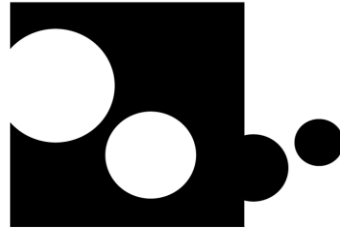


Minneapolis School of Anesthesia



DNP Nurse Anesthesia

STUDENT HANDBOOK 2023-2024

**Minneapolis School of Anesthesia
1000 County Road E West
Suite 230
Shoreview, MN 55126
Phone: 952.925.5222
Fax: 952.925.6004**

**Metropolitan State University
College of Nursing and Health Sciences
700 East 7th Street
St. Paul, MN 55106
651-793-1375**

TABLE OF CONTENTS

| | |
|--|----|
| History | 4 |
| Educational Philosophy | 6 |
| Mission Statement | 6 |
| Program Outcomes | 7 |
| Student Rights/Responsibilities | 9 |
| Program Rights/Responsibilities | 10 |
| General Information | 11 |
| Statement of Non-discrimination | 11 |
| Licensure | 11 |
| Life Support Recognition | 11 |
| Student Success Resources at Metropolitan State University | 11 |
| Transportation/Parking | 12 |
| Housing | 12 |
| Time Commitment..... | 12 |
| Cell Phones | 12 |
| Financial Considerations..... | 13 |
| Health Care..... | 13 |
| Employment..... | 15 |
| Transfer Students | 15 |
| Security | 15 |
| School Closing – Weather | 16 |
| School Policies..... | 17 |
| Academic Performance..... | 17 |
| Clinical Competence | 17 |
| Technical Standards | 17 |
| Potential Clinical Care Hazards..... | 19 |
| Student Conduct | 19 |
| Academic Integrity | 21 |
| Class Conduct | 21 |
| Class Conduct for Zoom | 21 |
| Clinical Conduct..... | 22 |
| Medication Safety | 22 |
| Instruction | 23 |
| Social Media | 23 |
| Graduation | 24 |
| Attendance..... | 25 |
| Personal Days | 26 |
| Semester Breaks | 26 |
| Clinical Hours..... | 26 |

| | |
|---|----|
| Leave of Absence | 27 |
| Covid-19 | 27 |
| Holidays | 27 |
| Maternity Leave | 28 |
| Military Leave..... | 28 |
| Excused and Unexcused Absences | 28 |
| Guidelines for Administering Time Commitment..... | 28 |
| Clinical Rotations | 29 |
| New Clinical Site Affiliations | 30 |
| Evaluations | 31 |
| Grading/Exams | 32 |
| Anesthesia Care Plan Procedures | 34 |
| Typhon..... | 35 |
| Student Progression | 36 |
| Probation/Dismissal Policy | 43 |
| Student Appeal Mechanism..... | 46 |

APPENDICES:

- A. Drug Abuse Prevention Program Policy – Page 52
- B. Sexual Harassment Policy – Page 56
- C. Minnesota Patients’ Bill of Rights – Page 60
- D. DNP Course Progression and Course Descriptions – Page 65

HISTORY OF THE MINNEAPOLIS SCHOOL OF ANESTHESIA

The Minneapolis School of Anesthesia enjoys the advantages of several hospitals working together toward common purposes. The institutions that participate in this joint venture are Hennepin County Medical Center; M Health/Fairview: University of MN Medical Center, Southdale and HealthEast, including St John's and Woodwinds; North Memorial Medical Center; Methodist Hospital and United Hospital.

It is difficult to determine the early history of this School; it evolved from the School established by Dr. Ralph Knight, in 1928, at the University of Minnesota and Minneapolis General Hospitals. Students spent six months at each hospital. Affiliations were developed with St. Mary's Hospital in Minneapolis and Miller Hospital in St. Paul. Alice Anderson, CRNA, was Supervisor of Anesthetists.

Eventually the program was moved from the University of Minnesota to the Minneapolis General Hospital and in 1948 the program was renamed Minneapolis General School of Anesthesia. Affiliations continued.

Affiliations with Saint Mary's Hospital and with Miller Hospital were discontinued. Saint Mary's Hospital formed its own school of nurse anesthesia in 1953. Other affiliations were formed with Asbury, Abbott, Fairview, North Memorial, and Swedish Hospitals. The affiliation with Abbott Hospital was terminated during the 1950s. In October 1971, Swedish Hospital and St. Barnabas Hospital merged to form Metropolitan Medical Center, and Fairview Southdale Hospital became a member hospital. Metropolitan Medical Center resigned from the Corporation in October 1976 and United Hospitals of St. Paul became a member of the program in September 1977. The Baptist Hospital Fund, Inc., with Midway Hospital and Mounds Park Hospital, both of St. Paul, as clinical sites, was an Associate Member from August 1980 through September 1985. In June 1988, HealthEast became a member. Hospitals involved include St. John's Hospital and St. Joseph's Hospital. In 2006, Woodwinds Health Campus became a HealthEast member. Fairview Ridges Hospital was an Associate member from 1991 until 2004.

In 1953, the program was lengthened from twelve to fifteen months; and in 1960, from fifteen to eighteen months. In 1975 the program was lengthened to twenty-four months and in 1995 to its current twenty-seven months.

Ownership of the School changed from Minneapolis General Hospital to cooperative arrangement between the participating hospitals in 1957, and the name was changed to Minneapolis School of Anesthesia for Nurses. At that time, Dr. Furman was authorized to admit students from Saint Mary's Hospital School of Anesthesia; and later, students from Bethesda Hospital School of Anesthesia, St. Paul. Also, those attending the Minnesota State Board of Health's six-week refresher course for graduate nurse anesthetists could attend the lectures.

Although the quality of the teaching program was excellent, the organizational structure, as provided by the five participating hospitals, needed improvement. To remedy this, the School was incorporated in May 1967. Articles of Incorporation were filed and bylaws were drawn outlining the purpose and objectives of the school.

The School is governed by a Board of Directors, composed of two CRNAs elected by the Board, an administrator and an anesthesiologist from each hospital. The Program Director is an ex-officio voting member of the Board. The Board elect officers from its members on an annual basis.

Clinical experience is provided at the member hospitals, where over 100,000 surgical procedures are performed annually in all specialty areas. Students are supervised and instructed by anesthesiologists and certified registered nurse anesthetists. Each hospital has appointed a clinical coordinator to help manage student clinical experiences. Special experiences include pediatrics and regional anesthesia. Upon graduation from the Minneapolis School of Anesthesia students receive a diploma in nurse anesthesia. The School received full accreditation from the American Association of Nurse Anesthetists in 1952, when the accreditation program became available. The program has remained accredited since that time. The date of last review by the Council on Accreditation of Nurse Anesthesia Educational Programs was May 2015; the next review date is Spring 2025.

In May 2018, the School entered into an affiliation agreement with Metropolitan State University in St. Paul, Minnesota. Founded in 1971, Metropolitan State University was envisioned as an institution without walls, serving the community where students worked and lived. Since that time, the university has expanded its physical footprint in four primary locations and more than 20 instructional sites while remaining true to the spirit of its founders. Metropolitan State University is a member of the Minnesota State Colleges and Universities (Minnesota State) system. With 24 community and technical colleges and seven state universities, Minnesota State is the largest provider of higher education in the State of Minnesota. Metropolitan State University is accredited by the Higher Learning Commission. The doctoral degree program in nursing at Metropolitan State University is accredited by the Commission of Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington, DC 20001, 202-887-6791. Students graduating from Metropolitan State University receive a Doctor of Nursing Practice Degree with a major concentration in Nurse Anesthesia.

Lisa P. Maw, DNP, APRN, CRNA, was appointed as the Program Director on January 9, 2016. She had been employed as the Associate Director since April 14, 2011. Dr. Maw graduated from the Minneapolis School of Anesthesia in 1993 with a Master's Degree in Nurse Anesthesia and she graduated from University of Tennessee Health Science Center in 2013 with a Doctor of Nursing Practice. She had worked as a clinical instructor for the School in her capacity as a CRNA at hospitals served by Associated Anesthesiologists, P.A. and had served as the Clinical Coordinator at both St. Paul Children's Hospital and Maplewood Surgery Center.

Andrew Johnson-Cowley, DNP, APRN, CRNA, was appointed Associate Director on January 5, 2016. Dr. Johnson-Cowley graduated from the Minneapolis School of Anesthesia in 1999 with a Master's Degree in Nurse Anesthesia and he graduated from the University of Minnesota in 2016 with a Doctor of Nursing Practice. He works as a clinical instructor for the School at Fairview Southdale Hospital and is a casual CRNA at Ridgeview Medical Center in Waconia, MN. Dr. Johnson-Cowley worked as a didactic instructor at the School from 2001 until his full-time employment with the School.

Travis Laffoon, DNP, APRN, CRNA was appointed Associate Director on May 1, 2020. Dr. Laffoon graduated from Baptist Health/Murray State University with his MSN in 2015 and DNP in 2018. He works for Certified Anesthesia Care providing anesthesia at several different hospitals in the Twin Cities and is also employed as a casual CRNA in Northfield, MN. Prior to this, Dr. Laffoon was the Associate Director for Baptist Health/Murray State University Nurse Anesthesia Program and CRNA clinical instructor.

Beth Quaas, DNP, APRN, CRNA was appointed Associate Director on January 4, 2021. Dr. Quaas graduated from the Minneapolis School of Anesthesia in 1999 with a Master's Degree in Nurse Anesthesia and she graduated from St. Scholastica in 2010 with a Doctor of Nursing Practice. Dr. Quaas works as a casual employee with Specialty Surgery Center of Minnesota.

Michael P. O'Donnell, PhD served as didactic instructor at the School for 14 years prior to his appointment as Didactic Director of the School. He served in this capacity from January 1, 1997 to December 31, 2012. Dr. O'Donnell continues to teach the basic science and research portions of the curriculum. Dr. O'Donnell has his PhD in Physiology. Dr. O'Donnell was also a Senior Investigator at the Minneapolis Medical Research Foundation. Dr. O'Donnell served on the Council on Certification of Nurse Anesthetists (CCNA) Self Evaluation Committee from 2000-2003, a Certification Examination item writer from 2006-2008 and a member of the Certification Examination Committee from 2008-2010.

Kari Urness was employed as a full-time administrative assistant in May 2019.

EDUCATIONAL PHILOSOPHY

We believe that the advanced practice registered nursing role of certified registered nurse anesthetist is a specialty in nursing that combines the art and science of nursing with the expert knowledge, complex decision making, and clinical competencies necessary for expanded anesthesia practice. The education provided by the Minneapolis School of Anesthesia prepares the intensive care trained registered nurse to fill this expanded anesthesia nursing role and provide competent, independent, individualized care across the wide range of anesthesia and pain management techniques.

As in nursing, professional competence in nurse anesthesia is a function of multiple factors: self-awareness of one's own knowledge, strengths, needs, and weaknesses in both professional and personal arenas; value systems that recognize safe principles of anesthesia practice; and the ability to systematically analyze, synthesize, evaluate, and carry out a safe, effective, evidence-based anesthesia plan for the best patient outcomes across the lifespan.

We believe that anesthesia education is a lifelong process that begins by fostering a series of complementary forces within our program. Program design and implementation, curricular content, institutional learning resources, teaching roles and models, and educational administration are focus areas that help to meet accreditation requirements, fulfill the needs of teacher and learner, and provide opportunities for the student nurse anesthetist to become competent in the field.

We believe that as students in our program are adult learners; dedicated, motivated, and self-directed to augment past clinical and educational experience with a new role in nurse anesthesia. Through a combination of teacher-directed and self-directed learning activities combined with clinical opportunities that encourage inquiry, interdisciplinary collaboration, expert role-modeling, and evidence-based care, we provide our students with the opportunity to develop unique abilities that foster growth, independence, and competent, safe anesthesia patient care.

MISSION STATEMENT

The mission of the Minneapolis School of Anesthesia through a cooperative agreement with Metropolitan State University is to promote safe, effective, evidenced-based anesthesia care by providing high quality anesthesia education to competent registered nurses.

The mission of the Department of Nursing of Metropolitan State University is to promote holistic health and healing and eliminate health inequities by facilitating student learning, advancing scholarship and engaging the community.

PROGRAM OUTCOMES

Upon completion of the program of study for the DNP with a concentration in nurse anesthesia graduates will have knowledge, skills and competencies in patient safety, the perianesthetic management, critical thinking, communication, and the professional role.

1. **Patient safety is demonstrated by the ability of the student to:**
 - Be vigilant in the delivery of patient care.
 - Protect patients from iatrogenic complications.
 - Participate in the positioning of patients to prevent injury.
 - Conduct a comprehensive and appropriate equipment check.
 - Utilize standard precautions and appropriate infection control measures.
2. **Individualized perianesthetic management is demonstrated by the ability of the student to:**
 - Provide care throughout the perianesthetic continuum.
 - Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
 - Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
 - Provide anesthesia services to all patients, including trauma and emergency cases.
 - Administer and manage a variety of regional anesthetics.
 - Function as a resource person for airway and ventilatory management of patients.
 - Possess current advanced cardiac life support (ACLS) recognition.
 - Possess current pediatric advanced life support (PALS) recognition.
 - Deliver culturally competent perianesthetic care throughout the anesthesia experience.
3. **Critical thinking is demonstrated by the student's ability to:**
 - Apply theory to practice in decision-making and problem solving.
 - Provide nurse anesthesia care based on sound principles and research evidence.
 - Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
 - Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
 - Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
 - Calculate, initiate, and manage fluid and blood component therapy.
 - Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
 - Pass the Council on Certification of Nurse Anesthetists' certification examination.
4. **Communication skills are demonstrated by the student's ability to:**
 - Effectively communicate with all individuals influencing patient care.
 - Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.
5. **Professional role is demonstrated by the student's ability to:**
 - Participate in activities that improve anesthesia care.

- Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
- Interact on a professional level with integrity.
- Teach others.
- Participate in continuing education activities to acquire new knowledge and improve his or her practice

STUDENT RIGHTS AND RESPONSIBILITIES

- **Freedom to Learn:**
In addition to being the basic constitutional rights enjoyed by all citizens, students in colleges and universities have specific rights related to academic freedom and their status as students. Freedom to teach and freedom to learn are inseparable facets of academic freedom. The freedom to learn depends upon appropriate opportunities and conditions in the classroom, on the campus, and in the larger community. Students are expected to exercise their freedom with responsibility.
- **Freedom of Expression:**
Individual students and student organizations shall be free to examine and to discuss all questions of interest to them and to express opinions publicly and privately. They shall be free to support causes by orderly means that do not disrupt the regular and essential operation of the institution. In the classroom, students shall be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.
- **Freedom of Association:**
Students shall be free to organize and join organizations to promote their common and lawful interests, subject to institutional policies or regulations. Registration or recognition may be withheld or withdrawn from organizations that violate institutional regulations.
- **Student-Sponsored Forums:**
Students shall have the right to assemble, to select speakers, and to discuss issues of their choice. The college or university shall establish reasonable time, place, and manner restrictions to assure that the assembly does not substantially disrupt the work of the institution or does not interfere with the opportunity of other students to obtain an education or otherwise infringe upon the rights of others. Such regulations shall not be used as a means of censorship. The president or designee may prohibit any forum when holding the event, in his or her judgment, would result in physical harm or threat of physical harm to persons or property. Prior to any such prohibition, the president shall make his or her best effort to consult with a designated member of the student association.
- **Student Publications:**
Student-funded publications shall be free of censorship and advance approval of the copy, and their editors and managers shall be free to develop their own editorial and news coverage policies. Editors and managers of student publications shall be protected from arbitrary suspension and removal because of student, faculty, administrative, or public disapproval of editorial policy or content. The student fee allocation process shall not be used as a means of editorial control of student-funded publications. All student publications shall explicitly state on the editorial page that the opinions expressed are not necessarily those of the college, university, system, or student body.
- **Catalog and Course Information:**
To the extent possible, students will be provided relevant and accurate information regarding courses prior to enrollment. Catalog descriptions will be accurate and based on information existing at the time of publication. To the extent possible, class schedules will list the names of the faculty teaching courses.
- **Academic Information:**

Students shall have access to accurate information about general requirements for establishing and maintaining acceptable academic standing, information that will enable students to determine their individual academic standing, and information regarding graduation requirements.

