Applying The Practice Doctorate Standards To Writing A Self Study

Self Study Workshop

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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.

- To obtain contact hours, you must attend/complete at least 85% of this session to receive the educational CE credits for this activity.

- I have no financial relationships with any commercial interest related to the content of this activity.

- I will not discuss off-label use during my presentation.

Learner Outcomes

- Review Practice Doctorate Standards effective January 1, 2026
- Review Appendix of Clinical Experiences effective January 1, 2026 including revisions.

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

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.

STANDARDS FOR ACCREDITATION

OF NURSE ANESTHESIA PROGRAMS

Practice Doctorate

Latest revision

Effective January 1, 2026

Sections

➢Preamble

➢Mission, values…

➢Value of accreditation

➢The accreditation process

➢The standards (A-H)

➢Standards for practice doctoral degrees for CRNAs

➢Appendix (Cases)

➢Glossary

➢History addendum

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Practice Doctorate Standards Revised May 25, 2025

- **Standard A: Conducting Institution**
  - *A.3, A.5, *A.8, A.9, *A.10.1, *A.11, A.13
- **Standard B: Faculty Standards**
  - *B.3, B.7, B.14, *B.15, B.17, B.18, B.21
- **Standard C: Student**
  - *C.2.3
- **Standard D: Graduate**
  - *D.30, *D.31, *D.37, *D.38, *D.40, *D.41, *D.46, *D.47, *D.48, *D.49, *D.50, *D.51
- **Standard E: Curriculum**
  - *E.2.1, *E.2.2, E.7, E.12
- **Standard F: Clinical Site**
  - *F.7
- **Standard H: Evaluation**
  - H.1
- **Clinical Experiences**
- **Glossary Definitions**

*Areas of Critical Concern

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 achieve program outcomes and 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"*)

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 institution completes a legally binding written agreement that outlines the expectations and responsibilities of all parties when an academic affiliation is established or when two or more entities with unshared governance enter into a joint arrangement to conduct a program[1] *(see Glossary, "Conducting institution," "Unshared governance").*

* 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.

A. Conducting Institution Standards

5. The governance structures in which the program functions facilitates appropriate involvement and effective communication among and between faculty, students, administrators, the public, and its communities of interest.

Note: The revisions align with the wording of a similar Standard found in the 2004 Standards for Accreditation of Nurse Anesthesia Educational Programs.

8. The conducting institution provides sufficient time to permit faculty to fulfill their obligations to students including clinical and classroom teaching, counseling and evaluation, and advising on doctoral level scholarly activities (see Glossary, "Scholarly work oversight," "Sufficient time").

Note: A new definition for 'Sufficient time' has been included in the Glossary.

A. Conducting Institution Standards

9. The conducting institution provides <mark>protected</mark> time to permit faculty to fulfill their own administrative, teaching, research/scholarly activities, service, and/or clinical responsibilities (see Glossary, "Protected time").

Note: The term <mark>"sufficient"</mark> was removed to distinguish this Standard from Standard A.8, and additional responsibilities were included based on the existing definition of 'Protected time.'

10.1. Financial resources that are budgeted and used to achieve program outcomes and meet accreditation standards

Note: This revision includes a minor addition to improve clarity.

A. Conducting Institution Standards

11. The program seeks Council approval before making a significant increase in class size and demonstrates reasonable assurance there are adequate resources as delineated in Standard A.10 (*see Glossary, "Significant increase"*).

Note: This Standard was revised to align with the updated definition and procedures outlined in the 'Program Resources and Student Capacity' policy.

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

A. Conducting Institution Standards

13. There is evidence that eligibility and certification requirements are maintained by institutions or programs relying on the Council's accreditation to participate in Higher Education Opportunity Act, Title IV programs[2] (see Glossary, "Title IV eligibility").

[2] May not be applicable to all accredited programs.

Note: Revised to include the addition of a footnote for clarification.

B. Faculty Standards

*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").

B. Faculty Standards

*3. The CRNA program administrator must be <mark>experientially qualified</mark> to provide leadership to the program (see Glossary, "Experientially qualified").

