STANDARDS FOR ACCREDITATION
OF NURSE ANESTHESIA
EDUCATIONAL PROGRAMS

COUNCIL ON ACCREDITATION OF NURSE ANESTHESIA
EDUCATIONAL PROGRAMS

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TABLE OF CONTENTS

STANDARDS FOR ACCREDITATION OF
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Preface ...................................................................................................................................i

The Value of Accreditation .................................................................................................ii

History of Nurse Anesthesia Accreditation ......................................................................iv

Mission, Purposes, and Objectives of the Council on Accreditation of Nurse Anesthesia Educational Programs.........................................................................................vi

The Accreditation Process ..................................................................................................viii

Standard I: Administrative Policies and Procedures .......................................................1

Standard II: Institutional Support ...................................................................................4

Standard III: Curriculum and Instruction .......................................................................6

Standard IV: Faculty ........................................................................................................9

Standard V: Evaluation ..................................................................................................12

Standard VI: Ethics .........................................................................................................15

Appendix...........................................................................................................................17

Glossary ..............................................................................................................................21

Index .................................................................................................................................27
Preface

The educational standards for nurse anesthesia programs represent the work of many individuals and groups that are affected by them, including certified registered nurse anesthetist (CRNA) practitioners and educators; nurse anesthesia students; administrators and faculty of colleges and universities; hospital administrators; state boards of nursing; the staff of the U.S. Department of Education; the Council for Higher Education Accreditation (CHEA), and other nationally recognized accreditation agencies; members of the councils on certification, recertification, and public interest in anesthesia; and the Board of Directors of the American Association of Nurse Anesthetists (AANA). Special recognition must be given to members of the Assembly of School Faculty of Nurse Anesthesia and to those on the AANA Education Committee for their continuing efforts to promote, support, and encourage the Council's objectives of quality assessment and enhancement in nurse anesthesia education through the accreditation mechanism.

Suggestions for future revisions should be forwarded to:

Council on Accreditation of Nurse Anesthesia Educational Programs
222 South Prospect Avenue, Suite 304
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The Value of Accreditation

Accreditation is an activity that has long been accepted in the United States, but it is generally unknown in most other countries because they rely on governmental supervision and control of educational institutions. The accomplishments and outstanding successes in the education of Americans can be traced in large part to the reluctance of the United States to impose governmental restrictions on institutions of postsecondary education and to the success of the voluntary American system of accreditation in promoting quality without inhibiting innovation. The large percentage of Americans who benefit from higher education, the reputation of U.S. universities for both fundamental and applied research, and the widespread availability of professional services in the United States all attest to the high quality of postsecondary education and the success of the accreditation system that the U.S. institutions and professions have devised to promote quality.

Accreditation is a peer process whereby a private, nongovernmental agency grants public recognition to an institution or specialized program that meets or exceeds nationally established standards of acceptable educational quality. A guiding principle of accreditation is the recognition that institutions or specialized programs have a right to expect that they will be evaluated in the light of their own stated purposes, as long as those purposes are educationally appropriate and fall within the recognized scope of the accrediting body.

There are two fundamental reasons for accreditation: (1) to ensure quality assessment and (2) to assist in quality improvement. Accreditation, which applies to institutions or programs, must be distinguished from certification and licensure, which apply to individuals. Accreditation cannot guarantee the quality of individual graduates, but it can provide reasonable assurance of the context and quality of the education that is offered.

Accreditation provides services that are of value to several constituencies:

The public receives:

1) reasonable assurance of the external evaluation of a program and its conformity with general expectations in the professional field;
2) identification of programs that have voluntarily undertaken explicit activities directed at improving their quality and their successful execution;
3) improvement in the professional services available to the public, resulting from the modification of program requirements to reflect changes in knowledge and practice that are generally accepted in the field;
4) less need for intervention by public agencies in the operations of educational programs, because of the availability of private accreditation for the maintenance and enhancement of educational quality.

Students benefit from:

1) reasonable assurance that the educational activities of an accredited program have been found to be satisfactory and meet the needs of students;
2) assistance in transferring credits among programs and institutions;
3) a uniform prerequisite for entering the profession.

Programs get:

1) the stimulus needed for self-directed improvement;
2) peer review and counsel provided by the accrediting agency;
3) enhancement of their reputation, because of the public’s regard for accreditation;
4) eligibility for selected governmental funding programs and private foundation grants.

The profession realizes:

1) a means for participation of practitioners in establishing the requirements for preparation to enter the profession;
2) a contribution to the unity of the profession by bringing together practitioners, educators, students, and the communities of interest in an activity directed toward improving professional preparation and practice.

References:

• *The Role and Value of Accreditation*, COPA, 1982.
History of Nurse Anesthesia Accreditation

On June 11, 1930, Agatha Hodgins, a nurse anesthetist, set forth her ideas regarding the essentials of a national organization for nurse anesthetists. They included (a) organization of a special group; (b) establishment of educational standards; (c) development of a state registration mechanism; (d) lobbying to practice without unwarranted criticism; and (e) improving the quality of work through study and research. She became the force behind establishing an organization dedicated to meeting the needs of the first nursing specialists. One of the initial objectives of the National Association of Nurse Anesthetists (whose name was later changed to the American Association of Nurse Anesthetists) was to develop the mechanics for establishing a program to evaluate schools of nurse anesthesia.

An Education Committee was established in 1933, which was charged with the development of educational standards, maintenance of a central bureau, and compilation of lists of approved schools and qualified instructors. The minimum standards called for a course of 4 months' duration, 250 anesthesia cases, and 75 hours of classroom instruction. The work of this committee over the next two decades resulted in revision of the guidelines for the course of study and development of the essentials for approval of nurse anesthesia schools. In addition to nursing at the postsecondary level, the course of study has developed into a full 2- to 3-year program requiring extensive preparation in the advanced sciences and supplemented by a clinical practicum in healthcare facilities that can provide a broad range of clinical experiences.