- **Academic Evaluation:**

Student academic performance shall be evaluated solely on the basis of academic standards, including any requirements that are noted in the catalog, course syllabus, or student handbook. Students shall have protection against prejudiced or capricious evaluation and shall not be evaluated on the basis of opinions or conduct in matters unrelated to academic standards.

Review of any program examinations will not be allowed in the Nurse Anesthesia program. Students receiving a failing grade on any examination can have individual counseling with the course professor. It is the student's responsibility to contact the course professor when receiving a failing grade on any examination. Any data related to examination details will not be provided to the students. This is in accordance with the NBCRNA policies for the SEE, NCE and CPCA.

Property Rights:

Term papers, essays, projects, works of art, and similar property shall be returned to a student upon request, within a reasonable timeframe, when no longer needed for evaluation purposes, unless the student grants written permission for them to be retained.

- **Off-Campus Conduct:**

Students who violate a local ordinance or state law risk the legal penalties prescribed by civil authorities. A college or university need not concern itself with every violation. Nevertheless, a college or university may take disciplinary action against students for off-campus behavior, following the procedures of the code of conduct of that college or university.

PROGRAM RIGHTS:

The School and its Affiliating institutions have the right to expect that:

- Program staff will maintain the standards and requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).
- Students and staff will follow the policies and procedures of the Minneapolis School of Anesthesia and Metropolitan State University.
- Students and staff will follow the policies and procedures of each hospital when rotating to that hospital.

PROGRAM RESPONSIBILITIES:

The School and its Affiliating institutions have the responsibility to:

- Implement a systematic evaluation process that allows for continuous self-assessment and programmatic change.
- Offer a didactic and clinical curriculum that provides opportunities and experiences for students to become competent in the field.
- Maintain accurate cumulative records of educational activities.
- Provide adequate supervision of students in the clinical area.
- Operate within an ethical framework with high moral standards relative to patients, students, faculty and accrediting agencies.

GENERAL INFORMATION

STATEMENT OF NON-DISCRIMINATION:

Minneapolis School of Anesthesia and Metropolitan State University are committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law.

The Minneapolis School of Anesthesia adheres to Metropolitan State University's Policy 1010: Equal Opportunity/Nondiscrimination Employment and Education (<https://www.metrostate.edu/about/policies/6741>) and

Procedure 101: Equal Opportunity/Nondiscrimination in Employment/Education Procedure (<https://www.metrostate.edu/about/policies/6851>)

LICENSURE:

Students must possess an unencumbered license as a registered professional nurse in Minnesota, Wisconsin and Iowa. Students are accountable to their RN license even if they are in the student role. The Nurse Practice Act (148.263 Sub 3) includes an obligation to report violations that are likely to result in disciplinary action. Such violations will be reported to the appropriate board of nursing.

LIFE SUPPORT RECOGNITION:

Students must possess American Heart Association basic life support (BLS), advanced cardiac life support (ACLS), and pediatric advanced life support (PALS) and maintain recognition through graduation.

STUDENT SUCCESS RESOURCES AT METROPOLITAN STATE UNIVERSITY

- **The Center for Academic Excellence** <http://www.metrostate.edu/student/learning-resources/learning-resources/center-for-academic-excellence>
- **Veterans and Military Student Services** <http://www.metrostate.edu/student/student-services-support/student-services/veterans-and-military-student-services>
- **Student Services** <http://www.metrostate.edu/student/student-services-support/student-services>
- **Counseling Services**

<http://www.metrostate.edu/student/student-services-support/student-services/counseling-services>

- **Library and Information Services**

<http://www.metrostate.edu/library>

Other resources:

- **Center for Online Learning:** If you are having trouble getting into your D2L course site, please contact online.learning@metrostate.edu. This support is limited to D2L only; for assistance with non-D2L technology issues, please contact the IT help desk.
- **Information Technology Help Desk** support is available by sending an email to IT.DESK@Metrostate.edu. During normal business hours, the IT DESK phone number is 651-793-1240. IT Help Desk provides support for accessing the campus web portal, campus website pages, and campus email accounts (usernames and passwords).

TRANSPORTATION/PARKING:

At Metropolitan State University, all students are charged a parking fee. The fee is \$12 per credit for each semester (fall, spring, summer). Access to parking starts 14 days prior to the official start of the semester and ends seven days after the official last day of the semester. This fee is subject to change at the discretion of Metro State Parking services.

Students must provide their own transportation between the hospitals and the Minneapolis School of Anesthesia. Fees for parking at partner clinical rotation sites is the responsibility of the student. Although bus service is available, it is preferable for the students to have their own transportation. Free parking is available at the Minneapolis School of Anesthesia office in Shoreview.

HOUSING:

Students provide their own room and board. Students are also responsible for obtaining and paying for housing at rural rotations outside the Twin Cities if necessary.

TIME COMMITMENT:

The students' committed time includes class time, class preparation, clinical time that includes call, and clinical preparation. During an average week, students should expect **at least** 40 hours of class and clinical time. This amount does not include study time outside of class and clinical.

CELL PHONES:

Students are prohibited from having cell phones activated or from using a cell phone in Zoom learning environment, the class room for in-person classes, or the anesthesia clinical area. If a student has a cell phone on their person or in a purse, backpack etc., it must be turned off.

FINANCIAL CONSIDERATIONS:

Students must be prepared to pay miscellaneous fees on the first day of class.

Students are required to become Associate Members of the American Association of Nurse Anesthetists (AANA) at a cost of \$200. This fee is subject to change by the AANA. This entitles students to the publications of the AANA, namely the *Journal of the American Association of Nurse Anesthetists* and the *News Bulletin*. Associate members are eligible for reduced rates at continuing education programs sponsored by the AANA and the Minnesota Association of Nurse Anesthetists (MANA).

Students must be prepared to pay \$100 to the Typhon Group to initiate online record keeping services. This fee is subject to change by the Typhon Group.

Students must be prepared to pay \$550 to Apex Anesthesia for online access to study material for the Review Course in the second year of the program. This fee is subject to change by Apex Anesthesia.

Students attending clinical at Essentia Health, Duluth, MN and rural clinical education at Essentia Health Moose Lake, MN will be required to pay \$50 for a required background check at these facilities. This is the students' responsibility.

Tuition Payment:

The total yearly tuition cost for MSA will be distributed by credit load across the three semesters of the fiscal year. Tuition to the Minneapolis School of Anesthesia is rendered via course fees to Metropolitan State University. The course fees will vary depending on the number of credits offered in any given semester. A diploma will not be issued until all financial obligations to the School are met. The amount of tuition is subject to change. Metropolitan State University tuition is in addition to that paid to Minneapolis School of Anesthesia.

Metropolitan State University tuition and fees are set by the University and are subject to change. Metropolitan State University are reviewed yearly and updated on their website. Tuition and fees are due and payable when the bill is received.

Financial Aid:

Financial aid is managed through Metropolitan State University. For information regarding the financial aid application and procedures contact <mailto:gateway@metrostate.edu> or financial.aid@metrostate.edu (<https://www.metrostate.edu/student/course-info/course-info/financial-aid-helpful-information>).

HEALTH CARE:

Students are responsible for their own health insurance. Metropolitan State University offers health and wellness services for enrolled university students. Enrolled Metropolitan State students will have access to healthcare services in two ways:

1. Utilizing the telemedicine (online) platform called, OnCare (formerly called Zipnosis)
2. Participating in other health and wellness initiatives throughout the year

For health and wellness services offered through Metropolitan State University see <https://www.metrostate.edu/student/student-services-support/student-services/health-and-wellness-services>.

Health care costs incurred by the student (including, but not limited to needlestick injuries) are the student's responsibility and are not the responsibility of the hospital to which the student is assigned, Minneapolis School of Anesthesia or Metropolitan State University.

Prior to the enrollment date, students must provide titers for Rubella, Rubeola, Varicella, Mumps and Hepatitis B (HBS antibody). Students must show proof of completing the Hepatitis B vaccination series or have a signed Hepatitis B (HBV) vaccine waiver form on file with the Minneapolis School of Anesthesia. Students must also show proof of completing the adult (18+ years) Tdap vaccination and CDC-recommended full Covid 19 vaccination and boosters.

Students must provide annual evidence of tuberculosis screening, influenza vaccination. Yearly flu vaccinations are mandatory for our clinical partners and can only be opted out with a physician's evaluation and note. Yearly Covid 19 vaccinations may be required by our clinical partners.

Metropolitan State Student Counseling Services (SCS) offers individual and group counseling as well as workshops to help students find better ways to cope with and resolve the problems of everyday life. Although we do not provide academic advising or admissions counseling, we do assist students with academic skill development as well as career exploration, in addition to the psychological services we provide.

Services offered by staff are free of charge to students and provide opportunities to increase self-knowledge and develop greater self-awareness, self-understanding, independence, and self-direction in many areas including:

- Interpersonal relationships
- Stress and time management
- Social/sexual difficulties
- Grief and loss
- Emotional issues
- Eating concerns
- Academic concerns
- Conflict resolution

To enter the program the student must have a physical examination. Results of the examination are recorded on a form provided by the Minneapolis School of Anesthesia. Students who have a medical history of such conditions as diabetes, seizure disorders, narcolepsy and the like shall be informed that, prior to each rotation, clinical faculty will be notified of their condition.

The preceding requirements are mandated in the interest of patient and student safety.

EMPLOYMENT:

Registered nurse anesthesia students shall not be employed as nurse anesthetists by title or function while on student status becoming nurse anesthetists. Students are discouraged from practicing as a registered nurse while in the program, especially during the clinical component of the program.

TRANSFER STUDENTS:

Any student transferring out of the program may request the transfer policy from the Program Director.

SECURITY:

Metropolitan State University Security Information

Medical Emergencies

Call 9-911 on campus phones or 911 on cell phones and report the emergency to the dispatch operator. Include the nature of the medical emergency, location information including building, floor and room. Then inform the campus Safety Officer, so he/she can direct someone to meet the ambulance and respond to the medical emergency.

Security & Safety Information

Saint Paul Safety Officer Phone Numbers

Main Campus Cell: 651-775-0444

Security Desk: 651-793-1717

Library Cell: 651-775-0715

Ramp Cell: 651-368-4297

Ramp Desk: 651-793-1730

Student Center Cell: 651-775-6724

After Hours Answering Service: 651-793-1700

Thomas R. Maida, MPA

Director of Public Safety

Office: (651) 793-1725

Fax: (651) 793-1718

thomas.maida@metrostate.edu

Minneapolis Safety Officer Phone Numbers

Main Campus Cell: 612-659-6910

Emergency: 612-659-6900

Minneapolis Safety Web site

Midway Safety Officer Phone Number

Main Center Cell: 651-775-6122

Brooklyn Park (LECJEC) Safety Officer Phone Numbers

Main Campus Cell: 763-354-4168

Main Campus Desk: 763-657-3722

For information on Metropolitan State University campus security see <https://www.metrostate.edu/student/university-info/university-info/building-services/safety-and-security>.

[Link for Metropolitan State Student Services and Support](#)

Minneapolis School of Anesthesia Security Information

In case of assault, theft or other crime, or any other security emergency at the Minneapolis School of Anesthesia site, students or employees are to immediately telephone 911 or contact the Shoreview Police Department. The Minneapolis School of Anesthesia does not have its own building security officers. Security emergencies or crimes should also be promptly reported to the Director, for action by the Board of Directors as warranted. Students and employees are encouraged to contact the Director with any security concern.

Students and employees should be aware of the potential security risks in areas open to public access, including the MSA office, hospitals and clinics, and hospital, clinic and school parking lots, and should act appropriately for their own safety and the safety of others. On hospital and clinic grounds, students and employees are encouraged to utilize hospital and clinic escort services and other security measures as available. Any incidents should be reported to the Program Director. Security statistics and other information designed to promote the safety and security of our students and staff will be reported annually to students and employees.

SCHOOL CLOSING – WEATHER

At Metropolitan State University course cancellation and university emergency closing is governed by Procedure #110 <https://www.metrostate.edu/Documents/university-policies-procedures/section-i-b-university-wide-procedures/procedure-110-class-cancellation-and-emergency-closing-03012008.pdf>. After consulting with university officials, MSA will notify students via email regarding whether classes will be held and rescheduling classes.

MINNEAPOLIS SCHOOL OF ANESTHESIA POLICIES

ACADEMIC PERFORMANCE:

The minimum passing grade in any course is 80%.

Students must maintain a cumulative B (3.000) grade point average.
Failure to do so will result in dismissal from the program.

CLINICAL COMPETENCE:

An acceptable level of clinical competence, at any point in the program, is defined by the clinical faculty at each hospital.

Students must maintain an acceptable level of clinical competence.

Failure to do so will result in the actions stated in the Student Progression Policy.

TECHNICAL STANDARDS:

Introduction:

Due to the nature of the nurse anesthesia profession, the technical standards listed below are skills and functions necessary to complete the nurse anesthesia program and to ensure the health and safety of patients, faculty, fellow students, and other healthcare providers. In addition to academic qualifications, the Minneapolis School of Anesthesia program considers specific technical standards essential for admission, progression, and graduation from the program. Successful completion of the nurse anesthesia program requires an individual to be able to independently, with or without reasonable accommodation, meet the following technical standards.

Reasonable accommodations will be considered and provided on a case-by-case basis in accordance with applicable legal standards. Any person who expects to need a reasonable accommodation should make such a request as soon as possible, preferably before beginning the program, as some desired accommodations may not be granted. (For example, a desired accommodation may not be granted if it is not considered reasonable, if it fundamentally alters the nature of the program as determined by the nurse anesthesia program leadership, or it would pose a direct threat to the health or safety of others.) Students who seek access accommodations should contact the School's Director or Associate Director.

Specific Standards

1. Visual, Auditory, and Tactile
 - Ability to make accurate visual, auditory, and tactile observations to gather and then interpret data in the context of pre-anesthetic assessment, anesthetic administration, and post-anesthetic care

- Ability to document observations and maintain accurate records

Examples:

- Visual: Correctly draw up medications in a syringe or detect changes in patient condition such as skin color changes
- Auditory: Able to detect sounds using stethoscope or detect audible mechanical alarms noting change in patient's physiological status
- Tactile: Able to detect temperature changes or anatomical abnormalities such as edema, swelling, and nodules

2. Communication

- Ability to communicate both verbally and nonverbally with accuracy, clarity, efficiency, and effectiveness with patients, family members, and other members of the healthcare team
- Effective communication through the English language, both written and spoken
- Ability to maintain accurate patient records, present information in a professional/ logical manner, and provide patient instruction to effectively care for patients and families

Examples:

- Able to give and follow verbal directions and participate in surgical care team discussions regarding patient care
- Able to elicit and record detailed information about health history, current health state, or response to treatment
- Able to convey information to patients and others as needed to teach, direct, and counsel under varied circumstances

3. Motor

- Ability to perform gross and fine motor movements with sufficient coordination to provide safe care and treatment to patients in all health care environments
- Possess the physical endurance, strength, stamina, and mobility to meet demands associated with extended periods of standing, moving, and physical exertion required for satisfactory and safe performance in the lab, clinical, and classroom settings
- Ability to respond promptly to urgent/ emergent situations which may occur during clinical experiences and must not hinder the ability of other health care team members to provide prompt treatment and care to others

Examples:

- Able to complete physical examination utilizing palpation, percussion, and auscultation
- Mobility sufficient to carry out patient care procedures including airway management, intubations, central and arterial line placement, regional anesthesia blocks, and epidural and spinal placement
- Physical endurance and stamina to complete 8-, 10-, 12-, and 24-hour clinical days
- Strength and gross motor skills to safely participate in lifting, turning, and ambulating of patients

POTENTIAL CLINICAL CARE HAZARDS:

Be mindful of all hazards involved in providing clinical care. Upon program admission and orientation to the program, students were informed of and incurred the risks associated with providing anesthesia care at any of the program's clinical affiliate institutions. All students may be exposed to chemical, radiation and or infectious hazards while completing clinical education components of the program. The student is obligated to inform both the program administration and clinical faculty of situations that arise that render the student unable to perform the duties of an anesthesia provider. If the student is unable to perform the core performance standards as defined in the student handbook, and or other clinical obligations necessary to provide safe and competent anesthesia care, the student must notify the program administration immediately. The program is committed to providing you with a safe placement for your clinical education experience.