Note: Revised to reflect a change in the Standard's designation to be considered to an area of critical concern.

7. The CRNA program administrator actively participates in the preparation of and has the authority to administer the program budget.

Note: Expanded to include additional requirements for program administrators.

B. Faculty Standards

14. Didactic faculty meet the conducting institution's requirements or degree granting institution's requirements, as applicable, for teaching doctoral level courses.

Note: Revised for editorial consistency and clarity.

17. The program administrator, assistant program administrator(s), and course directors have formal instruction in curriculum, evaluation, and instruction (see Glossary "Formal instruction in curriculum, evaluation, and instruction").

Note: Revised to simplify the language of the Standard.

B. Faculty Standards

18. Only CRNAs and physician anesthesiologists teach clinical anesthesia content.

Note: Editorial revision offered to clarify that only CRNAs and physician anesthesiologists may teach clinical anesthesia content.

21. Faculty who teach in distance education courses are educated in distance education methodologies.

Note: New Standard added to address the requirement that faculty have training in distance education.

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 1 year full-time critical care experience, or its part-time equivalent, as a registered nurse in a critical care setting (see Glossary, "Critical care experience").

    Note: Removed language already addressed in the Glossary, and 'work' replaced with 'critical care' to specify the required experience more clearly.

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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.

D. Graduate Standards

*30. Teach others (see Glossary, "Teach others").

Note: A new definition for 'Teach others' has been included in the Glossary.

Teach others - Graduates may demonstrate ability to teach others by completing class presentations (face-to-face, virtual), making presentations to staff in the clinical setting (such as grand rounds-type presentations), teaching in a simulation or other laboratory setting, podium and poster presentations at local, state, national, or international meetings, patient education (including preoperative interviews), and other methods.

D. Graduate Standards

*38. Understand the importance of providing cost-effective anesthesia services.

Note: Minor revisions made to enhance clarity of the Standard. Previous focus was on providing cost-effective anesthesia

*41. Evaluate how public policy impacts the financing and delivery of healthcare.

Note: Minor revisions made to improve clarity of the Standard.

*46. Analyze health outcomes in a variety of clinical settings and healthcare systems.

Note: Standard D.47 removed and has been integrated into this Standard.

D. Graduate Standards

*48. Use information/communication technologies and informatics processes to support and improve patient care (see Glossary, "Information/communication technologies and informatics processes").

*49. Use information/communication technologies and informatics processes to support and improve healthcare systems *(see Glossary, "Information/communication technologies and informatics processes")*.

Note: These standards renumbered to reflect the removal of a preceding Standard. Revised terminology and a new definition for 'Information/communication technologies and informatics processes' has been included in the Glossary.

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.

E. Curriculum Standards- 3 P's

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

> *2. 1. Course(s): Separate courses in
>
> > • Advanced Physiology/Pathophysiology that is comprehensive and across the lifespan.
> >
> > • Advanced Pharmacology that is comprehensive and includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.
> >
> > • Advanced Health Assessment that is comprehensive and across the lifespan (see Glossary, "Advanced health assessment")
> >
> > • Basic Principles in Nurse Anesthesia
> >
> > • Advanced Principles in Nurse Anesthesia
>
> **Note**: Revisions made to the Standard's requirements

E. Curriculum Standards

*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-guided regional and vascular techniques, point of care ultrasound, anesthesia equipment, professional role development, wellness and substance use disorder, informatics, ethical and multicultural healthcare including health disparities across populations, leadership and management, business of anesthesia/practice management, health policy, healthcare finance, integration/ clinical correlation (see Glossary, "12-lead ECG interpretation," "Advanced health assessment," "Health disparities across populations," ""Pain management, acute," "Pain management, chronic," "Point of care ultrasound," "Professional role development," "Radiology," and "Wellness and substance use disorder").

E. Curriculum Standards

7. Distance education satisfies accreditation standards and students achieve the same objectives/outcomes as traditional educational offerings[6].

