OU Health | Fran and Earl Ziegler College of Nursing

The UNIVERSITY of OKLAHOMA

DNP-Nurse Anesthesia Track
Administrative and Nurse Anesthesia Resident (NAR) Handbook

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The following policies and procedures are established to promote a clear, shared understanding of the expectations, responsibilities, and commitments between the Doctor of Nursing Practice–Nurse Anesthesia (DNP-NA) Track and the Nurse Anesthesia Residents (NARs) enrolled at the Fran and Earl Ziegler College of Nursing. These policies are consistent with, and implemented in accordance with, University of Oklahoma Health Campus (OUHC) and College of Nursing (CON) policies, procedures, and governance. This handbook serves as a program-specific supplement to the official University of Oklahoma and College of Nursing Student Handbooks.

Although the intent is for these policies to not change during the NARs tenure at OU, some circumstances may warrant changes to these policies and procedures. Unless critical, NARs will be notified at least 6 months prior to a policy change.

The policies and procedures also are intended to maintain compliance with the Standards and Guidelines established by the Councils on Accreditation (COA); Higher Learning Commission (HLC); and by the National Board for Certification and Recertification of Nurse Anesthetists (NBCRNA).

Approved by the DNP Nurse Anesthesia Faculty and OUHC Legal Counsel on 6/11/2026

Section One: Background and Introduction

Description of the Program: Doctor of Nursing Practice: Nurse Anesthesia Track

In 2011, the Institute of Medicine recognized the increasing complexity of healthcare and identified the need to educate Advanced Practice Registered Nurses (APRN) to a higher level to meet the needs of our patients and the larger healthcare system. The University of Oklahoma Health Campus and Fran and Earl Ziegler Doctor of Nursing Practice Nurse Anesthesia Track (DNP-NA) Program is dedicated to producing competent, compassionate, and knowledgeable Certified Registered Nurse Anesthetists (CRNA) who will meet the health care needs of society through the tripartite mission of clinical practice, education, and research.

Nurse Anesthesia Residents (NAR) are educated in all facets of advanced practice nursing and nurse anesthesia practice within a 36-month curriculum. The first 19 months are primarily online and traditional classroom instruction which supports the NAR's acquisition of basic and advanced anesthesia knowledge and skills necessary for the safe administration of anesthesia. NARs practice clinical skills using low- and high-fidelity simulation in a state-of-the-art interprofessional simulation center as well as a dedicated nurse anesthesia simulation suites in the College of Nursing. NARs are expected to demonstrate professional advocacy through attendance at state and national nurse anesthesia meetings. During the remaining 17 months, NARs are immersed in the clinical area where they administer anesthesia to all types of patients and in all types of practice settings. Through formative and summative clinical evaluations, NARs are evaluated on their ability to integrate didactic knowledge with clinical practice, demonstrate critical thinking skills, and provide appropriate interventions in patient management.

Across a diverse network of clinical affiliates, NARs engage in the administration of anesthesia to complex pediatric and adult populations within a large academic health sciences center, as well as to patients across the lifespan in community hospital settings and rural environments where Certified Registered Nurse Anesthetists (CRNAs) practice independently. The curriculum emphasizes extensive clinical immersion in the delivery of a broad range of regional anesthesia techniques and the application of point-of-care ultrasonography, ensuring proficiency in ultrasound-guided assessment and procedural practice.

In addition to discipline-specific anesthesia coursework, the DNP–NA Track provides a comprehensive portfolio of doctoral-level study encompassing healthcare economics and finance, leadership, quality improvement, and the scholarship of teaching and learning. The breadth of coursework, combined with the interdisciplinary expertise of the College of Nursing faculty, supports a wide range of Doctor of Nursing Practice (DNP) Scholarly Project options. The purpose of the DNP Scholarly Project is to demonstrate the integration and synthesis of didactic preparation with advanced anesthesia clinical practice. Accordingly, the project is expected to exemplify the reciprocal relationship

between anesthesia clinical practice and evidence-based scholarly inquiry, translating knowledge into measurable improvements in practice, systems, or outcomes.

The DNP-NA Track is a practice-focused doctoral program designed to prepare highly skilled clinical scholars distinguished by advanced leadership, clinical expertise, and a commitment to evidence-based, patient-centered care across diverse populations and healthcare environments. The program emphasizes interprofessional collaboration and the development of advanced competencies in anesthesia practice, leadership, quality improvement, and patient safety. Graduates are prepared to lead and implement meaningful improvements in anesthesia care delivery and clinical outcomes, advancing the health and well-being of patients, families, healthcare teams, and healthcare systems.

Our Vision
The DNP-NA track program will be recognized as an innovative leader in doctoral anesthesia education, producing CRNAs who elevate patient outcomes, strengthen the healthcare workforce, and drive innovation in anesthesia practice, independent decision-making, professional advocacy, and healthcare leadership.

Our Mission
The mission of the Doctor of Nursing Practice–Nurse Anesthesia (DNP-NA) Track is to prepare competent, compassionate, and practice-ready Certified Registered Nurse Anesthetists who deliver safe, evidence-based, and independent and collaborative anesthesia care across diverse practice settings. Through rigorous didactic education, advanced simulation, immersive clinical experiences, and scholarly inquiry, graduates are equipped to advance anesthesia practice and strengthen access to high-quality anesthesia services in communities across Oklahoma and beyond.

Our Values
Integrity
Clinical Excellence
Professional Autonomy and Accountability
Compassionate Patient Centered Care
Leadership and Service
Innovation and Scholarship

The objectives of the DNP-NA Track are to prepare graduates with the abilities to:

- Demonstrate advanced clinical decision-making and independent anesthesia practice across diverse perioperative settings, with particular emphasis on meeting the anesthesia care needs of rural and underserved populations.
- Integrate evidence-based practice, quality improvement methodologies, and patient safety principles to optimize anesthesia care delivery, improve clinical outcomes, and reduce health disparities in a variety of healthcare environments.
- Exhibit leadership, interprofessional collaboration, and professional advocacy in support of the CRNA role, autonomous practice, and the broader transformation of healthcare systems serving rural communities.
- Design, implement, and disseminate an anesthesiology-focused DNP Scholarly Project that synthesizes didactic knowledge with clinical practice to address practice gaps, enhance anesthesia care processes, or advance population health outcomes within rural and independent anesthesia practice contexts.

Accreditation Statement

The University of Oklahoma (OU) is regionally accredited by the Higher Learning Commission (HLC). The baccalaureate degree program in nursing, master's degree program in nursing, Doctor of Nursing Practice program and post-graduate APRN certificate programs at The University of Oklahoma Health Sciences Center, Fran & Earl Ziegler College of Nursing is accredited by the Commission on Collegiate Nursing Education (CCNE). The DNP-NA track is seeking professional accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), a specialized accrediting body recognized by the Council on Post-Secondary Accreditation and the United States Department of Education.

Missions of the University of Oklahoma Health Campus and the Earl and Fran Ziegler College of Nursing

The University of Oklahoma Health Campus has a rich history as the State's major educational resource for training physicians, dentists, nurses, pharmacists, public health specialists, and a wide range of allied health personnel. It is also instrumental in developing improved methods of health care delivery for Oklahoma. An internationally prominent faculty, state-of-the-art facilities and new technology combine to make the University of Oklahoma Health Campus a leader in education, research, and patient care. This mindset is reflected in our official mission:

The Mission of the University of Oklahoma Health Campus, as a comprehensive academic health center, is to educate students, residents, and other trainees in professional and graduate programs to become Oklahoma's future team of healthcare leaders, clinicians, researchers, and educators; to advance distinctive basic, translational, clinical, and population research; to innovate and commercialize discoveries; and to deliver exceptional patient care across the full breadth of adult, women's, and children's specialties.

For more information visit: https://www.ouhsc.edu/about

An Oklahoma tradition with a global reach, the University of Oklahoma Health Sciences Campus Fran and Earl Ziegler College of Nursing is a nationally recognized college offering bachelor's, master's and doctoral level programs to professional nurses from throughout the world. OU College of Nursing advances health by educating future leaders, engaging in scientific discovery, translating evidence into practice and driving innovation. Founded in 1911, the OU College of Nursing is the state's largest nursing school and is dedicated to continuing the leadership and academic excellence that have become synonymous with the **University of Oklahoma**.

The College of Nursing offers full-time, part-time and online education through its Oklahoma City, Lawton, Tulsa, Duncan, and Norman locations, as well as distance learning throughout the state. Led by a diverse, exceptional faculty, our educational programs are devoted to shaping nurses and nurse leaders who are impacting health care in Oklahoma and beyond. The College of Nursing is advancing healthcare throughout the lifespan through intensive **research** initiatives, as well as through a wide range of local, regional and international health-related community outreach programs that work to address a wide range of health concerns.

The mission of the OU College of Nursing is to advance health in Oklahoma and beyond by educating future leaders, engaging in scientific discovery, translating evidence into practice, and driving innovation.

For more information, visit: https://nursing.ouhsc.edu/about

Program Administration

Dean of the College of Nursing	Melissa Craft, PhD APRN-CNS AOCN FAAN Oklahoma City, CNB 1104 (405) 271-4927 Melissa-Craft@ou.edu
Program Administrator	Angela Mund, DNP APRN-CRNA FAANA FAAN Assistant Dean-Academic Affairs and Program Administrator CRNA Professor with Tenure Oklahoma City, CNB 1102 (405) 271-2428 ext. 34248 Angela-Mund@ou.edu

Assistant Program Administrator	Blake Frazier, DNAP APRN-CRNA Assistant Program Administrator Assistant Professor Oklahoma City, CNB 1118 (405) 271-2428 ext. 12678 Christopher-Frazier@ou.edu
Program Manager	Ashley McLain Wilson, M.Ed. Oklahoma City, CNB 1120 (405) 271-1491 ext. 12628 Ashley-McLainWilson@ou.edu

Association Membership
Associate membership in the American Association of Nurse Anesthetists (AANA) is required. The Program Administrator approves associate membership, then the NAR receives follow-up from the AANA. The membership fees will be borne by the student. Link to NAR Section on the AANA Website: https://www.aana.com/membership/students

Student Services
Services are available from various departments at the University. Services include but are not limited to: academic advising, the OU Health Campus writing center, libraries, information technology, accessibility and disability services, and student health.

More details may be found at: https://students.ouhsc.edu/student-affairs/student-resources

Section Two: Compliance and Prerequisites

Change in Address
NARs are required to promptly notify the Program Administrator of any changes in address and complete the Name and Address Change Form: https://admissions.ouhsc.edu/current-students/forms

Criminal Background Checks
A criminal background check is required for current and conditionally accepted applicants. The policy is found here. Additional background checks may be required by specific clinical sites prior to attending the facility. The cost of these background checks is borne by the NAR.

Health Insurance
Nurse Anesthesia Residents (NARs) must provide proof of health insurance. Proof of coverage of current health care insurance must be on file with Student Affairs while enrolled in the program. Health insurance may be purchased through the OU Health Campus Student Health insurance plan.

Immunizations
NARs are required to obtain all immunizations as required by the University of Oklahoma Health Campus, the College of Nursing, the DNP-NA Program, and the Clinical Sites. NARs are required to submit all required documentation to the Director of Clinical Education, or delegate, in a timely manner. If immunizations lapse, the NAR will be removed from the clinical site and will be charged leave days until the issue is rectified.

