

**RENEWAL APPLICATION**

**FOR NURSE & NON-PHYSICIAN**

**ANESTHESIA PROGRAM**

**IFNA RECOGNITION**

***Effective 2015***

***Revised July 2016***

***Revised February 2017***

***Revised: April 2018***

***Approved: May 2018***

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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.

**Renewal of IFNA Recognition**

Anesthesia programs holding IFNA Recognition are to update their applications every 5 years as part of a renewal process.

For the renewal of IFNA recognition the program is required to submit a renewal application, and additional documents (see application form) for review by the IFNA Education Committee. The complete application will be audited to determine if it substantially complies with the standards in the ***IFNA Educational Standards for Preparing Nurse Anesthetists*** 2016 which can be downloaded from https://ifna.site/ifna-accreditation-program/approval-process-for-nurse-anesthesia-programs/ You can also request the documents from the APAP manager at: APAP@ifna.site.

Following the successful completion of the renewal of recognition process, the program’s identity, title of award and the current curriculum will be posted on IFNA’s website with a statement that IFNA has audited the program’s documents and determined they substantially meet its requirements. Title of award: IFNA Recognition.

**Note to Programs on Decisions for Renewal**

The Education Committee will obtain final decisions on renewal applications from the IFNA Board of Officers and Country National Representatives (CNR) at their next meeting after the program’s application for renewal has been evaluated by the members of the Education Committee. Program directors will be notified in writing of decisions.

**Instructions**

1. A copy of *IFNA’s Educational Standards for Preparing Nurse Anesthetists and IFNA’s Anesthesia Program Approval Process (APAP) Operational Policies and Procedures* are available on IFNA’s website http://ifna.site/ifna-accreditation-program/approval-process-for-nurse-anesthesia-programs/. The Educational Standards and policies and procedures (2016) should be reviewed prior to the completion of this form.
2. Anesthesia programs applying for renewal of IFNA Recognition are to complete this form. When submitting the form, it should be accompanied by appropriate documentation to support what is said about the program in the renewal application. The application form requires the name of the Program Director [\*] who will be the contact for IFNA in the processing of the application. ([\*] indicates a Glossary term.)
3. The application and supporting documentation must be in English. Submitted documents must include:
4. A completed application - *Renewal Application for Nurse and Non-physician Anesthesia Program-Recognition*.
5. Admission requirements
6. Copy of diploma awarded to students.
7. Curriculum (Course titles, % classroom & % clinical, hours & credits). Please use the attached sample curriculum format.
8. Provide current results from your evaluation process (translated to English).
9. Name and qualification of Program Director including a CV or resume - [\*]
10. Qualifications of teachers who teach academic/theory courses - list
11. Qualifications of clinical instructors - list
12. 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.

The completed “IFNA Renewal Application" should be submitted by e-mail to the IFNA Executive Office at: [ifna.rod@wanadoo.fr](http://www.ifna.rod@wanadoo.fr)

**Note to Programs on Decisions for Renewal**

The Education Committee will obtain final decisions on renewal applications from the IFNA Board of Officers and Country National Representatives (CNR) at their next meeting after the program’s application for renewal has been evaluated by the members of the education committee. Program directors will be notified in writing of decisions.

**Official Name of Anesthesia Program:**

## Information about the Program Director:

Name:

Title:

Mailing Address:

Country:

Telephone: (Country Code, City Code and number)

Home:

Cell:

Work:

E-mail address:

1. **IFNA Educational Standards and Program Approval Policies**

 The goal of IFNA’s approval process is to encourage programs to comply with *IFNA’s Educational Standards for Preparing Nurse Anesthetists.* Please review the downloaded *IFNA Educational Standards for Preparing Nurse Anesthetists (2016) to* determine if your program continues to be willing to meet the requirements.

* 1. Faculty and students in APAP approved programs should be familiar with IFNA's Education Standards.
		1. Have faculty reviewed the Education Standards?
			1. Yes O
			2. No O
		2. Have students reviewed the Education Standards?
			1. Yes O
			2. No O
	2. Your anesthesia program must continue to meet eligibility requirements for IFNA Recognition.
		1. Does the anesthesia program only educate non-physicians?
			1. Yes O
			2. No O
		2. How many nurses and other types of students are enrolled in your program?
			1. Nurses (#) \_\_\_\_\_
			2. Others (#) \_\_\_\_\_
		3. Does the anesthesia program have admission requirements that include an education in nursing or another scientific background that prepares a student to succeed in the anesthesia program?
			1. Yes O
			2. No O
		4. Is the primary purpose of the program to educate graduates to meet the needs of the country or region in which it resides?
			1. Yes O
			2. No O
		5. Does your anesthesia program pledge to meet IFNA’s Educational Standards and program approval policies to the best of its ability?
			1. Yes O
			2. No O
		6. Is the program authorized, recognized, chartered, audited, accredited or have some equivalent official status in your country?
			1. Yes O
			2. No O
			3. Not available in our country \_\_\_
		7. Has the program been denied registration, recognition or accreditation by a governmental or nongovernmental accreditation or quality assurance entity at any time?
			1. Yes O
			2. No O
1. **Information about your anesthesia program that is applying for renewal of IFNA Recognition**
	1. Briefly describe the educational and other requirements for entry into your non-physician anesthesia educational program. This should include: years of nursing or other experience, type of nursing or other experience required, pre-entry evaluations, testing, dossier, etc. (Please list all of the requirements.)
	2. What is the length of your anesthesia educational program?