[6] In the event that distance courses have only been offered online, achievement of comparable outcomes can be demonstrated by course and instructor evaluations, students' final grades, programs' National Certification Examination (NCE) pass rates, and graduation rates. Refer Accreditation Policies and Procedures Manual for "Distance Education" policy and related application.

Note: Minor terminology revisions and addition of an explanatory footnote currently found in the Accreditation Policies and Procedures Manual.

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.

F. Clinical Site Standards

*7. The clinical supervision ratio of students to clinical preceptor ensures patient safety by taking into consideration: the complexity of the anesthetic and/or surgical procedure, the student's knowledge and ability, and the comorbidities associated with the patient. At no time does the number of students directly supervised by an individual clinical preceptor exceed 2:1 (see Glossary, "Clinical supervision").

Note: Minor terminology revisions replacing references to 'instructor' with 'clinical preceptor'

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.

H. Evaluation Standards

1. The program has a written systematic plan for continuous self-assessment that incorporates the following[9]:

    [9] Refer to Accreditation Policies and Procedures Manual, "Plans for Purposeful Change and Needed Improvement" policy, for additional guidance.

Note: Added footnote referencing the 'Plans for Purposeful Change and Needed Improvement' policy, which addresses elements common to systematic assessment plans.

Standards For Practice Doctoral Degrees For CRNAs (No Changes)

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.

Guidelines for Counting Clinical Experiences

Appendix

†For students matriculating on or after January 1, 2026

	CLINICAL EXPERIENCES	
† (dagger footnote throughout Appendix)	‡Effective for all students matriculating into an accredited program on or after January 1, 2022 **Note:** Footnote removed, as the referenced date is now three years in the past.	
Total cases	Minimum Required Cases	Preferred Number of Cases
	700	750
	Note: Revised to increase required case totals for minimum required cases and preferred number of cases.	
Assessment of chest X-ray	Other Assessment of chest X-ray: 5 (M); 10 (P) **Patient Assessment** Assessment of chest X-ray: 5 (M); 10 (P) **Note:** Revised to relocate 'Assessment of chest X-ray' from the Other category to Patient Assessment procedures for improved alignment.	

Moderate/Deep Sedation- Mask Ventilation

Moderate/deep sedation	~~Regional techniques~~ ~~: 25 (M); 50 (P)~~ **Methods of Anesthesia** Moderate/deep sedation: 25 (M); 50 (P) **Note:** Revised to move 'Moderate/deep sedation' to the top of the Methods of Anesthesia category to better reflect the continuum of anesthesia depth.		
Mask ventilation		Minimum Required Cases	Preferred Number of Cases
	Mask ventilation [12]	100	200
	Induction		
	Maintenance	25	
	Resuscitation		
	[12] Positive-pressure ventilation administered using a mask during induction and/or maintenance of a case as well as resuscitation events. **Note:** Revised 'Mask Management' category to 'Mask Ventilation,' added subcategories for Induction, Maintenance (minimum 25 cases), and Resuscitation, and updated the footnote defining Mask ventilation.		

CVC And Line Placement

Central Venous Catheter Monitoring		Minimum Required Cases	Preferred Number of Cases
	Monitoring	10	15
	Note: Revised to lower the minimum required CVC monitoring experiences to align with requirements in the 'Placement – Non-PICC' category.		
Line Placements and Hemodynamic Monitoring	~~Other~~ ~~: (M)~~ ~~Other~~		

Line Placements and Hemodynamic Monitoring		
	Minimum Required Cases	Preferred Number of Cases
Advanced minimally- and non-invasive hemodynamic monitoring (*see Glossary, "Advanced noninvasive hemodynamic monitoring"*)		
Intravenous catheter placement	100	

Note: Revised to move 'Intravenous catheter placement' and 'Advanced noninvasive hemodynamic monitoring' to a new category, 'Line Placements and Hemodynamic Monitoring,' updated terminology to 'Advanced minimally- and non-invasive hemodynamic monitoring,' and proposed a corresponding Glossary definition revision.

