

LMU

Caylor School of Nursing

LINCOLN MEMORIAL UNIVERSITY



DOCTOR OF NURSING PRACTICE DNP STUDENT HANDBOOK 2025-2026

Revised 1/6/26

This handbook is designed to serve as a guide to the rules, policies, and services of the University: therefore, it is not intended to establish a contract and the University reserves the right to amend, modify, or change regulations, policies, and financial charges stated in this handbook throughout the year. In such case, the University will make reasonable efforts to notify the University community, in a timely manner, of any changes in policies and regulations. Notification shall be made via MyLMU, the University website, or to University issued e-mail accounts as deemed appropriate.

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE STUDENT HANDBOOK**

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SECTION I:
LINCOLN MEMORIAL UNIVERSITY

LINCOLN MEMORIAL UNIVERSITY

MISSION AND PURPOSE

Lincoln Memorial University is a comprehensive values-based learning community dedicated to providing quality educational experiences at the undergraduate, graduate, and professional levels. The University strives to give students a foundation for a more productive life by upholding the principles of Abraham Lincoln's life: a dedication to individual liberty, responsibility, and improvement; a respect for citizenship, recognition of the intrinsic value of high moral and ethical standards; and a belief in a personal God.

While primarily committed to teaching, the University supports research and service. The University's curriculum and commitment to quality instruction at every level, are based on the beliefs that graduates must be able to communicate clearly and effectively in an era of rapidly and continuously expanding communication technology, must have an appreciable depth of learning in a field of knowledge, must appreciate and understand the various ways by which we come to know ourselves and the world around us, and must be able to exercise informed judgments.

The University believes that one of the major cornerstones of meaningful existence is service to humanity. By making educational, service, and research opportunities available to students, Lincoln Memorial University seeks to improve life for the students it serves. While serving students from throughout the state, nation, and many other countries, the University retains a commitment to enrich the lives of people and communities in the Appalachian region.

Revised July 6, 2017; approved by Board of Trustees, November 10, 2017

For further information on University traditions and heritage, accreditation, memberships, institutional goals, and academic information, please see the *LMU Graduate Catalog*.

LINCOLN MEMORIAL UNIVERSITY
Undergraduate Academic Calendar 2025-2026

Official University Holidays (Offices closed/no classes):

2025: September 1; November 26-28; December 24-31;

2026: January 1; January 19; April 3; May 25 and July 3.

Faculty/Staff Conference Week: August 11-14

Fall Semester 2025

| | |
|---|----------------|
| Final Registration before classes begin | August 15 |
| Welcome Weekend | August 14-17 |
| Matriculation Ceremony | August 14 |
| Residence halls open (8 a.m.) | August 17 |
| Classes begin | August 18 |
| Last day to complete registration/add classes | August 27 |
| Labor Day (no classes, residence halls remain open) | September 1 |
| Last day to drop course without "WD" | September 19 |
| Homecoming (classes held as scheduled) | October 9-12 |
| Mid-term | October 13-17 |
| Last day to drop course without "F" | October 24 |
| Fall Break | October 23-24 |
| Early registration begins | October 26 |
| Thanksgiving holiday (no classes) | November 26-28 |
| Residence halls open (1 p.m.) | November 30 |
| Classes end | December 5 |
| Final exams | December 8-12 |
| Commencement (10 a.m.) | December 13 |
| Residence halls close (2 p.m.) | December 13 |

Spring Semester 2026

| | |
|---|------------------|
| Final Registration before classes begin | January 9 |
| Residence halls open (8a.m.) | January 11 |
| Classes begin | January 12 |
| Martin Luther King Day (no classes) | January 19 |
| Last day to complete registration/add classes | January 22 |
| Lincoln Day/Founders Day (special activities) | February 12 |
| Last day to drop course without "WD" | February 13 |
| Mid-term | March 9-13 |
| Last day to drop course without "F" | March 20 |
| Early registration begins | March 22 |
| Spring Break | March 30-April 3 |
| Good Friday | April 3 |
| Classes end | May 1 |
| Final exams | May 4-8 |
| Commencement (10 a.m.) | May 9 |
| Residence halls close (2 p.m.) | May 9 |

Summer Term 2026 May 11– July 31

Memorial Day (no classes) May 25

Independence Day observed (no classes) July 3

During the 12-week summer term, classes may meet 3 weeks, 4 weeks,
etc., provided the required number of contact hours is met.

UNIVERSITY SERVICES

Library Services

The Lincoln Memorial University's Carnegie-Vincent Library (<http://library.lmunet.edu>) links to self-paced, web-based tutorials to introduce Lincoln Memorial University Nursing students, faculty, and staff to important research concepts and how to use library resources. The Library has developed new resources which can be accessed through the Library's website. The Lon and Elizabeth Parr Reed Medical and Allied Health Library is housed within the Carnegie-Vincent Library and maintains a website (<http://library.lmunet.edu/medlib/>) that provides students with access to the Nursing electronic resources and interactive websites that enhance learning. Nursing resources can be directly accessed through the Lon and Elizabeth Parr Reed Medical and Allied Health Library's webpage or through the DNP Library Guide (<http://library.lmunet.edu/dnp>) that focuses on relevant resources to DNP faculty, staff, and students.

To support the Caylor School of Nursing's ASN, BSN, MSN, and DNP programs, the Carnegie-Vincent Library has designated a full-time Health Sciences Librarian in the LMU/Harrogate Library, and they can be contacted via phone (423-869-6352) or email (library@lmunet.edu). They also serve Nursing students at the Corbin, KY off-campus site. Additionally, the Off-Campus Sites Librarian serves Nursing students at their respective campus in the Knoxville, TN and Tampa, FL regions. They can be contacted via phone or email (library@lmunet.edu), individual location contact information can be found on their website, <https://library.lmunet.edu/home>. There are twenty-two primary databases specific to the Nursing curriculum. The library also offers 160 secondary databases and over 45,000 full-text journals. Electronic databases are grouped on the library's database webpage according to subject discipline with the Nursing databases aggregated under the "Nursing" heading for ease of access.

Databases often used throughout the Nursing Programs include:

- **Academic Search Premier** – provides full text for more than 3,600 peer-reviewed titles including 114 different Nursing Journals.
- **Bates Visual Guide to Physical Examination** – includes physical examination videos of bodily systems, body regions, and patients by age.
- **CINAHL with Full Text** – Cumulative Index of Nursing and Allied Health Literature – full text articles dating back to 1981. The world's most comprehensive source of full-text access to nursing and allied health journals. Indexes to 2,900+ nursing and allied health journals, provides full-text access to more than 600 nursing and allied health journals, and includes 1,338 nursing periodicals.
- **Cochrane Library** – features Cochrane systematic reviews, other systematic review abstracts, technology assessments, economic evaluations, and individual clinical trials.
- **Health Reference Center** – provides full-text access to respected journals and other sources.
- **Health Source: Consumer Edition** – useful for patient education, it offers, full-text access to over 80 consumer health periodicals. Included is a full text for nearly 1,000 health related pamphlets and 130 books.
- **Health Source: Nursing/Academic Edition** – provides full-text access to nearly 550 scholarly journals; indexes over 850 journals and includes 170 nursing periodicals.
- **ProQuest Health & Medical Complete** – indexes and abstracts over 1,950 publications, provides full-text access to 1,600 publications, includes 124 nursing journals and 92 nursing periodicals.
- **PsycINFO** – an abstract database from the American Psychological Association (APA) that contains more than 2.7 million citations and summaries of scholarly journal articles, book chapters, books, and dissertations, all in psychology and related disciplines; includes comprehensive coverage of more than 1,500 titles.
- **PUBMED** – a service of the National Library of Medicine that includes over 21 million citations to biomedical articles back to 1947.
- **STAT! Ref Medical and Nursing** – includes nursing e-book titles, a medical dictionary, calculators, and point-of-care tools.
- **UpToDate** – an evidence-based website with 97,000 pages of original, peer-reviewed text.

- **VisualDX** – the interactive tool determines differential diagnoses based on visual findings. Includes information on conditions and collections of images for specific topics.

In addition to the extensive electronic databases located on the LMU Carnegie-Vincent Library website, there are electronic (or e-books) available through the library catalog that includes over 300,000 titles. The library has two consumer health databases, Health Source: Consumer Edition, and Health and Wellness Resource Center that Nursing students can use to compile information for patients. Since one of the databases, Health and Wellness Resource Center, is freely available through public libraries in Tennessee, Nursing students can refer patients to this source for consumer health information and informative videos. Electronic databases and electronic books may be accessed by all faculty, staff, and students at campus and off-campus sites. Interlibrary loan is available through the library with books and articles delivered by the most expeditious means possible.

The Librarians regularly collaborate with the faculty and students to integrate library resources into the curriculum of the Nursing programs by regularly soliciting feedback and advice from faculty and students regarding material and resources to provide a higher level of support for the program. They also update the nursing collection throughout the year by purchasing newer editions of existing books, as well as soliciting feedback from students and faculty alike to purchase original material to support the new and existing Nursing programs. The Librarians report to the Library Director, who serves on the Library and Learning Resources Committee and Academic Council, as well as numerous other academic committees to ensure that the library collection is closely aligned with the University's academic programs.

The Carnegie-Vincent Library and the Reed Health Sciences Library maintain websites that provide students with access to 158 databases both on-campus and off-campus, tutorials on library resources and search processes, contact information for the library and librarians, access to the Piper Online Catalog, information regarding library services, and web-based forms to submit requests for resources to be borrowed through Interlibrary loan.

A librarian is available at Harrogate, Cedar Bluff, and Tampa to specifically provide library services to Nursing students and faculty. Library services include collection development and library instruction, as well as reference services and individual library consultations. Nursing students and faculty have dedicated LibGuide web pages with resource links and other helpful information specific to individual programs. A convenient list of general medical and nursing specific mobile apps is maintained to promote accessibility for students. An instant chat feature is embedded in the Health Sciences Library webpage; the webpage is monitored by a librarian during normal library operating hours.

Students With Disabilities Policy and Services

LMU is committed to providing reasonable accommodations to assist students with disabilities in reaching their academic potential. If you have a disability that may impact your performance, attendance, or grades in this course, please contact Dr. Jason Davis, Assistant Director for Accessible Education Services, to discuss your specific needs at jason.davis@lmunet.edu and/or 423.869.6587 (800-325-0900 ext. 6587). Additional information regarding accommodations is available on the [Accessible Education Services webpage](#).

Please Note: The Department of Accessible Education Services strives for prompt communication. If you have not heard back from us in 5 business days from the date of this email, please email our department again.

Additional University Services and Resources

Please refer to the information in the *LMU Graduate Catalog* for University information including academic information and university services and resources including official academic records, change of address, residency requirement, applicable catalog, graduate degree time restrictions and limitations, add or drop courses, withdrawal from the University, and academic honesty. Please also refer to the information in the *LMU Graduate Catalog* on university services and resources, including the Abraham Lincoln Museum, Tagge Center for Academic Excellence, student support services, student health insurance, academic advisement, university organization, and computer services (i.e., student computer accounts, WebAdvisor, university email, university internet, personal computer repair).

Additional University Policies

Please refer to the information in the *LMU Graduate Catalog* for university policies including Equal Opportunity, affirmative action and non-discriminatory policy, inclement weather, students with disabilities, sexual and other discriminatory harassment, student email policy, smoke free campus policy, alcohol and drug policy, Family Educational Rights and Privacy Act (FERPA), and criminal background checks.

LMU Annual Security & Fire Safety Report

The LMU Annual Security & Fire Safety Report (ASFSR) will be published online by October 1st of each year and can be found at: <https://www.lmunet.edu/campus-police-and-security/documents/ASR21.pdf>

The LMU ASFSR contains three previous years of crime statistics, campus policies and procedures, including: alcohol, drug, weapons, sexual violence, etc., and law enforcement authority. This publication is required to be in compliance with the Clery Act and the Higher Education Opportunity Act (HEOA)

To request a paper copy, contact the Clery Act Compliance Coordinator at 423-869-6301 or in person at: Tex Turner Arena, 330 Mars/DeBusk Parkway, Harrogate, TN 37752.

SECTION II: CAYLOR SCHOOL OF NURSING

CAYLOR SCHOOL OF NURSING ACCREDITATION/APPROVALS

The Doctor of Nursing Practice (DNP) degree program is approved by the Tennessee Board of Nursing. The Doctor of Nursing Practice (DNP) nursing program at Lincoln Memorial University at the LMU Harrogate is accredited by the: Accreditation Commission for Education in Nursing (ACEN) 3390 Peachtree Rd NE, Suite 1400 Atlanta, GA 30326 (404) 975-5000

The most recent accreditation decision made by the ACEN Board of Commissioners for the Doctor of Nursing Practice (DNP) nursing program is continuing accreditation.

ACEN is officially recognized as a national accrediting agency for nursing education by the Council on Higher Education Accreditation (CHEA) and by the U.S. Department of Education. ACEN may be contacted at 3390 Peachtree Rd NE, Suite 1400, Atlanta, GA 30326 or call (404)-975-5000 or visit www.acenursing.org.

The Nurse Anesthesia Concentration has been accredited by the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs. Contact the COA at (224) 275-9130, email accreditation@coacrna.org, 10275 W Higgins Rd Suite 906 Rosemont, IL 60018-5603, or visit their website <http://coacrna.org>.

The most recent accreditation decision made by the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs is continuing accreditation.

CSON MISSION, PURPOSE, VISION AND PHILOSOPHY MISSION STATEMENT

Mission Statement

In agreement with the University's mission and goals, the Faculty of the Caylor School of Nursing strives to instill responsibility and high moral/ethical standards in the preparation of quality nurses, at multiple levels of nursing education, through superior academic programs at the undergraduate and graduate levels. Specifically, the mission of the Faculty is to prepare nurses with the ASN, BSN, MSN, and DNP degrees, to assist individuals, families, communities, and society as they adapt to changes in physiological needs, role function, self-concept, and interdependent relationships during health and illness. The Caylor School of Nursing seeks to respond to the needs of nursing education and healthcare in the surrounding communities and a global society by preparing nurses of multiple degree levels, and by providing continuing education/professional development opportunities rooted in knowledge, research, and other scholarly activities.

DNP Program Mission Statement

In agreement with the University's and Caylor School of Nursing's mission and goals, the faculty of the DNP program strive to instill responsibility, high moral/ethical standards, and leadership skills to nurses seeking doctoral education through superior academic programs. Specifically, the mission of the faculty is to prepare nurses with a doctoral degree, to be a change agent who assists individuals, families, communities, and society as they adapt to changes in physiological needs, role function, self-concept, and interdependent relationships during health and illness. The DNP program seeks to respond to the needs of nursing education and healthcare in the surrounding communities and a global society by preparing nurses at the DNP level and by providing continuing education/professional development opportunities rooted in knowledge, research, and other scholarly activities.

Purpose

Responding to the needs of nursing education and health care of the people of the region, Lincoln Memorial University established the Associate of Science in Nursing (ASN) degree program in 1974. As a reflection of the changing local health care needs and national trends in nursing, Lincoln Memorial University instituted the Registered Nurse to Bachelor of Science in Nursing (RN-BSN) program in 1987. Both undergraduate programs are founded on the belief that nursing is a service which aims to assist individuals to attain, maintain, or regain an optimum level of wellness through application of the nursing process. To further assist with regional healthcare needs, and to enhance nursing service across the lifespan, the Master of Science in Nursing (MSN)

program was initiated in 2006 to educate advance practice nurses, the generic Bachelor of Science in Nursing (BSN) program commenced in 2010, and the Doctor of Nursing Practice (DNP) in 2015.

Vision

We, the Nursing Faculty of Lincoln Memorial University, Caylor School of Nursing, envision culturally diverse Faculty and students engaged in teaching, education, service, practice, and scholarship. The Faculty desires to be excellent nurse educators, adhering to nationally recognized competencies and standards of nursing practice, while assisting undergraduate and graduate students to become qualified nurse professionals capable of adaptation, and promotion of adaptation, in the 21st century health care environment. The Caylor School of Nursing will develop, attain, and engage in unique educational programs and services for the surrounding regions and beyond. We desire to be recognized as providing excellent nursing programs that support a career pathway for lifelong learning, and that also value high academic, moral, and ethical standards.

Philosophy

Nursing is a health care profession with a unique body of knowledge. The Caylor School of Nursing is viewed as a place where culturally diverse students and faculty can actively engage in a **teaching-learning process** to attain and generate nursing knowledge. Faculty and students are partners in this process, creating unique learning opportunities. This knowledge can be imparted through multiple degree levels of nursing education, a design which is most responsive to community needs. The teaching-learning process fosters individual growth and goal attainment, which are manifested through changes in thinking and behavior.

The Faculty believe in multiple degree levels of nursing education and encourages the promotion of ongoing/continuing education for nurses. This education is based in an institution of higher learning, consists of both general education courses and nursing courses, and is provided by qualified Faculty on site, or may include alternate delivery methods, such as through distance education. Faculty serve as role models through nursing education, practice, service, and scholarship (as scholarship is defined by the University).

The Faculty acknowledges the ASN graduate's focus is care of persons with adaptive and/or ineffective health responses, whereas, the BSN graduate's focus is care of persons, groups, communities, and society with adaptive and/or ineffective health responses. Graduate education will prepare nurses to assume roles including advanced practice nurse, educator, researcher, advocate, consultant/collaborator, manager, and leader. Additionally, we agree that both undergraduate and graduate nursing education must be consistent with nationally recognized competencies, standards, and criteria.

The Roy Adaptation Model

The Roy Adaptation Model (Roy, 2009) serves, along with national competencies and standards, as a comprehensive framework for the curriculum of the ASN and BSN programs. The Roy Model also provides, to a lesser extent, a conceptual basis for the MSN program. Both the MSN and DNP graduate programs rely heavily upon national competencies and standards to direct the curriculum and provides the student with a comprehensive appraisal of multiple theoretical frameworks from which they may draw for their professional practice and activities.

Fundamental to the Roy Adaptation Model “is the goal of enhancing life processes to promote adaptation” with **adaptation** viewed “as the process and outcome whereby thinking and feeling people, as individuals or in groups, use conscious awareness and choice to create human and environmental integration” (Roy, 2009, p. 28).

Human **persons** are the focus of nursing endeavors and are viewed as an adaptative system. “as an adaptive system, the human system is described as a whole with parts that function as a unity for some purpose. Human systems include people as individuals or in groups including families, organizations, communities, and society as a whole” (Roy, 2009, p.27).

Faculty also believe that humans as an adaptive system act to maintain adaptation in the four adaptive modes of the Roy Model: physiologic-physical, self-concept-group identity, role function, and interdependence.

Environment is defined as “all conditions, circumstances, and influences that surround and affect the development and behavior of humans as adaptive systems, with particular consideration of human and earth resources” (Roy, 2009, p.28). We believe that human persons interact with the changing environment and make either adaptive or ineffective responses.

Health is defined as “a state and a process of being and becoming an integrated and whole human” person (Roy, 2009, p. 27). The Faculty believes that responses by human persons that can be observed in the four adaptive modes are reflective of one’s health state.

Nursing is defined as “a health care profession that focuses on the life processes and patterns of people with a commitment to promote health and full life-potential for individuals, families, groups, and the global society” (Roy, 2009, p. 3). We view the goal of **nursing practice** as the promotion of adaptation in each of the four adaptive modes, “thus contributing to health, quality of life, and dying with dignity by assessing behaviors and factors that influence adaptive abilities, and by intervening to enhance environmental interventions” (Roy, 2009, p. 29). The Faculty further believes that nursing practice is both an art and a scientific discipline, rooted in caring, cultural sensitivity/competence, a code of ethics, and standards of care and professional performance/practice. We believe all of these are essential for both provision of holistic, effective, quality nursing care; and for promotion of adaptation in humans across the lifespan, as individuals, or in groups, communities, and society as a whole in the 21st century healthcare environment.

Reference:

Roy, C. (2009). *The Roy Adaptation Model* (3rd Ed.). Upper Saddle River, NJ: Pearson Education, Inc.
Revised 11/10/

SECTION III: DOCTOR OF NURSING PRACTICE

DNP PROGRAM OVERVIEW

Program Description

The Doctor of Nursing Practice (DNP) is a doctoral degree in the CSON that is offered with two entry points: Post-Master's DNP that can be completed in six semesters full-time or, other part-time study options are available. Once the Post-Master's DNP student is accepted into the program, he or she will meet with their academic advisor to develop a program of study. The Post-Bachelor's DNP in Nurse Anesthesia is only offered as a full-time program and is completed in nine semesters. The DNP program at LMU will prepare graduates as visionary leaders in the practice of nursing and delivery of healthcare locally, regionally, and nationally in all settings. The program prepares graduates to demonstrate advanced competencies in areas including advanced practice skills, prevention, and population health, organizational and systems leadership, practice scholarship and analytical methods, information systems/technology for transformation of healthcare, leadership in healthcare policy, interprofessional collaboration, and population outcomes. The DNP program will prepare graduates to fully implement emerging science and practice innovation in health care.

Goal

The DNP program provides the opportunity for nurses to earn a practice doctorate as practice scholars and expert clinicians in innovative healthcare that translates research into evidence in practice, measures patient outcomes, advances nursing roles in practice and nursing leadership, and transforms policy at all levels in healthcare systems to ensure quality and safety.

DNP END-OF-PROGRAM STUDENT LEARNING OUTCOMES

The outcomes of the DNP program are to prepare students as practice scholars in practice-oriented community-based roles that reflect translation of research into practice by incorporation of health policy, principles of epidemiology, information technology, evidence-based practice, business principles, collaboration, and health systems.

Program Outcomes:

1. Synthesize knowledge from nursing science and related disciplines and apply principles of evidence-based practice to improve health outcomes.
2. Apply knowledge of systems and organizational theories to lead the development of initiatives to improve quality, manage risks, and provide cost-effective patient care.
3. Demonstrate advance analytic techniques in the appraisal of the quality of existing evidence to determine the best clinical practices, design and implement plans to evaluate clinical outcomes, analyze data from practice in order to identify gaps in nursing science, and contribute to the generation and dissemination of nursing knowledge.
4. Evaluate data management systems, healthcare information systems, consumer health information sources and patient care technology to improve the ethical and effective use of information to improve health outcomes.
5. Advocate for the ethical and health care policies that ensure equity, stewardship of resources, and improvement of health outcomes at local, regional, federal and/or international levels.
6. Demonstrate interprofessional collaboration, employing consultative and leadership skills to effectively improve health outcomes.
7. Analyze and apply scientific data to develop and implement interventions to promote health, address disparities, reduce risk, and manage disease trajectory to improve health outcomes of individuals, communities, populations, and systems.
8. Apply advanced nursing practice knowledge and competencies to assess health and illness parameters, design, implement and evaluate interventions to improve health outcomes, and serve as a leader, life-long learner, and mentor in the promotion of practice excellence.

DNP ADMISSION CRITERIA/REQUIREMENTS

DOCTOR OF NURSING PRACTICE POST-MASTER'S ADMISSION CRITERIA/REQUIREMENTS

1. Earned Master of Science in Nursing (MSN) from a nationally accredited CCNE or ACEN program.
2. Certification as Nurse Practitioner, Certified Nurse-Midwife, Clinical Nurse Specialist, or Certified Registered Nurse Anesthetist.

OR

MSN with an Administration concentration and/or at least one year of experience in a nursing administration role.

OR

An earned MSN in a different specialty than above will be considered on an individual basis. Note: a longer program of study and/or additional requirements may be required to fulfill required practice hours and consideration is not a guarantee of admission.

3. Unencumbered licensure in the United States as a registered nurse. Clinical practice will dictate specific state licensure.
4. At least two years of full-time work experience (or equivalent) in nursing as a registered nurse.
5. GPA 3.0 or above on a 4.0 scale.
6. Graduate Record Exam (GRE) scores for applicants with a cumulative grade point average less than 3.4, as reported by the MSN institution.
7. Basic statistics course.
8. A completed application packet includes:
 - Completed DNP application form.
 - Official GRE scores (*if applicable*).
 - A current resume, which includes employment history, military service, academic scholarships, awards and/or honors, professional memberships and awards, professional presentations or publication, and community service activities.
 - A typewritten letter discussing the applicant's goals and personal reasons to undertake doctoral education. The letter should indicate the applicant's career plans upon program completion.
 - Three letters of reference pertaining to academic ability, professional proficiency, and personal integrity: one from the applicant's current supervisor, one from a faculty member who has worked with the applicant during previous academic study, and one professional reference selected by the applicant.
 - Official transcripts from each college, university, or nursing program attended.
9. An optional telephone or in-person interview as part of the admission process.
10. International students must demonstrate sufficient ability to read, write, and speak English with a minimum score of 550 on the TOEFL.
11. Students who wish to use coursework completed outside of the United States must submit their transcripts for evaluation to one of the following services: World Education Services (www.wes.org), or Josef Silny & Associates (www.jsilny.com).

Additional Post-Master's DNP Information

Prospective students who have been enrolled, or are still enrolled in another program, may be considered for admission to the Caylor School of Nursing DNP program. Students dismissed from another DNP program for academic, practice, or behavioral reasons will not be admitted to the Caylor School of Nursing DNP program. Prospective students must have a letter from the program director stating that the prospective student is currently in or withdrew when they were in good standing.

Applicants are reviewed for the graduate program upon completion of all admission requirements. If a student chooses to interrupt the NURS course sequence for any reason, an admission application must be resubmitted to the Graduate Nursing Office. Readmission to the Post-Master's DNP program is not guaranteed.

Accepted students must submit a completed medical profile form, immunization record, background check, and urine screen prior to matriculation. Students must have and maintain for the duration of the program, an unencumbered RN license; current infant, children, and adult CPR certification; health insurance; current immunizations according to the CDC guidelines; negative drug screen; and a background check.

Enrollment in DNP Post-Master's classes

Students are eligible to be admitted to the DNP program upon completion of all admission requirements. If a student chooses to interrupt the NURS course sequence for any reason, an admission application must be resubmitted to the Graduate Nursing Office. Readmission to the DNP program is not guaranteed.

DOCTOR OF NURSING PRACTICE in NURSE ANESTHESIA POST-BACHELOR'S ADMISSION CRITERIA/REQUIREMENTS

1. Graduation from an accredited baccalaureate nursing program.
2. An overall academic record with a cumulative grade point average (GPA) of "B" (3.0) or better.
3. All applicants must have understanding of basic computer skills and completion of an undergraduate statistics course.
4. Graduate Record Exam (GRE) scores for applicants with cumulative grade point average less than 3.4 as reported by the MSN institution.
5. Minimum of three recommendations including one from faculty of the candidate's baccalaureate nursing program or immediate supervisor in a critical care setting and one from another professional in a related healthcare field (examples may include: Clinical Nurse Specialist, RN, CRNA, Anesthesiologist, Surgeon, or Intensivist).
6. The application must complete undergraduate basic chemistry course and an organic chemistry course, at least one of which has a laboratory component.
7. A statement of professional goals.
8. An unencumbered license to practice as a registered nurse in the state of Tennessee is required for enrollment; clinical practicum will require licensure in additional states including Kentucky, Georgia, Virginia, West Virginia, and any other states where students might obtain clinical experience.
9. A minimum of one-year experience as a Registered Nurse in critical care (Level I or Level II trauma center preferred); adult critical care experience preferred.
10. The Nurse Anesthesia concentration is a full- time program. Students may only request full- time status.
11. Basic Life Support, Advanced Cardiac Life Support, and Pediatric Life Support must be current through December of the year in which the application is submitted.
12. Medical profile including immunizations record and urine drug screen completed no more than 60 days prior to enrollment in the Nurse Anesthesia concentration.