Licensure and Certification

Licensure as a Registered Nurse

- NARs must maintain an active Oklahoma Registered Nurse license or a multistate RN license in a state that participates in the nurse license compact. NARs are responsible for ensuring that they meet the requirements to maintain licensure in OK and in any other state required for clinical rotations.

Certification

- NARs must maintain ACLS, BLS, and PALS certification throughout their clinical education.

Professional Liability Insurance

Professional liability insurance is provided to Nurse Anesthesia Residents (NARs) through the Fran and Earl Ziegler College of Nursing and is funded through required student fees. Coverage limits are $1,000,000 per claim and $3,000,000 aggregate.

All NARs participating in clinical education experiences must maintain current professional liability coverage throughout their enrollment in the clinical phase of the program. Documentation verifying active coverage will be maintained in the student's official program records and must remain current for the duration of all clinical practica.

Section Three: Policies and Procedures

Academic Appeals Policy and Procedures
The Academic Appeals policy provides students with an appeal mechanism by which they can request a hearing before an Academic Appeals Board for appeals related to an academic evaluation in a course; a thesis or dissertation defense or general or comprehensive exam; suspension or dismissal under the Student Professional behavior in an Academic Program Policy; and academic program-related decision resulting in a student being dismissed from a program or being required to repeat a semester or a year. The sole basis for the appeal is an alleged arbitrary or capricious evaluation or decision. Students are encouraged to first seek informal resolution directly with the involved faculty member or academic unit prior to initiating a formal appeal. If an informal resolution cannot be achieved, the student may proceed through the formal academic appeal process in accordance with timelines and procedures established by the University. Appeals are reviewed through designated academic and administrative channels to ensure due process, fairness, and consistency with University policy. The policy and procedures regarding academic appeals are found in the OU Health Campus Faculty Handbook Appendix C (page 148). These policies may be found on the Faculty handbook section on the website of the Office of the Senior Vice President and Provost or with a direct link to the Faculty Handbook.

Academic Integrity
Academic honesty is non-negotiable in nurse anesthesia education because the integrity of clinical decision-making depends on the integrity of foundational learning. When students shortcut academic work, they undermine their own competence, compromise patient safety, and erode trust in the credential they pursue. Upholding academic honesty ensures that graduates are truly prepared for autonomous practice, where errors are real and the stakes are measured in human lives. Information on Academic Integrity may be found in the OUHC Student Handbook and the policy on reporting academic dishonesty, procedure for investigation and appeals may be found here.

Accommodations
The University of Oklahoma (OU) is committed to the goal of achieving equal educational opportunity and full educational participation for students with disabilities in OU's housing program consistent with the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended. Information on seeking accommodations may be found here.

Advising Policy
Nurse Anesthesia Residents (NARs) will be randomly assigned to a faculty advisor and notified of their assignment by the conclusion of the first week of the program. The assigned advisor will serve as the primary point of contact for academic guidance and practice inquiry mentorship throughout the duration of the program. Advisors are responsible for supporting NARs in academic progression, professional development, as well as clinical and scholarly activities.

Nurse Anesthesia Residents (NARs) are required to meet with their assigned academic advisor at the conclusion of each academic semester and additionally as needed at the request of either the advisor or the NAR. These advising meetings are intended to facilitate ongoing evaluation of academic progress, professional development, and achievement of programmatic milestones.

To support meaningful discussion and self-reflection during the semester advising process, NARs must complete the Academic Advising and Self-Assessment Form (Appendix E) prior to each scheduled advising meeting. The completed form must be submitted electronically to the assigned advisor no later than 24 hours before the scheduled meeting. Failure to submit the required documentation in advance may result in rescheduling of the advising session.

If a concern or issue cannot be adequately resolved with the assigned advisor, the NAR should escalate the matter to the Program Administrator for further review and resolution.

Anesthesia Faculty Qualifications and Competency
All didactic anesthesia content instruction shall be delivered by qualified anesthesia professionals. Eligible faculty include Certified Registered Nurse Anesthetists (CRNAs) and/or physician anesthesiologists. This requirement ensures that instruction is provided by faculty with the appropriate depth of knowledge and expertise necessary to prepare NARs for anesthesia practice.

Faculty members who teach clinical anesthesia content must demonstrate clinical competency in the subject matter they instruct. Clinical competence is defined in the COA Standards glossary and may be demonstrated by the instructor's involvement in one or more of the following: current clinical practice, research in clinical area, education in the clinical area, utilization of evidence-based practice in instruction, and/or participation in continuous professional development programs.

Artificial Intelligence Policy
More information may be found here and also refer to the course syllabus for faculty guidance.

Attendance
Unless the NAR has a justifiable reason for being absent, he/she is expected to attend, and be on time for all classes, clinical, and lab. The NAR is responsible for all materials given both in attendance and in absence. Faculty are under no obligation to conduct a residential class virtually or create a recording for NARs. The NAR should be aware that class attendance reflects a degree of reliability and level of interest that are held in high regard in the program. Patterns of absence or absenteeism on the day of exams are especially discouraged. Make-up exams will be arranged at the discretion of the instructor and may consist of a format other than that of the original test. For extended illness or temporary disability, refer to the accommodations policy.

Complaints against the Program
The University of Oklahoma contracts with a third-party vendor, EthicsPoint, to ensure anonymity for reporting concerns or possible misconduct. The webpage notes all of the areas that are covered in the reporting process, including student affairs, institutional equity, academics, safety, and research.

NARs have the right to contact the Council on Accreditation of Nurse Anesthesia Educational Programs with complaints about the program. The form to submit a complaint may be found at on the COA website.

Confidentiality/ Health Information Portability and Accountability Act
While administering an anesthetic or reviewing a patient's chart, the NAR is privy to confidential and/or sensitive information. It is the policy of this College that all patient information remains confidential unless needed by other health care providers for the safe conduct of this patient's care. If information is conveyed to another, it must be done so in a professional manner, keeping in mind the need for patient confidentiality. All materials shared during a clinical correlation conference as part of the program educational offerings, must have personal references and patient identifiers removed. All NARs are expected to abide by policies protecting patient personal health information. The HIPAA policy is found here.

Didactic Progression
Classroom evaluation methods are determined by individual course instructors. See Grading Policy in this handbook for assignment of letter grades.

Advising Notice of Concern
A NAR who earns an overall course grade of a C will receive an Advising Notice of Concern (Appendix B).

Academic Probation
NARs will be placed on academic probation under the following conditions:

- A cumulative GPA between 3.20 and 3.49:
  - The NAR will be granted one probationary semester to raise the cumulative GPA to 3.50 or higher. The probationary semester is defined as the next full academic semester (Spring, Summer, or Fall). If the cumulative GPA remains below 3.50 at the conclusion of the probationary semester, the NAR will be dismissed from the program.
- A semester GPA below 3.50:
  - The NAR will be placed on academic probation and will remain on probation until earning a semester GPA of 3.50 or higher in a subsequent academic term.

NARs may not graduate while on academic probation.

Progression to Clinical Practicum
NARs must achieve a minimum cumulative GPA of 3.50 by the conclusion of the second summer semester prior to entry into the clinical practicum sequence. Failure to meet this requirement will result in dismissal from the program.

Dismissal Criteria

- Cumulative GPA below 3.20 at the conclusion of any academic term
- Failure to raise cumulative GPA to 3.50 or higher during a probationary semester
- More than one overall course grade of a C during the program
- Any overall course grade below a C

Document Review and Retention
All DNP-NA policies and procedures will be reviewed annually by the DNP-NA faculty prior to matriculation of the incoming class. Paper documents will be retained in a locked cabinet in the Program Administrator's office. Electronic documents will be maintained on a secure web-based platform. Student Affairs maintains handbooks, Professionalism Concern Reports, and grade appeal information.

Documents that will be retained for the duration of the program accreditation cycle, at a minimum, include:

- Program and Student Handbooks
    - Organizational chart
    - Administrative policies
- Committee Meeting Minutes
- Faculty files: didactic faculty and clinical coordinators
    - Curriculum vitae or resume
    - Evidence of RN/APRN licensure and certification as a CRNA, as applicable
    - Evaluations, where applicable
- Affiliation agreements, Business Associate Agreements, and amendments where necessary
- Evidence of evaluation of the program
    - Didactic faculty evaluations
    - Clinical site evaluations
    - Clinical faculty evaluations
    - NAR and student exit survey and interviews
    - Alumni evaluations
    - Employer evaluation of graduates
    - COA Midpoint evaluations
    - Any other evaluations deemed useful
- Curriculum
    - Course descriptions, objectives, and syllabi
    - Communication with College and University curriculum committees
- Documentation of prior accreditation decisions
- Student records
    - All NAR records will be retained until the NAR passes the National Certification Exam and for a minimum of 3 years except for the documents noted below which will be retained indefinitely.
        - NAR records that will be maintained indefinitely include any records related to grievances, litigation, final case records, summative NAR evaluations, and NBCRNA transcripts

- Records of NARs who did not successfully complete the program will be maintained for a minimum of five (5) years. The file will contain at a minimum:
  - Application materials
  - Disciplinary actions, where applicable, to include Professionalism Concern Reports
  - Official transcript
  - Supporting documentation for dismissal (if applicable)

All records will be disposed of according to OU policies.

Drug Testing
The DNP-NA Track adheres to the OUHC policy for drug testing as noted in the OUHC Student Handbook. Clinical Affiliations may require additional drug testing as a condition of attending the facility. In recognition of the high percentage of anesthesia providers who have issues with substance abuse, the DNP-NA Track may require additional random drug screens at the student's expense.

The complete policy, including drug testing for cause and as a requirement for clinical rotations can be found in the OUHC Student Handbook.

Employment
Due to the rigorous nature of nurse anesthesia education, NARs are strongly discouraged to maintain either full-time or part-time employment as a registered nurse. NARs **shall not** be employed as Nurse Anesthetists by title or function while in student status. Employment as a Nurse Anesthetist is not permitted (by law) until after the official class graduation date, which will be established upon matriculation.

The OU nurse anesthesiology program does not guarantee employment upon graduation and does not maintain a job placement service. The faculty will assist the NAR, as able, during their job search process and OU provides a professional services team that will assist in job search preparation, and the information may be found here.

Evaluation Plan Compliance Policy
Program outcome and accreditation compliance data are reviewed regularly by program leadership and designated committees. Findings are documented and evaluated to identify trends, strengths, and areas requiring improvement. When performance indicators meet or exceed established benchmarks, data are maintained for ongoing monitoring and continuous quality improvement. If outcome measures or compliance indicators fall below established benchmarks or reveal potential non-compliance with accreditation standards, the program will initiate a structured corrective action process.

1. Identification and documentation of the specific performance concern or compliance gap.
2. Root cause analysis conducted by program leadership and appropriate committees.
3. Development of a targeted corrective action plan with defined goals, responsible parties, and timelines.

4. Implementation of interventions, which may include curricular modification, enhanced student support, faculty development, clinical education adjustments, or resource allocation.
5. Ongoing monitoring and reassessment of outcomes to evaluate effectiveness of the intervention.

Ethical Conduct for Nurse Anesthesia Residents
All NARs are required to adhere to the *American Association of Nurse Anesthesiology (AANA) Code of Ethics for CRNAs* throughout their enrollment in the program. NARs are expected to integrate these ethical principles into all academic, clinical, and professional activities.

