Orientation to the Practice Doctorate Standards

APPLYING THE PRACTICE DOCTORATE STANDARDS TO WRITING A SELF STUDY

Self Study Workshop

Paul N. Austin, PhD, CRNA, FAANA, FAAN

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Conflict of Interest Disclosure Statement

- The American Association of Nurse Anesthesiology is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.
- In order to obtain contact hours, you must attend/complete at least 85% of this session to receive the educational CE credits for this activity.
- Dr. Austin has no financial relationships with any commercial interest related to the content of this activity.
- I will not discuss off-label use during my presentation.

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Learner outcomes

- Review Practice Doctorate Standards effective January 1, 2015 including subsequent revisions.
- Review Appendix of Clinical Experiences effective January 1, 2015 including subsequent revisions.

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Orientation to the Practice Doctorate Standards

Overview

- Orientation to the Practice Doctorate Standards (PDS)
- Relationship between the PDS and the self study
- Completing a response to a standard
- Potential problems when responding to a standard

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A Word about COAccess and the Self Study

- COA conducts virtual training regarding completion of the Self Study in COAccess closer to the time of the program's actual submission.
- Specific procedures for uploading and selecting documents is covered in that training. Ask about numbering attachments.
- Caution – Do not put a table in a narrative response. COAccess does not support tables in the narrative – tables are great but attach where appropriate.

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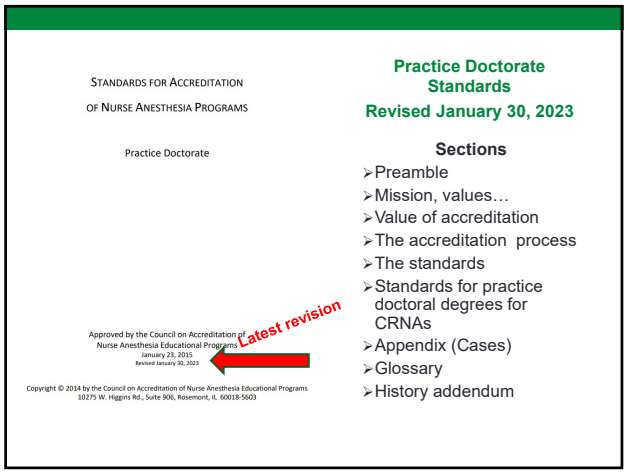

Practice Doctorate Standards

Revised January 30, 2023

Sections

- Preamble
- Mission, values…
- Value of accreditation
- The accreditation process
- The standards
- Standards for practice doctoral degrees for CRNAs
- Appendix (Cases)
- Glossary
- History addendum

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Orientation to the Practice Doctorate Standards

Practice Doctorate Standards
Revised January 30, 2023

Standard section	Number of standards
A. Conducting Institution	18
B. Faculty	20
C. Student	7
D. Graduate	51
E. Curriculum	14
F. Clinical Site	9
G. Policy	13
H. Evaluation	26

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Each numbered item is a standard

* 10. The program's resources must be adequate to support the size and scope of the program to appropriately prepare students for practice and to promote the quality of graduates including:

10. 1. financial resources that are budgeted and used to meet accreditation standards

10. 2. physical resources including facilities, equipment, and supplies

10. 3. learning resources including clinical sites, library, and technological access and support

10. 4. faculty

10. 5. support personnel

10. 6. student services (*see Glossary, "Student services"*)

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A. Conducting Institution Standards

1. The mission and/or philosophy of the conducting institution's governing body promotes educational excellence and supports the nurse anesthesia program within a doctoral framework.

2. The organizational relationships of the institution, academic unit, and program are clearly delineated.

*3. The conducting organization completes a legally binding written agreement that outlines the expectations and responsibilities of all parties when an academic affiliation is established or two or more entities with unshared governance enter into a joint arrangement to conduct a program *(see Glossary "Unshared Governance")*.

*12. The program is required to act in accordance with the Council's Accreditation Policies and Procedures.

*** Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.**

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Orientation to the Practice Doctorate Standards

B. Faculty Standards

CRNA Program Administrator

*1. The program is administered by a doctorally prepared CRNA who has the leadership authority and accountability for program administration.

2. The CRNA program administrator's doctoral degree must be from an institution of higher education that was accredited by an agency officially recognized by the US Secretary of Education to accredit institutions at the time the degree was conferred (see Glossary, "Institutional accreditor").

