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Opioid Abuse Among Student Registered Nurse Anesthetists in the United States: A Policy Change Proposal

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OPIOID ABUSE AMONG STUDENT REGISTERED NURSE ANESTHETISTS IN
THE UNITED STATES: A POLICY CHANGE PROPOSAL

by

Ifeoma Pamela Anakor

A Doctoral Project
Submitted to the Graduate School,
the College of Nursing and Health Professions
and the School of Leadership and Advanced Nursing Practice
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Nursing Practice

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ABSTRACT

Opioid abuse among Certified Registered Nurse Anesthetists (CRNAs) and Student Registered Nurse Anesthetists (SRNAs) is an epidemic that is growing in numbers yearly. The number of deaths from opioid abuse is also increasing. The specialty of anesthesia primarily has increased instances of opioid abuse cases (Wright et al., 2012). The reason for the increase in opioid abuse occurrences is because anesthesia providers regularly administer opioids in patient care. Opioid abuse commonly results in injury or death. While abusing, anesthesia providers are not only putting their lives in jeopardy but also the lives of their patients.

The project observed the opioid abuse that is affecting the anesthesia community. The project also suggested a policy change at The University of Southern Mississippi that can increase the required drug screenings for student registered nurse anesthetists from once a year to twice a year. This change will be done in hopes of identifying abuse early in order to intervene appropriately.

ACKNOWLEDGMENTS

I want to thank my chair, Dr. Nina McLain, and my committee member, Dr. Marjorie Geisz-Everson. They were extremely supportive during this strenuous process and directed me every step of the way. They saw this project as a seed, and watched it bloom into this great idea. Thank you for your support.

DEDICATION

I would like to first thank my Lord and Savior, Jesus Christ. Without Him, I would not be here today. I especially want to thank my family. They have truly been a great support during this journey. They encouraged me and reminded me of my end goal daily. They pushed me to keep going. My friends have also been there through it all. Their kind words and daily or weekly calls kept me going.

I want to personally thank the interview panel at The University of Southern Mississippi's Nurse Anesthesia Program. They saw me beyond my grades, beyond my experience, beyond my credentials. They saw me. During my interview, they saw something in me that I could not see in myself. I am grateful that after this long process, I am seeing what they saw more and more every day.

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LIST OF ABBREVIATIONS

<i>CDC</i>	Centers of Disease Control
<i>CONHP</i>	College of Nursing and Health Professions
<i>CRNA</i>	Certified Registered Nurse Anesthetist
<i>NAP</i>	Nurse Anesthesia Program
<i>SRNA</i>	Student Registered Nurse Anesthetist
<i>USM</i>	The University of Southern Mississippi

CHAPTER I - INTRODUCTION

Problem Description

According to the Centers for Disease Control (CDC, 2016), opioids were responsible for killing more than 42,000 people in the United States in 2016. The number of overdose deaths involving opioids (including prescription opioids and heroin) was 5 times higher than in 1999 (CDC, 2016). On average, 116 people die every day from an opioid overdose (CDC, 2016). According to the CDC, nearly half of all opioid overdose deaths involve a prescription opioid. The number of prescription opioids sold to pharmacies, hospitals, and doctors' offices nearly quadrupled from 1999 to 2010 despite no change in the overall amount of pain that Americans have reported (CDC, 2016). Deaths from prescription opioids overdose have more than quadrupled since 1999. The word 'epidemic' can be defined as affecting or tending to affect a disproportionately substantial number of individuals within a population, community, or region at the same time (Merriam-Webster Online, 2018). The previously stated statistics constitute an opioid epidemic.