NARs are responsible for reviewing the AANA Code of Ethics for CRNAs and demonstrating its principles consistently throughout their training.

Examination Policy
- Evaluation of student progress may include, but is not limited to, computer-based testing, lab evaluation, and/or clinical simulation.
- The course director will notify the NAR within the first week of the class regarding what the criteria will be for acceptable performance.
- The course director or his/her designee will proctor all exams. If exams are administered electronically, all NAR will be required to use examination integrity proctoring software.
- Classroom review of exam questions will be at the discretion of the course director. Individual review with the faculty member responsible for the test item is encouraged, as needed prior to the next exam in the course.
- Faculty instructors are responsible for ensuring that NARs receive grades for exams and major assignments within a reasonable timeframe.

Faculty/NAR/Clinician Relationships
Upon admission, if a NAR is already involved in a relationship with a faculty member, clinical instructor, or any other person who could be in a supervisory position, it is the ***responsibility of the NAR to immediately inform the Program Administrator***. If possible, accommodations will be made to prevent situations of authority. This will include but is not limited to, the NAR withdrawing from a course, or clinical site, taught by the faculty member, transfer of the NAR to another course or section, or assumption of the position of authority by a qualified alternative faculty member.

Grading policy
- Grading Scale
  - A (90-100%) = 4 grade points
  - B (80-89%) = 3 grade points
  - C (70-79%) = 2 grade points
  - D (60-69%) = 1 grade point, non-passing
  - F (0-59%) = 0 grade point, non-passing

Grades of P and S, as well as grades of I, X, U, N, NP, AW, and W, carry no grade point value and are not included in the computation of a student's semester or cumulative grade point average.

Grades will be calculated using two decimal points in Canvas. Rounding the final grade in any course is not permissible. For example, a grade of 89.6 cannot be rounded up to 90; it must remain 89.

Additional details on the OUHC grading system may be found in the OUHC Student Handbook.

Honor Graduates
Honor graduates are determined based on information outlined in the OUHC Student Handbook.

Inclement Weather Policy
Information regarding campus closures due to hazardous weather conditions will be announced on the OU Health Sciences Center home page and is available by calling 405-271-6499 (Oklahoma City). Notifications will also be distributed through the University's Emergency Communication System (ECS). The ECS enables the University to send time-sensitive notifications regarding emergency situations, including campus closures, shelter-in-place orders, building refuge, and evacuation procedures, to students, faculty, staff, and designated campus affiliates. Notifications may be delivered through voice calls, email, and text messaging. Students are strongly encouraged to enroll in text message alerts through the ECS at https://ouhsc.edu/ecs/

Occasionally, severe weather or other hazardous conditions may necessitate a campus closure as determined by the Provost. When inclement weather is forecasted, students should monitor the OU Health Sciences Center website and ECS communications to determine the operational status of the campus and whether classes will be held. Failure to monitor these communications may not be accepted as an excuse for missed examinations, assignments, or other academic obligations.

NARs in the clinical phase of the program are considered professionals-in-training and are expected to fulfill responsibilities similar to those of healthcare providers whose services are essential to patient care and hospital operations. Therefore, NARs are expected to report to their assigned clinical responsibilities during periods of inclement weather unless otherwise directed by the Director of Clinical Education or Program Administrator.

If a NAR determines that travel conditions are unsafe and they are unable to attend a scheduled clinical assignment, they must follow the program's leave policy and notify both the clinical coordinator and the Director of Clinical Education. Any missed clinical time may require make-up clinical experiences, as determined by the Director of Clinical Education.

Leave
During the didactic portion of the program, NARs will receive holiday time off according to the OU academic calendar found on the Office of the Registrar's webpage.

During the clinical portion of the program, NARs will receive the major holidays off from clinical (New Years Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day).

In addition to the excused holidays, NARs will be allowed a total of 80 hours of clinical leave during the clinical portion of the program. Clinical leave may be scheduled for vacation, illness, job search, and board review courses.

For unplanned absences, it is the NARs responsibility to notify the appropriate clinical site coordinator per guidelines distributed for individual clinical sites and explained during clinical orientation. **NARs must also notify the Director of Clinical Education before 0900 on their sick day.** This time will be subtracted from their clinical leave balance. If the NAR fails to notify the Director of Clinical Education before 0900, this will result in additional time removed from the clinical leave balance. For example, missing one day without contacting the Director of Clinical Education, will result in 2 days subtracted from their clinical leave bank. Any NAR who is absent from the clinical area for more than 2 consecutive days must have a physician's release on file with the program prior to returning to clinical.

During the clinical phase, leave must be requested and approved in writing 21 days in advance of the start of a clinical rotation.

Bereavement Leave

Leave, upon written request, may be granted for up to three consecutive days (24 hours total during the clinical phase of the program) on the death of any member of the student's (or their spouse's) immediate family. Immediate family is defined as the spouse, great-grandparents, grandparents, parents, siblings, children, grandchildren, and great-grandchildren of either the student or his/her spouse.
Please include in your request: the relationship of the family member and dates requested off. Program Administrator and/or Director of Clinical Education must approve all bereavement leave. Failure to do so will result in disciplinary action.

Education leave

The DNP-NA faculty supports the engagement of NARs in state and national professional meetings. Students will be granted an additional 48 hours of educational leave **at the discretion of Director of Clinical Education and/or Program Administrator**.

Authorization of leave

Only the Director of Clinical Education authorizes leave requests. After the leave is approved, the Director of Clinical Education will notify the clinical coordinator. Clinical coordinators may not approve leave without consultation with the Director of Clinical Education.

Guidelines for leave requests:

- Only full days may be requested
- Requests from clinical sites will be deducted based on the scheduled shifts
- No more than 36 hours (or 40 hours for a 40 hour/week rotation) of leave may be taken during any clinical rotation
- No more than one 3-day weekend can be requested during any clinical rotation
- Leave will not be granted during on campus requirements
- Leave will not be granted on the first day of a new clinical rotation
- Requests during specialty rotations (e.g., obstetrics, regional, cardiac) will only be granted for special circumstances and at the discretion of the Director of Clinical Education

Leave of Absence

NARs may obtain assistance with the LOA submission through CON Student Affairs team. The LOA policy is noted in the OUHC Student Handbook and additional information may be found here.

Prior to re-entry into the clinical portion of the program, NARs must submit to, and have a negative result, from a witnessed urine or hair drug screen. A positive drug screen will result in termination from the program. The NAR will pay for cost of the drug screen.

NARs wanting a leave of absence during the didactic portion of the program may submit written request on the appropriate leave of absence form and may be allowed to re-enter on a space available basis at the start of the next academic year or as described in the individual remediation plan, as appropriate.

Non-discrimination

The University of Oklahoma does not discriminate or permit discrimination by any member of its community against any individual based on the individual's race, color, religion, political beliefs, national origin, age (40 or older), sex, sexual orientation, genetic information, gender identity, gender expression, disability, or veteran status in matters of admissions, employment, financial aid, housing, services in educational programs or activities, health care services that the University operates or provides. The complete policy may be found here.

Online Course Faculty Qualifications and Competency

All faculty teaching in online or hybrid courses must demonstrate competency in online instruction through formal training experiences. This qualification may be demonstrated by proof of education. If course directors are responsible for course design, course directors must show completion of training/education in the development of quality online courses. Examples of this training includes course work or certification in the principles of Quality Matters (https://www.qualitymatters.org/) or the Online Learning Consortium

(https://onlinelearningconsortium.org). Other acceptable options include coursework offered by a university or college, either as part of a degree or a stand-alone course.

Performance Improvement Process
The DNP-NA performance improvement process follows a three-step progression: Counseling, DNP-NA Progressions Committee meeting; and, if necessary, referral the University's Disciplinary Policies to include but not limited to the OU CON Professional Concerns Report (PCR), the Academic Integrity Council.

Academic and Clinical Performance Counseling – DNP-NA program faculty provide academic and clinical performance counseling if the NAR has failed to meet program standards or is in risk of failing to meet program standards. Academic counseling will be provided by the course director of the course in consultation with the Program Administrator. If the issue of concern occurs in the clinical area, the Director of Clinical Education will provide clinical performance counseling to the NAR and then the informs the Program Administrator. The Program Administrator will inform the advisor of record of the Advising Notice of Concern.

All counseling will be documented on the Advising Notice of Concern document (Appendix C). During a face-to-face meeting with either the course director, academic advisor, and/or program administrator, the NAR will be advised of the problem and provided the opportunity to add additional comments. A written action plan for improvement will be formulated with input from the NAR. NARs may be referred to the Student Counseling Services or the OUHC Office of Student Affairs for guidance on student wellness. The Notice of Concern will remain in the NAR academic files until the NAR graduates.

Progressions Committee – If the issue is not corrected by Academic and Clinical Performance counseling alone, the NAR will be required to meet with the DNP-NA Progressions Committee. At this meeting, continued consistent and unresolved problems will be discussed, and a written action plan with goals and objectives will be formulated. The NAR may have a non-DNP-NA faculty member present at the meeting to provide support; however, legal counsel may not be present. The NARs support person may not speak on the NAR's behalf. The committee will discuss possible options for the NAR, including probation or dismissal from the program and/or referral for a PCR and to the Academic Integrity Council. The NAR will be notified of the outcome of the meeting by the Progressions Committee Chair within 3 business days. If the NAR is recommended for dismissal, the dismissal policies and procedures of OU and the CON will be followed. This policy is not intended to supersede any OU or CON disciplinary policy but instead to provide for early remediation.

Professionalism Concerns Report
Information on the Professionalism Concerns Report Policy and Process is found in the HSC Faculty Handbook, pgs. 167-168.

All NARs have the right to appeal any dismissal decision. Information on Academic Integrity may be found here and the policy on reporting academic dishonesty misconduct or breaches of the professional conduct code; and procedures for investigation and academic appeals may be found in the OU Health Campus Faculty Handbook, pgs. 146-163 and may be found here.

Personal Protective Equipment (PPE) and Bloodborne Pathogen Reporting
NARs are expected to comply with policies set forth by all clinical sites regarding the use of PPE. Non-compliance with these policies may result in removal from the clinical site and/or clinical probation.

Prevention of Distractions in the Operating Room
The program is committed to maintaining a focused, professional, and distraction-free environment in all clinical settings. Distractions that interfere with vigilance, communication, or clinical performance are not permitted during anesthesia care as all NARs are expected to always prioritize patient safety and situational awareness. Distractions include, but are not limited to, non-clinical conversations unrelated to patient care, personal use of electronic devices (e.g., texting, social media), unnecessary interruptions during critical phases of care, and environmental noise or behaviors that disrupt concentration. Electronic devices used for clinical purposes, e.g., clinical decision-support tools and references, must not distract from patient monitoring or care delivery.

Failure to adhere to this policy will result in immediate corrective feedback and documentation in formative and summative clinical evaluations. If the issue is not promptly remedied, progressive disciplinary action will occur consistent with program and college policies.

Publications
The DNP-NA Administrative and Nurse Anesthesia Resident Handbook will be reviewed yearly and published on the CON DNP-NA website. A clinical handbook will be distributed to NARs just prior to the clinical phase of the program and is maintained on the Learning Management System for each class. The clinical handbook is also distributed to clinical coordinators on a yearly basis for feedback and edits.

