

**January 2021 COA Meeting**  
**Summary of Revisions – Accreditation Policies and Procedures Manual**

Policy/Application	Revisions	Effective Date
<b>“Competence”</b> <b>[Glossary definition]</b>	<ul style="list-style-type: none"> <li>• A new Glossary definition of “competence” has been included in the <i>Accreditation Policies and Procedures</i>. “Competence” is defined as the array of abilities (knowledge, skills, and attitudes, or KSA) across multiple domains or aspects of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training. Competence is multi-dimensional and dynamic. It changes with time, experience, and setting.</li> </ul>	1/30/21
<b>“Competency”</b> <b>[Glossary definition]</b>	<ul style="list-style-type: none"> <li>• A new Glossary definition of “competency” has been included in the <i>Accreditation Policies and Procedures</i>. “Competency” is defined as an observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition.</li> </ul>	1/30/21
<b>Decisions for Accreditation of Nurse Anesthesia Educational Programs</b>	<ul style="list-style-type: none"> <li>• The COA revised the rubric used for making continued accreditation decisions for clarity. The rubric items for 10 and 8 years of continued accreditation have been revised to clarify that programs may not have any citations at all (in the case of 10 years) or any unresolved Standards of critical concern (in the case of 8 years). The list of issues that could result in a decision for 6 years of continued accreditation was also revised.</li> </ul>	1/30/21
<b>Fees</b>	<ul style="list-style-type: none"> <li>• The deadline for submission of annual accreditation fees has been adjusted. The policy now reflects that the COA will invoice programs by November 15<sup>th</sup> of each year, with annual fees payable by January 30<sup>th</sup>.</li> </ul>	1/30/21
<b>Fee Schedule</b> <b>[Appendix]</b>	<ul style="list-style-type: none"> <li>• The COA revised language in the section of the Fee Schedule related to annual accreditation fee calculations. The new language states that annual fees for programs transitioning to an entry-into-practice doctoral degree offering will be calculated using the Doctoral Degree formula if the first class of doctoral degree students was enrolled from October 1<sup>st</sup>-September 30<sup>th</sup> in the given year.</li> </ul>	1/30/21
<b>“Full Scope of Nurse Anesthesia Practice”</b> <b>[Glossary definition]</b>	<ul style="list-style-type: none"> <li>• The Glossary now includes a definition of “full scope of nurse anesthesia practice.” The definition notes that the full scope of practice constitutes preparation of graduates who can administer anesthesia and anesthesia-related care in five general categories:               <ol style="list-style-type: none"> <li>1. preanesthetic/preprocedure;</li> <li>2. intraoperative/intraprocedure;</li> </ol> </li> </ul>	1/30/21

	<ul style="list-style-type: none"> <li>3. postoperative/ postprocedure;</li> <li>4. pain management; and</li> <li>5. other services.</li> </ul> <p>The definition notes that these are general categories and the scope of practice is dynamic and evolving.</p>	
<b>Onsite Reviewers and Fellowship Review Committee: Application and Appointment</b>	<ul style="list-style-type: none"> <li>• Policy items 2c1a and 2d1a were revised to reflect new eligibility requirements for CRNA onsite reviewers. Individuals seeking appointment as a Chair or Team reviewer must now hold a doctoral degree from an institution of higher education accredited by a nationally recognized accrediting agency.</li> </ul>	1/30/21
<b>January 2021 COA Meeting</b>		
<b>Summary of Revisions –Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate</b>		
<b>Standard B.18</b>	<ul style="list-style-type: none"> <li>• References to “anesthesiologist(s)” were revised to “physician anesthesiologist(s)” wherever they appear in the manual. This terminology is consistent with existing uses of “physician anesthesiologist(s)” that appear in the COA’s manuals.</li> </ul>	1/30/21
<b>Standard F.3</b>		
<b>Standard F.5</b>		
<b>“Clinical Supervision” [Glossary definition]</b>		
<b>Clinical Experiences Table [Appendix - PDS]</b>	<ul style="list-style-type: none"> <li>• The COA increased the minimum total case requirement to 650. This increase will be effective for any students matriculating into nurse anesthesia programs on or after January 1, 2022.</li> <li>• The COA established clinical experience requirements that specifically focus on preanesthetic assessment, postanesthetic assessment and management, and comprehensive history and physical. The new requirements have been included in a new “Patient Assessment” section of the Clinical Experiences table. The minimum required case number for initial preanesthetic assessment is 50, with a preferred number of 100. The minimum required case number for postanesthetic assessment is 50, with a preferred number of 150. The revised Standards do not include minimum or preferred case requirements for comprehensive history and physical, though students will be asked to track their actual and simulated case experiences in this area. These revisions will be effective for any students matriculating into nurse anesthesia programs on or after January 1, 2022.</li> </ul>	1/30/21