13. A criminal background check and drug screen will be completed prior to enrollment no more than 60 days prior to enrollment in the Nurse Anesthesia concentration.
14. Proof of health insurance at all times when enrolled in the program.
15. An in-person or Zoom interview as part of the admission process.
16. Students from outside the United States must demonstrate sufficient ability to read, write and speak English with a minimum score of 550 on the TOEFL.
17. Students from outside the United States must submit official transcripts for evaluation to one of the following services: World Education Services (www.wes.org) or Josef Silny & Associates (www.jsilny.com).
18. Critical care registered nurse certification (CCRN) preferred.

Students dismissed from a nurse anesthesia or other advanced practice nurse program for academic, clinical, or behavioral reasons, will not be admitted to LMU CSON BSN-DNP NA option. Students who are enrolled in another program in good standing or who withdrew or left a program in good standing will be considered for admission. The prospective applicant will be required to obtain a letter of good standing from the previous program.

DNP ORIENTATION

All new DNP students are required to participate in a mandatory new student orientation. The online orientation provides students with critical information for progression through the program.

TRANSFER OF CREDIT

DNP Post-Master's - Up to six (6) hours may be transferred in from accredited institutions offering the graduate degree. Transferred courses must have been taken for graduate credit and *must not have been applied towards a previous degree*. All transferred course work must carry a grade of "B" or higher. No credit for other graduate nursing courses earned more than five (5) years previously may be transferred. If the student proposes to replace a required nursing course with transferred credit, the student must submit a course syllabus and provide transcript evidence of having attained a grade of "B" or higher in the course. Course equivalency will be evaluated by the faculty currently teaching the LMU equivalent of the course. Designated faculty will make a recommendation to the DNP Program Director regarding substitution. All transfer credits into the DNP program must be approved by both the DNP Program Director and/or the Assistant Dean for Graduate Programs or of the Caylor School of Nursing.

A minimum of 1000 practice hours are required for the DNP program. Practice hours from previous clinical courses may be considered for transfer credit. A maximum of 500 practice hours may be transferred into the student's program as determined by the accrediting entity. The practice hours considered for transfer will be reviewed and approved by the DNP Program Director and/or Assistant Dean for Graduate Programs.

DNP in Nurse Anesthesia – No nursing credit may be transferred into the DNP-Nurse Anesthesia option.

Student Health Insurance

All students must have health insurance upon entering the DNP program. Students must submit adequate documentation demonstrating coverage of health insurance. Students are required to notify immediately to the Graduate Nursing Office of any change in health insurance provider or coverage.

Immunization Information/Requirements

Immunizations must be completed prior to matriculation into the DNP program. The exception is a documented contraindication or precaution to the vaccine. The student will need a written statement from the health care provider that identifies the immunization and the reason for exclusion. The student will not be allowed to attend class or practice experience if immunizations are not current, or proof of immunizations are not provided. The appropriate information must be provided and maintained during the nursing program by the students' primary care provider (physician, nurse practitioner, or physician assistant). The following information/guidelines may be changed to reflect the Centers for Disease Control and Prevention's (CDC) most current guidelines. These guidelines are found on www.cdc.gov.

Documentation of the following is to be attached to the completed Medical Profile form. All are required unless documentation is provided that the student is unable to comply.

The completed Medical Profile and all associated records for all students entering Nursing are due by the date noted in the Orientation letter which accompanies this Medical Profile. Please note the following information and documentation **must be provided** by the due date or you will relinquish your place in the nursing program.

Specifications for each of the following requirements are explained fully in the accompanying Medical Profile.

- Completed Student Medical Profile. The physical exam must be completed **no earlier than 60 days prior to class starting**.
- **Proof of two (2) Measles, Mumps, and Rubella vaccines** (MMR's) **OR** documentation by a physician that you have had Rubella, Rubeola, and Mumps (all 3 conditions) **OR** Rubella, Rubeola, and Mumps titers showing immunity (All 3 titers required).
- **Varicella (chicken pox) immunity – evidence of immunity to Varicella includes one of the following:**
 - Documentation of 2 doses of Varicella vaccination (doses are administered 4 weeks apart; or
 - Laboratory evidence of immunity or laboratory confirmation of disease
 - **Please note:** a history of chicken pox is **NOT** acceptable documentation
- **Tuberculin Skin Test (CST), formally PPD) and TB Risk Assessment** within last 12 months documented **prior to beginning** any nursing coursework. The two-step TST is required and a series of 2 TST's must be administered 7-21 days apart. A blood assay, QuantiFERON Gold, for Mycobac, Tuberc, may be submitted rather than a two-step TST. Additionally, a TB Risk Assessment must accompany the initial two-step TST. All students attending the Harrogate and Corbin campuses must specifically complete the attached Kentucky TB Risk Assessment.
- **Proof of Hepatitis B vaccination** series (may be in progress). Declination form may be signed by ASN and BSN students. MSN and DNP students must complete the Hepatitis B vaccination series.
- **Proof of Flu vaccination** (*current season*). **NOTE:** Vaccination is usually not available until mid/late August. This vaccination is mandatory and must be obtained annually by October 1. If you cannot take the Flu vaccination because of a previous reaction, you must have a physician's statement per that effect.
- **Proof of Tdap booster** received within the past 10 years. If you have never received a Tdap booster, you **MUST** receive one prior to entering the program. A Tdap booster is required every 10 years.
- **COVID-19 Vaccine** – This vaccine is highly recommended and, in some cases, may be required by clinical agencies for completion of clinical hours.

Universal Precautions

The Center for Disease Control and Prevention (CDC) and the Hospital Infection Control Practices Advisory Committee has established standard precautions and transmission-based precautions to prevent the transmission

of microorganisms in the clinical setting. Students receive instruction on the use of these precautions and are expected to adhere to standard precautions in the care of all patients. Students are required to follow the policies of each practice facility regarding preventing transmission of infectious diseases. Any student who has an exposure of blood or body fluids to mucous membranes or broken skin shall follow the guidelines of the facility in which the incident occurs. It is the student's responsibility to report the occurrence to the appropriate practice faculty member and complete the *Post Occurrence/Exposure Report Form* found in Section V of the handbook.

FITNESS OF DUTY

The student will be required to disclose and provide a release from a licensed health care provider to attend class and/or practice hours if a significant medical or psychiatric event occurs before or during the semester the student is enrolled. The release must be a full medical release without restrictions in order to attend the practice hours. Delay in completion of the mandatory practice hours within the time frame of the current semester may result in the inability to progress in the program. The release will be reviewed by the program director. It is at the discretion of the program director to accept/reject the release from the healthcare provider.

The student is required to disclose and provide a release from a licensed health care provider to attend class and/or clinical if taking any medications for a significant medical or psychiatric condition(s) before or during enrollment in a class. Disclosure includes, but is not limited to, controlled substances which may be found on the Drug Enforcement Agency website accessed at the following link: <http://www.deadiversion.usdoj.gov/schedules/index.html#list>. The release must state that any medication the student is prescribed will not impair the student's performance at any time in the class and/or clinical setting for the length of the program. The release will be reviewed by the program director, who in turn can approve/disapprove the release from the health care provider.

At any time during the program, faculty can require a student to have a chain of custody drug screen, at a cost to the student, at a pre-determined lab. A positive result for any substance requires a release from a licensed health care provider indicating the substance will not impair the student in any way. Positive results are reviewed by the program director, which in turn can approve/disapprove the release from the licensed health care provider.

Any medical or psychiatric event or positive drug screen may be shared with the practice site to which a student has been assigned and may include current or prospective practice sites. The practice site has the right to decline student placement due to the information provided without reprisal. A student who is declined practice placement and is unable to complete the required hours in the program will not be allowed to progress in the program.

Should there be a disagreement with the recommendation of the program director, the student will follow the process of the CSON and University chain of command for appeal. The decision does not impact the practice site's right to accept/decline the student placement at the respective facility.

MEDICAL WITHDRAWAL

The didactic portions of DNP courses provide the theoretical basis for evidence-based nursing practices applied in practice settings. The practice application of academic theory in a practice setting reinforces the theoretical knowledge base needed to make sound evidence-based practice decisions. In order to master the academic theory and the practice competencies that are the learning outcomes in concentration classes, students must take practice and didactic courses simultaneously. If at any time during the term, a student is unable to perform all of the Student Essential Functions listed in the *LMU Graduate Catalog* and *DNP Student Handbook* for a period exceeding two weeks, the appropriate course of action is to medically withdraw from the class. As an alternative to withdrawal, within two weeks of becoming unable to perform the essential student functions, a student must provide documentation from a medical provider that the student is able to perform all of the Student Essential Functions listed in the *LMU Graduate Catalog* and *DNP Student Handbook*.

STUDENT ESSENTIAL FUNCTIONS

Nursing is a dynamic profession that requires the ability to perform a variety of tasks. The essential functions necessary for success (in addition to academic requirements) in the Lincoln Memorial University CSON DNP Program are listed on the Student Essential Functions Form (found in Section VII). All students are required to meet the essential functions, which include the ability to perform a variety of interventions that impact patient care and safety. The essential functions are necessary for interactions in the practice and classroom settings. The School of Nursing will work with students with documented disabilities to explore reasonable accommodations, which will allow performance of the essential functions without undue burden. Student essential functions include elements in the areas of physical and psychomotor; communication, reading and writing; cognitive/psychological/affective; and professional behaviors.

Students with disabilities, who have questions regarding the student essential functions, should refer to the information on “Students with Disabilities Policy” in the *LMU Graduate Catalog*. The *Student Essential Functions Form* is found later in this Handbook.

SAMPLE POST-MASTER'S DNP CURRICULUM

| Course | Credit Hours |
|---|--------------|
| Spring I | |
| NURS 700 Knowledge Development in Nursing Science | 3 |
| NURS 740 Collaboration, Health Policy, and Organizational Systems | 4 |
| Total Credit Hours | 7 |
| Summer I | |
| NURS 705 Informational Systems and Technology Applications | 2 |
| NURS 710 Biostatistics | 3 |
| Total Credit Hours | 5 |
| Fall I | |
| NURS 781 DNP Project I | 2 |
| NURS 720 Translational Research for Evidence-Based Practice | 4 |
| Total Credit Hours | 6 |
| Spring II | |
| NURS 742 Strategic Systems Thinking | 4 |
| NURS 782 DNP Project II | 2 |
| NURS 760 DNP Practice I | 3 |
| Total Credit Hours | 9 |
| Summer II | |
| NURS 730 Epidemiology and Population Health | 3 |
| NURS 761 DNP Practice II | 3 |
| Total Credit Hours | 6 |
| Fall II | |
| NURS 741 Adaptive Leadership | 4 |
| NURS 783 DNP Project III | 2 |
| Total Credit Hours | 6 |
| TOTAL PROGRAM CREDIT HOURS | 39 |

*NURS 795 DNP Project or Practice DNP Completion (if needed) with approval of DNP Director.

**Practice hours may be started with the approval of the DNP Program Director.

| Program Credit Hours | Pre and/or Co-requisites |
|---|---|
| DNP Core = 27 credits | NURS 710 is a prerequisite for NURS 730 |
| DNP Practice = 6 credits Credit : Clock Hr Ratio 1:5 | NURS 760 is a prerequisite for NURS 761 |
| DNP Project = 6 credits | NURS 700 and NURS 710 are prerequisites for NURS 781 NURS 720 co- or prerequisite for NURS 781 NURS 781 is a prerequisite for NURS 782 NURS 782 is a prerequisite for NURS 783 |
| Total = 39 credits | |

FULL-TIME POST-BACHELOR'S DNP NURSE ANESTHESIA CURRICULUM

Lincoln Memorial University's DNP program, Nurse Anesthesia option, prepares nurses in an advanced practice role with competencies in nurse anesthesia. The 9-semester program requires 109 semester hours of graduate work, including 5 semesters of clinical practice and completion of doctoral project. Clinical courses are 1:5 credit hour to clinical hour ratio. A comprehensive exam is required during the final semester. The DNP in NA option does not offer a part-time option.

BSN-DNP Nurse Anesthesia CURRICULUM PLAN

**Note: online courses are denoted with an asterisk*

| Spring I | Summer I | Fall I |
|---|---|--|
| *NURS 702 Theoretical Foundations and Research Methods (4 cr. hrs.) | *NURS 705 Informational Systems and Technology Application (2 cr. hrs.) | NURS 701 Advanced Anesthesia Anatomy and Physiology (4 cr. hrs.) |
| *NURS 731 Advanced Pharmacology & Therapeutics (4 cr. hrs.) | *NURS 710 Biostatistics (3 cr. hrs.) | NURS 733 Advanced Anesthesia Pharmacology II (3 cr. hrs.) |
| *NURS 740 Interprofessional Collaboration, Health Policy, & Organizational Systems (4 cr. hrs.) | *NURS 721 Advanced Health Assessment (3 cr. hrs.) | *NURS 741 I Adaptive Leadership (4 cr. hrs.) |
| | *NURS 732 Advanced Anesthesia Pharmacology I (3 cr. hrs.) | NURS 753 Principles and Practice of Anesthesia I (3 cr. hrs.) |
| | | NURS 753A Principles and Practice of Anesthesia I-Lab (1 cr. hr.) |
| Total: 12 | Total:11 | Total:15 |
| Spring II | Summer II | Fall II |
| *NURS 700 Knowledge Development in Nursing Science (3 cr. hrs.) | NURS 712 Advanced Anesthesia Pathophysiology II (2 cr. hrs.) | *NURS 730 Epidemiology and Population Health (3 cr. hrs.) |
| NURS 711 Advanced Anesthesia Pathophysiology I (4 cr. hrs.) | *NURS 720 Translational Research for Evidence Based Practice (4 cr. hrs.) | NURS 755 Principles and Practice of Anesthesia III (3 cr. hrs.) |
| NURS 754 Principles and Practice of Anesthesia II (3 cr. hrs.) | NURS 771 DNP Anesthesia Clinical Practicum I (6 cr. hrs.) | NURS 755A Principles and Practice of Anesthesia II-Lab (1 cr. hr.) |
| NURS 754A Principles and Practice of Anesthesia II-Lab (1 cr. hr.) | | NURS 772 DNP Anesthesia Clinical Practicum II (6 cr. hrs.) |
| | | *NURS 781 DNP Project I (2 cr. hrs.) |
| Total: 11 | Total:12 | Total:15 |
| Spring III | Summer III | Fall III |
| NURS 756 Principles and Practice of Anesthesia IV (2 cr. hrs.) | *NURS 742 Strategic Systems Thinking (4 cr. hrs.) | NURS 778 DNP Anesthesia Clinical Practicum V (6 cr. hrs.) |
| NURS 773 DNP Anesthesia Clinical Practicum III (6 cr. hrs.) | NURS 757 Principles and Practice of Anesthesia V (2 cr. hrs.) | *NURS 783 DNP Project III (2 cr. hrs.) |
| *NURS 782 DNP Project II (2 cr. hrs.) | NURS 777 DNP Anesthesia Clinical Practicum IV (6 cr. hrs.) | NURS 789 Advanced Anesthesia Synthesis (3 cr. hrs.) |
| Total: 10 | Total:12 | Total:11 |
| Total Hours: 109 cr. hrs. | | |

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ACADEMIC ADVISEMENT

Each student is assigned an academic advisor according to his/her major area of study. The academic advisor will assist the student in selecting appropriate courses for each academic semester.

The student bears ultimate responsibility for effective planning, progression, and completion of all requirements for the chosen degree. The academic advisor gives direction and needed information for the student to complete the program of study. Advisors are accessible throughout the program for academic advisement. Students are responsible for checking the *LMU Graduate Catalog*, *CSON DNP Student Handbook*, website, and LMU email for information and communication regarding program requirements. The Post-Master's DNP student should meet with the academic advisor a minimum of once each semester to update and review the plan of progression through the established curriculum. An advising form located in the form Section V of the *DNP Student Handbook* will be completed.

The BSN-DNP nurse anesthesia students will have scheduled advisements at the end of each semester. The faculty will initiate the end of semester advising sessions. The student will receive an email that will include the scheduled time and request for completion of required advisement documents and updating of Typhon logs prior to the advisement session. The final advisement will require the faculty to complete the DNP Student Evaluation Outcome Form and the student to complete the DNP Student Self-Student Evaluation Outcome Form.

SCHEDULE ADJUSTMENT AND WITHDRAWAL

Should the student wish to drop a course(s), the faculty and academic advisor should be notified as soon as possible. Students who drop all courses for a semester must schedule a formal appointment with their academic advisor before formally withdrawing through the University by contacting the Registrar's Office. The BSN to DNP option must be taken as a program. Therefore withdrawal from a course in the BSN-DNP Nurse Anesthesia option will result in withdrawal from the entire program.

GRADE REPORTS AND ACADEMIC TRANSCRIPTS

Faculty report final grades to the Registrar at the end of the course. The Office of the Registrar releases the grades online and students can access them through WebAdvisor. The grades will be mailed only if the student requests it from the Registrar. Refer to the current *LMU Graduate Catalog* for information about grade reporting and official academic records.

SECTION IV:
DOCTOR OF NURSING PRACTICE
GENERAL POLICIES

ATTENDENCE, ABSENTEEISM, AND TARDINESS POLICIES

Policies regarding attendance, absenteeism, and tardiness can be found in individual course syllabi and in the *LMU Graduate Catalog*.

ACADEMIC INTEGRITY

NURSING CODE OF ETHICS

As reflected in our philosophy, the faculty and students of the Lincoln Memorial University Caylor School of Nursing (LMU CSON) regard nursing as an “art and scientific discipline, rooted in caring, cultural sensitivity/competence, a code of ethics, and standards of care and professional performance/practice”. We believe all of these are essential for both provision of holistic, effective, quality nursing care and for “promotion of adaptation in humans across the lifespan, as individuals, or in groups, communities, and society as a whole in the 21st century healthcare environment”. (LMU, Caylor School of Nursing Philosophy). Therefore, high standards of conduct are expected and must be adhered to by those associated with the Caylor School of Nursing. These standards must relate to all areas of activity, including academic and clinical experiences, relationships between faculty and other students, and maintenance of conduct, which reflects credit upon nursing and Lincoln Memorial University.

With this in mind, the LMU CSON has developed its own code of ethics, integrating basic concepts of both the philosophy of the LMU nursing program and the ANA Code of Ethics for Nurses. Students who fail to adhere to these established criteria (code, standards) are held accountable for such violations and may be subject to immediate dismissal from the nursing program. Decisions regarding the appropriateness of discipline for such violations are at the discretion of the faculty of the CSON.

1. Nursing care is provided on the basis of need rather than status or background. Each individual is regarded as a unique and valuable being with physical, psychological, and sociological needs. The provision of health care must be granted on an individual basis without discrimination or prejudice. The focus of care must be to maintain the patient at his/her optimum level of functioning.
2. The privacy right of all individuals must be honored. Confidential information shall remain confidential and be communicated only within the professional situation. Useless and mischievous gossip related to the health care setting must be avoided. Informed consent must be granted by the person(s) involved for any research or non-clinical purposes.
3. Each individual must accept full responsibility and accountability for his/her own judgements and actions. Knowledge and/or performance of any incompetent, illegal, or unethical practice requires (mandates) immediate action. Such practices include reporting activities with potential harm for the patient (e.g., alcohol or drug use), questioning of potentially dangerous orders, and confronting and/or reporting cheating. Cheating shall include the use of any material belonging to another and represented as his/her own. Thus, cheating on tests, care plans/maps, projects, etc. are considered equal infractions. Further, any action or behavior which reflects disgrace on the students, faculty, university, or nursing profession must be avoided. Such conduct includes, but is not limited to, legal infraction (e.g., misdemeanor or felony), falsification of any records, or violation of any social norm, including written or unwritten laws.

Further, any action or behavior which violates any regulation of the Tennessee, Kentucky, or Florida Board of Nursing; or any Tennessee, Kentucky, or Florida state statute relative to the nursing profession will be grounds for dismissal from the nursing program.

4. An LMU CSON student is a representative of the University, and his/her profession whether engaged in academic, research, or purely social pursuits, on or off of LMU's campus. As stated above, “any action or behavior which reflects disgrace on the students, faculty, university, or nursing profession must be avoided”. Should any student admitted to LMU CSON be arrested or formally charged with any infraction of the law, other than minor traffic violations, the student shall report such arrest or charges to the appropriate LMU CSON Program Chair as soon as possible **in no case later than one week after the arrest or charge**.

Further, as noted in the LMU CSON handbook, state law provides for denial or revocation of a nursing license upon proof that a person is guilty of a crime. The protection of vulnerable patient populations is of utmost importance to LMU CSON and the sites where students complete the clinical requirements for the student's academic program. LMU CSON must be informed of any violations of the law or school policy in order to take appropriate punitive or corrective action when students are involved in conduct or activities that could tarnish LMU CSON's reputation.

Code of Ethics Violation

It is the aim of LMU and the faculty of the CSON to foster a spirit of complete honesty and a high standard of integrity. The attempt of any student to present work as his/her own that he/she has not honestly performed is regarded by the faculty and administration as a very serious offense and renders the offender liable to severe consequences and possible suspension.

Violations of the Code of Ethics include plagiarism, cheating, falsification of data or logs. Ethical students will not commit any of these offenses and will not knowingly assist anyone else to do so. In addition, any student who has knowledge of such violations is obligated to report this information to an appropriate faculty member. Ethics issues are described in detail below.

Plagiarism Policy

Plagiarism occurs when an author uses someone else's original work without acknowledgement. Whether intentional or unintentional, plagiarism is a violation of Lincoln Memorial University's Academic Integrity policy. As **scholars**, student have an absolute obligation to provide accurate information about the origin of ideas, information, graphics, or images presented in all formats. The obligation acknowledgement applies to all scholarly products including, but not limited to, papers, presentations, slides, and posters.

Use of the work of another **without** acknowledgement is the most serious form of plagiarism. Errors in proper acknowledgement can range from isolated typographical, formatting, or style errors, to more serious issues with inadequate paraphrasing or patters of problems within an assignment. The plagiarism policy of the Caylor School of Nursing allows faculty members at the classroom level to distinguish among levels of seriousness when deciding on an appropriate penalty. Penalties can range from loss of points related to formatting, to a penalty grade reduction for the assignment, to assigning a failing grade for either the assignment or the course.

The citations within a scholarly work are the means by which credit is given to the original source. Citations also allow an interested reader to seek out the original source of material. In the process of writing a paper, students (both undergraduate and graduate) are expected to synthesis information and ideas from multiple sources to create something new. The process most often requires **paraphrasing** rather than quoting from an original source. Direct quotations should be reserved for those cases where language of the original sources is unique or particularly well written. While not plagiarism, a paper that consists of a series of quotations does not meet the standard for college-level work.

When paraphrasing, it is important to remember that it is inappropriate to change a few words while retaining the same sentence structure or paragraph formation as an original source. Authors express ideas by choosing words, building sentences, and constructing paragraphs to explain and support ideas. **Even if the source is cited**, it would be a form of plagiarism to use the structure of an author's work as if it were one's own writing. One of the best ways to avoid struggling with plagiarism is to use (and cite) multiple sources and put one's own thoughts into **one's own words**. The student should avoid reliance on a lone source, as it is much easier to decide where to place citations within the body of the paper with the use of multiple sources.

Recommended Resources on Plagiarism

There are multiple resources available to illustrate the appropriate use of American Psychological Association (APA) citation and reference list requirements.

If the student has questions or concerns about how to incorporate a particular source into one's own work, the student should initiate a dialogue with an instructor regarding the questions or concerns. The student should use faculty as a resource to answer a question or complete a significant amount of the assignment well in advance of the due date. When a student receives feedback on a graded assignment and is unclear about how to avoid a future problem, he/she should make an appointment to discuss the issue with the faculty member.

Plagiarism will be addressed in the following manner:

1. Faculty members at the classroom level will distinguish among levels of seriousness when deciding upon appropriate penalties for plagiarism. Guidance and expectation regarding penalties for plagiarism will be addressed in class and in the course syllabus.
2. Students should expect to receive a failing grade on any assignment which contains plagiarized content.
3. Cases where an entire paper is plagiarized or where the student represents another student's paper as his or her own can result in the instructor assigning an "F" for the course.
4. Students are not permitted to withdraw from a course in which they have been charged with plagiarism and/or cheating for any reason.

Certificate of Authorship

All DNP student papers must include the *Certificate of Authorship* statement, found in the forms section of the *DNP Student Handbook*.

Cheating Policy

Cheating is defined as the use of inappropriate assistance on examinations or evaluations. Each syllabus at the Caylor School of Nursing contains extensive, standardized content on the rules to be followed during examinations. For quizzes and/or examinations given via online formats, students are referred to individual course syllabi for instructor expectations regarding independent completion of the assignments.

A "pirated" copy of an exam or a "pirated" test pool is defined as a copy of an exam or a copy of a test pool obtained without the appropriate authorization.

Cheating will be addressed in the following manner:

1. Students caught using inappropriate assistance on an examination will receive an "F" for the course.
2. Students who have used "pirated" copies of examinations will fail in the course.
3. It must be understood, any student who knowingly aids in cheating, (e.g., allowing another student to copy an examination or providing "pirated" material, is as guilty as the cheating student and will be held to the same standard.

Falsifying Logs and Data

All materials documenting practice experience, lab, practice time, or research data are expected to reflect accurate accounting of the time spent, activities performed and/or results obtained. Any student who submits materials that attest to the completion of activities or practice hours and has not performed those activities is guilty of falsifying logs. Any student who submits materials or forms that are fabricated or deceptive is guilty of falsifying data. Both violations represent academic dishonesty.

Nursing is a profession which requires high levels of personal integrity. Falsification of logs or data are serious offenses and students who are found guilty of such infractions will fail the course and be dismissed from the program.

PROFESSIONAL EXPECTATIONS

The DNP student is expected to maintain a high level of professionalism at all times during the program. Professionalism includes the classroom, practice settings, university, communities, public and professional settings, social media environments, and presence in online courses. The student is expected to project professionalism in all settings in order to promote a positive image of the Lincoln Memorial University and the DNP program. Failure to do so may result in disciplinary action including possible dismissal from the DNP program.