Sexual Harassment
OU is committed to creating and maintaining where all persons who participate in university programs and activities can work and learn together in an atmosphere free from all forms of harassment, exploitation or intimidation. The policy for discrimination and harassment is found here. Additional information may be found on the Institutional Equity Office website.

Social Media
The DNP-NA program recognizes the role that social media plays in electronic communication and networking. However, inappropriate use of social media, e.g., Facebook and Instagram, can cause serious negative ramifications to patient confidentiality, NAR professionalism, and overall public impression of the Program, the College, and the University. The OU social media policy may be found here.

Please be aware that protected confidential student and/or patient information may not be shared or posted. All comments, photos, or other information shared via this social media platform should remain appropriate and professional and should in no way infringe upon regulations as stated in the Family Educational Rights and Privacy Act (FERPA). To read more about FERPA, please visit this site.

Student Counseling Services
The goal of the HSC Student Counseling Services is to improve the quality of students' lives. The staff provide several resources for students in need, including in person and telehealth sessions and the My Student Support Program (SSP). Details may be found here.

Student Rights and Responsibilities Code of Conduct
In addition to academic integrity expectations, the University's broader Student Rights and Responsibilities Code situate academic honesty within overall standards of appropriate conduct, including ethical behavior and compliance with institutional and professional norms. Violations of integrity and ethical policies may lead to academic and University-level sanctions as delineated in the Code and associated procedures. Information may found here and within the Student Rights and Responsibilities Section II: Students

Reasonable Time Commitment
A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours averaged over 4 weeks. NARs 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.

Time Limits for Completion of Program
The nine semester DNP-NA program is measured from the start day in the program. The CON ascribes to the policies of the OUH Graduate College with students entering with a bachelor's degree: "A doctoral student who enters the OUHSC Graduate College with a bachelor's degree is expected to pass the General Examination within five calendar years of the student's first graduate enrollment in the program, and a student who enters with a master's degree is expected to pass the General Examination within four calendar years of the student's first graduate enrollment in the program" The General Examination only applies for PhD students.

Transfer Credit Policy
Prospective applicants should contact the DNP-NA Program Administrator to discuss possible courses that may be allowable.

Applicants may transfer a maximum of 25% of the total credit hours required for completion of the DNP-NA program. Transfer credit may be considered for graduate-level coursework completed at an accredited institution. To be eligible for transfer credit, the course must have been completed with a grade of B or higher.

Applicants requesting transfer credit must submit a Petition for Course Transfer Review Form to the DNP-NA Program Administrator. No transfer credit will be reviewed or considered until the completed form and all required supporting documentation have been received.

Approval of transfer credit is contingent upon review of the official course syllabus and any other requested materials to verify that course objectives, content, rigor, credit hours, and learning outcomes are equivalent to those required in the program curriculum. The program reserves the right to require additional documentation or deny transfer credit if equivalency cannot be clearly established. All transfer credit requests must receive written approval from the DNP-NA Program Administrator.

Transfers into the Program
Transfers into the program will be allowed on a space available basis and under the following conditions. The NAR:

- meets all admission requirements of new NAR admission to the program.
- provides a letter and reference from his/her Program Administrator that details the reasons behind the request for transfer.
- has met all financial obligations to his/her initial program.
- meets all academic requirements, and prerequisites for the DNP-NA program.
- has a personal interview with the Program Administrator and designated faculty.

Transfers out of the Program
The NAR must notify the Program Administrator in writing of his/her intent and reasons for wanting to transfer. The Program Administrator will respond to all requests made by the accepting program.

Truth in Advertising
All disclosures concerning the program will be kept honest and truthful. This policy extends to all aspects of the program including accreditation, curriculum, admissions, evaluation, quality issues, and case requirements. At a minimum, the program website will contain outcome measures to include NCE first time pass rate, mean NCE scores, attrition and graduation rates, and employment within 6 months of graduation.

Program costs, including estimated tuition and fees, and projected out-of-pocket expenses, are published on the University of Oklahoma DNP Nurse Anesthesia Program webpage. Financial information is reviewed and updated annually in July and revised as needed when changes occur outside the standard review cycle to ensure the accuracy and transparency of published program cost information. The Program Administrator will advise NARs of any changes in tuition, fees and out of pocket expenses, as soon as the information becomes available.

Withdrawal/Resignation from the Program
NARs are free to withdraw from the program at any time. The NAR will be required to follow the University withdrawal policies and procedures. Prior to withdrawing, the NAR is

asked to submit a letter of resignation and have an exit interview with the DNP-NA Program Administrator.

Policies on leaving the University may be found here.

Section Four: Position Descriptions

Program Administrator and Assistant Dean for Academic Affairs-CRNA

Job Description

- The Program Administrator is fulltime, appointed by the Dean of the College of Nursing, and is responsible to the Dean of the College of Nursing. The Program Administrator's responsibilities encompass the program's operation, whether delegated to others or not.
- The Program Administrator also serves as the Assistant Dean for Academic Affairs for the CRNA program providing oversight over the DNP-Nurse Anesthesia Track.

Overall Duties and Responsibilities

- The Program Administrator has the authority and responsibility for the continuous administration and leadership of the academic program, thereby ensuring the successful preparation of the NARs for entry into the nurse anesthesia profession and to meet requirements set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

Qualifications

The qualified person must:

- be a graduate of an accredited school of nursing.
- be a graduate of an accredited program of nurse anesthesia.
- hold a doctoral degree.
- have a minimum of 5 years' experience in administrative, clinical, and/or didactic activities.
- possess appropriate credentials/licensure that allow for clinical practice in Oklahoma.
- maintain certification through the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).
- have formal preparation in curriculum, instruction, and evaluation, and, as applicable, preparation in effective online teaching principles.
- demonstrate professional development and engagement in nurse anesthesiology by maintaining membership in the American Association of Nurse Anesthesiology (AANA).
- demonstrate knowledge of environmental issues that may influence the program and nurse anesthesia practice by engaging in professional development
- If teaching clinical anesthesia content, demonstrate current clinical competency in the subject matter assigned for instruction.

Specific Duties

- Provides administrative oversight for program operation
- Manages the daily operations of the program
- Coordinates all aspects of the program, academic and clinical, ensuring that the process is compliant with the COA Standards, Policies, and Guidelines.
- Collaborates with the Director of Clinical Education in initiating clinical contracts and ensuring that the process is compliant with the COA Standards, Policies, and Guidelines.
- Complies with existing department, college and university policies and procedures
- Communicates effectively with faculty, staff, students, and other stakeholders in all activities directly related to the program.
- Collaborates with College leadership in the development and management of the program budget with the authority to prepare and administer the program budget.
- Prepares regular reports of program progress to internal and external stakeholders
- Ensures maintenance of accreditation status
- Provides direction for the design, implementation, and evaluation of the curriculum
- Establishes goals for the curriculum that are consistent with the philosophy and mission of the college, university, and the profession of nursing and nurse anesthesiology.
- Keeps informed of requirements and standards for licensure, certification, authorization, and accreditation
- Ensures compliance with the Evaluation Plan Compliance Policy
- Integrates ethical and professional principles of nursing practice
- Assigns, schedules, and coordinates faculty responsibility for teaching academic courses, where applicable
- Conducts regular review of the curriculum with the faculty to assure its quality, institute changes as needed, and ensure that it meets accreditation requirements
- Teaches didactic courses
- Advises NARs
- In accordance with College and University policies and procedures, establishes criteria for admissions, academic progress, and graduation, as follows:
    - Oversees the process of NAR recruitment and selection
    - Ensures that students are informed of and comply with College and University policies.
    - Maintains knowledge of NARs' progress and performance
    - In collaboration with other program advisors, counsels' students regarding clinical and academic performance
    - Assigns and coordinates faculty responsibility for NAR advising
    - Makes recommendations when NARs experience difficulty in academic or professional development.
    - Ensures that students receive due process in accordance with College and University policies.
- Directs core and adjunct program faculty and staff, where applicable
- Collaborates in the process of program faculty recruitment, appointment, and retention

- Provides orientation for core and adjunct program faculty, where applicable
- Provides support and guidance for faculty professional development
- Collaborates with program faculty in the development of annual workload, career development plans, and evaluation.
- Collaborates in the direction and evaluation of program staff
- Participates on University, College, and Program committees, as required
- Collaborates with the College of Nursing Office of Student Affairs and the DNP-NA Director of Admissions to recruit and retain a student body that reflects excellence and a commitment to nurse anesthesiology practice and ensures that all admitted NARS have the ability to benefit from their education.
- Communicates and liaises with internal and external stakeholder groups to include but not limited to:
    - clinical sites
    - alumni
    - employers (current and potential)
    - professional associations
    - national and state credentialing, accrediting, and licensing agencies
    - future program applicants
    - donors (current and potential)

Assistant Program Administrator

Job Description

- The Assistant Program Administrators is fulltime and is responsible for the day-to-day operation of the program in the absence of the Program Administrator. The Assistant Program Administrator directly reports to the Program Administrator and Assistant Dean for Academic Affairs-CRNA.

Qualifications

The qualified person must:

- be a graduate of an accredited school of nursing.
- be a graduate of an accredited program of nurse anesthesia.
- hold a doctoral degree.
- have a minimum of 3 years' experience in administrative, clinical, and/or didactic activities.
- possess appropriate credentials/licensure that allow for clinical practice in Oklahoma.
- maintain certification through the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).
- have formal preparation in curriculum, instruction, and evaluation. And as applicable, preparation in effective online teaching principles.
- demonstrate professional development by maintaining professional membership in the American Association of Nurse Anesthesiology (AANA).
- demonstrate knowledge of environmental issues that may influence the program and nurse anesthesia practice by engaging in professional development

- If teaching clinical anesthesia content, demonstrate current clinical competency in the subject matter assigned for instruction.

Specific Duties

- Demonstrates the knowledge, ability, and academic preparation to assume the duties of the Program Administrator, if necessary
- Demonstrates the knowledge and ability to coordinate all aspects of the program, academic and clinical ensuring that the program is compliant with the COA Standards, Policies, and Guidelines
- Provides oversight of Health Professions Educators (HPE) through evaluation, mentoring, and course assignment responsibilities. Within the DNP-NA Track organizational structure, adjunct faculty maintain a direct reporting relationship to the Assistant Program Administrator.
- Teaches didactic courses
- Advise NARs
- Participates on College, Department, and/or Program committees
- Collaborates with the Program Administrator in the development of annual workload for core CRNA faculty.
- Collaborates in the process of program faculty recruitment, appointment, and retention.

Director of Clinical Education

Job Description

- The Director of Clinical Education is responsible for the overall direction and coordination of all NAR activities in the clinical area. The Director of Clinical Education reports directly to the Program Administrator and Assistant Dean for Academic Affairs-CRNA.

Qualifications

The qualified person must:

- be a graduate of an accredited school of nursing.
- be a graduate of an accredited program of nurse anesthesia.
- hold a doctoral degree
- have a minimum of 3 years' experience in administrative, clinical, and/or didactic activities.
- possess appropriate credentials/licensure that allow for clinical practice in Oklahoma.
- maintain certification through the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).
- If directing a course, must have formal preparation in curriculum, instruction, and evaluation, and, as applicable, preparation in effective online teaching principles.
- demonstrate knowledge of principles and theory of anesthesia equipment, techniques, procedures.
- demonstrate professional development by maintaining professional membership in the American Association of Nurse Anesthesiology (AANA).