The formal accreditation program began in 1952 with the endorsement of the American Hospital Association (AHA) and advisement from its Council on Professional Practice. In 1955, AANA was listed by the U.S. Commissioner of Education as the recognized agency for accreditation of nurse anesthesia schools.

The accreditation function was transferred to the AANA's Council on Accreditation of Nurse Anesthesia Educational Programs in 1975, in response to a major revision of the U.S. Office of Education criteria. The revised criteria reflected many of the sociopolitical concerns of the time: (1) public accountability, (2) conflicts of interest, (3) consumer protection, (4) nondiscriminatory practices, (5) due process, and (6) community of interest involvement. These criteria mandated a structural change in the AANA that resulted in the formation of three semiautonomous councils -- accreditation, certification, and practice (now known as the Council for Public Interest in Anesthesia). These councils were granted full functional and operational autonomy over the next 3 years, after proving their effectiveness in performing their respective responsibilities. A fourth council, recertification, was established in 1978 to serve as the monitoring body for the continuing education of nurse anesthetists. The Council on Accreditation of Nurse Anesthesia

iv
Educational Programs has existed since 1978 as an autonomous multidisciplinary body under the corporate structure of the AANA, representing the various publics within the nurse anesthesia community of interest in which the profession resides. The 12 members of the Council represent the following groups: (1) nurse anesthesia educators and practitioners, (2) nurse anesthesia students, (3) health care administrators, (4) universities, and (5) public members. All members have been vested with full decision making and voting powers.

The Council on Accreditation of Nurse Anesthesia Educational Programs has been continuously recognized by the U.S. Department of Education (USDE) since 1975, as well as by the Council on Postsecondary Accreditation or its successor, the Commission on Recognition of Postsecondary Accreditation (CORPA), since 1985. The Council for Higher Education Accreditation assumed CORPA's recognition functions in 1997. The scope of accreditation was clarified by the USDE in 1993 and by CORPA in 1994 to delete reference to generic programs and specify nurse anesthesia programs that prepared graduates at the certificate, baccalaureate, master's, and doctoral degree levels. In 1997, the scope was revised to delete baccalaureate programs that no longer existed. Currently, the Council is identified by the USDE as a nationally recognized accrediting agency for the accreditation of institutions and programs of nurse anesthesia at the certificate, master's, or doctoral degree levels in the United States, its territories, and protectorates.

A number of requirements in the 1994 standards were written to comply with regulations that carried out provisions of the 1992 reauthorization of the Higher Education Act. In passing the law, Congress increased USDE's oversight of institutions that receive federal student aid by implementing more stringent requirements for the USDE, state governments, and accrediting agencies, such as the Council on Accreditation of Nurse Anesthesia Educational Programs. The impetus for the new requirements was an unacceptably high national rate of graduates who failed to repay their federal student loans. As a result of the new requirements, many accrediting agencies lost USDE recognition because their accreditation was not needed to obtain federal monies. Regulations were adopted that specified new areas for accreditation review, such as tuition in relation to the subject matter taught, default rates in student loan programs, records of student complaints, and job placement rates.

The reason why the Council maintains USDE recognition falls under the legislative mandate that calls for the USDE to identify reliable authorities for the quality of training that is offered by educational institutions and programs as the basis for ascertaining eligibility for federal funding under selected legislation. The Council maintains CHEA recognition to demonstrate its effectiveness in assessing and encouraging improvement and quality in programmatic accreditation. The Council also subscribes to the Code of Good Practice for accrediting organizations through membership in the Association of Specialized and Professional Accreditors (ASPA).
Mission, Purposes, and Objectives of the Council on Accreditation of Nurse Anesthesia Educational Programs

Mission Statement

The Council’s mission is to (1) grant public recognition to nurse anesthesia programs and institutions that award post master’s certificates, master’s, and doctoral degrees that meet nationally established standards of academic quality (quality assessment) and (2) assist programs and institutions in improving educational quality (quality enhancement).

The goals of the Council are to:

1. Pursue its mission, goals and objectives and conduct its operations with integrity.
2. Advise, formulate, and/or adopt standards, criteria, policies and procedures for the accreditation of nurse anesthesia educational programs, subject to review and comment by all constituencies that are significantly affected by them.
3. Foster academic quality in educational programs.
4. Utilize evaluation to measure a program's degree of success in meeting programmatic objectives and accreditation requirements within the context of its institutional mission and resources.
5. Encourage innovations in program design and/or experimental programs that are based on sound educational principles.
6. Ensure responsiveness to its communities of interest.
7. Foster student achievement and continuous program improvement as a basis of promoting quality nurse anesthesia services to the public.
8. Incorporate public involvement in its decision making related to quality and accountability.

The objectives of the COA are to:

1. Promulgate standards of accreditation for nurse anesthesia graduate programs with input from the communities of interest.
2. Periodically assess programs for compliance with accreditation standards through annual reports, self-studies, site visits, and progress reports.
3. Confer and publish accreditation decisions for programs and institutions of nurse anesthesia.
4. Require programs to routinely provide reliable performance and information data to the public.
5. Write policies and procedures defining the accreditation process and procedure.
6. Facilitate the development of new nurse anesthesia programs.
7. Offer consultation concerning nurse anesthesia education to enhance academic quality.
8. Conduct collaborative reviews with other accrediting agencies.
9. Conduct discussions with federal and state governmental agencies concerning accreditation.
10. Participate in a systematic self-assessment of the standards, policies, and procedures of accreditation to ensure accuracy and reliability.
11. Provide accurate information concerning the accreditation process and its accredited programs.
12. Consider legitimate allegations from complainants concerning the accreditation process.
13. Employ appropriate and fair procedures in decision-making.
14. Ensure the academic quality of distance and traditional educational offerings.
The Accreditation Process

The Council on Accreditation is responsible for establishing the standards for accreditation of nurse anesthesia educational programs, subject to consideration of the revisions by the communities of interest. The standards address: (I) administrative policies and procedures, (II) institutional support, (III) curriculum and instruction, (IV) faculty, (V) evaluation, and (VI) ethics. The standards have been under review and have been subject to periodic major and minor revisions since they were established. Compliance with the standards forms the basis for the Council’s accreditation decisions.