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C. Student Standards

Selection and Admission

1. The program enrolls only students who by academic and experiential achievement are of the quality appropriate for the profession and who have the ability to benefit from their education *(see Glossary "Ability to Benefit")*.

*2. Admission requirements include:

2. 1. A baccalaureate or graduate degree in nursing or an appropriate major.

2.2. An unencumbered license as a registered professional nurse and/or an APRN in the United States, or its territories, or protectorates.

2.3. A minimum of one year full-time work experience, or its part-time equivalent, as an RN in a critical care setting. The applicant must have developed as an independent decision maker capable of using and interpreting advanced monitoring techniques based on a knowledge of physiological and pharmacological principles *(see Glossary "Critical Care Experience")*.

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D. Graduate Standards

The graduate must demonstrate the ability to

*1. Be vigilant in the delivery of patient care.

*2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).

*3. Conduct a comprehensive equipment check.

*4. Protect patients from iatrogenic complications.

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Orientation to the Practice Doctorate Standards

E. Curriculum Standards

*1. The curriculum is designed to award a Doctor of Nursing Practice or Doctor of Nurse Anesthesia Practice to graduate students who successfully complete graduation requirements unless a waiver for this requirement has been approved by the Council.

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E. Curriculum Standards

IMPORTANT:

*2. The curriculum is designed to focus on the full scope of nurse anesthesia practice, including:

2. 1. Course(s): Advanced Physiology/Pathophysiology, Advanced Pharmacology, Basic and Advanced Principles in Nurse Anesthesia, and Advanced Health Assessment (see Glossary, “Advanced health assessment”).

State boards of nursing requirements for 3 separate and comprehensive courses patho/phys, pharmacology, physical assessment!

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E. Curriculum Standards

*2. The curriculum is designed to focus on the full scope of nurse anesthesia practice, including:

2.2. Content: Advanced Physiology/Pathophysiology (120 contact hours), advanced pharmacology (90 contact hours), basic and advanced principles in nurse anesthesia (120 contact hours), research (75 contact hours), advanced health assessment (45 contact hours), human anatomy, chemistry, biochemistry, physics, genetics, acute and chronic pain management, 12- lead ECG interpretation†, radiology, ultrasound, anesthesia equipment, professional role development, wellness and substance use disorder, informatics, ethical and multicultural healthcare, leadership and management, business of anesthesia/practice management, health policy, healthcare finance, integration/clinical correlation (see Glossary, “Wellness and substance use disorder,” “Pain management, acute,” “Pain management, chronic,” "Professional role development," “12-lead ECG interpretation,” and “Radiology”).

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Orientation to the Practice Doctorate Standards

F. Clinical Site Standards

*1. The program demonstrates it has sufficient clinical resources to assure graduates individually meet all accreditation requirements.

2. The program has a legally binding contract with the clinical site(s) that outlines expectations and responsibilities of both parties.

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G. Policy Standards

1. Accurate cumulative records of educational activities are maintained.

*2. Truth and accuracy are evidenced in recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.

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H. Evaluation Standards

1. The program has a written systematic plan for continuous self-assessment that incorporates the following:

*1.1. Formative and summative evaluations of each student that are conducted for the purpose of counseling students and documenting student achievement.

1.1.1. Terminal evaluation is completed to demonstrate student achievement of Graduate Standards D1-D51.

1.1.2. There is an established assessment procedure to verify competence in scholarship skills relevant to the area of academic focus.

1.1.3. Faculty advising provides students with ongoing feedback, both formal and informal.

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Orientation to the Practice Doctorate Standards

Standards for Practice Doctoral Degrees for CRNAs

The following additional requirements apply to programs offering a post-master's doctoral degree program for CRNAs*. Item 1 is an additional Standard applicable to post-master's doctoral degree programs for CRNAs; CRNA completion programs must also satisfy the Standards in items 2 and 3.

1. Anesthesia must be referenced in the title of the practice doctoral degree. If not, a significant component of the curriculum must include anesthesia-related content.

2. The program must demonstrate that the graduate degree program for CRNAs is in compliance with Graduate Standards D14, D23, D26, D31, D32, D33, D35, and D40 to D51.

3. The program must demonstrate that the graduate degree program for CRNAs is in compliance with Curriculum Standards E1, E3, and E5 to E8.