- If teaching clinical anesthesia content, demonstrate current clinical competency in the subject matter assigned for instruction.

Specific Duties

- Responsible for planning and coordinating clinical affiliations, to include:
    - Maintaining clinical records
    - Ensuring that NARs are evaluated in the clinical area
    - Oversight of digital case tracking and all evaluations relevant to clinical practicum experiences
    - Ensuring clinical instructors and clinical sites are evaluated.
    - Scheduling clinical rotations to ensure that NARs meet graduation and National Certification Exam requirements
    - Collaborating with clinical coordinators to provide excellence in clinical instruction
    - Acting as an intermediary between NARs and other hospital personnel, including clinical instructors
    - Collaborating with the Academic Affairs staff and the DNP-NA Program Manager in ensuring clinical rotation compliance and requirements, and clinical contracts.
- Teach didactic courses
- Advise NARs
- Participates on University, College, and/or Program committees, as applicable.

Director of Admissions

Job Description

- The Director of Admissions focuses on guiding the admissions process. The Director of Admissions directly reports to the Program Administrator and Assistant Dean for Academic Affairs-CRNA.
- The Director of Admissions works closely with the Program Administrator, Admissions Committee, College of Nursing Student Affairs, and the DNP-NA faculty to ensure the matriculation of academic and experientially sound NARs who have the ability to benefit from their education and develop into clinically competent, ethical, professional nurse anesthetists.

Qualifications

The qualified person must:

- be a graduate of an accredited school of nursing
- be a graduate of an accredited program of nurse anesthesia
- hold a doctoral degree
- have a minimum of 2 years' experience in administrative, clinical, and/or didactic activities
- possess appropriate credentials/licensure that allow for clinical practice in Oklahoma.
- If directing a course, must have formal preparation in curriculum, instruction, and evaluation, and, as applicable, preparation in effective online teaching principles.

- maintain certification through the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).
- possess strong organizational skills and interpersonal communication skills
- If teaching clinical anesthesia content, demonstrate current clinical competency in the subject matter assigned for instruction.

Specific Duties

- Chair the DNP-NA Admissions Committee
- In collaboration with faculty, the Admissions Committee, and the Student Affairs team
    - Guide establishment of initial application screening guidelines, selection criteria for interview, interview process, and final ranking and selection of candidates.
    - Screen applications to select applicants meeting minimum requirements for consideration.
    - Establish and implement the interview process.
    - Select the successful candidates and alternates
- Analyze application data on an annual basis to evaluate the effectiveness of the admissions process towards achieving the Program Vision and Mission.
- Teach didactic courses
- Advise NARs
- Collaborate with the Program Administrator and the College of Nursing Student Affairs regarding recruitment efforts
    - Review annually the web site admissions information.
    - Provide pre-admissions counseling.
    - Participate in College of Nursing and Health Campus recruitment events.
- Participates on University, College, and/or Program committees, as applicable.

Director of Simulation

Job Description

- The Director of Simulation is responsible for the development, implementation, and evaluation of simulation-based education. This role ensures that both low- and high-fidelity simulation experiences enhance NAR learning, clinical competency, and patient safety. The Director of Simulation collaborates with faculty, clinical partners, and administrators to integrate simulation into the curriculum effectively, maintaining best practices in simulation-based education and technology. The Director of Simulation directly reports to the Program Administrator and Assistant Dean for Academic Affairs-CRNA.

Qualifications

The qualified person must:

- be a graduate of an accredited school of nursing
- be a graduate of an accredited program of nurse anesthesia
- hold a doctoral degree
- have a minimum of 2 years' experience in administrative, clinical, and/or didactic activities

- possess appropriate credentials/licensure that allow for clinical practice in Oklahoma.
- maintain certification through the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).
- have experience in healthcare simulation, simulation-based teaching, or educational technology preferred.
- If directing a course, must have formal preparation in curriculum, instruction, and evaluation, and, as applicable, preparation in effective online teaching principles.
- Be knowledgeable of simulation andragogy, curriculum development, and assessment strategies.
- Certification in healthcare simulation (CHSE) is preferred
- If teaching clinical anesthesia content, demonstrate current clinical competency in the subject matter assigned for instruction.

Specific Duties

- Develop, implement, and evaluate simulation-based learning experiences
- Collaborate with faculty to integrate simulation into the curriculum to enhance clinical education and decision-making skills.
- Manage simulation operations, including scheduling, maintenance of simulation equipment, and ensuring functionality of high-fidelity simulators.
- Design and facilitate simulation scenarios that align with program objectives, accreditation standards, and best practices in nurse anesthesia education.
- Evaluate the effectiveness of simulation experiences through data collection, analysis, and feedback mechanisms to enhance learning outcomes.
- Collaborate with clinical partners to align simulation training with real-world clinical expectations and competencies.
- Teach didactic courses
- Advise NARs
- Participates on University, College, and/or Program committees, as applicable

Core Nurse Anesthesia Faculty

Job Description

- Core faculty is primarily engaged in the didactic education of nurse anesthesia residents and in scholarly project advising. The core faculty directly reports to the Program Administrator and Assistant Dean for Academic Affairs-CRNA.
- They are expected to provide service to the Program and the College by committee work and other related duties. For faculty teaching nurse anesthesiology content, faculty are expected to maintain a clinical practice to ensure experiential qualifications.
- If teaching clinical anesthesia content, demonstrate current clinical competency in the subject matter assigned for instruction.

Qualifications

The qualified person must:

- be a graduate of an accredited school of nursing
- be a graduate of an accredited program of nurse anesthesia

- hold a doctoral degree or be pursuing a doctoral degree.
- have a minimum of 1-year experience in administrative, clinical, and/or didactic activities
- If directing a course, must have formal preparation in curriculum, instruction, and evaluation, and, as applicable, preparation in effective online teaching principles.
- possess appropriate credentials that allow for clinical practice in Oklahoma.
- possess strong organizational skills and interpersonal communication skills

Specific Duties

- Teach didactic courses
- Collaborate in curriculum development and program evaluation.
- Advise doctoral NARs
- Participates on University, College, and/or Program committees, as applicable

Health Professions Educators (HPE)

Job Description

- Under the direction and guidance of the Assistant Program Administrator, HPEs are responsible for teaching, mentoring, and guiding NARs in their various areas of expertise. This faculty role is not one of general faculty but instead HPE are hired for their academic expertise. Their roles may include content development, assessment of NAR performance, and participation in scholarly activities. They are expected to foster a supportive learning environment, uphold professional standards, and contribute to the advancement of nursing. Additional details may be found in the OUHC Faculty Handbook, section 3.1.6.

Qualifications

The qualified person must:

- Hold the minimum of a master's degree with a doctoral degree preferred.
- have a minimum of 1-year experience in clinical, and/or didactic activities
- If directing a course, must have formal preparation in curriculum, instruction, and evaluation, and, as applicable, preparation in effective online teaching principles.
- possess strong organizational skills and interpersonal communication skills
- If teaching clinical anesthesia content, demonstrate current clinical competency in the subject matter assigned for instruction.

Specific Duties

- Classroom or simulation lab instruction
- Development of methods to evaluate students, e.g., examinations, rubrics, etc.
- Development of classroom content, e.g., presentations, simulation scenarios, discussions, and/or academic papers.
- Scholarly project advisement

Clinical Coordinators

Job Description

- The Clinical Coordinator is responsible for the clinical development and evaluation of the NAR while the NAR is at the clinical site. The coordinators report to the Director of Clinical Education.

Qualifications

The qualified person must:

- possess a minimum of a master's degree
- possess appropriate credentials/licensure that allow for clinical practice in the state where the clinical site is located.
- maintain certification through the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA) or
- maintain certification through the American Board of Anesthesiology
- participate in the administration of anesthesia.

Specific Duties

- Orientation of the NAR to the clinical anesthesia area, to include clinical site policies and procedures, location of anesthetizing sites, emergency protocols, types of cases and procedures, access to the healthcare record, and learning resources
- Coordination of clinical assignments and evaluation of NARs
- Promote clinical development of the NAR through assignment of cases with increasing complexity and autonomy.
- Monitor of the variety and the quality of the clinical experience
- Act as a liaison between NARs and clinical staff
- Function as a resource person and a positive role model for the NARs.
- Provide timely and unbiased feedback to the NARs regarding strengths and opportunities
- Encourage and monitors formative daily evaluation submissions
- Complete a summative evaluation at the completion of each rotation.
- Communicate any issues with Director of Clinical Education and/or the Program Administrator in a timely manner
- Serve as a member of the Clinical Advisory Committee.

Clinical Instructors

Job Description

- Clinical instructors work with and supervise NARs in the operating room and other anesthetizing locations, offering them increasing amounts of autonomy as they progress through the program. Non anesthesiology clinical instructors must be appropriately credentialed to perform the skills necessary for the role. Clinical instructors may be asked to serve on specific program committees.

Qualifications

The qualified person must:

- be a graduate of an accredited program of nurse anesthesia.

- possess appropriate credentials/licensure that allow for clinical practice in the state where the clinical site is located.
- maintain certification through the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).
- maintain certification through the American Board of Anesthesiology or other healthcare certifying body to include the American Nurses Credentialling Center.
- participate in the administration of anesthesia, as applicable

Specific Duties

- Supervise NARs in the clinical area.
- In collaboration with the NAR, develop daily clinical goals
- Counsel NARs regarding strengths and opportunities at the conclusion of the daily clinical time.
- Review and critique NARs on their anesthetic care plans.
- Serve as a professional role model.
- Evaluate NARs on a case or daily basis.

Nurse Anesthesia Resident Class President

Each class will select a representative to serve as a liaison between the NARs and the faculty.

Specific Duties

- Perform such duties as chair class meetings, act as liaison between NARs and the program administrator, and serve on appropriate program committees
- Submit major complaints, make suggestions for improvement, keep NARs informed as to the results of meetings, and participate in the on-going evaluation of the program.
- Serve as the liaison between the program and other college student representatives, attend college student leadership meetings to communicate and collaborate with students from the other programs within the College.
- Lead fundraising and mentoring efforts as determined by the student body
- Submit class accomplishments for program newsletter, as directed by the program administrator.

Section Five: Standing and ad hoc Committees

Standing Committees
In addition to the University and College committees, the program has 6 standing committees: Admissions, Clinical Advisory, Curriculum, Program Advisory, Progressions, and Research. Ad hoc committees may be formed at the discretion of the Program Administrator who will be directly responsible for the formation of the committee, the selection of the chair, and developing the purpose of the ad hoc committee. All committee chairs will communicate with the Program Administrator regarding concerns, opportunities, and recommendations. All committee chairs will provide a committee update to the Program Administrator prior to the submission of the yearly COA Annual Report in August.