Certain criteria have been ascertained to have major significance regarding educational quality. Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation and is marked with an asterisk (*). The Council reserves the right to identify other areas or criteria. The accreditation process for established programs is based on the self-evaluation study document prepared by the program and on an on-site review by a team of two or three reviewers. The process is repeated at intervals up to 10 years. A summary report of the review is presented to the Council for an accreditation decision. New programs that seek accreditation status must successfully complete an initial accreditation review, admit students, and undergo a subsequent review after the first students graduate.

Ongoing oversight by the Council is provided between formal programmatic reviews. Programs are required to advise the Council and get approval of major changes. The Council also investigates situations brought to its attention that may affect a program's accreditation status. Each program is required to complete and submit an annual report.

In a broad sense, accreditation of nurse anesthesia educational programs provides quality assurance concerning educational preparation through continuous self-study and review. The ultimate goals of the accreditation program are to improve the quality of nurse anesthesia education and provide competent anesthetists for healthcare consumers and employers. Graduation from an accredited program is a prerequisite for eligibility for national certification, and it is also used as a criterion by licensing agencies, employers, and potential students in the decisions they make and in determining eligibility for government funding.
To be considered for Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accreditation, a nurse anesthesia program must demonstrate, through appropriate documentation, that it complies with six educational standards.

**Standard I: Administrative Policies and Procedures**

A PROGRAM OF NURSE ANESTHESIA MUST HAVE CURRENT WRITTEN ORGANIZATIONAL PLANS THAT DELINEATE ITS FUNCTIONAL STRUCTURE, THE POLICIES AND PROCEDURES WITHIN WHICH IT OPERATES, AND THE MECHANISMS IT PROVIDES FOR COOPERATIVE PLANNING AND DECISION MAKING.

Specific criteria: Such a program is required to

A1. Develop the following statements which must be appropriate and relevant to nurse anesthesia education and show evidence of plans to maintain the program:

   a. A mission statement.
   b. An educational philosophy.
   c. Purposes congruent with the institution's philosophy.

A2. Complete a written agreement that outlines the expectations and responsibilities of all parties when:

   a. An academic or clinical affiliation is established.
   b. Two or more entities with unshared governance enter into a joint arrangement to conduct a program.

A3. Devise policies and procedures using continuous self-assessment strategies and identifiable outcome criteria that enhance the program's quality and integrity.

1994 Standards for Accreditation of Nurse Anesthesia Educational Programs with 1999 revisions
A4. Describe current organizational relationships to reflect effective and clear lines of communication among:

a. Conducting institutions.
b. Affiliates.
c. Faculty.
d. Students.
e. Other affected staff or organizational units.

A5. Design its committee structure to:

a. Meet the program's needs.
b. Encompass representation from groups, including the public, that are directly affected by the committees' actions.

A6. Maintain an administrative manual that:

a. Defines the program's policies and procedures.
b. Requires their publication and systematic review.

A7. Develop policies regarding:

a. Recruitment.
b. Admissions.
c. Grading.
d. Advertising.
e. Catalogs.
f. Publications.
g. Program length.
h. Tuition and fees.

A8. Publish materials that are:

a. Timely.
b. Accurate.

A9. Ensure that published materials clearly:

a. Specify the program’s current accreditation status.
b. Indicate its academic institutions and clinical sites.
c. Provide reliable data and information to the public about its
1. Academic quality.
2. Student achievement.

A10. Adopt a curriculum plan and/or program design that is within:

   a. The construct of graduate education.
   b. The institution’s mission, goals, and objectives.

* A11. Demonstrate that financial resources are sufficient for the program to meet accreditation standards.

A12. Publish student and faculty handbooks that contain pertinent information about the program.

A13. Formulate faculty policies and procedures that set forth qualifications for:

   a. Employment.
   b. Teaching responsibilities.
   c. Administrative responsibilities.
   d. Continuing education.

A14. Identify admission criteria and design the curriculum to enable baccalaureate-prepared nurses to benefit from the program.

* A15. Enroll only students who have met applicable admission criteria.

A16. Enroll only students who have at least 1 year of experience as registered professional nurses during which they have had an opportunity to:

   a. Develop as independent decision makers.
   b. Demonstrate psychomotor skills.
   c. Display the ability to interpret and use advanced monitoring techniques, based on a knowledge of physiological and pharmacological principles.

* A17. Maintain accurate cumulative records of educational activities.

A18. Act in accordance with the Council’s policies and procedures for accreditation.

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
Standard II: Institutional Support

A CONDUCTING INSTITUTION(S) MUST PROVIDE ADMINISTRATIVE AND LOGISTICAL SUPPORT TO FACILITATE EFFICIENT AND EFFECTIVE OPERATION OF THE PROGRAM’S EDUCATIONAL ACTIVITIES.

Specific criteria: Such a conducting institution is required to

* B1. Provide adequate resources to support the efficient and effective operation of educational activities in the following areas:
   a. Finance.
   b. Personnel.
   c. Administration.

B2. Provide enough of the following material resources to support a quality educational program:
   a. Facilities.
   b. Equipment.
   c. Supplies.
   d. Other material resources.

B3. Provide student services that extend from recruitment to graduation.

B4. Provide comfortable classroom space that will accommodate the nurse anesthesia student body.