# Months

* 1. Who establishes the standards and educational requirements for your anesthesia educational program?

d. Describe the type of official evidence from a governmental entity that the program is currently authorized, recognized, chartered, audited, accredited or has some equivalent official status in the country - if available. (Add evidence in the form of a letter, certificate, etc. to this application).

e. Please explain any differences between the curriculum for nurse and non-nurse students **(if applicable).**

f. Please describe any major changes that have occurred in your anesthesia program since it last received IFNA Recognition. Include supporting documentation as indicated. (Examples of major changes: a change in program director, organizational structure, funding, changes in curriculum, changes in certificate or degree awarded, or the status of approval by external agencies.)

g. URL for program’s website (if available)

1. **Credentials**
	1. What type of credential is currently offered upon successful completion of the anesthesia educational program?
		1. Certificate O
		2. Diploma O
		3. Degree O
		4. Other O
	2. Is this credential
		1. Local O
		2. Regional O
		3. National O
	3. Is this credential recognized
		1. Yes O
		2. No O
		3. If yes, by whom is it recognized?
	4. Is there a continuing education requirement following completion of the non-physician anesthesia educational program?
		1. Yes O
		2. No O
		3. If yes, briefly explain:
2. **General information about the scope of practice of your graduates in your country.**
3. Do graduates of your program prepare and check anesthesia machines, monitors, drugs, materials, and equipment for all anesthesia procedures?

O \*independently

O \*under indirect supervision

O \*under direct supervision

1. Do graduates of your program maintain the airway (do you insert masks, LMAs, endotracheal tubes)?

O Independently

O Under indirect supervision

O Under direct supervision

1. Do graduates of your program administer and/or participate in the administration of general and regional anesthesia to all ages and categories of patients and surgical procedures?

O independently

O under indirect supervision

O under direct supervision

1. Do graduates of your program emerge patients from anesthesia?

O independently

O under indirect supervision

O under direct supervision

1. Are your graduates familiar with the management of a broad variety of anesthesia techniques, anesthetic agents, adjunctive and accessory drugs, as well as with pain management and safe sedation procedures?

O yes

O no

1. Do your graduates understand and actively practice the effective analysis and utilization of invasive and noninvasive monitoring data?

O independently

O under indirect supervision

O under direct supervision

1. Do your graduates recognize and take appropriate action when complications occur and immediately consult with appropriate others if patient safety requires it or if the incidence exceeds your scope of practice?

O independently

O under indirect supervision

O under direct supervision

1. Do your graduates serve as resource persons in cardiopulmonary resuscitation, respiratory care, and other acute care needs?

 O independently

O under indirect supervision

 O under direct supervision

\*Independently: you are allowed to work without supervision of an anesthesiologist

\*Indirect supervision: the anesthesiologist is responsible for more than one theatre and may delegate the anesthesia or part of the anesthesia to you. He /she is available by phone or intercom if necessary.

\*Direct supervision: the physician anesthesiologist is present during all phases of anesthesia (induction, administration, and emergence of anesthesia). Your role is one of an assistant.

**Curriculum (Standard III):**

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

***Directions****: Check the appropriate box, yes or no. [\*] indicates a glossary term.*

**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 V)**

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

**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?

**Information for IFNA's Website**

According to APAP policy, the program identity, title of award and curriculum are posted on IFNA's website. Please provide a brief overview of the curriculum to be posted at the end of a successful renewal process. An example is attached (Appendix A).

We are applying for renewal of IFNA Recognition.

We are submitting an application for renewal of IFNA Recognition. We understand that the curriculum will be posted on IFNA’s website if the program is renewed. We pledge to meet the *IFNA Educational Standards for Preparing Nurse Anesthetists* to the best of our ability.

Signature & title of authority responsible for the anesthesia program (Officer in charge):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & title of anesthesia Program Director:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix A: EXAMPLE**

Official name of nurse anesthesia program

Name of program director:

Title:

Mailing address

Country

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

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

**Term and Course 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 Hours 78**

**Appendix B: Form for curriculum to be posted on IFNA's website**

**Official Name of the Nurse Anesthesia Program:**

Name of program director:

Title:

Mailing address

Country

**Curriculum Overview**

**Degree/ Diploma / Certificate awarded:**

**Term / Course title hours / credits**

**Semester**

**Glossary**

**Anesthesia, Adjunctive and Accessory Drugs**: Three categories of drugs which are utilized in 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), 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. In the case of nurse anesthetists 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.

**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.

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

**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 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 her /his 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.

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Approved May 2018

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)