicting cultural, ethical, or religious beliefs including abortion procedures and organ retrieval procedures. In no instance will the mission of the Program, University, clinical site practice, or patient care be compromised.

The DNAP program is not responsible for clinical site housing or travel expenses to the clinical rotation sites and all residents are required to travel as assigned.

Clinical Sites See Glossary for list

AH Altamonte USAP	In progress....
AH Apopka USAP	Orlando Eye Clinic (CRNA only)
AH Celebration USAP	Parrish Medical Center /Team Health Anesthesia Group
AH Daytona Beach	AH Palm Coast
AH Deland USAP	Oviedo Medical Center /Envision Anesthesia Group
AH Orlando (Main) USAP	Lake Nona Medical Center
AH Fish Memorial USAP	New Smyrna Beach AH
AH Kissimmee USAP	Tampa
AH Waterman USAP	Ocala Cardiovascular Institute (CRNA only)
AH Winter Garden USAP	
AH Winter Park USAP	
Florida Eye Center (CRNA only)	
HCA Lake Monroe Envision Anes Group	

Clinical Supervision of Residents

Clinical preceptors are CRNAs or physician anesthesiologists responsible for teaching nurse anesthesia residents during the perioperative period and evaluating their clinical progress. Instructors must be CRNAs or physician anesthesiologists who are institutionally credentialed to practice and are immediately available for consultation. The CRNA and/or physician anesthesiologist are the only individual(s) with responsibility for anesthesia care of the patient, and have responsibilities including, but not limited to providing direct guidance to the resident, evaluating resident performance, and approving a resident's anesthesia management plan (AMP).

Residents will be supervised in a 1:1 ratio during their initial clinical rotations (typically the first two clinical trimesters). More advanced residents may be supervised on a 1:2 instructor/resident ratio by instructors immediately available in all clinical areas.

Requirements of clinical supervision of nurse anesthesia residents:

- Must not exceed 2 graduate nurse anesthesia residents to 1 CRNA or 2 graduate nurse anesthesia residents to 1 physician anesthesiologist if no CRNA is involved.
- The supervision ratio should never exceed two residents to one instructor/preceptor.
- Residents in non-anesthetizing areas or situations, such as airway management and resuscitation are required to have clinical supervision from CRNAs and/or physician anesthesiologists and/or credentialed experts who are authorized to assume responsibility for the resident.
- Residents are not permitted to attempt clinical interventions without supervision by a CRNA and/or physician anesthesiologist and/or credentialed expert who is authorized to assume responsibility for the resident, except for nursing skills acquired prior to entering the program, i.e., starting I.V. lines, signing out medications, etc.
- Residents shall never be supervised by graduate registered nurse anesthetists, physician residents, or anesthesiology assistants.

Clinical Schedule

As residents' progress through the graduate program, they will participate in the care of increasingly complex patients and surgical procedures. Part of the required learning experiences for nurse anesthesia residents involves completion of call experiences, OB patient care, urgent organ transplants, emergency/trauma anesthesia delivery, and time outside the regular OR schedule. To participate in the full range of anesthesia care for these patients outside the regular OR schedule, residents will be assigned to some clinical rotations on weekends, holidays, evenings, and nights.

Clinical Shift Guidelines

- The typical, standard clinical day is 9 hours: 7:00am – 4:00pm
- Residents must arrive NO LATER THAN 6:00am for a clinical shift that starts at 7:00am
 - Residents are expected to arrive in the clinical area in sufficient time to prepare all necessary drugs and equipment check for the assigned clinical experiences.
 - At first, this may require arriving more than an hour before the surgical schedule starts.
- Residents can expect to be relieved from the operating room (OR) around 4:00pm, at the discretion of the clinical preceptor.
- Residents may request or be asked to finish interesting or unusual cases or cases which will end in a reasonable period.
- Residents are expected to remain in the OR area until they have been relieved of their duties by the clinical preceptor **and** the charge anesthesiologist.
- **It is inappropriate for a nurse anesthesia resident to ask clinical preceptors/liaisons to leave the clinical area early.**
- Residents may be dismissed early from the clinical area at the discretion of the clinical preceptor and the charge anesthesiologist.
 - If a resident is dismissed before 2 pm, they are to notify the PD, APD, and Clinical Manager. (See “Early Release” p.15)
- There may be times when residents are not dismissed from clinical until after 4:00pm or their assigned shift (transplant/call), at the discretion of the clinical preceptors and charge anesthesiologists.
- Residents assigned to cases are not to change, or ask to change the assignment, or switch assignments with other residents, without the express reassignment by the clinical preceptors and charge anesthesiologist.
- Refusing to complete clinical assignments, switching cases without appropriate authorization, or leaving the OR area without permission is grounds for loss of up to two ATO days per incident, suspension, and/or dismissal from the DNAP.
- Residents assigned to specialty rotations or liver call may be assigned 10, 12, 16, 24-hour shifts.
 - At no time is a resident administering anesthesia for over 16 hours straight.
 - If a liver transplant call overlaps with class time, the resident shall be in contact with the instructor immediately upon realizing they are on call (usually on Friday mornings) to make special arrangements with the instructor. A resident may need to plan to schedule a make-up quiz, or to make the class up. If the liver case has finished, the resident is required to attend class. Residents are responsible for all assignments, and clear communication between instructor and resident, in preparation for these call dates and required didactic material/exams and their appropriate due dates.

Clinical Assignments

Schedules for the next day with USAP are also typically emailed to the residents by the USAP scheduling department by approximately 5:00 pm

- It is the resident's responsibility to notify the DNAP immediately if the assignment has not reached their email, or if the resident has questions about the schedule. Contact the Clinical Manager first via email as soon as you are aware.
After such a change, the resident must contact DNAP Assistant Program Director and Clinical Manager on one email to their AHU email addresses about these events.
- Failure to retrieve assignments in a timely manner and participating in clinical schedules as assigned will result in the issuance of a Clinical or Professional Performance Improvement plan, loss of Allowable Time Off days, or dismissal from the Program.

Clinical Integrity

Integrity and ethical violations are taken very seriously and may result in probation, suspension, or permanent dismissal (without ability to reapply) from the Program by the DNAP Program Director in consultation with the DNAP faculty. Dismissal from the University is determined as stated in the section on Discipline in the AHU Academic Catalog. All integrity or ethical violations may be reported to the Florida Board of Nursing.

- Each resident is expected to be in their assigned clinical site, in the proper location, on time, ready to work.
- Three tardy arrivals to the same clinical site rotation will result in a Clinical Performance Improvement Plan (C-PIP) and a Professional Performance Improvement Plan (P-PIP).
- Each resident is to clock in/out using UKG time clock and have ResQ on.
- No resident may leave their location without notifying the charge anesthesiologist at that location/department.
- Failure to follow proper procedure to leave early (before 1400 or leaving more than two hours before shift ends for alternative shifts) will result in a Professional Performance Improvement Plan (P-PIP).

Daily Resident Clinical Responsibilities

- Nurse anesthesia residents are guests of the clinical affiliate. Residents must abide by the policies and procedures of the affiliating clinical institution and anesthesia department.
- Residents must clock in and out of the clinical sites each day they attend assigned clinical experiences, using their AdventHealth (AH) SRNA badge (if at AdventHealth site) and use ResQ at all times.
- Residents must ensure that a preoperative visit and evaluation is performed on at least the first assigned patient for the day. If the first patient is an in-patient and the resident's schedule and OR schedule is available in advance, the resident should complete this preoperative visit and evaluation prior to leaving for the day.
 - The assessment is to include an anesthesia related history and physical examination, review of pertinent laboratory and other studies (x-ray, ECG, MRI, stress tests, etc.). Previous anesthetic records from the old chart should be reviewed
 - The preanesthetic assessment is documented according to the procedures of each clinical site.
- For inpatient preoperative visits, residents are to review the preoperative evaluation with a preceptor at the site.

- Residents are to review the complete preoperative assessment for outpatients, if available.
- The resident, with the clinical preceptor, should develop an anesthesia management plan before induction.
 - In the event of a conflict between the resident's plan and that of the preceptor, the anesthesiologist or CRNA will make the final decision for the anesthesia plan of care.
- Residents are to prepare the anesthesia workstation and all airway equipment, drugs, and ancillary equipment necessary for the conduct of the procedure and anesthetic. This includes all IVs, regional anesthesia trays, fluid warmers, and invasive monitoring lines.
- A resident should manage the anesthetic from pre-induction through maintenance and emergence, in collaboration with the CRNA and anesthesiologist. The clinical preceptor will decide on the resident's level of involvement in the case based upon the resident's level of experience, the patient's condition, and the difficulty of the procedure. Residents should strive for increased independence in decision making and patient management as they gain knowledge and skills.
- The resident must position and/or supervise the positioning of patients to ensure optimal physiological function and to prevent injury.
- At the end of the anesthetic/procedure, the resident is to transport the patient safely to the appropriate postoperative area and report pertinent pre- and intra-operative data to the recovery personnel.
- All aspects of anesthesia care given (pre-, intra-, and post-operatively) must be documented by the resident according to the policies and procedures of the clinical site. This includes completing all required documentation of controlled substances and billing.
- Residents should visit their patients postoperatively and document the postoperative visit according to institutional policies.
 - Postoperative visits must be documented in the resident's Typhon time log (if estimate 15 minutes per visit, then enter as 0.25 since the measurement units for time logs are in hours).
 - Residents should strive to visit ambulatory surgery patients in the PACU recovery later in the day but prior to discharge. Residents should visit inpatients, especially during specialty rotations such as CV/CT and Neuro, in the ICU or after PACU discharge.
- Residents are to maintain and restock all anesthesia equipment and supplies in accordance with department policies.
- Residents must request a formative evaluation from the clinical preceptor each clinical day. No less than 50% of all clinical days must be evaluated formally by the preceptor.
 - It is the resident's responsibility to request the evaluation from the clinical preceptor and to follow-up to verify its submission and to review the evaluation content. The resident is responsible for notifying the DNAP Clinical Manager if a preceptor does not have access to the Typhon system.
 - Preceptors have a right to submit an evaluation, even if one has not been requested by the resident.

- When a resident experiences a clinical day that they believe may result in a negative clinical evaluation, or when a resident receives a negative clinical evaluation, the resident should contact their DNAP CRNA Faculty Advisor via email to request an appointment.
- Residents must report all near-misses, complications, and critical incidents immediately to the supervising anesthesiologist or CRNA. Additionally, an e-mail must be sent indicating that an event occurred (WITHOUT any patient-specific details) to the resident's designated DNAP Advisor (and copied to the DNAP Program Director), requesting a meeting with the Advisor.
- Residents shall participate in department quality assessment programs and clinical conferences.
- Residents found to be unprepared for clinical activities may be dismissed from the OR setting and the resident will be charged an ATO Day.
- Dismissal from the clinical area may lead to implementation of a Clinical Performance Improvement Plan (C-PIP), Professional Performance Improvement Plan (P-PIP), clinical suspension, or dismissal from the DNAP.

COMMUNICATION

Resident communication with program faculty and staff is vital and supports the residents educational and professional growth.

Email

Residents must check AHU email and electronic communications **daily**. Residents should immediately report problems with their laptop, resident email account, Canvas learning platform, Examsoft testing platform, or Typhon record-keeping system to the DNAP Program Director and Assistant Program Director. Emails will be respectful, in complete sentences, and contain appropriate salutation and closing.

Cell Phone

Residents are required to possess and maintain a functioning cell phone which can send and receive text messages throughout the clinical portion of the program. Furthermore, all residents' cell phone numbers will be shared with all other nurse anesthesia residents, USAP-Florida and its clinical anesthesia providers, and clinical anesthesia providers in all affiliation sites where residents may rotate for clinical experiences.

COMPUTERS

Residents are required to possess a laptop computer that supports internet access, e-mail capabilities, **Microsoft Office (Word, PowerPoint, Excel)**, **Adobe Acrobat**, and complies with the required AHU specifications. Course syllabi, schedules, clinical assignments, and other important course materials will be housed in the Canvas learning platform and/or sent electronically. The laptop must contain required software and Wi-Fi compatibility so that residents may obtain access to the internet (email communications from the DNAP, Canvas learning platform, Examsoft/ExamID/ ExamMonitor testing platform, and Typhon records) while away from the main campus. Additionally, residents will be issued a software bundle that includes Typhon. (The content of the software bundle is subject to change.)

Residents must bring their laptops to all didactic classes fully charged, as instructional units such as quizzes, exams and class activities require computer access. It is the resident's responsibility to know how to operate and to maintain their computer in functioning order. Exam, quiz, or assignment schedules and scores will not be adjusted due to computers not being brought to the class site or maintained in working condition. Laptops can be borrowed from the library if needed. All virtual meetings must have the camera on.

COMPUTERIZED TESTING POLICY

1. Students MUST have a laptop computer for every nursing course. Please see the "Software and Hardware Requirements" section under "Laptop Policy" section of the Academic Catalog for AHU laptop specifications.
2. All examinations in the nursing program MUST be taken using a laptop computer. Paper copies of examinations will not be available for students.
3. All course work designated as "in-class" must be completed in the classroom.
4. Students must bring their laptop computer with a power cord for each examination with the secure browser software loaded.
5. Students may not share computers for quizzes or examinations.
6. Technical support is available to students prior to the administration of a scheduled exam. Students with technical issues must contact University Technical Support prior to the scheduled exam.
7. Failure to take an examination as scheduled, for instance but not limited to: tardiness, failure to have a working laptop computer, personal reasons, illnesses without a health care provider release/note of office visit, transportation issues, exam not downloaded) will result in a 10 % total reduction in that examination grade. A maximum of one deduction will be applied to any given examination. This means: 5 points will be deducted from a 50-item examination, or 10 points will be deducted from a 100-item examination. Students receiving ADA accommodations for testing will be held to the same standards according to the nursing department testing policy as students in the classroom not receiving ADA accommodations.