- The COA added a new case requirement to the Clinical Experiences table under “Methods of Anesthesia.” This requirement will be for students to perform a general anesthetic induction with minimal or no assistance, with a minimum case number of 50 (100 cases preferred). This increase will be effective for any students matriculating into nurse anesthesia programs on or after January 1, 2022.
- The Clinical Experiences table was revised to include a minimum requirement for ultrasound-guided regional and vascular access. The minimum requirement for ultrasound-guided techniques is now 20 cases. Students must now obtain 10 regional cases, tracking how many of these were actual cases and how many were simulated. A new footnote associated with this revision clarifies that regional cases include neuraxial, truncal, and peripheral nerve blocks. The requirement for 10 regional cases may not be met with simulation alone. This increase will be effective for any students matriculating into nurse anesthesia programs on or after January 1, 2022.
- The revised table also now requires students to obtain 10 vascular cases, tracking the number of actual and simulated experiences. A footnote has been included to note that vascular cases include neuraxial, truncal, and peripheral nerve blocks. The requirement for 10 vascular cases may not be met with simulation alone. This increase will be effective for any students matriculating into nurse anesthesia programs on or after January 1, 2022.
- A requirement for tracking of actual and simulated point of care ultrasound (POCUS) experiences was added under the “Other” category of the Clinical Experiences table. A corresponding footnote and Glossary definition reflect that POCUS refers to the use of portable ultrasonography at a patient’s bedside for diagnostic (e.g., symptom or sign-based examination) purposes. The footnote additionally notes that this is exclusive of using ultrasound for image-guidance purposes such as for regional anesthesia or vascular access. This increase will be effective for any students matriculating into nurse anesthesia programs on or after January 1, 2022.
- The “Other” category of the Clinical Experiences table has been revised to include a requirement for student assessment of chest X-rays. The minimum requirement for this case type will be 5 cases (with a preferred number of 10). A footnote clarifies that these experiences can be gained in a healthcare institution classroom, simulation center, or by using online resources. The footnote further states that one case should be counted as the evaluation of one chest x-ray, regardless of the number of items

	assessed on that x-ray. This increase will be effective for any students matriculating into nurse anesthesia programs on or after January 1, 2022.	
<b>“12-lead ECG”</b> <b>[Glossary definition]</b>	<ul style="list-style-type: none"> <li>The COA added a new definition of “12-lead ECG interpretation” to the Glossary in support of the revisions to Standard E.2.2. The definition states that this content is didactic curricular content in the use of 12-lead ECG to detect cardiac abnormalities having perianesthesia implications.</li> </ul>	1/30/21
<b>“Competence”</b> <b>[Glossary definition]</b>	<ul style="list-style-type: none"> <li>A new Glossary definition of “competence” has been included in the Standards. “Competence” is defined as the array of abilities (knowledge, skills, and attitudes, or KSA) across multiple domains or aspects of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training. Competence is multi-dimensional and dynamic. It changes with time, experience, and setting.</li> </ul>	1/30/21
<b>“Competency”</b> <b>[Glossary definition]</b>	<ul style="list-style-type: none"> <li>A new Glossary definition of “competency” has been included in the Standards. “Competency” is defined as an observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition.</li> </ul>	1/30/21
<b>“Comprehensive History and Physical Assessment”</b> <b>[Glossary definition]</b>	<ul style="list-style-type: none"> <li>The existing Glossary definition of “comprehensive history and physical assessment” has been revised to broaden the list of advanced assessment techniques to be used to evaluate the body and its functions. This revised list includes laboratory, radiologic, and other diagnostic studies (e.g., chest x-ray, 12-lead ECG, and point of care ultrasound).</li> </ul>	1/30/21
<b>“Full Scope of Nurse Anesthesia Practice”</b> <b>[Glossary definition]</b>	<ul style="list-style-type: none"> <li>The Glossary now includes a definition of “full scope of nurse anesthesia practice.” The definition notes that the full scope of practice constitutes preparation of graduates who can administer anesthesia and anesthesia-related care in five general categories: <ol style="list-style-type: none"> <li>preanesthetic/preprocedure;</li> <li>intraoperative/intraprocedure;</li> <li>postoperative/ postprocedure;</li> <li>pain management; and</li> <li>other services.</li> </ol> </li> </ul>	1/30/21

	The definition notes that these are general categories and the scope of practice is dynamic and evolving.	
<b>“Point of Care Ultrasound” [Glossary definition]</b>	<ul style="list-style-type: none"> <li>The COA added a Glossary definition of “point of care ultrasound” (POCUS) to the Standards in support of its revisions to the Clinical Experiences table. The definition states that “POCUS” refers to the use of portable ultrasonography at a patient’s bedside for diagnostic (e.g., symptom or sign-based examination) purposes. This is exclusive of using ultrasound for image-guidance purposes such as for regional anesthesia or vascular access.</li> </ul>	1/30/21
<b>“Radiology” [Glossary definition]</b>	<ul style="list-style-type: none"> <li>The existing Glossary definition of “radiology” was revised to clarify that didactic content may address evaluation of normal and abnormal radiographs of the chest where findings may have perianesthetic considerations. The revised language also notes that experiences in chest X-ray are offered.</li> </ul>	1/30/21
<b>Standard E.2.2 [PDS]</b>	<ul style="list-style-type: none"> <li>The COA revised its didactic content requirements for programs offering doctoral degrees for entry into practice to incorporate 12-lead ECG interpretation. This requirement will be effective for all students matriculating into nurse anesthesia programs on or after January 1, 2022.</li> </ul>	1/30/21