

**Application for IFNA**

**RECOGNITION**

**(Applies to programs admitting nurses**

**and /or non-physicians)**

***Effective June 1, 2010***

***Revised January 2013***

***Revised July 2016***

***Revised: April 2018***

***Approved: May 2018***

***Revised: December 2023***

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**APAP Philosophy**

The International Federation of Nurse Anesthetists (IFNA) is a global organization representing the specialty of nurse anesthetists. IFNA operates an Anesthesia Program Approval Process (APAP). IFNA's approval process takes cultural, national or regional differences into consideration. It is based on IFNA's belief that it is possible to improve the health and welfare of humanity by promoting international anesthesia educational standards.

**Definition of IFNA Recognition:**

A program pledges to meet the **2016 *IFNA Educational Standards for Preparing Nurse Anesthetists*** to the best of its ability. The pledge includes the signature of the anesthesia program director and the highest institutional official. The program is required to submit this application form and other related material for review by the IFNA Education Committee. The application and related material will be audited to determine if they substantially comply with the ***IFNA Educational Standards for Preparing Nurse Anesthetists*** 2016. Following successful completion of the auditing process, the program’s identity, title of award and curriculum will be posted on IFNA’s website. Title of award: IFNA Recognition. To make sure your program is eligible for Recognition, please download the Operational Policies APAP 2017 at: http://ifna.site/ifna-accreditation-program/approval-process-for-nurse-anesthesia-programs/

**We are applying for IFNA Recognition**

**We have read and understand the definition of IFNA Recognition and have decided to submit the program’s curriculum and related material for review by the IFNA Education Committee. We understand that the curriculum will be audited to determine if it substantially complies with the requirements for curriculum and graduate competencies in the Educational Standards. We pledge to meet the *IFNA Educational Standards for Preparing Nurse Anesthetists* to the best of our ability.**

**In addition, the program has not been denied recognition or accreditation by a governmental or nongovernmental accreditation or quality assurance entity.**

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**Signature & title of Program Director Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature & title of highest institutional official Date**

**Instructions**

Before filling out the application for Recognition, please download the 2016 IFNA Standards at: http://ifna.site/ifna-accreditation-program/approval-process-for-nurse-anesthesia-programs/. Please type or print the information in the spaces provided below. (*Note: Words, or groups of words, followed by* [\*] *indicate that their definition is included in the glossary.*) The completed “IFNA Application for Recognition" should be submitted by e-mail to the IFNA Executive Office at: [ifna.rod@wanadoo.fr](http://www.ifna.rod@wanadoo.fr) .You can also request the documents and further information from the APAP manager APAP@ifna.site.

**Identification**

Official Name of the Anesthesia Program:

Street Address (or P.O. Box):

County Code:

City:

State/Province:

Zip code:

Country:

Telephone number:

E-mail address: (if available)

(Note. If there is no telephone, fax number, or e-mail address please list a name and number of an alternate contact (include Country Code, City Code and number.)

Name of person submitting report:

Title of person submitting report:

Email of person submitting report:

**Review of the Program (curriculum, program design, graduate competencies)**

1. Program design:

a. Type of program (Check all that apply)

## Certificate \_\_\_\_\_\_

 Degree \_\_\_\_\_\_

 Diploma \_\_\_\_\_\_

 Other \_\_\_\_\_\_

 b. Program design (Check one)

 Initial classroom, later clinical (weeks / months)

 Integrated classroom/clinical (weeks / months)

 Other (weeks / months)

Prerequisites (Submit a copy of your admission requirements.)

2. Name of degree awarded as shown on university or state diploma (please include a copy of the diploma):

3. Current number of nurse anesthesia students by year of enrollment:

 Number

 Number of Students in first year:

 Number of Students in second year:

 Number of Students in third year:

4. Summary of available hospital experience: Please describe each hospital where you have students.

 Name of hospital: #1:

 Location of hospital #1:

Length of student’s experience:

 Name of hospital: #2:

 Location of hospital #2:

Length of student’s experience:

 Etc.