Health Information Privacy and Social Media

1. The student may not share identifying information regarding patients or agencies encountered in the student research or practice experience without explicit written permission. Information cannot be shared during or after completion of the DNP program. Information includes verbal, written, pictorial, or electronic material.
2. The student may be required to sign a confidentiality statement by the DNP Program Director, practice facilitator, or practice facility where the practice activities are completed. If a student is found to have shared patient information, this will result in disciplinary action and the student may be dismissed from the program. Please use the following links as guides regarding social media: <https://www.nursingworld.org/social/>, https://www.ncsbn.org/public-files/NCSBN_SocialMedia.pdf, and <http://www.hhs.gov/ocr/privacy/>.
3. Students shall neither provide nor impede access to witnesses, written communications, or electronic or social media to aid in the investigation of possible offenses.
4. The student shall not photograph a patient, patient family member, staff, practice case, cadaver, or any physical structure during the student's practice or program without prior authorization from the Dean of the Caylor School of Nursing.
5. The student may not copy materials at a practice facility without explicit written permission. The student may take notes, with all patient identifiers removed, at the expressed direction of an instructor for a directed project required by the course.
6. The student may not remove materials from a campus facility or practice facility without explicit written permission.
7. The student may not present self as a representative of Lincoln Memorial University unless express written consent is provided by the Dean of the Caylor School of Nursing.
8. The student shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules. Information can be accessed at: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>. The student will comply with the University and each practice facility's guidelines for HIPAA.

Dress Code

For completing practice hours that require the student's presence at the approved practice site or while representing LMU Caylor School of Nursing approved dress is required. In addition, students are expected to follow any practice site dress code requirements such as a lab coat or scrubs. Students must have their LMU student ID prominently displayed at all times. Students must wear clean, closed toe shoes which coordinate with their attire. No boots, flip-flops, or sandals may be worn during the clinical rotation. Faculty may require a student to leave clinical at any time due to inappropriate attire and the student may not count clinical hours for that day.

DNP EVALUATION METHODS

Mastery of course content will be evaluated by a combination of online exams, application of content in graded case studies, oral and web-based presentations, community or facility presentations, discussion boards, as well as written papers and protocols. The combination of evaluative methods will vary from course to course and will be clearly explicated in each course syllabus. The evaluative strategies are designed to measure student attainment of course objectives. Criteria for evaluation of written assignments appear in the syllabus for each course.

Assignments will be returned to students in a timely fashion. Students will receive individualized feedback to facilitate improvement and progress. Student progress is reviewed periodically during, and at the end of, each semester. Evaluation is based on student performance on written papers and examinations, other assignments, and in the practice evaluations. If student performance is judged to be borderline or failing during a course, the faculty member will discuss and advise the student regarding remediation.

Grading System

Grading Scale: The LMU grading system is based on a four-point scale. The grading scale for the DNP Program is as follows:

| Points* | Grade | Four-Point Scale |
|----------|-------|-------------------------------------|
| 93-100 | A | 4.00 quality points per credit hour |
| 89-92 | B+ | 3.33 quality points per credit hour |
| 83-88 | B | 3.00 quality points per credit hour |
| 79-82 | C+ | 2.33 quality points per credit hour |
| 73-78 | C | 2.00 quality points per credit hour |
| 69-72 | D+ | 1.33 quality points per credit hour |
| 63-68 | D | 1.00 quality points per credit hour |
| Below 63 | F | 0.00 quality points per credit hour |

*Partial points will be rounded to the nearest full point, (e.g., 88.49=88 leads to a grade of B; and 88.50=89 leads to a grade of B+.

Incompletes

A grade of Incomplete (“I”) may be given in circumstances where the student successfully completed the majority of the coursework, and the instructor determines that exceptional circumstances warrant extending the time for the student to complete the work. In order to receive an “I”, the student and course instructor must negotiate a contract containing a timeline specifying the date(s) by which the remaining coursework will be completed (including any practice hours) and specifying the written assignments or examinations to be completed. *The form for documenting a contract for an “I” is found in Section V of the DNP Student Handbook.* It is the responsibility of the student to monitor progress towards completion of the contract to remove the Incomplete and to arrange for make-up assignments, exams, labs, or practice hours.

If a grade change request has not been submitted by the instructor by the required date, the “I” grade automatically becomes an “F” on the student’s transcript.

In general, an “I” grade in any sequential nursing course must be removed by the end of the first week of the next semester in order for the student to continue enrollment in the next nursing course in the sequence. In exceptional cases where serious illness or temporary disability prevents completion of the practice component of a course, but the student is able to successfully continue with the didactic component, the student may petition the Dean to negotiate an alternative plan to complete all requirements for removal of the “I”. Before granting such a waiver, the Dean will require a statement from the treating physician specifying that there is reasonable expectation that the student will be able to complete the practice component and remove the “I” within the proposed timeline. An alternative would be to request a medical withdrawal.

Course and Program Evaluation

Mechanisms for ongoing evaluations have been incorporated in both course and program designs. Ongoing evaluations are consistent with faculty commitment to the development of innovative, quality courses that are responsive to student needs and perceptions.

Course Evaluation: At LMU, student complete course evaluations allowing opportunity to provide anonymous feedback. Students also complete practice facilitator and practice facility evaluation forms. The DNP faculty will review evaluative data for consistence with course objectives.

Program Evaluation: Nursing faculty review evaluative data to determine if program objectives have been met. Exit interviews, surveys, practice facilitators, and practice evaluations are used to provide the evaluative data.

STUDENT COMPLAINT AND APPEAL PROCESS

If a problem should arise involving a course, clinical, campus lab or simulation, the student should first consult the faculty member involved regarding the complaint*. If the complaint is not resolved, then the student must follow the appropriate appeal process.

The appeal process is student driven. The student must initiate the appeal and each subsequent step of the process. The student has the right to drop the process at any time. The student has 5 business days in which to initiate the process and then 5 business days in which to proceed with each step.

Faculty response at each step of the appeal will be within approximately 2 weeks, except during those times when the university offices are closed. Failure of the student to comply with the time frame will result in termination of the appeal process and failure of the appeal.

Channel of Communication:

The following outlines the steps (in order) of the appeal process to be followed by the student. This **channel of communication** must be followed for the appeal to proceed.

1. Complete and file a Student Appeals Request form and **email the form to the course coordinator.**
2. Contact and/or meet with the Course Coordinator.
3. Contact and/or meet with the appropriate Program Chair (ASN, BSN) or Director (Graduate Nursing).
4. Contact and/or meet with the Student Appeals Review Committee.
 - The Student Appeals Review Committee will review all written information pertaining to the case. The responsibility of the committee is to determine if CSON policies and procedures relating to the case were followed and make a decision regarding the appeal.
 - If desired, the student has the option to meet with the Student Appeals Review Committee.
 - If the student chooses the option of meeting with the Student Appeals Review Committee, only the student will be present during the meeting with the committee.
 - If a faculty member is involved, the faculty member has the right to meet with the committee.
 - The Students Appeals Review Committee Chair will send a certified letter notifying the student of the committee decision. Failure to pick up the certified letter within 5 business days of the first attempted delivery date will result in the termination of the appeal process and failure of the appeal.
5. Meet with the Dean, CSON.

*Complaints involving any type of harassment, discrimination and/or sexual misconduct should be filed in accordance with the appropriate complaint procedure as outlined in the LMU Railsplitter Community Standards Guide

*Complaints involving ADA accommodations should be filed in accordance with the appropriate ADA/Section 504 grievance procedure find in the Accessible Education Services Accommodations Policy and Procedures, https://www.lmunet.edu/student-life/documents/accessible_education_policy_and_procedures1.pdf

If there are any conflicts of departmental or school policy with university policy, then university policy supersedes.

HARRASSMENT, DISCRIMINATION, AND SEXUAL MISCONDUCT

LMU policies and appropriate contacts regarding harassment, discrimination, and sexual misconduct can be found in the *LMU Graduate Catalog* and *LMU Student Handbook* and reports should be filed in accordance with procedures outlined there.

CSON ALCOHOL AND DRUG POLICY

In compliance with Section 1213 of the Higher Education Act of 1965, as added by Section 22 of the Drug Free Schools and Communities Amendments of 1989 (Public Law 101-226), LMU offers a drug prevention program through the Office of Counseling and Lifestyle Management within the Office of Student Services. The program emphasizes the University's policy on illicit drugs and alcohol, legal and University sanctions for illicit use, and a description of health risks associated with the use of illicit drugs and alcohol, counseling and treatment is available to the campus community. For additional information refer to the current *LMU Student Handbook*. LMU policy further addresses rules of conduct, disciplinary action, educational programming, and counseling, treatment, and rehabilitation.

The Caylor School of Nursing enforces the Lincoln Memorial University Alcohol and Drug Policy. In addition, the CSON believes in order to maintain a safe, effective learning environment for students, and for the safe and effective care of patients while students are in the practice area, the student must adhere to the following policies and procedures:

1. A student must be alcohol and drug free.
2. Have a chain of custody drug screen performed within 60 days of the start of the nursing program at the student's expense. A positive screen will result in dismissal from the program.
3. If, during the course of the program, the student appears to be under the influence of alcohol or drugs or is functioning in an impaired manner, the faculty shall have the responsibility for dismissing that student from the practice experience and/or class that day and the student will be required to submit to a drug screen.
4. A student's consent to submit to a drug screen, if requested by the Dean, Chair/Director, or faculty at any time during the program, is required as a condition of acceptance into the nursing program. The cost of the screen will be the responsibility of the student. The facility for conducting the screen will be designated by Lincoln Memorial University. A student's refusal to submit to such tests may result in disciplinary action, including dismissal from the program. A positive drug test is grounds for dismissal. A "positive" will be defined as:
 - o Screen results indicating use of illegal drugs/non-prescribed drugs.
 - o Screen results indicating presence of .02 or greater blood alcohol level.
5. An affiliate/practice facility used for student practice learning opportunities can require screening without cause if such screenings are in the policy for employees of that affiliate.
6. Positive results of screen testing on students can be reported by the affiliate to the Caylor School of Nursing. Positive results can be shared by the Caylor School of Nursing with employers of students.

STUDENT EMAIL POLICY

Every student is issued an LMU email account. Electronic mail (email) is an official mechanism for administrators, faculty, staff, and students to communicate with each other. The University expects that email communications will be received and read in a timely manner. Students are expected to check email daily in order to stay current with University related communications, recognizing that certain communications may be time- critical. If a student receives an official email from a University faculty member, administrator, or staff member and does not read that email any subsequent repercussions cannot be excused by "unread email messages".

Inappropriate emails are prohibited. Anyone receiving such an email should immediately contact the University Helpdesk.

Examples of inappropriate uses of email:

1. Sending bulk emails which do not relate to University business or student activities. Bulk emails which mention names and individuals in a derogatory manner are unprofessional and could be considered slanderous.

2. The creation and exchange of messages which are harassing, obscene, or threatening.
3. The unauthorized exchange of proprietary information or any other privileged, confidential, sensitive information.
4. The creation and exchange of information is a violation of any laws, including copyright laws, or University policies.
5. The knowing transmission of a message containing a computer virus.
6. The misrepresentation of the identity of the sender of an email.
7. The use or attempted use of the accounts of others without their permission.

Material that is fraudulent, harassing, profane, obscene, intimidating, defamatory, or otherwise unlawful or inappropriate may not be sent by email or other form of electronic communications. If a student engages in such behavior it will be considered a violation of the policy and will result in disciplinary action.

Acceptance of Facsimile and Scanned Signatures

In furtherance of the principles underlying online programs of study, University and student agree that all documents to be signed in connection with the program of study may be delivered by facsimile transmission or by scanned image (e.g., .pdf or .tiff file extension name) as an attachment to electronic mail (email) sent from the student's university electronic mail account. Any signed document delivered via facsimile, scanned image, or electronic signature shall be treated in all respects as having the same legal effect as an original signed document.

ONLINE ATTENDANCE AND COURSE EXPECTATIONS

Students who are registered for online courses are expected to complete all required coursework through electronic forums. Students will receive lectures, questions, and assignments from faculty electronically and students are expected to participate in all class discussions. In the event of extenuating circumstances, students should notify course faculty prior to class to make arrangements for make-up work. Failure to do so may affect the course grade. Online class attendance will be assessed by completion of all online course assignments by the published due date and time. Students are responsible for retrieving course messages and announcements from both their LMU email account and through course announcements in Canvas.

CAMERA USE POLICY FOR ONLINE AND HYBRID COURSES

Faculty may require students to turn on their cameras in online and hybrid courses during class periods or for remote testing purposes. Requiring students to use cameras may be important pedagogically to increase engagement, social connection, accountability, and collaboration. Moreover, in some testing situations, cameras are essential to ensuring the integrity of the testing environment. LMU is committed to using digital technology in ways that are sensitive to issues of student privacy. To ensure that students are aware that camera use may be required, faculty who intend to require camera use should clearly state this on each course syllabus and cover the requirement with students on the first day of class. There may be occasions when the Instructional Continuity in Case of Temporary Campus Closure policy is enforced that leads to remote online instruction or because of faculty need for seated courses. In these circumstances, faculty may encourage but not require students to turn on their cameras for purposes other than testing unless required camera use is clearly stated on the course syllabus and covered with the students on the first day of class. LMU is committed to providing reasonable accommodations to assist students with disabilities in reaching their academic potential. If you have a disability that may impact your performance related to the use of cameras please contact Mr. Jason Davis, Director for Accessible Education Services, to discuss your specific needs at 800-325-0900 ext. 6587. Additional information regarding accommodations is available on the [Accessible Education Services webpage](#).

ACCESS TO CANVAS

Students will have access to courses in Canvas at the beginning of the semester when the course coordinator makes the course available by the first day of classes on the academic calendar. During the semester, students may access files, links, or materials available to download and use to meet the course objectives and for future references.

INFORMATION LITERACY/TECHNOLOGICAL RESOURCES

Technology is an essential and integral part of an online course. The student must have a laptop computer no more than 2-3 years old, and a stable connection to a high-speed internet such as a cable modem or digital subscriber line (DSL) on a regular basis. In general, Windows based computers are best as support is currently limited on Apple products. The student laptop should have Windows 10 or above operating system. Canvas will work best on browsers: Chrome, and then Mozilla Firefox. Do not use internet explorer to run Canvas. The student will need access to MS Office 2013 or Microsoft Office 365, including MS Word, PowerPoint, and an Excel software program. The student will need the capability of audio access for some lectures and materials. A webcam and microphone are also required. More than one browser should be installed on the student laptop. Recommended browsers are: Chrome, Firefox, Internet Explorer, and Google (certain aspects of Canvas and the library databases work best in certain browsers). Browsers should be kept up to date and tested to ensure the student has the necessary browser capabilities. The browser test is located on the LMU tab of Canvas. The general recommendation for Canvas is use of Firefox or Google with a hard-wired connection if at all possible. A hard wire connection is particularly important for online testing and synchronous course materials. Flash player should be installed (<https://get.adobe.com/flashplayer/>) At LMU, the primary and preferred method for verification of student identity for online education purposes is the use of a secure login and pass code. The Respondus LockDown Browser, which is available for download on Canvas, should be installed at the beginning of a course. Tests are taken utilizing Respondus LockDown Browser and monitoring with verification via LMU Photo Identification or other means of photo identification for online students. Students at LMU are currently able to obtain Microsoft Office at a discount or in some cases free at this link: https://lincoln.onthehub.com/WebStore/ProductsByMajorVersionList.aspx?cmi_cs=1&cmi_mnuMain=df783b53-081b-de11-9c12-0030485a8df0 . Information on informational literacy and technology resources and support is available at the helpdesk at 423-869-7411.

COURSE POLICIES

Online Exam Administration and Review Policy

Rules Regarding Tests and Examinations: For this online course, the quizzes and final exam will be available on Canvas. Online quizzes, exams, and final exams will require Respondus LockDown Browser. Students are required to complete these assignments in a time-sensitive fashion. Students are required to complete these assignments within the assigned time frame. All exam dates will be announced per course. The dates are included in the course schedule.

Violation of ANY of the following policies will result in a zero (0) for that exam.

LMU Caylor School of Nursing Online Testing Policy

All students are expected to take exams as scheduled.

1. Technical requirements:
 - Technology is an essential and integral part of online testing. The student must have a laptop computer no more than 2-3 years old on a stable connection to a high-speed internet such as a cable modem or digital subscriber line (DSL) during online examinations. A webcam and microphone are also required. Browsers should be kept up to date and tested to ensure the student has the necessary browser capabilities for exam purposes. All exams will be given via online LockDown Browser unless otherwise specified in the course syllabus.
2. If unable to complete or take the exam:
 - Students must notify the faculty by phone or email (see Faculty Contact Information) prior to the scheduled

exam if they cannot take an exam (for reasons of sickness, etc.). Students are given faculty contact information in each NURS course syllabi and are expected to always have it available.

- If for any reason a student is unable to leave a message for the faculty member via the contact information provided, it is the student's responsibility to contact the Nursing Office in Harrogate (1- 800-325-0900, ext. 6324) or the appropriate site location and talk to an administrative assistant or leave a message on the voice mail. Please remember to state you are unable to take the exam and be specific as to the course, the faculty's name, and the site you attend. **Any student that does not notify the appropriate faculty may receive a zero for the exam.**
- Faculty will determine the date, time, and method of any alternative make-up exam. A pattern of missing exams in a specific course or throughout the program will not be tolerated. A counseling record will be written with each missed exam, and the specific consequences of another missed exam will be provided. If the student does not make up the exam on the scheduled date and time, the student will receive a zero on the exam.

3. During the exam:

- At LMU, the primary and preferred method of verification of a student's identity for online education is the use of your username and password and student ID.
- Please be sure you have the Respondus LockDown Browser installed (Instructions for download on the Canvas site-must be LMU version) on your device, a webcam, and LMU ID available prior to the exam start time.
- You may have a small white erase board, dry erase pen, & dry marker eraser. You will be prompted to show this before and after the exam. There is a built-in calculator on the Lockdown Browser if needed.
- Prior to beginning the exam, you will be asked to perform several tasks – picture of yourself, picture of your LMU ID, and an environmental scan. When you are asked to do these, please ensure you:
 - are forward facing to the computer/webcam.
 - show both your face and ID at the same time when doing the ID photo, and while doing the environmental scan:
 - move slowly while videoing the area, show your entire desk, computer screen, the area behind the computer, and the area on both sides and behind your seat, and you will also need to video both sides of your dry erase board, pen, and eraser before you begin the exam and again at the end of the exam.
- The exam will be timed. Once the ID verification and environmental scan is completed the exam timer will begin. You will have only one opportunity to enter and complete the exam.
- If you should run into technical difficulties during the exam, speak to the camera and say that you are using your phone to contact the instructor or the help desk.
- Videos will be reviewed and any suspicion of cheating will be investigated.
- Student questions related to exam content will not be answered by faculty during the exam.
- Students are not to talk or communicate with another person during the exam. If talking/communication occurs, the students involved will be subject to the University's cheating policy.
- The student is prohibited from sharing any information with any other individual or student in written, verbal, electronic, photographic, or other format at any time during the exam period or the semester. Sharing of any quiz or exam information will be considered a form of academic dishonesty/ cheating and will follow the disciplinary proceedings described in the Graduate/ Undergraduate Student Handbook. The instructor reserves the right to investigate any potential sharing of information in the above format anytime during the semester.
- Cell phones, smart watches, or any electronic devices usage are NOT permitted during online course time. This includes taking photos of the material, sending, and receiving text messages. No hats are allowed while testing. No blankets or throws are allowed while taking the examination.

4. After the exam:

- An item analysis of all questions is completed before the exam grades are determined and released.
- You may review your exam according to the specific course syllabus.

- Challenges to exam questions will be accepted according to course syllabus.
 - Challenges should be sent in an email format and should specify the rationale as to why the chosen answer should also be considered as a “correct answer.” Appropriate references from course materials and documentation should be provided with rationale. Challenges concerning the appropriateness or relevance of the question are not within the purview of the student and will not be considered.
 - Nursing faculty will have one week to review and score exams. Individual student grades will be available and posted on Canvas within one week after the exam has been given.
 - For the last exam of the semester (final unit exam or final comprehensive exam), students must contact the instructor within 24 hours for clarification of any exam related issue.
 - Faculty reserves the right to correct any clerical error. This includes both increases and decreases to adjusted exam grades.
5. Please refer to the syllabus for course specific exam policies that may be in addition to the above.

Failure to comply with any exam policy may result in a zero on the exam and possible dismissal from the program.

Violation of ANY of the following policies will result in a zero (0) for that exam.

LMU Caylor School of Nursing Seated Examination Policy:

1. All students are expected to take exams as scheduled. Students are required to notify the faculty by phone or email (see Faculty Contact Information) prior to the scheduled exam time if they are not going to be present. Students are given faculty contact information in each NURS course syllabi and are expected to have it available at all times. If for any reason a student is unable to leave a message for the faculty member via the contact information provided, it is the student’s responsibility to contact the Nursing Office in Harrogate (1-800-325-0900, ext. 6324) and talk to the Nursing Administrative Assistant or leave a message on the voice mail. Please remember to state you are unable to take the exam and be specific as to the course, the faculty’s name, and the site you attend. **Any student that does not notify the appropriate faculty may receive a zero for the exam.**
2. The faculty will determine the date, time, and method of any alternate make-up exam. A pattern of missing exams in a specific course or throughout the program will not be tolerated. A counseling record will be written with each missed exam, and the specific consequences of another missed exam will be provided. **If the student does not make up the exam on the scheduled date and time, the student will get a zero on the exam.**
3. The exam will be timed. The time for exam booklets to be turned in and for class to resume will be announced and posted. Any student entering late will be required to turn in the exam at the stated time. Failure to submit the exam at the appropriate time will result in a zero on the exam.
4. Students are not to talk or communicate in any way between themselves during the exam. If talking/communication occurs the students involved will be subject to the cheating policy of the University.
 - The student is prohibited from sharing any information with any other individual or student in written, verbal, electronic, photographic or other format at any time during the semester or exam period. Sharing of any quiz or exam information will be considered a form of academic dishonesty/cheating and will follow the disciplinary proceedings described in the Graduate/Undergraduate Student Handbook. The instructor reserves the right to investigate any potential sharing of information in the above format anytime during the semester.
5. Student questions related to exam content will not be answered by faculty during the exam.
6. Editorial corrections will be given at the beginning of the exam. If corrections to the exam are needed once the exam has started, the faculty will interrupt the exam and announce the correction as well as post it in the classroom.
7. Pencils are the ONLY writing instrument allowed during test time.
8. Simple calculators are the ONLY calculators allowed during test time. Scientific calculators or those combined with cell phones, PDAs, or other electronic devices are not permitted. If a student presents to an exam with any

calculator other than a simple calculator, the faculty will collect the calculator and the student will be required to do mathematic calculations by hand. Calculators collected prior to the exam will be returned after the exam is completed. Sharing of calculators is not permitted.

9. Cell phone, smart watches, or any electronic device usage are NOT permitted during the examination or the post-exam review. This includes taking photos of the material, sending and receiving text messages. This is imperative during all quizzes and tests.
10. Personal belongings (book bags, purses, coats) are prohibited during examination times. Students must make arrangements for their other personal belongings during test time.
 - Hats will not be allowed to be worn during exam administration.
 - No clear beverage containers allowed during an exam.
 - No blankets, throws, etc. allowed around a student or in a student's lap during the exam.
11. The student must not leave his/her seat until the exam is finished, except for emergencies.
12. After the exam is finished, the student has the following options:
 - Return to his/her seat, and remain quiet until class resumes, or
 - Leave the classroom. (If the student chooses to leave the room, he/she may not reenter until class resumes.)
13. The students' scantron/answer sheet is the official document to be graded (not the exam booklet). Exam booklets will be shredded following the exam.
14. Nursing Faculty will have one week to review and score exams. Individual student grades will be available and posted by one week after the exam has been given.
15. Faculty reserves the right to correct any clerical error. This includes both increases and decreases to adjusted exam grades.
16. Post-exam reviews will be scheduled. Attendance at these reviews is strongly recommended. No books, pencils, electronic devices, or taping are allowed during the post-exam review.
17. Students have one calendar week after the test results are posted to contact their instructor for clarification of any exam related issue.
 - For the last exam of the semester (final unit exam or final comprehensive exam), students must contact the instructor within 24 hours for clarification of any exam related issue. In order for faculty to consider an appeal for any exam related issue, the issue must be presented via email to the instructor who taught the content and must be submitted within the time frame listed above.
18. At no time will a student be left alone to review a previous test and no note taking will be allowed.

Student Use of Intellectual Property

Electronically recorded lectures or online class materials for use outside of the course is not permitted without faculty or university permission. Students who wish to use lectures outside of the course must be granted permission by the faculty.

Cell Phone Use

Students are expected to abide by any cell phone use policies as may be present in individual course syllabi, such as testing policies, and by individual practice site policies.

Repeating of DNP Nursing Courses in Post-Master's DNP

Students may repeat a maximum of one DNP nursing core course if a "C" or "C+" was earned for the course. If a DNP student desires to repeat a course that they have not achieved a grade of "B" or higher, he/she is required to submit a DNP readmission form. Readmission is not guaranteed. **The student will not be permitted to progress in the program until the course is repeated** successfully. If the DNP student does not complete the course which they were unsuccessful within 18 months, the student will be released from the program. If an individual desires to be admitted to the DNP program at a later date, they must reapply. If two grades below a "B" are earned in any DNP course, whether in the same or different semesters, the student becomes ineligible for admission, readmission, and/or progression in the DNP program and will be dismissed from the program.

Readmission Policy – Readmission to the Post-Master’s DNP Program is NOT guaranteed

- a. If a student earns a “C” or “C+” in a select core NURS course (NURS 700, NURS 705, NURS 710, NURS 720, NURS 730, NURS 740, NURS 741, NURS 742), a readmission application for that course must be submitted to the nursing office. The student will not be allowed to progress in the DNP program until the student is readmitted and successfully completes the repeated course. Students re-entering the nursing program may not have a lapse of more than 18 months from when the student was last enrolled in his/her program of study. If a student is readmitted, it is with the understanding that the student will not be allowed to continue in the nursing program if another grade below a “B” is earned in a NURS course. If two grades below a “B” are earned in NURS courses, whether in the same or different semesters, the student will not be eligible for readmission, and/or progression in the DNP program.
- b. If a student chooses to interrupt their NURS course sequence for any reason, a readmission application must be submitted to the nursing office. Students re-entering the nursing program may not have a lapse of more than 18 months from when the student was last enrolled in nursing courses in his/her program of study.
- c. The student will be considered for readmission by the DNP Admission, Progression & Retention Committee on an individual basis, as determined by the following criteria:
 1. Completion of admission criteria.
 2. Evidence of extenuating circumstances at the time of termination. If this applies, a statement from the student should be provided with the readmission application.
 3. The student’s submitted plan for academic success that is attached to the readmission form.
 4. Evidence of academic success (e.g., grades in other courses or programs).
 5. Number of times enrolled/admitted in this or other nursing programs and span of time since enrolled in nursing courses.
 6. Overall grade point average (GPA) in the current and in previous programs, including the nursing course in which the student was unsuccessful.
 7. Readmission is considered on a space available basis.
- d. The student who is readmitted is required to participate in the DNP program new student orientation.
- e. The student is required to repeat all class content for the course. All requirements of the repeated course must be completed before the student will be allowed to progress (take other courses) within the nursing program.
- f. Readmission forms should be returned to the nursing office on the Harrogate campus (found in Section V).

Withdrawal from a NURS Course – If a student withdraws with a WD on the transcript and is in good academic standing (passing with an 83 average) in the NURS course(s), it will not be recorded as an attempt in the nursing course(s). Should a student have less than an 83 average in the NURS course(s) at the time of withdrawal, it will be recorded as an attempt in the nursing course(s) and may impact the potential for readmission. If readmission is granted, the student must successfully complete the course(s) not completed at the time of withdrawal prior to progressing in the program.