STUDENT CONDUCT:

Students enrolled in the Minneapolis School of Anesthesia will adhere to the Student Code of Conduct Policy and Procedures at Metropolitan State University.

Metropolitan State Student Conduct Policy #1020

Students at Metropolitan State University deserve the opportunity to pursue an education, and it is the responsibility of the university to provide an environment that promotes learning and protects the safety and well-being of the university community. Therefore, the university establishes this Student Conduct Code. Any action by a student that interferes with the education of any other student or interferes with the operations of the university in carrying out its responsibility to provide an education will be considered a violation of this code.

Students are encouraged to review the Student Conduct Code University Policy #1020 and Procedure #112 to understand their rights and responsibilities under the Code.

Policy 1020 - <https://www.metrostate.edu/Documents/university-policies-procedures/section-i-a-university-wide-policies/policy-1020-student-conduct-code-04232012.pdf>

Procedure 112 - <https://www.metrostate.edu/Documents/university-policies-procedures/section-i-b-university-wide-procedures/procedure-112-student-conduct-code-procedure-04232012.pdf>

Drug-free Schools and Campuses

Metropolitan State University endorses the concept of drug-free schools as expressed in the Drug-free Schools and Communities Act of 1989. Compliance with this law is required for continued federal funding and eligibility for federal student loans. Metropolitan State prohibits the unlawful possession, use or distribution of drugs and alcohol by students and employees on university property or as part of university activities. Refer to University Policy 1060, Drug Abuse Prevention Program, for further information. Any student having concerns or problems with alcohol or drugs can receive free, confidential counseling and referral through the Student Affairs Office.

Smoking in University Facilities

Smoking and/or tobacco use is prohibited throughout all indoor space owned, leased, rented or

donated for the use of Metropolitan State. Smoking and/or use of smokeless tobacco is also prohibited anywhere on the Saint Paul campus. "Smoking" and "Tobacco Use" include use of lighted and electronic cigarettes, cigars and pipes; any other lighted or non-lit smoking materials; chew and snuff. Refer to University Policy 1070, Smoking Policy, for further information.

Nothing in this policy shall prohibit the lighting of tobacco by an adult as part of a traditional Native American spiritual or cultural ceremony as permitted by Minnesota Statutes 1997, 144.4165. For the purpose of this section, a Native American is a person who is a member of a Native American tribe. Arrangements for such ceremonies must conform to local fire code requirements and be approved by the Facility Use and Scheduling Office.

Harassment

Harassment of an individual or group on the basis of race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation or membership or activity in a local commission is prohibited. Metropolitan State shall work to eliminate violence in all its forms. In certain circumstances, physical intervention by designated university staff may be deemed necessary to avoid physical harm to persons or property.

The policy is directed at verbal and physical conduct that constitutes discrimination/harassment under state and federal law and is not directed at the content of speech. In cases where verbal statements and other forms of expression are involved, the university will give due consideration to an individual's constitutionally protected right to free speech and academic freedom.

Reporting Student Complaints

Student Complaint Policy #3030 and Procedure #303 are not used for grade appeals, discrimination/harassment or student conduct issues.

Steps in reporting a complaint:

Step 1: Try to resolve concerns directly with the individuals(s) involved. The university encourages you to attempt to resolve any concern or complaint with the informal process and then, if needed, seek formal resolution.

Step 2: If there is no resolution at Step 1, a written or verbal complaint may be submitted to the direct supervisor of the person(s) involved. Email the University Ombudsperson at ombudsperson@metrostate.edu for further assistance or to identify the person to whom a complaint may be submitted.

In the case of complaints of an academic nature, contact the department chair who will work with the appropriate dean. The supervisor/chair/dean will review the facts of the complaint with the complainant, the person(s) involved, and others as deemed appropriate, and communicate a response to all parties.

Step 3: A written complaint can be submitted at Gateway Ask Us. Select "Complaints" for topic area. Students will receive a preliminary response within two business days.

View the Student Complaints and Grievances University Procedure #303 (.pdf) and Student Complaints and Grievances University Policy #3030.

ACADEMIC INTEGRITY

The Student Guide to Academic Integrity states:

The integrity of the learning process is important in an educational context. Students must present their own original work to their teacher in order to demonstrate and improve their mastery of concepts and skills. Academic dishonesty undermines this relationship between learner and teacher that forms the foundation of higher learning.

Metropolitan State has identified violations and has created a number of sanctions for these violations:

- Cheating
- Academic Misconduct
- Academic Fraud
- Fabrication
- Falsification
- Forgery
- Plagiarism
- Double Submission
- Collusion

[Metropolitan State Policies](#)

CLASS CONDUCT:

Acceptable class conduct for students, as defined by the individual course instructors and the school staff, must be maintained.

Students may not possess, sell, use or be under the influence of intoxicating substances at the School. (See Chemical Dependency Policy).

Students who disrupt the normal proceedings of a class may be asked to leave the classroom.

CLASS CONDUCT FOR ZOOM LECTURES/SESSIONS:

Log onto the Zoom session a few minutes prior to the scheduled start time and be prepared to start on time and address any technical issues that might arise.

Webcams are to be left on during the entire lecture period. If your webcam is not working for technical reasons, notify the instructor of these issues. Issues with webcams are expected to be solved prior to the next didactic class lecture. Ongoing technical/internet issues are unacceptable. The student is expected to resolve these issues prior to the following lecture period. If these issues are not resolved, the faculty will ask to meet with the student to address these issues.

A dedicated desk/table space is to be utilized for all Zoom sessions. Laying down or “lounging” in a chair, couch, or bed or driving/riding in a car are not acceptable.

No alcoholic beverages are to be consumed during any scheduled Zoom sessions. Consumption of alcoholic beverages will result in disciplinary action for the student.

The correct student name will be displayed in their respective Zoom tile/window to allow the instructor accurate information for leading class participation exercises.

Any instructor has the right to remove a student from a Zoom class/session if unprofessional behavior is displayed.

Learning didactic content is crucial to your development as an anesthesia clinical provider and for your success on the National Certification Exam. Full engagement in the learning process is expected as if we were teaching you in the classroom.

These expectations are set forth to emphasize and promote professionalism among the MSA student body. Your actions are a reflection of the Program and of yourself. Keep in mind that all of our excellent CRNA professors/instructors are your future colleagues.

CLINICAL CONDUCT:

Acceptable clinical conduct for students, as defined by the clinical faculty at each hospital, is required. Students may not use or be under the influence of intoxicating and/or potential mind-altering substances in the hospitals. (See Chemical Dependency Policy)

MEDICATION SAFETY:

Students must report all medication errors and errors in controlled substances records to the Program Director and Associate Directors **within 48 hours** of their occurrence. The faculty expects that students can read labels, keep records and administer medications accurately even when stressed. Students are accountable for basic RN competency in medication administration. The intent of this policy is not punitive, as the faculty does not want to discourage self-reporting. The faculty recognizes that errors do occur, especially when students are under stress.

Students who make medication errors or errors in controlled substances records will receive a Letter of Concern, and this will be considered in the overall evaluation of the student's clinical performance.

Self-disclosure is important. It is a teachable moment if you disclose all medication errors within 48-hours of their occurrence. However, it is a disciplinary moment (making the student liable for probation or dismissal) if:

- You do not self-disclose within 48 hours;
- Or if the error was very negligent (not meeting the standard we expected of an RN even prior to anesthesia education), especially if the patient was harmed;
- Or if repeated (more than one) medication errors occur.

It is critical for infection control that students adhere to single-use of syringes, IV tubing, and medication vials ("one and done"). Please refer to the AANA Position Statement 2.13 Safe

Needle and Syringe Use (available at https://www.aana.com/docs/default-source/practice-use.pdf?sfvrsn=5f0049b1_2). Also see <http://www.oneandonlycampaign.org/>

INSTRUCTION:

Clinical supervision of students in anesthetic situations is restricted to Certified Registered Nurse Anesthetists (CRNAs) and anesthesiologists who are institutionally credentialed to practice and immediately available in all clinical areas. Students may not be supervised by physician residents.

At no time may the clinical supervision ratio exceed two students to one instructor. When a 2:1 ratio is considered, the student's knowledge and ability; the physical status of the patient; the complexity of the anesthetic and the experience of the instructor must be taken into consideration.

The supervising CRNA or anesthesiologist must be physically present in the anesthetizing area during induction of anesthesia, emergence from anesthesia and during critical portions of the anesthetic.

Clinical supervision of students in non-anesthetizing areas is restricted to credentialed experts who are authorized to assume responsibility for the student.

SOCIAL MEDIA

The Minneapolis School of Anesthesia welcomes communications directed to the School from students regarding the School's academic and clinical programs, as well as concerns and suggestions that students may have regarding the School, its faculty, clinical sites, and providers with which students interact while rotating through clinical sites. Nevertheless, the School expects and requires that students will communicate concerns, criticism, and suggestions to the School in a manner that complies with this Policy, and other standards applicable to students, including those set forth in the School's Student Handbook.

The School's ability to fulfill its mission of educating students also turns upon the School's relationship with clinical sites and health care providers who practice at clinical sites. To the extent that any student ever has a concern or objection regarding any aspect of an assignment to, experience at, or treatment by, any clinical site or provider, the School expects and requires that students will immediately convey their concern or objection to the School's Director, Associate Director or Board Chair. Students must not electronically "post" comments, criticism, or information regarding clinical sites, providers, patients, or otherwise, as such postings could damage or destroy critical relationships that the School has with clinical sites or providers or could result in disclosures regarding patients in violation of patients' privacy and other legally protected rights. In order to protect the interests of the School, our valued clinical sites, providers, patients, and our students, the School has adopted this Social Media Policy.

Social media can be a way to share life experiences and opinions with others. However, use of social media presents risks and carries with it certain responsibilities. Students must make responsible decisions about use of social media.

Social media shall include all current and future means of communicating or posting information or content of any sort on the internet or by other electronic communication method. Examples

include a student's or someone else's web log/blog, journal, website, or chat room, and group interchanges such as Facebook, Instagram, Snapchat, Twitter, or LinkedIn, as well as anonymous social media sites.

Students are solely responsible for what they post online.

Postings that directly or indirectly refer to classmates, faculty, clinical sites and providers who practice at the clinical sites or others related to the School's training program that include discriminatory or critical remarks, harassment, threats, or violations of professional codes of conduct, and any other unprofessional postings, are subject to disciplinary action by the School. Such discipline may include dismissal from the School.

Material from clinical sites, including but not limited to information about patients, must never be posted or distributed. Posting material from clinical sites may be a HIPAA violation. The School and/or clinical sites or providers will report HIPAA violations to the proper federal authorities for investigation and/or prosecution.

In addition, in order to promote the School's professionalism and in order to protect students enrolled in the School, students shall not post photos, comments, or other forms of a web-based material of faculty, students, or providers at clinical sites to their web-based communication sites such as, but not limited to, Facebook, Instagram, Snapchat, Twitter or LinkedIn without such person's advance, express permission. Also, students shall not supply or forward photos, critical or disparaging comments or other web-based materials to anyone for posting on any web-based communication sites, without the consent of the person photographed, or who is the subject of comments or other web-based materials. Any student found to have posted, supplied or forwarded materials for postings used on web-based communication sites without permission may be subjected to discipline up to and including dismissal from the School.

To the extent that any student has any concern regarding the foregoing Policy, or to the extent that any student has any concern regarding any experience which they have had at any clinical site, or with a provider or School faculty, all such concerns or objections should be immediately communicated by email to the School's Director, Associate Director, or Board Chair.

GRADUATION:

Graduation Criteria:

Students will be graduated after the following criteria are met:

- a. Complete all course work satisfactorily.
- b. Maintain a 3.00 grade point average.
- c. Complete all requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs.
- d. Attain the stated Program Outcomes.
- e. Satisfy attendance requirements.

- f. Complete and receive a minimum passing score on all comprehensive examinations.
- g. Complete and receive a 450 or higher on the Self-Evaluation Examination (SEE)
- h. Pay all outstanding tuition and fees to MSA and MSU
- i. Students must apply for graduation in accordance with Metropolitan State University procedures.
- j. Academic advisors nominate students for graduation after faculty has confirmed that all degree requirements have been met or are in progress. The Metropolitan State University Graduation Office clears students for graduation after confirming that all outstanding degree requirements have been completed.

Deferral of Graduation:

Graduation may be deferred if the student has not met graduation criteria.

Graduation:

Graduates of the Program receive a diploma from MSA. They are recommended to the National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) to write the National Certification Examination. The NBCRNA determines an individual's eligibility to write the examination. The NBCRNA grants initial certification to those who pass the examination. This entitles the person to use the credential "Certified Registered Nurse Anesthetist" (CRNA). Graduation may be deferred if the student has not met graduation criteria.

Metropolitan State University awards a Doctor of Nursing Practice Degree with a major concentration in Nurse Anesthesia to graduates who meet all University requirements.

ATTENDANCE:

Students are expected to attend all classes. A student who is absent for any reason is under obligation to make up assigned work to the satisfaction of the instructor/professor. If a student misses scheduled class or clinical during the first half of the day, they may not attend class or clinical the second half of the day. Students may not bring children to class, including Zoom classes or remote online testing.

Students are expected to attend all clinical assignments. If a student misses a clinical shift, for any reason, a personal day will be deducted for their allowed days. Students may not bring children to clinical sites.

The Director may require that a student obtain written approval from a physician before returning to class and clinical assignments following an absence.

PERSONAL DAYS:

Students are granted **10** personal days off during the program. A day is defined as eight hours. These days may be used in any way that the student sees fit and cover time away from the program for personal needs such as maternity/paternity, illness, bereavement, military obligations, vacations, review courses, state anesthesia meetings, etc. Students may elect to take a leave of absence for the above situations rather than use personal days. If this is their choice, the leave of absence policy is adhered to. Except in emergency situations, personal days away from the program must be approved by a Director. Students will complete the appropriate form and submit it to a Director for approval. It is expected that the completed form will be turned in a minimum of four weeks prior to the requested time off for all personal days except for emergencies, illness, and bereavement. The Clinical Coordinator will be notified that the student will be absent because of personal days. Students may not make up personal days and it is expected that they will not exceed the fifteen allocated days during the program. Students may not change or alter scheduled clinical shifts in order to avoid taking a personal day.

A 12-hour clinical day would be considered a day and a half. A six-hour class day is considered equal to an eight hour clinical day. Make-up of all Personal Days in excess of **10** days must be completed after the original graduation date. Excess time will be made up by working eight hour day shifts. The entire course(s) or semester must be repeated when the student takes personal days consisting of more than 20 consecutive clinical and/or didactic days or if more than 20 clinical and/or didactic days are missed in a semester for any reason.

SEMESTER BREAKS:

Classes are held according to the published Metropolitan State University class schedule. Clinical hours will be scheduled between semesters, with the exception of Spring Break and the week surrounding the Christmas Holiday. Students will not be scheduled didactic or clinical hours the week of or the weekend of the Christmas Holiday or Spring break week.

CLINICAL HOURS:

Clinical hours will be assigned and/or approved by the Clinical Coordinator at each hospital. The required number of clinical hours to be completed each week is published on the clinical rotation schedule. The maximum number of assigned clinical and/or didactic hours will not exceed 64 hours per week.

During the first two clinical rotations of the program (ANES734P,735P) students are allowed to work only 4 and 8-hour clinical shifts with no weekends assigned. During the third through sixth clinical rotations, students may work 4,8,12,16 and 24-hour clinical shifts including weekends and call.

For the 3rd through 6th clinical rotations (ANES736P-739P), Monday through Friday, call shift lengths will not exceed 16 hours with the following day free (no clinical or didactic classes scheduled). Students may not work a 24-hour call shift Monday through Friday. With the approval of the clinical site, students may work 24-hour call shifts on the weekends (Saturday or Sunday with no clinical or didactic classes on Monday). A call shift is defined as an overnight shift either from 3pm – 7am during the week or weekend or 7am – 7am on weekends if permitted by the clinical site. Students may not work more than one call shift a week. This policy does not apply to Rural/Regional rotations.

Students in the sixth clinical rotation may work two 16-hour (7a-11p) shifts or one 16-hour (7a-11p) and one 24-hour (7a-7a) call shift per week. Although a student may be assigned to a 24-hour call shift, at no time may a student provide direct patient care for a period longer than 16 continuous hours without a break and a 24-hour call shift cannot be Monday-Friday (weekends only).