EXAMPLIFY GUIDELINES

Some course exams (i.e., unit exams and final exams) will be proctored through ExamMonitor, a virtual test proctor. ExamMonitor provides remote proctoring capabilities for assessments delivered via Exemplify. ExamMonitor records video and audio of exam takers during exams, which are uploaded upon assessment completion and reviewed for potential breaches of academic integrity. Students are accountable and responsible for all exam guidelines noted in the BSN Student Handbook Supplement.

Students Responsibilities:

1. Students need to use their laptop for testing. The library may have loaners available if students are having issues with their own laptops.
2. All communication with Exemplify will be through the student's my.ahu.edu email. Students need to know how to check this email. If they have issues, they can go to my.AHU.edu site to find out their password and ID; if they need further help, go to the IT department for further consultation.

3. Students must have downloaded the exam 15 minutes prior to the scheduled class time.
4. After the exam and/or review students **MUST** upload the answer files before leaving the testing classroom/location. Failure to upload the exam will result in a “zero” grade for the exam.

STUDENT SIMULATION POLICY

Simulation Attendance Policy:

1. Students need to make accommodations for the assigned simulation day and times. Allotted hours for simulation experiences are set for each course. Simulation days are not flexible and cannot be changed; students need to make accommodations for the assigned simulation days.
2. Students must give notification of absence to the appropriate faculty before the simulation experience unless extenuating circumstances occur. Failure to notify the course faculty before a simulation absence will be documented and may result in disciplinary action. Simulation absences will be made up as determined by the course faculty.
3. Tardiness, unpreparedness, and the inability to safely deliver nursing care constitute failure for that simulation experience and result in a clinical failure.
4. Every attempt will be made to accommodate students requiring simulation makeup (i.e., excused, or unexcused) during the course. However, if this is not possible, makeup simulation time may be arranged after the course is completed and may result in an incomplete grade.

COURSE DESCRIPTIONS

All DNAP course descriptions can be found in the <https://catalog.ahu.edu/> Academic Catalog.

CRITICAL EVENT REPORT

The occurrence of a critical event needs to be reported to the program as soon as possible, but no later than 48 hours following the event. The resident should also follow the reporting requirements of the clinical site. Examples of critical events include but are not limited to the following: patient injury, drug error, needle stick, adverse drug reaction, unexpected medical event, personal safety/security event, perioperative mortality, HIPAA violation, interpersonal conflict with patient or coworker which may result in distraction from duty to patient care, or patient identification or operative consent errors.

CURRICULUM (See Course List pg. 64)

The DNAP program is 36 months of full time, continuous study. The program uses an integrated curriculum design that complements the learning styles of the adult learner. Following completion of applied sciences and introductory courses in pharmacology and principles of practice the nurse anesthesia resident is introduced to the clinical practice of nurse anesthesia. Didactic content is integrated throughout the 21-month clinical residency and includes advanced principles of practice evidence-based research, and completion of a scholarly project. Resident presentations clinical conferences and professional meetings are also integrated throughout the curriculum.

DRESS CODE

The personal appearance and demeanor of DNAP residents reflect the standards of both AHU and the DNAP program. Resident registered nurse anesthetists (SRNAs) are expected to maintain a professional image when representing the University, Program, and the profession in the classroom, clinical settings, and in the community. Business casual attire, which is professional, neat, and conservative, as well as good personal hygiene, is expected. Residents are required to wear professional to business casual attire in the classroom; no hats or hooded sweatshirts are permitted in the classroom. Scrubs are reserved for laboratories and clinical settings but may be worn on a day where classroom and lab activities are scheduled back-to-back. A resident will be required to immediately change clothing if they are not in compliance with this DNAP Dress Code. Facial piercings and gauges must be removed in clinicals, classrooms, and laboratories. Failure to follow the DNAP Dress Code may result in a Professional Performance Improvement Plan (P-PIP).

AHU ID BADGE

The AHU name/ID badge must always be worn at the chest/shoulder level while on the AHU campus or property, or while attending any clinical assignment. No lanyards are permitted at any entity where patient care takes place.

General Appearance for Business Casual Attire:

- Nails should be fingertip length and clean; polish, if worn, should appear natural.
No acrylics are allowed in clinical settings.
- Make-up should appear natural and conservative.
- Good personal hygiene, including an effective mouthwash and deodorant to prevent any offensive body odor, is required.
- Undergarments should not be visible at any time, to include when lifting, bending, or raising arms.
- Midriff area should not be visible at any time, to include when lifting, bending, or raising arms.
- Smoking or chewing tobacco is not permitted.
- Tattoos or body art should not be visible in the classroom or clinical. Long sleeves are required if present on arms. Body art/tattoos must be covered with appropriate size Band-Aids if not covered by clothing.

Items that are NOT allowed at any time include:

- Caps, hats, hoods, or beanies.
- Shirts or blouses tied at the midriff, clothing improperly fastened, or anything with a bare midriff (no skin showing on midriff even when bending or when arms are raised)
- Halters, backless dresses or tops, spaghetti straps, tube tops, tight tank tops, or muscle shirts, unless always covered by an appropriate outer garment (to include no visible cleavage).
- Apparel, emblems, insignias, badges, or symbols that promote the use of alcohol, drugs, illegal activities, violence, or gang involvement.

- Exposed undergarments or cleavage (e.g., bra straps, underwear, thongs showing)
- Shorts, sweatpants, cutoff pant legs, jeans with frays or holes
- Short skirts or dresses above mid-thigh are not to be worn.
- See-through clothing for undergarments to be seen.
- Casual flip-flops, no open-toed sandals
- **Too tight of clothing or too tight scrubs**

Professional Attire

In addition to the General Appearance for Business Casual Attire, Professional Attire expectations are outlined below for events requiring professional appearance or as indicated by faculty, which include but are not limited to:

- Job fairs/interviews
- Graduation events/ceremonies
- Guest Lecturer presentations
- Convocation service or other designated events
- Off-campus events/lectures

For males:

- Suit or slacks and a long-sleeved button-up shirt
- Jacket and a tie are recommended.
- Dress shoes and dress socks
- Jewelry is to be simple and tasteful.

For females:

- Suit or slacks and a blouse
- Dress or skirt that comes to or below the knee.
- A jacket is acceptable.
- No visible cleavage or undergarments
- Shoes should have a back; hose may be advised.
- Jewelry is to be simple and tasteful.

Simulation/Lab Attire/Hygiene

The attire and hygiene while in the Simulation/Learning Lab is to reflect professionalism and safety. Residents are to wear appropriate scrubs for lab sessions and may choose to wear an appropriate T-shirt with **no writing** on it under the scrubs to prevent cleavage from showing. This may be either sleeveless, $\frac{3}{4}$ sleeve or long sleeve shirt, but should look professional. Closed toe shoes must be worn. Hair should be secured so it does not fall in one's face during patient care. Course faculty reserves the right to dismiss residents from the Simulation/Lab for inappropriate attire or hygiene. Residents will have to make up the time and be responsible for achieving the objectives for the missed class day. **No gum chewing** is permitted during Simulation/Lab practice or testing.

Clinical Dress Code (Advent Health's Dress Code)

Residents of AHU have clinical assignments at AdventHealth (AH) and have occasion to be at AH frequently, so AHU expects residents to abide by the AH Dress Code, whether in AH clinical sites or non-AH clinical sites. The AH dress code is as follows:

- Clothing should be clean, non-revealing, properly fitting, and in good repair. Inappropriate clothing includes jeans, t-shirts, tank tops, shorts, leggings, capri or cropped pants, sweatsuits (shirts or pants), hoodies, and sleeveless garments.
- Uniforms & Scrubs can be worn in approved areas. **Hospital provided scrubs should not be worn outside the hospital/facility setting.**
 - Color and styles may be defined by department or campus leadership. Department logo is optional but should be on the upper right side.
 - Scrubs may be covered by scrub jacket or lab coat in department approved color.
 - An undershirt may be worn in neutral or matching color approved by department.
- Residents are to wear professional attire into the operating room clinical area and change into approved scrubs provided, failure to do so will result in a P-PIP.
- Shoes must be closed toe, non-skid, and in good repair; must conform to all safety standards determined by the facility. Athletic shoes are allowed only if specified by department policy. Inappropriate shoes include open toe, sandals, and flip flops.
- Identification Badges must be worn during all work time and are for the safety and security of patients and employees. Badges should be worn on the upper portion of the body with AH issued alligator or pulley clips only. No lanyards are permitted at any entity where patient care takes place. ID badge should not be worn if not on AH business or dressed according to AH image standards.

Grooming Standards

- **Hair** should be clean, neatly groomed, and not interfere with role responsibilities. When in direct patient care settings, hair must be pinned back or styled so it does not fall over patients. Unnatural hair color (blue, green, pink, etc.) is not permitted.
- **Facial hair** must be trimmed and neatly maintained in a way that is professional and does not interfere with the fit, seal, or function of a respiratory mask as mandated by the Occupational Safety and Health Administration (OSHA). Adornments and rubber bands in beards are not permitted. Some departments may require that hair nets be worn over beards.
- **Tattoos** must be kept covered and may not be visible.
- **Colognes, perfumes, and scented lotions:** should be avoided in patient care areas. Light fragrances are acceptable in non-patient care areas.
 - Tobacco/Alcohol/Other Offensive Odors: Due to contact with patients, customers, and other staff, the use of an antiperspirant and/or deodorant is required. The excessive smell of cologne, perfume, scented lotions, tobacco, alcohol, bad breath, or other offensive body odors is unacceptable in the workplace.

- **Cosmetics**, when worn, should not be excessive, should enhance natural features, and project a professional image.
- **Jewelry** may be worn if it does not present a safety hazard. Except for conventional earrings that present a professional image, visible body piercing(s) is prohibited. Facial piercings, such as nose, lip, and eyebrow piercings should be removed. Gauges larger than natural earlobe size are not permitted and must be replaced with skin-colored plugs. An acceptable gauge should have the same appearance as a small post earring. If skin dangles from gauge removal, earlobes must be taped back. Determining appropriateness of jewelry is the discretion of the manager at each site and must comply with all safety standards, as well as entity/department expectations of professionalism.
- **Hats and caps** are not permitted unless part of a department uniform and/or used for safety in performing certain jobs.
- **Fingernails** must be kept clean, neat, and at a reasonable length for excellent job performance. For clinical areas, nails should not exceed ¼ inch in length. **Acrylics, artificial nails/nail extenders, and silk overlays are also not permitted in clinical areas.** Some areas prohibit all nail polish products, and SRNAs should adhere to the protocols for each respective clinical site.

PPE/Safety Equipment

Personal protective equipment, such as gloves, goggles, mask, or gowns must be worn at appropriate work times, according to department guidelines and applicable laws. Additional equipment may include hearing protection, hard hats, and respirators.

Personal Belongings in the Operating Rooms (from USAP)

Neither the University, the DNAP Program, nor any clinical facility (hospital) is responsible for personal items that may be lost or stolen while at the institution.

- Nurse anesthesia residents should not bring their belongings into the OR suite.
- Of particular concern is the OSHA issue of infection control:
 - DO NOT place non-rolling bags on the floor.
 - DO NOT place belongings adjacent to the trash.
 - DO NOT place belongings next to or over the "sharps and medication" disposal units.
 - DO NOT place belongings within 5 feet of the patient.
 - All personal belongings must be "cleaned" between cases with wipes.

EVALUATION

The academic and clinical performance of the DNP residents will be evaluated every trimester. The program reserves the right to dismiss a resident whose academic/didactic or clinical performance is below the minimum level required by the program.

Didactic Evaluation/Grades

Grading of DNAP didactic courses is based on the percent ranges below. Grades are not rounded at any time in the AHU Nursing Department or DNAP department.

A =90-100%
B = 80-89.9%
C= 70-79.9%
F= 59.9% or below

- If an 80% is not achieved, the resident will not pass the course. Failure to pass the course will result in dismissal from the program.

Quizzes – Unannounced & Announced

Faculty may administer unannounced quizzes. Scoring and weighting of quizzes is at the discretion of the faculty member or course coordinator. The weight of one unannounced quiz will not exceed five percent (5%) of the total course grade. Residents absent from class when an unannounced quiz is administered may not make-up the quiz at another time.

Challenges to Quiz/Exam Questions

Challenges to quiz/test/exam questions should be presented via email to the course coordinator and specify a rationale as to why the resident's chosen answer should also be considered a "correct" answer. Appropriate textbook reference(s) and documentation should be provided with the rationale. Challenges concerning the appropriateness or relevancy of the question are not within the purview of the resident and will not be considered. Challenges will only be received for 24 hours after quiz/exam administration. Challenges should be directed to the course coordinator. The course coordinator will make the final decision concerning the challenge and notify the resident and/or class, as appropriate. Final course exams are not subject to resident review after completion; thus, final exam questions are not subject to challenge.

Quiz/Exam Review

It is not the practice of DNAP to conduct formal, in-class quiz/test/exam reviews. In core DNAP courses, residents may be given an opportunity at the end of the testing period to review their graded tests online for a limited time. Final course exams are not subject to resident review after completion. Residents needing to enhance test-taking skills may schedule an office appointment with the appropriate course coordinator and the Center for Academic Achievement.

Late Coursework

Faculty will not accept coursework submitted after the designated deadline. Past-due assignments may impact the resident's GPA, success, and course completion. Residents who fail to submit assignments on-time in DNAP-labeled courses (i.e., DNAP #####) must abide by the following process:

1. The DNAP course coordinator must be notified at least 24 hours in advance if the resident is unable to submit an assignment on time including during threat of hurricane.
2. Assignment extension is allowed for the death of an immediate family member, with verifiable documentation within 24 hours.