Repeating of DNP Nursing Courses in Post-Bachelor’s DNP in Nurse Anesthesia

No courses in the DNP-Nurse Anesthesia program can be repeated.

GRADUATE ASSISTANTSHIPS AND TRAINEESHIPS

Depending upon the availability of external and intramural funding, graduate nursing may have graduate teaching assistantships, graduate research assistantships, or traineeships available. Please consult the assigned faculty advisor

for details on availability, requirements, applications, and deadlines. Refer to the current *LMU Graduate Catalog* for additional information.

PROGRESSION POLICIES

In order to progress in the DNP program in the CSON, the student must:

1. Have completed and maintained all health requirements (with all required immunizations updated and on file with CSON).
2. Provide current documentation of BLS certification
3. Adhere to the code of ethical and professional conduct outlined in this handbook and in the *LMU Graduate Catalog*.
4. Possess a current unencumbered RN license in any state where practice experiences are obtained.
5. Maintain licensure and certification including advanced practice certification, if applicable.
6. Submit to random background checks and random drug screenings.
7. Make a grade of “B” or better in each course of the DNP curriculum. *Note: a grade of “C”, “C+”, “D”, “D+” or “F” constitutes a failure in the course.*
8. Maintain a cumulative GPA of 3.0 to progress in the curriculum.

Students must be aware that matters of plagiarism, unethical, unprofessional, or unsafe conduct may result in immediate dismissal from CSON.

All requirements for graduate degrees must be completed in no less than one (1) year and within seven (7) years of initial graduate enrollment in the Post-Master’s DNP option. Exceptions to graduate requirements require approval of the Dean of the Caylor School of Nursing. The BSN-DNP Nurse Anesthesia option must be completed as an entire full time program within nine semesters.

GRADUATION REQUIREMENTS DNP POST-MASTER’S GRADUATION REQUIREMENTS

The following requirements must be met for earning the degree:

1. Completion of the 39 credit hours specified in the approved Program of Study.
2. Completion of a minimum of 1000 practice hours.
3. Approval of final DNP Project by the student’s committee.
4. A minimum cumulative Grade Point Average (GPA) of 3.0 (B).
5. Payment of all fees to Lincoln Memorial University.
6. Completion and submission of the Academic Evaluation form.

DNP in NURSE ANESTHESIA POST-BACHELOR’S GRADUATION REQUIREMENTS

1. Completion of the 109 credit hours specified in the approved Program of Study
2. Completion of case requirements set by the Council on Accreditation of Nurse Anesthesia Educational Programs
3. A minimum cumulative Grade Point Average (GPA) of 3.0 (B)
4. A passing score on the Comprehensive Examination
5. Payment of all fees
6. Successful performance on the Self-Evaluation Examination (SEE)
7. Approval of final DNP project by student’s committee.
8. Completion and submission of the Academic Evaluation form.

DNP Student Professional Portfolio

Portfolio Overview

The DNP student professional portfolio allows students to document their achievement of the Essentials of Doctoral Education for Advance Practice Nursing and showcase their professional accomplishments and goals. The DNP Essentials are an important part of the guiding principles used in the creation and standards of the Caylor School of Nursing DNP Program. DNP students are required to develop a professional portfolio in addition to the DNP project in order to graduate. Students are encouraged to clarify and discuss questions about the portfolio with faculty and advisor throughout enrollment in the curriculum.

Portfolio Purpose and Guidelines

The purpose of the portfolio is to document DNP student achievement of the eight DNP Essentials and showcase their professional accomplishments and goals. The portfolio includes a collection of scholarly work (exemplars) including, but not limited to, papers, presentations, and practice and professional development experiences that demonstrate the student's growth and development of knowledge and competency in their specialty area while achieving each of the eight DNP Essentials. The portfolio is an electronic web-based format in Typhon (in the "My Portfolio" feature) to allow faculty to access the portfolio. The student is also free to share their portfolio with others by editing the privacy features in Typhon. As an important professional tool, it is the student's responsibility to regularly revise and update the portfolio throughout the DNP Program. The portfolio is a graded assignment in the projects and/or practice courses. Students continue to add, refine, and develop the portfolio as they progress through the DNP Program. The student and faculty will work together to determine which exemplars to include in the portfolio. The required sections of the portfolio are outlined below. However, faculty may require additional sections, or the student may need to make additions based on their professional interests and goals, or based on the nature of their DNP project. Students have the ability to be creative in their portfolio through the use of various color schemes, and organizational tools, and content.

1. **Introduction:** The introduction will be the first thing the reader sees when following the link for the student's professional portfolio. The student's name, credentials, photo and contact information should appear in the header. The introduction is 2-3 paragraphs of text below the header. It should include, but is not limited to, a biosketch of the student including an introduction, professional experience, and background or interests. Also include a brief overview of how the portfolio content is organized, and an introduction or overview of the student's DNP project and scholarly interests. The student may opt to include other items such as their area of specialization, relevant background information about the importance of their project or area of specialization, or how their interests have evolved or grown during the DNP program.
2. **Curriculum Vitae:** The student will include a current copy of an updated and professional presented CV.
3. **DNP Essentials:** The organization of the portfolio is up to the student and varies based on the nature of the DNP project or the student's area of specialization. For example, some students opt to have one folder for all of the DNP Essentials, and some opt to have a separate folder for each of the essentials. However, each of the eight DNP Essentials must be included within the portfolio (<https://www.aacnnursing.org/DNP/DNP-Essentials>). For each essential, the student must include a 1-2 paragraph summary of their progress in meeting the essential. This will need to be updated as the student progresses through the curriculum. Students are required to make use of the "link" feature in Typhon to link supporting documentation of their progress toward the essentials, such as papers, presentations, IRB documents, continuing education certificates, etc. A single exemplar may not be used for more than two essentials. Exemplar materials may include, but are not limited to, description of work on quality improvement projects, leadership activities, case studies, literature reviews, papers, presentations, development of evidence-based protocol, descriptions of

work in interprofessional initiatives, evaluation of protocols or policies, or description of practice patterns to identify needs or gaps.

4. **DNP Project:** This section must include supportive documents of the DNP project. The contents of this section will vary with the level of progress the DNP student has accomplished for their DNP project. Appropriate items for this section include project formulation plans or papers, the DNP project proposal papers or presentations, IRB approval documentation, final DNP project written manuscript or presentation, and any submissions of the DNP project for dissemination such as publications, presentations, or posters.
5. **Professional Conclusion:** this section includes a 1-3 paragraph summation of the portfolio and the student's plans for the future. The student should consider the portfolio not just a culmination of doctoral studies but as a foundation for future professional and scholarly work, and as a reflection of their role as a DNP prepared nurse. This section must include how the student plans to influence practice as a DNP prepared nurse and a 5-year plan for professional growth and scholarship.

DNP PROJECT GUIDELINES

Project Overview

The DNP program culminates in the successful completion of a DNP Project. According to the American Association of Colleges and Nursing (AACN), doctoral education is distinguished by the completion of a specific project that demonstrates synthesis of the student's work and lays the groundwork for future scholarship. The DNP curriculum primarily involves mastery of an advanced specialty within nursing practice and methods of practice for improvement and change.

The DNP Project must be used to demonstrate mastery of the DNP curricular content by integrating the role of the DNP in a comprehensive health care environment that includes use of leadership, consultation, advocacy, and collaboration. The DNP Project should also serve as a foundation for future scholarly practice within the practice setting.

The DNP Project may take a number of forms. One example of a DNP Project might be a practice change initiative. This may be represented by a pilot study, a program evaluation, a quality improvement project, an evaluation of a new practice model, or a consulting project. Additional examples of DNP projects could include practice-oriented manuscript(s) submitted for publication, a research utilization project, or other practice-based projects. The theme that links these forms of scholarly experiences is the use of evidence to improve either practice or patient outcomes. The DNP Project produces a tangible and deliverable academic product that is derived from the practice experience (minimum of 500 practice hours) and is reviewed and evaluated by a DNP Project Committee. The DNP Project documents outcomes of the student's educational experiences, provides a measurable medium for evaluation the practice experience, and summarizes the student's growth in knowledge and expertise.

Description

The DNP Project begins in the early stages of the program and continues throughout the program. The scholarly project must be a significant, evidence-based contribution to existing nursing knowledge and be suitable for publication or dissemination in a professional nursing setting , a peer reviewed journal or a book. Furthermore, the project provides the opportunity for students to demonstrate synthesis of scientific knowledge in the specialty practice area and contributes to existing nursing knowledge.

It is the intent of the faculty that students use various course projects as a means of facilitating progress toward completion of the project. While these course projects should contribute to the DNP project, an individual course project cannot fulfill DNP Project requirements. For successful completion of NURS 783 DNP Scholarly Project: Completion and Presentation, the student's DNP Project Team must approve the final paper and oral presentation of the DNP project. Should a student be unable to complete the project during enrollment in NURS 783, it will be necessary to continue to enroll in coursework until the DNP

project has been submitted, presented, and accepted by the student's project team.

Students must obtain project team and **Institutional Review Board (IRB) approval** before proceeding with the scholarly project. Prior to submitting the proposal for IRB approval, all investigators must complete the mandatory CITI program for protection of human subjects. Additionally, IRB Closure forms must be submitted as appropriate, upon completion of the project. The IRB process, procedures and forms are available through the LMU pathway link: <https://www.lmunet.edu/orgsp/institutional-review-board-irb/index>. For any questions regarding the IRB, please call (423) 869-6008.

Examples

Examples of possible projects include, but are not limited to: (a) program needs assessment with program development and evaluation, (b) evaluation of an existing program, (c) development of an assessment instrument/protocol, (d) a meta-analysis project, (e) a cost/benefit analysis of program models, (f) development of a strategic plan, (g) development and implementation of health promotion programs, (h) development and testing of nursing interventions or continuing education programs, (i) integrative literature reviews where not previously available, (j) other scholarly project as approved by the School of Nursing.

Project Team

Each DNP student will have an assigned project committee that will supervise the DNP Project. The responsibility of the Members is to serve as oversight to the DNP Project. A summary of functions are as follows:

1. Each project is developed and implemented under the direction of a project committee.
2. Project committee member(s) will be assigned by the DNP Program Director after consulting with the student and must hold the rank of assistant professor or higher.
3. The committee member(s) must be faculty with the Caylor School of Nursing and hold an earned doctorate, except in extenuating circumstances as determined by the DNP Program Director.
4. Students may elect to add an additional committee member to serve as a content expert. The content expert team member may be from outside the CSON, e.g., someone who is a specialist in the student's project content area.
5. If a member of the team is a practice expert, that member is not required to have an academic appointment.
6. Changes to the project committee require the completion of DNP Project Committee Members Change Request form.

Role of the Project Chairperson:

1. The Chairperson will assure IRB compliance, guide the preparation of the DNP project proposal, the project development, implementation, and evaluation process, and the final project write-up.
2. The Chairperson is responsible for ensuring that the entire team meets with the student at least once before the candidate's DNP Project proposal is submitted for review and approval. It is advisable that there be at least two meetings of the entire Project Committee, one early in the development of the DNP Project Proposal and one closer to the time the DNP Project Proposal is submitted for review.

3. For the BSN-DNP NA option, the chairperson must be a CRNA that has been certified and/or recertified by the National Board of Certification and Recertification of Nurse Anesthetists. The CRNA is required to participate in the process, planning, formation, and evaluation of the student's scholarly work.

Project Committee Member(s):

1. Critique drafts of the developing DNP Project Proposal.
2. Participate actively in the committee member(s) meeting on the DNP Project Proposal.
3. Review drafts of the DNP Project and the final DNP Project product.
4. Share critique and concerns with the student and the Chairperson.
5. Participate actively in the conduct of the DNP Project presentation.

DNP PROJECT

Overview

The candidate is required to submit a DNP Project Proposal for review, which should be developed under supervision of the assigned DNP Project Committee.

Preparation of Project Proposal:

- The DNP Project Proposal will consist of a formal written project proposal and oral presentation at the DNP Project Proposal review meeting.
- The DNP Project Proposal should include a needs assessment, rationale, and problem statement for the project. The DNP Project Proposal should also include objectives, project activities, project timetable, necessary resources, and an evaluation plan. The DNP Project Proposal is characterized by logical progression of thought, good literary style, and acceptable practices of scholarly writing.
- The DNP Project Proposal should adhere to the most recent edition of the Publication Manual of the American Psychological Association (APA).
- The DNP Project Proposal final draft will be submitted to the project committee at least two weeks prior to the scheduled oral presentation.

Project Proposal Review Meeting:

- The candidate and members of the candidate's committee must attend the proposal review meeting. The chairperson is responsible for recording basic points made during the meeting, any recommendations for revisions, and/or progression procedures.
- At completion of the proposal review meeting, the chairperson will summarize the major points raised by the reviewers and ask for their recommendations.
- The committee member(s) may choose to: (1) accept the proposal as is or with minor revisions and no re-review; (2) require minor or major revisions and re-review; (3) reject the proposal.
- The Chairperson will then meet with the candidate to review any recommendations or required revisions and determine the procedures, if needed, for additional proposal review.

- In the case of approval of the DNP Proposal Paper and presentation drafts with minor revisions required, the project committee will determine a timeline for the revisions and the candidate will notify the project committee members when they have made the revisions and are ready for another review by the project committee. After the additional revisions have been reviewed, the project committee will determine if the candidate's proposal paper and presentation draft is approved and if they are ready to submit their final oral presentation, or if any additional minor revisions are needed. Once the final proposal paper and oral proposal presentation is approved, the student will complete the Approval of DNP Project Proposal and Oral Presentation form (found in Section V) and collect project committee signatures. After the project committee signs the form, the DNP Director is notified and it is placed in their student file.
- If a candidate does not put forth a proposal that is considered acceptable by the Project Committee after two attempts, the candidate may be dismissed from the program.
- In the case of major revisions required or approval denied, the candidate must develop a significantly revised or new proposal. The Chairperson will work with the candidate. The Project Committee will review the new proposal and all prior steps will be repeated.

The Final Oral Presentation of Project:

- Each student will complete a final oral presentation of the DNP Project. DNP candidates are only eligible for oral presentation after project approval and completion. The presentation will be a formal presentation of the DNP Project, open to the public. Following the formal presentation, a closed question and answer session will be conducted between the student and the DNP Project Committee.

Post Project Completion:

After DNP Project completion, the DNP candidate will:

- Submit to the DNP Program Director, a properly signed DNP Project Approval and Approval of Final DNP Project Presentation form (found in Section V) and a clean copy of the final written paper.
- The DNP candidate will communicate with the Chairperson of the DNP Project Committee before submitting for public dissemination any materials that are an integral component of the DNP Project.
- Determine the appropriateness of copyrighting the DNP Project with the inclusion of any instruments by another author.
- Upload a copy of their approved final clean copy of their DNP Project manuscript to the LMU Library to be archived in the LMU Library Digital Commons Repository.

Termination of Candidacy:

- A member of the faculty or DNP Project Committee may recommend, at any time, termination of a DNP Student's candidacy for a DNP degree based on lack of sufficient academic progression or lapsed matriculation.

SECTION V:
DOCTOR OF NURSING PRACTICE
POST-MASTER'S POLICIES

DNP PRACTICE EXPERIENCE

Purpose

Practice experiences are designed to facilitate student-learning opportunities specific to the primary area of interest and consistent with the DNP Essentials and specialty competencies. The practice opportunity may be a combination of activities with scholarly activities to provide in-depth learning for students. The practice provides an opportunity for further synthesis of knowledge through experiences and meaningful engagement with experts in nursing and other disciplines within practice environments. The DNP practice experiences are designed to meet the professional and practice goals of individual DNP students. The DNP Project is the end product emanating from the courses.

Policies

1. Students are expected to be familiar with and comply with all of the requirements and policies in the *LMU CSON DNP Student Handbook*.
2. Under extenuating circumstances, an Incomplete (I) grade may be given to allow for completion of required practice hours. Deficiency of hours must be completed before enrolling in the subsequent practice learning experience. **Students may not enroll in subsequent practice courses until the “I” is removed.**

Criteria for Selection of DNP Practice Facilitator

A practice facilitator can possess a variety of skills, educational credentials, and expertise. The practice facilitator may be selected from a variety of disciplines. The decision as to what constitutes an appropriate practice facilitator will depend on the context of the DNP Project and on the academic and practice interest of the student. The practice facilitator must hold a position in the organization where he/she can facilitate the DNP student's access to practice services, organizational information, decision makers, and other personnel to meet the student's practice experience objectives and implement the DNP Project. A practice facilitator will be recruited by the student and approved by faculty. In some instances, students may need more than one practice facilitator, depending upon practice experiences. Prior to approval of a facilitator, the student must complete a practice facilitator information form. Once the practice facilitator is approved, a student must complete a practice facilitator form with objectives outlined.

Practice Facilitator Qualifications

1. Formal education and professional expertise as required for the professional role and practice; preferably, an earned degree or its equivalent in specialty area of practice or administration.
2. Unencumbered state licensure and certification for the professional role and practice area, if applicable.
3. Administrative or management expertise derived from practice and theoretical preparation for individuals in administrative or public health positions.
4. Be supportive of the LMU program and possess commitment to assist students to meet defined learning objectives as established by the program of study.

The DNP student is encouraged to select a practice facilitator who is not a direct supervisor. In large organizations, the DNP student should conduct his/her practice hours outside the department or unit where they are employed, if possible. The line between current employment and practice application hours and project(s) must be clear to the organization, the practice facilitator, the faculty, the Project Team, and the DNP student.

Practice Facility Requirements

The Practice Facility must:

1. Have an affiliation agreement with LMU Caylor School of Nursing.
2. Have faculty approval as an appropriate setting for the nature of the student's DNP Project.
3. Be in compliance with appropriate regulatory or authoritative organizations, if applicable (e.g., JACHO, HIPAA, state licensing boards, etc.).
4. Be available for site visit by LMU DNP faculty, if necessary.
5. Be supportive of the DNP student's attainment of meeting learning objectives and DNP Project completion goals.

Practice Experience Roles and Responsibilities

The DNP educational process is a collaborative endeavor that involves the practice facilitator, student and faculty members. Each has a very specific role to advance the DNP student's knowledge and skill in a specialty area.

The expectations of the practice facilitators are to:

1. Serve as role models.
2. Share knowledge and expertise in content areas.
3. Assists students in meeting learning objectives.
4. Meet with the student, if necessary.
5. Provide feedback and informal evaluations of the student to the faculty and the student.
6. May serve on student's DNP Project Team.
7. May attend proposal and final DNP Project presentations as applicable with faculty permission.

The faculty and/or project team chair is responsible for:

1. Formal evaluation of the student.
2. Communication throughout the practice regarding the experience.
3. Acting as a resource person for the student and practice facilitator.

The student is responsible for:

1. Sharing learning objectives with the practice facilitator(s).
2. Reporting progress to course faculty.
3. Planning, preparing, and implementing the DNP Project and meeting course objectives.
4. Scheduling meetings with faculty and practice facilitator(s).
5. Maintaining appropriate records of practice experiences.
6. Approval of practice facilitator(s), practice facility, and student's practice learning objectives for the practice experience as appropriate for the student's learning needs and to meet course and program objectives.

To initiate the approval process of a practice facilitator, the student and facilitator must complete a facilitator agreement and submit the form to faculty. Once the practice facilitator is approved, then and affiliation agreement will be sent to the authorized individual of the organization (if not already on file)

for signature. A copy of the practice facilitator's resume, or information form with any appropriate licensure information should also be sent to course faculty for credentialing purposes. A student may not begin practice hours until they have received faculty permission.

Practice Evaluation Methods

Practice hours will be planned, approved, and evaluated by the practice facilitator and faculty. Practice hours are required to be logged into Typhon tracking system and in the appropriate course Canvas site by the students when they are enrolled in practice courses. Students are required to maintain accurate logs of practice hours, activities completed, and documentation related to individual student practice goals. Falsification of practice hour logs will result in a zero or 'F' in a practice course and the student will not be able to progress in the program. Faculty will review the documents for meeting practice hours and content requirements. At the end of the semester, a grade will be assigned based on course assignments, practice performance and practice hours completed. Students and faculty will maintain ongoing dialog regarding practice experiences and performances. The dialog may occur in virtual class, via practice logs or journals, via web-based communications, or in individual meetings as appropriate. This information will be detailed in each practice course syllabi.

Formal evaluations will occur. Practice evaluation tools (student version, faculty version, and practice facilitator version) are used to structure the formal evaluations. These forms are located in individual course syllabi and in the *Forms Section V* of this *DNP Student Handbook*. Some written assignments may be based on current practice data or cases (with all identifying data removed). Feedback regarding appropriateness of practice hours and completion of any practice projects will be provided. It is at the faculty's discretion to call or visit the practice site at any time to assess the student's performance. While the instructor will seek input on practice performance from the practice facilitator. Final responsibility for the student grade is retained by the LMU-CSON faculty. If a student's performance, behavior, punctuality, or professionalism is found to be unsatisfactory by faculty, the student can receive a failing grade and/or overall failure in the practice course. This will result in a zero or "F" in the clinical practice course and the student will be dismissed from the program.

The faculty may remove a student from a practice site at any time and restrict students from the practice site or completing practice hours for the following:

- 1) Falsification of practice logs
- 2) The student displays unethical, unsafe, or unprofessional behavior.
- 3) Failure to maintain patient confidentiality
- 4) Not maintaining a current RN license (or APRN if required) license as required or not maintaining current clinical health requirements
- 5) Engagement in recent or past criminal activities
- 6) Unacceptable practice performance

SECTION VI:
DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA POLICIES

DNP in NURSE ANESTHESIA POLICIES and EVALUATION

Didactic Course Policies

Attendance to all scheduled didactic classes is mandatory as defined by course syllabus for Nurse Anesthesia students. Repeated tardiness and/or absence will result in disciplinary action.

Didactic Satisfactory Progress Policy

Nurse Anesthesia students must pass all nurse anesthesia specific didactic courses with a grade of “B” or better. A grade of “C” will result in dismissal from the Nurse Anesthesia concentration.

Work Outside the Nurse Anesthesia Policies Employment While Enrolled in Nurse Anesthesia

The curriculum of the Nurse Anesthesia concentration is vigorous and time consuming. Therefore, it is most desirable that students do not work while enrolled in the program. Nonetheless, it is recognized by faculty that students may have to work part- time when they do not have program commitments; therefore, students are not denied the right to work and earn a wage outside of the program.

- 1) Students must notify the Director in writing of intent to work prior to beginning work. The Director reserves the right to ask students to refrain from outside employment if grades or patient care is placed in jeopardy due to fatigue as a result of work.
- 2) Work schedules are not excuses for early release, tardy, or poor performance in the clinical arena or the classroom.
- 3) Students shall not work after 2100 hours as a professional nurse for compensation if they are scheduled for clinical anesthesia practice experience or class the next day. Violation of this rule is grounds for disciplinary action including failure of the clinical course and dismissal from the concentration.

Employment as Nurse Anesthetist While a Student Policy

The Caylor School of Nursing, Nurse Anesthesia concentration, forbids the employment of a Nurse Anesthesia concentration student as a nurse anesthetist by title or function.

Nurse Anesthesia Student Equipment Policy

Nurse Anesthesia concentration students are required to purchase and have in possession during the clinical practicum and lab simulation anesthesia specific personal equipment, such as, but not limited to: stethoscope, anesthesia earpiece and precordial stethoscope, and mobile phone.

AANA and State Association Memberships/Meeting Policy

Nurse Anesthesia concentration students are required to maintain associate membership with the American Association of Nurse Anesthesiology and the home state Association of Nurse Anesthetists. First Year Students are expected to attend the Tennessee Association of Nurse Anesthetists Annual Fall Meeting. Students are encouraged to attend at least one AANA meeting while in the program. Attendance of other meetings may be required for completion of didactic course requirements as needed.

Students attending any professional organization meeting, subject to the approval of the Director (or designee), may be granted administrative leave to attend and present at the meeting. Administrative travel days may be given as appropriate.

Political Activity Policy

Students are required to complete an activity designed to prepare the student to effectively advocate for protecting and advancement of the role of the certified registered nurse anesthetist. The activity can be met via attending a state lobby date or mid year assembly. The activity must be approved by program faculty prior to attendance.

Comprehensive Anesthesia Review Course Policy

Senior students are required to complete one comprehensive anesthesia review course in the last eight months prior to graduation. Student may be granted administrative days for attendance. Administrative travel days may be given as appropriate.

Expenses Policy

Nurse Anesthesia concentration students are responsible for clinical and didactic related expenses such as lodging, travel, and parking.

Self-Evaluation Examination Policy

All nurse anesthesia students are required to take the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA) SEE in July of the second and third year. The Examination is not used as a programmatic comprehensive examination but is intended to provide the student an opportunity to participate in an anesthesia-focused computer adaptive test. The test evaluates students' didactic and clinical knowledge related to the practice of nurse anesthesia in order to prepare for the National Certification Examination (NCE). During July of second year, the students are required to meet a set benchmark of 425 on the SEE. If the student fails to meet the established benchmark the student may be required to complete additional remediation as determined by the Director. The student will be required to repeat the SEE until a successful score of 425 or greater is obtained.

Clinical Policies

Clinical Site Policies Nurse Anesthesia Clinical Practicum Attendance Policy

Nurse Anesthesia students in NURS 771-778 DNP Anesthesia Clinical Practicum I-V will report to the clinical site at 6:30 AM the morning of clinical or at a time sufficient to prepare for the anesthesia assignment for that day.

Nurse Anesthesia Daily Clinical Assignment Policy

If possible, Nurse Anesthesia students are responsible for obtaining clinical assignments for the following day. The on-call Nurse Anesthesia student (time permitting) will call each student assigned to the clinical site and leave a message describing the first case in the assigned room and cases to follow.

Nurse Anesthesia Pre-Operative Health Assessment Policy

In compliance with department policies of assigned clinical sites, Nurse Anesthesia students will complete and document pre-operative assessments of assigned in-house patients.

Nurse Anesthesia First Year of Clinical Supervision Policy

In the first year of clinical study (semesters 5-7) in the Nurse Anesthesia concentration students will be supervised in the clinical area 1:1 (clinical preceptor to student) by a CRNA and/or Anesthesiologist. The Nurse Anesthesia student's clinical assignment and clinical supervision ratio, whether supervised by a CRNA, Anesthesiologist, or combination of CRNA and Anesthesiologist, will be coordinated taking into consideration student knowledge and ability; the physical status of the patient (ASA); the complexity of the anesthetic and/or the procedure; and the experience of the preceptor. The clinical preceptor will be immediately available to assist the Nurse Anesthesia student with anesthesia care of the patient. Clinical preceptor will review the written or verbal anesthetic plan with the student prior to beginning any anesthesia patient care. Furthermore, all Nurse Anesthesia concentration students in non-anesthetizing areas are to be supervised by appropriately credentialed experts who are authorized to assume responsibility for the Nurse Anesthesia concentration student. All Nurse Anesthesia concentration students are forbidden to participate in clinical interventions without appropriate credentialed experts who are authorized to assume responsibility for the Nurse Anesthesia concentration student.