B5. Provide access to library facilities that provide students with information relating to the specialty of nurse anesthesia and other related disciplines at:
   a. Primary academic and clinical sites.
   b. Remote academic and clinical sites.
B6. Provide clinical sites where students can successfully complete the clinical curriculum and meet accreditation requirements by acquiring experience with:

   a. Up-to-date equipment.
   b. A variety of cases.
   c. A variety of anesthetic techniques.

B7. Provide students with the following:

   a. Financial aid services.
   b. Health and counseling support services.

B8. Provide adequate space for the CRNA program director and faculty to:

   a. Complete administrative tasks.
   b. Prepare classroom presentations.
   c. Privately counsel students and faculty.
   d. Safely store program records.

* B9. Maintain a didactic and clinical educational environment while students are enrolled that:

   a. Meets accreditation standards.
   b. Fulfills the program's mission over the accreditation period.

* Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.
Standard III: Curriculum and Instruction

THE CLINICAL AND DIDACTIC CURRICULUM AND INSTRUCTION OF A PROGRAM OF NURSE ANESTHESIA MUST REFLECT ACHIEVEMENT OF ITS ESTABLISHED EDUCATIONAL OUTCOMES AND COMPLIANCE WITH THE INSTITUTION'S MISSION, GOALS, AND RESOURCES, AND THE STANDARDS OF THE COUNCIL ON ACCREDITATION OF NURSE ANESTHESIA EDUCATIONAL PROGRAMS.

Specific criteria: Such a program is required to

C1. Implement an educational philosophy that supports the philosophy of graduate education.

C2. Maintain clearly specified educational objectives and outcome criteria consistent with its mission and appropriate in light of the degree it awards.

C3. Design a curriculum that will award a master's or higher level degree to students who successfully complete graduation requirements.

C4. Meet the following criteria:
   a. Be a minimum of 24 months in length.
   b. Demonstrate that the course of study is long enough for students and faculty to achieve the program's goals and objectives.

C5. Develop an academic calendar that reflects a curriculum with a sequential presentation of the didactic and clinical experiences.

* C6. Offer a didactic curriculum that focuses primarily on the profession of nurse anesthesia and is supported by instruction in:
   a. Professional aspects of nurse anesthesia (45 hours).
   b. Anatomy, physiology, and pathophysiology (135 hours).
   c. Chemistry and physics (45 hours).
   d. Pharmacology (90 hours).
   e. Clinical correlation conferences (45 hours).
   f. Basic and advanced principles of anesthesia, including equipment and technology (90 hours).
C7. Measure the length of the program in terms of clock hours or credit hours.

C8. Provide didactic instruction in:
   
a. Administration and management of current anesthetic agents and techniques.
b. Monitoring modalities.
c. Pain control.

C9. Set forth the curriculum in a logical manner to provide continuity of experiences.

C10. Utilize effective methods of instruction to implement course objectives.

C11. Incorporate current trends in nurse anesthesia education and practice to broaden and enhance the quality of the curriculum.

* C12. Provide a clinical curriculum in which students administer a minimum of 450 case requirements for a wide variety of procedures (See APPENDIX).

* C13. Demonstrate that students' clinical participation in total perioperative anesthesia management:
   
a. Is unrestricted.
b. Offers opportunity to develop as competent, safe nurse anesthetists.
c. Is adequate to enable them to function in all types of practice settings.

* C14. Provide an anesthesia call experience.

* C15. Demonstrate that the practicum provides students with the depth and breadth of experiences necessary to achieve entry-level clinical competencies, as defined by the profession and employer.

* C16. Demonstrate in the curriculum that each graduate attains the following outcome criteria:
   
a. Maintains patient safety.
b. Protects patients from iatrogenic complications.
c. Positions or supervises the positioning of patients to prevent injury.
d. Performs a preanesthetic assessment and formulates an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
e. Uses a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.

f. Conducts a comprehensive and appropriate equipment check.

g. Identifies and takes appropriate action when confronted with anesthetic equipment-related malfunctions.

h. Administers general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.

i. Provides anesthesia services to patients, including trauma and emergency cases.

j. Administers and manages a variety of regional anesthetics.

k. Interprets and utilizes data obtained from noninvasive and invasive monitoring modalities.

l. Calculates, initiates, and manages fluid and blood component therapy.

m. Recognizes and appropriately responds to anesthetic complications that occur during the perioperative period.

n. Utilizes universal precautions and appropriate infection control measures.

o. Functions as a resource person for airway and ventilatory management of patients.

p. Serves as a leader or member of a cardiopulmonary resuscitation team and possesses advanced cardiac life support (ACLS) recognition.

q. Possesses pediatric advanced life support (PALS) recognition.

(Implementation for students entering programs January 1, 2001 and thereafter.)

r. Participates in quality management activities.

s. Functions within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.

t. Demonstrates personal and professional integrity and the ability to interact on a professional level.

C17. Maintain a curriculum that achieves the program's outcome criteria (to include the previous criterion).

C18. Demonstrate that any distance education programs and courses satisfy accreditation standards and achieve the same outcomes as traditional educational offerings.

C19. Design and implement a curriculum that enables graduates to attain certification in the specialty.

C20. Design and implement, when appropriate, an experimental/innovative curriculum that enables graduates to attain certification in the specialty.

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

THE FACULTY OF A PROGRAM OF NURSE ANESTHESIA MUST BE RESPONSIBLE FOR DESIGNING AND IMPLEMENTING ITS EDUCATIONAL OFFERINGS WITHIN THE context OF THE INSTITUTION'S MISSION, GOALS, RESOURCES, AND THE PROGRAM'S IDENTIFIED OUTCOME CRITERIA.

Specific criteria: Such a program is required to

* D1. Identify faculty who are charged to design a quality program of study that is:
   a. Congruent with the institution’s mission, goals, and resources.
   b. Within the context of the program’s identified outcome.

D2. Foster an educational environment that encourages:
   a. Critical thinking.
   b. An active exchange of ideas.
   c. Mutual respect.