LEAVE OF ABSENCE:

A leave of absence may be granted by the Program Director. Class and clinical requirements must be fulfilled before a diploma will be issued.

A leave of absence is defined as a request for more than five consecutive clinical and/or didactic days off, independent of personal time. If the student requests less than 5 days, personal time must be used. See Section titled Personal Days. Students may request a leave of absence for maternity/paternity, military leave, bereavement, review courses, anesthesia meetings or extended illness. Approval of the leave of absence request must be granted by the Program Director.

It is the student's responsibility to contact the Program Director before the leave begins for the purpose of planning the continuity of their learning process. Bereavement is an exception to this rule.

The program is designed to provide prerequisite courses in a sequential manner with the successive course work continually building a foundation for advanced practice. It is not in the student's best interest to return from a leave of absence in the midst of an ongoing course.

Make up of all leaves of absence consisting of more than five and less than 20 consecutive clinical and/or didactic days must be completed after the original graduation date. Excess time will be made up by working eight hour day shifts. Leave of absence days are not permitted to be made up before the original graduation date. This ensures compliance to the number of projected weekly hours, as written in the master class schedule addressing the time commitment for students. The entire course(s) or semester must be repeated when the student takes a leave of absence consisting of more than 20 consecutive clinical and/or didactic days or if more than 20 clinical and/or didactic days are missed in a semester for any reason.

COVID-19:

In the event a student is exposed to COVID-19 in the clinical setting, the student will follow the policies of the facility in which they are currently rotating. Personal days will be charged for any time missed.

HOLIDAYS:

The following holidays are observed by the School: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve and Christmas Day. Clinical and/or didactic hours will not be scheduled on an observed holiday.

Students shall not work the observed holidays.

MEETING REQUIREMENTS:

Students are required to attend the MANA Fall Meeting every year in the Program. Clinical hours will be adjusted accordingly. Students who do not attend these meetings will be assessed personal time. Conference fees are the responsibility of the student.

MATERNITY LEAVE:

The student is expected to begin maternity leave under the direction of her obstetrician and to complete the program as soon as her obstetrician advises that she may begin work following delivery according to the leave of absence policy. A written return to school from an obstetrician must be presented to the school prior to a student returning from maternity leave. Please refer to the Leave of Absence Policy for specifics on time allotment/requirements.

MILITARY LEAVE:

Students, who are members of a military reserve group or a National Guard unit, may request time off for active duty commitment not to exceed two (2) weeks annually. Request for annual tour is to be coordinated with and approved by the Program Director prior to submission through military channels. Upon receipt of published orders, a copy is to be furnished to the Program Director. A copy will be placed in the student's file. Students may use their personal time or leave of absence for their military commitment. If they use a leave of absence the time will be made up at the conclusion of the program according to the leave of absence policy. Reference the Metro State website for Metropolitan State University's Veterans and Military Student Services.

EXCUSED AND UNEXCUSED ABSENCES:

Sick days, approved leave of absence days, and requested approved personal days off that are deducted from the personal days, are considered excused absences. Only excused absences are allowed during the program. Excused absences are those due to an illness, family emergency, scheduled vacations, missed clinical days due to inclement weather, or other similar circumstances.

Students must notify the MSA office prior to a class absence or late arrival.

In the event of absence from a scheduled clinical shift, the student must notify the clinical site **AND** the school office before the shift begins. If a student leaves clinical early due to personal reasons, they are to contact the school immediately **prior** to leaving the clinical site.

GUIDELINES FOR ADMINISTERING TIME COMMITMENT:

1. Clinical assignments, including call, are viewed by the School as essential duties of nurse anesthetists. Therefore, they must be honored as a strong commitment by the students, who are regarded as future CRNAs.
2. The purpose of Spring Break, Holidays, and Personal Days are to provide rest and relaxation.

- a. It is the responsibility of the student to obtain all assignments from each instructor prior to taking personal days.
 - b. More than five days but less than 20 days of time off in a row requires a Leave of Absence
 - c. Students may not use personal days during the pediatric special experience, any rural rotation or during the orientation week of a new clinical practicum.
 - d. Students are not allowed to work clinical on breaks or holidays in exchange for extra vacation days or to make up a deficit in clinical hours.
3. No more than 10 days of personal time are to be taken during the last 30 days of the program.
 4. Personal days must be requested on the appropriate form. A copy of the request for personal days must be provided to the Clinical Coordinator.
 5. For courses taught by the Minneapolis School of Anesthesia, class days are scheduled for three-hour time blocks, the three hours of class time is equivalent to four hours of clinical time. One half class day (3 hours) equals one-half clinical day (4 hours). If a student is absent from class, the student must complete all course work to the satisfaction of the instructor/professor. Metropolitan State University conducts core DNP courses on the St. Paul Campus.
 6. Students cannot adjust their assigned clinical time from week to week. For example, a student cannot work extra clinical hours in one week to have less clinical hours the following week.

CLINICAL ROTATIONS:

Rotations are scheduled by the Associate Directors. Each student is required to rotate to the hospital assigned for the designated period.

There is a Clinical Coordinator at each hospital to whom the student is responsible. Students will receive an Orientation to Clinical Practicum packet approximately one month prior to rotation.

The Clinical Coordinators are:

| | |
|---|------------------------------------|
| Fairview Southdale Hospital | Amanda Ihry, MS, APRN, CRNA |
| M Health/HealthEast | |
| St. John's Hospital | Stephanie Donnelly, MS, APRN, CRNA |
| Woodwinds Health Campus | Lisa Saunders, MS, APRN, CRNA |
| Hennepin County Medical Center | Nicole Songle, MS, APRN, CRNA |
| Methodist Hospital | Tom Gatza, MS, APRN, CRNA |
| North Memorial Medical Center | Christina Cooney, MS, APRN, CRNA |
| United Hospital | Anna Dittmann, DNP, APRN, CRNA |
| University of Minnesota Medical Center | Hillary Harrison, MS, APRN, CRNA |
| Essential Health, Duluth, MN | Rebecca Grumdahl, MS, APRN, CRNA |
| St. Cloud Medical Center, St. Cloud, MN | Ingrid Anderson, MS, APRN, CRNA |

Students receive a Special Experience in Pediatrics.

The Clinical Coordinators are:

St. Paul Children's Hospital
University of Minnesota Medical Center
Masonic Children's Hospital

Jeannie Ihrig, MS, APRN, CRNA
Rich Leyh, MA, APRN, CRNA

Students receive Special Experiences in Regional Anesthesia at one or more independent CRNA facilities.

The Clinical Coordinators are:

Mercy Hospital, Moose Lake
Northern Lakes Surgery Center,
Moose Lake
Mora Hospital and Clinic
Osceola Medical Center, Osceola
Westfields Hospital
Baldwin Area Medical Center

Erin Laveau-Allen, MSN, APRN, CRNA
Jimmy Mach, MSN, APRN, CRNA

Ben Sickler, MS, APRN, CRNA
John Santer, CRNA, MS, APNP

Roseau Medical Center, Roseau, MN
Lakewalk Surgery Center, Duluth, MN
Duluth Surgical Suites
Great River Health, Burlington, IA
Cloquet, MN

AJ Humes, MS, APRN, CRNA
Neil Anderson, MS, APRN, CRNA
Glen Palokangas, MS, APRN, CRNA
Craig Knudtson, DNP, APRN, CRNA
Joe Vidmar, MSN, APRN, CRNA

NEW CLINICAL SITE AFFILIATIONS:

The Minneapolis School of Anesthesia has contractual agreements with numerous healthcare institutions in a variety of states that fulfill the necessary clinical experiences for each student. New clinical sites may be added to the current list of rotations as deemed appropriate by Program faculty. It is the responsibility of the Program, not the student, to seek the addition of new clinical site affiliations. At no time should a student contact a healthcare institution seeking a potential clinical partnership for an anesthesia rotation with the Minneapolis School of Anesthesia. The process of establishing a new clinical partnership requires an extensive review process to ensure a variety of factors (resources, staff, clinical cases, etc.) are in place to meet the goals of the Program, students, and clinical site. In addition, approval of a new clinical affiliation must be given by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) prior to any student rotating through a new clinical site. This process only occurs after an in-person site visit to the facility by Program faculty, application for approval of new clinical site, and payment of a fee to the COA. Considering the establishment of a new clinical affiliation is a lengthy and costly process; it is in the best interest of the Program, students, and clinical site for all communication regarding potential clinical partnerships to occur solely between the Program and clinical site to avoid issues with this process. In addition, the acquisition of new clinical sites should be commensurate with the Program's overall mission and terminal objectives. With this in mind, a clinical site will not be acquired for the sole benefit of a single student, but for the benefit of all students and the Program as a whole.

EVALUATIONS:

Didactic:

A variety of methods are used to evaluate student performance in course work. Examinations are scheduled at appropriate intervals, papers are assigned, and projects may be required. Students will receive grades at the end of the course.

Clinical:

Summative evaluation of clinical performance is conducted twice during each clinical rotation, except during the final semester when only an end-rotation evaluation is completed. The first is at the mid-point and the second at the completion of the rotation. The Clinical Coordinator at each facility is responsible for completing the evaluation. Concurrently, the student completes a self-evaluation of clinical performance.

An evaluation conference will be scheduled with the student and clinical coordinator for the purpose of reviewing and discussing the evaluation and self-evaluation. The faculty member is responsible for assigning the final course grade.

The completed evaluations are returned to the School and reviewed by the Associate Director. After the conclusion of the first and second year, and when necessary, faculty will conduct a review of formative and summative evaluations with the student to discuss/document student achievement in the classroom and clinical areas. Prior to the conclusion of the program, faculty will meet with the student to review with the student the final Summary of Student Performance.

Course Evaluations:

At the conclusion of each semester, students will be asked to evaluate their Didactic courses. A composite will be reviewed by the Evaluation Committee and a copy is provided to the instructor. Students will also complete an Instructional Improvement Questionnaire (IIQ) through Metropolitan State University.

Clinical Course Evaluations:

At the conclusion of each rotation, students will be asked to evaluate at least three Clinical Preceptors of their choosing. A composite will be reviewed by the Evaluation Committee and a copy is provided to the Preceptor. A copy will be forwarded to the respective Clinical Coordinator.

Hospitals:

At the end of a rotation, students will be asked to complete an evaluation regarding the student's experience at the clinical site. A composite will be reviewed by the Evaluation Committee and a copy is provided to the Clinical Coordinator at each hospital.

Program:

At the end of the program, students will be asked to complete an evaluation of the entire program. A composite will be reviewed by the Evaluation Committee for possible indications that program changes are needed. The Evaluation Committee will make recommendations to appropriate committees at Metropolitan State University and the MSA Board of Directors. The Board of Directors will review the results of the Program Evaluation.

GRADING/EXAMS:

Grade Values and Grade Points:

The chart below indicates the letter grades and the grade points used to calculate grade point averages (GPA).

| Grade | Grade Points |
|----------------------|---------------------|
| A Excellent | 4.0 |
| A- | 3.67 |
| B+ | 3.33 |
| B Good | 3.0 |
| B- | 2.67 |
| C+ | 2.33 |
| C Adequate | 2.0 |
| C- | 1.67 |
| D Partially adequate | 1.0 |
| F No grade or credit | 0.0 |

Note: Work with a grade of B- or less cannot be used to meet graduate program requirements.

Notes on Grading:

1. Instructors assign letter grades (A-NC) as appropriate according to the student's achievement level.
2. If there is more than one instructor for a course, grades will be weighted according to the number of hours the instructor taught.
3. Students are expected to maintain a B (3.000) grade point average. Students must maintain an 80% in all NURS/ANES classes. Failure to do so will result in dismissal from the program.

Incomplete Grades:

Incompletes may be granted at the discretion of the instructor provided significant progress has been made in the course. Students must request an incomplete in writing prior to the end of the course. The request must include a proposed plan for completing the course. Students with more than one incomplete grade may not continue with course work in the Department of Nursing until the work has been satisfactorily completed and

the appropriate grade for the course has been issued. Students who request an incomplete grade must be mindful about its effect on academic progression.

Change of Grade:

If an instructor discovers an error in a student's final grade, an amended grade report is filed with the Program Director. Changes of grades cannot be made, and should not be requested, on the basis of further work done after the end of the semester.

In those rare instances where a student believes he/she has been given an incorrect grade, the University Academic Appeals procedure should be followed.

Exam Review:

Review of any program examinations will not be allowed. Students receiving a failing grade on any examination can have individual counseling with the course professor. It is the student's responsibility to contact the course professor when receiving a failing grade on any examination. Any data related to examination details will not be provided to the students.

Make-up Examinations:

Students who will miss an examination will only be permitted to take the examination after the scheduled date and time. Under no circumstances will an examination be given prior to the scheduled date and time.

Handheld Devices:

Students will not be permitted to use handheld devices during examinations.

Missing Classes and Make-Up Work:

When a student must miss class(es) for unavoidable reasons, it is the student's responsibility to inform the instructor. The instructor should make reasonable provisions for any necessary make-up work to be completed. If a problem exists, the instructor and/or student should consult the Program Director.

On-Boarding Paperwork and Communication Requirements:

Students are required to complete on-boarding paperwork for all clinical rotations. Kari Urness facilitates this process. The student will be required to complete the paperwork within 3 days of receipt. A reminder will be sent and paperwork must be completed with 72 hours. If the paperwork is not completed with 72 hours after the reminder email is sent, the student will be charged personal time until the paperwork is submitted.

Clinical requirements such as TB test, flu shot, Covid vaccination, RN licenses, and life support certifications are uploaded to Typhon. Prior to the expiration of these, you will be notified when you log into Typhon. If any of these requirements expire before the student renews them, the student will be charged personal time until the requirement is renewed.

and uploaded to Typhon. Students will not be allowed to attend clinical until these requirements are completed and uploaded to Typhon.

ANESTHESIA CARE PLAN PROCEDURES

1. Students must formulate a plan of care for each patient prior to administration of an anesthetic. The plan must be discussed with the clinical instructor and/or the anesthesiologist
2. An anesthesia care plan must be completed on the required template provided by Program that is located on Typhon. *The student is responsible for printing their own care plans.*
3. Only under extenuating emergency situations may the written plan be completed following the procedure.
4. A pre-anesthesia history and assessment must be conducted on each patient. Pertinent information should be documented on the anesthesia care plan.
5. A post-anesthesia assessment must be conducted on each patient, except ambulatory care patients and early discharges. Pertinent information should be documented on the anesthesia care plan.
6. Departments utilizing a post-anesthesia visit form should have the student complete that form and annotate on the anesthesia care plan that the visit was accomplished.
7. The CRNA assigned to the case with the student must complete the evaluation and sign the care plan. The CRNA signature on the anesthesia care plan is to be the CRNA assigned to the case with the student. Students must provide a new care plan for each CRNA they work with during the day. **It is not acceptable to perform cases with one CRNA and have another CRNA from a different case sign the care plan.**
8. The Clinical Coordinator reviews the completed plan and discusses the specific cases as deemed necessary.
9. The student is to use the anesthesia care plans as the data base for entering cases into Typhon. Typhon records must be accurate and complete.
10. Anesthesia care plans are due in the School Office by the seventh day of the following month. Students are not to turn in care plans until the total number of cases on the care plans matches the Typhon monthly total.
11. Only those cases for which an anesthesia care plan is written and submitted will be counted toward meeting requirements for graduation. If an anesthetic is administered by a student and an anesthesia care plan is not submitted, it should not be entered into Typhon.
12. Directors review the Typhon database on a regular basis. Periodic audits of the Typhon totals and anesthesia care plans will be conducted.
13. Students must adhere to the hospital policy regarding HIPAA at all times.]

14. If at any time a student is more than 2 months behind in turning care plans into the office, one day of personal time will be deducted per day until care plans are submitted.

TYPHON

The Minneapolis School of Anesthesia uses the Typhon Group to provide case, time, and clinical conference log tracking as well as evaluation tools all online. The following are procedures for Typhon utilization:

1. The website for Typhon access is www.typhongroup.net/MSA
2. Prior to beginning the program, the Associate Director will send each student a log-in and password to access the system.
3. Upon first time log-in you will be required to pay a one-time fee of \$100, fee subject to change from Typhon Group. This is the only fee you will pay to Typhon for the entire length of the program. All other Typhon fees are paid by the school.
4. An orientation day will be provided to show the students how the system works and the process for logging cases, time, and clinical conferences.