- Programs offering a single degree plan *(see Glossary "Single Degree Plan")* for both a post-masters doctoral degree program for CRNAs and an entry into practice program do not need to address the above Standards.

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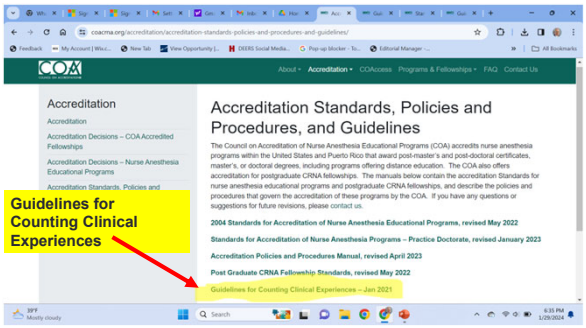
Help with understanding counting clinical experiences



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Appendix-Patient Physical Status

†For students matriculating on or after January 1, 2022

The minimum number of clinical hours is 2000 *(see Glossary, "Clinical Hours").*

	Minimum Required	Preferred Number
Class I		
Class II		
Classes III – VI (total of a, b, c & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
TOTAL CASES	600 (650)†	700

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Appendix–Patient Assessment †

	Minimum Required	Preferred Number
Initial preanesthetic assessment†	50	100
Postanesthetic assessment†	50	150
Comprehensive history and physical†		
a. Actual†		
b. Simulated†		

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Appendix–Special Cases

	Minimum Required	Preferred Number
Geriatric 65+ years	100	200
Pediatric		
Pediatric 2 to 12 years	30	75
Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5
Trauma/Emergency (E)	30	50
Obstetrical management (total of a & b)	30	40
Cesarean delivery	10	15
Analgesia for labor	10	15
Pain Management Encounters (*see Glossary "Pain Management Encounters"*)	15	50

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Appendix-Anatomical Categories[5] (Count all that apply)

	Minimum Required	Preferred Number
Intra-abdominal	75	
Intracranial (total of a & b)	5	20
a. Open	3	10
b. Closed		
Oropharyngeal	20	
Intrathoracic (total of a, b & c)	15	40
a. Heart		
1. Open heart cases (total of a & b)	5	10
a. With Cardiopulmonary Bypass		
b. Without Cardiopulmonary Bypass		
2. Closed heart cases		10
b. Lung	5	
c. Other		
Neck	5	10
Neuroskeletal	20	
Vascular	10	30

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Appendix-Methods of Anesthesia

	Minimum Required	Preferred Number
General anesthesia	400	
Perform a general anesthetic induction with minimal or no assistance†	50	100
Inhalation induction	25	40
Mask management[6]	25	35
Supraglottic airway devices (total of a & b)	35	50
a. Laryngeal Mask		
b. Other		

[6]A general anesthetic that is administered by mask, exclusive of induction.

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Appendix-Methods of Anesthesia cont.

	Minimum Required	Preferred Number
Tracheal intubation (total of a & b)		
a. Oral	250	
b. Nasal		5
Alternative tracheal intubation techniques[7] (total a & b) *(see Glossary "Alternative tracheal intubation techniques")*	25	50
a. Endoscopic techniques[8] (total of 1 & 2)	5	15
1. Actual tracheal tube placement		
2. Simulated tracheal tube placement		
3. Airway assessment		
b. Other techniques	5	25
Emergence from anesthesia	300	

[7] Tracheal intubations accomplished via alternative techniques should be counted in both tracheal intubation and the alternative tracheal intubation categories.
[8] Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

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Appendix-Regional Techniques

	Minimum Required	Preferred Number
Regional techniques		
Actual Administration (total of a, b, c, & d)	35	
a. Spinal (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
b. Epidural (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		

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Appendix-Regional Techniques cont.

	Minimum Required	Preferred Number
Regional techniques		
Actual Administration (total of a, b, c, & d)	35	
c. Peripheral[9] (total of 1 & 2)	10	50
1. Anesthesia		
Upper		
Lower		
2. Pain management		
Upper		
Lower		

[9] Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

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Appendix-Regional Techniques (cont.)

	Minimum Required	Preferred Number
Regional techniques		
Actual Administration (total of a, b, c, & d)	35	
d. Other[10] (total of 1 & 2)		
1. Anesthesia		
2. Pain management		
Management (total of 1 & 2)	35	50
1. Anesthesia		
2. Pain management		
Moderate/deep sedation	25	50

[10] Examples include truncal, cutaneous, head, and neck blocks (e.g., transversus abdominis plane, rectus sheath, ilioinguinal, iliohypogastric, oral, and maxillofacial blocks).