* D3. Employ a CRNA to assume the role of program director. The CRNA must hold earned graduate degree(s) from an institution(s) of higher education accredited by a nationally recognized accredited agency(s). This individual by position and function will have authority over the organization and administration of the program.

* D4. Appoint a CRNA to assist the CRNA program director as needed and to assume the director's responsibilities if required. This individual must be qualified by experience and hold graduate degree(s) from an institution(s) of higher education accredited by a nationally recognized accrediting agency(s).

D5. Appoint an appropriate CRNA or anesthesiologist coordinator for each clinical site.

D6. Identify an appropriate liaison with each academic site when an affiliation or cooperative arrangement exists.

D7. Provide an academic and clinical faculty to implement a comprehensive and relevant nurse anesthesia curriculum. Members of such a faculty must be qualified in terms of:
a. Professional education.
b. Knowledge and credentials.

D8. Involve appropriate faculty in curriculum planning, implementation, evaluation, and identification of indicators to measure the program's success.

D9. Provide those faculty members who have a significant didactic or administrative commitment to the program with the resources needed to carry out assigned teaching and administrative responsibilities.

D10. Restrict clinical supervision in nonanesthetic situations to credentialed experts:

a. In airway management and resuscitation.
b. Who assume responsibility for the student.

*D11. Restrict clinical supervision of students in anesthetic situations only to CRNAs and/or anesthesiologists with staff privileges who are immediately available in all clinical areas. (Instruction by graduate registered nurse anesthetists is never appropriate if they act as the sole agents responsible for the student.)*

*D12. Coordinate the ratio of students to instructors in the clinical area based on:

a. The student's knowledge and ability.
b. The physical status of the patient.
c. The complexity of the anesthetic and/or surgical procedure.
d. The experience of the instructor.

*D13. At no time can the clinical supervision ratio exceed two students to one instructor.*

*D14. Ensure that clinical CRNA faculty are:

a. Currently licensed as registered professional nurses in one jurisdiction of the United States.
b. Certified/recertified by the Council on Certification/Recertification of Nurse Anesthetists.*
D15. Maintain current curriculum vitae for the following individuals who have a significant involvement in the program:

a. Clinical faculty.

b. Didactic faculty.

D16. Provide evidence of faculty development activities.

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

A PROGRAM OF NURSE ANESTHESIA, IN CONJUNCTION WITH ITS COMMUNITY OF INTEREST, MUST PERFORM AN ONGOING ASSESSMENT TO DETERMINE ITS INTEGRITY AND EDUCATIONAL EFFECTIVENESS. THIS PROCESS SHOULD ASSESS NOT ONLY THE PROGRAM'S PRESENT STATUS BUT DETERMINE ITS FUTURE GOALS FOR IMPROVEMENT AND ITS METHODS OF ACHIEVING THEM.

Specific criteria: Such a program is required to

E1. Provide for periodic review by external agencies.

E2. Provide evidence of an overall evaluation plan to include assessment of the:
   b. Educational purposes and outcomes.
   c. Curriculum plan.
   d. Methods of instruction.

E3. Monitor and evaluate the following aspects of the program on a continuing basis and use such an evaluation to plan purposeful change, improve the program, and correct deficiencies:
   a. The curriculum.
   b. Its indicators of success.

* E4. Use a variety of indicators to evaluate the following as students progress through the program:
   a. Clinical skills.
   b. Cognitive skills.

E5. Evaluate administrative policies and procedures to ensure that:
   a. They are current.
   b. They are relevant.
   c. They are used as a basis for making appropriate changes.
E6. Require students to periodically complete written evaluations of:
   a. The faculty.
   b. The program.

* E7. Require faculty members to complete formative and summative evaluations of each student's performance in the following areas:
   a. Clinical.
   b. Didactic.

E8. Provide for periodic self-evaluations of the following:
   a. Students.
   b. Faculty.

E9. Provide for periodic faculty evaluations by superior(s).

E10. Demonstrate adequate oversight of each clinical site including:
   a. Ongoing interaction with students, clinical coordinators, and clinical faculty.
   b. Regularly scheduled visits to each site to assess the quality of clinical education and learning.

E11. Evaluate the following in relation to career opportunities and credentials earned:
   a. Program length.
   b. Tuition and fees.

E12. Use evaluative criteria to assess the adequacy of current resources to achieve the program’s purposes and outcomes.

* E13. Identify previous areas of partial compliance or noncompliance with the standards:
   a. Monitor identified standards.
   b. Take corrective action if they recur.
E14. Assess the following:
   a. The program’s responsibility, as prescribed by law.
   b. Plans for corrective action, as necessary.

E15. Review default rates in the student loan programs under Title IV of the Higher Education Act, based on the most recent data provided by the U.S. Secretary of Education.

E16. Track the following indices to make curricular adjustments and to determine future enrollment:
   a. Certification examination pass rates.
   b. Course completion rates.
   c. Job placement rates.

E17. Monitor the program’s compliance with the institution’s responsibilities under Title IV, including:
   a. Results of financial or compliance audits and program reviews.
   b. Other information that the U. S. Secretary of Education may request.

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

THE PROGRAM OF NURSE ANESTHESIA MUST BE GOVERNED BY ETHICAL AND MORAL STANDARDS.

Specific criteria: Such a program is required to

F1. Take the following actions:
   a. Develop and implement guidelines of ethical conduct.
   b. Monitor compliance with ethical guidelines.

F2. Identify, publish, and distribute the rights and responsibilities of the following entities as they relate to the program:
   a. Patients.
   b. Applicants.
   c. Students.
   d. Faculty.
   e. Conducting and affiliating institutions.
   f. The accrediting agency.

* F3. Limit students' commitment to the program to a reasonable number of hours so as to:
   a. Ensure patient safety.
   b. Promote effective student learning.