Nurse Anesthesia Second Year of Clinical Supervision Policy

In the second year of clinical study (semesters 8-9) in the Nurse Anesthesia concentration, students will be supervised in the clinical area 1:1 or 1:2 (clinical preceptor to student ratio) by a CRNA and/or Anesthesiologist. A 1:1 or 1:2

clinical supervision will be at the discretion of the clinical preceptor and/or Clinical Site Coordinator. Nurse Anesthesia concentration student clinical assignments and clinical supervision ratio, whether supervised by a CRNA, Anesthesiologist, or combination of CRNA and Anesthesiologist, will be coordinated taking into consideration the student's knowledge and ability; the physical status of the patient (ASA); the complexity of the anesthetic and/or the procedure; and the experience of the preceptor. The clinical preceptor will be immediately available to assist the Nurse Anesthesia student with anesthesia care of the patient. The clinical preceptor will be available in the room with the student during all critical aspects of the anesthesia case including but not limited to induction of general anesthesia, critical incidents, and placement of neuraxial blockade. The clinical preceptor will review the written or verbal anesthetic plan with the student prior to beginning any anesthesia patient care as appropriate. Furthermore, all Nurse Anesthesia concentration students in non-anesthetizing areas are to be supervised by appropriately credentialed experts who are authorized to assume responsibility for Nurse Anesthesia concentration students. All Nurse Anesthesia concentration students are forbidden to participate in any clinical interventions without appropriate credentialed experts who are authorized to assume responsibility for Nurse Anesthesia concentration students.

NURSE ANESTHESIA CLINICAL PRACTICE SUPERVISION/INSTRUCTION POLICY

Lincoln Memorial University Caylor School of Nursing Nurse Anesthesia concentration complies with the Council on Accreditation's criterion on clinical supervision, restricting the clinical supervision and instruction of students in anesthetizing locations to only CRNAs and/or anesthesiologists with staff privileges who are immediately available in all clinical areas. The concentration will also restrict clinical supervision in non-anesthetizing areas to credentialed experts who are authorized to assume responsibility for the nurse anesthesia student. The concentration faculty believes it is inappropriate for physician residents or graduate nurse anesthetists to act as the sole agent responsible for the student. Students who are in the first twelve months of clinical instruction will be under the direct supervision of an anesthesiologist or certified registered nurse anesthetist (CRNA) with institutional staff privileges on a one-to-one teacher/student ratio.

This policy limits the maximal student/faculty ratio in the clinical area to 2:1. Students beyond 12 months may be assigned to a room supervised by an anesthesiologist or CRNA who may also be supervising another student (or CRNA in the case of the supervising anesthesiologist). When this occurs, the supervising anesthesiologist or CRNA must be immediately available to the nurse anesthesia student(s) at all times. Clinical supervision will be consistent with the COA Standards. If the student becomes aware at any time or has been requested to deviate from this policy, the student must immediately request removal from the case and contact LMU's clinical coordinator.

As the student becomes more skilled in delivering anesthesia care, clinical supervision will be based on the student's knowledge and ability, the physical status of the patient, the complexity of the anesthetic and/or surgical procedure and the comfort level and experience of the instructor.

The program places great value on the quality of instruction afforded students in the clinical area and recognizes that mentoring students often exceeds the student's need to be supervised. Therefore, it encourages CRNAs to remain in the room with students to observe problem-solving skills, challenge them intellectually, answer questions and most importantly assure the safety of the patient. Clinical supervision of students in non-anesthetizing areas may be under the direction of an anesthesiologist, CRNA, or credentialed experts who are authorized to assume responsibility for the student. Such experts may be neonatologists, pulmonologists, or ICU intensivists. The Clinical Site Coordinators, in concert with the chief CRNA and/or administrative managers of the departments of anesthesia, is responsible for assuring that CRNA faculty is currently licensed as registered professional nurses in the state in which they are practicing and are currently certified/recertified by the Council on Certification of Nurse Anesthetists.

Nurse Anesthesia First Year of Clinical Student Anesthesia Care Plan Policy

Nurse Anesthesia students will prepare a written or verbal care plan for every scheduled anesthetic administered. CRNA's and/or Anesthesiologists (clinical preceptor) will supervise Nurse Anesthesia students in the clinical areas. Care plans must be discussed with the assigned clinical preceptor prior to the case and will be used by the clinical

preceptor to design an instructional plan and address areas needing improvement. Clinical preceptor will critique and/or modify the plan prior to implementation.

One comprehensive written care plan is required each clinical day during NURS 771-772 DNP Nurse Anesthesia Clinical Practicum I & II. The care plans should be prepared the evening before the scheduled clinical day. They should be on the first scheduled case of the day or, in the event of repeated case types, the most complex case of the day and given to the clinical preceptor for evaluation. During NURS 773-778, the student should complete a comprehensive written care plan, which will be completed only on complex cases or unfamiliar types of cases.

Nurse Anesthesia Second Year of Clinical Student Anesthesia Care Plan Policy

Students in NURS 773-778 DNP Nurse Anesthesia Clinical Practicum III-V will prepare a verbal care plan that will be discussed with the clinical preceptor prior to each case. Comprehensive written care plans may be requested by the program administration or program faculty at any time.

Nurse Anesthesia Clinical Expectations Policy

- 1) It is the responsibility of the Nurse Anesthesia students to upload the clinical case information to the current electronic tracking system no less than weekly.
- 2) Before beginning clinical, students must have on file with LMU and upload into current tracking system evidence of a current negative PPD or chest x-ray, Tdap, influenza, record of hepatitis B vaccine, a Rubella titer or second MMR, and proof of varicella vaccination or titer.
- 3) Students must maintain on file and upload into electronic tracking system current ACLS, PALS, BLS, and appropriate RN licensure.
- 4) If students become ill and cannot report for clinical, they must inform the CRNA clinical preceptor or Clinical Site Coordinator and upload documentation of absence into the electronic tracking system as soon as possible.
- 5) If a student becomes aware of any barriers to the timely completion of clinical hours, the student should immediately consult with faculty to explore remedies and options.
- 6) Under extenuating circumstances, an incomplete may be given to allow completion of required clinical hours with the provision that any deficiency in clinical hours will be removed as soon as possible. Be aware: Students may not enroll in subsequent clinical classes until the incomplete is removed.
- 7) All students are expected to be able to rotate to all assigned facilities including those that are considered off-site (more than 90 minutes from campus). Cases of hardship will be considered by the Director/Assistant Director. Students are expected to make provisions for childcare, which is not normally considered a hardship. Pet care is not considered a hardship.
- 8) Students will rotate to multiple clinical sites and will be required to arrange travel and housing. Housing and travel for all clinical rotations, including off-site, is strictly the responsibility of the student.
- 9) The use of cellular phones, text messaging, and internet devices are prohibited in the operating room. If a portable device is used for the information on it, the phone should be in the airplane mode. If there needs to be an exception to this rule, such as obtaining drug information on the internet, the student should obtain verbal approval from the clinical preceptor prior to accessing the internet.
- 10) If a photo ID is provided by the clinical site, the ID must be worn. If a photo ID is not provided by the clinical site, the student's LMU photo ID must be worn.

Clinical End of Term, Self-Evaluations, and Clinical Site Evaluation Policies Daily Clinical Evaluation and Grading

Clinical evaluations will be performed daily. The student is responsible for ensuring the clinical preceptor completes the form. If the student is unable to have a form filled out, one must be submitted for that date with an explanation for

the failure to obtain the completed evaluation and the name of the instructor must be submitted. Daily clinical evaluations must be uploaded into the current electronic tracking system weekly. Students must notify the concentration Clinical Coordinator immediately of any unsatisfactory evaluations.

FAILURE TO NOTIFY THE CONCENTRATION CLINICAL COORDINATOR AND TURN IN AN UNSATISFACTORY OR CRITICAL EVALUATION IS CONSIDERED TO BE ACADEMIC MISCONDUCT.

Evaluation for Clinical Courses:

- 1) Daily clinical evaluations will be reviewed by the faculty of the Nurse Anesthesia concentration. A grade will be assigned based on student's clinical performance. An Anesthesiologist or CRNA must complete a student evaluation each clinical day. If an evaluation is not complete, a blank form with the reason that the evaluation was not properly completed, and the name of the clinical preceptor must be submitted. Clinical grades will be determined by the program administration and faculty based on feedback from daily clinical evaluations and summative evaluations provided by clinical site coordinators.
- 2) In the Nurse Anesthesia concentration, a grade of less than a "B" in any clinical course will result in dismissal from the program.
- 3) Students will normally be notified during the term if they are not meeting expectations for a passing clinical grade. It should be understood that egregious deviations from the standards of care or other actions jeopardizing patient safety or unprofessional conduct can result in a failing grade from a single incident with no prior notification.
- 4) All nurse anesthesia students must meet the standards of care promulgated by the Tennessee Nurse Practice Act and the rules and regulations of Tennessee State Board of Nursing and/or BONs of the state in which the student practices. The Director will investigate and take appropriate action regarding information that suggests the student failed to meet regulatory requirements. In accordance with regulatory law, the Director will report to the Board (and/or other appropriate authorities) conduct that violates the laws of the State of Tennessee or other states in the United States.
- 5) In the event that the Director determines a student's conduct has presented concerns regarding patient safety, substandard care, unprofessional conduct, falsification of records, or insubordination in the clinical area, the student's clinical privileges will be immediately suspended. The nurse anesthesia faculty will make the determination as to whether the student will be counseled or will receive a failing grade. Following the suspension of clinical privileges by the Director, the student is prohibited from patient care activities as part of the DNP Nurse Anesthesia program until a decision to return the student to the clinical area is made by faculty. Clinical time missed by the student will be completed prior to graduation as determined by the Director.

Nurse Anesthesia Student Self Evaluation Policy

Nurse Anesthesia Student Self-Evaluation forms will be distributed to students prior to advising. Students will complete and discuss the forms with the advisor during the advising session.

Clinical Site and Faculty Evaluation Policy

Students will evaluate clinical sites and clinical preceptors on the current electronic tracking system at the completion of each rotation. Results will be distributed to clinical sites and preceptors annually.

Evaluation Plan

- 1) Student formative evaluations will be performed daily by the clinical preceptor.
- 2) Student self-evaluations will be performed at the end of the semester and reviewed by the faculty advisor.
- 3) Student summative evaluations will be performed at the end of the semester by the clinical preceptor and reviewed by the faculty advisor.

- 4) Clinical grades will be assigned by the Nurse Anesthesia faculty at the end of each semester based on the clinical evaluations and simulation lab performances.
- 5) Classroom instruction will be evaluated by the university's plan.
- 6) Student evaluations of clinical sites will be available for student completion after each rotation via the current electronic tracking system.
- 7) Student evaluations of the clinical preceptors will be available for student completion after each rotation via the current electronic tracking system.
- 8) Composite evaluations of the clinical sites and clinical preceptor will be reviewed by the concentration faculty annually.
- 9) Composite evaluations of the clinical sites and clinical preceptors will be returned to the clinical site coordinators for review and action annually.
- 10) Advising will occur at the final summative evaluation.
- 11) Alumni and employers of alumni will receive evaluations forms one year after graduation.
- 12) Graduate, alumni, and employer evaluations will be reviewed by the program and by the CSON.
- 13) Attrition rates will be monitored and evaluated.
- 14) Immediate and six-month employment rates will be monitored and evaluated.
- 15) Scores on the Self-Evaluation Examination (SEE) will be monitored and evaluated.
- 16) Passing rates on the certifying examination will be monitored and evaluated.
- 17) The program will be evaluated by SACS, ACEN, and COA.

Nurse Anesthesia Progressive Discipline Policies Clinical Standing/Performance Evaluation

The student is evaluated daily during the clinical rotation and a summative evaluation is completed at the end of each clinical rotation.

- 1) If a Clinical Preceptor and/or the Clinical Site Coordinator determines clinical expectations are not being met, the student will be counseled by the Clinical Preceptor, the Clinical Site Coordinator, and/or the Director.
- 2) If performance does not improve or if the performance demands immediate action, the Director in consultation with Nurse Anesthesia faculty will make the judgment to place the student on clinical probation or program dismissal.
- 3) A student may be immediately dismissed from the program for any of the following practices:
 - a) Unsafe practice or violation of nurse practice act
 - b) Clinical error or poor clinical judgment affecting patient safety
 - c) Insubordination or inability based on the identified needs to cooperate with faculty, clinical site coordinator, clinical preceptors, peers, or hospital staff
 - d) Habitual tardiness or absenteeism (three or more)
 - e) Administering anesthesia outside the confines of the anesthesia concentration or without permission or knowledge of concentration administration
 - f) Failure to complete assignments directed by clinical or didactic staff
 - g) Consistent lack of preparation for clinical practicum
 - h) Evidence of drug or alcohol abuse
 - i) Falsification of records

- j) Failure to properly handle controlled substances in accordance with institutional policy and regulatory requirements
- k) Unprofessional behavior and tone
- l) Violation of any clinical facility policy or regulation

Clinical Probation

Clinical Probation is a period designed to remediate and evaluate the clinical performance of a student who has not satisfactorily met the clinical outcome objectives.

- 1) When the student is placed on clinical probation:
 - a) A formal counseling record will be completed, outlining the reasons for probation including the policy violated and the necessary actions to correct the stated problem(s).
 - b) A probationary clinical site will be assigned by the Director based on need.
 - c) Specific clinical preceptors may be identified to work with and evaluate the student's performance.
 - d) Specific criteria may be prescribed to measure the improvement in student clinical performance over a specified period of time.
 - e) The student's clinical progress will continually be monitored by the Director. The student and Nurse Anesthesia faculty will hold weekly meetings to assess student progress, evaluate the plan of action, and make necessary changes in the plan.
- 2) At the end of the probation period, and after careful evaluation of all of performance documentation, student conference(s) and input from the clinical site, the Director in consultation with Nurse Anesthesia faculty will make a decision as to the student's clinical progression. A formal counseling record will be completed by the Nurse Anesthesia faculty. The student will be either:
 - a) Released from probation and allowed to progress in the program.
 - b) Allowed a second probationary period.
 - c) Dismissed from the program.

Nurse Anesthesia Student Grievance Policies Nurse Anesthesia Student Complaints Policies

The *LMU Graduate Catalog* policy on grievances should be adhered to with the exceptions listed below:

- 1) In the clinical areas, student complaints should immediately be brought to the attention of the clinical preceptor assigned that day.
- 2) Issues not immediately resolved should be reported to the Nurse Anesthesia faculty.

Anesthesia Clinical Correlation (Grand Rounds) Policy

Nurse Anesthesia concentration students are required to attend Grand Rounds meetings and may be required to present a current anesthesia peer reviewed journal article critique, case study, or review of assigned anesthesia related topic. Nurse Anesthesia concentration students are required to attend anesthesia morbidity and mortality conferences and anesthesia case conferences if provided by the student's current clinical site. Grand Rounds is a component of the clinical practicum courses and principles of anesthesia laboratory courses. Tardiness or absenteeism can result in a reduction in the appropriate course grade. During the clinical portion of the program, absence will require the use of a PTO day.

Student Time Commitment to Nurse Anesthesia Policy

The COA prescribes Nurse Anesthesia programs monitor student time commitments to the program of study. To ensure compliance, the accrediting agency expects Nurse Anesthesia faculty to monitor the total number of hours per week students have obligated to the program.

While the COA no longer designates specific numbers of hours per day, students are expected to complete case requirements. The COA policy states a reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in in class and all clinical hours averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours. Lincoln Memorial University's Nurse Anesthesia concentration will continually monitor students' time commitment to ensure compliance with accreditation criteria. However, students may be over-committed while on specific specialty rotations, such as cardiovascular or neurosurgical rotations. Over-commitment may be unavoidable because the concentration expects students to be actively involved in the perioperative care of patients undergoing complex and often long procedures; it may not be possible to accomplish this in an eight-hour day. Concentration faculty will monitor students committed time during the year to insure there are no excesses or abuses. Students will not be scheduled for clinical shift within 10 hours of leaving the prior shift. The student is responsible for notifying the clinical site coordinator and the concentration clinical coordinator if he/she cannot attend the scheduled clinical shift under this circumstance.

Nurse Anesthesia On-Call Rotation Policy

Students will not be assigned to the clinical areas following a weekday 16 or 24-hour call period. Students assigned weekend call will be expected to attend scheduled classes following the call period. If the student feels that fatigue from excessive work hours will jeopardize personal or patient well-being, he/she is responsible to notify the clinical site coordinator and concentration clinical coordinator. If students are scheduled for class following a call period, class attendance is expected.

- 1) Students on call will always be under the direct supervision of either an anesthesiologist or CRNA with institutional staff privileges.
- 2) Students will not be permitted to undertake any level of anesthesia care without the expressed knowledge, consent and presence of either an anesthesiologist or CRNA with clinical privileges in the facility.
- 3) Students will be expected to perform on-call at a level consistent with the current level of nursing and anesthesia ability, as well as the health of the patient and complexity of the surgical/anesthesia procedure.
- 4) Students will not be permitted to leave the clinical area unless they have asked and received permission to do so from the anesthesia clinical director of the operating room and/or the senior member of the on-call team.
- 5) If required, student's on-call shall maintain constant telecommunication and/or beeper contact with the senior members of the on-call team.
- 6) Students will not be assigned to call more than 24 hours consecutively during the week. Students may be on-call for entire weekends.
- 7) Students may be required to take in-house call during call rotations. A call room will be provided.
- 8) The student who is on-call arrives at the hospital before the CRNA or anesthesiologist; no patient care may be rendered until a credentialed provider is physically in the hospital. IN NO EVENT CAN A STUDENT BE ASKED TO SEE A PATIENT, DO A PREOPERATIVE VISIT, START AN IV OR EPIDURAL OR HAVE ANY PATIENT CARE RESPONSIBILITIES WHATSOEVER UNLESS A CRNA OR ANESTHESIOLOGIST IS IN THE HOSPITAL. That means a student cannot be asked to get the patient ready and into the OR so the case can begin when a credentialed provider arrives. If a student is asked to do so, he/she should politely decline and contact the Director and the other faculty members immediately.

Nurse Anesthesia Personal Time-Off (PTO) Policy

During the first two terms, the student adheres to the University calendar. During the clinical phase of the program of study, the student will receive 10 days of personal time-off. The days may be used for absences due to illness,

weather, and personal leave days. Administrative days off will be granted with prior approval by the Director or designee for military service, one review course, professional meetings, and funeral leave.

Approval of more than two consecutive days off will only be approved for emergency situation on a case by case basis by the Director or designee. The accompanying weekend days may be given if the student is obligated to work weekends, at the discretion of the Director.

- 1) Personal leave will generally be limited to one week during any one month. Both the Director and the Clinical Site Coordinator must approve any exception.
- 2) PTO will generally be limited to one event during any one clinical practicum rotation. The Director and the Clinical Site Coordinator must approve any exceptions.
- 3) PTO may be granted while the student is on rotation at most clinical sites. The amount of PTO granted at any one clinical site shall be limited to the discretion of the Director or designee. Time allowed at clinical sites providing specialty cases may be reduced or not allowed.
- 4) After personal leave has been fully approved, it may be cancelled at the discretion of the Director.
- 5) PTO requests must be submitted to the Clinical Coordinator or the Director prior to 6 weeks before the start of a clinical rotation. For example, if a request for a day off during the March/April clinical rotation at Pikeville Medical Center, the request should be submitted before January 15. This is to allow for changes in scheduling before credentialing process begins. Requests submitted after the due date may not guarantee approval and must have permission of the Clinical Site Coordinator.
- 6) PTO requests should not be presented for more than 6 months in advance. That is, a request for July cannot be requested before January 1.
- 7) PTO may not be taken during call rotations, which includes the evening shift at University of Tennessee Medical Center.
- 8) Absence from a clinical assignment due to illness (provider statement must be submitted) will be accounted for as follows:
 - a) Absence from a day shift: 1 personal leave day.
 - b) Absence from a 12-hour call shift: 1.5 personal leave days.
 - c) Absence from a 16-hour call shift: 2 personal leave days.
 - d) Absence from a 24-hour call shift: 3 personal leave days.
- 9) Any missed clinical days that were not scheduled, i.e. call outs, may result in the deduction of 2 PTO days at the discretion of the program director.
- 10) PTO is not allowed on the first or last day of a clinical rotation.

Procedure for Requesting PTO

- 1) The student must request the personal or administrative PTO in the electronic tracking system.
- 2) Request must be submitted to the Director or designee not later than 6 weeks before the start of the impacted clinical rotation to ensure scheduling prior to credentialing at the clinical site.
- 3) The student will receive an email from the electronic tracking system when the request is approved or disapproved.
- 4) The student is responsible for retaining the email of the time off approval to resolve any differences.
- 5) Students are strongly discouraged from making nonrefundable reservations until receiving official notification that personal time-off has been granted by both the Director and the clinical site, when applicable.
- 6) Approval may be rescinded if in excess of allotted PTO days.
- 7) Time-off granted by the Director or designee in excess of allowed time will be made up at the end of the program. If the days are to be made up at the end of the program, a grade of "I" will be assigned for the clinical practicum course. The "I" will be removed upon completion of required time. Graduation from the program may be delayed until the required time is accounted.

Tardiness and Early Release

Students who are tardy or who ask to be released early from the clinical area must notify the clinical coordinator within 24 hours. A request must be made in electronic tracking system. PTO can be approved in ½ day increments. Students who are released early or given the day off of clinical because of a lack of cases at the clinical site must submit a note and a scheduling request for Early out/No cases. PTO will not be charged.

Holidays

Students will adhere to the holidays observed at individual clinical sites. Please note that each clinical site may observe different holidays. The student is required to follow the holiday schedule of the individual clinical site without regard for LMU holidays. Students who are on call may be required to work holidays.

Inclement Weather

For classroom assignments on the Harrogate campus, students will follow the inclement weather policy of the university. For clinical assignments, students will follow the policies of the assigned clinical sites and follow the direction of Lincoln Memorial University's Clinical Coordinator. If the decision is made to call the student off or if the clinical site is under a state of emergency, the student will be granted an administrative day. A student may independently choose to miss a clinical day due to inclement weather but will be required to use PTO to cover the missed clinical days. However, if the student does not have sufficient PTO to cover the clinical days missed due to inclement weather, time permitted for make-up clinical days will be added at the end of the program. The students will have the responsibility of ensuring the Clinical Site Coordinator notifies the Nurse Anesthesia faculty if the OR is closed or call team only in the event of inclement weather.

Military Leave

Personal time-off will be granted to students who serve in the U.S. Military or Reserves. Personal time-off for military leave must be requested as far in advance as possible. If military leave results in the student exceeding the allotted PTO, the days in excess must be made up.

Funeral Leave

Students may be granted funeral leave, at the discretion of the Director or designee, for deaths of immediate family members or significant others.

Terminal Leave

Terminal leave (i.e., absence on the last day that the student is scheduled on a clinical rotation) is not permitted and will result in delayed graduation.

Failure to Report Time Off from the Clinical Area

FAILURE TO REPORT TIME OFF FROM THE CLINICAL AREA WILL BE TREATED AS ACADEMIC MISCONDUCT. Part of academic achievement is to act in a professional manner concerning time off. Failure to notify the clinical site and post the time on Typhon in accordance with policy may result in lowering of the grade for the clinical course. Two failures to notify during the program will result in a failure in the clinical course during which the second failure to notify occurs.

Nurse Anesthesia Rights and Responsibilities Policy

The concentration has identified the following rights and responsibilities of patients, applicants, students, faculty, conducting institution, affiliating institution, and the accrediting agencies as related to the education of nurse anesthesia students.

Patients have the right to:

- 1) Appropriate anesthesia care regardless of race, creed, color, national origin, ancestry, religion, gender, sexual orientation, marital status, age, handicap, or source of payment.
- 2) Appropriate assessment and management of pain.
- 3) Be treated kindly and respectfully.
- 4) Every consideration of privacy.
- 5) An explanation of the anesthesia choices (general, regional, MAC) along with alternatives, goals, and risks involved.
- 6) Know the name, identity, and professional status of the person providing the anesthesia services and to know who is primarily responsible for the care delivered.
- 7) Participate in developing the plan of care.
- 8) Make informed decisions about the care to be given.
- 9) Expect that all communications and clinical records pertaining to their care will be treated confidentially.
- 10) Receive care in a safe setting.

Patients are responsible:

- 1) To provide accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to their health.
- 2) To be considerate of the rights of hospital personnel and students.
- 3) To ask for clarification if something is not clear to them.

Applicants have a right to:

- 1) Expect to be treated in a respectful manner.
- 2) Expect to have their application request available to them in a timely manner.
- 3) Expect to have their application reviewed with the same degree of consideration as any other applicant.
- 4) Expect to be notified of any information missing from their files, which would be necessary for a file to be complete.

Applicants have a responsibility to:

- 1) Inform the concentration administration of any address changes.
- 2) Complete their applications and submit them by the application deadlines.
- 3) Be truthful in answering questions on the application.
- 4) Provide the concentration administration the necessary information to make decisions about their qualifications for admission into the concentration.

Students have a right:

- 1) To be treated with respect and consideration throughout the program of study.
- 2) To receive graduate level education from individuals with expertise in their lecture areas.
- 3) To be exposed to a variety of anesthesia techniques and experiences while in the clinical area.
- 4) To receive appropriate clinical supervision and direction throughout the program of study by certified registered nurse anesthetists or anesthesiologists.
- 5) To expect a reasonable and timely response from staff or faculty of the university.
- 6) To expect a reasonable time commitment throughout the program of study conducive to learning.
- 7) To expect the Program Director, Associate Program Director, and Clinical Coordinator to serve as strong student advocates.

Students have a responsibility:

- 1) To treat others with respect and consideration.
- 2) To be prepared for didactic and clinical assignments.
- 3) To seek opportunities to develop educational (didactic and clinical) skills.
- 4) To be active in the professional nurse anesthesia organization.
- 5) To maintain integrity and academic honesty.
- 6) To follow the rules and policies of the clinical area to which they are assigned.
- 7) To follow the policies and procedures set by the Nurse Anesthesia concentration and the university.
- 8) To pay tuition and fees within scheduled time frames.
- 9) To serve as advocates for the program and their classmates.

All faculty have a right to expect:

- 1) Students will be prepared as much as possible for any given lecture.
- 2) Students will not engage in unethical behavior or behavior that would violate academic integrity.
- 3) Students will give them due consideration for their expertise in their area of study.
- 4) Students will be committed to completing assignments by due dates.
- 5) Students will have self-motivation and desire to be successful.

Didactic Faculty has an obligation to:

- 1) Be prepared for lectures.
- 2) Be available to answer student questions or be available for individual student conferences.
- 3) Prepare examinations that measure student learning and not just acquisition of facts.
- 4) Prepare activities that enhance student learning.
- 5) Instill in students a quest and commitment to lifelong learning.
- 6) Maintain expertise in their area of study.
- 7) Accept and utilize positively the praise and criticism given by administration and students.
- 8) Provide or assist with disciplinary actions concerning students.
- 9) Be active in the professional organizations.