5. Content of Program Curriculum (Please submit a copy of your curriculum. A blank can be

 found at the end of this document)

**Curricuulum (Standard III)**

**Do you have the following courses related to the practice of anesthesia?**

***Directions****: Check the appropriate box, yes or no; submit the documentation that is requested with the completed application.*

**Expert role:**

1. Advanced anatomy, advanced physiology, and pathophysiology of all ages and preexisting diseases related to anesthesia practice and the perioperative period

O yes O no

1. Advanced pharmacology including anesthesia agents such as hypnotics, analgesics, sedatives, neuromuscular blocking agents and their antagonists, volatile anesthetics, local anesthetics, adjunctive and accessory drugs, as well as all drugs that may have an impact on the effect of any anesthetic agent being used

O yes O no

1. Chemistry and physics in anesthesia related to respiration, circulation, monitoring, and ventilation techniques

O yes O no

1. General anesthesia techniques

O yes O no

1. Regional anesthesia techniques

O yes O no

1. Monitoring techniques, noninvasive and invasive (see section on Monitoring Standards)

O yes O no

1. Functioning principles of monitors, ventilators, and other medical devices and materials

O yes O no

1. Operation, maintenance, troubleshooting ability, and checking of ventilators, monitors, and all medical devices and materials used in anesthesia

O yes O no

1. Patient assessment, evaluation, and management preoperatively, intraoperatively, and postoperatively

O yes O no

1. Anesthesia techniques for different ages (pediatrics to geriatrics) and categories (healthy to morbid) of patients and the full range of surgical and medically related procedures when anesthesia is required

O yes O no

1. Resuscitation (basic and advanced cardiac life support) and other life-sustaining procedures such as intubation, ventilation, arterial and intravenous punctures, administration and monitoring of vasoactive substances, catecholamine, and blood-fluid resuscitation.

O yes O no

1. Perioperative fluid and blood therapy such as crystalloids, colloids, blood, and coagulation products

O yes O no

1. Preoperative, intraoperative, and postoperative pain management (assessment and adequate treatment according to WHO guidelines)

O yes O no

1. Infection control and hygiene (WHO and national standards of infection control)

O yes O no

1. Record keeping and documentation

O yes O no

**Name the courses covering the topics**

**Communicator role:**

1. Communication between nurse anesthetists, physician anesthetists, surgeons, theatre nurses, and other members of the medical profession, the nursing profession, hospitals, and agencies representing a community of interest (eg, patient associations), and the national nurse anesthesia association

O yes O no

1. Communication and negotiation skills in the environment of operating theatres

O yes O no

1. Conflict management strategies concerning the overlapping functions and the potential for interdisciplinary tensions in operating theatres

O yes O no

1. Crisis intervention strategies suitable for patients facing anesthesia and surgery and for interdisciplinary tensions and problems

O yes O no

**Name the courses covering the topics**

**Collaborator role:**

1. Systems and subsystems in healthcare (eg, hospital systems, operating room systems)

O yes O no

1. Means of collaboration with all disciplines involved in the perioperative period

O yes O no

1. Disciplinary and interdisciplinary issues of patient safety

O yes O no

1. Collaboration with interdisciplinary team members in research and educational activities and the implementation of new technologies that enhance patient care

O yes O no

**Name the courses covering the topics**

**Manager role:**

1. Methods to provide direction and leadership to increase staff participation in professional development

O yes O no

1. Assessment and evaluation of protocols, regimens, and guidelines using best practice evidence to improve patient outcomes and enhance effectiveness of care