* F4. Forbid the employment of nurse anesthesia students as nurse anesthetists by title or function.

* F5. Develop and implement the following policies and procedures that:
   a. Prohibit the program, its parent, or affiliating institutions from knowingly distorting its accreditation status.
   b. Prevent the program, its parent, or affiliating institutions from misrepresenting its accreditation status.
F6. Maintain appropriate fair and equitable standards, procedures, and rules to address grievances and hear appeals.

F7. Follow its policy for handling major or recurring complaints that are lodged against the program by its communities of interests.

F8. Maintain a file for all complaints lodged against the program to include:
   a. Actions taken to resolve the complaint.
   b. Ultimate outcome of complaints.

F9. Provide evidence that students are made aware of their ethical responsibility regarding financial assistance they receive from public or private sources.

* F10. Define and use policies and procedures that do not discriminate on the basis of any of the following:
   a. Race.
   b. Age.
   c. Religion.
   d. Gender.
   e. National origin.
   f. Marital status.
   g. Disability.
   h. Any other factor protected by law.

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

The minimum number of anesthesia cases is 450.

<table>
<thead>
<tr>
<th>EXPERIENCES</th>
<th>Minimum Required Cases</th>
<th>Preferred Number of Cases</th>
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<tr>
<td>PATIENT PHYSICAL STATUS</td>
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<td>Class II</td>
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<td>Class V</td>
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<td>TOTAL CASES</td>
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<th>SPECIAL CASES</th>
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<td>Pediatric 2 to 12 years</td>
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<td>Pediatric (less than 2 years)</td>
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<td>Neonate (less than 4 weeks)</td>
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<td>Lateral</td>
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<td>Sitting</td>
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<tr>
<td>ANATOMICAL CATEGORIES ¹</td>
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<tr>
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<tr>
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¹ Count all that apply.
### EXPERIENCES

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<tr>
<td>Mask induction</td>
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<tr>
<td>Mask management</td>
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<td>Laryngeal mask airways (or similar devices)</td>
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<tr>
<td>Endotracheal intubation</td>
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<td>Endotracheal management</td>
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<td>Total intravenous anesthesia</td>
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<td>Emergence from anesthesia</td>
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<td>Regional techniques</td>
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<tr>
<td>Epidural</td>
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<td>Monitored anesthesia care</td>
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### PHARMACOLOGICAL AGENTS

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<td>Inhalation agents</td>
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<td>Intravenous induction agents</td>
<td>200</td>
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<tr>
<td>Intravenous agent - muscle relaxants</td>
<td>200</td>
</tr>
<tr>
<td>Intravenous agent - opioids</td>
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<tr>
<td>Intravenous agent - other</td>
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\(^2\) Case numbers required by year 2001. Numbers will increase to 15 spinals and 15 epidurals in 2003.
### ANESTHETIC MANAGEMENT

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<td>Cardioversion</td>
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<td>CT scan</td>
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<td>MRI</td>
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<td>Electroconvulsive therapy</td>
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<td>Hypotensive technique</td>
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<td>Fiberoptic intubation</td>
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<td>Nonanesthetic intubations</td>
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### ARTERIAL TECHNIQUE

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<td>Intra-arterial BP monitoring</td>
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### CENTRAL VENOUS PRESSURE CATHETER

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<td>Monitoring</td>
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### PULMONARY ARTERY CATHETER

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<td>Placement</td>
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<td>Monitoring</td>
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### OTHER

<table>
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<th>Procedure</th>
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<td>Mechanical ventilation</td>
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</tr>
<tr>
<td>Cardiopulmonary resuscitation</td>
<td>5</td>
</tr>
<tr>
<td>Pain management</td>
<td>20 hours</td>
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Glossary

**Academic faculty** - Instructors who are responsible for providing didactic instruction in their individual areas of expertise.

**Accreditation** - A peer process whereby a private, nongovernmental agency grants public recognition to an institution or specialized program of study that meets or exceeds nationally established standards of acceptable educational quality.

**Agreement** - An exchange of a formal, written understanding between two or more entities that agree to provide appropriate academic and/or clinical learning experiences for students. Requirements should be outlined in sufficient detail to state clearly the expectations of the agreement and to protect the rights of the parties involved.

**Anesthesia care plan** - A written or verbal description of a proposed plan for the administration of an anesthetic, based on the known and anticipated needs of an individual patient during the perioperative period.

**Anesthesiologist** - A doctor of medicine (MD) or doctor of osteopathy (DO) who has successfully completed an approved anesthesiology residency program and has been granted active hospital staff membership and full hospital staff privileges in anesthesia.

**Appeal** - In cases where sanctions may be imposed against a student or faculty member, the right to a fair hearing before an impartial body should be granted in accordance with published rules and procedures. Students should be allowed to appeal any decision that suspends or dismisses them from a program or that delays their graduation.

**Call** - A planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 p.m. and before 7 a.m., Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases.

**Certification** - The process whereby a nongovernmental agency grants recognition to an individual who has voluntarily met predetermined qualifications specified by the agency.

**Clinical experience** - Supervised clinical activities in which the student gets to use the knowledge he or she has acquired in the clinical and/or academic phases of the program.
**Clinical faculty** - The CRNAs or anesthesiologists who is responsible for teaching nurse anesthesia students during the perioperative period and for evaluating their clinical progress. When students are administering anesthesia, such instructors must be CRNAs or anesthesiologists with staff privileges in anesthesia.

**Clinical instruction** - Teaching and supervision that occurs before and during the clinical activity, including the evaluation of student preparation for and performance during the clinical experience.

**Community of interest** - A body of individuals who are directly affected by nurse anesthesia education and/or practice, including nurse anesthesia students, faculty, staff, patients, employers, institutions, the public, and higher education community.

**Course** - A unit of study that exists in an academic discipline, such as anatomy and physiology of the respiratory system, pediatric anesthesia, etc.