The following policies will be followed with regard to Typhon access:

1. You will upload your student photo to your Typhon account. The clinical coordinators can see these as you rotate so they can put face to name.
2. Personal information must be kept up-to-date at all times. It is expected that if address, phone number, email address, etc. change, you will immediately update them in Typhon.
3. Your licenses and vaccination expiration dates will be kept in Typhon. The system will alert you when you are 90 days away from an expiration date in your file. It is your responsibility to upload supporting documentation of your continued licensure and vaccination status. The school will be notified of uploaded documentation which will be verified and the school will then input the new expiration date. Should any of your licenses or vaccinations expire without an uploaded replacement, you will be immediately pulled from clinical and will use personal time until the required documentation is received at the school.
4. Your time and case logs can only be inputted into the Typhon system for 7 days prior to the current date. At that point, you cannot enter case or time logs. This is to ensure that you input your case and time logs in a timely manner. Should you have cases or time logs beyond the 7-day window, you must make arrangements with the Associate Director to take personal time away from clinical to get caught up. It is best to input case and time logs the same day so you don't get behind.
5. By the 7th of every month, for the previous month, the students will do the following:
 - a. Reconcile time and care plans to Typhon totals to ensure that all cases and time are accounted for. Care plan totals must match Typhon totals prior to turning in your care plans. You will turn in care plans with a cover sheet that will be provided to you.
 - b. Written care plans will be turned into the School.
 - c. Students who fall more than two months behind in turning monthly care plans into the office will be asked to take personal time to complete and submit care plans.

METROPOLITAN STATE UNIVERSITY STUDENT PROGRESSION

Responsibility

Each student is responsible for knowing and adhering to the current admitted student policies for the Doctor of Nursing Practice Degree (DNP) with a Major Concentration in Nurse Anesthesia Program. These policies are made available to students upon admission and as policies are updated. Students are responsible for knowing and learning about changes in policies. The responsibility for the implementation of these policies is assigned to the Dean and faculty of the Department of Nursing (DON).

Matriculation Requirements

1. Students are expected to adhere to the progression, scholastic, and graduation standards and current policies for the DNP program.
 - 1.1 Students must establish and maintain a university email account. This account is free of charge and is active as long as a student remains enrolled at the university. The university assigned student email account is the official means of communication with all students enrolled at Metropolitan State. No other email account may be used as means of communication with faculty or staff. This policy is enforced to protect faculty, staff, and student privacy. If an email is received from an account other than that assigned by the university, the faculty and staff have been advised to request the information from the student's Metropolitan State email account.
 - 1.2 Students are expected to read their email on a regular basis to ensure that they are aware of information circulated by the Department of Nursing. Changes in policy and procedures, reminders of important dates, and announcements about financial aid are all transmitted via Metropolitan State email. It is the students' responsibility to create accounts to use university services such as the library databases and online course management systems.

Advising

2. Students are assigned both an academic advisor and a faculty advisor.
 - 2.0.1 Academic Advisors are available to help with questions or issues while students progress through the degree program. Academic advisors can assist with issues such as course registration, petitions, graduation planning, or other concerns.
 - 2.0.2 Faculty Advisors are professors in the Department of Nursing, as well as the MSA Directors, who share their experiences and advice with students regarding how to succeed in academic and professional nursing environments.

2.1 Accessibility/Learning Needs

Metropolitan State University is committed to providing educational opportunities to students with disabilities. In accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act, the school provides reasonable accommodations to otherwise qualified students with disabilities. The decision regarding appropriate accommodations will be based on the specifics of each case.

Students who seek accommodations for disabilities must register with the Center for Accessibility Resources. Please set up an appointment to discuss your disability related needs, 651-793-1549, TTY

(651) 772-7723 or Accessibility.Resources@metrostate.edu. The Accessibility Resources Offices is located in New Main, room L223. All accommodations will be made on a case by case basis with the understanding that the university cannot make changes which fundamentally alter the nature of a program or service.

Scholastic Standards

3. Students are required to obtain letter grades in all DNP courses with the exception of specified lab or practicum courses.

3.0.1 Students may earn only one C or C+ grade in a NURS/ANES course. A second grade in a NURS/ANES course lower than a B- will result in dismissal from the program. Nurse anesthesia students must maintain an 80% in all NURS/ANES courses at the Minneapolis School of Anesthesia. Failure to do so will result in dismissal from the program.

3.0.2 Students must maintain a term and cumulative program GPA of 3.0 or above.

3.1 Monitoring of Academic Standards

The college will monitor the academic standing of all DNP students each semester and forward relevant information to the College of Nursing or Health Sciences (CNHS) Dean. The CNHS Dean, or designee, will take the following action as needed.

3.1.1 Academic Warning

Academic Warning letters will be sent at the end of each term to DNP students who have a term or cumulative grade point average of less than 3.0.

3.1.2 Academic Probation

Students on academic warning will be placed on probation if, at the end of the next semester, they continue to have a term or cumulative GPA of less than 3.0. Students whose term GPA is above 3.0, but whose cumulative GPA remains below 3.0 will continue on probation. Nurse anesthesia students will be dismissed from the Minneapolis School of Anesthesia if they fail to maintain a 3.0 GPA at the end of the subsequent semester.

Students on probation whose semester and cumulative GPA are above 3.0 are returned to good academic standing.

Students on probation must meet with their Faculty Advisor/MSA Directors to discuss their academic status prior to registering for any subsequent semester.

3.1.3 Academic Dismissal

Students who have not been returned to good academic standing after two semesters on probation will be dismissed from the DNP program.

A student will be dismissed for failure to progress due to poor academic performance if it is determined they cannot meet graduation eligibility requirements.

3.2 Incompletes

An Incomplete grade may be granted at the discretion of faculty if significant progress has been made in the course. A student wishing to have additional time to complete a course must submit a request in writing prior to the end of the course to the course instructor and submit a petition to the Department of Nursing. The request must include a proposed plan for completing the course. An incomplete must be resolved no later than two weeks after the start of the subsequent semester. Students who request an incomplete grade must be mindful about its effect on academic progression.

3.3 Transfer Credits

As the curriculum is composed of sequential and integrated courses designed to facilitate achievement of the program’s terminal objectives, transfer into the program is handled on an individual basis, and credit for previous anesthesia training is not guaranteed.

Grading

4. Course grades are derived according to the scale displayed below.

| Percent | Grade |
|----------|-------------|
| 95 -100 | A |
| 90 -94.9 | A- |
| 87-89.9 | B+ |
| 83-86.9 | B |
| 80-82.9 | B- |
| 77-79.9 | C+ |
| 75-76.9 | C |
| < 75 | F/No Credit |

Grades are not rounded. The Minneapolis School of Anesthesia does not use + and – grades.

Unencumbered Registered Nurse License

5. The DNP program admits registered nurses and students are expected to maintain an active, unencumbered license to practice professional nursing in the state of Minnesota throughout the program. Failure to do this will result in immediate dismissal from the program.

Progression

6. Currently enrolled students whose program must be amended due to curricular changes will not be required to fulfill more credits than those in their original plan. Students in this situation will not be required to duplicate course content already completed in the program.

6.1 Students are expected to adhere to the progression, scholastic, and graduation standards and policies published at the time of the full admission to the DNP program. Nurse anesthesia students must complete the Minneapolis School of Anesthesia course progression as written in the student handbook.

6.2 Students may be required to take standardized tests established by the Department of Nursing and the Minneapolis School of Anesthesia.

6.3 Active Military Duty:

The Department of Nursing and the Minneapolis School of Anesthesia is committed to ensuring learning opportunities for members of any branch of the US military in accordance with Board policy (5.12.1) of the Minnesota State Colleges and Universities.

Student Representation

7. The experiences, perceptions, ideas, and viewpoints of students are important to the Department of Nursing and the Minneapolis School of Anesthesia. Opportunities exist to provide input to the DNP Program Coordinator, Department Chair, faculty, MSA Program Director and Associate Director, and Department committees. This involvement provides for exchange of information and ideas related to continuous evaluation and improvement of the nursing program.

Academic Honesty

8. Academic honesty is highly valued. Metropolitan State University's position regarding academic honesty is found in the Academic Integrity Policy and Procedures, #2190 and #219 and is provided to students in the University Student Handbook. Students are expected to uphold student integrity and standards when fulfilling program requirements and assignments. Violations of academic honesty include, but are not limited to, cheating, plagiarism, and providing false information to faculty, staff, or clinical preceptors. Allegations of plagiarism or other forms of academic dishonesty are subject to investigation and sanctions under the University Student Academic Integrity Policy and Procedures, #2190 and #219, respectively. <http://www.metrostate.edu/Documents/university-policies-procedures/section-ii-a-academic-affairs-policies/policy-2190-student-academic-integrity-01062014.pdf>
 - 8.0.1 Cheating includes revealing or sharing information about an exam, a simulation exercise, or a skill validation. Cheating includes turning in another person's work, paper, or examination as one's own. It also includes submitting identical work for separate courses or for two assignments within the same course unless approved by faculty in advance. A student may submit work on the same topic or area of knowledge as long as the assignment guidelines and end product are different.
 - 8.0.2 At Metropolitan State University, plagiarism is defined as using another person's words or ideas and presenting them as one's own, without acknowledging the original source. Plagiarism may take many forms. Copying information from one source and presenting it in a paper or report without the use of citation or direct mention of the source is one common form of plagiarism. Using another author's ideas, including ideas from fellow students, without proper acknowledgement or failing to use the appropriate citation format, may also be considered plagiarism. This is a serious academic offense and will result in faculty member sanctions commensurate with course syllabi. These may include but are not limited to: (a) assigning a zero for the assignment; (b) requiring a make-up assignment; (c) requiring an additional assignment about the ethical implications of breaches of academic integrity; and/or (d) assigning additional practice in proper citation methods. Other sanctions may be assessed by the Provost/Vice President of Academic Affairs according to university procedure #219. The university subscribes to plagiarism detection software, and student papers may be checked for plagiarism.

- 8.0.3 Providing false information to faculty, staff, or clinical preceptors is considered a form of academic dishonesty. This can include, but is not limited to, providing false statements about absences, clinical hours, or submitting false information to meet clinical documentation requirements.

Student Behaviors

9. All students are held responsible for meeting course and clinical requirements. Students must consistently demonstrate behavior reflective of professional nursing practice at the university and in public environments. Failure to demonstrate professional behavior may result in dismissal from the program. Professional behavior includes:
- Taking actions that are consistent with the Nursing Code of Ethics and the Minnesota Nurse Practice Act.
 - Attending all learning experiences regularly and punctually.
 - Informing course faculty in advance if unable to attend scheduled classroom meetings, exams or clinical experiences, or if unable to meet project deadlines.
 - Complying with contracted requirements of clinical facilities and practicum sites.
 - Demonstrating behavior that is professional and respectful to faculty, peers, patients, and staff in the classroom, within online courses, and in clinical facilities and practicum sites.
 - Demonstrating awareness that the classroom, lab, and clinical environments are learning environments. Unless otherwise directed, this includes turning cell phones off and arranging for emergency contacts in a manner that does not disrupt class or client care.
10. Students or organizations may be subject to university discipline for any of the misconduct noted in university procedure #112 that occurs at any time on university-controlled premises or at university approved or sponsored functions, including clinical sites. Behaviors that endanger the physical or psychological safety of patients, family members, staff, peers, or instructors are unacceptable.
- 10.0.1 Students exhibiting unprofessional behavior will be notified by faculty that such behavior is unacceptable. Faculty members or others in the position of authority may take any immediate and temporary actions necessary to protect the classroom or program atmosphere, to uphold established policies, regulations, and laws. Any behaviors that violate the Student Code of Conduct may also be subject to investigation. Depending upon the nature of the incident or the number of incidents, the faculty may consult with the Office of the Dean of Students or the Student Conduct Office to authorize a conduct investigation under University Student Code of Conduct Policy #1020 and Procedure #112.
11. Students are accountable to their RN license even if they are in the student role. The Nurse Practice Act (148.263 Sub. 3) includes an obligation to report violations that are likely to result in disciplinary action. Such violations will be reported to the Minnesota Board of Nursing.

Practicum and Contract Requirements of Clinical Facilities and Practicum Sites

- 12 Nurse anesthesia students are required by the Council on Accreditation of Nurse Anesthesia Educational Program (COA) to complete >2000 hours of clinical practica. Other requirements for clinical experiences are outlined more specifically by the COA.

- 12.1 Students are required to identify preceptors/mentors for the practica courses. All preceptors/mentors must meet Department of Nursing credentialing requirements. The DNP Program Coordinator and the MSA Directors approve nurse anesthesia preceptors and agency placements for nurse anesthesia students.
- 12.2 Legal contracts are arranged with clinical and practicum sites. These contracts specify information that the college must collect from students. Students must submit the required packet of clinical documentation prior to the deadline. Failure to submit this information prior to the deadline will result in students' inability to enroll and attend clinical courses. All requirements must remain valid for the duration of all clinical and practicum experiences. It is the student's responsibility to maintain the records. The pre-practicum requirements are determined with clinical agencies and, in general, there are no exceptions. Information on clinical requirements can be obtained at: <http://www.metrostate.edu/student/university-info/university-info/college-of-nursing-and-health-sciences/pre-practicum-requirements>
- 12.3 Students must provide evidence of and maintenance of an unencumbered license to practice professional nursing in Minnesota. This will be verified by Department of Nursing personnel prior to matriculation into and throughout the DNP program. Students shall notify the DNP Program Coordinator and the MSA Directors if any Board of Nursing takes action against their license to practice professional nursing.
- 12.4 The Nursing Programs endeavor to provide students with appropriate clinical training placements, but cannot guarantee placements in all circumstances. Students with personal circumstances that may limit their eligibility for participation in clinical experiences are encouraged to contact the DNP Program Coordinator and the MSA Directors as soon as possible. The DNP Program Coordinator and MSA Directors do not guarantee an alternative facility placement. Students with these circumstances may be unable to continue in the program.

Other Clinical Requirements

13. Students must adhere to all clinical site policies and procedures. Students are assigned specific clinical dates and times and are not allowed in the clinical site on other dates unless approved by the clinical faculty the Department of Nursing, and the MSA Directors
 - 13.1 Students are required to complete all clinical hours associated with clinical practicum courses.
 - 13.2 A student with an excused absence will either complete a make-up assignment or be required to make up the clinical hours based on the individual's learning needs and faculty prerogative. Excused absences for nurse anesthesia students will be handled at the level of the nurse anesthesia program at the discretion of the MSA program faculty.
 - 13.3 A student with an unexcused absence will be required to make up the clinical hours as arranged by the faculty and Department of Nursing. Nurse anesthesia students will make up unexcused absences at the discretion of the MSA faculty. Additionally, each unexcused absence will result in the reduction of one letter grade for the final course grade.
 - 13.4 Unexcused absence is defined as failure to prepare for or appear at any clinical learning environment including lab and simulation experiences without prior notification and approval by the faculty.

Complaints and Conflicts

14. Academic Appeal

Students who believe they have been unfairly evaluated concerning grades, program requirements, or graduation requirements may appeal such concerns in accordance with the University's Academic Appeal Procedure (University Policy and Procedure, section 2-b, Procedure #202).

15. Student Complaints and Grievances

Whenever possible, complaints, disagreements, and misunderstandings should be settled between the individuals involved and at the lowest possible level. Students who believe they have been unfairly treated by department faculty or staff, or have a complaint related to a course that is not covered by the academic appeal procedure should use the following protocol, University Policy and Procedure, section 3-b, Procedure #303.

Graduation Requirements and Process

16. Nurse anesthesia students in the doctoral program must complete all NURS/ANES courses with an 80% or better and have an overall cumulative GPA of 3.0.

16.1 The student must complete all standardized tests required by the Department of Nursing and the Minneapolis School of Anesthesia.

16.2 Students must apply for graduation in accordance with university procedures.

16.3 Academic advisors nominate students for graduation after faculty has confirmed that all degree requirements have been met or are in progress. The Graduation Office clears students for graduation after confirming that all outstanding degree requirements have been completed.