Admissions Committee
Chair: Director of Admissions

Membership:

- Director of Admissions
- Program Administrator
- Assistant Program Administrator
- Representative from the CON Student Affairs Team
- NAR Representative: 2nd Year
- Faculty, as applicable

Duties:

- Meet twice per year, once for preparation and once for the interview process
- Evaluate the application process, minimal requirements, supplemental materials, and prerequisites
- Review all candidate applications and select qualified applicants for interviewing
- Attend all in-person or virtual interviews
- Interview and select applicants for matriculation into the program

Clinical Advisory Committee
Chair: Director of Clinical Education

Membership

- Director of Clinical Education
- Clinical Coordinator from each site
- Ex officio: Program Administrator
- NAR Representative: 3rd Year

Duties:

- Meet yearly, and as necessary
- Review all policies, procedures, and the DNP-NA Clinical Handbook, guiding the NAR's clinical experience
- Review evaluations of clinical sites and make recommendations
- Clinical coordinators will serve as advisors to the program on all matters clinically related

Curriculum Committee
Chair: Program Administrator or designee

Membership:

- Program Administrator
- Assistant Program Administrator
- DNP-NA program faculty members
- eLearning Technologies Manager or designee
- Librarian, as requested
- NAR: 1st Year
- NAR: 2nd Year

Duties:

- Meets yearly, and as needed
- Ensure that the curriculum meets the Standards and Policies of the Council on Accreditation of Nurse Anesthesia Programs
- Ensure the quality of the curriculum by:
    - Including new concepts and technology as educational changes occur
    - Incorporating feedback from students and other stakeholders into the curriculum
    - Reviewing national benchmarks, e.g., National Certification Exam (NCE) and the Self-Evaluation Exam (SEE)
    - Suggest changes to improve performance indicators

Program Advisory Committee
Chair: appointed by Program Faculty on a yearly basis
Membership: appointed by the DNP-NA faculty and may include representatives from the following constituencies:

- Alumni
- Non-CRNA healthcare experts
- Clinical CRNAs
- Clinical Coordinators
- NAR Representative(s)
- Public Member
- Other Stakeholders, as appropriate
- Ex officio: program faculty

Duties:

- Meet yearly, and as needed
- Advise the program on all areas of interest, including curriculum, communication, clinical community engagement, etc.
- Discuss areas for programmatic improvement and opportunities
- Other duties as determined by the Committee

Progressions Committee
Chair: Program Administrator

Membership:

- Program Administrator
- Assistant Program Administrator
- CRNA Faculty
- Ad hoc non-CRNA faculty member as requested

Duties:

- Meets at the midpoint of each semester.
- Review progress of all NARs in the clinical and didactic area and identifies NARs at risk of non-progression
- Review and make recommendations on all cases referred from the Program Director or Director of Clinical Education regarding repeated violations in either the didactic or clinical area
- Counsel NARs on what needs to be done to correct deficiencies in the didactic, clinical, and/or professional arena.
- Make decisions regarding the progression, non-progression, graduation, or dismissal from the nurse anesthesia program and referral to the CON disciplinary processes.

Research Committee
Chair: Assistant Program Administrator

Membership:

- All program faculty
- A non-CRNA research faculty member
- DNP advisor adjunct faculty, as applicable
- NAR: 3rd year

Duties:

- Meets each semester.
- Discuss possible areas of faculty scholarship opportunities including collaboration with other healthcare professionals
- Provide feedback to faculty on the progress of NAR scholarly projects
- Review all scholarly projects to ensure compliance with the anesthesia-focused themes.

Section Six: Admissions and Curriculum

Admissions Requirements
Prospective applicants are required to complete the University application found on the website.

Minimum qualifications:

- A baccalaureate in nursing
- An unencumbered license as a registered professional nurse and/or an APRN in the United States or its territories or protectorates
- A minimum of 1 year of critical care experience. Critical care experience must be obtained in a critical care area within the United States, its territories or a US military hospital outside of the United States. During this experience, the registered professional nurse has developed critical decision making and psychomotor skills, competency in patient assessment, and the ability to use and interpret advanced hemodynamic monitoring techniques. Critical care is defined as one where, on a routine basis, the RN manages one or of the following: invasive hemodynamic monitors (e.g., pulmonary artery, central venous pressure, and arterial catheters), cardiac assist devices, mechanical ventilation and vasoactive infusion. Examples of critical care units may include but are not limited to surgical intensive care, cardiothoracic intensive care, coronary intensive care, medical intensive care, pediatric intensive care, and neonatal intensive care.
- Shadowing experience is required (see Shadow Log Experience in the Supplemental Application)
- Completion of all prerequisite coursework
- Application submission to NursingCAS
    - Resume or CV
    - Supplemental application to OUHC
    - Official transcripts from every post-secondary school attended
    - References

Process:

- Upon receipt of a completed application that meets established minimum eligibility criteria (e.g., active RN licensure, required GPA, verified shadow experience), the DNP-NA Admissions Committee conducts a comprehensive review and invites the most competitive applicants to participate in a required face-to-face interview. Admission to the program is contingent upon completion of this interview.
- Applicants selected for interview are formally notified via email by the DNP-NA Program and/or the Director of Admissions. The correspondence provides instructions for scheduling the interview, along with program contact information for questions or clarifications.
- Interviews are conducted by members of the DNP-NA Admissions Committee. Candidates are evaluated and ranked based on overall application strength, quality and depth of interview responses, and professional comportment demonstrated during the interview. Final rankings reflect the aggregate evaluation of all committee members.

- Standardized evaluation rubrics are applied to both the application review and interview processes to promote consistency, objectivity, and mitigation of bias.
- Following completion of the interview process, applicants selected for admission are notified via email. The electronic official acceptance correspondence from OUHC provides detailed instructions for progression through the remaining steps of the admissions and matriculation process. An alternate list is established comprising the next most competitive applicants. Placement on the alternate list does not guarantee admission in a subsequent cycle; however, upon request, applicants may receive constructive feedback to strengthen future applications. The alternate list remains active and is utilized to fill available positions until the cohort is fully enrolled.

Program Plan of Study/Curriculum

The Program Plan of Study meets or exceeds all the requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). The required coursework and hours are found in the Standards for Accreditation of Nurse Anesthesia Programs-Practice Doctorate.

The curriculum is continuously evaluated, and changes are made based on NAR and faculty evaluations and on the changes in requirements developed by the COA.

Information on the Curriculum and Course Descriptions may be found using the following link.

Section Seven: Clinical Information

Following completion of requisite didactic preparation, Nurse Anesthesia Residents (NARs) are provided progressive opportunities to administer the full spectrum of general, neuraxial, and regional anesthetic techniques and to perform a range of invasive monitoring procedures across diverse clinical practice environments. This structured approach is designed to ensure comprehensive, rigorous, and varied clinical experiences that support the development of advanced clinical competence and readiness for professional clinical practice.

Prior to entering the clinical phase of the program, the Director of Clinical Education will conduct an orientation to the:

- clinical handbook
- relevant clinical program policy and procedures
- process for ensuring compliance for clinical site requirements
- the electronic case tracking system
- minimum cases requirement numbers as required by the Council on Accreditation of Nurse Anesthesia Educational Programs Standards
- criteria for counting clinical cases as outlined by the COA

Anesthesia Case Management Plan Requirements
Thorough case preparation is foundational to safe, effective anesthesia practice and to the achievement of clinical competency during supervised clinical experiences. Consistent with the expectations outlined in the clinical practicum syllabi, NARs are required to develop and submit written anesthesia case plans as part of their clinical education. The scope, depth, and frequency of anesthesia plan submissions are intentionally progressive and are determined by multiple factors, including:

- **Progression in the Program:**
  NARs in early clinical rotations are expected to submit more frequent and more detailed anesthesia case plans to support the development of clinical reasoning, application of didactic knowledge, and safe transition into practice. As clinical competence increases, expectations will evolve accordingly.
- **Case Complexity:**
  An in-depth anesthesia case plan is required for patients with increased physiologic complexity, significant comorbidities, high-risk surgical procedures, or when advanced anesthetic techniques are anticipated. These plans must demonstrate integration of evidence-based practice, risk assessment, and anticipatory management strategies.
- **Clinical Site Requirements:**
  NARs are required to comply with all clinical site-specific anesthesia planning requirements. When site expectations exceed program requirements, more stringent standards shall apply.

Anesthesia case plans serve as both an educational tool and an assessment mechanism to evaluate the NAR’s ability to synthesize patient data, formulate an appropriate

anesthetic approach, and anticipate intraoperative and postoperative management needs. Failure to meet anesthesia plan requirements may impact clinical progression and will be addressed in accordance with program policies. Additional information on anesthesia case management plan requirements will be found in the clinical practicum syllabi.

Clinical Case Records

- The DNP-NA program utilizes a computer-based system for the formation and delivery of clinical evaluations and clinical case tracking.
- These records are maintained by the contract company according to their policies, but not less than three years.
- The NAR is responsible for maintaining accurate clinical case records as determined by the Program. Failure to maintain clinical case records could result in an Advising Notice of Concern, a Professionalism Concern Report, referral to the Integrity Council, and/or, if especially egregious, dismissal.
- All clinical case numbers must be submitted within 7 days.

Clinical Case Requirements

- NARs are required to attain a minimum number of anesthetics and clinical experiences to meet the graduation requirements. Incoming NARs will be informed of the necessary minimum requirements upon entering the program. All standards may be found on the COA website.

Clinical Evaluations of Instructor and Site

- At the conclusion of each clinical rotation, NARs will evaluate 5 clinical instructors using an anonymous electronic evaluation on a cloud-based electronic platform. If a NAR is unable to meet this requirement due to a limited number of preceptors at a clinical site or repeated assignments with the same preceptors, the NAR must notify the Director of Clinical Education. The evaluation tool consists of a 5-point Likert scale. The Director of Clinical Education monitors the evaluations for persistent and/or concerning negative comments and low average scores. The evaluations are shared with the clinical instructor and clinical site Chief CRNA upon graduation of the cohort, if there are more than 5 evaluations.
- At the midpoint of the practicum series of courses and at the conclusion of the program, NARs will receive an anonymous electronic survey to evaluate the clinical site. The survey utilizes a Likert Scale to evaluate overall quality of the clinical site as well as the quality of clinical instruction and effective feedback. The evaluations are shared with the clinical site Chief CRNA upon graduation of the cohort, if there are more than 5 evaluations.

Clinical Handbook

- The clinical handbook will be reviewed yearly to reflect changes in clinical coordinators and updates to specific clinical site policies. The clinical handbook will be provided prior to entering the clinical phase of the program and will be posted on the OU CON online learning management system.
- Detailed descriptions of the clinical sites can be found in the DNP-NA Track Clinical Handbook.

Clinical Time Commitment

A reasonable number of hours to ensure patient safety and promote effective NAR learning should not exceed 64 hours per week.

- This time commitment includes the sum of the hours spent in class, and all clinical hours averaged over 4 weeks.
- NARs must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours).
- At no time may an NAR provide direct patient care for a period longer than 16 continuous hours.

Clocking In and Out of Clinical Site

NARs will be required to clock-in/clock-out on the electronic case tracking system when starting and leaving clinical.

Counting Clinical Case Experiences

Accurate reporting and documentation of clinical anesthesia cases is an obligation, as case logs serve as a primary verification of clinical competence, patient safety readiness, and compliance with COA and NBCRNA standards. Misrepresentation of case numbers undermines the integrity of the program, places patients at risk, and may jeopardize eligibility for graduation and certification.

- The criterion for counting clinical cases is noted in the Council on Accreditation Standards for Accreditation, page 36.