**CRNA program director** - A CRNA with an appropriate graduate degree who by position, responsibility, and authority is actively involved in the organization and administration of the entire program of nurse anesthesia.

**Curriculum** - All experiences, clinical or didactic, that are under the direction of the program. The planned educational input, process, outcomes, and evaluations designed to enable the student to acquire the experiences specified in the program's philosophy, goals, and objectives.

**Depth and breadth of experience** - The provision of clinical and academic experiences, ranging from simple to complex, for nurse anesthesia students relative to each aspect of practice.

**Didactic(s)** - Organized classroom instruction in a program of study.

**Due process** - A legal and ethical principle whereby nurse anesthesia faculty and students are guaranteed treatment in accordance with reasonable, clearly defined rules and have the right to fair treatment, based on published standards, procedures, and the provisions of an appeals or grievance procedure.

**Employment of nurse anesthesia students** - Anesthesia care provided by a student outside the planned curriculum is considered employment as a nurse anesthetist, whether or not the care is reimbursed. Employment is permitted in a position other than anesthesia, as long as the student is not represented in any manner, such as by a name tag, uniform, and/or signature, to be a nurse anesthetist.
Evaluations - Formative student assessments that help identify problems and areas that require improvement, as well as measure progress and achievement of objectives. Summative evaluations describe a student's achievement at the completion of a period or unit of learning activity and include both expected and unexpected outcomes.

Faculty - A body of individuals entrusted with instruction, including the teaching staff, both clinical and academic, and any individuals involved in teaching or supervising the educational experiences/activities of students on a part-time or full-time basis.

Graduate curriculum requirement - Programs must award a master's or higher degree to each graduate who entered the program on or after January 1, 1998. A waiver of this requirement may be requested for valid reasons. Granting of the waiver is solely at the discretion of the Council.

Grievance - Any complaint that arises from the participation of a student or faculty member in a nurse anesthesia program.

Grievance procedure - Reasonable, clearly defined standards and rules that guarantee students and faculty members a fair opportunity to present grievances.

Immediately available - A CRNA or anesthesiology instructor must be present in the suite where a student is performing/administering an anesthetic and available to be summoned by the student.

Indicators of success - Documentation of student achievement and attainment of a program's established outcome criteria. Examples of ways to measure success include (1) identifying the number of students who complete the program, pass the national certification examination, and secure employment and (2) conducting graduate and employer evaluations of a program's ability to prepare nurse anesthetists who are competent and capable of functioning in a variety of anesthesia settings.

Institution - A senior college or university, hospital, corporation, or other entity with an appropriate state license or a government-sponsored agency involved in the conduct of a nurse anesthesia educational program.

Legal requirements - Examples include (1) evidence that a program accepts its responsibilities under Title IV of the Higher Education Act, as demonstrated through its compliance with accreditation standards and by its attempts to lower default rates in federal student loan programs, and (2) evidence that a nurse anesthesia program is legally authorized to operate.
Licensure - A process whereby a governmental agency grants permission to individuals to practice their occupation as a way of providing reasonable assurance that public health, safety, and welfare will be protected.

Mask management - A general anesthetic that is administered by mask, exclusive of induction.

Nationally recognized accrediting agency – An accrediting agency that is recognized by the U.S. Secretary of Education as a reliable authority as to the quality of training offered by educational institutions and/or programs. This includes regional institutional accrediting agencies, national institutional accrediting agencies, and specialized accrediting agencies.

Nondiscriminatory practice - The practice of treating all individuals, including applicants, without regard to race, color, national origin, sex, religion, age, marital status, physical or mental handicap or disability, or any other legally protected factor. Although an applicant should not be required to provide information regarding his or her race, color, national origin, sex, religion, age, marital status, physical or mental handicap or disability, or any other legally protected factor, he or she can provide such information on a voluntary basis. According to federal law, an applicant may be asked if he or she can perform the essential tasks or functions of an anesthetist, as long as all other applicants are asked the same question. (Reference Title VII of the Civil Rights Act of 1964 and the Americans With Disabilities Act.)

Nurse anesthesia student - A registered professional nurse who is enrolled in an educational program that is accredited by the Council for the purpose of acquiring the qualifications necessary to become certified in the specialty of nurse anesthesia.

Objectives - Future-oriented purposes and goals that a nurse anesthesia educational endeavor seeks to fulfill.

Outcomes - Evidence that demonstrates the degree to which a program's purposes and objectives have been achieved, including the attainment of knowledge, skills, and competencies by students. Outcomes are operational definitions of objectives and must be assessed in relation to them.

Perioperative care - Anesthesia management of patients, including preoperative, intraoperative, and postoperative care. Preoperative care includes the evaluation of patients through interview, physical assessment, and a review of records. Intraoperative care includes administration of anesthetics, decision making, and recordkeeping. Postanesthesia care includes evaluation, monitoring of physiological functions, and appropriate intervention when a patient is emerging from anesthesia and surgery.
**Personnel** - Persons employed by a conducting institution to provide necessary services, such as teaching and secretarial support, for the operation of a nurse anesthesia program.

**Practicum** - A planned period of experiences in professional practice during which students apply the theory they have learned to develop clinical competence.

**Program** - An educational experience that is designed to provide both didactic and clinical components to prepare a competent nurse anesthetist.

**Program design** - A graphic representation of the course of study, including all the components of the program, clinical, academic, research, call, affiliations, study time, and the total committed time by quarter or semester.

**Public member** - A member of a committee who is selected to ensure that consumer concerns, public and patient, are formally represented and to curb any tendency to put program priorities before public interest. Such members should be selected at large, and they cannot be current or former members of the healthcare profession or current or former employees of the institution that is conducting the program. This also includes anyone who might be perceived to have divided loyalties or potential conflicts of interest, such as a relative of an employee or former employee.