MINNEAPOLIS SCHOOL OF ANESTHESIA

Probation/Dismissal Policy

PROBATION/DISMISSAL

There are two categories of student status:

1. **GOOD STANDING:** The student is making satisfactory progress.
2. **PROBATION:** The student is not making satisfactory progress. Failure to improve may lead to dismissal from School.

PROBATION: The staff will initiate PROBATION at a conference with the student. No third party may accompany the student to such conferences. The reason for the action will be defined for the student and set forth in a Statement of Probationary Status. All Parties will sign and receive copies of the Statement of Probationary Status form. A copy will be placed in the student's file.

During the probationary period, the staff and course instructors are available to meet with the student and assist in defining problems, planning remedial action, and assessing progress. It is the student's responsibility to request such a meeting whenever assistance is needed. No third party may accompany the student at such meetings.

The two most common probationary situations are ACADEMIC PROBATION and CLINICAL COMPETENCE PROBATION. Failure to comply with other school policies may be cause for probation.

ACADEMIC PROBATION:

The Minneapolis School of Anesthesia follows the grading/academic progress policies of Metropolitan State University College of Nursing and Health Sciences as follows:

1. Students are required to obtain letter grades in all DNP courses with the exception of specified lab or practicum courses.
2. Students are required to achieve a grade of C or better in STAT 621. Failure to obtain a grade of C or better will result in dismissal from the program.
3. Students may earn only one grade lower than a B-minus in any graded NURS, ANES or HSCI course. This limit includes withdrawal from a course an "No Credit" in a Pass/Fail course. A second grade in a NURS, ANES or HSCI course Lower than a B-minus will result in dismissal from the program.
4. Students must maintain a term and cumulative program GPA of 3.0 or above.
5. Incompletes

An incomplete grade may be granted at the discretion of faculty if significant progress has been made in the course. Students should consult with their faculty if they desire an incomplete.

CLINICAL COMPETENCE PROBATION:

A student is subject to being removed from GOOD STANDING and placed on CLINICAL COMPETENCE PROBATION for a 60-day period if, in the judgment of the clinical faculty, clinical competence is below an acceptable level.

The staff will initiate CLINICAL COMPETENCE PROBATION at a conference with the student, Clinical Coordinator and/or Chief Anesthesiologist. No third party may accompany the student at such conferences. The reason for the action will be clearly defined at this time.

A student will not ordinarily rotate to another hospital during a clinical competence probationary period. The final decision regarding rotation will be made by Program Director(s) following consultation with the Clinical Coordinator.

Clinical Competence Probation will result in one of the following actions:

1. If competence is at an acceptable level at the end of the 60-day period, the student will be removed from PROBATION and returned to GOOD STANDING.
2. If competence is below an acceptable level at the end of the 60-day period, the student may be dismissed from School by the Clinical Competence Committee.

DISMISSAL: A student may be dismissed from anesthesia school for failing to correct unsatisfactory performance or other reasons which, in the determination of the School, necessitates such action. At the discretion of the School, a student may be dismissed from School without having been placed on or having completed PROBATION. All recommendations for dismissal are forwarded to the School's Academic Committee for action and are subject to the Student Appeal Mechanism described below. Probation may not be appropriate and immediate dismissal may be recommended in the following situations, which are illustrative only and are not intended to limit the School's ability to dismiss or otherwise discipline a student in other circumstances that it deems appropriate:

1. The student has engaged in cheating.
2. The student's final course grade falls below 80%.
3. The student is a threat to patient safety, in the judgment of the clinical faculty.
4. The student has worked for pay as an anesthetist.
5. The student has furnished false information to the School or has forged or altered School documents or academic credentials.
6. The student exhibits unacceptable clinical competence after having completed an initial clinical competence probation.
7. The student has been judged by the School Faculty as being incapable of completing school due to health or other reasons.

8. The student has failed to comply with the attendance policy.
9. The student has acted in an unprofessional manner.
10. Any student removed from a clinical experience must have a counseling session with the Program Director and Associate Program Director within 48 hours and a plan of action for remediation, clinical warning, performance improvement plan, clinical probation, clinical dismissal, or program dismissal will be identified at that time.
11. If the student has been removed from two clinical sites during their clinical education due to student performance, interprofessional communication and/or professional demeanor disputes, the Minneapolis School of Anesthesia will no longer be able to accommodate the student's clinical requirements. This will result in failure of the clinical practicum in which the student is currently enrolled and subsequent dismissal from the program.
12. Nurse anesthesia faculty has the right to move any student to alternate clinical sites at any time without cause or explanation.
13. Failure of a drug screen

Students are required to actively participate in all remediation processes, included but not limited to, Letters of Concern, Performance Improvement Plans, and Probationary Processes. No third party can accompany the student to meetings pertaining to these processes. If students are unwilling to participate in any of these processes, they will be removed from clinical until they agree to participate in said process. The time out of clinical will be deducted from the student's personal time and will be made up after the original graduation date by working 8-hour day shifts. If the time out of clinical is equal to or exceeds 20 consecutive days, the Leave of Absence Policy will be followed.

MINNEAPOLIS SCHOOL OF ANESTHESIA

Student Appeal Mechanism

Policies governing students are printed and distributed in the Student Handbook. Penalties for violating these policies may be imposed by a Clinical Instructor, Clinical Coordinator, Classroom Instructor, Didactic Director, Associate Director, Director, or the Academic Committee by written notice to the student of the decision and the basis for the decision. In all instances the student has the right to appeal such decisions. Notice must be given by the student by delivering to the Director a notice of intent to appeal within five (5) business days after the delivery of the written notice to the student of the decision.

Decisions are appealed as follows: If the penalty is imposed by a Clinical Instructor, appeal is to the Clinical Coordinator and then to the Director. If the penalty is imposed by a Clinical Coordinator, appeal is to the Director. If the penalty is imposed by a Classroom Instructor, appeal is to the Didactic Director and then to the Director. If the penalty is imposed by the Associate Director appeal is to the Director. If a penalty is imposed or upheld by the Director, appeal is to the Academic Committee if the issue is an academic issue, as determined by the Director. If a penalty is imposed or upheld by the Director on an issue that is not an academic issue, there is no appeal to the Academic Committee, but the student may appeal the Director's decision to the Grievance Committee. At each level, the student will be provided written notice of the decision and the basis for the decision.

Decisions by the Director on non-academic issue appeals and decisions by the Academic Committee on academic issue appeals can be appealed to the Grievance Committee. The student shall notify the Chair of the Grievance Committee, in writing, of intent to appeal to the Grievance Committee. This notice shall be delivered to the Director within five (5) business days after the delivery of the written notice to the student of the decision. Appointment of the Grievance Committee shall be governed by School By-Laws. The appeal will be heard at a place and time determined by the Director which shall be no longer than thirty (30) business days following the receipt of the student's notice of intent to appeal. A majority of the Committee must be present to render a decision, unless the student agrees to less than a majority.

The Grievance Committee shall afford the student an opportunity to be heard. The student may present information directly or through counsel, including witnesses and relevant documents. The Director or a representative of the Academic Committee shall be entitled to present information to the Grievance Committee. The Grievance Committee shall have full authority to accept, modify, or overturn the decision previously rendered by the Director or the Academic Committee. The Grievance Committee shall provide notice of its written findings of fact and its decision to the student and to the Director as soon as possible after the completion of the appeal.

Within five (5) business days after the delivery of the written decision of the Grievance Committee to the student, the student may appeal the decision to the Board of Directors by delivering to the President of the Board of Directors a notice of intent to appeal. The appeal shall be heard at the Board of Directors' next regular or special meeting. The Board shall be presented with a copy of the findings of fact and decision of the Grievance Committee along with other information considered by the Grievance Committee. The affected student or the student's legal counsel and a representative of the School appointed by the Grievance Committee shall be entitled to make a statement to the Board. Following the statement, and any necessary deliberation, the Board shall either uphold or reverse the decision of the Grievance Committee. The decision of the Board shall be final.

APPENDIX A

Drug Abuse Prevention Program Policy

Section 1. Authority

Each institution of higher education that receives federal funds, participates in certain federal contracts, or maintains federal financial aid eligibility for students must certify that it has a drug abuse program in operation that applies to all employees and students at the institution. This university procedure is established in accordance with the requirements as set forth in the Drug-Free Schools and Communities Act (34 CFR Part 86), the Drug-Free Workplace Act (34 CFR Part 85) and the Campus Security Act.

Section 2. Effective Date

This university procedure becomes effective immediately and shall remain in effect until specifically revoked.

Section 3. Responsibility

The responsibility for implementation of this university procedure is assigned to the Vice President for Student Affairs and the Director of Human Resources.

Section 4. Drug Abuse Prevention Program

The university's drug abuse prevention program is described in the appendix.

Section 5. Implementation

5.A. Annual Notice to Employees and Students

Consistent with federal and state regulations, the university's drug and alcohol abuse prevention program (see Appendix) includes description of legal sanctions, health risks and standards of conduct. It is available on-line and is distributed to all employees as part of new employee orientation and annually thereafter. All new degree candidates, as part of orientation, are informed of the drug and alcohol abuse prevention program. Students are also notified of it annually in *The Catalyst*.

Counseling, assessment and referral for personal problems, including drug abuse, is available to all state employees through the Employee Assistance Program (EAP). Information about this program is provided as part of new employee orientation, posted on the Human Resources website, and provided at least once a year for all employees. The Student Affairs office provides community information and referral for students interested in drug and alcohol abuse programs and prevention.

The Student Affairs office provides, upon request, in-service training for advisors and community faculty about drug abuse problems and making appropriate referrals.

5.B. Biennial Review. The university will conduct a biennial review of the program to determine its effectiveness, implement needed changes, and ensure consistent enforcement of sanctions as warranted.

Drug Abuse Prevention Program

Metropolitan State University complies with the federal Drug-Free Schools and Campuses Act (DFSCA) and Minnesota State Colleges and Universities (MnSCU) Board policy 5.18 which prohibits the unlawful possession, use, or distribution of alcohol and illicit drugs by students and

employees on the university premises or in conjunction with any university-sponsored activity or events, whether on- or off-campus. In accordance with federal regulations, Metropolitan State University's policy 1060 is included in the Handbook of Student Rights and Responsibilities, which is made available to every student and employee via the university web site. Information on the drug and alcohol policy is included with the annual Campus Crime and Security Report, which is distributed to every student and employee. The university conducts a biennial review of this policy to determine the effectiveness of this policy and to ensure that disciplinary sanctions for violating standards of conduct are enforced consistently.

Standards of Conduct

- No student or employee shall manufacture, sell, give away, barter, deliver, exchange, or distribute; or possess with the intent to manufacture, sell, give away, barter, deliver, exchange, or distribute a controlled substance or drug paraphernalia while involved in a university-sponsored activity or events, on- or off-campus.
- No student or employee shall possess a controlled substance, except when the possession is for that person's own use, and is authorized by law while involved in a university sponsored activity or event, on- or off-campus.
- No student shall report to campus, and no employee shall report to work while under the influence of alcohol or a controlled substance, except as prescribed by a physician, which affects alertness, coordination, reaction, response, judgment, decision-making, or safety.
- Except as allowed by MnSCU Board Policy 5.18, the possession, use, sale or distribution of alcoholic beverages and 3.2% malt liquor at Metropolitan State University and at Metropolitan State University-sponsored events is prohibited.

Legal Sanctions

Federal and state sanctions for illegal possession of controlled substances range from up to one year imprisonment and up to \$100,000 in fines for a first offense, to three years imprisonment and \$250,000 in fines for repeat offenders. Additional penalties include forfeiture of personal property and the denial of federal student aid benefits. Under federal laws, trafficking in drugs such as heroin or cocaine may result in sanctions up to and including life imprisonment for a first offense involving 100 gm or more. Fines for such an offense can reach \$8 million. First offenses involving lesser amounts, 10-99 gm, may result in sanctions up to and including 20 years imprisonment and fines of up to \$4 million. A first offense for trafficking in marijuana may result in up to five years imprisonment and fines up to \$500,000 for an offense involving less than 50 kg. and up to life imprisonment and fines up to \$8 million for an offense involving 1,000 kg. or more. The State of Minnesota may impose a wide range of sanctions for alcohol-related violations. For example, driving while intoxicated (blood alcohol content of .08 or more) may result in a \$700 fine, 90 days in jail, and/or revocation of driver's license for 30 days. Possession of alcohol under age 21 or use of false identification to purchase alcohol results in \$100 fine. Furnishing alcohol to persons under 21 is punishable by up to a \$3,000 fine and/or one year imprisonment.

Health Risks ***Alcohol***

Alcohol consumption causes a number of changes in behavior and physiology. Even low does significantly impair judgment, coordination, and abstract mental functioning. Statistics shows that alcohol use is involved in a majority of violent behaviors on university campuses, including acquaintance rape, vandalism, fights, and incidents of drinking and driving. Continued abuse

may lead to dependency, which often causes permanent damage to vital organs and deterioration of a healthy lifestyle.

Amphetamines

Amphetamines can cause a rapid or irregular heartbeat, headaches, depression, damage to the brain and lungs, tremors, loss of coordination, collapse and death. Heavy users are prone to irrational acts.

Cocaine/crack

Cocaine users often have a stuffy, runny nose and may have a perforated nasal septum. The immediate effects of cocaine use include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature, paranoia and depression. Cocaine is extremely addictive and can cause delirium, hallucinations, blurred vision, severe chest pain, muscle spasms, psychosis, convulsions, stroke and even death.

Hallucinogens

Lysergic Acid Diethylamide (LSD) causes illusions and hallucinations. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even when use has ceased. Phencyclidine (PCP) affects the sections of the brain that controls the intellect and keeps instincts in check. Hallucinogens can cause liver damage, convulsion, coma and even death.

Marijuana

Marijuana may impair or reduce short-term memory and comprehension, alter sense of time, and reduce coordination and energy level. Users often have a lowered immune system and an increased risk of lung cancer. Users also experience interference with psychological maturation and temporary loss of fertility. The active ingredient in marijuana, THC, is stored in the fatty tissues of the brain and reproductive system for a minimum of 28 to 30 days.

Methamphetamine

Methamphetamines, known as speed, meth, ice, glass, etc., have a high potential for abuse and dependence. Taking even small amounts may produce irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Over time, methamphetamine users may experience symptoms similar to Parkinson's disease, a severe movement disorder.

Narcotics

Narcotics such as codeine, heroin or other opiate drugs cause the body to have diminished pain reactions. The use of heroin can result in coma or death due to a reduction in heart rate.

Steroids

Steroid users experience a sudden increase in muscle and weight and an increase in aggression and combativeness. Steroids can cause high blood pressure, liver and kidney damage, heart disease, sterility and prostate cancer. View additional information at [National Institute on Drug Abuse](#).

Educational and Treatment Programs

Metropolitan State University provides periodic information for employees and students to foster a drug- and alcohol-free environment. Counselors are available to assist students deal with personal concerns that might interfere with their academic work while at the university. Services are free and confidential and can be arranged by contacting the Counseling and Career Services unit, 651-793-1558.

The Employee Assistance Program (EAP) is available to all university employees. EAP can assist employees by providing a professional assessment of a possible alcohol or drug problem. The mission of EAP is to provide confidential, accessible services to individual employees and state agencies in order to restore and strengthen the health and productivity of employees and the workplace. For additional information, go to <http://www.mmb.state.mn.us/eap>

or to speak to an EAP Counselor call: **651-259-3840 or 1-800-657-3719**. You may also contact the university Human Resources Department at 651-793-1276. Community area substance abuse treatment center referrals include:

Recovery Resource Center

1900 Chicago Avenue South
Minneapolis, MN 55404
612-752-8050

Fairview Recovery Services

2450 Riverside Avenue
Minneapolis, MN 55454
Intake: 612-672-2736
Hotlines: 612-672-6600; 612-672-2736

St. Joseph Hospital HealthEast Behavioral Care

69 West Exchange Street
Saint Paul, MN 55102
651-232-3305

Regions Alcohol and Drug Abuse Program

445 Etna Street
Saint Paul, MN 55106
651-254-4804

Hazelden Foundation

15245 Pleasant Valley Rd,
Center City, MN 55012
800-257-7800

Juel Fairbanks Chemical Dependency Services

806 North Albert Street
Saint Paul, MN 55104
651-644-6204

View additional **[substance abuse treatment centers](#)**.