The DNAP Program recognizes the potential for other unforeseen emergencies and hardship that may impact the ability of a resident to submit an assignment on a particular day. At the discretion

of the course coordinator, a resident may be allowed an extension to submit an assignment in DNAP-labeled courses, with the following conditions:

1. The resident must notify the course coordinator at least 24 hours in advance, if possible.
2. The resident must submit verifiable documentation by email within 24 hours.
3. The assignment must be submitted within two (2) business days of the originally scheduled date.
4. The resident may be assigned additional coursework, non-course related work, and/or counseling.

This policy applies to assignments in DNAP-labeled courses.

Clinical Evaluation/Grades

Nurse Anesthesia Clinical Practicum 811 and 812 have grades assigned to them. The clinical practicums after are graded on a Pass (P)/No Pass (NP) basis. Residents must achieve a minimum grade of “Pass” in clinical coursework. Grades for the clinical practicum courses are awarded based on clinical performance and SEE results, which include clinical performance evaluations, as well as professionalism components and written anesthesia management plan assignments and deadlines. Meeting clinical schedules and expectations are important parts of progression through the DNAP.

Formative & Summative Clinical Evaluation of Residents

During the clinical residency, residents must meet specific objectives in the areas of knowledge, skills, and attitude for each of the seven practicums. A resident may receive a clinical performance improvement plan (C-PIP) at any time during the practicum for deficiencies in clinical performance.

AHU DNAP uses online, daily formative clinical evaluations as part of the ongoing formative and summative clinical evaluation. The DNP faculty adviser will complete a summative practicum evaluation at the end of each trimester as a summary of the written daily evaluations and verbal feedback transcribed from clinical faculty who have worked with the resident.

Daily Formative Clinical Evaluations

Clinical instructors identify and document clinical strengths and deficiencies or areas needing improvement during case management. Residents must obtain written formative clinical evaluations for a minimum of 50% of the days they have clinical case assignments. A resident who receives a daily evaluation for less than 50% of the days in clinical may receive a Clinical Performance Improvement Plan. It is preferred that residents obtain written formative clinical evaluations for at least 60% of the days that they have clinical case assignments.

- Residents are responsible for **daily** solicitation of verbal and written feedback and will e-mail a link to the Typhon online evaluation to the instructor each day they work together.
- Residents encountering difficulty obtaining clinical evaluations from preceptors should inform their academic advisor.
- Residents shall review their daily clinical evaluations weekly at minimum.
- Residents have the right to disagree with an evaluation. Residents may write a rebuttal to a daily evaluation and transcribed verbal feedback and submit it to their

DNAP advisor. The rebuttal shall include the date of clinical and the clinical site. The program will attach any resident rebuttal to the evaluation in question.

- Residents are never to confront a clinical preceptor about an evaluation. If a resident disagrees with an evaluation they should follow the rebuttal process above.
 - A resident who engages in confrontational behavior in the clinical setting will be issued a performance improvement plan. A second instance of confrontational behavior will result in dismissal from the program.
- Residents not complying with the minimum number of formative evaluations will not earn a grade of “Pass” (P) for the clinical practicum course, as they have not obtained enough evaluations to document consistent appropriate performance to pass the rotation. Further progression in the program will be contingent upon submission of missing clinical evaluations or making up clinical assignments represented by missed evaluations, which will be described in the Clinical Performance Improvement Plan (C-PIP) discussed with, presented to, and signed by the resident. Missing clinical time must be made up according to the discretion of the Program Director.

Summative Evaluation

At the completion of each trimester faculty academic advisers will complete a comprehensive clinical evaluation of the resident performance relative to the practicum objectives based on daily formative evaluations. The evaluation will be discussed and reviewed during each trimester’s advisory meeting with the resident.

Formative Clinical Evaluation Form & Scores

The formative evaluation form describes behaviors that residents are expected to meet or exceed during clinical practicums. These behaviors are based on the programs’ terminal objectives, which specify the skills and behaviors a graduate of the program will meet. Resident behaviors are rated in four categories based upon the trimester level.

Patricia Benner Nursing Theory Novice to Expert:

Novice: Expected monthly performance level for early 1st Clinical Trimester: (Trimester 3-January-April of 1st year)

- DNAP expects overall scores to be 1-2, for a mean of 1.5 in each of the first two months (January & February)
- DNAP expects overall scores to be 1.5-2, for mean of 1.75 in each of the next two months (March & April)
- Eager to learn but easily discouraged by small failures, unrealistically elevated expectations of self-performance
- No experience in anesthesia setting
 - Needs basic information emphasized, e.g., preop evaluation, room set-up, charting, airway management & intubation; IV starts
- Focuses on procedures
 - Concentrates on technical proficiency (room set-up, intubation, A-line insertion)
 - Anesthesia management plan is a laundry list of drugs and techniques rather than patient or procedure specific
 - Anesthesia management plan omits important patient/procedural considerations

- Relies on rules & rote memory to make decisions
 - Bases decisions on textbook learning without consideration of the context or special circumstances
 - Wants to know the **one** right way to do things
 - Administers calculated drug dosages without considering patient status
 - Poor or weak rationale for decisions
- Unable to identify what is important in a situation
 - Focuses on one aspect of the patient/procedure & is easily distracted
 - Unable to see big picture
- Requires constant direction
 - Uncertain
 - Hesitant to implement any interventions
 - Needs constant prompting & reassurance
- Disorganized
 - Room/drug/equipment setup is incomplete
 - Application of monitors & administration of drugs is illogical & disordered

Advanced Beginner: Expected monthly performance level for 2nd Clinical Trimester (Trimester 4-May-August of 2nd year)

- DNAP expects overall scores to be 2-2.5, for mean of 2.25 in each of the next two months (May & June)
- DNAP expects overall scores to be 2.5-3, for mean of 2.75 in each of the next two months (July & August)
- Beginning to develop some principles of practice
 - Understands the stages of the anesthetic process but is inefficient in implementation & management of the process
 - Comfortable with one method or plan of anesthesia; needs to be challenged to try other drugs & techniques
 - Recognizes that not all patients follow the rules
- Concerned with organizing and prioritizing tasks
 - Beginning to develop a plan for administration of an anesthetic & organization for a day
 - Has acquired basic technical skills (charting, intubation & airway management) but skills need considerable refining
 - Able to manage simple or familiar procedures with minimal assistance, e.g., prepares patient for anesthesia induction within 10 minutes. Beginning to manage more complex cases with less assistance (major ortho cases, crani, sicker patients)
- Needs help setting priorities
 - Problems or deviations from normal may disrupt thought or decision processes & organizational skills
 - Unable to adapt in rapidly changing situations
 - Rationale for decisions is good in familiar or simple situations; still unfamiliar with more complex procedures or those in special populations (peds, OB, etc.)

- Adequate preoperative assessment skills but needs suggestions for areas to include or check
- Relies on the expertise of instructors and others
 - Needs reinforcement that decisions are appropriate
 - May not feel responsible for the whole situation
 - Frequently underestimates or may not anticipate potential problems with patient or procedure
 - Recognizes problems/patient responses to procedure & anesthetic, but does so slowly
 - Makes interventions to correct problems, but intervention may not always be appropriate
- Can be left alone for brief periods but still requires considerable supervision

Competent: Expected monthly performance level for 3rd, 4th, & 5th Clinical Trimesters

(5th -7th Trimesters-September of 2nd year – August of 3rd year)

- DNAP expects overall scores in Clinical Trimester 3 (Sept/Oct/Nov/Dec) to be 2.6-3.0, for monthly mean of 2.80
- DNAP expects overall scores in Clinical Trimesters 4 & 5 (Jan-Aug) to be 2.75-3.25, for monthly mean of 3.00
- Organized and efficient
 - Good understanding of the anesthetic process & has formulated a method of implementing it
 - Anticipates potential problems & can manage some of them
 - Not overwhelmed by new situations
 - Safely administers anesthesia with minimal assistance on uncomplicated, low to moderate difficulty patients & procedures
- Focus on mastery and planning
 - Technical skills are good but need continued refinement, e.g., seeks to expand repertoire of airway management & regional techniques

Consciously consider steps to take in the event of a problem

 - Anesthesia management plan is less standardized & more patient specific
- Takes responsibility for management of anesthetics
 - Does not wait for instructor prompting to make interventions
 - Provides good rationale for decisions to instructors & surgeons
 - Accepts responsibility for decisions & outcomes
- Reluctant to ask for help; overly responsible
 - Focuses on doing all tasks without assistance
 - Inefficient use of other team members
 - Recognizes limitations of scientific knowledge & others' expertise
 - Has made mistake which had potential for adverse patient outcome; increases vigilance as a result
- Can be left alone for longer periods of time

Proficient: Expected monthly performance level for the 6th & 7th Clinical Trimesters (8th & 9th Trimesters-September – April of 3rd year)

- DNAP expects overall scores in Clinical Trimester 6 (Sept/Oct/Nov/Dec) to be 3.20-3.60, for monthly mean of 3.40
 - DNAP expects overall scores in Clinical Trimester 7 (Jan/Feb/Mar/Apr) to be 3.25-3.75, for monthly mean of 3.50
- Views situation as a whole rather than parts
 - Realizes that a successful surgical outcome involves many factors
 - Does not think about isolated parts of anesthetic but sees it as a total process
- Does not need to formally plan
 - Clinical experience allows anticipation of events
 - Knows what to do in each situation without prior planning
 - Considers alternatives based upon experience
 - Knows what can be safely omitted & what must be done
- Able to practice in a variety of situations with minimal direction
 - Technical skills are good & broad enough to meet most situations
 - Has administered enough anesthetics to feel comfortable with complex patients & procedures
- Comfortable with decisions
 - Recognizes limitations
 - May be overconfident of their ability
 - Knows when/who to call for assistance
- REGARDING COMMON/ROUTINE, NON-SPECIALTY CASES:
 - Intuitive grasp of situations
 - Recognizes crucial elements of a situation without in-depth analysis (fluid management, resuscitation, airway obstruction)
 - Know what needs to be done & does it.
 - Draws on an amalgamation of experiences & readings to make decisions & organize activities.

Perioperative Patient Safety Concerns

In addition to reporting via the formal clinical evaluation tool, clinical preceptors should report incidents to the DNAP where a resident's behavior, lack of knowledge, lack of skills, or any other actions may represent a perioperative patient safety concern.

Perioperative patient safety concerns may occur in a variety of areas, including but not limited to the following:

- Preventing, Detecting, and/or Mitigating Clinical Deterioration in the Perioperative Period
- Teamwork and/or Promoting Collegial Interpersonal and/or Interprofessional Interactions to Support Patient Safety
- Medication Safety
- Patient-Related Communication Issues, Handoffs, and/or Transitions of Care
- Airway Management Difficulties, Skills, and/or Equipment
- Anesthesia Professionals and Burnout

- Distractions in Procedural Areas
- Failure to comply with NPSF Timeout procedures

Resident Course Evaluations

Course evaluations provide a chance to reflect on what has been accomplished, to give feedback on a course's strengths, and to identify potential areas for improvement. Course evaluations are one of the primary processes designed for continuous quality improvement. Residents are provided with a link to a course evaluation for each course completed, near the conclusion of each trimester. All course evaluations administered through the University's course evaluation process each trimester are anonymous and do not influence grading by the faculty. Residents are encouraged to be reflective, professional, and constructive in evaluation feedback.

Resident Clinical Preceptor Evaluations

The clinical preceptor evaluation process is one of multiple processes designed for continuous program improvement.

Purpose

- Provide clinical preceptors with feedback and promote professional growth and development.
- Identify potential areas for faculty development programming.

Procedure

- Residents must complete anonymous evaluations of the clinical preceptors for a **minimum of 50% of the days they have clinical assignments**. This minimum average quantity is expected monthly, and the quantity will be assessed during the advising meetings with the residents' DNAP faculty advisors each trimester. It is the resident's responsibility to demonstrate to the advisor the quantity of preceptor evaluations submitted.
- While the minimal evaluation rate is 50%, it is preferred that resident's complete written preceptor evaluations every day.
- **It is the resident's responsibility to complete preceptor evaluations each month.**
- Preceptor evaluations are available on the DNAP's Typhon site.
- Preceptor evaluations are available for review by the respective preceptor via the online Typhon evaluation system and are available for review by the Chief Anesthesiologist and/or Chief CRNA at the Clinical Liaison meetings, which occur annually.
- Evaluations that contain negative feedback about a preceptor trigger a notification from the Typhon system that immediately notifies the Program Director and Assistant Program Director for follow up.

Resident Clinical Site (Facility) Evaluations

The clinical site/facility evaluation process represents one of multiple processes designed for continuous quality improvement of the program.

Purpose

- Provide residents opportunities to comment on clinical instruction at each site/facility.
- Provide clinical sites/facilities with feedback on their facilities and contributions.
- Provide feedback to program on clinical instruction at each site/facility.
- Identify potential areas for faculty development programming.

Procedure

- Residents must complete anonymous evaluations of clinical sites where they have been assigned for at least two weeks (6 or 8 clinical day span, depending on trimester), by the conclusion of the month.
 - If a resident was assigned to one site for the entire month, the resident must submit one clinical site evaluation for that month. If a resident was assigned to two sites, for two weeks each during the month, the resident is expected to submit two clinical site evaluations (one for each site/facility) for that month.
- The quantity will be assessed during the advising meetings with the residents' DNAP faculty advisor, which occur each trimester. It is the resident's responsibility to demonstrate to the advisor the quantity of clinical site evaluations submitted.
- **It is the resident's responsibility to complete clinical site evaluations each month.**
- The composite evaluations will be available to the respective site's Clinical Liaison for a complete concluded trimester at Clinical Liaison meetings annually, or upon request.
- Evaluations that contain negative feedback about a site trigger a notification from the Typhon system that immediately notifies the Program Director and Assistant Program Director for follow up.