Ultrasound-guided Techniques

Ultrasound-guided Techniques	Ultrasound-guided Techniques		
		Minimum Required Cases	Preferred Number of Cases
	Ultrasound-guided techniques (total of a & b)	20	
	a. Regional[18]	10	
	1. Actual regional		
	2. Simulated regional		
	b. Vascular[19]	10	
	1. Actual vascular		
	2. Simulated vascular		
	Point of Care Ultrasound (POCUS)[20]		
	a. Actual		
	b. Simulated		

Note: Revised heading of the 'Other' category to 'Ultrasound-guided Techniques' after relocating 'Intravenous catheter placement,' 'Advanced noninvasive hemodynamic monitoring,' and 'Assessment of chest X-ray' to more appropriate categories.

Glossary Definitions

Advanced noninvasive hemodynamic monitoring – The use of advanced non-invasive technologies used to monitor hemodynamic variables such as central venous pressure, cardiac output, vascular resistance, and ventricular performance. This does not include routine monitors such as the automated blood pressure cuff. Examples may include but are not limited to FloTrac®, ClearSight®, Esophageal Doppler, PiCCO®, and LiDCO®.

Note: Added examples to the existing Glossary definition to provide clearer guidance on what qualifies as advanced noninvasive hemodynamic monitoring.

Glossary Definitions

Commonly accepted national standards - Commonly accepted national standards are standards that are generally recognized as determining the quality of similar degrees by the larger community of higher education in the United States. Examples include (but are not limited to): the Essentials of the American Association of Colleges of Nursing; applicable institutional accreditor standards, and the accreditation standards for other clinical doctorate degrees (e.g., the Commission on Accreditation in Physical Therapy Education, the Accreditation Council for Pharmacy Education).

Note: Added examples to the existing Glossary definition based on the COA's Course Content Map.

Glossary Definitions: Experience

Experientially qualified - Program administrators must possess: (a) clinical experience as a CRNA; (b) formal instruction in curriculum, evaluation, and instruction; (c) current knowledge of CRNA practice and related professional issues; and (d) current knowledge of institutional and programmatic accreditation requirements for nurse anesthesia educational programs (as evidenced through prior experience with applicable institutional accreditation reviews, active participation in development of a Self Study and completion of a COA onsite review, documentation of a detailed plan or completion of formal mentorship activities with an experienced CRNA program administrator, or other activities). Academic experience is required; administrative experience is preferred.

Glossary Definitions: Experience

Assistant program administrators must possess: (a) clinical experience as a CRNA; (b) formal instruction in curriculum, evaluation, and instruction; (c) current knowledge of CRNA practice and related professional issues; and (d) current knowledge of institutional and programmatic accreditation requirements for nurse anesthesia educational programs (as evidenced through prior experience with applicable institutional accreditation reviews, active participation in development of a Self Study and completion of a COA onsite review, documentation of a detailed plan or completion of formal mentorship activities completed with an experienced CRNA program administrator, or other activities). Academic experience is preferred.

Note: Revised existing Glossary definitions to clarify individual experience requirements for program administrators, removed item 'b,' added examples under accreditation knowledge, and specified academic experience as required for program administrators and preferred for assistant program administrators.

Glossary Definitions: Full-Time

Full-time program administrator - A full-time program administrator is a CRNA who by title and function directs the organizational administration of a nurse anesthesia program. The administrator must have sufficient time to provide leadership and oversight of all aspects of the educational program, including but not limited to; governance; budget preparation; didactic and clinical curriculum; recruitment; and evaluation. The workload may include a reasonable teaching commitment. Engagement in direct patient care activities, including supervising nurse anesthesia student clinical performance, does not qualify as meeting organizational administrative duties.

Note: Revised Glossary definition of 'full-time program administrator' to reflect the new definition of 'sufficient time' and to include budget preparation as a key duty.

Glossary Definitions: Class Size Increase

- **Significant increase** - Programs planning a significant increase in first-year enrollment must submit the Council's Application for Increasing Class Size. The Council considers a "significant increase" one that meets any of the following conditions:

  - A proposed one-time class size increase of four students **OR** an increase that results in an enrollment cohort of 10% or greater than the program's approved class size, whichever is smaller.