Disciplinary Sanctions

Students or employees who violate this policy will be subject to disciplinary sanctions. The severity of the sanctions will be appropriate to the violation. Sanctions including, but not limited to: official reprimand, restitution, completion of a rehabilitation program, community service, suspension, expulsion and/or reporting to local law enforcement will be imposed on students who violate the preceding standards of conduct. Sanctions, consistent with existing collective bargaining agreements or employee plans, up to and including termination of employment, will be imposed on employees who violate the preceding standards of conduct.

In addition to Metropolitan State University's policy outlined above, the following policy is specific to the Minneapolis School of Anesthesia nurse anesthesia students:

MINNEAPOLIS SCHOOL OF ANESTHESIA

CHEMICAL DEPENDENCY POLICIES AND PROCEDURES

Statement of Purpose

The Minneapolis School of Anesthesia regards chemical dependency as an illness which can be medically treated. The purpose of this policy is to assure that any student suffering from the illness will receive the same careful consideration and referral for treatment as a student having any other illness.

Indicators of Performance Related Behaviors Which May Indicate Problems

The following general indicators of performance related behavior may predict problems of a personal nature. Included are factors that relate to performance, nonspecific changes, and clues to alcoholism and drug addiction.

Performance

Although single incidences of these behaviors may not be significant, the presence of several, or an increasing pattern of these behaviors may indicate a definite problem. Some of the changes in performance that should be noticed and documented include the following:

1. Absenteeism. This can include excessive use of sick leave, a pattern of sick leave after days off, absence without notification, calling in to request compensatory time at the beginning of a shift, long lunch hours, frequent "disappearances" from the department, and tardiness.
2. Job shrinkage. This includes a change from welcoming new projects to doing the minimum work necessary.
3. Increasing inability to meet schedules and deadlines.
4. Illogical or sloppy charting.
5. Excessive errors. Frequent medication errors, controlled drug breakage or spillage, and incorrect narcotic counts are more likely in the drug-addicted nurse; but errors of judgment in patient care decisions may be noted in any chemically impaired nurse.

Nonspecific Changes

In addition to deterioration in performance, the chemically dependent person will often exhibit a number of psychosocial problems too vague to document, but too apparent to ignore. These include: 1. Personality changes. This includes being irritable, withdrawn, and having mood swings.

2. Social changes. This includes increased isolation, eating lunch alone, avoiding informal staff get-togethers, and decreased interest in outside activities.

3. General behavior. There may be frequent inappropriate responses, elaborate excuses for behavior, and unkempt appearance.

4. Mental status. This includes forgetfulness, complete loss of memory for events and conversations (blackouts), confusion, decreased alertness, and euphoric or "glossed over" recall of unpleasant events or arguments.

Alcoholism Clues

If an alcoholic person has reached the point of needing to drink at work, colleagues might note that the individual appears to continually drink "sodas" and frequently uses breath purifiers. If the person is drinking during work hours, physical signs of alcohol intake may be apparent; alcohol on breath, flushed face, red or bleary eyes, unsteady gait and slurred speech. Also, from time to time, the person may show signs of withdrawal; including tremors, restlessness, and diaphoresis. Finally, as the disease progresses, physical problems commonly associated with alcohol abuse may become increasingly obvious. These include jaundice, ascites, and spider veins associated with liver damage, cigarette burns and bruises caused by carelessness and clumsiness during intoxication, and gastritis from the gastrointestinal effects of alcohol.

Drug Addiction Clues

Often the drug addicted person becomes unusually defensive when questioned about medication errors, seems to wait purposefully until alone to open the narcotic cabinet, always volunteers to be the medication nurse, frequently disappears into the bathroom immediately after being in the narcotic cabinet, and has a number of patients who complain that their pain medications are ineffective. In the case of the nurse anesthetist, the patient may seem to need a greater amount of anesthesia than predicted. Depending on the drug, the person may have physical symptoms of drug withdrawal. These include a runny nose, watery eyes, goose flesh, markedly dilated or markedly constricted pupils, gastrointestinal disturbances, and anorexia.

Policy and Guidelines

Chemical dependency is defined as an illness in which a person's consumption of alcoholic beverages or use of chemicals definitely and repeatedly interferes with performance.

Policies:

1. The confidential nature of the records concerning chemical dependency will be preserved with the following exceptions. It may be necessary to inform the insurance company so that treatment expenses may be paid. It will be necessary to inform the Health Professional Services Program and/or the Board of Nursing.
2. The security of a student's position within the school will not be jeopardized by a request for treatment.
3. Student status will remain unchanged, as for any illness, provided a treatment program is entered, completed, and the nursing license is not in jeopardy.
4. Early detection and treatment enhance the likelihood of a successful outcome. Faculty members are often in a position to detect early symptoms because of the impact of this disease on performance. Evaluation of work performance is the responsibility of faculty members and should be discussed with the individual.

5. If drug abuse is suspected, the faculty member should discuss unsatisfactory performance with the appropriate administrator.

6. When a student's performance is unsatisfactory, and it has been medically determined that drug abuse is at least, in part, the cause, the individual must accept referral and agree to a program of treatment. Refusal to seek or accept treatment may result in termination from school. Otherwise, termination will only be on the basis of performance.

7. A condition of continued enrollment or reinstatement as a student is agreement to abstain from all use of mood altering chemicals and the successful implementation and completion of the after-care program as specified by counselors in the treatment center. Students must possess a nursing license that has no restrictions or conditions placed on it.

Directives to Anesthesia School Students

In addition to the preceding, the following additions will apply. These additions relate to the unique situation in the School of Anesthesia. The following directives are adopted to help ensure patient safety at a time when the patient is totally vulnerable. They also reflect accountability for controlled substances.

1. Controlled substances that are returned or wasted may be analyzed periodically at the discretion of management. If a substance is not what it should be, the student responsible for the controlled substance may be suspended from school pending the investigation of the incident. After the incident is investigated, the student will be: reinstated, referred to a chemical dependency treatment program, or terminated.

2. Random drug screens may be required. If a student refuses to provide a witnessed specimen or if the drug screen is positive for a controlled substance or contains 0.05 or higher blood alcohol, the person will either be referred to a chemical dependency treatment program or will be terminated.

If this is the first offense, the student will be referred to a chemical dependency treatment program which must be satisfactorily completed, and it will be necessary to inform the Health Professional Services Program and/or the Board of Nursing. In the event of unsuccessful completion of the treatment programs, or upon a second offense, the student will be terminated. If it is believed that controlled substances have been stolen, the incident will be reported to the appropriate authorities. Notwithstanding the preceding, if it is believed that a controlled substance of hospital origin is given or sold to another person by a student of the School of Anesthesia, the student will be immediately suspended from school, and will be terminated immediately if the investigation verifies that the incident occurred. The incident will be reported to the licensing body and appropriate authorities. If the investigation shows the incident did not occur, the student will be reinstated.

Students in a Chemical Dependency Treatment Program

When the student's treatment is about to conclude, a conference will be conducted with the following people in attendance: the student, the student's counselor, and the program director. The purpose of this meeting is to review the student's recovery progress and program for continued recovery. A decision will be made after the conclusion of this conference whether or not it is felt that the student has progressed far enough in recovery to resume the actual role of

administering anesthesia. Experience has shown this time to be a minimum of six months as a general rule, but the intent of this program is to be flexible.

If it is determined that the student is unable to return to the School of Anesthesia within a year following discharge from the Treatment Program (not including after-care), the student will be terminated from the School of Anesthesia.

Rules When a Chemically Dependent Student Returns to School

1. For a period of six months after reinstatement, all controlled substances must be checked out before and checked in after each case by the student's supervisor.
2. A Return to School Agreement will be executed by the Program Director and signed by the student.
3. Violation of the Return to School Agreement will be grounds for immediate termination.

Procedure

1. This policy will be maintained in the School of Anesthesia's Policy and Procedure Manual, and placed in the Student Handbook.
2. On the date of implementation of this policy, the School of Anesthesia will review the policy with the students in the school.
3. During the first day's orientation, the program director will review the policy with the new students.
4. Upon returning to school from successfully completing a treatment program, the program director will review the policy with the returning chemically dependent student. The student will sign a dated and witnessed document stating the policy was reviewed with them. A copy will be placed in the student's personnel file in the school office.

MINNEAPOLIS SCHOOL OF ANESTHESIA

List of Resources

A listing of resources and treatment centers located in the Twin Cities was developed. In addition, a partial listing of services available at each institution is included. The listing follows.

Health Professionals Services Program
1380 Energy Lane #202
St. Paul, MN 55100
651-642-0487

Parkdale Center for Professionals
350 Indian Boundary Road
Chesterton, IN 46304
888-883-8433

- Chemical dependency treatment exclusively for healthcare professionals

Hazelden Foundation
800-257-7810

- Primary Treatment
- Aftercare
- Family Services
- Assessment
- Special Programs
- Counselor Training
- Continuing Education
- Consultation

Fairview Behavioral Health
Fairview University Medical Center
2450 Riverside Drive
Minneapolis, MN 55455
612-672-6600

M Health
St. Joseph's Hospital
45 West 10th Street
St. Paul, MN, 55102
Mental Health and Addiction Care
651-232-3644

- Inpatient Treatment
- Outpatient Treatment
- Covered by most insurance plans
- Free evaluation
- Acute detoxification services
- Aftercare

Pride Institute
14400 Martin Drive
Eden Prairie, MN 55344
800-547-7433

- Chemical dependency treatment exclusively for the LGBTQ+ community

APPENDIX B

MINNEAPOLIS SCHOOL OF ANESTHESIA

SEXUAL HARASSMENT

POLICIES AND PROCEDURES

POLICY: Sexual Harassment and Sexual Violence

Policy: Any act of sexual harassment or sexual violence among employees and students will not be tolerated under any circumstances. Those found in violation will be subject to immediate disciplinary action up to and including termination or expulsion.

Purpose: To maintain an atmosphere within the Minneapolis School of Anesthesia, which is free of sexual harassment, sexual violence, intimidation or coercion. To define sexual harassment and sexual violence and the consequences which may result.

Interpretation: Discrimination based upon sex, including sexual harassment, is against the law, and further, will not be tolerated by the Minneapolis School of Anesthesia. Accordingly, the Minneapolis School of Anesthesia endorses the following policy:

1. It is illegal and against the policies of the Minneapolis School of Anesthesia for an employee or student, male or female, to commit an act of sexual violence against an employee or student, male or female. Sexual violence shall include, but not be limited to, any non-consensual act of rape, sodomy, or indecent liberties, or any other act of sexual violence or sexual assault.

2. It is illegal and against the policies of the Minneapolis School of Anesthesia for an employee or student, male or female, to sexually harass another employee or student by:
 - (a) making unwelcomed sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature, a condition of an employee's obtaining employment or their continuing said employment; or a student obtaining a grade or other benefit or continuing their academic studies; or
 - (b) making submission to or rejection of such conduct the basis for employment, academic or other decisions affecting the employee or student; or
 - (c) creating an intimidating, hostile or offensive working environment by such conduct.

3. Any employee or student who believes they have been the subject of sexual harassment should report the alleged act immediately to their supervisor, the Program Director or the President of the Board of Directors of the Minneapolis School of Anesthesia. Any employee or student who has been found by the Minneapolis School of Anesthesia, after appropriate investigation, to have sexually harassed another employee or student, will be subject to appropriate disciplinary actions up to and including termination.

4. Sexually harassing conduct includes, but is not limited to the following actions:

(a) unwelcome sexual flirtations, propositions, offensive touching, commenting on a persons physical characteristics;

(b) verbal abuse of sexual nature, repetitive use of offensive words of a sexual nature describing body parts or the sexual act, telling suggestive stories, conversations between employees and/or students about sexual exploits, sexual preferences or desires;

(c) displaying in the workplace sexually suggestive objects, pictures, pornographic magazines, or representations of any action or subject sexual in nature which can be perceived as offensive;

(d) retaliation against employees or students for complaining about sexually harassing behavior.

5. Any employee or student who believes he/she has been the subject of sexual violence should report the alleged act immediately to his/her supervisor, the Program Director or the President of the Board of Directors of the Minneapolis School of Anesthesia. Any employee or student who has been found by the Minneapolis School of Anesthesia, after appropriate investigation, to have committed an act of sexual violence against another employee or student will be subject to appropriate disciplinary actions up to and including termination.

The subject of sexual violence is also entitled to:

(a) file criminal charges with local law enforcement officials in the sexual violence case;

(b) the prompt assistance of his or her supervisor or the Program Director in notifying the appropriate law enforcement officials and disciplinary authorities of a sexual violence incident;

(c) the investigation and resolution of the sexual violence complaint by the Executive Committee of the Minneapolis School of Anesthesia;

(d) participation, in the presence of his/her attorney or other support person, in any Minneapolis School of Anesthesia disciplinary proceeding concerning the sexual violence complaint;

(e) notice of the outcome of any disciplinary proceeding concerning the sexual violence complaint, consistent with laws relating to confidentiality of such proceedings;

(f) the complete and prompt assistance of his/her supervisor, the Program Director, or the Board of Directors of the Minneapolis School of Anesthesia, at the direction of law enforcement authorities, in obtaining, securing, and maintaining evidence in connection with the sexual violence incident;

(g) the assistance of his/her supervisor, the Program Director, and the Board of Directors of the Minneapolis School of Anesthesia in preserving materials relevant to the disciplinary proceedings;

(h) the assistance of his/her supervisor, the Program Director, and the Board of Directors of the Minneapolis School of Anesthesia in cooperation with the appropriate law enforcement authorities, at his/her request, in shielding the subject of sexual violence from unwanted contact with the alleged

assailant, including transfer to alternative classes or rotations, if alternative classes or rotations are available and feasible; and

(i) the assistance of the Crime Victims Reparations Board, the Office of the Crime Victim Ombudsman and other rights granted under the Minnesota Crime Victims Bill of Rights.

6. Sexual violence includes, but is not limited to, any non-consensual act of rape, sodomy or indecent liberties, or any other act of sexual violence or sexual assault.

Procedure:

1. Filing a Sexual Violence or Sexual Harassment Grievance

In addition to exercising the rights stated in the Policy above,

Employees or students who feel aggrieved due to sexual harassment or sexual violence can make their concerns known by:

(a) Directly confronting the person(s) engaged in sexual violence or sexual harassment, reiterating that sexual violence and sexual harassment is illegal, against the Minneapolis School of Anesthesia policy and must stop;

(b) If the employee or student does not wish to communicate directly with the person(s), or if such attempts have been unsuccessful, they should contact their supervisor. If the supervisor is the individual being accused of sexual violence or sexual harassment, the employee or student should contact the Program Director or the President of the Board of Directors.

(c) The employee or student shall put the facts surrounding the incident in writing and as soon as possible after the occurrence of the incident.

2. Determination of whether Sexual Violence or Sexual Harassment occurred:

(a) The determination of sexual violence or sexual harassment will be made on an individual basis. All complaints will be examined impartially and will be investigated thoroughly including interviews with the employee or student making the sexual violence or sexual harassment charges, the accused employee or student and appropriate witnesses.

(b) The employee or student being accused will submit a signed statement in response to the accusation.

(c) The Executive Committee will be responsible for conducting the investigation.

(d) The School reserves the right, in its discretion, however, to immediately report any claims of sexual violence or other suspected criminal activity to the appropriate law enforcement officials rather than conducting its own investigation.

The Minneapolis School of Anesthesia recognizes that the question of whether a particular action or incident is a purely personal, social relationship without a discriminatory employment of academic effect requires a factual documentation. Given the nature of this type of conduct, the Minneapolis School of Anesthesia recognizes also that false accusations of sexual violence or sexual harassment can have serious effects on innocent men and women. While we intend to be sensitive to all concerns, sexual violence or sexual harassment will not be tolerated at the Minneapolis School of Anesthesia. We trust that all employees and students of the Minneapolis School of Anesthesia will act responsibly to establish a pleasant working and learning environment free of discrimination.

APPENDIX C

Minnesota Patients' Bill of Rights

Legislative Intent

It is the intent of the Legislature and the purpose of this statement to promote the interests and well-being of the patients of health care facilities. No health care facility may require a patient to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient. An interested person may also seek enforcement of these rights on behalf of a patient who has a guardian or conservator through administrative agencies or in probate court or county court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

Definitions

For the purposes of this statement, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. "Patient" also means a minor who is admitted to a residential program as defined in Section 7, Laws of Minnesota 1986, Chapter 326. For purposes of this statement, "patient" also means any person who is receiving mental health treatment on an out-patient basis or in a community support program or other community-based program.