**Qualified CRNA to assist program director** - A CRNA with a graduate degree who provides or coordinates the appropriate mix of administrative, educational, and leadership skills to assure the students, the conducting institution, and the Council that program requirements are met in the event a vacancy occurs in the CRNA program director's position.

**Quality management activities** - A series of tasks and actions that use any of a number of models to monitor and evaluate patient care to determine the effectiveness and efficiency of processes, structures, and outcomes in the delivery of anesthesia services.

**Recertification** - A process whereby the Council on Recertification of Nurse Anesthetists grants recognition to CRNAs who have met the predetermined criteria specified by the Council. It is intended to advance the quality of anesthesia care provided to patients and to ensure that nurse anesthetists maintain their skills and remain up to date on scientific and technological developments.

**Self-assessment** - A process that starts with the institutional or programmatic self-study, a comprehensive effort to measure progress based on previously accepted objectives and outcome measures. The self-study considers the interests of the community of interest, including students, faculty, administration, and graduates.
**Shared governance** - A formal arrangement in which two or more organizations or institutions are controlled by a single administrative authority. Written affiliation agreements are not necessary between entities that participate in shared governance arrangements.

**Student support services** - Assistance offered to students, such as library access, financial aid, health services, insurance, placement services, and counseling.

**Universal precautions** - An approach to infection control based on the concept that human blood and certain human body fluids are treated as if they are known to be infectious for HIV, HBV, or other bloodborne pathogens.

**Unshared governance** - A formal arrangement in which two or more organizations or institutions are controlled by separate administrative authorities. Written affiliation agreements are necessary between entities that participate in unshared governance arrangements.
# Index

A

- academic faculty · 21
- academic liaison · 9
- accountability · 8
- accreditation · 21
- accreditation process · viii
- accreditation status · 2
- ACLS · 8
- adjunctive drugs · 8
- administrative manual · 2
- administrative policies and procedures · 1
- administrative resources · 10
- admission criteria · 3
- agents · 7, 8
- agreement · 1, 21
- airway management · 8
- anatomical categories · 18
- anesthesia care plan · 21
- anesthesiologist · 21
- anesthetic management · 20
- appeal · 21
- appeals · 16
- arterial technique · 20

B

- baccalaureate for admission · 3

C

- calendar · 6
- call · 21
- call experience · 7
- care plan · 7
- case requirements · 7
- central venous pressure catheter · 20
- certification · 21
- certification examination pass rates · 14
- classroom space · 4
- clinical certified faculty · 10
- clinical competencies · 7
- clinical coordinator · 9
- clinical experience · 21
- clinical faculty · 9, 22
- clinical instruction · 22
- clinical requirements · 17
- committee · 2
- community of interest · 22
- complications · 7, 8
- conducting institution · 4
- confidential information · 24
- corrective action · 14
- course · 22
- course completion rates · 14
- CRNA program director · 22
- curriculum · 7, 8, 10, 22
- curriculum and instruction · 6
- curriculum assessment · 12
- curriculum vitae · 11

D

- default rates · 14
- depth and breadth of experience · 22
- didactic · 22
- didactic curriculum · 6
- distance education · 8
- due process · 22

E

- educational environment · 9
- educational resources · 4
- emergency cases · 8
- employment of nurse anesthesia students · 22
- employment of students · 15
- equipment · 8
- ethical guidelines · 15
- ethics · 15
- evaluation · 10, 12
- evaluations · 23
- experimental/innovative curricula · 8
- external agency review · 12
<table>
<thead>
<tr>
<th>F</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>faculty · 9, 23</td>
<td>legal requirements · 8, 23</td>
</tr>
<tr>
<td>faculty development · 11</td>
<td>legal responsibility · 14</td>
</tr>
<tr>
<td>faculty evaluations · 13</td>
<td>length of program · 7</td>
</tr>
<tr>
<td>faculty policies and procedures · 3</td>
<td>library · 4</td>
</tr>
<tr>
<td>faculty time · 10</td>
<td>licensure · 24</td>
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<td>failure to fully comply · 3, 5, 8, 11, 14, 16</td>
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<td>fees · 13</td>
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<td>fluid and blood therapy · 8</td>
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<td>goals · 3, 9, 12</td>
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<td>graduate curriculum requirement · 23</td>
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<tbody>
<tr>
<td>immediately available · 10, 23</td>
</tr>
<tr>
<td>indicators of success · 10, 23</td>
</tr>
<tr>
<td>infection control · 8</td>
</tr>
<tr>
<td>institution · 23</td>
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<tr>
<td>institutional support · 4</td>
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<td>instruction · 7</td>
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<thead>
<tr>
<th>J</th>
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<tbody>
<tr>
<td>job placement rates · 14</td>
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<tr>
<td>joint arrangement · 1</td>
</tr>
</tbody>
</table>
philosophy · 1, 6
policy evaluation · 12
position categories · 17
positioning of patients · 7
practicum · 25
preanesthetic assessment · 7
preface · i
preferred number of cases · 17, 19
professional interaction · 8
program · 25
program design · 3, 25
program length · 13
public member · 25
pulmonary artery catheter · 20

Q

qualified CRNA to assist program director · 25
quality management · 8
quality management activities · 25

R

ratio of students to instructors · 10
recertification · 25
records · 3
regional anesthetics · 8
resource evaluation · 13
resuscitation · 8
rights and responsibilities · 15

S

safety · 7, 15
scope of accreditation · v
self-assessment · 1, 25
self-evaluations · 13
shared governance · 26
space · 5
special cases · 17
student evaluations · 12
student services · 4
student support services · 26
summative evaluations · 13
supervision · 10

T

techniques · 7, 8
time commitment · 15
time for faculty · 10
Title IV · 14
total anesthesia management · 7
trauma cases · 8
trends in education · 7
tuition · 13

U

universal precautions · 8, 26
unshared governance · 1, 26

V

value of accreditation · ii