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Appendix

Arterial Technique

	Minimum Required	Preferred Number
Arterial puncture/catheter insertion	25	
Intra-arterial BP monitoring	30	

Central Venous Catheter

	Minimum Required	Preferred Number
Placement[12] Non-PICC (total of a & b)	10	15
a. Actual		5
b. Simulated		
Placement – PICC (total of a & b)		
a. Actual		
b. Simulated		
Monitoring	15	

[12] Simple models and simulated experiences may be used to satisfy this requirement. **For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone.** Insertion of peripherally inserted central catheters (PICC) does not meet the requirements for central line placement.

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Appendix

Pulmonary Artery Catheter

	Minimum Required	Preferred Number
Placement		5
Monitoring		10

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Appendix - Other

	Minimum Required	Preferred Number
Ultrasound guided techniques (total of a & b)	20†	10
a. Regional[13]	10†	
1. Actual regional†		
2. Simulated regional†		
b. Vascular[14]	10†	
1. Actual vascular†		
2. Simulated vascular†		

[13]Regional includes neuraxial, truncal, and peripheral nerve blocks. No clinical experiences can be obtained by simulation alone.
[14]Vascular includes arterial, peripherally inserted central catheters, central venous, and peripheral access. No clinical experiences can be obtained by simulation alone.

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Appendix

Other

	Minimum Required	Preferred Number
Point of Care Ultrasound (POCUS) †,[15]		
a. Actual†		
b. Simiulated†		
Intravenous catheter placement	100	
Advanced noninvasive hemodynamic monitoring		
Assessment of chest X-ray†,[16]	5	10

[15]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.
[16]This experience can be gained in a healthcare institution, classroom, simulation center, or by using online resources. One case should be counted as the evaluation of one chest x-ray, regardless of the number of items assessed on that x-ray.

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Orientation to the Practice Doctorate Standards

Relationship between the PDS and the self study

- A large portion of the self study is describing how the program complies with the standard (the response) and supporting the description with documentation how the program complies with a standard (the documentation)
- Components of a response
  - The standard
  - The self study response (the narrative)
  - Documentation supporting the response (documentation)

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When responding to a standard…

- The response needs documentation
- If learning content
  - Presented in the classroom
  - Demonstrated, practiced, and evaluated in simulation
  - Evaluated in the clinical phase
    - Daily evaluation
    - Formative evaluations (Mid semester)
    - Summative evaluations (End of semester)
  - End of program evaluation

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When responding to a standard…

- Evaluations
  - What is the policy regarding the evaluation?
  - How is the evaluation conducted – is there an instrument?
  - What person, group or committee is responsible for gathering the data
  - What person, group, or committee is responsible for assessing the data
  - What person, group or committee is responsible for making a quality improvement change (if indicated) and how is the changed followed up?

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Attachments

- For attachments referred to in a number of responses to standards - like the Student Handbook
  - Content referred to in the various standards where the Student Handbook is referenced is highlighted in the handbook (there will be a lot of highlighting)
  - **Upload** the entire Student Handbook for the first standard where it is being referenced
    - The Student Handbook will have one attachment number
  - Then **select** the Student Handbook for the subsequent standards where the Student Handbook is referenced in the narrative
  - This can apply to other documents such as if all the syllabi are in one PDF file and all of the CVs of the faculty are in one PDF file

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Response to a standard

- B.1. The program is administered by a doctorally prepared CRNA who has the leadership authority and accountability for program administration.

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B.1. The program is administered by a doctorally prepared CRNA who has the leadership authority and accountability for program administration.

Response:
Dr. John Smith is the CRNA program administrator (**Attachment 30**, CRNA program administrator position description). Dr. Smith received a DNP degree from XYZ university in 2004 (**Attachment 31**, Dr. Smith's transcript from XYZ university with the degree noted.)

Evidence:
Attachment 30, CRNA program administrator position description
Attachment 31, Dr. Smith's transcript from XYZ university with the degree noted

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Orientation to the Practice Doctorate Standards

D.3. The graduate must demonstrate the ability to conduct a comprehensive equipment check.