O yes O no

1. Teaching and mentoring skills

O yes O no

1. Organization and planning skills

O yes O no

1. Cost and implementations of ecological issues (eg, anesthetic gases, disposal of sharps, toxic waste, etc)

O yes O no

1. Decision-making and anticipation skills

O yes O no

1. Performance evaluation skills

O yes O no

**Name the courses covering the topics**

**Professional role:**

1. Leadership, team building, negotiation, and conflict resolution skills

O yes O no

1. Utilization and dissemination skills of research and practice outcomes

O yes O no

1. Reflective practice

O yes O no

1. Presentation skills

O yes O no

1. Information on the function and tasks of the national association and IFNA

O yes O no

1. Legal aspects of practice and ethical issues in practice (see Code of Ethics)

O yes O no

1. Principles of education to support nurse anesthesia students in participating in continuous professional development

O yes O no

1. Theories of quality assurance and improvement

O yes O no

1. Management of critical incidents and the critical incident reporting system (CIRS)

O yes O no

1. Cultural safety (consideration toward culture, race, gender, religion, and other possible differences)

O yes O no

1. Stress management and self-management

O yes O no

**Name the courses covering the topics**

**Health advocate role:**

1. Health promotion

O yes O no

1. Risk assessment on various influences of patients’ health status (eg, biological, psychological, social, socioeconomic, environmental, and cultural influences)

O yes O no

1. Organization and change management of health related and anesthetic risk factors (eg, instruction of smoking cessation, risks of obesity)

O yes O no

1. Patient education methods

O yes O no

1. Principles of ethics (see Code of Ethics)

O yes O no

**Name the courses covering the topics**

**Scholar role:**

1. Research principles and evidence-based practice (strongly recommended)

O yes O no

1. Application of measurement instruments that are critiqued for effectiveness and clinical applicability to evaluate interventions.

O yes O no

1. Analysis and participation in analysis of sources of evidence-based guidelines

O yes O no

1. Presentation and publication skills (recommended)

O yes O no

1. Utilization of research in practice

O yes O no

1. Self-learning skills

O yes O no

**Name the courses covering the topics**

**Clinical practicum requirements**

1. The clinical practicum requirements shall be designed to provide the students with clinical experience inherent in the list of the graduate standards for nurse anesthetists for which they are being prepared.
2. It is recommended and strongly encouraged that at least 50% of the program be devoted to clinical learning experiences involving direct patient care.

The curriculum for clinical practice should mirror the theory curriculum and include all the skills and techniques required to meet the graduate standards.

**How many clinical hours do you provide?**

**What are your assessment tools?**

**How do you document practice learning?**

# **Graduate Competencies (Standard IV)**

For providing competent and safe anesthesia care to patients requiring such services only those nurses who have completed a program of instruction in nurse anesthesia, or who are supervised nurse anesthesia students within such educational programs, should be allowed to perform or participate in the performance of anesthesia services. At graduation students should be prepared to perform the competencies described as “graduate competencies” contained in the IFNA Standards 2016.

**Nurse Anesthesia Experts:**

**Preanesthetic patient assessment**

Nurse Anesthetists:

1. Perform and/or participate in the performance of preanesthetic interviews by eliciting comprehensive histories and performing physical examinations based on patient’s presenting symptoms.

O yes O no

1. Assess and evaluate multiple variables (drugs taken, preexisting diseases, allergies, previous anesthetic experiences) that may affect the course of anesthesia. Identify potential risks to patient safety.

O yes O no

1. Formulate an anesthetic care plan based on current knowledge, concepts, available evidence, and nursing principle.

O yes O no

1. Provide accurate and understandable information to assist patients in giving informed consent

O yes O no

1. Integrate evidence to explain possible anesthetic and/or postanesthetic risks.

O yes O no

**Anesthetic management**

Nurse Anesthetists:

1. Are continuously present during anesthetic management.

O yes O no

1. Administer and/or participate in the administration of general and regional anesthesia to all patients for all surgical and medically related procedures.

O yes O no

1. Prepare, administer, and adapt anesthetic medications, anesthetic procedures, and other interventions according to preexisting disease and surgical procedure, demonstrating advanced knowledge of human sciences, pharmacology, surgical, and anesthesia procedures.

O yes O no

1. Provide psychological support to help patients through the perioperative experience by using advanced communication skills to improve patient outcomes and design strategies to meet the patient’s needs.