Resident Self Evaluations

Self-reflection and evaluation are professional responsibilities and residents are expected to participate in their own evaluation process per COA. Each resident completes the DNAP year 1, year 2, and year 3 self-evaluation form at the end of each year to track their progress toward program objectives and learning and skill development goals. The faculty reviews the results of the resident's self-evaluation during advisory sessions.

Resident Exit Evaluations

Final program, or exit evaluations are conducted by the DNAP. Prior to the final trimester advising conference or exit interview, graduating third-year residents complete the Exit Evaluation in the Typhon EASI system. Resident comments from the online Exit Evaluation form are compiled in aggregate form for programmatic review by the COA. The Exit Evaluation process represents one of multiple processes designed for continuous quality improvement of the program.

EXTRA-CURRICULAR EMPLOYMENT

Residents must be prepared to devote full-time energy to their nurse anesthesia studies. Part-time work as an RN is difficult to maintain while trying to meet the program's demands and is discouraged. If a resident chooses to work, they may work only as long as:

- The resident's academic and clinical performance is satisfactory, and
- The resident is not employed during the 10 hours before any class or clinical assignment.

At no time may a resident work as a nurse anesthetist or represent themselves as a nurse anesthetist or resident (Violation of this segment of the policy will lead to immediate dismissal from the DNAP.)

GRADUATION

Residents will be recommended for graduation from AHU and eligibility for the National Certification Examination (NCE) through the National Board on Certification and Recertification of CRNAs (NBCRNA) when they meet the following criteria:

1. Meet all requirements of AHU and the Program for the DNAP degree, including making up any missed time due to absence of any kind. This includes schedule changes in conjunction with a Clinical Performance Improvement Plan (C-PIP), Professional Performance Improvement Plan (P-PIP) or penalties incurred in the Program, as assigned by the DNAP.
2. Meet all requirements of the accrediting/approval bodies to be eligible for licensure and certification.
3. Complete all AHU courses within the curriculum with a grade of 3.0 ("B") or better.
4. Complete all clinical practicum courses with a "Pass" designation.
5. Complete all required clinical experience numbers as stipulated by the COA: [Guidelines-for-Counting-Clinical-Experiences-Jan-2021.pdf \(coacrna.org\)](#)
6. Complete all requirements of the DNAP Scholarly Project and professional portfolio.
7. Possess current BLS, ACLS, and PALS certification.
8. Possess current, unencumbered Florida RN licensure.
9. The maximum allowed time for program completion is 48 months.
10. Successfully pass the [NBCRNA's Self-Evaluation Examination \(SEE\)](#) in the junior and senior year before graduation with the minimal passing score designated by the DNAP, based on the NBCRNA's yearly reported data.

IDENTIFICATION AND INTRODUCTION OF RESIDENT IN CLINICAL SITES

Residents are expected to present a professional image and always demonstrate professional behavior period this includes accurate self-introductions by full name and title. The AHU name/ID badge must always be worn at the chest/shoulder level while on the AHU campus or property, or while attending any clinical assignment. No lanyards are permitted at any entity where patient care takes place.

- Residents must always introduce themselves to patients in a manner that clearly defines their title and role in the patient's perioperative care. The following script should be utilized by all residents in all clinical settings:
 - *"Good morning, Mr./Ms. _____. My name is _____, and I am a registered nurse, in advanced training for a Doctor of nurse anesthesia practice.*
 - *"Today I am working with _____, who is a certified registered nurse anesthetist (if applicable) and Dr. _____, who is the physician anesthesiologist. We work as a team, and we all will be working together providing anesthesia care to you during your procedure."*
 - *(POSSIBLE ADDITIONAL EXPLANATION, as indicated if patient asks for clarification about role: I have been a critical care registered nurse for _X_ years*

and am now pursuing graduate level, advanced practice education in nurse anesthesia.)

- At no time may a resident work as a nurse anesthetist or represent themselves as a nurse anesthetist, CRNA, or anesthesia resident. (Violation of this will lead to dismissal from the DNAP.)

INSURANCE

Professional liability insurance is required for all nurse anesthesia residents. Liability policies for registered nurses will not cover the practice of anesthesia. AHU and AdventHealth (AH) have collaborated to arrange for AH to extend its liability coverage to all AdventHealth University residents engaged in academic clinical rotations planned or directed by AdventHealth University. This group liability policy certificate of coverage is provided at no additional cost to residents. (As this is a group liability policy, individual certificates of coverage are not available.) Thus, DNAP residents are not required to hold individual liability policies through another entity.

Residents may also choose to hold individual liability policies; however, this is optional and is not required. If residents choose, individual professional liability policies are available for nurse anesthesia residents through AANA Insurance Services. The cost of this individual liability insurance is the responsibility of the residents. The liability insurance covers residents throughout the United States when functioning as residents at assigned clinical sites. These policies do **not** cover the policy holder for non-DNAP planned or directed work related activities.

LIABILITY

Nursing faculty and students are covered by malpractice insurance provided by the University. The coverage applies only to school-related clinical experiences. Coverage does not extend to students and faculty working on their own time in clinical agencies.

Process for Submitting Resident Liability Insurance Claims – with AHU/AH policy

This process requires all clinical incidents and claims that occur in an AH facility to be submitted by the individual resident online through the AH Origami Risk site. (see “Reporting Clinical Incidents”)

- Immediately after a resident completes the online process to submit an incident or claim, the resident will be provided with an Event number for the incident.
- The resident must save the Event number and email the Event number to the DNAP Program Director to verify to the DNAP that the resident has submitted the report.
- If a clinical event occurs during a resident’s assigned rotation in a non-AHS/AH facility, the resident must contact the Program Director immediately to discuss the issue and obtain further instruction.

LICENSURE, CERTIFICATION, AND IMMUNIZATIONS

Residents are required to maintain a current, unencumbered Florida license as a professional registered nurse. Residents are required to have current American Heart Association (AHA) BLS by the first day of class, and ACLS/PALS by December of Year 1. BLS, ACLS, and PALS certifications and current immunizations must be maintained throughout enrollment in the program. Residents must present evidence of the Florida RN license and BLS/ACLS/PALS certification by the deadline determined by the DNAP prior to entry into the clinical area.

- Residents are responsible for the timely renewal of their nursing license and certifications and for all costs associated with the renewal process.
- Residents must comply with all screening and immunization requirements of the program and all affiliated clinical sites.
- A copy of a current Florida nursing license, BLS, ACLS & PALS certifications and immunizations must be on file with the Program.
- Failure to provide the Program with a copy of current license, certifications, or immunizations will result in suspension from clinical residency until a valid license, certification, or immunization record is submitted. Missed clinical days will be deducted from allowable time off days.
- If at any time, a nursing license is suspended or revoked, the resident will immediately be suspended from clinical residency. Residents unable to regain an unencumbered license as a registered nurse in Florida will be dismissed from the Program.
- These documents are maintained in compliance software called Castle Branch and it is the resident's responsibility to upload all documents in a timely manner. Any questions email Caleisha.Ryan@ahu.edu

Immunizations

AHU and many clinical sites require residents to be currently immunized prior to entry into the clinical area. In accordance with the AHU policy on "Health and Immunizations," residents are required to present verification of required tests as follows: immunization status against varicella, mumps, rubella, measles, chicken pox, and VDRL. Updated tetanus/diphtheria immunization (within 10 years), as well as a TB skin test (within 60 days) are also requirements.

Proof of immunity to Hepatitis B or documentation that the Hepatitis B vaccine immunization series has begun is also required prior to registration. The resident's private healthcare provider must perform these.

An annual TB test (or chest X-ray and/or QuantiFERON lab test), is required by all residents within 60 days prior to their anniversary date of entry.

When clinical affiliate sites mandate additional health tests or immunizations, including vaccines or more frequent TB testing, residents are required to comply.

MONITORING RADIATION EXPOSURE

Throughout the Program, residents participate in clinical experiences in areas with potential and/or actual radiation exposure. These areas include but are not limited to: Surgical services (Inpatient & Outpatient), Heart Catheterization Labs, Electrophysiological Study Labs, Endoscopy, Kidney Stone Center, Radiation Oncology, Pain Medicine, Nuclear Medicine, PET/MRI/CT Scans, Interventional Radiology, and Diagnostic Radiology. The purpose of this policy is to establish guidelines for the monitoring of radiation exposure performed, keeping within the as low as reasonably achievable (ALARA) Program limits as established by the State of Florida Administrative Code F.A.C. Bureau of Radiation Control 64E-5.304(1) and the AH Radioactive Material (RAML) Broad Scope License. The method of monitoring will be radiation monitoring badge dosimetry and/or Thermo Luminescent Dosimeter (TLD). Badges are assigned by the DNAP series badge coordinator before the DNAP 811 Clinical Practicum I course starts. All residents are provided with information on the radiologic aspects of radiologic exposure, including potential effects of radiologic exposure during pregnancy.

Wearing and Exchange of Radiation Monitoring Badges

1. Badges must always be worn when the resident is in a potential and/or actual radiation area.
2. When a lead protective apron is NOT worn, the badge should be worn at one of the following locations: Waist, chest, or neck area.
3. When a lead protective apron IS worn, the badge must be worn outside the apron at the collar level.
4. When not in use, radiation badges are to be stored in non-radiation areas, away from heat and moisture.
5. Exchange of monitoring badges will be quarterly and must be returned to the DNAP series badge coordinator within one week of the end of the wear period. Residents will be notified via email or personal communication by the DNAP series badge coordinator.
6. It is the resident's responsibility to ensure they exchange the existing radiation monitoring badge for a new one within one week of the end of the wear period. Failure to do so may result in clinical suspension with a P-PIP (with time deducted from the resident's Personal Time bank), at the discretion of DNAP faculty.
7. In the event of a lost badge, the DNAP series badge coordinator must be notified immediately so that a new badge can be provided. If a badge is found later, the resident must report the location it was found to the DNAP badge coordinator.

NATIONAL EXAMINATIONS

Self-Evaluation Examination (SEE) (<https://www.nbcna.com/exams/see-resources>)

During the program of study, residents take the NBCRNA Self Evaluation Exam (SEE). The purpose of the SEE is to:

1. Provide information to residents about their progress in the nurse anesthesia educational program.

2. Provide information to program administrators on how well their programs are preparing residents with the knowledge they need for anesthesia practice.
 3. Prepare residents for the National Certification Examination (NCE) experience.
- Residents must take the SEE at least twice during the DNAP program.
 - Residents will take the SEE beginning in the Fall trimester of the second year. The first attempt must occur before October 31st.
 - Achievement of a passing score on the SEE is required once in the junior year and once in the senior year.
 - The cost of the SEE is paid for by the resident each time they take it. The cost on March 31, 2025, is \$285.00.
 - Passing scores are adjusted annually to reflect the national average.
 - For Academic Year 2025/2026, the required passing score in the junior year is 425, and the required passing score for a senior is 450.
 - The SEE score will apply towards the grade for the Spring trimester clinical courses DNAP 814 and DNAP 817. A resident must take and pass the SEE with the required score before the last Friday of the regular class schedule (not including the final exam week) of the Spring trimester for coursework to be considered complete.
 - Residents can attempt the SEE as many times as needed from the start of the Fall trimester until the end of the Spring trimester (the last day of the regular class schedule) until a successful score has been achieved.
 - Residents may not schedule the SEE on a didactic class day. The best time to schedule the SEE is on a scheduled day off. If a resident is unsuccessful at the SEE, the missed clinical day will be counted off as ATO and the resident will be encouraged to complete an additional remediation course approved by the DNAP Program Director at the resident's expense. If the resident passes the SEE with the appropriate score, then ATO will not be counted. A meeting will also be scheduled with the Graduate Success and Remediation Specialist.
 - If a day off before the SEE is desired, the resident must request it off in Typhon.
 - Residents should schedule the exam early in the trimester to avoid testing center capacity issues. Failing to secure a testing date before the trimester's last day of regularly scheduled class is not an acceptable excuse for not passing before the trimester ends.
 - After taking the test, residents must report their SEE results, including scores in each category and the overall score, to the Program Director, Assistant Program Director, Advisor, and Clinical Manager on the same day. If a resident fails to pass the SEE by the end of the Spring trimester, the course work will be considered incomplete, and the resident will be dismissed from the program.

National Certification Examination (NCE) (<https://www.nbcna.com/exams/nce-resources>)

Graduates are expected to take the National Certification Examination (NCE) from the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA). Passing the NCE and receiving official certification from the NBCRNA are requirements to earn the CRNA credential. Extensive study is required before and after graduation for successful completion of the NCE.

The cost of taking the NCE is the responsibility of the resident and is payable to the NBCRNA upon completion of the DNAP program. The current fee of March 31, 2025, is \$1,125.00.

DNAP ORGANIZATIONAL CHART

DNAP ORGANIZATIONAL CHART - MAY 2025



Dr. Jill Mason



Dr. Elisha Coppens



Dr. Lee Ranalli



Dr. Justin Fuller



Dr. Thomas Baribeault



Jennifer Buric, Clinical Manager



Belinda Hernandez, Executive Assistant

FACULTY RESPONSIBILITIES TO THE STUDENT

The student will be provided with: Instruction in the classroom setting, via distance learning education technology and through the use of simulation.

Access to current nursing references and audiovisual materials.