- Demonstration of the ability to conduct a comprehensive equipment check is an outcome for graduates of the nurse anesthesia program (**Attachment 50**, Student Handbook, highlighted content on page 15). Content related to conducting an equipment check and evaluation of the student is included in the Basic Principles of Nurse Anesthesia course delivered in the second semester (**Attachment 51**, Basics of Nurse Anesthesia syllabus, highlighted content on pages 3, 7, 9).

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D.3. The graduate must demonstrate the ability to conduct a comprehensive equipment check. (cont)

- In the Simulation course in Semester 3, learning material on conducting an equipment check is presented. Students also practice and are evaluated on performing an equipment check in the Simulation course (**Attachment 52**, Simulation course syllabus, highlighted content on pages 4, 7, 10).

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D.3. The graduate must demonstrate the ability to conduct a comprehensive equipment check. (cont)

- Students are evaluated on performing an equipment check during each clinical semester. Note students are in the clinical phase of the program during semesters 5 to 9. (**Attachment 50**, Student Handbook, highlighted content on page 18; **Attachment 53**, Daily clinical evaluations for Semesters 5 to 9, highlighted content).

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D.3. The graduate must demonstrate the ability to conduct a comprehensive equipment check. (cont)

- Evaluation on the student performing an equipment check is documented on the mid-semester (**Attachment 50**, Student handbook, highlighted content, page 20; **Attachment 54**, Mid-semester evaluation, Semesters 5 to 9, highlighted content) and on the end of semester student evaluations (**Attachment 50**, Student handbook, highlighted content, Page 24; **Attachment 55**, End of semester student evaluation, Semesters 5 to 9, highlighted content).

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D.3. The graduate must demonstrate the ability to conduct a comprehensive equipment check. (cont)

- Evaluation on performing an equipment check is documented on the end of program student evaluation (**Attachment 50**, Student handbook, highlighted content, page 23; **Attachment 56**, End of program student evaluation, highlighted content).

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Attachments for Standard D.3, generated by COAccess – do not put this list in the narrative

- Attachment 50, Student Handbook, highlighted content on page 15
- Attachment 51, Basics of Nurse Anesthesia syllabus, highlighted content on pages 3, 7, 9
- Attachment 52, Simulation course syllabus, highlighted content on pages 4, 7, 10
- Attachment 53, Daily clinical evaluations for Semesters 5 to 9, highlighted content
- Attachment 54, Mid-semester evaluation, Semesters 5 to 9, highlighted content
- Attachment 55, End of semester student evaluation, Semesters 5 to 9, highlighted content
- Attachment 56, End of program student evaluation, highlighted content

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Orientation to the Practice Doctorate Standards

What to consider when responding to some of the standards…..

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A. Conducting Institution Standards

*10. The program's resources must be adequate to support the size and scope of the program to appropriately prepare students for practice and to promote the quality of graduates including:

10.1. financial resources that are budgeted and used to meet accreditation standards.

10.2. physical resources including facilities, equipment, and supplies.

10.3. learning resources including clinical sites, library, and technological access and support.

10.4. faculty. [Faculty resources must be clearly detailed.]

10.5. support personnel.

10.6. student services *(see Glossary "Student Services")*.

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A. Conducting Institution Standards

*11. The program seeks Council approval prior to increasing class size and demonstrates reasonable assurance there are adequate resources as delineated in Standard A.10.

*12. The program is required to act in accordance with the Council's Accreditation Policies and Procedures.

13. There is evidence that eligibility and certification requirements are maintained by institutions or programs relying on Council's accreditation to participate in Higher Education Opportunity Act, Title IV programs (see Glossary "Title IV Eligibility").

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Orientation to the Practice Doctorate Standards

B. Faculty Standards

CRNA Program Administrator

7. The CRNA program administrator has the authority to prepare and administer the program budget.

8. The CRNA program administrator demonstrates knowledge of environmental issues that may influence the program and nurse anesthesia practice by engaging in professional development *(see Glossary "Environmental Issues")*.
9. *Needs to show revenue and expenditures – broken down*

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B. Faculty Standards

CRNA Faculty

14. Didactic faculty meet the governing body's requirements for teaching doctoral level courses.

*15. CRNA faculty have a current license or privilege to practice as a registered professional nurse and/or APRN in compliance with state law (see Glossary, "Advanced Practice Registered Nurse" and "Privilege to practice").[2]