O yes O no

1. Use a broad variety of techniques, anesthesia agents, adjunctive and accessory drugs, and equipment when providing anesthesia care and pain management. Exhibit a comprehensive knowledge of pharmacology and pharmacokinetics related to anesthesia practice. Select, administer, and prescribe appropriate medication based on accurate knowledge of patient characteristics, anesthesia technique, and surgical procedure.

O yes O no

**Risk management**

Nurse Anesthetists:

1. Take appropriate safety precautions including documentation to ensure the safe administration of anesthesia care.

O yes O no

1. Prepare anesthetic plans, equipment, and drugs according to standard operating procedures and globally recommended checklists.

O yes O no

1. Recognize and take appropriate actions during anesthesia management by rapidly assessing a patient’s situation through synthesis and prioritization of historical and available data. Advanced knowledge and experience are demonstrated at all times. Nurse anesthetists demonstrate confidence in their own abilities to identify normal and abnormal states in anesthesia.

O yes O no

1. Engage in the development of guidelines, standard operating procedures, and checklists for equipment and drug use.

O yes O no

**Monitoring**

Nurse Anesthetists:

1. Monitor, analyze, and utilize data obtained from the use of current invasive and noninvasive monitoring modalities using critical thinking and clinical judgment. Identify priorities quickly using context-specific knowledge and accurately identify parameters for the safety of patients to ensure decisions are justified in the specific context. Respond constructively to unexpected or rapidly changing situations and develop flexible and creative approaches to manage challenging clinical situations.

O yes O no

**Advanced Life Support**

Nurse Anesthetist:

1. Take corrective action to maintain or stabilize the patient’s condition and provide advanced life support care.

O yes O no

1. Assess and provide adequate advanced life support. Use advanced communication skills to inform the interdisciplinary team, organize and collaborate with appropriate experts, and use adequate medications and equipment.

O yes O no

1. Provide regular education in basic life support and advanced resuscitation procedures to health professionals, as needed.

O yes O no

1. Adhere to the latest international guidelines and accept responsibility for their own regular certified training in advanced life support.

O yes O no

**Equipment**

Nurse Anesthetists:

A. Select, prepare, use, and clean, the appropriate equipment in routine and critical incidence situations.

O yes O no

**Termination of anesthesia**

Nurse Anesthetists:

1. Assess, analyze, and evaluate adequacy of the patient’s condition before transferring care. Evaluate patient responses for readiness to move to next level of care by identifying patient situation, and take appropriate action in the immediate postoperative period.

O yes O no

1. Report all essential data regarding the perioperative period comprehensively and completely to the personnel in charge of the next level of care.

O yes O no

**Postoperative care and pain management**

Nurse Anesthetists:

1. Serve as a resource person in pain management and adequate postoperative care.

O yes O no

1. Demonstrate advanced knowledge in pharmacology and pharmacokinetics of analgesic drugs in assessing and providing pain management.

O yes O no

1. Assess and manage common postoperative complications such as respiratory, hemodynamic, neurological dysfunctions, and postoperative nausea and vomiting.

O yes O no

1. Develop or participate in developing and revising standard operating procedures for all personnel covering postoperative care.

O yes O no

**Infection control**

Nurse Anesthetists:

1. Apply practices such as proper hand hygiene and cleansing or sterilization of equipment.

O yes O no

1. Maintain knowledge of and adhere to national and/or institutional standards of infection control to protect the patient and healthcare workers from infectious diseases.

O yes O no

1. Adapt or participate in adaptation and revision of infection control standards for all anesthesia procedures, and adhere to national standards for storing, handling, prescribing, and administering drugs.

O yes O no

**Documentation**

Nurse Anesthetists:

1. Provide prompt, complete, and accurate recording of pertinent information and action of care on the patient’s record.

O yes O no

1. Facilitate, through accurate recording, comprehensive patient care. Provide information for retrospective review and research data, and establish a medical-legal record.