Failure and/or Dismissal from a clinical site

- A NAR with one "unsatisfactory" overall clinical daily evaluation rating or two “needs improvement” overall clinical daily evaluation ratings will receive an Advising Notice of Concern (Appendix C) and the **Performance Improvement Process Policy, pg. 21,** will be followed.
- Individual anesthesia plans that have been scored "unsatisfactory" may warrant an Advising Notice of Concern if the failure involves a critical element of patient safety.
- If a NAR fails to submit a case plan that correlates with an "unsatisfactory" daily evaluation and the occurrence is otherwise reported to the faculty, he/she will automatically receive an Advising Notice of Concern. A subsequent, similar occurrence will warrant further disciplinary action.
- During the clinical phase, a NAR receiving one Summative Clinical Evaluation with overall clinical competency ratings of "needs improvement" and/or one "unsatisfactory" will receive an Advising Notice of Concern and will be placed on

probation. The NAR will remain on probation for the remainder of the clinical phase of the program.
- During the clinical phase, a NAR receiving two Summative Clinical Evaluations with overall clinical competency ratings of "needs improvement" and/or one "unsatisfactory" will be subject to disciplinary action, including dismissal from the program.
- If a NAR is dismissed from any clinical rotation early (before scheduled completion of a rotation) for lack of preparation, clinical performance problems, violation of safe patient practices or professional misconduct (including negative interpersonal interactions) they will automatically receive an unsatisfactory evaluation for that clinical rotation and the **Performance Improvement Process Policy, pg. 21** will be followed.

General Clinical Guidelines

- Any unusual clinical occurrence **must** be reported to the Director of Clinical Education within 24 hours.
- Attendance in the clinical phase is mandatory. Reporting of unplanned and scheduled absence is noted in the DNP-NA Administrative and NAR Handbook section Three. The NAR is also expected to follow each clinical site's policy on how to report an unexplained absence.
- The NAR is responsible for maintaining accurate clinical case records as determined by the Program.
- If a clinical instructor feels that a NAR is not prepared for the day's assignment, he/she may either ask the NAR to observe the day or may dismiss the NAR from the clinical area. If a NAR is cited for failure to prepare, the NAR should **immediately** contact the Director of Clinical Education. If the NAR is dismissed from clinical, the commensurate time will be removed from the NAR's leave bank.

Professional Behavior

- NARs are expected to represent the OU College of Nursing with professionalism in dress and behavior.
- While on rotation at various hospitals, each NAR is considered a member of the Anesthesia Professional Staff and is subject to the regulations of hours of attendance, conduct and personal neatness applicable to that staff.
- Each NAR is subject to the rules and regulations of the affiliating hospitals and their anesthesia departments.

Pre-Anesthetic Visits

- The NAR will follow the clinical site guideline for pre-anesthetic visits, including both inpatient and outpatient visits.
- NARs may write preoperative anesthesia orders based on the policy and procedures of the clinical site.

Post-Anesthetic Visits

- NARs will make every effort to review the clinical course of patients they have anesthetized. All inpatients must receive a post-operative follow-up visit from the NAR.
- Outpatients should be evaluated whenever possible in the recovery room prior to discharge.
- NARs will document post-operative evaluations according to clinical site policy.

Supervision in the Clinical Area

- Supervision of NARs in the operating room may only be by a CRNA or a physician anesthesiologist with a maximum ratio of 1:2
- Supervision of NARs in other areas (Post Anesthesia Recovery Room or Preoperative Clinics) may only be by a credentialed expert with expertise in their field, e.g. a Licensed and Certified Nurse Practitioner.
- NARs may NOT be supervised by or evaluated by an anesthesiologist assistant (AA) or physician anesthesiologist resident.

Transportation

- Transportation to and from the clinical facilities or University is to be provided by the NAR at his/her expense.

Section Eight: Evaluation Plan

A comprehensive and systematic evaluation plan is essential for maintaining the quality and effectiveness of the Doctor of Nursing Practice–Nurse Anesthesia (DNP-NA) program. This plan encompasses multiple evaluation components, including assessments of didactic instruction, clinical performance, and program outcomes, ensuring continuous improvement and alignment with accreditation standards.

Didactic and Course Evaluations: At the conclusion of each course (online, hybrid, or traditional classroom), Nurse Anesthesia Residents (NARs) evaluate didactic faculty using standardized tools developed by the program and provided by the College. Guest lecturers may also be evaluated at the discretion of the course director. These evaluations are reviewed by faculty and the DNP-NA Curriculum Committee for the purposes of implementing necessary changes, ensuring the curriculum remains responsive to student needs and educational standards.

Clinical Performance and Site Evaluations: Clinical education is assessed through both formative and summative evaluations. Daily formative evaluations are conducted by CRNAs or physician anesthesiologists, focusing on the NAR's strengths and areas for improvement, and are stored electronically for ongoing review by the Director of Clinical Education. Summative evaluations occur at the end of each clinical rotation, assessing clinical skills, didactic knowledge, and communication abilities. Each semester, NARs complete the Academic Advising and Self-Assessment form (AAF), including clinical evaluation, and obtain 1:1 feedback from their faculty advisor. Additionally, NARs anonymously evaluate clinical instructors and sites at the conclusion of each rotation, with compiled reports shared post-graduation to commend excellence and address areas needing improvement.

Program Outcome Evaluations: To assess the program's effectiveness, an exit survey is conducted prior to graduation, with results collected by the Academic Affairs team and reviewed by the Program Administrator and faculty to develop improvement plans. One-year post-graduation, alumni receive anonymous electronic surveys mirroring the exit survey to evaluate changes in perception and gather information on their engagement in leadership and advocacy. Employers of recent graduates are also surveyed to assess the graduates' clinical performance and readiness for practice. These evaluations provide critical feedback for ongoing program development and alignment with professional standards.

This systematic evaluation plan ensures that the DNP-NA program continuously monitors and enhances its educational offerings, maintaining high standards of excellence in nurse anesthesia education.

Description of Evaluations Used in the Evaluation Plan

Didactic Faculty

- NARs will evaluate the didactic faculty at the completion of each course.
- The College provides and deploys this tool for evaluation. The program can add additional questions specific to each program to effectively evaluate all areas of the course and instructor
- NARs will be encouraged to evaluate guest faculty. Evaluation is at the discretion of the course director

Exit Survey and Interview

- The Student Affairs team distributes and collates an exit survey to each class prior to graduation.
- After graduation, the results of the survey are shared with the Program Administrator who then discusses the results with the program faculty.
- Plans for improvement are developed based on the outcomes of these evaluations.

Alumni

- Alumni will evaluate the program 1-year post-graduation via an anonymous electronic survey. This survey mirrors the exit interview survey to evaluate for changes in perception of the program following entry to clinical practice. In addition, the DNP-NA survey will request information on the graduates' engagement in leadership, process improvement, advocacy, etc.

New Graduate Employers

- An electronic survey will be sent out to new graduate employers one year after graduation. The survey will request information on the graduate's ability to perform in the clinical area.

Formative (Daily) Clinical Evaluation

- NARs will be supervised and evaluated daily while in the clinical area by either a CRNA or an anesthesiologist.
- The instructor will evaluate the NAR at the conclusion of the clinical day and highlight both the student's strength and weaknesses.
- It is the responsibility of the NAR to obtain daily evaluations.
- The evaluation is administered electronically and stored within the electronic software database.
- The Director of Clinical Education reviews the evaluations on at least a weekly basis, releases the evaluation to the NAR, and follows up with the NAR and the clinical site coordinator with any issues, e.g., professionalism and unsatisfactory performance.
- Detailed clinical performance is evaluated daily on a Likert scale and on a nominal scale, evaluating overall achievement.

- The clinical site coordinator has access to the formative evaluations and uses these to advise the creation of the summative evaluation.

Summative (Rotation) Clinical Evaluation

- The summative evaluation is conducted at the conclusion of the clinical rotation by the clinical site coordinator.
- The evaluation will include an assessment of both clinical skills and didactic knowledge.
- If possible, the end-of-rotation evaluation should be conducted in person between the NAR and the clinical site coordinator.
- The evaluation is administered electronically and stored within the electronic software database.
- The Director of Clinical Education reviews the evaluations and follows up with the NAR and the clinical site coordinator with any issues, e.g., professionalism, communication with the surgical team, and unsatisfactory performance.

Clinical Site and Instructor Evaluations

Clinical Instructor

- NARs will evaluate clinical instructors using the electronic software database. Each NAR will evaluate a minimum of 5 clinical instructors per rotation. If a NAR is unable to meet this requirement due to a limited number of preceptors at a clinical site or repeated assignments with the same preceptors, the NAR must notify the Director of Clinical Education.
- Clinical instructor evaluations will be maintained by the program based on the document retention policy.
- All evaluations will be anonymous to preserve the privacy of the student.
- The DNP-NA Track faculty supports the concept that in order to improve clinical teaching and the clinical site experience, the evaluations will be shared, in aggregate and deidentified, with the clinical instructors. The data will not be shared until the cohort has graduated.
- Any concerning clinical instructor evaluations will be discussed by the Program Administrator, and Director of Clinical Education prior to addressing it with the clinical instructor and/or the Chief CRNA.
- The Director of Clinical Education will facilitate this discussion, collaborate with the clinical site's leadership, and assist the site with an improvement plan.
- The purpose of sharing the NAR perception of the clinical experience is to commend excellent instructors and to provide other instructors with constructive criticism.

Clinical Site

- NARs will evaluate each clinical site upon completion of the rotation using the electronic software database.
- All evaluations will be anonymous to preserve the privacy of the student.
- Clinical site evaluations will be maintained by the program based on the document retention policy
- Any consistent or egregious concerns with the evaluations will be addressed with the clinical site coordinator.

- The Director of Clinical Education will facilitate this discussion and assist the site with an improvement plan.
- The DNP-NA Track faculty supports the concept that to improve the clinical site experience, the evaluations will be shared, in aggregate and deidentified, with the Chief CRNA. The data will not be shared until the cohort has graduated.

Evaluation of Distance Education Courses

- Distance education courses will be evaluated using the same tools as traditional campus-based courses.
- If evaluation is below average for courses in the College of Nursing, the Program Administrator will meet with the course instructor to resolve problems.
- Course grades will be monitored at the conclusion of each exam to ensure NARs are retaining the information. The distance course exam grades will be reviewed for consistency with residential exam grades.

Faculty Evaluation of the Program

- At the conclusion of each standing committee meeting, faculty will be provided the opportunity to comment on program quality as it relates to the duties of the committee, e.g., curriculum, admissions, progressions, etc. This data is collected on the Meeting Minutes template to ensure that content is addressed, collected, and collated.
- At the conclusion of each academic year, faculty will receive an electronic survey. The survey includes questions on Curriculum & Program Outcomes, Courses & Teaching Effectiveness, Clinical Education Experiences, Faculty Resources & Support Services, Faculty Contributions & Workload, and overall program quality.

NAR Self-Evaluation

- Academic advising meetings are scheduled for each semester.
- Prior to the scheduled academic advising meetings, each NAR completes a self-assessment covering all areas of progression through the program: didactic, clinical, scholarship, professionalism, and achievement of the graduate standards.
- This self-assessment is used to guide the conversation between the NAR and the nurse anesthesia advisor.