Clinical experiences supervised by qualified faculty in accredited health facilities.

Individual counseling and referrals as needs arise.

A learning center equipped for demonstration, supervised practice, and evaluation of skill performance. Access to University resources such as enrollment services, student services, financial aid, and Student Academic Support Services. All students may access these services through the University webpage, e-mail, phone, and when necessary, video conferencing such as Skype. The faculty will:

- Post a schedule of office hours.
- Keep appointments with the students or make alternative arrangements.
- Provide evaluations of student progress and performance on a regular and timely basis.
- Encourage development of effective learning and study habits.
- Listen to grievances and suggestions and seek constructive solutions to problems.
- Return graded papers to
- students on a regular and timely basis.
- Communicate any changes in scheduling to the student.
- Begin classes and clinical labs with prayer and/or devotional readings.

STUDENT RESPONSIBILITIES TO THE FACULTY

The student is expected to:

- Meet appointments punctually or arrange for their postponement.
- Promptly notify the faculty of unforeseen circumstances that affect attendance and performance.
- Take the initiative in meeting deadlines and completing assignments.
- Take responsibility for learning (i.e., preparing for classes, clinical assignments, and skill validations).
- Take the initiative in consulting with faculty regarding concerns.
- Follow University, department, and clinical agency policies.
- Prepare for active participation in class, lab, and clinical.
- Demonstrate a positive, professional attitude.

PERFORMANCE IMPROVEMENT PLANS AND REMEDIATION

A written Performance Improvement Plan (PIP) will be issued to a resident whose performance in the Program is below what is expected or demonstrates substantial weakness. A PIP consists of an action plan with specific goals and requirements to promote and demonstrate improvement in the area(s) of weakness.

There are three types of PIPs that a resident may receive:

- (1) Academic Performance Improvement Plan
- (2) Clinical Performance Improvement Plan
- (3) Professionalism Performance Improvement Plan

There may be rare severe instances where the resident's performance or behavior is of such an egregious critical nature that the DNAP faculty may determine that initial or further remediation is highly unlikely to be successful. Thus, a resident may be dismissed from the DNAP Program without a PIP.

Academic Performance Improvement Plan (A-PIP)

If a resident has a 79.9% or below for 2 consecutive quizzes, exams, or homework assignments, OR if the overall grade falls below 80.0% at any time, the resident will receive an A-PIP from their DNAP faculty advisor.

- The resident will send email communication to the primary course instructor and their advisor (in writing, **via one email copied to Course Instructor and Advisor**), **within 48 hours** of the publication of grades that result in either:
 - An overall/total interim course grade of "C" (79.9% or below) at any time during a didactic course
 - A grade of "C" (79.9%) or below for a test/exam in a didactic course

Academic Performance Improvement Plan (A-PIP) – Document

As of ____ (date), ____ (student) has earned grades of ____% on ____ (% less than or equal to 79.9 "C" or below) for coursework in ____ and the overall course grade is ____ below 80%).

Action Plan:

- The student will write a 1-page reflective self-assessment of their academic performance.
 - State how they studied for quiz or exam or prepared for homework assignment.
 - Formulate a specific plan on how they plan to study or prepare for the next quiz, exam, or homework assignment. This must be different than how they studied or prepared up to this point.
 - List the factors they believe directly impacted learning. Due _____
- The student will meet with their program advisor within a week. Date of meeting: _____
- The student will meet with Student Academic Support Services to discuss strategies to improve their study skills and written assessment performance.
DATE: _____ SIGNATURE: _____
- The student will meet with Ms. Betty Varghese (AHU Counselor) (betty.varghese@ahu.edu) in the Office of Spiritual Care and Counseling to discuss strategies to improve study skills, address the possibility of ADA Accommodations.
DATE: _____ SIGNATURE: _____
- If any of these above individuals recommend any follow-up appointment(s), the student is expected to participate in accordance with the recommendations.
- The student may request additional appointments with any of these resources or with the primary course coordinator, if desired.
- The student will sign up with the DNAP tutor to attend **at least two tutoring sessions** to discuss/remediate the material that did not meet the academic standard for the course(s). DATE: _____ DATE: _____ DATE: _____
DATE: _____ DATE: _____ DATE: _____ DATE: _____ DATE: _____ DATE: _____
- The student may contact the DNAP graduate teaching assistants (tutors) for additional instruction, if desired. These appointments will be completed within two weeks of the low-test score/date: _____

The student is aware that concerns exist due to their current academic performance, and that this A-PIP notification has been issued with the goal of improving their academic performance. The student is aware of the criteria for and consequences of academic failure, as published in the current *DNAP Program Policy Handbook* and as noted here and in the [AHU Academic Catalog](#).

Academic Performance Improvement Plan (A-PIP) Policy DNAP Handbook

If a student has a 79.9% or below for 2 consecutive quizzes, exams, or homework assignments, OR if the overall grade falls below 80.0% at any time, the student will receive an A-PIP from their DNAP faculty advisor.

- The student will send email communication to the primary course instructor and their advisor (in writing, **via one email copied to Course Instructor and Advisor**), **within 48 hours** of the publication of grades that result in either:
 - An overall/total interim course grade of "C" (79.9% or below) at any time during a didactic course
 - A grade of "C" (79.9%) or below for a test/exam in a didactic course
- Academic/ Didactic failure will occur if a student:
 - has a final grade lower than "B" for any course,
 - has a cumulative program GPA lower than 3.00 at the end of any trimester.

Didactic Evaluation/Grades Policy DNAP Handbook

Grading of DNAP didactic courses is based on the percent ranges below. Grades are not rounded at any time.

A =90-100%

B = 80-89.9%

C= 70-79.9%

F= 59.9% or below

This section to be filled out by Advisor

This A-PIP is set to expire on: Date/End of Trimester():

Academic failure will occur if a student:

- a) has a final grade lower than "B" for any course
- b) has a cumulative program GPA lower than 3.00 at the end of any trimester

Student Signature/date

DNAP Program Advisor signature/date

Clinical Performance Improvement Plan (C-PIP)

A C-PIP will be issued to a resident whose behavior or performance in the program's clinical aspect is below what is expected or demonstrates substantial weakness, as described on daily formative clinical evaluations verbal/written feedback to the resident and/or clinical site communication with the Program about sub-standard, inappropriate, or unsafe clinical performance. A C-PIP will consist of an action plan with specific goals and requirements to promote and demonstrate improvement in the area(s) of weakness.

A resident who does not demonstrate substantial improvement after two C-PIPs will be dismissed from the program.

- The initial C-PIP period is 2 months.
- If the requirements of the initial C-PIP are not fulfilled during the initial 2 months, or if the continued need for improvement persists, a second C-PIP may be issued.
- A second-and-final-C-PIP will be for a period of two additional months, for a total of 4 months.
- If the requirements of the second C-PIP are not fulfilled during the subsequent 2 months, if multiple instances of negative feedback are received, or if a significant

instance of clinical weakness occurs during the second C-PIP, the resident will be dismissed from the DNAP.

- A resident who has been issued a total of two (2) CPIPs and then has any subsequent instances of substandard clinical performance (i.e., below expected for the level in the program) or with substantial weakness identified by clinical preceptors, will be dismissed from the DNAP for inadequate clinical performance.
- Residents not complying with the minimum number of formative evaluations will not earn a grade of “Pass” (P) for the clinical practicum course, as they have not obtained enough evaluations to document consistent appropriate performance to pass the course.
 - Further progression in the program will be contingent upon submission of missing clinical evaluations or making up clinical assignments represented by missed evaluations, which will be described in the Clinical Performance Improvement Plan (C-PIP) discussed with, presented to, and signed by the resident. Missed clinical time must be made up according to the discretion of the Program Director.
 - All days missed from clinical assignments due to clinical suspension(s) will be deducted from the resident’s bank of Allowable Time Off days, which may result in an extension in the duration of the program and delayed program completion.

Clinical Remediation Procedure

This procedure is instituted when the DNAP is made aware that an SRNA is having difficulty or has a weakness in a specific clinical area or multiple clinical aspects. The following lists the steps that may be taken to assist the SRNA in improving their proficiency to return to the clinical area with an improved set of clinical skills:

- The SRNA’s difficulty or weakness in a specific clinical area or multiple clinical aspects must be documented and reported in writing to the DNAP.
- The SRNA will meet with their program advisor to discuss and identify area(s) of weakness.
- The SRNA may be issued a Clinical Performance Improvement Plan (C-PIP), which may include but not be limited to some of the following components:
 - The resident will be referred to the Resident Academic Support Services and/or Office of Mission personnel, and the Graduate Remediation Specialist.
 - The resident may be assigned to write a brief reflective self-assessment of their performance in the DNAP and/or in an applicable area of focus.
 - The resident may be assigned a review of literature and current peer review practice regarding a specific identified area for improvement, and to submit a manuscript of at least 1000 words to summarize the information found in the literature, as appropriate.
 - An intensive written anesthesia management plan may be assigned to the resident based on individualized patient assignments and targeted clinical weakness, as appropriate. While creating the anesthesia management plan, the resident will work closely and in collaboration with DNAP Faculty.

- The resident may be assigned Simulated Learning Experiences based on specific identified clinical weaknesses and/or on targeted anesthesia management plan scenarios.
- The resident must demonstrate regular, consistent improvement in their clinical performance, as reflected in formative clinical evaluations.
- Once remediation is completed successfully and the resident has demonstrated consistent clinical improvement in targeted areas of weakness, the C-PIP will be fulfilled.
- If remediation is not completed successfully or the resident does not demonstrate consistent clinical improvement, they may be issued a second C-PIP or may be dismissed from the DNAP for inadequate clinical performance.
- There is no specific form for a C-PIP but is written up as a narrative of the event with statements from preceptors and the resident's.

Residents dismissed from the Program for inadequate/substandard clinical performance are NOT eligible to re-apply and are NOT eligible for readmission.

Professional Performance Improvement Plan (P-PIP)

Faculty members have the authority and responsibility to make initial judgment regarding violations of professional integrity in the classroom and in clinical settings and may impose sanctions. Corrective action will be used to address violations of protect professional integrity in the form of a P-PIP. Additional information on professional integrity and violations of professional integrity can be found in the professional integrity section of this handbook.

- A P-PIP will remain active until completion of graduation. A P-PIP can be issued for the following reasons:
 - Violations of professional integrity (*see "Professional Integrity"*)
 - If a resident is past the 48 hours in uploading written Anesthesia management plans or accurate information to the clinical case log or the clinical time log to Typhon.
 - A resident who is non-compliant with the designated process for documenting their time (i.e., clocking in and/or out) for any clinical site.
 - A resident repeatedly non-compliant with the DNAP Dress Code.
 - A resident who is found to exhibit conduct deemed unprofessional by the DNAP faculty in any setting within the DNAP Program, other than the situations currently listed in this section, will be issued a P-PIP by the DNAP faculty advisor, in consultation with the program administrators.
 - A resident who engages in confrontational behavior in the academic and/or clinical setting, A resident who engages in confrontational behavior for a second time in the academic and/or clinical setting will be dismissed from the DNAP Program.
 - Residents who have more than five (5) other/unplanned circumstances in a calendar year will receive a Professional Performance Improvement Plan (P-PIP).

- Residents receiving two P-PIPs for any professional reason will be dismissed from the DNAP program.
- Any resident found absent from their clinical site at any time will be dismissed from the program.

If a resident has been issued two (2) P-PIPs, the resident will be dismissed from the DNAP and will be ineligible for reapplication or readmission to the AHU DNAP Program.

PROBLEM RESOLUTION

Residents should attempt to resolve conflicts regarding performance or behavior by conferring with the person involved. If the complaint is not satisfactorily resolved, the resident should present the complaint to the DNAP Program Director. It is the responsibility of the director to thoroughly investigate the problem and respond to the resident. Every effort will be made to resolve the problem at the programmatic level.

Appeal of an AHU DNAP Program Decision

Appeal of decisions rendered by the DNAP Program Administrator must be submitted in writing to the Office of Academic Administration (as per the AHU *Academic Catalog*.) The written appeal must clearly state the basis for the resident's appeal such as:

- The DNAP Department Program Director's decision was made without sufficient consideration of facts, evidence, or circumstances of specific relevance to the resident.
- The DNAP Department Program Director's penalty, where applied, is considered too harsh.
- The DNAP Department Program Director did not issue a decision in a timely manner, reasonable to the complaint.

The Dean of Nursing, Provost, and/or their designee/s will review the decision of the AHU DNAP and if necessary, will confer with appropriate individuals within the institution qualified to make decisions related to issues specific to the situation, and will return a written decision to the resident within 10 AHU business days. The decision of the Office of Academic Administration is final.

Clinical Complaints/Grievances

The Program encourages and welcomes feedback on the clinical aspects of its operation. It recognizes the rights of residents to express dissatisfaction or make complaints about clinical issues. Grievances are complaints brought by residents regarding the DNAP's provision of clinical education affecting their role as residents. **Complaints/Grievances must be based on a claimed violation of a published DNAP rule or policy.** This policy does not limit the DNAP's right to change rules, policies, or practices. As a first step, the DNAP offers residents an informal process to lodge a concern or suggestion. This process allows residents to provide the DNAP with information or suggestions relating to clinical processes or clinical educational services provided.

Informal Complaints

Step 1: Resident raises concern regarding a specific clinical educational service or process with the relevant DNAP faculty or staff member

- **Step 2:** DNAP faculty or staff member will listen to or consider the resident's concern.
- **Step 3:** DNAP faculty or staff member explores options/implications of resolving the issue and does so.