O yes O no

***C*ommunicators**

**Communication and situation awareness**

Nurse Anesthetists:

1. Communicate in a calm, confident, and effective approach that brings comfort and emotional support to patients and their family, and create a climate that supports mutual engagement and establishes partnerships with patients.

O yes O no

1. Engage in effective interpersonal and intraprofessional communication using advanced communication skills suitable for the interdisciplinary domain of the workplace.

O yes O no

1. Create awareness of specific and overlapping functions and the potential for interdisciplinary tensions and demonstrate strategies of conflict management, if necessary.

O yes O no

1. Display crisis intervention skills when required and assure patient understanding, respect, empathy, and trust by maintaining confidentiality and discretion.

O yes O no

**Collaborators**

Nurse Anesthetists:

1. Collaborate with others to identify innovative solutions to clinical and system problems. Advance patient care standards by partnering with interdisciplinary healthcare team members in research and educational activities.

O yes O no

1. Implement new technologies that enhance patient care and promote patient safety goals.

O yes O no

1. Establish effective, collegial relationships with other health professionals that reflect confidence in the contribution that nurse anesthetists make to the system.

O yes O no

1. Encourage cooperative relationships between nurse anesthetists, physician anesthetists, and other members of the medical profession, the nursing profession, hospitals, and agencies representing a community of interest in nurse anesthesia.

O yes O no

1. Respect roles and competencies of other team members and demonstrate joint decision-making skills to achieve the best possible patient outcome.

O yes O no

1. Provide feedback and constructively discuss team strengths and weaknesses, listen to others, and ensure consistent information flow to patients and colleagues.

O yes O no

1. Demonstrate effective solutions to problems concerning team issues.

O yes O no

**Managers**

**Task management**

Nurse Anesthetists:

1. Anticipate and make decisions in advance for challenges by allocating appropriate time frames, organizing appropriate staffing, and preparing equipment and materials

O yes O no

1. Use existing resources effectively and efficiently by designing or participating in designing evidence-based strategies to meet the multifaceted needs of patients.

O yes O no

1. Consider fiscal and budgetary implications in decision-making regarding practice and system modifications.

O yes O no

1. Organize and plan for the correct ecological handling of wastes such as gases, drugs, sharps, and infectious materials.

O yes O no

1. Evaluate and optimize the use and impact of products, services, and technologies on high quality patient care.

O yes O no

**Quality management**

Nurse Anesthetists:

1. Measure or participate in measuring patient satisfaction, cost, clinical outcomes, nurse satisfaction, and retention by applying methods of quality assurance and improvement.

O yes O no

1. Foster an interdisciplinary approach to quality improvement, evidence-based practice, research, and transition of research into practice.

O yes O no

**Health advocates**

**Patient information**

Nurse Anesthetists:

1. Consider and evaluate various influences on patients’ health status. Detect health related and anesthetic risk factors through anesthetic assessment, and promote individual health by addressing behavioral change.

O yes O no

**Patient education**

Nurse Anesthetists:

1. Participate in the education of patients, other members of the health team and members of the community before, during, and after the operative period.

O yes O no

1. Design or select health information and patient education appropriate to developmental level, health, literacy level, learning needs, readiness to learn, preferred learning style, and cultural values and beliefs.

O yes O no

1. Facilitate patient and family understanding of the risks, benefits, and outcomes of proposed anesthesia regimen to promote informed decision-making.

O yes O no

**Patient Advocacy**

Nurse Anesthetists:

1. Support and preserve the rights of patients for privacy by protecting information of a confidential nature from those who do not need such information for patient care. Support the rights of patients for independence of expression, decision, and action.

O yes O no

S**cholars**

**Continuous professional development**

Nurse Anesthetists:

1. Commit to continuous professional development.

O yes O no

1. Accept responsibility and accountability for practice and engage in lifelong professional educational activities.

O yes O no

1. Engage in a formal self-evaluation process, seeking feedback regarding their own practice from patients, peers, professional colleagues, and others. Develop and implement strategies for lifelong learning.