Clinical faculty has a responsibility:

- 1) To note and provide educational opportunities and suggestions for improvement of a student's professional learning.
- 2) To keep abreast of current trends and new agents and procedures within one's profession.
- 3) To provide appropriate supervision and direction based on a student's clinical expertise and confidence in the clinical area.
- 4) To serve as a student advocate making students a priority.
- 5) To provide timely feedback to concentration administration about a student's performance.
- 6) To assist with remediation of students or disciplinary actions of students as needed.
- 7) To be active in one's professional organization.
- 8) To seek opportunities to develop one's educational skills.
- 9) To guide and participate in research and other study projects as requested.

The conducting institution has a right:

- 1) To expect personnel for the Nurse Anesthesia concentration to operate the program of study in accordance with accreditation requirements, university requirements, and policies.
- 2) To be kept informed of concentration changes, accrediting agency evaluations and standards, and trends affecting nurse anesthesia education.
- 3) To expect that students will be selected after review of their health and academic records, interview and personal references.
- 4) To expect students to follow the department and institutional policies relative to patient care, personal health care habits, and department and personnel policies.
- 5) To expect students to communicate with staff relative to their ability to perform procedures, throughout the perioperative period, and apply knowledge in the clinical practicum.
- 6) To expect students to prepare for and attend classes, seminars, and conferences.
- 7) To expect students to maintain professional liability insurance coverage.

The university has a responsibility:

- 1) To provide the nurse anesthesia program with sufficient resources to maintain its effective operation.
- 2) To review its contract with the university as needed to determine if the contract is adequate to meet students' needs and the program's outcome objectives.
- 3) To avoid becoming so dependent on students that departmental needs supersede students' needs.
- 4) To operate the program in accordance with accreditation requirements.
- 5) To award master's degrees to students who successfully meet all graduation requirements.
- 6) To provide student services and other resources as detailed in a contractual agreement with the conducting organization.
- 7) To cooperate with the conducting institution in maintaining the program's accreditation.
- 8) To provide education without discrimination as required by applicable state and federal laws.

Accrediting agencies have a right to expect that:

- 1) The concentration will not willfully disregard standards and criteria set by accrediting agencies.
- 2) The concentration will not willfully disregard policies and procedures as determined by the accrediting agency or the Nurse Anesthesia concentration.
- 3) Concentration files are available to on-site accreditation reviewers.
- 4) The concentration will submit annual reports and other reports as requested by the accrediting agency.
- 5) The concentration represents itself with integrity.

The accrediting agency (COA) has an obligation:

- 1) To inform the program of appropriate changes in policy and procedure.
- 2) To assist the program in attempts to comply with accrediting agency requests.

Nurse Anesthesia Clinical Site Responsibilities of the Clinical Site Coordinator:

- 1) Coordinates the orientation of the nurse anesthetist student to the clinical setting.
- 2) Assures safe and orderly assignment of cases among anesthesia providers based on:
 - a) Student's experience, knowledge and ability
 - b) Physical status of the patient
 - c) Complexity of the anesthetic and/or surgical procedure
 - d) Experience of the preceptor

- 3) Oversees the day-to-day clinical evaluation of students assigned to the site.
- 4) Promotes effective communication between the nurse anesthesia faculty and anesthesia staff.
- 5) Communicates on a regular basis with the nurse anesthesia faculty.
- 6) Determines the ratio of students to instructors in the clinical area and ensures that a student instructor ratio of 2:1 is not exceeded.
- 7) Validates student case logs.
- 8) Assists other clinical anesthetists in the clinical evaluation process and completes a summative evaluation of student progress at the completion of each student rotation.
- 9) Makes certain that the clinical supervision of students in anesthetic and non-anesthetic situations is restricted only to CRNA and/or anesthesiologists with staff privileges who are immediately available and assume responsibility for the student. (Instruction by graduate registered nurse anesthetists is prohibited if they act as the sole agent responsible for students).
- 10) Confer with Director or designee as necessary regarding student progress.
- 11) Ensures all clinical preceptors are appropriately credentialed.
- 12) Completes a summative evaluation of the students' progress at the completion of the rotation.

Nurse Anesthesia Clinical Responsibilities of the Clinical Preceptor

- 1) Supervise students in the clinical areas.
- 2) Immediately available to assist the first year student with anesthesia care of the patient.
- 3) Review the written or verbal anesthetic plan with the student prior to beginning any anesthesia patient care.
- 4) Design an instructional plan and address areas needing improvement.
- 5) Available in the room with the second and third year student during all critical aspects of the anesthesia case including but not limited to induction of general anesthesia, critical incidents, and placement of neuraxial blockade.
- 6) Evaluates students using clinical evaluation tools.
- 7) Completes and signs a daily evaluation of student performance.
- 8) Holds conferences with students as needed to assess progress and determine needs, counsels student as appropriate.
- 9) Confers with the Director or Clinical Site Coordinator as necessary, regarding student progress.

Nurse Anesthesia Outcomes

The curriculum of the Lincoln Memorial University Caylor School of Nursing Nurse Anesthesia concentration is designed so that each graduate is capable of demonstrating the following cognitive, psychomotor, legal, and research outcomes.

Didactic Outcomes

- 1) Demonstrates a solid background in the basic sciences, especially those related to the specialty of nurse anesthesia.
- 2) Maintain at least a B in all courses in the nurse anesthesia curriculum.
- 3) Successful completion of all didactic, clinical, and scholarly objectives of the program.
- 4) Pass the national certification examination.

Clinical Outcomes

- 1) Perform a comprehensive pre-anesthetic assessment and chart review on all patients to whom they are assigned.
- 2) Select appropriate pre-operative medications.
- 3) Formulate an anesthetic care plan for patients scheduled to undergo a wide variety of surgical/diagnostic

procedures.

- 4) Protect patients from iatrogenic complications associated with anesthetic-related drugs or procedures.
- 5) Position or supervise the positioning of patients to protect from iatrogenic injury.
- 6) Employ current and appropriate anesthetic techniques, agents, adjuvant drugs, and equipment while administering anesthesia.
- 7) Conduct a comprehensive and appropriate pre-anesthetic machine and equipment check.
- 8) Identify and take appropriate first-line remedial action when confronted with anesthetic equipment-related malfunctions.
- 9) Maintain an accurate, factual, contemporaneous, and neat anesthetic record.
- 10) Administer general anesthesia to patients of all ages and physical conditions for a wide variety of surgical/diagnostic procedures.
- 11) Provide anesthesia care for neonatal, pediatric, adult, trauma and geriatric patients with or without major pathologic conditions.
- 12) Administer/manage the anesthesia care of obstetrical patients.
- 13) Provide anesthesia/monitoring services for patients undergoing surgical/diagnostic procedures in a variety of settings within the hospital or institution's freestanding surgical center.
- 14) Administer and/or managing a variety of regional techniques, including subarachnoid, epidural, Bier blocks and a variety of peripheral nerve blocks.
- 15) Interpret and apply data obtained from both non-invasive and invasive monitoring modalities to ensure the proper management of patients receiving anesthesia.
- 16) Insert invasive monitoring probes such as arterial lines, central venous catheters, and triple-lumen catheters.
- 17) Calculate, initiate and manage fluid and blood replacement therapy.
- 18) Prevent/recognize and/or intervene appropriately to correct anesthetic-related complications that may occur throughout the perioperative period.
- 19) Collaborate with anesthesiologists, other physicians, and other healthcare providers to insure optimum perioperative patient care.
- 20) Apply universal precautions and other appropriate infection-control measures.
- 21) Function as a resource person in airway and ventilator management of patients undergoing cardiopulmonary resuscitation.
- 22) Participate in continuous quality improvement (CQI) protocols.

Legal/Social Outcomes

- 1) Function within the scope of practice of a nurse anesthesia student accepting responsibility and accountability for personal and professional behaviors.
- 2) Demonstrate personal and professional integrity and the ability to interact at a professional level with a wide variety of healthcare providers.
- 3) Demonstrate academic, fiscal, and social accountability, especially as they relate to the repayment of guaranteed student loans.
- 4) Value the cultural diversity and ethnicity of the populations served.

Research and Project Outcomes:

- 1) Provide evidenced-based practice.
- 2) Critique anesthesia-related scientific journals for content validity and research merit.

SEE and Certification Examination Outcomes

- 1) Successful performance on the SEE and pass the NCE.

Nurse Anesthesia Forms (found in Section VIII)

- 1) Nurse Anesthesia Student Advising Form (prior to clinical)
- 2) Nurse Anesthesia Student Self-Evaluation Form (prior to clinical)
- 3) Nurse Anesthesia Advising Form (Clinical)
- 4) Nurse Anesthesia Self Evaluation Advising Form (Clinical)
- 5) 1st Year Summative Clinical Evaluation Form
- 6) 2nd Year Summative Clinical Evaluation Form
- 7) Daily Clinical Evaluation Form
- 8) DNP Student Self-Evaluation Outcome Criteria Form
- 9) DNP Student Evaluation Outcome Criteria Form

DNP in Nurse Anesthesia Concentration Evaluation Plan

- 1) Student formative evaluations will be performed daily by the clinical preceptor.
- 2) Student self-evaluations will be performed at the end of the semester and reviewed by the faculty advisor.
- 3) Student summative evaluations will be performed at the end of the semester by the clinical preceptor and reviewed by the faculty advisor.
- 4) Clinical grades will be assigned by the Nurse Anesthesia faculty at the end of each semester based on the clinical evaluations and simulation lab performances.
- 5) Classroom instruction will be evaluated by the university's plan.
- 6) Student evaluations of clinical sites will be available for student completion after each rotation via the current electronic tracking system.
- 7) Student evaluations of the clinical preceptors will be available for student completion after each rotation via the current electronic tracking system.
- 8) Composite evaluations of the clinical sites and clinical preceptor will be reviewed by the concentration faculty annually.
- 9) Composite evaluations of the clinical sites and clinical preceptors will be returned to the clinical site coordinators for review and action annually.
- 10) Advising will occur at the final summative evaluation.
- 11) Alumni and employers of alumni will receive evaluations forms one year after graduation.
- 12) Graduate, alumni, and employer evaluations will be reviewed by the program and by the CSON.
- 13) Attrition rates will be monitored and evaluated.
- 14) Immediate and six-month employment rates will be monitored and evaluated.
- 15) Scores on the Self-Evaluation Examination (SEE) will be monitored and evaluated.
- 16) Passing rates on the certifying examination will be monitored and evaluated.
- 17) The program will be evaluated by SACS, ACEN, and COA.

DNP in Nurse Anesthesia Concentration Program Evaluation Plan

| Evaluation | Timing of Evaluation | Data Reviewed |
|---|---|--|
| Student formative clinical evaluations Student summative clinical evaluation | Daily by the clinical faculty At completion of clinical rotation by Clinical Site Preceptor | Advisement |
| Student summative clinical evaluations with faculty advisor | Completed at end of each rotation | End of each semester (III-VII) |
| Student self-evaluations and review with faculty advisor | End of each semester | Advisement Each semester |
| Student evaluation of program including: Advisement and mentorship Student Support Services | Junior students (Semester III) Senior students (Semester V) | NA Evaluation Committee (September) |
| Graduate evaluation of program | End of program, | SPE |

| | | |
|---|--|--|
| and exit interview DNP Student: complete DNP Self-Evaluation Outcome Criteria form | November/December | |
| Student evaluation of course and instructor (Canvas) | Student's complete at the end of each semester | Yearly Faculty Evaluation (Feb) |
| Student evaluations of clinical preceptors and clinical site (performed via Typhon) | After each clinical rotation | Reviewed NA Evaluation Committee Meeting |
| Alumni evaluation of program | One year after graduation, February | SPE |
| Employer evaluation of graduates | One year after graduation, February | SPE |
| Student attrition rates * | Annually, Evaluation Committee, September | SPE |
| Self-Evaluation Examination scores and averages | Annually, Evaluation Committee, September | SPE |
| Student employment rates at 6 months | Annually, Evaluation Committee, September | SPE |
| National Certification Examination scores, averages, pass rates* | Annually, Evaluation Committee, September | SPE |
| Nurse Anesthesia Evaluation Committee | Annually, September | |
| Composite evaluations of clinical sites and clinical faculty returned to Clinical Preceptors for their review and action | Annually, December | |
| Clinical grades will be assigned by Nurse Anesthesia faculty based on clinical evaluations, case studies, grand round presentations, care plans, feedback from Clinical Site Preceptor, and simulation lab performance. | End of each semester | |

SECTION VII:
DOCTOR OF NURSING PRACTICE
GENERAL FORMS

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM
DNP PROJECT COMMITTEE MEMBER CHANGE REQUEST FORM**

_____DNP Project Committee Member Appointment

_____Change in DNP Project Committee

Student Name(s) (please print):_____

Date Submitted:_____

I request that the faculty members listed below be appointed to serve as my DNP Project Committee.

Chair of Committee Name (printed)

Chair of Committee Signature

Member Name (printed)

Member Signature

Student Signature

Student Signature (if group)

Student Signature (if group)

Student Signature (if group)

Signature of DNP Program Director

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

APPROVAL OF DNP PROJECT PROPOSAL & ORAL PRESENTATION

Formal approval is hereby given to this submitted DNP Project Proposal:

DNP Student Name(s)

DNP Student Name(s)

Title of DNP Project Proposal

Date

Chair of DNP Project Committee Signature

DNP Project Committee Member Signature

DNP Project Committee Member Signature

NOTE: A copy of your proposal as approved is to be filed with the Graduate Nursing Office and uploaded into Typhon.

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

DNP PROJECT APPROVAL AND APPROVAL OF FINAL PRESENTATION

This form is to be completed and returned to the DNP Program Director after the DNP Project presentation.

| | | | |
|---------------|------|-------|----------------|
| Student Name: | Last | First | Middle Initial |
| Student Name: | Last | First | Middle Initial |
| Student Name: | Last | First | Middle Initial |
| Student Name: | Last | First | Middle Initial |

Presentation Date: _____

Project Topic/Title: _____

Approval Date: _____

DNP Project Committee Members:

Chairperson Committee Member Committee Member

| SIGNATURES | | |
|------------------------------|---------------------|------------------|
| Member Type | Printed Name | Signature |
| Chairperson: | | |
| Committee Member: | | |
| Committee Member: | | |
| DNP Program Director: | | |

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

CERTIFICATE OF AUTHORSHIP

The final DNP Project student paper must include the following Certification of Authorship statement:

I certify that I am the author of this paper titled: _____

and that any assistance I received to its preparation is fully acknowledged and disclosed in the paper. I have also cited any sources from which I used data, ideas, or words, either quoted directly or paraphrased. I also certify that this paper was prepared by me specifically for this course. I understand that falsification of information will affect my status as a graduate nursing student.

| | | | |
|----------------------|-------------------|------------|------|
| Student Name (Print) | Student Signature | Student ID | Date |
|----------------------|-------------------|------------|------|

| | | | |
|----------------------|-------------------|------------|------|
| Student Name (Print) | Student Signature | Student ID | Date |
|----------------------|-------------------|------------|------|

| | | | |
|----------------------|-------------------|------------|------|
| Student Name (Print) | Student Signature | Student ID | Date |
|----------------------|-------------------|------------|------|

| | | | |
|----------------------|-------------------|------------|------|
| Student Name (Print) | Student Signature | Student ID | Date |
|----------------------|-------------------|------------|------|

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

PLAN FOR REMOVAL OF AN INCOMPLETE

PLEASE TYPE OR PRINT LEGIBLY THE INFORMATION REQUESTED

Student's Name: _____ **LMU ID#:** _____

Course to which incomplete was assigned: _____

Course Faculty's Name: _____

Filing Instruction: The original copy goes to the DNP Program Director; faculty keeps one photocopy; student keeps one copy.

Assignments to be completed

| Item | Negotiated Due Date |
|----------------|----------------------------|
| Exams | |
| | |
| | |
| | |
| Quizzes | |
| | |
| | |
| | |
| Papers | |
| | |
| | |
| | |

| Practice Hours | Negotiated Due Date |
|-----------------------|----------------------------|
| Facility | |
| | |
| | |
| | |
| Other | |
| | |

I understand that if the above assignments are not completed by the agreed upon dates* then my grade of Incomplete will convert to an "F".

Student Signature _____
Date

Faculty Signature _____
Date

*At the discretion of the course instructor, DNP Program Director, and the Dean of the Caylor School of Nursing. Revision of these dates might make the student ineligible to enroll in any sequential nursing class for which this course is a pre-requisite.

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

NURS 795 SPECIAL TOPICS FORM

- All items must be completed by the individuals listed: proposed student, proposed instructor, and DNP Program Director.
- The proposed student must not begin work on a Special Topic course until all approvals are obtained.
- All work and examinations must be retained for at least one year.
- A learning contract must be attached to this form by the proposed instructor.

Student Name: _____ LMU ID#: _____

Proposed Course Credit Hours: _____ Cr. Hrs.

Semester for initiation and completion of the course: _____

Justification of this proposed Special Topic course:

With the student's signature below, he/she agrees to comply with the requirements and details appearing in the attached learning contract and any conditions or stipulations, which may be added by appropriate personnel prior to affixing their signatures of approval.

Student Signature

Student's mailing address for notification of action regarding this request:

Date submitted to Proposed Instructor: _____

Date submitted to DNP Program Director: _____

Date filed to Student's File: _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
STUDENT APPEAL REQUEST FORM**

PLEASE TYPE OR PRINT LEGIBLY THE INFORMATION REQUESTED BELOW.

Date _____ **Telephone** _____

Name _____ **LMU ID #** _____

Address _____

1. Appeal request for: Fall _____ Spring _____ Summer _____ Year _____

2. Course to which appeal is requested: _____

3. LMU campus last attended: _____

4. Situation which you are requesting an appeal: (Be specific regarding your request.)

5. Supporting evidence for the appeal and policy it is based on: (Use back if needed.)

6. Specify how you think this situation could best be resolved:

7. Signature of Student:

PLEASE EMAIL THIS REQUEST TO THE COURSE FACULTY

FOR CAYLOR SCHOOL OF NURSING USE ONLY:

Committee decision: _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

POST OCCURRENCE/EXPOSURE REPORT FORM
(Complete and forward to the DNP Program Director within 24 hours)

Date of Report:_____ Time of Report:_____

Student's Name:_____ LMU ID#:_____

Email Address:_____ Phone #:_____

Date of Occurrence:_____ Time of Occurrence:_____

Facility:_____ Location of Occurrence:_____

Date of Last Tetanus:_____ Hepatitis B Vaccination Record:_____

Type of Occurrence: (please check or complete)

☐ Possible Injury ☐ No Injury ☐ Property Damage ☐ Complaint ☐ Medication Error
☐ Confidentiality Breach ☐ Missing Article ☐ Potential Hazard ☐ Other
☐ Exposure to blood borne communicable diseases

Description of occurrence or exposure: (Use separate sheet of paper if necessary, and include the following information, if applicable: Part of body affected, possible causes, both immediate and long-term measures to prevent re-occurrence, witness(es) name and phone number).

Student Responsibilities:

1. Notified supervising faculty: Date:_____ Time:_____

Name of supervising faculty:_____

2. Completed incident report as required by facility: Date:_____ Time:_____

3. Reported for testing/treatment: Date:_____ Time:_____

Physician on Site:_____

4. Name/Signature of attending physician/healthcare provider:

Print Name

Signature

5. Student refused examination and/or treatment: ☐ Yes ☐ No

Student Signature:_____

Faculty Signature:_____

DNP Program Director Signature:_____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE**

PROGRAM MEDICAL RECORDS

RELEASE CONSENT FORM

The Lincoln Memorial University Caylor School of Nursing is required to keep certain medical records on LMU students with potential occupational exposure to human blood. The medical records include Hepatitis B vaccination status and medical records after an exposure to human blood. This release form, when signed by the LMU student, authorizes the health care provider to give LMU the medical records as required by the OSHA Bloodborne Pathogen Standard CFR 1910.1030.

Patient Name: _____

List other names patient has been known as: _____

Date of Birth: _____

The patient authorizes the health care provider _____ ,
to release medical information to the Lincoln Memorial University Caylor School of Nursing,
regarding Hepatitis B vaccination and/or records relating to the treatment of the patient after an
occupational exposure to human blood.

Patient Signature: _____ **Date:** _____ **Or**

Authorized Representative: _____ **Date:** _____

Witness: _____ **Date:** _____

This consent expires on the following date _____, or no later than two
years from the date of signature. This release can be revoked at any time. To revoke this release,
a written statement must be signed, dated, and received by the health care provider.

Records may be sent to:

**ATTENTION: DR. TAMMY DEAN
CAYLOR SCHOOL OF NURSING
LINCOLN MEMORIAL
UNIVERSITY 6965
CUMBERLAND GAP PKWY.
HARROGATE, TN 37752**

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
STUDENT ESSENTIAL FUNCTIONS FORM**

With job duties that can change by the minute, nurses must be ready to perform a variety of tasks. Below are the essential functional abilities necessary for success (in addition to academic requirements) in the Lincoln Memorial University Nursing Program. All students are required to meet these essential functions, which include the ability to perform a variety of interventions impacting patient care and safety, as well as interactions necessary in the clinical and classroom setting. The School of Nursing will work with students with documented disabilities to explore whether a reasonable accommodation exists which will allow them to perform essential functions without undue burden. Contact the Office of Accessible Education Services for more information. Also see the “Students with Disabilities Policy” information in the *LMU Catalog*.

The Student Essential Functions form must be resigned by the Health Care Provider and submitted to the appropriate faculty if the student experiences any change in physical or mental health status. This includes, but is not limited to, visits to the Emergency Room, pregnancy, broken bones, application of casts, braces, splints, or slings, etc.

Physical and Psychomotor- The student must be able to:

1. Accurately and reliably, visually inspect and observe the skin, facial expression, anatomical structures, postures and movement of others, and color differentiation of fluids.
2. Detect and distinguish odors from patients and environment.
3. Examine and evaluate/assess blood pressure, and lung and heart sounds.
4. Accurately and reliably read and/or manipulate equipment dials and monitors.
5. Exhibit sufficient manual dexterity to manipulate small equipment such as syringes for intravenous injections, common tools for screening tests of sensation, etc.; provide support and resistances as needed through complex exercise movements; perform CPR; and treat acutely ill patients without disturbing sensitive monitoring instruments and lines.
6. Feel pulses, skin condition, muscle and tendon activity, and joint and limb movement.
7. Negotiate level surfaces, ramps, and stairs to assist patients/classmates appropriately.
8. Lead patients through a variety of examinations and treatments, typically requiring sitting, standing, squatting and kneeling on the floor or treatment table.
9. React effectively and respond quickly to sudden or unexpected movements of patients/classmates.
10. Transport self/patients from one room to another, from one floor to another.
11. Manipulate another person’s body in transfers, gait, positioning, exercise and other treatment or diagnostic techniques.
12. Lift at least 30 pounds on a regular basis and, on occasion, move real/simulated patients generating lifting forces of up to 75 pounds.
13. Maintain patient care activities, and other essential functions, throughout a twelve (12) hour workday for ASN and BSN students and up to a sixteen (16) hour workday for MSN and DNP students.

Provider’s Name (Print)

Provider’s Signature

Date

Communication, Reading, and Writing- The student must be able to:

1. Attend selectively and in a controlled and respectful manner to various types of communication, including the spoken and written word and non-verbal communication.
2. Relay information in oral and written form effectively, accurately, reliably, thoroughly and intelligibly to individuals and groups, using the English language; and
3. Read English (typed and hand-written in a minimum of 12 font size) and read graphs and digital printouts.

Cognitive/Psychological/Affective Functions- The student must be able to:

1. Recall, interpret, extrapolate and apply information from a variety of sources (i.e., reading material, lecture, discussion, patient observation, examination and evaluation/assessment).
2. Collect, analyze and evaluate relevant data from a variety of sources (i.e., reading material, lecture, discussion, and patient evaluation/assessment).
3. Demonstrate emotional maturity, stability, and flexibility needed to perform nursing care functions, engage in therapeutic communications, provide patient education, and function effectively in stressful clinical situations.
4. Adapt to changing situations.
5. Exercise critical thinking skills to solve problems.
6. Organize, prioritize, and assume responsibility for one's work.
7. Always maintain a level of consciousness and alertness that ensures patient safety: refrain from the use of illegal drugs at any time while enrolled as a student; refrain from performing clinical duties while impaired by alcohol, legally prescribed medications, or excessive fatigue which affect your ability to safely perform these functions.
8. Accept people whose appearance, behaviors and values may conflict with his/her own. Nursing care must be provided regardless of the patient's race, ethnicity, age, gender, religious preference, or sexual orientation.
9. With the understanding that no student will be required to participate in a medical procedure in conflict with his or her personal beliefs and values) learn the underlying medical principles for all procedures and, without regard to one's personal beliefs regarding them, to provide competent and compassionate nursing care to patients before and after such procedures.
10. Establish professional, trusting, empathetic relationships with individuals, families and communities.
11. Effectively engage in teamwork.
12. Meet externally established deadlines.

Professional Behaviors- The student must be able to:

1. Refrain from the use of illegal drugs at any time while enrolled as a student or the performance of clinical duties while under the influence of alcohol or while impaired by legally prescribed medications which affect an individual's ability to safely perform nursing functions.
2. Communicate in a professional, positive, tactful manner with patients, physicians, nurses, other staff, faculty, clinical supervisors, and fellow students.
3. Demonstrate ethical behavior in the performance of nursing responsibilities including maintaining patient confidentiality, exercising ethical judgment, and exhibiting integrity, honesty, dependability, and accountability in the performance of one's responsibilities and in connection with one's behavior and attitude at all times.
4. Project a well-groomed, neat appearance at all times to include cleanliness, modesty, and neatness in appearance.
5. Exhibit a teachable attitude, a willingness to learn, acceptance of instruction and openness to constructive feedback with appropriate respect for those in authority.
6. Not use profane language or gestures at any time;
7. Treat all people with respect and dignity.

I acknowledge receipt of *Student Essential Functions* and understand its contents. I acknowledge that I must meet these essential requirements to continue in, or be readmitted to Lincoln Memorial University, Caylor School of Nursing, and to remain a student in the Nursing Program. I understand that the requirements contained in this policy are in addition to any obligations set forth in the *LMU CSON Student Handbook*.