Grounds for a Formal Written Complaint/Grievance

A resident has the right to lodge a Formal Written Complaint/Grievance. **This process is for all issues in which the resident believes they have been adversely affected by one or more of the following grounds/reasons:**

- Improper, irregular, or negligent conduct against a resident by a faculty or staff member
- Failure by an DNAP faculty or staff member to act fairly or without discrimination, prejudice, or bias towards the resident.
- Failure to adhere to appropriate or relevant published DNAP policies and procedures.

Submission of a Formal Written Complaint/Grievance:

Formal Written Complaints/Grievances should be submitted via AHU email to the DNAP Program Director.

A formal complaint/grievance must be submitted **in writing** via email to the DNAP Department Program Director no later than two (2) AHU business days after the incident prompting the grievance. **The resident's formal written complaint/grievance must clearly state which of the ground(s)/reason(s) for a complaint, as in the bulleted list above, applies in this instance.** The DNAP Department Program Director will communicate with the individual implicated in the complaint (and/or the AHU Compliance Officer, if indicated) and reply to the resident in writing within 10 AHU business days of receiving the resident's written statement.

PROFESSIONAL CONFERENCES

Residents are strongly encouraged to attend professional anesthesia conferences, such as Florida Association of Nurse Anesthetists (FANA), American Association of Nurse Anesthesiologists (AANA), and United States Anesthesia Partners USAP sponsored conferences. Every resident is encouraged to go to one meeting in Tallahassee for the state lobby day (preferably 2nd year) and one time to Mid-Year Assembly in Washington DC (April) or Annual Congress in August (site varies each year). Requests to attend meetings require advance submission and approval through Typhon. When approved by the Program Director, residents will not be charged ATO for attendance at the sessions of these professional meetings.

Professional Anesthesia Conference Time

Requests to attend meetings require advance submission and approval through Typhon. When scheduled appropriately, residents will not be charged ATO for attendance at professional meetings. Once approved, the resident is expected to attend the meetings. If the resident did not attend the conference meetings, the time missed from clinical and/or class will be charged as ATO.

- The resident must submit written proof of attendance to the DNAP office, in the form of the CE documentation for the conference.

- For distant meetings, residents should also submit a copy of the travel receipt for the trip to the DNAP office, to verify travel dates.
 - Travel time allotment will be determined by the DNAP for each meeting, based on locations.

PROFESSIONAL INTEGRITY

Residents are expected to display an acceptable level of personal conduct and professional behavior and are held accountable for their personal and professional behavior by the academic and anesthesia community, and society at large. Residents are expected to abide by the Code of Ethics for the Certified Registered Nurse Anesthetist. Violations of professional integrity or of the Code of Ethics for the Certified Registered Nurse Anesthetist are detrimental to the mission of the University, the Program, the resident's development as a nurse anesthetist, the academic and anesthesia community, patient, and society at large. Residents must abstain from violations of professional integrity and assume full responsibility for their personal conduct and professional behavior.

Violations of Professional Integrity include but are not limited to:

- Unauthorized disclosure of classmate, faculty, or patient confidential information
- Patient abuse and/or neglect
- Lack of respect for the expertise and responsibility of clinical instructors
- Use of profane or abusive language or otherwise engaging in rude or discourteous behavior
- Theft or attempted theft from classmates, employees, visitors, patients, third parties, or volunteers
- Falsification of records, medical forms, or other documents or material
- Use, possession, manufacture, distribution, dispensing, sale, purchase, or being under the influence of alcohol or illegal drugs; possession of drug paraphernalia or abuse of prescription drugs.
- Insubordination: including failure or refusal to follow instructor or preceptor's orders or direction, physical and or verbal violence, threats, or intimidation
- Possession of a firearm, weapon, explosive, or other dangerous object or substance
- Acts of commission or omission that are hazardous or potentially hazardous to patients, visitors, or volunteers.
- Use of scheduled class/clinical time for personal obligations
- Use of the Internet or other electronic tools for unauthorized purposes or unacceptable activities. e.g.: other than patient care related activities during perioperative patient management; or class related materials during lecture
- Unauthorized absences from the clinical area
- Violation of the Health Insurance Portability and Accountability Act (HIPAA) at any time
- Failure to follow policies and procedures of the clinical department.
- Interruption of classroom learning activity: tardiness, talking during lectures or presentations, use of cellular phones, or display of aggressive/argumentative attitude

- Demonstration of poor attitude toward clinical instruction or evaluation, including failure to complete assignments requested or to follow directions/instruction of instructor or preceptor.
- Display of poor response to criticism
- Nondisclosure of a romantic and or sexual relationship with an instructor or preceptor

Christian Professionalism

Christian professionalism encompasses love, justice, and mercy. Christian professionals will serve as both mentors and role models to residents, faculty, and/or staff. They will recognize the intrinsic value of those with whom they work. They will strive for excellence, combining it with commitment, compassion, and humility.

Key tenets of Christian professionalism include the following:

- Treating patients, their family members, faculty, fellow residents, and fellow healthcare providers with dignity and respect.
- Appreciating patients' generosity in allowing residents to learn while servicing their healthcare needs.
- Maintaining self-discipline, self-efficiency, self-management, and effective coping skills.
- Promoting self-discipline in fellow learners and co-workers.
- Maintaining appropriate dress in accordance with the dress code, including ID badge.
- Compliance with University policies, and Program standards, including those specific to a requirement of refraining from inappropriate verbal communications or physical contact.
- Following clinical area instructions and guidelines, as appropriate to patient safety.
- Using medications for their intended purposes and communicating as indicated with clinical faculty before medications are given, as appropriate to resident clinical functioning and level of independence.

PROFESSIONAL SUPPORT

Residents are introduced to the AHU Chaplains and Resident Academic Support Services personnel at the DNAP Program Orientation prior to enrollment, and each resident meets with them in first trimester. SRNAs may contact AHU Chaplains and Resident Academic Support Services at any time to arrange an appointment.

These services are not intended as a substitute for an SRNA's request to meet with any of the DNAP leadership and/or faculty about a matter, nor as a substitute for the regular DNAP advising sessions. These services are provided to ensure that SRNAs have ample avenues available to discuss any concerns.

Title IX issues must be addressed directly to Ana-Michelle.Carrington@ahu.edu

Any issues with clinical sites and/or personnel should be directed to the Program Director and Assistant Program Director. A write up of the events, names, date, those that witnessed the event will be required within 24 hours to the Program Director and Assistant Program Director.

PROGRAM MENTAL AND PHYSICAL STANDARDS

DNAP residents must meet the mental and physical requirements for the DNAP program as follows:

- Stamina: residents may be required to stand or be on their feet for prolonged periods during surgical procedures. They need to have the physical stamina to manage the demands of lengthy surgeries.
- Manual dexterity: Residents often need to perform delicate tasks, such as inserting and manipulating medical equipment, administering medications, and monitoring vital signs. Good hand-eye coordination and fine motor skills are essential. Have tactile ability sufficient to perform palpation functions of physical examination and/or those related to therapeutic intervention.
- Physical strength: Residents may need to assist in moving and positioning patients, which can require physical strength. They may also need to help lift heavy equipment or supplies.
- Sufficient visual acuity to observe and assess a patient, discriminate color, and depth, read, and accurately complete reports, and visualize diagnostic/monitoring equipment in dim light.
- Sufficient hearing to monitor and assess patient health needs, to monitor various equipment and background sounds, and to communicate by telephone.
- Mobility: Residents should be able to move swiftly and easily within the operating room or other medical settings. This includes the ability to bend, twist, and reach to access equipment or assist patients. Sufficient mobility to move from room to room and maneuver in small spaces.
- Have English communication abilities sufficient to interact professionally with others in verbal and written form, and have reading skills appropriate to understand patient charts, reports, and orders. Be able to speak English in a clear and concise manner.
- Endurance: Residents may work long hours, including nights, weekends, and holidays. They should have the endurance to manage these demanding schedules and be alert and focused during their shifts.
- Residents must maintain their physical health and fitness to meet the demands of their profession. Regular exercise, good nutrition, and proper rest can help optimize physical performance.

PROGRAM OF STUDY

Program length: 9 trimesters; 36 months; full time, year-round, continuous course of study. Clinical Practicums I-VI are 16 weeks and run continuously trimester to trimester. Clinical Practicum VII is 12 weeks.

****Study time is *in addition to* credit & contact hours per week and will vary by individual. An estimation of study time is an average of approximately 2 hours per credit hour per week.**

(Example: For a 3-credit course, a resident may expect to study approximately 6 hours per week outside of scheduled class time.)

Program Progression Requirements

Residents may progress toward the DNAP degree if they:

- Complete all scheduled AHU courses with a grade of 3.0 or better on a 4.0 grade point scale.
- Complete all scheduled clinical practicum courses, with grades above 80% or with a “Pass” designation.

READMISSION TO DNAP

An individual who withdrew in good standing may apply for readmission. The date of return is dependent upon course sequence. Tuition and fees will be paid at the rate in effect at the time of reenrollment. Courses previously taken (and passed) may have to be repeated following readmission, if granted.

An individual dismissed from the school because of failure to meet didactic requirements may apply for readmission. Please notify the Program Director and write a letter on how the circumstances have changed or how the resident has improved themselves and their chances of success in the program.

An individual dismissed from the program because of failure to meet clinical practicum objectives, or for more than two violations of Professional Integrity is not eligible for readmission.

REPORTING CLINICAL INCIDENTS

Residents must report all clinical incidents which occur at any AH clinical rotation sites using the online AH Origami Risk Event system. (AH may add a new “Department” or “Person” identifier to this system, to add the option to select AHU Resident or similar label to identify the appropriate department/role. If this addition occurs, DNAP residents should select that identifier.)

- Go to the AH intranet site at the following link: <https://ahsonline.sharepoint.com/>
- Hover over “Quik Links & Resources” and find and click on Origami-Patient/Visitor/Other Event
 - Complete the online form and submit it electronically.
- Residents can access the Origami tool from EPIC.
 - Click the Origami button in the bottom left corner of the patient medical record. This is the same location as the Riskmaster icon. This will automatically pull all the patient information into Origami.
- This form is to be used for all Patient and Visitor Incidents and Medication / IV / Blood Events. (This form is NOT to be used for employee incidents)
- This form is to be used for Adverse Drug Reactions instead of the paper ADR form.
- Complete as many fields as possible.
- Mandatory fields are marked with a red asterisk.

Needlestick Incidents

If a resident sustains an injury such as a personal needlestick during participation in an assigned DNAP clinical rotation, the resident should call the AH Exposure Hotline immediately (1-888-807-1020, option 2; available 24/7/365), and report to that site's Employee Health department for initial testing. The resident must submit an [AH Origami Risk Report](#) and submit an [AHU Incident Report Form to the DNAP office](#). Any recommended follow-up testing, or treatment is the resident's responsibility, using their personal health insurance.

SOCIAL MEDIA

The program recognizes residents use social media sites to share information and network. These tools can shape perceptions, thinking, healthcare decisions, etc. with great speed. A rapid and widespread dissemination has many advantages when communicating a message that is deliberate and thoughtful. However, unintended posts may damage the public's perception of quality in relation to the school or universities brand, and results in unintended consequences.

- No resident shall post photos, comments, or other forms of web-based material of or about faculty, staff, residents, clinical personnel, or patients to social media or web-based communication sites.
- No resident shall supply or forward photos, comments, or other web-based materials to anyone for posting on any web-based communication site.
- Any resident found to have posted, supplied, or forwarded materials for any posting used on any web-based communication site without permission may be dismissed from DNAP.
- The resident is responsible for photos that may be posted by the resident's guest(s).

SOCIAL MEDIA ADDENDUM

Comments, discussions, and personal information about patients, families and any health care provider are NEVER allowed to be posted on social media web sites, including but not limited to blogs, emails, Facebook, Twitter, or ANY other type of electronic or internet media. Comments that may be viewed as negative regarding AdventHealth University, clinical sites, and or fellow students should not be posted, and if posted, may result in disciplinary action. Students are expected to review the AHU Academic Catalog, Social Networking policy and the National Council of State Boards of Nursing (NCSBN) guidelines regarding social media, https://www.ncsbn.org/Social_Media.pdf as they will be held accountable for the information in these documents.

SUBSTANCE USE AND ABUSE

The DNAP adheres to the [AHU policy on substance abuse](#) in the AHU Academic Catalog. AHU is a substance-free educational institution. No smoking, drinking, or substance use is allowed on campus. **Residents enrolled at AHU give their consent for random drug testing.** Residents are responsible for reading the complete [AHU Alcohol/Tobacco/Drug Policy](#) in the *AHU Student Handbook*. All residents under the influence of any substances will be reported to University Administration, the Vice President for Resident Services, and will result in disciplinary action.

Any illegal substances, drug paraphernalia, alcoholic beverages, or cigarettes will be confiscated and disposed of.

It is the policy of the DNAP to address any problems that residents might have with substance (alcohol or mood-altering drug) abuse before or during clinical assignments. Alcohol or substance use by residents while assigned to clinical areas, or reporting for assignment under the influence, constitutes a direct threat to the safety of all residents, employees, patients, and visitors. It is the objective of the DNAP to contribute to a safe and efficient clinical environment by adopting a comprehensive alcohol and substance abuse policy that consists of three interrelated programs: (1) An Alcohol and Substance Abuse Testing Program; (2) Mandatory Disciplinary Action; (3) Referrals for Counseling.