O yes O no

1. Are aware of and address individual needs for clinical inquiry through continuous professional development activities.

O yes O no

1. Demonstrate knowledge of and adherence to the national legal regulations, accepting the respective responsibility and accountability of nurse anesthesia and others

O yes O no

**Research**

Nurse Anesthetists:

1. Incorporate evidence-based techniques and knowledge, as well as international guidelines and standards in clinical performance.

O yes O no

1. Protect the rights of patients or animals involved in research projects and conduct the projects according to ethical research and reporting standards.

O yes O no

**Education**

Nurse Anesthetists:

1. Facilitate and teach based on national and international standards of education and practice.

O yes O no

1. Contribute to learning experiences for all professionals and students within their spheres of influence, and interact with colleagues at the local, national, governmental, and regulatory levels to enhance professional practice.

O yes O no

1. Assist healthcare professionals in identifying their educational needs related to anesthesia and acute care needs.

O yes O no

1. Provide peers, colleagues, students, and staff with constructive feedback regarding practice with the goal of facilitating improved outcomes and professional development.

O yes O no

**Professionals**

**Professionalism**

Nurse Anesthetists:

1. Provide safe and patient-centered care based on available evidence. The nurse anesthetist recognizes the responsibility of professional practice and maintains a high level of quality in knowledge, judgment, technological skills, and professional values prerequisite to deliver patient-centered care.

O yes O no

1. Accept responsibilities and correctly delegate responsibilities to other team members or healthcare professionals.

O yes O no

1. Demonstrate self-appraisal activity.

O yes O no

1. Identify opportunities for generating and using research and/or continuous professional development activities.

O yes O no

**Advancement of anesthesia care**

Nurse Anesthetists:

1. Demonstrate leadership by disseminating outcomes of nurse anesthesia practice through presentations and publications and participation in local and national nurse anesthesia organizations. Promote and facilitate the awareness of public and professional policy issues that affect nurse anesthesia practice. Serve as a role model for nurse anesthesia practice and encourage and support staff in professional achievements.

O yes O no

1. Use quality, satisfaction, and cost data to modify patient care, nurse anesthesia practice, and systems. Accept accountability for own errors. Identify and handle critical incidents by entering them into critical incident reporting systems.

O yes O no

 **Accountability**

 Nurse Anesthetists:

1. Maintain credentials in nurse anesthesia, as mandated by national legislation or regulation.

O yes O no

1. Respect the confidentiality of information about patients learned in clinical relationships, demonstrate overall respect, and maintain the basic rights of patients, showing concern for personal dignity and human relationships

O yes O no

1. Are aware of individual, ethnic, cultural, and religious differences, and provide appropriate care to deliver the best possible patient outcomes.

O yes O no

**Location of Nurse Anesthesia Education (Standard V)**

Ideally anesthesia programs should be conducted in a university setting or its equivalent, while assuring adequate access to clinical resources for the clinical practicum. Is your program conducted in a university?

 O Yes O No

**If no, where is it located?**

**Length of Program (Standard VI)**

 The length of the program shall be based on the actual competencies for which the nurse anesthetist is prepared. To fulfill optimal competencies (such as, to perform, rather than participate in the performance) may require 24 or more months. A program of 18-24 months is strongly endorsed by the IFNA Education Committee. Is your program a minimum of 18 to 24 months long or longer?

 O Yes O No

 If not, please comment:

**Evaluation (Standard VIII)**

The Standards require regular evaluation of the students’ academic and clinical progress to make adaptation and change.  Evaluation should include achievement of learning objectives, appropriateness of the program’s content, course administration and venue, learning support in the classroom and clinical, adequate clinical opportunities, support provided by faculty, and achievement of graduate competencies.

Describe your evaluation process: (How does your program evaluate the aforementioned things? Examples: student evaluations, faculty evaluations, course evaluations, clinical site evaluations, program evaluations.)