Section Nine: Graduation Requirements

Graduation Requirements: DNP-NA Track
In addition to the graduation requirements of the College of Nursing, in order to be eligible for graduation from the DNP Nurse Anesthesia Track, the NAR must have accomplished the following requirements:

- **Demonstration of achievement in scholarly work and quality improvement**
    - During the final semester, NARs are required to present their scholarly project to their peers, faculty, and invited guests. This ensures the graduate can inform the public of the role and practice of the CRNA. (Details on the requirements may be found in the Project Sustainability/Dissemination Plan.
    - Achievement of this requirement will be demonstrated by:
        i. Preparation and submission of a final manuscript that includes content outlined by the Scholarly Project Manuscript and Executive Summary Rubric. The manuscript will be evaluated using the written work rubric.
        ii. Dissemination of an Anesthesia Focused Scholarly Project through journal submission; poster submission; and/or an invited oral presentation.
- **Demonstration of academic achievement**
    - NARs must be in good academic standing as required by program policies.
    - NARs must have continuous certification in Basic and Advanced Cardiac Life Support and Pediatric Advanced Life Support.
- **Demonstration of clinical achievement**
    - NARs must have obtained all the clinical case numbers required to be eligible to take the NBCRNA National Certification Exam. All clinical case requirements can be found in the electronic case tracking system.
- **Demonstration of professional achievement**
    - NARs are required to attend a minimum of 2 state or national nurse anesthesia meetings**.** All AANA Meetings will count as a national meeting provided the NAR attends all program required sessions. NARs will be granted leave not to exceed the maximum allowed leave time. The cost of the meeting will be the responsibility of the NAR.
    - NARs are required to attend the Oklahoma Association of Nurse Anesthesiology Legislative Reception during their Spring II semester. This ensures the graduate can inform legislative stakeholders of the role and practice of the CRNA.

- **Demonstration of achievement of terminal objectives:**
    - Achievement of these terminal objectives is attained through didactic coursework, simulation experiences, and administration of clinical anesthesia care. NARs attest to progression on attaining terminal objectives then attest to achievement at the conclusion of the program on the Academic Advising and Self-Assessment Form.

Patient Safety

The graduate must demonstrate the ability to:

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

Perianesthesia

The graduate must demonstrate the ability to:

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

Critical Thinking

The graduate must demonstrate the ability to:

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

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

Communication

The graduate must demonstrate the ability to:

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

Leadership

The graduate must demonstrate the ability to:

31. Integrate critical thinking and self-reflection in one's approach to leadership.
32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

Professional Role

The graduate must demonstrate the ability to:

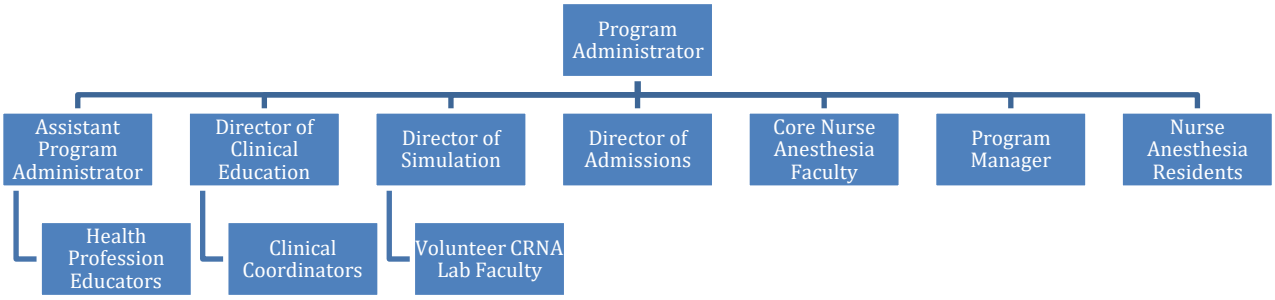
33. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
34. Interact on a professional level with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for one's practice.
38. Understand the importance of providing cost-effective anesthesia services.
39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder
40. Inform others of the role and practice of the CRNA.
41. Evaluate how public policy impacts the financing and delivery of healthcare.
42. Advocate for health policy change to improve patient care.
43. Advocate for health policy change to advance the specialty of nurse anesthesia.
44. Analyze strategies to improve patient outcomes and quality of care.
45. Analyze health outcomes in a variety of populations.
46. Analyze health outcomes in a variety of clinical settings and healthcare systems.
47. Disseminate anesthesia-focused scholarly work
48. Use information/communication technologies and informatics processes to support and improve patient care

49. Use information/communication technologies and informatics processes to support and improve healthcare systems
50. Analyze business practices encountered in nurse anesthesia delivery settings.

***** *Graduate Terminal Objectives are based on the COA Standards for Doctoral Education, effective January 2026.*

APPENDICES

Appendix A: Organizational Charts



Appendix B: Anticipated Out-of-Pocket Expenses

Tuition and fees: see the current university schedule of tuition and fees

Estimated Additional out of pocket expenses:	
Scrubs, OR jackets	$200
ACLS/PALS/BLS	$250
Drug Tests and additional fees for clinical site credentialling	$150
AANA Membership Dues	$300
Parking	$300 ($25/month max)
Required Anesthesia Textbooks	$2100
Scholarly Project Expenses*	$100
Laptop Computer	$2000

Potential costs of meeting attendance	
AANA Mid-Year Assembly	$1500
OANA State Meetings	$750
Anesthesia Review Course (s)	$1500

National Certification Exam:	$1200

Additional out of pocket expenses are approved by the senior class president prior to publication of the manual.

*****These are all approximate costs as of February 8, 2026 and may change without warning.**

*Depending on the nature of the DNP Scholarly Project, expenses may include posters, props, participant incentives. This is determined by the NAR.

Due to the nature of the program with distance clinical sites, there may be additional housing, and travel expenses.

Appendix C: Advising Notice of Concern

Nurse Anesthesia Resident: **Date:**

Class: **Advisor Name:**

Purpose:

Summary of Session:

NAR Comments:

Action Plan:

NAR Signature: _____Date:_____

Advisor Signature: _____Date:_____

Appendix D: Professionalism Concern Report

GRADUATE COLLEGE
The University of Oklahoma Health Sciences Center
PROFESSIONALISM CONCERNS REPORT

Please type or print all entries.

Student Name	Course (Name & Course Number)*or Incident Site
Name of faculty member filing the form (type/print legibly)	Date of Incident(s):
Signature of faculty member filing the form (required) Date:	Date Discussed with Student:

*If applicable

This report is prepared when a student exhibits behavior not consistent with the OUHSC Student Professional Behavior in an Academic Program Policy. It is intended to assist the student in meeting professionalism expectations in academic, professional or administrative settings. Improvement in the area(s) noted below is needed in order to meet the standards of professionalism inherent in being graduate student.

Check the appropriate category(ies). Comments are required.

Integrity & Honesty

- ☐ The student provided false information in an academic, professional or administrative setting. *[ref policy: AMC or AA]*
- ☐ The student acted outside the scope of his/her role in an academic, professional or administrative setting.
- ☐ The student presented the work of others as his/her own. *[ref policy: AMC]*
- ☐ The student used his/her professional position for personal advantage.
- ☐ The student used the physical or intellectual property of others without permission or attribution. *[ref policy: AMC or Ethics in Research]*

Patient-Centered Care & Patient-Safety

- ☐ The student did not act in the best interest of the patient.
- ☐ The student did not demonstrate sensitivity to the needs, values or perspectives of patients, family members or caregivers.
- ☐ The student did not establish appropriate rapport with patients, family members or caregivers.
- ☐ The student did not demonstrate openness/responsiveness to the patient's ethnic and cultural background.
- ☐ The student did not respond to patient needs in a timely, safe or effective manner.
- ☐ Other unprofessional behavior related to Patient Centered Care:

Respect

- ☐ The student did not demonstrate respect for the rights of others in academic or professional settings.
- ☐ The student did not demonstrate respect in interactions with others.
- ☐ The student did not establish or maintain appropriate boundaries with patients, family members, fellow students, faculty or staff.
- ☐ The student did not demonstrate equal respect for all persons, regardless of, race, gender, religion, sexual orientation, age, disability or socioeconomic status. *[ref policy: Title IX or EEO Office]*
- ☐ The student did not demonstrate respect for the confidentiality rights of patients, research participants or others. *[ref policy: Compliance/HIPAA]*

Other behavior that demonstrated lack of respect:

Service & Working within the Team

- ☐ The student did not function, collaboratively within the healthcare team.
- ☐ The student did not demonstrate sensitivity to the requests of the healthcare team.
- ☐ The student did not demonstrate the ability to collaborate with students, faculty and staff in a learning environment.
- ☐ Other behavior that impeded collaboration:

Responsibility

- ☐ The student was tardy, absent, and/or misses deadlines/appointments.
- ☐ The student was disruptive or rude.
- ☐ The student needed continual reminders in the fulfillment of responsibilities.
- ☐ The student did not accept responsibility for his/her actions, recommendations or errors.
- ☐ The student could not be relied upon to complete his/her responsibilities in a timely manner.
- ☐ The student did not adhere to policies, procedures and/or instructions. *[ref policy: Compliance/HIPAA]*
- ☐ The student did not dress in attire appropriate for the setting.
- ☐ The student failed to follow, and/or manipulated clinic policies, including those for patient assignment and management.
- ☐ The student failed to adhere to protective equipment and/or infection control guidelines.

Other irresponsible behavior:

Responsiveness, Adaptability & Self-Improvement

- ☐ The student was resistant or defensive when provided with constructive feedback.
- ☐ The student did not demonstrate awareness of his/her own limitations and/or willingness to seek help.
- ☐ The student resisted adopting recommendations from faculty or others to improve learning or performance.
- ☐ The student did not demonstrate adaptability in a patient care, classroom or laboratory environment.
- ☐ The student did not correct his/her errors when were brought to his/her attention.
- ☐ Other behavior that impeded self-improvement:

Comments: Briefly describe the specifics of the incident – who, what, when, where. Attach additional information if needed.

To remedy the professionalism concerns listed on this report this student needs further education or assistance with the following:

---------- ***This section is to be completed by the student (optional)*** ----------

Comments (use back or attach additional information if desired)

I have read this evaluation and discussed it with my Course Coordinator/Faculty Mentor /Program Director/Graduate Liaison

Student signature **Date**

Your signature indicates that you have read the report, and it has been discussed with you. It does not represent your agreement or disagreement with the PCR. If you disagree or want to comment, you are encouraged to comment in the space above. The original PCR should be sent to the Graduate College Dean's Office to be placed in the student's file. A copy of the form should be provided to the dean of the college housing the program and department chair or program director.

P&P: OUHSC Office of the Vice Provost for Academic Affairs-052012

Appendix E: Academic Advising and Self-Assessment Form (AAF)

Nurse Anesthesia Resident:_____
Advisor:_____
Academic Semester:_____ _____Date: _____

Topic	Discussion questions	NAR Self-Assessment Notes (complete prior to the in-person meeting with Advisor)	Advisor Notes
Academic	1. Concerns related to progression 2. Study habits (successful or needs some work) 3. Successes/What are you most proud of?		
Scholarly Project	1. How is the team working together? 2. What do you need for continued success? 3. What are you finding most challenging? 4. What are your plans for dissemination?		
Clinical	1. Challenges 2. Opportunities for improvement 3. Successes/ What are you most proud of?		

Goals for next semester:
1.
2.
3.
4.
5.

Achievement of COA Graduate Standards
Are you on track to complete the COA Graduate Standards? Yes No

If no, what can your advisor /faculty do to get you back on track?

Have you achieved the COA Graduate Standards as published in the DNP-NA Administrative and NAR Handbook?

Yes No