Wellness and Substance Use Disorder

Wellness is defined as a positive state of the mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life. Substance use disorder (SUD), also known as chemical dependency and addiction, is a chronic and progressive disease which threatens physical and mental well-being and is characterized by a multiplicity of behaviors from misuse through dependency/addiction to alcohol and/or drugs (legal and illegal). The wellness/SUD curriculum must be an evidence-based program of study that could include but is not limited to the following five key conceptual components:

1. Importance of wellness to healthcare professionals: Describe the integration of healthy lifestyles, adaptive coping mechanisms for career stressors, and an awareness of chemical dependency risk factors and pathophysiology.
2. Healthy lifestyles: Describe attitudes, behaviors, and strategies (e.g., healthy nutrition, exercise, sleep patterns, and critical incident stress management) that create a positive work-life balance for personal wellness.
3. Coping mechanisms: Describe adaptive or maladaptive behaviors employed by individuals to reduce the intensity of experienced stress. Discuss positive stress reduction techniques, such as meditation, deep breathing, and exercise.
4. Identification and intervention of SUD: Describe needed awareness of the symptoms of SUD, appropriate strategies for successful intervention, evaluation, treatment, and aftercare.
5. Reentry into the workplace after treatment for SUD: Broadly describes components of successfully returning to anesthesia practice. These components include the frameworks for returning to administrative, academic, or clinical anesthesia practice; strategies to reduce the likelihood of relapse; and elements of lifestyle adaptation that lead to a healthy balance of professional work and physical, emotional, and spiritual health

SUSPENSION/PROBATION

Suspension or probation may be imposed for several reasons, including, but not limited to, reasons listed in the AHU Academic Catalog: violation of program policies, academic integrity violations, professionalism, clinical performance issues, and disciplinary issues. Suspension from

clinical participation will be determined by the DNAP, as addressed in the Clinical Performance sections of this document. Specific suspension times for problems outside of clinical issues will be imposed individually, as determined by the procedure for Discipline in the AHU Academic Catalog. A recommendation for suspension (other than for clinical issues) will go from the DNAP Program Director to the Provost, who will send it to the AHU Discipline Committee if indicated. (Refer to “*Discipline*” and “*Academic Appeal*” in the AHU Academic Catalog.) During this process, the resident may not participate in clinical assignments.

Course List

Year 1 – Trimester 1 Summer [1/9]	Year 1 – Trimester 2 Fall [2/9]	Year 1 – Trimester 3 Spring [3/9]
BIOL 716 Advanced Physiology with Anatomy (4 credits) Hybrid Prof: Dr. Leana Goncalves Araujo Days: Monday: 8–10:00 am Asynchronous Wednesday 8:00am – 10:00am Synchronous Language(s) Spoken: Portuguese, English, Race/Ethnicity: Hispanic Degree: PhD (Science) Prof: Dr. Montashem Samsam (Cadaver Lab) Lab: (3) Fridays: 8:00am – 12:00pm Synchronous Language(s) Spoken: English, Hungarian, Spanish, and German Race/Ethnicity: White/ Non-Hispanic Degree(s): MD & PhD (Effects of night work on circadian rhythms of inflammation markers) BIOL 732 Advanced Pathophysiology (4 Credits) Prof: Dr. Seemi Usmani Day(s)/Time(s): Online Asynchronous Asynchronous/Synchronous/Online/ Hybrid: Online Lab: no Language(s) Spoken: Race/Ethnicity: DNAP 700C Advanced Health Assessment and Diagnostics (includes lab) (3 credits) Prof: Dr. Elisha Coppens Days: Thursday 08:00am–10:50am Hybrid: Online Synchronous, Labs F2F Lab: yes Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MPharm, CRNA, APRN, CHSE DNAP 720 Advanced Pharmacology I (3 Credits) Prof: Dr. Lee Ranalli Days: Tuesday 8:00am – 11:05am Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNP, CRNA, APRN DNAP 730 Introduction to Nurse Anesthesia Profession (3 Credits) Prof: Dr Tom Baribeault, Co-instructor: Dr Elisha Coppens Day(s)/Time(s): Thursday 12:00pm–2:50pm Hybrid: Online Synchronous, Labs F2F Lab: yes Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MPharm, CRNA, APRN, CHSE	RELB 510 Identity and Mission in Faith-Based Healthcare (2) Online Prof: Dr. Jason Hines Day(s)/Time(s): Online Asynchronous Hybrid: Online first 7 weeks only Lab: no Language(s) Spoken: English Race/Ethnicity: Black/African American Degree(s): JD, MA, PhD DNAP 790 Evidence Based Practice I: Appraisal & Synthesis (3 Credits) Hybrid Prof: Dr. Justin Fuller Day(s)/Time(s): Tuesday 9:05am – 12:05pm Asynchronous/Synchronous/Online/ Hybrid: Online Lab: no Hybrid: Synchronous Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MSN, MAEd, CRNA, RN DNAP 725 Advanced Pharmacology II – Nurse Anesthesia (3 Credits) Hybrid Prof: Dr. Lee Ranalli Day(s)/Time(s): Monday 8:00am – 10:50am Synchronous Online Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNP, CRNA, APRN DNAP 738C Basic Principles of Nurse Anesthesia (3 Credits) Hybrid *Will require a 4-day intensive* Prof: Dr. Elisha Coppens Day(s)/Time(s): Thursday 8:00am–11:50am Synchronous Online/F2F Labs Lab: yes Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MPharm., CRNA, APRN, CHSE DNAP 741 Clinical Orientation Part I (the week immediately after Fall Final Exams) (1 Credit) Prof: Dr. Elisha Coppens/Dr Mason Day(s)/Time(s): Shadow Days (5) Synchronous Online Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MPharm CRNA, APRN	DNAP 742 Clinical Orientation Part II (January) Prof: Dr. Elisha Coppens/ Dr Mason Day(s)/Time(s): First week of classes Synchronous F2F Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MPharm, CRNA, APRN, CHSE DNAP 745C Advanced Principles of Nurse Anesthesia (includes regional & pain management) (5 Credits) Online Prof: Dr. Tom Baribeault Day(s)/Time(s): Tuesday 8:00am – 11:05am Hybrid: Hybrid Online /Labs Synchronous F2F Lab: yes Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MPharm., CRNA, APRN, CHSE DNAP 748 Principles of Nurse Anesthesia for Patients with Co-Existing Disease, Trauma & Across the Lifespan-including Trauma & Transplant Populations (3) Hybrid Prof: Dr. Elisha Coppens Day(s)/Time(s): Mondays 9:00am – 12:00pm Synchronous/Online Hybrid: Online Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MPharm CRNA, APRN, CHSE DNAP 701 Integration/Clinical Correlation I (1 Credit) Hybrid Prof: Dr. Justin Fuller Day(s)/Time(s): Mondays 1:00pm – 2:00pm Synchronous/Online Labs F2F Hybrid: Hybrid Online Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MSN, MAEd, CRNA, RN DNAP 811 Nurse Anesthesia Clinical Practicum I (Basic/Non-specialty) (3 days/wk. W/TH/F) (6 credits- 27hrs/wk. W, TH, F) Prof: Lead: Dr. Elisha Coppens, Co-Instructors: Dr. Ranalli, Dr. Mason, Dr. Fuller, Dr. Baribeault Day(s)/Time(s): Asynchronous/Synchronous/Online/ Hybrid: F2F clinical Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): See above
TOTAL: 17 credits	TOTAL: 12 credits	TOTAL: 16 credits

Year 2 – Trimester 4 Summer [4/9]	Year 2 – Trimester 5 Fall [5/9]	Year 2 – Trimester 6 Spring [6/9]
DNAP 791 Evidence Based Practice II: Design (1 Credit) Hybrid) Prof: Dr. Justin Fuller Day(s)/Time(s): Tuesday 9:00am-10:00am Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MSN, MAEd, CRNA, RN DNAP 758 Principles of Nurse Anesthesia Across the Lifespan (Pediatrics & OB) (3 Credits) Prof: Dr. Lee Ranalli/Dr Elisha Coppens Day(s)/Time(s): Monday 8:00am-11:00am Synchronous/Online Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNP, CRNA, APRN DNAP 702 Integration/Clinical Correlation (1 Credit) Prof: Dr. Justin Fuller Day(s)/Time(s): Monday 1:00pm-2:00pm Hybrid Synchronous/Online Labs F2F Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MSN, MAEd, CRNA, RN DNAP 812 Nurse Anesthesia Clinical Practicum II (Basic/Non-specialty & Regional) (3 days/wk.) (6 Credits -27 hrs./wk., M, T, TH, F) Prof: Lead: Dr. Elisha Coppens, Co-instructors: Dr. Lee Ranalli, Dr. Jill Mason, Dr. Fuller, Dr Baribeault Day(s)/Time(s): Hybrid: Online Lab: yes/no Language(s) Spoken: English Race/Ethnicity: White Degree(s): See above	HTCA 512 Information Systems & Healthcare Informatics (2 Credits) (first 7 weeks) Prof: Dr. Daniel Phelps Day(s)/Time(s): Asynchronous Online: Online Lab: yes/no Language(s) Spoken: English Race/Ethnicity White Degree(s): PhD DNAP 793 Evidence Based Practice III: Literature Review (1) (Hybrid) Prof: Dr. Justin Fuller, Dr. Lee Ranalli, Dr. Jill Mason, Dr. Elisha Coppens, Dr. Baribeault Day(s)/Time(s): Wednesday 8:00am -9:00am Synchronous Hybrid: Hybrid Language(s) Spoken: English Race/Ethnicity: White Degree(s): see above DNAP 703 Integration/Clinical Correlation III (1 Credit) Prof: Dr. Justin Fuller Day(s)/Time(s): Wednesday 9:05am-10:00am Synchronous Hybrid: Lab: F2F Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MSN, MAEd, CRNA, RN DNAP 813 Nurse Anesthesia Clinical Practicum III (Specialties) (4 days/wk.) (8 Credits -36 hrs./wk., M, T, TH, F) Prof: Lead: Dr. Lee Ranalli, Dr Jill Mason Day(s)/Time(s): Asynchronous/Synchronous/Online/ Hybrid: F2F Clinical Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNP, CRNA, APRN HTCA 544 Population Health Management (2 Credits) (Online) (first 7 weeks) Prof: Dr. Holly Orozco Asynchronous/Online Language(s) Spoken: English Race/Ethnicity: White Degree(s): PhD	FNCE 533 Healthcare Finance (3 Credits) (Online) Prof: Dr. Radhames Lizardo Asynchronous/Online Language(s) Spoken: Spanish, English Race/Ethnicity: Hispanic Degree(s): PhD DNAP 891a Evidence Based Practice IVa: Implementation (1 Credit) (Online) Prof: Dr. Justin Fuller Day(s)/Time(s): Wednesdays 8:00am-11:00am (all groups meet with Lori separately) Synchronous/Hybrid Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MSN, MAEd, CRNA, RN DNAP 814 Nurse Anesthesia Clinical Practicum IV (Specialties) (4 days/wk.) (8 Credits/36hrs/wk., M, T, TH, F) Prof: Lead: Dr Justin Fuller Day(s)/Time(s): Asynchronous/Synchronous/Online/ Hybrid: F2F clinical Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): see above RELE 502 (2 Credits) Christian Ethics in Healthcare Prof: Dr. Andy Lampkin Asynchronous /Online: Online Language(s) Spoken: English Race/Ethnicity: White Degree(s):
TOTAL: 11 credits	TOTAL: 14 credits	TOTAL: 14 credits

Year 3 – Trimester 7 Summer [7/9]	Year 3– Trimester 8 Fall [8/9]	Year 3 – Trimester 9 Spring [9/9]
<p>HTCA 632 Ethical Issues & Public Policy (2 Credits) (Online) Prof: Dr. Jason Hines Asynchronous/Online Language(s) Spoken: English Race/Ethnicity: African American/Black Degree(s): JD, PhD</p> <p>DNAP 770 Professional Issues in Nurse Anesthesia (3 Credits) Prof: Dr. Jill Mason, Dr. Ellen Star, Dr. Lindsey Bell Day(s)/Time(s): Wednesdays 9:05am-12:05pm Synchronous/Online Lab: yes/no Language(s) Spoken: English Race/Ethnicity: White Degree(s): see above</p> <p>DNAP 891b Evidence Based Practice IVb: Implementation (1 Credit)(Online) Prof: Dr. Justin Fuller Day(s)/Time(s): Wednesday 8:00am-9:00am Hybrid Groups meet F2F w Lori Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MSN, MAEd, CRNA, RN</p> <p>DNAP 815 Nurse Anesthesia Clinical Practicum V (Specialties) (4 days/week) (8 Credits/36 hrs./wk., M, T, Th, F) Prof: Lead: Dr. Tom Baribeault Day(s)/Time(s): Asynchronous/Synchronous/Online/ Hybrid: Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): See above</p> <p>TOTAL: 14 credits</p>	<p>DNAP 893a Evidence Based Practice Va: Dissemination (1 Credit)(Online) Prof: Dr. Justin Fuller 0.25, Dr. Jill Mason 0.25, Dr. Lee Ranalli 0.25, Dr. Elisha Coppens).25 Day(s)/Time(s): Asynchronous/Synchronous/Online/ Hybrid: Lab: yes/no Language(s) Spoken: Race/Ethnicity: Degree(s): see above</p> <p>DNAP 880 Nurse Anesthesia Principles Review I (1 Credit) Prof: Dr. Elisha Coppens Day(s)/Time(s): Asynchronous/Synchronous/Online/ Hybrid: Asynchronous Online Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MPharm CRNA, APRN, CHSE</p> <p>DNAP 804 Integration/Clinical Correlation IV (1 Credit) Prof: Dr. Lee Ranalli Day(s)/Time(s): Wednesdays Asynchronous/Synchronous/Online/ Hybrid: Lab: yes/no Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNP, CRNA, APRN</p> <p>DNAP 816 Nurse Anesthesia Clinical Practicum VI (4 days/week) (8 Credits/36hrs/wk., M, T, Th, F) Prof: Lead: Dr. Justin Fuller; Co-instructors: Dr. Jill Mason, Dr. Lee Ranalli, Dr. Elisha Coppens Day(s)/Time(s): F2F Clinical Language(s) Spoken: English Race/Ethnicity: White Degree(s): See above</p> <p>RELT 508 The Adventist Experience (2 credits) Prof: Michael Campbell Day(s)/Time(s): TBD Asynchronous/Synchronous/Online/ Hybrid: Lab: yes/no Language(s) Spoken: Race/Ethnicity Degree(s):</p> <p>*TOTAL: 13 credits</p>	<p>DNAP 893b Evidence Based Practice Vb: Dissemination (1 Credit)(Hybrid) Prof: Dr. Justin Fuller 0.25 Dr. Lee Ranalli 0.25, Dr. Jill Mason 0.25, Dr. Elisha Coppens 0.25 Day(s)/Time(s): Asynchronous/Synchronous/Online/Hybrid: Hybrid Lab: yes/no Language(s) Spoken: English Race/Ethnicity: Degree(s): see above</p> <p>DNAP 881 Nurse Anesthesia Principles Review II (1 Credit) Prof: Dr. Elisha Coppens Asynchronous/Online Language(s) Spoken: English Race/Ethnicity: White Degree(s): DNAP, MPharm CRNA, APRN, CHSE</p> <p>DNAP 817 Nurse Anesthesia Clinical Practicum VII (OR 4 days/week) (8 Credits/36hrs/wk., M, T, Th, F) Prof: Lead: Dr. Lee Ranalli; Co-instructors: Dr. Elisha Coppens, Dr. Jill Mason, Dr. Justin Fuller Day(s)/Time(s): Asynchronous/Synchronous/Online/ Hybrid: F2F Clinical Lab: no Language(s) Spoken: English Race/Ethnicity: White Degree(s): See above</p> <p>TOTAL: 10 credits</p>