Provide current results from your evaluation process (translated to English) as attachments.

 How are evaluations utilized to make positive change in your program?

**List of Required Enclosures**

Submit the following attachments in addition to the completed application:

1. Admission requirements
2. Prerequisites if required
3. Copy of diploma awarded to students
4. Curriculum (Course titles; course descriptions or course objectives, % classroom & % clinical, length of program, hours & credits). Please use the attached sample curriculum format.
5. Current results from your evaluation process (translated to English).
6. Name and qualification of Program Director including a CV or resume - [\*]
7. Qualifications of teachers who teach academic/theory courses - list
8. Qualifications of clinical instructors - list
9. Official evidence from a governmental entity that the program is currently authorized, recognized, chartered, audited, or has some equivalent status in the country, if available in your country.

**SAMPLE Curriculum Format**

Official name of nurse anesthesia program, mailing address, Country

Name of program director, Title

***CURRICULUM OVERVIEW[[1]](#footnote-1)***

**Degree Awarded: Master of Science in Nursing with a Specialization in Nurse Anesthesia**

**Term and Course Hours Credits**

**Fall (16)**

NURS 5010 Graduate Anatomy 5

NURS 5001 Graduate Physiology 4

NURS 5700 Basic Principles of Anesthesia w/Equipment & Technology #1 1

NURS 5710 Chemistry & Physics Applied to Anesthesia 3

NURS 5711 Pharmacology related to Anesthesia 3

**Spring (15)**

NURS 5101 Advanced Pathophysiology 3

NURS 5109 Advanced Pharmacology 3

NURS 5701 Basic Principles of Anesthesia #2 3

NURS 5715 Advanced Health Assessment for Nurse Anesthesia 3

NURS 5240 Statistics & Epidemiology for Advanced Practice 3

**Summer (12)**

NURS 5250 EBP & Research Methods 3

NURS 5215 Health Promotion in Individuals & Vulnerable Populations 3

NURS 5702 Advanced Principles of Anesthesia #1 3

NURS 5730 Clinical Experience I (OR on W/Th/F) 3

**Fall (12)**

NURS 5910 Research & Theory Integration 3

NURS 5223 Health Care Policy & Ethics 3

NURS 5703 Advanced Principles of Anesthesia #2 3

NURS 5731 Clinical Experience II (OR on W/Th/F) 3

**Spring (10)**

NURS 5228 Organization & Systems Leadership 3

NURS 5720 Professional Aspects of Nurse Anesthesia 3

NURS 5732 Clinical Experience III (OR on T/W/Th/F) 4

**Summer (6.5)**

NURS 5740 Clinical Correlation Conferences 1.5

NURS 5733 Clinical Experience IV (OR on M/T/W/Th/F) 5

**Fall (6.5)**

NURS 5741 Clinical Correlation Conferences 1.5

NURS 5734 Clinical Experience V (OR on M/T/W/Th/F) 5

**Total Credit Hours 78**

**Note: The formula for converting credit hours to contact hours in this sample curriculum is 1 credit = 1 contact hour per week for 15 weeks per semester (78 x 15 = 1,170 contact hours). This academic unit of measurement will vary among countries. Please use the recognized credit or contact hours for the applicant program.**

**Glossary**

**Anesthesia, Adjunctive and Accessory Drugs**. Three categories of drugs which are utilized in nurse anesthesia practice and included as required content within the advanced pharmacology courses provided as a part of the nurse anesthetist educational program.

1. Anesthesia Drugs. Those drugs having an anesthesia or analgesic, hypnotic, sedative effect which are used for that purpose in the administration of an anesthetic.

2. Adjunctive Drugs. Those drugs needed to provide other anesthesia and/or surgical conditions as a part of the anesthetic. These include such drugs as muscle relaxants used for intubation or skeletal muscle relaxation or hypotensive agents in the event that intentional hypotension is utilized to minimize bleeding.