  - Incremental increases that result in an overall increase of four students **OR** a 10% increase in enrollment, whichever is smaller, as compared to the program's approved class size. Programs will be required to submit an Application for Increasing Class Size as soon as the four student OR 10% increase in enrollment is met.

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)

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

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?

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 <u>first</u> 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

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.

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 030**, CRNA program administrator position description). Dr. Smith received a DNP degree from XYZ university in 2004 (**Attachment 031**, Dr. Smith's transcript from XYZ university with the degree noted.)

Evidence:

Attachment 030, CRNA program administrator position description

Attachment 031, Dr. Smith's transcript from XYZ university with the degree noted

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 050**, 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 051**, Basics of Nurse Anesthesia syllabus, highlighted content on pages 3, 7, 9).

D.3. The Graduate Must Demonstrate The Ability To Conduct A Comprehensive Equipment Check

- 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 052**, Simulation course syllabus, highlighted content on pages 4, 7, 10).

D.3. The Graduate Must Demonstrate The Ability To Conduct A Comprehensive Equipment Check

- 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 503**, Daily clinical evaluations for Semesters 5 to 9, highlighted content).

D.3. The Graduate Must Demonstrate The Ability To Conduct A Comprehensive Equipment Check

- Evaluation on the student performing an equipment check is documented on the mid-semester (**Attachment 050**, Student handbook, highlighted content, page 20; **Attachment 054**, Mid-semester evaluation, Semesters 5 to 9, highlighted content) and on the end of semester student evaluations (**Attachment 050**, Student handbook, highlighted content, Page 24; **Attachment 055**, End of semester student evaluation, Semesters 5 to 9, highlighted content).

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

What To Consider When Responding To Some Of The Standards.....

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 achieve program outcomes and 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")*.

A. Conducting Institution Standards

*11. The program seeks Council approval before making a significant increase in class size and demonstrates reasonable assurance there are adequate resources as delineated in Standard A.10 (see Glossary, "Significant increase").

*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 the Council's accreditation to participate in Higher Education Opportunity Act, Title IV programs[2] *(see Glossary, "Title IV eligibility").*

B. Faculty Standards

CRNA Program Administrator

7. The CRNA program administrator actively participates in the preparation of and has the authority to 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")*.

Needs to show revenue and expenditures – broken down

B. Faculty Standards

CRNA Faculty

14. Didactic faculty meet the conducting institution's requirements or degree granting institution's requirements, as applicable, 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]

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-guided regional and vascular techniques, point of care ultrasound, anesthesia equipment, professional role development, wellness and substance use disorder, informatics, ethical and multicultural healthcare including health disparities across populations, leadership and management, business of anesthesia/practice management, health policy, healthcare finance, integration/clinical correlation *(see Glossary, "12-lead ECG interpretation," "Advanced health assessment," "Health disparities across populations," ""Pain management, acute," "Pain management, chronic," "Point of care ultrasound," "Professional role development," "Radiology," and "Wellness and substance use disorder").*

F. Clinical Site Standards

7. The clinical supervision ratio of students to clinical preceptor ensures patient safety by taking into consideration: the complexity of the anesthetic and/or surgical procedure, the student's knowledge and ability, and the comorbidities associated with the patient. At no time does the number of students directly supervised by an individual clinical preceptor exceed 2:1 (see Glossary, "Clinical supervision").

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

General Concerns

➢Start early

➢<u>Involve others</u> 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.

General Concerns…..

➢ Write out the name of the course referred to in a response – don't use the course number

➢ When in doubt, <u>write it out</u> – use <u>abbreviations sparingly</u>.

➢ Avoid flowery writing such as "Our program highly values close communication and collaborative interactions between students and faculty."

➢ <mark>Highlight the exact evidence in the document .</mark>

➢ <u>You do not have to repeat the standard</u> 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.

General Concerns…..

➢Use few emails to document a narrative

➢If emails are used 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 to OR insert a URL leading to a document documenting a response – include a screen shot.

Questions?

Thank you!