TUITION AND FEES

Cohort 2026 (Begin May 2023) Cost of Attendance	Trimester 1 (Summer)	Trimester 2 (Fall)	Trimester 3 (Spring)	Year 1 Totals
Tuition	\$ 16,320.00	\$ 16,320.00	\$ 16,320.00	\$ 48,960.00
Matriculation Fee	\$ 300.00	\$ 300.00	\$ 300.00	\$ 900.00
Professional Program Fee	\$ 600.00	\$ 600.00	\$ 600.00	\$ 1,800.00
Books (approximate cost allotted; self-purchased)	\$ 1,500.00	\$ 1,000.00	\$ 1,000.00	\$ 3,500.00
AANA Associate Membership (resident pays to AANA)	\$ 200.00	-	-	\$ 200.00
Laptop Computer (approximate cost allotted, since laptop required)	\$ 1,050.00	-	-	\$ 1,050.00
Uniforms (approximate cost allotted, since required)		\$ 300.00	-	\$ 300.00
Total	\$ 19,970.00	\$ 18,520.00	\$ 18,220.00	\$ 56,710.00
Cost of Attendance	Trimester 4 (Summer)	Trimester 5 (Fall)	Trimester 6 (Spring)	Year 2 Totals
Tuition	\$ 12,240.00	\$ 12,240.00	\$ 12,240.00	\$ 36,720.00
Matriculation Fee	\$ 300.00	\$ 300.00	\$ 300.00	\$ 900.00
Professional Program Fee	\$ 600.00	\$ 600.00	\$ 600.00	\$ 1,800.00
Books (approximate cost allotted; self-purchased)	\$ 1,000.00	\$ 500.00	\$ 500.00	\$ 2,000.00
SEE Exam #1 (resident pays to NBCRNA; subject to change)	\$ 285.00	-	-	\$ 285.00
Total	\$ 14,425.00	\$ 13,640.00	\$ 13,640.00	\$ 41,705.00
Cost of Attendance	Trimester 7 (Summer)	Trimester 8 (Fall)	Trimester 9 (Spring)	Year 3 Totals
Tuition	\$ 6,120.00	\$ 5,100.00	\$ 5,100.00	\$ 16,320.00
Matriculation Fee	\$ 300.00	\$ 300.00	\$ 300.00	\$ 900.00
Professional Program Fee	\$ 600.00	\$ 600.00	\$ 600.00	\$ 1,800.00
Books (approximate cost allotted; self-purchased)	\$ 500.00	-	-	\$ 500.00
SEE Exam #2 (resident pays to NBCRNA; subject to change)	\$ 285.00	-	-	\$ 285.00
Graduation Fee	-	-	\$ 115.00	\$ 115.00
Certification Exam (NCE) Fee (resident pays to NBCRNA; may change)	-	-	\$ 1,285.00	\$ 1,285.00
Total	\$ 7,805.00	\$ 6,000.00	\$ 7,400.00	\$ 21,205.00
TOTALS FOR PROGRAM				Grand Total
Total: Tuition only (paid to AHU)	\$ 102,000.00			
Total: Matriculation Fees (paid to AHU)	\$ 2,700.00			
Total: Professional Program Fees (paid to AHU)	\$ 5,400.00			
Total: Other Fees Paid to AHU (Graduation) (paid to AHU)	\$ 115.00			
TOTAL TUITION + FEES PAID TO AHU	\$ 110,215.00			
Total: Cost – Books (approximate cost allotted; self-purchased)	\$ 6,000.00			
Total: Cost – AANA; SEE x 2 & NCE to NBCRNA (not paid to AHU)	\$ 2,055.00			
Total: Other Costs (Laptop computer, uniforms) (not paid to AHU)	\$ 1,350.00			
TOTAL TUITION + FEES PAID TO AHU + COSTS ALLOTTED	\$ 119,620.00			\$ 119,620.00

Cohort 2027 (Begin May 2024) Cost of Attendance	Trimester 1 (Summer)	Trimester 2 (Fall)	Trimester 3 (Spring)	Year 1 Totals
Tuition	\$ 16,800.00	\$ 16,800.00	\$ 16,800.00	\$ 50,400.00
Matriculation Fee	\$ 300.00	\$ 300.00	\$ 300.00	\$ 900.00
Professional Program Fee	\$ 600.00	\$ 600.00	\$ 600.00	\$ 1,800.00
Books (approximate cost allotted; self-purchased)	\$ 1,500.00	\$ 1,000.00	\$ 1,000.00	\$ 3,500.00
AANA Associate Membership (resident pays to AANA)	\$ 300.00	-	-	\$ 300.00
Laptop Computer (approximate cost allotted, since laptop required)	\$ 1,050.00	-	-	\$ 1,050.00
Uniforms (approximate, since required) White coat lab coat		\$ 300.00	-	\$ 300.00
Total	\$ 20,550.00	\$ 19,000.00	\$ 18,700.00	\$ 58,250.00
Cost of Attendance	Trimester 4 (Summer)	Trimester 5 (Fall)	Trimester 6 (Spring)	Year 2 Totals
Tuition	\$ 12,600.00	\$ 12,600.00	\$ 12,600.00	\$ 37,800.00
Matriculation Fee	\$ 300.00	\$ 300.00	\$ 300.00	\$ 900.00
Professional Program Fee	\$ 600.00	\$ 600.00	\$ 600.00	\$ 1,800.00
Books (approximate cost allotted; self-purchased)	\$ 1,000.00	\$ 500.00	\$ 500.00	\$ 2,000.00
SEE Exam #1 (resident pays to NBCRNA; subject to change)	\$ 285.00	-	-	\$ 285.00
Total	\$ 14,785.00	\$ 14,000.00	\$ 14,000.00	\$ 42,785.00
Cost of Attendance	Trimester 7 (Summer)	Trimester 8 (Fall)	Trimester 9 (Spring)	Year 3 Totals
Tuition	\$ 6,300.00	\$ 5,250.00	\$ 5,250.00	\$ 16,800.00
Matriculation Fee	\$ 300.00	\$ 300.00	\$ 300.00	\$ 900.00
Professional Program Fee	\$ 600.00	\$ 600.00	\$ 600.00	\$ 1,800.00
Books (approximate cost allotted; self-purchased)	\$ 500.00	-	-	\$ 500.00
SEE Exam #2 (resident pays to NBCRNA; subject to change)	\$ 285.00	-	-	\$ 285.00
Graduation Fee	-	-	\$ 115.00	\$ 115.00
Certification Exam (NCE) Fee (resident pays to NBCRNA; may change)	-	-	\$ 1,285.00	\$ 1,285.00
Total	\$ 7,985.00	\$ 6,150.00	\$ 7,550.00	\$ 21,685.00
TOTALS FOR PROGRAM				Grand Total
Total: Tuition only (paid to AHU)	\$ 105,000.00			
Total: Matriculation Fees (paid to AHU)	\$ 2,700.00			
Total: Professional Program Fees (paid to AHU)	\$ 5,400.00			
Total: Other Fees Paid to AHU (Graduation) (paid to AHU)	\$ 115.00			
TOTAL TUITION + FEES PAID TO AHU	\$ 113,215.00			
Total: Cost – Books (approximate cost allotted; self-purchased)	\$ 6,000.00			
Total: Cost – AANA; SEE x 2 & NCE to NBCRNA (not paid to AHU)	\$ 2,155.00			
Total: Other Costs (Laptop computer, uniforms) (not paid to AHU)	\$ 1,350.00			
TOTAL TUITION + FEES PAID TO AHU + COSTS ALLOTTED	\$ 122,720.00			\$ 122,720.00

Cohort 2028 (Begin May 2025) Cost of Attendance	Trimester 1 (Summer)	Trimester 2 (Fall)	Trimester 3 (Spring)	Year 1 Totals
Tuition	\$ 16,800.00	\$ 16,800.00	\$ 16,800.00	\$ 50,400.00
Matriculation Fee	\$ 300.00	\$ 300.00	\$ 300.00	\$ 900.00
Professional Program Fee	\$ 600.00	\$ 600.00	\$ 600.00	\$ 1,800.00
Books (approximate cost allotted; self-purchased)	\$ 1,500.00	\$ 1,000.00	\$ 1,000.00	\$ 3,500.00
AANA Associate Membership (resident pays to AANA)	\$ 300.00	-	-	\$ 300.00
Laptop Computer (approximate cost allotted, since laptop required)	\$ 1,050.00	-	-	\$ 1,050.00
Uniforms (approximate, since required) White coat lab coat		\$ 300.00	-	\$ 300.00
Total	\$ 20,550.00	\$ 19,000.00	\$ 18,700.00	\$ 58,250.00
Cost of Attendance	Trimester 4 (Summer)	Trimester 5 (Fall)	Trimester 6 (Spring)	Year 2 Totals
Tuition	\$ 12,600.00	\$ 12,600.00	\$ 12,600.00	\$ 37,800.00
Matriculation Fee	\$ 300.00	\$ 300.00	\$ 300.00	\$ 900.00
Professional Program Fee	\$ 600.00	\$ 600.00	\$ 600.00	\$ 1,800.00
Books (approximate cost allotted; self-purchased)	\$ 1,000.00	\$ 500.00	\$ 500.00	\$ 2,000.00
SEE Exam #1 (resident pays to NBCRNA; subject to change)	\$ 285.00	-	-	\$ 285.00
Total	\$ 14,785.00	\$ 14,000.00	\$ 14,000.00	\$ 42,785.00
Cost of Attendance	Trimester 7 (Summer)	Trimester 8 (Fall)	Trimester 9 (Spring)	Year 3 Totals
Tuition	\$ 6,300.00	\$ 5,250.00	\$ 5,250.00	\$ 16,800.00
Matriculation Fee	\$ 300.00	\$ 300.00	\$ 300.00	\$ 900.00
Professional Program Fee	\$ 600.00	\$ 600.00	\$ 600.00	\$ 1,800.00
Books (approximate cost allotted; self-purchased)	\$ 500.00	-	-	\$ 500.00
SEE Exam #2 (resident pays to NBCRNA; subject to change)	\$ 285.00	-	-	\$ 285.00
Graduation Fee	-	-	\$ 115.00	\$ 115.00
Certification Exam (NCE) Fee (resident pays to NBCRNA; may change)	-	-	\$ 1,285.00	\$ 1,285.00
Total	\$ 7,985.00	\$ 6,150.00	\$ 7,550.00	\$ 21,685.00
TOTALS FOR PROGRAM				Grand Total
Total: Tuition only (paid to AHU)	\$ 105,000.00			
Total: Matriculation Fees (paid to AHU)	\$ 2,700.00			
Total: Professional Program Fees (paid to AHU)	\$ 5,400.00			
Total: Other Fees Paid to AHU (Graduation) (paid to AHU)	\$ 115.00			
TOTAL TUITION + FEES PAID TO AHU	\$ 113,215.00			
Total: Cost – Books (approximate cost allotted; self-purchased)	\$ 6,000.00			
Total: Cost – AANA; SEE x 2 & NCE to NBCRNA (not paid to AHU)	\$ 2,155.00			
Total: Other Costs (Laptop computer, uniforms) (not paid to AHU)	\$ 1,350.00			
TOTAL TUITION + FEES PAID TO AHU + COSTS ALLOTTED	\$ 122,720.00			\$ 122,720.00

Professional Program Fee

Residents must pay a professional program fee that covers simulation, technology, laboratories, NCE review course, and supports attendance at professional meetings and activities.

The amount of the professional fee for DNAP residents during the academic year is \$600.00 per trimester. This fee is paid to AHU, subject to change, and is the resident's responsibility.

HIPAA Confidentiality Agreement

All students/ residents enrolled in a clinical program at AHU are required to complete annual computer-based learning on ALN (variety of due dates). Annual HIPAA training and annual refresher training each year after, through echelon is due by August 15th. Proof of initial and refresher training for each student/resident will be uploaded into CastleBranch.