3. Accessory Drugs. Those drugs which patients require and take as a part of their current physical or psychological condition which may have an effect upon the choice of anesthesia and/or adjunctive drugs. Also, those drugs which patients may require during an anesthetic to maintain physiologic balance within normal limits, or to correct a complication.

**Assessment.** The initial component of the nursing process. (Assessment, Problem Identification, Planning nursing care, Implementing the nursing care, and Evaluating nursing care); The nursing equivalent to medical examination: reviewing a patient's health history and current health problems and physical status as a basis for determination of the care needed that the nurse will provide or within which she/he will participate. For the nurse anesthetist, patient assessment is a required function before, during, and after the provision of an anesthetic.

**Care Plan:** Documentation of nurse anesthesia process inclusive of assessment, planning, implementation and evaluation.

**Community of Interests**. Those groups of people who have significant interest in a particular endeavor. In the case of anesthesia, the community of interests may be the patient, family, surgeon, anesthesia providers (physician and nurse), and other nurses who will care for the patient before, during, and after the anesthesia and surgery, and hospital administration.

In the case of nurse anesthetist education, the community of interests will be the profession, students, faculty, employers, and the public as potential patients who would be beneficiaries of the services provided by the graduates of these programs.

In the case of clinical practice this community of interest may even extend to pharmaceutical companies and medical equipment manufacturers depending upon the particular circumstances.

**Evidence Based Practice:** Integration of clinical expertise, patient values and the best research evidence into the decision making process for patient care.

**Hazards:** A situation of risk or potential harm to the health care worker or patient which includes but is not limited to pollution, lasers or x-ray exposure.

**Implement.** To initiate and provide a plan of care which has been defined by the nurse or by a physician who has referred the plan to the nurse to be provided. In some instances the care plan may have been collaboratively developed. Regardless of who or how the plan was determined, the nurse, by accepting the plan of care to initiate and/or provide becomes responsible and accountable for the care she/he provided. Example: The nurse anesthetist initiates, provides, and/or participates in the provision of a plan of anesthetic management for individual patients.

**Nurse Anesthetist.** This is a general title for nurses working in anesthesia with a specific education.

**Perioperative:** Around the operative period: preoperative, intraoperative, and postoperative.

**Pertinent:** Highly significant or relevant*.*

**Program Director/Leader:** A Nurse Anesthetist responsible for directing a program including involvement in student selection, curriculum development, student and faculty evaluations.

**Quality.**  An attribute or characteristic of a product or service, denoting a grade of excellence. When applied to anesthesia education, it is the outcome resulting from a program’s commitment to meeting or exceeding IFNA’s Education Standards. When applied to anesthesia practice, it depicts the provision of an anesthesia service(s) which can be categorized as beyond that level of assuring safety and being compliant with standards for practice, but rather exceeds those standards, and sets the stage, barring unforeseeable events, for achieving the best potential outcome from the care provided.

**Resource Person.** An individual, who by education and experience has acquired a level of expertise in a field of endeavor, and is capable of assisting, advising, consulting with, or supervising other personnel in the provision of a service falling within the area of their expertise.

 *Example*: The nurse anesthetist, as an expert in airway management and ventilation, may serve as a resource person to other health providers in correcting an airway or ventilation problem of a patient, or because of his/her expertise in resuscitation techniques may serve as a leader or member of a resuscitation team in the event of cardiopulmonary failure or severe trauma. The nurse anesthetist may also serve as a teacher to assist others to learn the techniques for correcting airway problems or resuscitating patients in cardiopulmonary failure and in so doing is a resource person for teaching.

**Scope of Nurse Anesthesia Practice**. The breadth of practice modalities (functions and skills) for which an anesthetist has legal sanction to perform, and for which one has been educationally prepared through a formalized and continuing education process.

1. Curriculum overview courtesy of B. Henrichs, Goldfarb School of Nursing at Barnes-Jewish College, Nurse Anesthesia Program, St. Louis, Missouri, USA [↑](#footnote-ref-1)