Public Policy Declaration

It is declared to be the public policy of this state that the interests of each patient be protected by a declaration of a patient's bill of rights which shall include but not be limited to the rights specified in this statement.

1. Information About Rights

Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in Section 7, the written statement shall also describe the right of a person 16 years old or older to request release as provided in Section 253B.04, Subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patient in residential programs. Reasonable accommodations shall be made for those with communication impairments, and those who speak a language other than English. Current facilities policies, inspection finding of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and Section 626.557, relating to vulnerable adults.

2. Courteous Treatment

Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

3. Appropriate Health Care

Patients shall have the right to appropriate medical and personal care based on individual needs. This right is limited where the service is not reimbursable by public or private resources.

4. Physician's Identity

Patients shall have or be given, in writing, the name, business address, telephone number, and specialty, of any, of the physician responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative.

5. Relationship With Other Health Services

Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative.

6. Information about Treatment

Patients shall be given by their physicians complete and current information concerning their diagnosis, treatment, alternatives, risks and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's medical record, the information shall be given to the patient's guardian or other person designated by the patient as his or her representative. Individuals have the right to refuse this information.

Every patient suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

7. Participation in Planning Treatment

Notification of Family Members:

- a. Patients shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative. In the event that the patient cannot be present, a family member or other representative chosen by the patient may be included in such conferences.
- b. If a patient who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient has an effective advance directive to the contrary or knows the patient has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient has executed an advance directive relative to the patient's health care decisions. For purposes of this paragraph, "reasonable efforts" include:
 1. Examining the personal effects of the patient;
 2. Examining the medical records of the patient in the possession of the facility;
 3. Inquiring of any emergency contact or family member contacted whether the patient has executed an advance directive and whether the patient has a physician to whom the patient normally goes for care; and
 4. Inquiring of the physician to whom the patient normally goes for care, if known, whether the patient has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with the paragraph, the facility is not liable to the patient for damages on the grounds that the

notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

- c. In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient and the medical records of the patient in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

8. Continuity of Care

Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

9. Right to Refuse Care

Competent patients shall have the right to refuse treatment based on the information required in Right No. 6. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's medical records.

10. Experimental Research

Written, informed consent must be obtained prior to patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

11. Freedom From Maltreatment

Patients shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in Section 626.5572, Subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient's physician for a specified and limited period of time, and only when necessary to protect the patient from self-injury or injury to others.

12. Treatment Privacy

Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance.

13. Confidentiality of Records

Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this subdivision and Section 144.335. This right does not apply to complaint investigations and inspections by the department of health, where required by third party payment contracts, or where otherwise provided by law.

14. Disclosure of Services Available

Patients shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional

charges. Facilities shall make every effort to assist patients in obtaining information regarding whether the Medicare or Medical Assistance program will pay for any or all of the aforementioned services.

15. Responsive Service

Patients shall have the right to a prompt and reasonable response to their questions and requests.

16. Personal Privacy

Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being.

17. Grievances

Patients shall be encouraged and assisted, throughout their stay in a facility of their course of treatment, to understand and exercise their rights as patients and citizens. Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, Section 307 (a)(12) shall be posted in a conspicuous place.

Every acute care in-patient facility, every residential program as defined in Section 7, and every facility employing more than two people that provides out-patient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision-maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in Section 7 which are hospital-based primary treatment programs, and outpatient surgery center with Section 144.691 and compliance by health maintenance organizations with Section 62D.11 is deemed to be in compliance with the requirement for a written internal grievance procedure.

18. Communication Privacy

Patients may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Patients shall have access, at their expense, to writing instruments, stationery, and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical records. There shall be access to a telephone where patients can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patient's calls. This right is limited where medically inadvisable, as documented by the attending physician in a patient's care record. Where programmatically limited by a facility abuse prevention plan pursuant to the Vulnerable Adults Protection Act, Section 626.557, Subdivision 14, Paragraph (b), this right shall also be limited accordingly.

19. Personal Property

Patients may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically or programmatically contraindicated for documented medical safety, or programmatic reasons. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

20. Services for the Facility

Patients shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

21. Protection and Advocacy Services

Patients shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the

rights described in this Section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

22. Right to Communication Disclosure and Right to Associate

Upon admission to a facility, where federal law prohibits unauthorized disclosure of patient identifying information to callers and visitors, the patient, or the legal guardian or conservator of the patient, shall be given the opportunity to authorize disclosure of the patient's presence in the facility to callers and visitors who may seek to communicate with the patient. To the extent possible, the legal guardian or conservator of the patient shall consider the opinions of the patient regarding the disclosure of the patient's presence in the facility.

ADDITIONAL RIGHTS IN RESIDENTIAL PROGRAMS THAT PROVIDE TREATMENT TO CHEMICALLY DEPENDENT OR MENTALLY ILL MINORS OR IN FACILITIES PROVIDING SERVICES FOR EMOTIONALLY DISTURBED MINORS ON A 24-HOUR BASIS:

23. Isolation and Restraints

A minor patient who has been admitted to a residential program as defined in Section 7 has the right to be free from physical restraint and isolation except in emergency situations involving a likelihood that the patient will physically harm the patient's self or others. These procedures may not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, psychiatrist, or licensed consulting psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

24. Treatment Plan

A minor patient who has been admitted to a residential program as defined in Section 7 has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measure and services, if appropriate. To the degree possible, the minor patient and his or her parents or guardian shall be involved in the development of the treatment and discharge plan.

Inquiries or complaints regarding medical treatment or the Patients' Bill of Rights may be directed to:

Minnesota Board of Medical Practice
2829 University Ave. SE, Suite 400
Minneapolis, MN 55414-3246
Tel: (612) 617.2130
(800) 657.3709

Office of Health Facility Complaints
P.O. Box 64970
St. Paul, MN 55164-0970
Tel: (651) 201.4201
(800) 369.7994

Inquiries regarding access to care or possible premature discharge may be directed to:

Ombudsman for Long-Term Care
PO Box 64971
St. Paul, MN 55164-0971
Tel: (800) 657.3591 or
(651) 431.2555 (metro)

Text provided by the Minnesota Hospital and Healthcare Partnership. Translation financed by the Minnesota Department of Health. For more information on this translation, contact the Minnesota Department of Health at (651) 201.3701.

APPENDIX D

**MINNEAPOLIS SCHOOL OF ANESTHESIA
METROPOLITAN STATE UNIVERSITY
DNP COURSE PROGRESSION AND COURSE DESCRIPTIONS**

| Year | Spring (Semester 1) | | Summer (Semester 2) | | Fall (Semester 3) | |
|------|--|----|--|----|--|---|
| 1 | ANES 638 Anatomy for Nurse Anesthesia DNP | 3 | HSCI 648 Designing for Quality for Healthcare | 3 | NURS 703 Research Method. and Advanced EBP | 4 |
| | ANES 649 Science Principles of Anesthesia | 3 | ANES 634 Advanced Lifespan Phys & Pathophysiology for Anesthesia I | 3 | ANES 635 Adv Lifespan Phys & Pathophysiology for Anesthesia II | 3 |
| | ANES 629 Advanced Pharm. for DNP Anesthesia I | 4 | NURS 637 Informatics | 2 | NURS 708 Epidemiology | 3 |
| | NURS 647 Leadership in Health Care Systems | 3 | NURS 604 E.B. Nursing Practice | 3 | ANES 746 Principles of DNP NA Practice III | 3 |
| | ANES 644 Principles of DNP NA Practice I | 2 | ANES 713 Adv. Pharm. For DNP Anesthesia II | 3 | NURS 616 Advanced Health Assessment | 2 |
| | | | ANES 745 Principles of DNP NA Practice II | 2 | NURS 616L Advanced Health Assessment Lab | 1 |
| | | 15 | | 16 | NURS 636 Labs and Diagnostics in Advanced Practice Nursing | 1 |
| | | | | | 17 | |
| Year | Spring (Semester 4) | | Summer (Semester 5) | | Fall (Semester 6) | |
| 2 | ANES 747 Principles of DNP NA Practice IV | 3 | NURS 741 Pre-scholarship | 1 | NURS 750 DNP Scholarship I | 3 |
| | NURS 700 Advanced Nursing Science | 3 | NURS 742 DNP Scholarship Project Assessment | 1 | ANES 752 Principles of DNP NA Practice VI | 3 |
| | NURS 749 Resource Management and Finance for Health Care | 3 | ANES 748 Principles of DNP NA Practice V | 4 | ANES 735P DNP Anesthesia Practicum III | 1 |
| | NURS 751 Health Policy and Advocacy | 3 | ANES 734P DNP Anesthesia Practicum II | 1 | | 7 |
| | ANES 623P DNP Anesthesia Practicum I | 1 | | 7 | | |
| | | 13 | | | | |
| | | | | | | |

| Year | Spring (Semester 7) | | Summer (Semester 8) | | Fall (Semester 9) | |
|---|--|---|---|---|---|---|
| 3 | NURS 760 DNP Scholarship II | 3 | NURS 770 DNP Scholarship III | 3 | ANES 791 Synthesis of Essential Anesthesia Concepts I | 2 |
| | ANES 736P DNP Anesthesia Practicum IV | 1 | ANES 737P DNP Anesthesia Practicum V | 1 | ANES 738P DNP Anesthesia Practicum VI | 2 |
| | | 4 | | 4 | | 4 |
| | | | | | | |
| Year | Spring (Semester 10) | | | | | |
| 4 | ANES 792 Synthesis of Essential Anesthesia Concepts II | 2 | | | | |
| | NURS 739P DNP Anesthesia Practicum VII | 2 | | | | |
| | | 4 | | | | |
| Total Credits: 91 (34 masters credits; 57 doctoral credits) | | | | | | |

COURSE DESCRIPTIONS

ANES 638 Anatomy for Nurse Anesthesia DNP

3 credits

This course focus is to explore human gross anatomy and its arrangement for normal function's relationship for clinical correlation

ANES 649 Science Principles of Anesthesia

3 credits

The course focus is on scientific principles found in chemistry and physics upon which mechanical, pharmacological and physiologic systems are explained.

ANES 629 Advanced Pharmacology for DNP Anesthesia I

4 credits

The course focus is a comprehensive study of pharmacologic principles on physiologic actions for clinical correlation therapeutic decision making and medication management.

ANES 713 Advanced Pharmacology for DNP Anesthesia II

3 credits

The course focus is a comprehensive study of pharmacologic principles on physiologic actions for clinical correlation therapeutic decision making and medication management.

ANES 644 Principles of DNP NA Practice I

2 credits

The course focus is on the study of applied science, biomedical equipment, and foundational principles for safe, evidence-based quality perioperative care.

ANES 745 Principles of DNP NA Practice II

2 credits

The course focus is on the study of safe, evidence-based nurse anesthesia care management in normal

human physiologic and pathophysiologic states and associated medical and surgical procedures for selected human anatomical systems.

ANES 746 Principles of DNP NA Practice III

3 credits

The course focus is on the study of safe, evidence-based nurse anesthesia care management in normal human physiologic and pathophysiologic states and associated medical and surgical procedures for selected human anatomical systems.

ANES 747 Principles of DNP NA Practice IV

3 credits

The course focus is on the study of safe, evidence-based nurse anesthesia care management in normal human physiologic and pathophysiologic states and associated medical and surgical procedures for selected human anatomical systems.

ANES 748 Principles of DNP NA Practice V

4 credits

The course focus is on the study of safe, evidence-based nurse anesthesia care management in special populations' normal human physiologic and pathophysiologic states, associated medical and surgical procedures and specialty surgical and medical procedures.

ANES 752 Principles of DNP NA Practice VI

3 credits

The course focus is on the study of safe, evidence-based nurse anesthesia care management in acute and chronic pain, radiological principles, and safe practices in non-operating room anesthesia experiences.

Nurs 616, 616L & 636 Advanced Health Assessment and Lab, Labs and Diagnostics

4 credits

These courses focus on the knowledge and skills of history taking, physical examination and critical thinking related to interpreting normal and abnormal findings in health across the lifespan. The laboratory course focuses on the application of didactic knowledge and skills presented in 616 and 636.

Nurs 637 Informatics for Advanced Nursing Practice

2 credits

This course focuses on the use of health care informatics in advanced nursing practice.

HCSI 648 Designing for Quality in Healthcare

3 credit

This course focuses on clinical and operational excellence and continuous improvement of quality and safety from the leadership perspective.

Nurs 708 Epidemiology and Population Health

3 credit

This course focuses on analyzing epidemiological, biostatistical, environmental, and other appropriate scientific data related to population health.

Nurs 647 Leadership in Health Care Systems

3 credits

This course focuses on the theoretical foundation necessary to provide leadership within terms/groups/systems related to health outcomes.

Nurs 700 Advanced Nursing Science

3 credits

This course focuses on the philosophy of science in nursing and its application to practice inquiry and practice knowledge development.

Nurs 749 Resource Management and Finance for Health

3 credits

This course focuses on mastering the knowledge and strategies essential for resource development and project oversight within the health care environment.

Nurs 604 Evidence-Based Nursing Practice

3 credits

This course examines the application of evidence to practice issues in nursing.

Nurs 703 Research Methodology and Advanced EBP

4 credits

This course focuses on skills needed to evaluate and critique research and analytical methods for a body of evidence applied in advanced nursing practice

Nurs 741 Pre-Scholarship

1 credit

This course focuses on establishing a community site that serves as the location for the DNP scholarship project.

Nurs 742 DNP Scholarship Project Assessment

1 credit

This course focuses on conducting a needs assessment and defining the scope of a problem at a community site that will serve as the location for the DNP scholarship project

Nurs 750 DNP Scholarship I

3 credits

This course focuses on developing a proposal for a scholarship project designed to positively influence processes or systems impacting health.

Nurs 760 DNP Scholarship II

3 credits

This course focuses on implementing a scholarship project designed to positively influence processes or systems impacting health.

Nurs 770 DNP Scholarship III

3 credits

This course focuses on the evaluation of a scholarship project designed to positively influence processes or systems impacting health and the dissemination of the results.

Nurs 751 Health Policy and Advocacy

3 credits

This course focuses on the analysis of regulations and policies that impact health and health care. Students analyze health issues and the social, economic, and political implications of current and proposed policies

ANES 623P DNP Anesthesia Practicum I

1 credit

Clinical experience is provided in the member hospitals on a rotating basis. Clinical instructors will guide the student utilizing appropriate principles of anesthesia practice.

ANES 734P DNP Anesthesia Practicum II

1 credit

Clinical experience is provided in the member hospitals on a rotating basis. Clinical instructors will guide the student utilizing appropriate principles of anesthesia practice.

ANES 735P DNP Anesthesia Practicum III

1 credit

Clinical experience is provided in the member hospitals on a rotating basis. Clinical instructors will guide the student utilizing appropriate principles of anesthesia practice.

ANES 736P DNP Anesthesia Practicum IV

1 credit

Clinical experience is provided in the member hospitals on a rotating basis. Clinical instructors will guide the student utilizing appropriate principles of anesthesia practice.

ANES 737P DNP Anesthesia Practicum V

1 credit

Clinical experience is provided in the member hospitals on a rotating basis. Clinical instructors will guide the student utilizing appropriate principles of anesthesia practice.

ANES 738P DNP Anesthesia Practicum VI

2 credits

Clinical experience is provided in the member hospitals on a rotating basis. Clinical instructors will guide the student utilizing appropriate principles of anesthesia practice.

ANES 739P DNP Anesthesia Practicum VII

2 credits

Clinical experience is provided in the member hospitals on a rotating basis. Clinical instructors will guide the student utilizing appropriate principles of anesthesia practice.

ANES 791 Synthesis of Essential Anesthesia Concepts I

2 credits

The focus of this course is the synthesis and integration of critical nurse anesthesia concepts necessary for transition into nurse anesthesia, independent practice and lifelong learning.

ANES 792 Synthesis of Essential Anesthesia Concepts II

2 credits

The focus of this course is the synthesis and integration of critical nurse anesthesia concepts necessary for transition into nurse anesthesia, independent practice and lifelong learning.

The Minneapolis School of Anesthesia and Metropolitan State University reserve the right to change program content or the contents of this publication without prior notice.