Student's Name (Print)

Student's Signature

Date

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

CONSENT FORM
(To be printed and signed by each nursing student)

I HAVE READ AND AGREE TO ABIDE BY THE FOLLOWING LMU CAYLOR SCHOOL OF NURSING POLICIES:

I. Code of Ethics

I have read and agree to abide by the Lincoln Memorial University Caylor School of Nursing Code of Ethics while I am a student within this program. _____(Initial)

II. Plagiarism

I have read the Caylor School of Nursing policy regarding plagiarism and agree to follow this policy while enrolled in this program. ____ (Initial)

III. Failure to Abide by Code of Ethics/Plagiarism Policy

I understand the failure to abide by Code of Ethics and/or the policy on Plagiarism may subject me to immediate dismissal from the nursing program. _____(Initial)

IV. Policy Regarding Alcohol and Drugs on Campus

In order to encourage chemical-free activities and support people who choose not to use alcohol and other drugs, and to enforce university, local and state codes, ordinances, and statutes which govern alcohol and other drug use, LMU prohibits students from possessing, consuming, or using alcoholic beverages and non- medically prescribed drugs and narcotics while on campus or while participating in University-sponsored events on or off campus. Enforcement and penalties regarding this policy are outlined in the current *LMU Graduate Catalog and CSON DNP Student Handbook*.
_____(Initial)

V. Permission to Post Grades

I do hereby grant permission to have my grades posted by the Caylor School of Nursing. Grades will be posted one week after the exam has been given. I further understand that if I do not wish my grades to be posted, other arrangements may be made with my instructor to obtain my grade.
_____(Initial)

VI. Permission to Release Medical Information

I hereby give permission for the Caylor School of Nursing of LMU to release medical information according to the policies of clinical agencies. _____(Initial)

VII. Caylor School of Nursing DNP Student Handbook

I have viewed the *LMU CSON DNP Student Handbook* for the LMU-CSON Nursing Program. I agree by my signature to abide by the contents within. Failure to abide with the requirements stated herein will result in appropriate action by nursing faculty. _____(Initial)

VIII. Student Essential Functions

I have read the copy of the *Student Essential Functions* for the LMU Nursing Program. I can meet the Student Essential Functions as stated. If I can no longer meet the Student Essential Functions, I agree to notify the Concentration Director immediately. ____*(Initial)*

IX. Permission to Photocopy

I hereby give my permission for photocopying of my written work. I understand that this material is to be utilized by the faculty for curriculum evaluation and development. Further, I understand that my name will not appear on the copy. ____*(Initial)*

X. Permission to Release Name, Address, and Phone Number

I hereby give permission for the Caylor School of Nursing of LMU to release my name, address, and phone number for professional purposes, i.e., employment. ____*(Initial)*

XI. Cell Phone Usage

I have read the Caylor School of Nursing policy regarding cell phone and electronic usage and agree to abide by the policy while I am a student in this program. _____
____*(Initial)*

XII. Permission to Tape Record

I have read the Caylor School of Nursing policy regarding tape recording lectures and agree to abide by the policy while I am a student in this program. _____*(Initial)*

XIII. Acknowledgement of receipt of drug/alcohol use/abuse policy I hereby acknowledge receipt of Lincoln Memorial University Caylor School of Nursing's policy governing the use and/or abuse of drugs and alcohol, its intention to test for such substances, and the possible penalties for violation of that policy.

I understand the purpose of the policy is to provide a safe working environment for persons (patients, students, hospital staff, and school staff) and property. Accordingly, I understand that prior to participation in a clinical experience, I will be required by the Caylor School of Nursing, and may be required by the clinical agency to undergo drug screening of my blood and/or urine. I further understand that I am subject to subsequent testing based on reasonable suspicion that I am using or under the influence of drugs or alcohol such that it impairs my ability to perform competently the tasks required of me.

I agree to be bound by this policy and understand that refusal to submit to testing or a positive result from testing under this policy will affect my ability to participate in a clinical experience and will also result in dismissal from the program.

I hereby release Lincoln Memorial University from any claim or liability arising from such tests, including, but not limited to the testing procedure, the analysis, and the accuracy of the analysis or the disclosure of the results. ____*(Initial)*

IVX. Fitness of Duty Policy/ Medical Withdrawal

I have read the copy of the Fitness of Duty Policy/ Medical Withdrawal for the LMU Nursing Program. I agree to follow the guidelines set forth in the policy. ____*(Initial)*

Student's Name (Print)

Student's Signature

Student ID Number

Date

SECTION VIII:
DOCTOR OF NURSING PRACTICE
POST-MASTER'S FORMS

**DNP POST MASTER'S PRACTICE
PROSPECTUS NURS 760 – DNP PRACTICE I
NURS 761 – DNP PRACTICE II**

The practice in the DNP Program provides the opportunity for students to synthesize and apply knowledge and skills learned in previous doctoral level courses in the practice setting. Specific course objectives and requirements are described in the course syllabi for NURS 760. The prospectus provides a standardized format for establishing the purpose, objectives, learning activities/plan of action, timeline, expected outcomes, and methods of evaluation of the practice. Students will develop the prospectus and obtain the faculty advisor's approval prior to initiating the practice. Both student and faculty advisor should retain a copy of the prospectus. Upon completion of the practice, the faculty advisor will award a grade based on the appropriate course syllabus.

Student Name: _____ Course Number: _____

Faculty Advisor: _____ Semester: _____

Practice Facilitator: _____ (Copy, if necessary, for multiple facilities/facilitators)

DNP Project Title:

Practice Objectives:

(For each objective, complete the information below. Add more objectives as necessary. Also, be sure to include an objective encompassing the DNP project)

Learning Activities/Plan of Action:

Timeline:

Expected Outcomes:

Methods of Evaluation:

Student Signature

Date

Faculty Signature

Date

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

DNP Student Agreement with Facilitator

DNP Faculty Contact Information:

Faculty Name:_____ Faculty email:_____

Faculty Phone:_____

DNP Student Information:

Student Name:_____ Student email:_____

Student Phone:_____

Student RN License(s): State_____ Number_____ Expires_____

State_____ Number_____ Expires_____

Student APN License(s) (if applicable): Type(s) of APN License_____

State_____ Number_____ Expires_____

State_____ Number_____ Expires_____

Student National Certification(s) (if applicable):

Type of Certification:_____ Certifying Agency:_____ Expires:_____

DNP Student Current BLS/CPR certification: Provider:_____ Expires:_____

I have a current Health Profile on file at LMU indicating that I have current immunizations, annual TB status, proof of Hepatitis B vaccination or signed declination form, rubella and rubeola immunization or documentation of immunity, and a negative drug screen. (*Attach copy*) **(student initial)**_____

I understand that I may be required to provide a copy of my criminal background check to the practice facility and/or practice facilitator. **(student initial)**_____

I have personal health insurance and I understand that any emergency care that I may require will be at my sole expense and responsibility. **(student initial)**_____

The Caylor School of Nursing maintains a malpractice insurance policy.

OBLIGATIONS:

- I will prepare for assignments and perform them carefully, conscientiously, and to the best of my abilities.
- I will maintain a professional demeanor.
- I will respect time, space, equipment, and materials.
- I will take responsibility for my own learning and maintain regular communication with my practice facilitator.
- I will work cooperatively with the staff to maintain an environment of learning and quality patient care (*if applicable to agency*)
- I will work under the supervision and guidance of my practice facilitator.
- I will identify myself as a student. If a staff member, patient or patient's family (*if applicable*) does not wish to work with or see a student, then I will not have access to, or experience with that patient or staff member.
- I understand that the practice facilitator retains responsibility for the disposition of all practice site materials and patients (*if applicable*)
- I will comply with all laws, policies, and regulations relevant to the site setting, including those related to patient privacy and patient rights to confidentiality (*if applicable*).

Agreed to, as acknowledged by the signatures below (with copy to Practice Facilitator and Primary Faculty):

Practice Facilitator Name (printed) _____ Practice Facilitator Signature _____ Date _____

Student Signature _____ Date _____

Faculty Signature _____ Date _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

Facilitator Agreement

DNP Facilitator Name: _____

Name of Agency/Site of Practice Experience: _____

Position/Title at Agency: _____

Address: _____
Street City State Zip Code

Phone: _____

Fax: _____

Email: _____

I agree to function as a DNP Facilitator for Lincoln Memorial University Caylor School of Nursing Doctor of Nursing Practice Program. I have reviewed the facilitator responsibilities and accept the role and function. I am including my Professional Profile (or resume/vitae) for your files.

DNP Facilitator Signature, Title

Date

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

DNP Facilitator Professional Profile
(A resume may be attached instead)

Date: _____

Name: _____
 Last First Middle Initial Credentials

Agency Affiliation: _____

Address: _____
 Street City State Zip Code

Telephone Number: _____ Fax: _____

Email Address: _____

Agency Position/Title: _____

Education Profile:

Level of Education (circle all that apply): MSN, MN, MBA, PhD, DSN, DNP, DO, MD, Other: _____

Area of Specialization: _____

Certification Type and Certifying Organization, if applicable: _____

License Number(s), if applicable: _____ State _____ Expiration Date: _____

Other Advanced Areas of Education: _____

In the space below, please describe your role. If the site is a clinical agency, describe the patient type and population, and the types of care you provide. If the site is not a clinical agency, describe the site.

Experience:

Please describe your experience (Past five years. Attach resume/vitae if desired)

1. Agency/Institution: _____
Position Held: _____
Dates: _____

2. Agency/Institution: _____
Position Held: _____
Dates: _____

3. Agency/Institution: _____
Position Held: _____
Dates: _____

4. Agency/Institution: _____
Position Held: _____
Dates: _____

5. Agency/Institution: _____
Position Held: _____
Dates: _____

Please submit to your assigned student.

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM**

PRACTICE (NON-FACILITATED) ACTIVITY

Proposed Activity: _____

Date(s) of Activity(ies): _____ Location(s): _____

Practice Facilitator(s): _____

Financial Support (Amount/Source): _____

Total Number of Activity Hours: _____

Examples of activities to use: seminars, conferences, workshops, manuscript writing, actual participation as a leader in political issues, grant-writing participation, research participation, committee participation, and podium/poster presentation.

Please attach a copy of the certificates of attendance/credits awarded, or other documentation.

Show this activity is related to your goals & objectives for the semester and/or DNP Project and describe specific linkages with the AACN DNP Essentials (*place and "x" in the box(es) to show all applicable essentials*).

- Essential 1: Scientific Underpinnings for Practice
- Essential 2: Organizational and Systems Leadership for QI and Systems Thinking
- Essential 3: Practice Scholarship and Analytical Methods for Evidence-Based Practice
- Essential 4: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- Essential 5: Health Care Policy for Advocacy in Health Care
- Essential 6: Inter-professional Collaboration for Improving Patient and Population Health Outcomes
- Essential 7: Practice Prevention and Population Health for Improving the Nation's Health
- Essential 8: Advanced Nursing Practice

Student Signature: _____ Date: _____

Approved:

*Director/Faculty Signature: _____ Date: _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
POST-MASTER'S DNP PROGRAM**

PRACTICE LOG HOURS

Student Name: _____

Hours carried over from previous practice: _____

| Date | Activity | Hours | Link to DNP Essentials (Roman Numerals/Numbers) | Hours (Cumulative) |
|-------------|-----------------|--------------|--|-------------------------------|
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TOTAL NUMBER OF HOURS FOR THIS LOG: _____

TOTAL NUMBER OF HOURS CARRIED OVER FROM PREVIOUS SEMESTERS: _____

TOTAL NUMBER OF CUMULATIVE HOURS: _____

HOURS TO BE CARRIED OVER FOR NEXT PRACTICE (to be completed on last log page): _____

Student Signature: _____ Date: _____

Approved:

*Director/Faculty Signature: _____ Date: _____

VERIFICATION OF PRACTICE HOURS

Name: _____

| | | |
|------|-------|----------------|
| Last | First | Middle Initial |
|------|-------|----------------|

Cumulative Total Number of Practice Hours completed for the program:_____

*Director/Faculty Signature: _____ Date: _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DNP PROGRAM**

Facilitator Evaluation of DNP Student

Course: NURS_____

DNP Student Name:_____

Facilitator Name/Credentials:_____

Please check or comment as appropriate.

1. The student demonstrated adaptive leadership skills with an emphasis on interprofessional practice.
__Always __Usually __Sometimes __Seldom __Never
2. The student applied theories, standards of practice, and evidence-based research to improve healthcare delivery and outcomes.
__Always __Usually __Sometimes __Seldom __Never
3. The student demonstrated analytical skills for appraising, implementing, and evaluating evidence-based direct or indirect care across populations and/or settings to improve quality and patient safety.
__Always __Usually __Sometimes __Seldom __Never
4. The student developed and sustained therapeutic relationships and inter-professional partnerships with patients and/or other professionals to facilitate optimal care and outcomes.
__Always __Usually __Sometimes __Seldom __Never
5. The student supported, guided, and mentored other professionals to achieve excellence in practice.
__Always __Usually __Sometimes __Seldom __Never
6. The student used conceptual and analytical skills to evaluate links among practice, organizational, population, administrative, fiscal, and/or policy issues.
__Always __Usually __Sometimes __Seldom __Never
7. The student supported, facilitated, modeled, designed and/or implemented equitable policies or practices that promoted cultural diversity and inclusion.
__Always __Usually __Sometimes __Seldom __Never

Comments:_____

Facilitator Signature:_____ Date:_____

Faculty Signature:_____ Date:_____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DNP PROGRAM**

DNP Student Evaluation of Practice Facilitator and Practice Site

Course: NURS _____

Student Name: _____ Date: _____

Facilitator Name/Credentials: _____

Practice Site Name/Location: _____

Please check or comment as appropriate.

Practice Site:

1. This practice site provided opportunity and appropriate resources in order to meet your learning goals and objectives and enabled you to augment your learning outcomes for your DNP Project.
__Always __Usually __Sometimes __Seldom __Never
2. This practice site and staff were supportive of you in your DNP student role and learning in meeting your DNP Project objectives.
__Always __Usually __Sometimes __Seldom __Never
3. This practice site supported evidence-based practice and practice excellence in a setting of professional integrity, collaboration, and equitable inclusion.
__Always __Usually __Sometimes __Seldom __Never
4. Would you recommend this practice site for other DNP students?
__Yes __No
Comments: _____

Facilitator:

1. Your practice facilitator supported your practice learning with helpful feedback and critique.
__Always __Usually __Sometimes __Seldom __Never
2. Your practice facilitator was available for you to meet as needed and to communicate regularly, as needed, about your DNP Project, and listened to your concerns or questions regarding your site or DNP Project.
__Always __Usually __Sometimes __Seldom __Never
3. Your practice facilitator demonstrated collaborative leadership, mentoring, and guidance in a way that supported your DNP Project.
__Always __Usually __Sometimes __Seldom __Never
4. Your practice facilitator demonstrated professionalism and competence in their area of expertise and modeled ethical leadership that supported practice excellence and diversity.
__Always __Usually __Sometimes __Seldom __Never
5. Your practice facilitator encouraged your professional growth within your focus of interest.
__Always __Usually __Sometimes __Seldom __Never
6. Would you recommend this facilitator to other DNP students?
__Yes __No
Comments: _____

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DNP PROGRAM**

Faculty Evaluation of Facilitator

Course: NURS_____

Facilitator Name/Credentials:_____

Description of Facilitator's Professional Focus:_____

| | Description | Satisfactory | Unsatisfactory |
|----|--|--------------|----------------|
| 1. | The facilitator is supportive of student learning, the Caylor School of Nursing, and the DNP Project. | | |
| 2. | Facilitator/Student interactions ensure that students engage in activities and experiences sufficient to meet the student's project goals. | | |
| 3. | The facilitator has the educational preparation and is qualified as delineated in the DNP Handbook to facilitate the student to meet course and program objectives. | | |
| 4. | The facilitator is appropriately credentialed and/or licensed to practice in his/her population-focus and/or specialty area of practice and/or leadership to meet the objectives of the DNP program. | | |
| 5. | The facilitator has experience in the area of the student's DNP project interest. | | |
| 6. | The facilitator provides the student access to site systems or key personnel as needed for the DNP project. | | |
| 7. | The facilitator demonstrates ethical leadership, professional integrity, and cultural competence. | | |

Comments:_____

Faculty Signature:_____ Date:_____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DNP PROGRAM**

Faculty Evaluation of Practice Site

Course: NURS _____

Student Name: _____ Date: _____

Name and Location of Practice Site: _____

Brief Description of Site: _____

| | Evaluation Criteria | Satisfactory | Unsatisfactory |
|----|--|--------------|----------------|
| 1. | The practice setting is conducive to the DNP student achieving learning outcomes and to meet the program and course objectives. | | |
| 2. | The administration, staff, and employees are supportive of LMU CSON and the student's role as a DNP student. | | |
| 3. | The practice setting provides adequate learning opportunities, resources, and experiences to meet the learning outcomes and the course and DNP project objectives. | | |
| 4. | The practice setting is compliant with applicable regulatory agencies, supportive of inclusion and diversity and of evidence-based practice. | | |
| 5. | The DNP student reports support by the practice site of their role and learning. | | |
| 6. | The practice site is an appropriate setting based on the nature of the student's DNP project and objectives. | | |

Comments: _____

Faculty Signature: _____ Date: _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DNP PROGRAM
Faculty Evaluation of DNP Student**

Course: NURS _____

Student Name: _____ Date: _____

Facilitator Name: _____ Faculty Name: _____

Site/Agency Name: _____

DNP Project Title: _____

This section will not be assigned a numeric score, however, will be pass/fail. The student is expected to pass on all areas the associated practicum documentation and communication from the facilitator to course faculty. The faculty reserves the right to visit the student at the practice site, if necessary. Any unsatisfactory areas may result in failure and the inability to progress in the program.

| Competency | Circle One Pass/Fail | Comments |
|--|-------------------------|----------|
| 1. Formulates individual practice objectives and a comprehensive plan for completing practice hours within the time frame of the course. | P / F | |
| 2. DNP Student progress as reported to faculty by the facilitator is sufficient to meet practice course objectives. | P / F | |
| 3. Maintains timely and complete clinical health requirements in Typhon and other select information required in the DNP student Typhon account (e.g., licensure, IRB approval forms, proposal approval documentation). | P / F | |
| 4. Manages professional relationships and collaborates with faculty, facilitator, and other health professionals to meet project and practice objectives and refers to other professionals as needed. | P / F | |
| 5. Completes appropriate number of project and non-project hours to complete the practicum course requirements. | P / F | |
| 6. Maintains detailed records of practice hours in Typhon of project hours and non-project hours including descriptive information of practicum hours, linking hours to represent each of the DNP Essentials. | P / F | |
| 7. Chooses appropriate practice activities, reflective leadership development, course objectives, and of DNP Essentials. | P / F | |
| 8. Demonstrates effective professional communication and behavior with faculty, facilitator, other health care professionals, and community members in completing practice hours. | P / F | |
| 9. Accesses appropriate resources necessary to complete project and professional goals. | P / F | |
| 10. Demonstrates progression of the DNP Project and leadership development in recorded practice hours. | P / F | |
| 11. Develops a professional portfolio documenting progress of the DNP Project, meeting the DNP Essentials, and demonstrating leadership development. | P / F | |
| 12. Demonstrates moving project forward for IRB approval or if approved, adheres to the ethical parameters of the DNP Project as presented for IRB approval and maintains ethical behavior completing DNP project hours. | P / F | |
| 13. Submits all required course forms and paperwork (e.g., facilitator profile, practicum site information, evaluations) in a timely manner for faculty approval. | P / F | |
| 14. Maintains infection control, scope of practice, patient safety, and protection of patient integrity in any practice activities. | P / F | |
| 15. Demonstrates professional integrity including cultural competency and ethical leadership skills. | P / F | |
| 16. DNP project faculty reports the DNP student is progressing satisfactorily in his/her DNP project. | P / F | |

Faculty Signature: _____ Date: _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DNP POST-MASTER'S PROGRAM**

ADVISING WORKSHEET FOR DNP POST-MASTER'S STUDENTS

| Student Name (Print) | | | Student Signature | | | Student ID | |
|----------------------|--|---------|-------------------|--------------------|---------------------|-------------------|------|
| Course Number | Course Title | Credits | Semester/Year | Student's Initials | Student's Signature | Advisor Signature | Date |
| NURS 700 | Knowledge Development in Nursing Science | 3 | | | | | |
| NURS 740 | Collaboration, Health Policy, and Organizational Systems | 4 | | | | | |
| NURS 705 | Informational Systems and Technology Applications | 2 | | | | | |
| NURS 710 | Biostatistics | 3 | | | | | |
| NURS 781 | DNP Project I | 2 | | | | | |
| NURS 720 | Translational Research for Evidence-Based Practice | 4 | | | | | |
| NURS 742 | Strategic Systems Thinking | 4 | | | | | |
| NURS 782 | DNP Project II | 2 | | | | | |
| NURS 760 | DNP Practice I | 3 | | | | | |
| NURS 730 | Epidemiology and Population Health | 3 | | | | | |
| NURS 761 | DNP Practice II | 3 | | | | | |
| NURS 741 | Adaptive Leadership | 4 | | | | | |
| NURS 783 | DNP Project III | 2 | | | | | |

Total Program = 39 Credits

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
DNP POST-MASTER'S PROGRAM
APPLICATION FOR READMISSION**

Please type or print

| | | | |
|----------------|------|-------|----|
| Student's Name | Last | First | MI |
|----------------|------|-------|----|

Email: _____ Student ID: _____

Address: _____
Street/Number Apt. #

City _____ State/Country _____ Zip _____

Readmission request for: Fall _____ Spring _____ Summer _____ Year _____

LMU campus last attended: _____

Reason(s) for this request:

Explain circumstances affecting last enrollment in the DNP Program:

How do you plan to be successful?

Student's Signature _____

_____ Date

Please return to: Lincoln Memorial University, Caylor School of Nursing
6965 Cumberland Gap Parkway
Harrogate, TN 37752

FOR CAYLOR SCHOOL OF NURSING USE ONLY:

Committee Decision: _____

Notification sent to student: _____ Date: _____

Committee Chair's Signature: _____ Date: _____

DNP Program Director's Signature: _____ Date: _____

Do not write below this line

SECTION IX:
DOCTOR OF NURSING PRACTICE NURSE
ANESTHESIA FORMS

| Nurse Anesthesia Student Evaluation Advising Form (Prior to Clinical) | | | | |
|--|--|-----------------------|-----------------------|--------------------------|
| Student | | Term | | |
| | | Below Expectations | Meets Expectations | Exceeded Expectations |
| Didactic Courses | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Laboratory Experiences | | | | |
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| | | | | |
| DOCTORAL ESSENTIALS | | | | |
| Integrates science into anesthesia practice | | | | |
| Develop and evaluate care delivery approaches | | | | |
| Incorporates evidence-based practice | | | | |
| Select information system technology to improve patient and healthcare outcomes | | | | |
| Educate others regarding nursing health policy and patient outcomes | | | | |
| Collaborates interdisciplinary teams | | | | |
| Analyze scientific data related to individual and population health | | | | |
| Applies clinical judgement, system thinking, accountability in design, and evaluates | | | | |
| Semester Summary | | | | |
| Student's impression of performance level | | | | |
| Written Comments (<i>Use separate sheet if necessary</i>) | | | | |
| | | | | |
| Advisor | | Student | | |

| Nurse Anesthesia Student Self-Evaluation Advising Form (Prior to Clinical) | | | | |
|--|--|-----------------------|-----------------------|--------------------------|
| Student | | Term | | |
| | | Below Expectations | Meets Expectations | Exceeded Expectations |
| Didactic Courses | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Laboratory Experiences | | | | |
| | | | | |
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| | | | | |
| DOCTORAL ESSENTIALS | | | | |
| Integrates science into anesthesia practice | | | | |
| Develop and evaluate care delivery approaches | | | | |
| Incorporates evidence-based practice | | | | |
| Select information system technology to improve patient and healthcare outcomes | | | | |
| Educate others regarding nursing health policy and patient outcomes | | | | |
| Collaborates interdisciplinary teams | | | | |
| Analyze scientific data related to individual and population health | | | | |
| Applies clinical judgement, system thinking, accountability in design, and evaluates | | | | |
| Semester Summary | | | | |
| Student's impression of performance level | | | | |
| Written Comments (<i>Use separate sheet if necessary</i>) | | | | |
| | | | | |
| Advisor | | Student | | |

Nurse Anesthesia Student Evaluation Advising Form (Clinical)

| | | | | |
|---|--|-------------------------------|-------------------------------|----------------------------------|
| Student Name | | Term | | |
| <i>Clinical Performance based on daily and summative evaluations.</i> | | Below Expectations | Meets Expectations | Exceeded Expectations |
| Preoperative evaluation and preparation | | | | |
| Anesthetic management | | | | |
| Technical Skills | | | | |
| Professional Characteristics | | | | |
| Didactic Courses | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| Laboratory Experiences | | | | |
| | | | | |
| | | | | |
| | | | | |
| DOCTORAL ESSENTIALS | | | | |
| Integrates science into anesthesia practice | | | | |
| Develop and evaluate care delivery approaches | | | | |
| Incorporates evidence-based practice | | | | |
| Select information system technology to improve patient and healthcare outcomes | | | | |
| Educate others regarding nursing health policy and patient outcomes | | | | |
| Collaborates interdisciplinary teams | | | | |
| Analyze scientific data related to individual and population health | | | | |
| Applies clinical judgement, system thinking, accountability in design, and evaluates patient care | | | | |
| Semester Summary | | | | |
| Student's impression of performance level | | | | |
| <u>Written Comments (Use separate sheet if necessary)</u> | | | | |
| Advisor | | Student | | |

Clinical Milestones and Performance Objectives

Clinical milestones are specific knowledge and skill sets that a nurse anesthesia student must master prior to advancing to the next clinical course. The milestones serve as a guide for the clinical preceptor in evaluating student clinical performance at various points in their clinical experience.

Clinical Milestones-Level One-Clinical Practicum I, II

1. Demonstrates the ability to conduct a pertinent health history and chart review.
2. Demonstrates the ability to successfully obtain intravenous access.
3. Demonstrates ability to formulate and implement appropriate management plans for adult patients (ASA I & II), undergoing elective procedures of low to moderate risk.
4. Demonstrates understanding of the function and use of the anesthesia machine, including the ASA recommended checkout procedure, as well as operation of physiological monitoring systems, anesthesia ventilators, and drug delivery systems.
5. Demonstrates proficiency with technical skills of airway management, to include mask management and laryngoscopy with endotracheal intubation.
6. Demonstrates mastery of all common anesthetic drugs, including doses, toxicology, pharmacodynamics and pharmacokinetic profiles.
7. Demonstrates professionalism by being punctual, dependable, and receptive to constructive criticism/evaluation.
8. Demonstrates responsibility by maintaining ethical and legal conduct, including verbal communication, record keeping, and confidentiality of patient information.
9. Assumes responsibility for one's own actions in accordance with the level of didactic and clinical education.
10. Integrate scientific evidence, professional values, and making ethical decisions.

Clinical Milestones-Level Two - Clinical Practicum III

1. Maintains proficiency in all Level One milestones.
2. Recognizes major normal and abnormal patient responses to anesthesia and surgery and begins to multitask interventions in a smooth, consistent, and prioritized manner.
3. Incorporate conceptual and analytic skills to evaluate links among practice, organizational, population, administration, fiscal, and policy issues.

Clinical Milestones-Level Three-Clinical Practicum IV

1. Maintains proficiency in all Level Two milestones.
2. Consistently demonstrates timely and appropriate airway evaluations and interventions for normal and abnormal presentations.
3. Demonstrates the ability to formulate more complex anesthesia care plans for ASA class I-V patients, including, pediatric, obstetric, and other specialty areas.
4. Demonstrates proficiency inserting and managing invasive physiological monitoring systems.
5. Demonstrate proficiency in managing and administering spinal, epidural and axillary blocks.
6. Collaborate with interdisciplinary teams in the delivery and evaluation of health care, health promotion, and health policy for individuals across the life span.