*16. CRNA faculty have current certification or current recertification by the NBCRNA

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E. Curriculum Standards

*2. The curriculum is designed to focus on the full scope of nurse anesthesia practice, including:

2.2. Content: Advanced Physiology/Pathophysiology (120 contact hours), advanced pharmacology (90 contact hours), basic and advanced principles in nurse anesthesia (120 contact hours), research (75 contact hours), advanced health assessment (45 contact hours), human anatomy, chemistry, biochemistry, physics, genetics, acute and chronic pain management, 12- lead ECG interpretation†, radiology, ultrasound, anesthesia equipment, professional role development, wellness and substance use disorder, informatics, ethical and multicultural healthcare, leadership and management, business of anesthesia/practice management, health policy, healthcare finance, integration/clinical correlation (see Glossary, "Wellness and substance use disorder," "Pain management, acute," "Pain management, chronic," "Professional role development," "12-lead ECG interpretation," and "Radiology").

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Orientation to the Practice Doctorate Standards

F. Clinical Site Standards

*5. Supervision at clinical sites is limited to CRNAs and anesthesiologists who are institutionally credentialed to practice and immediately available for consultation. (*see Glossary, "Clinical supervision"*).

Clinical supervision - Clinical supervision of students must not exceed (1) 2 students to 1 CRNA, or (2) 2 students to 1 anesthesiologist, if no CRNA is involved. The CRNA and/or anesthesiologist are the only individual(s) with responsibility for anesthesia care of the patient, and have responsibilities including, but not limited to: providing direct guidance to the student; evaluating student performance; and approving a student's plan of care. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., life-threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g., additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety). Clinical supervision must be consistent with the COA Standards (i.e., clinical oversight is the responsibility of a CRNA or anesthesiologist only). The program is responsible for ensuring its clinical supervision requirements are consistent with the COA Standards and that students are aware of these requirements and know who is supervising them in the clinical area.

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H. Evaluation Standards

*1.2. Students evaluate the quality of:

- 1.2.5. teaching and learning environment
- 1.2.6. advising/mentorship
- 1.2.7. their own achievement (self-evaluation)
- 1.2.8. program
  - 1.2.8.1. institutional/program resources
  - 1.2.8.2. student services (see Glossary, "Student services")
  - 1.2.8.3. curriculum

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General concerns

- Start early
- Involve others with one experienced person (with COA self studies) doing the final edit
- Assume the reader knows NOTHING about the program, the university, and the geographical area.
- Capability self study: There will be no outcome data but indicate what outcome data will be gathered and examined and how the data will be used.

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Orientation to the Practice Doctorate Standards

General concerns…..

- Write out the name of the course referred to in a response – don't use the course number
- When it doubt, write it out – use abbreviations sparingly.
- Avoid flowery writing such as "Our program highly values close communication between students and faculty."
- Highlight the exact evidence in the document .
- Repeating the standard as the opening sentence in the response. Consider that perhaps the more words in the response, the lower probability the program is complying with the standard.

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General concerns…..

- Use few emails to document a narrative
  - If use emails as documentation, include a detailed description of what the email documents
- For program policies – include a description and documentation of approval of policies.
- Attachments – point the reader DIRECTLY to the evidence such as the page number in the student handbook evidencing the response.
- Do not refer insert an URL leading to a document documenting a response – include a screen shot.

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Questions?

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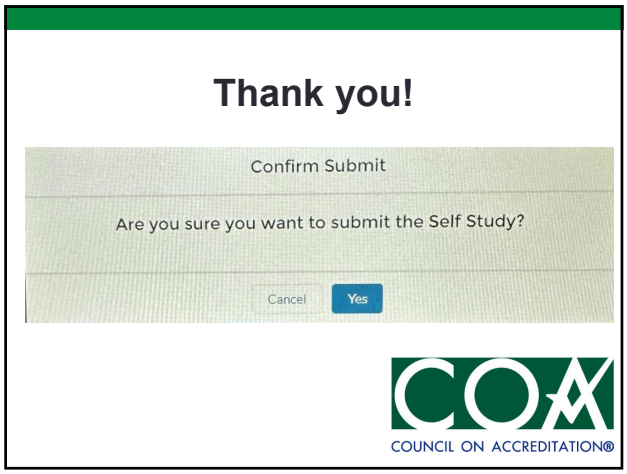
Orientation to the Practice Doctorate Standards



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