Clinical Milestones-Level IV-Clinical Practicum V

1. Maintains proficiency in all Level Three milestones.
2. Demonstrates proficient use of critical thinking skills that supports effective clinical decision making and increasing levels of independence in patient care.
3. Use analytic skills for appraising, implementing, and evaluating evidence-based practice.

| Nurse Anesthesia Self-Student Evaluation Advising Form (Clinical) | | | |
|---|--|--------------------|--------------------|
| Student Name | | | Term |
| <i>Clinical Performance based on daily and summative evaluations.</i> | | Below Expectations | Meets Expectations |
| Preoperative evaluation and preparation | | | |
| Anesthetic management | | | |
| Technical Skills | | | |
| Professional Characteristics | | | |
| Didactic Courses | | | |
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| | | | |
| Laboratory Experiences | | | |
| | | | |
| | | | |
| | | | |
| DOCTORAL ESSENTIALS | | | |
| Integrates science into anesthesia practice | | | |
| Develop and evaluate care delivery approaches | | | |
| Incorporates evidence-based practice | | | |
| Select information system technology to improve patient and healthcare outcomes | | | |
| Educate others regarding nursing health policy and patient outcomes | | | |
| Collaborates interdisciplinary teams | | | |
| Analyze scientific data related to individual and population health | | | |
| Applies clinical judgement, system thinking, accountability in design, and evaluates patient care | | | |
| Semester Summary | | | |
| Student's impression of performance level | | | |
| <u>Written Comments (Use separate sheet if necessary)</u> | | | |
| Advisor | | Student | |

Clinical Milestones and Performance Objectives

Clinical milestones are specific knowledge and skill sets that a nurse anesthesia student must master prior to advancing to the next clinical course. The milestones serve as a guide for the clinical preceptor in evaluating student clinical performance at various points in their clinical experience.

Clinical Milestones-Level One-Clinical Practicum I, II

11. Demonstrates the ability to conduct a pertinent health history and chart review.
12. Demonstrates the ability to successfully obtain intravenous access.
13. Demonstrates ability to formulate and implement appropriate management plans for adult patients (ASA I & II), undergoing elective procedures of low to moderate risk.
14. Demonstrates understanding of the function and use of the anesthesia machine, including the ASA recommended checkout procedure, as well as operation of physiological monitoring systems, anesthesia ventilators, and drug delivery systems.
15. Demonstrates proficiency with technical skills of airway management, to include mask management and laryngoscopy with endotracheal intubation.
16. Demonstrates mastery of all common anesthetic drugs, including doses, toxicology, pharmacodynamics and pharmacokinetic profiles.
17. Demonstrates professionalism by being punctual, dependable, and receptive to constructive criticism/evaluation.
18. Demonstrates responsibility by maintaining ethical and legal conduct, including verbal communication, record keeping, and confidentiality of patient information.
19. Assumes responsibility for one's own actions in accordance with the level of didactic and clinical education.
20. Integrate scientific evidence, professional values, and making ethical decisions.

Clinical Milestones-Level Two - Clinical Practicum III

4. Maintains proficiency in all Level One milestones.
5. Recognizes major normal and abnormal patient responses to anesthesia and surgery and begins to multitask interventions in a smooth, consistent, and prioritized manner.
6. Incorporate conceptual and analytic skills to evaluate links among practice, organizational, population, administration, fiscal, and policy issues.

Clinical Milestones-Level Three-Clinical Practicum IV

7. Maintains proficiency in all Level Two milestones.
8. Consistently demonstrates timely and appropriate airway evaluations and interventions for normal and abnormal presentations.
9. Demonstrates the ability to formulate more complex anesthesia care plans for ASA class I-V patients, including, pediatric, obstetric, and other specialty areas.
10. Demonstrates proficiency inserting and managing invasive physiological monitoring systems.
11. Demonstrate proficiency in managing and administering spinal, epidural and axillary blocks.
12. Collaborate with interdisciplinary teams in the delivery and evaluation of health care, health promotion, and health policy for individuals across the life span.

Clinical Milestones-Level IV-Clinical Practicum V

4. Maintains proficiency in all Level Three milestones.
5. Demonstrates proficient use of critical thinking skills that supports effective clinical decision making and increasing levels of independence in patient care.
6. Use analytic skills for appraising, implementing, and evaluating evidence-based practice.

DNP in Nurse Anesthesia
1st YEAR SUMMATIVE CLINICAL EVALUATION (Semesters 5-7)

| 1st Year Summative Clinical Evaluation <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Student _____ Clinical Site _____ </div> <div style="width: 45%;"> Clinical Coordinator _____ Date _____ </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----|-----|---|-----|-----|-----|-----|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|---------------|--|--|--|--|---------------|--|--|--|--|----------------------------|--|--|--|--|-----------------------|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| The Summative Clinical Evaluation should be completed by the Clinical Site Coordinator (both CRNAs and Anesthesiologists). These evaluations provide a very important tool for evaluation of each student as they progress through the Clinical Component of LMU's CRNA Program. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Above Expectation (3) -Using acquired knowledge, student analyzes information & makes correct clinical decisions -Psychomotor skills are consistently performed above level of expectation -Requires minimal supporting cues from Preceptor (0-25% of the time) -Requires minimal supervision to manage the case. | Meets Expectation (2) -Applies didactic knowledge to clinical practice -Consistently performs required psychomotor skills. -Requires only occasional verbal/physical cues (25-50% of the time) -Supervision requirements are appropriate for level of training. | Below Expectation (1) -Unable to apply didactic knowledge to clinical knowledge to clinical application. -Requires frequent verbal/physical cues (50-75% of time). -Requires supervision inconsistent with level of training . -Psychomotor skills are inconsistent with level of training. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 75%; text-align: left; padding: 5px;">1st Year Summative Clinical Evaluation-</th> <th style="width: 5%; text-align: center; padding: 5px;">(3)</th> <th style="width: 5%; text-align: center; padding: 5px;">(2)</th> <th style="width: 5%; text-align: center; padding: 5px;">(1)</th> <th style="width: 10%; text-align: center; padding: 5px;">N/A</th> </tr> <tr><td style="padding: 5px;">1) Demonstrate self-confidence in providing anesthesia care.</td><td></td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;">2) Accept constructive criticism from instructors, peers, and other members of the health care team.</td><td></td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;">3) Administer physiologically sound anesthesia, utilizing techniques that are compatible with the condition of the patient as evidenced by:</td><td></td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;"> a. 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| 2) Accept constructive criticism from instructors, peers, and other members of the health care team. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3) Administer physiologically sound anesthesia, utilizing techniques that are compatible with the condition of the patient as evidenced by: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Integrates learning from other areas of nursing and medicine into a plan for anesthesia care. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Demonstrates sound clinical judgment, based on scientific principles when confronted with problems during the anesthetic process. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Justifies and provides rationale for selection of anesthetic techniques, methods and procedures. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Understands principles of and indications for complex monitoring systems. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Formulates and initiates a plan, terminates anesthesia and safely emerges the patient with assistance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Performs complicated oral and nasal intubations with assistance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4) Maintains vigilance in the delivery of anesthesia care in the peri-anesthesia environment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5) Maintains the safety of the patient in the delivery of anesthesia care in the peri-anesthesia environment including patient positioning. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6) Demonstrate an understanding of the physiology of pregnancy and the anesthetic management of the obstetrical patient. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7) Provide physiologically sound anesthesia with assistance for an increasingly diverse population of patients recognizing the special needs of each group to include: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Adults | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Geriatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. ASA I and II categories | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Emergencies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8) Plan, manage, and assess the management of acute pain during the postoperative period. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9) Understand the need for cooperation with medical and nursing staff. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10) Conduct a post anesthesia visit within 24 hours, documenting pertinent and appropriate information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11) Adhere to all Infection Control Procedures and Standard Precautions as defined by the appropriate clinical agencies and hospital policies. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12) Accept responsibility of his/her own behavior. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. How long have you worked with this student? _____

2. Please comment on the following:

a. Clinical Competence

b. Basic Clinical Knowledge (didactic preparedness)

c. Clinical Judgment, Systems Thinking, and Accountability

d. Sense of Responsibility & Ethical Conduct

e. Ability to Work/Relate to: Patients, Peers, Preceptors, Medical Staff, Nursing Staff

f. Incorporates Evidence-Based Practice into Decision Making

g. Develops and Evaluates Care Delivery Approaches

h. What do you believe are this student's strengths?

i. What do you believe are the student's weaknesses?

Please return these evaluations to Site Clinical Coordinator

Signature of Clinical Site Coordinator _____ Date _____

2ND YEAR SUMMATIVE CLINICAL EVALUATION (Semesters 8-9)

| 2nd Year Summative Clinical Evaluation Student _____ Clinical Coordinator _____ Clinical Site _____ Date _____ | | | | | |
|--|---|--|-----|-----|-----|
| The Summative Clinical Evaluation should be completed by the Clinical Site Coordinator (both CRNAs and Anesthesiologists). These evaluations provide a very important tool for evaluation of each student as they progress through the Clinical Component of LMU's CRNA Program. | | | | | |
| Above Expectation (3) | Meets Expectation (2) | Below Expectation (1) | | | |
| -Using acquired knowledge, student analyzes information & makes correct clinical decisions -Psychomotor skills are consistently performed above level of expectation - Requires minimal supporting cues from Preceptor (0-25% of the time) -Requires minimal supervision to manage the case. | -Applies didactic knowledge to clinical practice -Consistently performs required psychomotor skills. -Requires only occasional verbal/physical cues (25-50% of the time) -Supervision requirements are appropriate for level of training. | -Unable to apply didactic knowledge to clinical knowledge to clinical application. -Requires frequent verbal/physical cues (50-75% of time). -Requires supervision inconsistent with level of training. -Psychomotor skills are inconsistent with level of training. | | | |
| 2nd and 3 rd Year Summative Clinical Evaluation | | (3) | (2) | (1) | N/A |
| 1) Demonstrate self-confidence in providing anesthesia care. | | | | | |
| 2) Accept constructive criticism from instructors, peers, and other members of the health care team. | | | | | |
| 3) Administer physiologically sound anesthesia, utilizing techniques that are compatible with the condition of the patient as evidenced by: | | | | | |
| a. Integrates learning from other areas of nursing and medicine into a plan for anesthesia care. | | | | | |
| b. Demonstrates sound clinical judgment, based on scientific principles when confronted with problems during the anesthetic process. | | | | | |
| c. Justifies and provides rationale for selection of anesthetic techniques, methods, and procedures. | | | | | |
| d. Understands principles of and indications for complex monitoring systems. | | | | | |
| e. Formulates and initiates a plan, terminates anesthesia and safely emerges the patient with minimal assistance. | | | | | |
| f. Performs complicated oral and nasal intubations with minimal assistance. | | | | | |
| 4) Demonstrates increasing skill in the administration of a variety of regional techniques to include epidural analgesia and anesthesia. | | | | | |
| 5) Perform skillfully and diversely during emergency and stressful situations. | | | | | |
| 6) Demonstrate an understanding of the physiology of pregnancy and the anesthetic management of the obstetrical patient. | | | | | |
| 7) Provide physiologically sound anesthesia for an increasingly diverse population of patients recognizing the special needs of each group to include: | | | | | |
| a. Adults | | | | | |
| b. Geriatrics | | | | | |
| c. Pediatrics | | | | | |
| d. all ASA categories | | | | | |
| e. Emergencies | | | | | |
| 8) Plan, manage, and assess the management of acute pain during the postoperative period. | | | | | |
| 9) Understand the need for cooperation with medical and nursing staff. | | | | | |
| 10) Conduct a post anesthesia visit within 24 hours, documenting pertinent and appropriate information. | | | | | |
| 11) Adhere to all Infection Control Procedures and Standard Precautions as defined by the appropriate clinical agencies and hospital policies. | | | | | |
| 12) Accept responsibility of his/her own behavior. | | | | | |

1. How long have you worked with this student? _____

2. Please comment on the following:

a. Clinical Competence

b. Basic Clinical Knowledge (didactic preparedness)

c. Clinical Judgment, Systems Thinking, and Accountability

d. Sense of Responsibility & Ethical Conduct

e. Ability to Work/Relate to: Patients, Peers, Preceptors, Medical Staff, Nursing Staff

f. Incorporates Evidence-Based Practice into Decision Making

g. Develops and Evaluates Care Delivery Approaches

h. What do you believe are the student's strengths?

i. What do you believe are the student's weaknesses?

Please return these evaluations to Site Clinical Coordinator

Signature of Clinical Site Coordinator _____ Date _____

- TO PROVIDE ACCURATE DOCUMENTATION FOR CRNA CLASS B CREDIT MAKE SURE THE PRIMARY CRNA PRECEPTOR SIGNS THE EVALUATION FORM.

Nurse Anesthesia Student Evaluation Form

| | | | |
|---|-------------------|--------------------|-----------------------|
| Student Name | | Term | |
| Directions: Select the ratings that you feel best describe the student's performance today. | | | |
| <i>Clinical Milestones and Performance Objectives for each level are listed on back of this form.</i> | Needs Improvement | Meets Expectations | Exceeded Expectations |
| <u>PREOPERATIVE EVALUATION and PREPARATION</u> | | | |
| Performs an adequate preanesthetic patient Interview & physical assessment | | | |
| Performs anesthesia machine check, correctly obtains and utilizes any necessary equipment & monitors | | | |
| <u>ANESTHETIC MANAGEMENT</u> | | | |
| Formulates a patient & procedure-specific anesthetic care | | | |
| Manages intraoperative anesthesia | | | |
| Safely positions patient to maintain optimal function | | | |
| Manages fluid and blood replacement | | | |
| Plans for and manages a controlled emergence | | | |
| <u>TECHNICAL SKILLS</u> | | | |
| Compliance with universal precautions | | | |
| Airway and ventilator management | | | |
| Psychomotor (technical) tasks | | | |
| Documents care accurately, completely, legibly | | | |
| Functions with appropriate direction, organized | | | |
| <u>OVERALL IMPRESSION</u> | | | |
| Student's impression of performance level | | | |
| Preceptor's impression of performance level | | | |
| <u>PROFESSIONAL CHARACTERISTICS</u> Please rate the student in the following areas: | | | |
| Recognizes limitations of knowledge & ability and responds to criticism | | | |
| Written & verbal communication is effective and appropriate to level | | | |
| Integrates science into anesthesia practice | | | |
| Develop and evaluate care delivery approaches | | | |
| Incorporates evidence-based practice | | | |
| Select information system technology to improve patient and healthcare outcomes | | | |
| Educate others regarding nursing health policy and patient outcomes | | | |
| Collaborates interdisciplinary teams | | | |
| Analyze scientific data related to individual and population health | | | |
| Applies clinical judgement, system thinking, accountability in design, and evaluates patient care | | | |
| <u>STUDENTS OVERALL PERFORMANCE FOR LEVEL</u> | | | |
| Written comments including student strengths and weaknesses (use additional paper if necessary) | | | |
| Advisor | | Student | |

Clinical Milestones and Performance Objectives

Clinical milestones are specific knowledge and skill sets that a nurse anesthesia student must master prior to advancing to the next clinical course. The milestones serve as a guide for the clinical preceptor in evaluating student clinical performance at **various points in their clinical experience.**

Clinical Milestones-Level One-Clinical Practicum I, II

- I. Demonstrates the ability to conduct a pertinent health history and chart review.
2. Demonstrates the ability to successfully obtain intravenous access.
3. Demonstrates ability to formulate and implement appropriate management plans for adult patients (ASA I & II), undergoing elective procedures of low to moderate risk.
4. Demonstrates understanding of the function and use of the anesthesia machine, including the ASA recommended checkout procedure, as well as operation of physiological monitoring systems, anesthesia ventilators, and drug delivery systems.
5. Demonstrates proficiency with technical skills of airway management, to include mask management and laryngoscopy with endotracheal intubation.
6. Demonstrates mastery of all common anesthetic drugs, including doses, toxicology, pharmacodynamics and pharmacokinetic profiles.
7. Demonstrates professionalism by being punctual, dependable, and receptive to **constructive criticism/evaluation.**
8. Demonstrates responsibility by maintaining ethical and legal conduct, including verbal communication, record keeping, and confidentiality of patient information.
9. Assumes responsibility for one's own actions in accordance with the level of didactic and clinical education.
10. Integrate scientific evidence, professional values, and making ethical decisions.

Clinical Milestones-Level Two - Clinical Practicum III

1. Maintains proficiency in all Level One milestones.
2. Recognizes major normal and abnormal patient responses to anesthesia and surgery and begins to multitask **interventions in a smooth, consistent, and prioritized manner.**
3. Incorporate conceptual and analytic skills to evaluate links among practice, organizational, population, **administration, fiscal, and policy issues.**

Clinical Milestones-Level Three- Clinical Practicum IV

1. Maintains proficiency in all Level Two milestones.
2. Consistently demonstrates timely and appropriate evaluations and interventions for normal and abnormal **presentations.**
3. Demonstrates the ability to formulate more complex anesthesia care plans for ASA class 1-V patients, including, pediatric, obstetric, and other specialty areas.
4. Demonstrates proficiency inserting and managing invasive physiological monitoring systems.
5. Demonstrate proficiency in managing and administering spinal, epidural and axillary blocks.
6. Collaborate with interdisciplinary teams in the delivery and evaluation of health care, health promotion, and health policy for individuals across the life span.

Clinical Milestones-Level Four - Clinical Practicum V

2. Maintains proficiency in all Level Three milestones.
3. Demonstrates proficient use of critical thinking skills that supports effective clinical decision• making and increasing levels of independence in patient care.
4. Use analytic skills for appraising, implementing, and evaluating evidence-based practice.

DNP Student Self-Evaluation Outcome Criteria Form

Student Name: _____ **Date:** _____

| Yes | No | |
|-----|----|---|
| | | Be vigilant in the delivery of patient care and refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.). |
| | | Conduct a comprehensive equipment check. |
| | | Protect patients from iatrogenic complications. |
| | | Provide individualized care throughout the perianesthesia continuum. |
| | | Deliver culturally competent perianesthesia care |
| | | Provide anesthesia services to all patients across the lifespan |
| | | Perform a comprehensive history and physical assessment. |
| | | Administer general anesthesia to patients with a variety of physical conditions. |
| | | Administer general anesthesia for a variety of surgical and medically related procedures. |
| | | Administer and manage a variety of regional anesthetics. |
| | | Apply knowledge to practice in decision making and problem solving. |
| | | Provide nurse anesthesia services based on evidence-based principles. |
| | | Perform a preanesthetic assessment before providing anesthesia services. |
| | | Assume responsibility and accountability for diagnosis. |
| | | Formulate an anesthesia plan of care before providing anesthesia services. |
| | | Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions. |
| | | Interpret and utilize data obtained from noninvasive and invasive monitoring modalities. |
| | | Calculate, initiate, and manage fluid and blood component therapy. |
| | | Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services. |
| | | Recognize and appropriately manage complications that occur during the provision of anesthesia services. |
| | | Use science-based theories and concepts to analyze new practice approaches. |
| | | Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families. |
| | | Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals. |
| | | Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care. |
| | | Maintain comprehensive, timely, accurate, and legible healthcare records. |
| | | Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety. |
| | | Teach others. |
| | | Integrate critical and reflective thinking in his or her leadership approach. |
| | | Provide leadership that facilitates intraprofessional and interprofessional collaboration. |
| | | Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist. |
| | | Interact on a professional level with integrity. |
| | | Apply ethically sound decision-making processes. |
| | | Function within legal and regulatory requirements. |

| | |
|--|--|
| | Accept responsibility and accountability for his or her practice. |
| | Provide anesthesia services to patients in a cost-effective manner. |
| | Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder |
| | Inform the public of the role and practice of the CRNA. |
| | Evaluate how public policy making strategies impact the financing and delivery of healthcare. |
| | Advocate for health policy change to improve patient care. |
| | Advocate for health policy change to advance the specialty of nurse anesthesia. |
| | Analyze strategies to improve patient outcomes and quality of care. |
| | Analyze health outcomes in a variety of populations. |
| | Analyze health outcomes in a variety of clinical settings. |
| | Analyze health outcomes in a variety of systems. |
| | Disseminate scholarly work. |
| | Use information systems/technology to support and improve patient care. |
| | Use information systems/technology to support and improve healthcare systems. |
| | Analyze business practices encountered in nurse anesthesia delivery settings. |

Please rate the following aspects of the LMU Nurse Anesthesia Program

| | POOR | AVERAGE | VERY GOOD |
|---|------|---------|-----------|
| a. Overall clinical education | | | |
| b. Overall didactic/research education | | | |
| c. Clinical faculty | | | |
| d. Didactic faculty | | | |
| e. Student Services | | | |
| f. Faculty-student interaction & effectiveness of advisement and mentorship | | | |
| g. Preparation to function safely | | | |
| h. Support personnel | | | |
| i. Library services | | | |
| j. Institutional and program resources | | | |

The program evidenced truth and accuracy in the following areas: advertising, student recruitment, admissions, academic calendars, program length, tuition and fees, travel requirements, catalogs, grading, representation of accreditation, and faculty accomplishments.

Strongly Agree

Agree

Disagree

Comments:

While in clinical, did your time commitment jeopardize patient safety?

Yes

No

If you answered yes, please explain.

On average, how many hours **per week** did you spend in clinical?

On average, how many hours **per week** did you spend on call?

Program strengths:

Program weaknesses:

Name_____

Date_____

DNP Student Evaluation Outcome Criteria Form

To be completed by NA faculty

Student Name: _____

Faculty Evaluator: _____ **Date:** _____

| Yes | No | |
|-----|----|---|
| | | Be vigilant in the delivery of patient care and refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.). |
| | | Conduct a comprehensive equipment check. |
| | | Protect patients from iatrogenic complications. |
| | | Provide individualized care throughout the perianesthesia continuum. |
| | | Deliver culturally competent perianesthesia care |
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| | | Administer and manage a variety of regional anesthetics. |
| | | Apply knowledge to practice in decision making and problem solving. |
| | | Provide nurse anesthesia services based on evidence-based principles. |
| | | Perform a preanesthetic assessment before providing anesthesia services. |
| | | Assume responsibility and accountability for diagnosis. |
| | | Formulate an anesthesia plan of care before providing anesthesia services. |
| | | Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions. |
| | | Interpret and utilize data obtained from noninvasive and invasive monitoring modalities. |
| | | Calculate, initiate, and manage fluid and blood component therapy. |
| | | Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services. |
| | | Recognize and appropriately manage complications that occur during the provision of anesthesia services. |
| | | Use science-based theories and concepts to analyze new practice approaches. |
| | | Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families. |
| | | Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals. |
| | | Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care. |
| | | Maintain comprehensive, timely, accurate, and legible healthcare records. |
| | | Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety. |
| | | Teach others. |
| | | Integrate critical and reflective thinking in his or her leadership approach. |
| | | Provide leadership that facilitates intraprofessional and interprofessional collaboration. |
| | | Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist. |
| | | Interact on a professional level with integrity. |

| | |
|--|--|
| | Apply ethically sound decision-making processes. |
| | Function within legal and regulatory requirements. |
| | Accept responsibility and accountability for his or her practice. |
| | Provide anesthesia services to patients in a cost-effective manner. |
| | Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder |
| | Inform the public of the role and practice of the CRNA. |
| | Evaluate how public policy making strategies impact the financing and delivery of healthcare. |
| | Advocate for health policy change to improve patient care. |
| | Advocate for health policy change to advance the specialty of nurse anesthesia. |
| | Analyze strategies to improve patient outcomes and quality of care. |
| | Analyze health outcomes in a variety of populations. |
| | Analyze health outcomes in a variety of clinical settings. |
| | Analyze health outcomes in a variety of systems. |
| | Disseminate scholarly work. |
| | Use information systems/technology to support and improve patient care. |
| | Use information systems/technology to support and improve healthcare systems. |
| | Analyze business practices encountered in nurse anesthesia delivery settings. |

NA Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
ADVISING WORKSHEET FOR DNP NURSE ANESTHESIA STUDENTS**

| Student's Name (Print) | | Student's Signature | | | Student ID | | |
|------------------------|--|---------------------|--|--|------------|--|--|
|------------------------|--|---------------------|--|--|------------|--|--|

| Course Number | Course Title | Credits | Semester/ Year | Student's Initials | Student's Signature | Advisor Signature | Date |
|-----------------------------------|--|------------|-------------------|-----------------------|------------------------|----------------------|------|
| SPRING 1st YEAR | | | | | | | |
| NURS 702 | Theoretical Foundations and Research Methods | 4 | | | | | |
| NURS 731 | Advanced Pharmacology & Therapeutics | 4 | | | | | |
| NURS 740 | Interprofessional Collaboration, Health Policy, & Organizational Systems | 4 | | | | | |
| SUMMER 1st YEAR | | | | | | | |
| NURS 705 | Informatics | 2 | | | | | |
| NURS 710 | Biostatistics | 3 | | | | | |
| NURS 721 | Advanced Health Assessment | 3 | | | | | |
| NURS 732 | Advanced Anesthesia Pharmacology I | 3 | | | | | |
| FALL 1st YEAR | | | | | | | |
| NURS 701 | Advanced Anesthesia Anatomy and Physiology | 4 | | | | | |
| NURS 733 | Advanced Anesthesia Pharmacology II | 3 | | | | | |
| NURS 741 | Adaptive Leadership | 4 | | | | | |
| NURS 753 | Principles and Practice of Anesthesia I | 3 | | | | | |
| NURS 753A | Principles and Practice of Anesthesia I-Lab | 1 | | | | | |
| SPRING 2nd YEAR | | | | | | | |
| NURS 700 | Knowledge Development in Nursing Science | 3 | | | | | |
| NURS 711 | Advanced Anesthesia Pathophysiology I | 4 | | | | | |
| NURS 754 | Principles and Practice of Anesthesia II | 3 | | | | | |
| NURS 754A | Principles and Practice of Anesthesia II-Lab | 1 | | | | | |
| SUMMER 2nd YEAR | | | | | | | |
| NURS 712 | Advanced Anesthesia Pathophysiology II | 2 | | | | | |
| NURS 720 | Translational Research for Evidence Based Practice | 4 | | | | | |
| NURS 771 | DNP Anesthesia Clinical Practicum I | 6 | | | | | |
| FALL 2nd YEAR | | | | | | | |
| NURS 730 | Epidemiology | 3 | | | | | |
| NURS 755 | Principles and Practice of Anesthesia III | 3 | | | | | |
| NURS 755A | Principles and Practice of Anesthesia III-Lab | 1 | | | | | |
| NURS 772 | DNP Anesthesia Clinical Practicum II | 6 | | | | | |
| NURS 781 | DNP Project I | 2 | | | | | |
| SPRING 3rd YEAR | | | | | | | |
| NURS 756 | Principles and Practice of Anesthesia IV | 2 | | | | | |
| NURS 773 | DNP Anesthesia Clinical Practicum III | 6 | | | | | |
| NURS 782 | DNP Project II | 2 | | | | | |
| SUMMER 3rd YEAR | | | | | | | |
| NURS 742 | Strategic Systems Thinking | 4 | | | | | |
| NURS 757 | Principles and Practice of Anesthesia V | 2 | | | | | |
| NURS 777 | DNP Anesthesia Clinical Practicum IV | 6 | | | | | |
| FALL 3rd YEAR | | | | | | | |
| NURS 778 | DNP Anesthesia Clinical Practicum V | 6 | | | | | |
| NURS 783 | DNP Project III | 2 | | | | | |
| NURS 789 | Advanced Anesthesia Synthesis | 3 | | | | | |
| TOTAL CREDIT HOURS | | 109 | | | | | |