Approximately 40% of all United States (U.S) opioid overdose deaths involve a prescription opioid (CDC, 2016). In 2016, over 46 people died each day because of prescription opioid overdose (CDC, 2016). The three commonly abused medications were methadone, oxycodone (OxyContin), and hydrocodone (Vicodin). Fentanyl and heroin are the two most commonly used drugs that are not on the prescribed opioid list (CDC, 2016). Fentanyl is a synthetic opioid pain reliever, approved for treating severe pain such as advanced cancer pain. It is a drug of choice for abusers because it is 50-100 times more potent than Morphine (Gladden, Martinez, & Seth, 2013). Heroin is an illegal,

highly-addictive opioid drug that can be injected, smoked, and snorted. Unfortunately, this drug can result in multiple long-term viral infections such as HIV, Hepatitis C, and Hepatitis B, as well as bacterial infections of the skin, bloodstream, and heart (CDC, 2016).

With opioid abuse impacting the public, healthcare providers abusing them is also a concern. A 1999 study by Bell, McDonough, Ellison, and Fitzhugh was the first large-scale study that looked at the prevalence of substance abuse among nurse anesthetists and student nurse anesthetists. The study revealed 10% of these providers admitted to misusing anesthetic medications during their careers (Wright et al., 2012). According to those statistics, one in every ten anesthesia providers abusing anesthetic medications. Literature supports that the abuse of potent opioids is at an all-time high and is greater in student registered nurse anesthetists (SRNAs) and other anesthesia providers than the general population of healthcare providers (Wright et al., 2012).

Available Knowledge

Abuse is usually not recognized until a fatal or nearly fatal overdose occurs (Wright et al., 2012). Anesthesia providers are at an elevated risk of abuse because drugs can be stolen readily from anesthesia services. Drug abuse by hospital staff members not only jeopardizes the user's patients but also threatens the user with loss of license, incapacity, and death (Gravenstein, Kory, & Marks, 1983).

Shifting the focus to the SRNA has the potential to impact abuse issues and possibly save lives. A study based on mortality risk of anesthesia providers reported that most drug-related deaths for providers occurred during the first five years after graduation (Alexander, Checkoway, Nagahama, & Domino, 2000). The study helps to

support the claim that there is a problem with abusers beginning abuse early on in their careers. Multiple reasons can explain why the abuse begins in this phase of one's career and develops into a full-blown addiction. Explanations for early abuse include neurobiological factors, physiological changes, and personality traits (Wright et al., 2012).

Personal characteristics described in opioid abuse among SRNAs include neurobiological factors. These factors entail addiction caused by changes in the brain involving alterations in the neurotransmission of the reward system (Casey, 2017; McDonough, 1990; Wright et al., 2012). Compelling evidence supports a genetic susceptibility to addictive behavior. A person who has substance abuse in their genetics is more likely to abuse opioids. Personality factors arise from providers with sensation seeking or impulsive traits (Casey, 2017; McDonough, 1990; Wright et al., 2012). Behavior characteristics deal with the psychological factors including abuse of mood-altering substances for self-treatment of underlying psychological disorders (McDonough, 1990; Wright et al., 2012). Abuse among anesthesia providers is sometimes related to a traumatic experience or emotional event (Wright et al., 2012).

The purpose of this doctoral project was to propose a more intricate measure to identify opioid abuse among SRNAs. A measure to complete the goal at hand is to implement a change in the process used to identify opioid abuse. More specifically, the change would require an increase in the number of random drug screenings in the program to identify potential opioid abuse among students enrolled in The University of Southern Mississippi's (USM) Nurse Anesthesia Program (NAP).

Synthesis of Knowledge

A thorough review was completed of eight relevant articles on the topic of opioid abuse that were specific to the population of anesthesia providers. These articles provided further insight into abuse potential. A common finding in the literature was the suggestion for firmly enforcing regulation with the approval of random urine screening of anesthesia providers (Booth et al., 2002; Bozimowski, Groh, Rouen, & Dosch, 2014). An article by Wright and colleagues (2012) described a survey that illustrated the outcome of opioid abuse among anesthesia providers. The survey was sent to 250 nurse anesthetists in recovery for opioid abuse. Only 61 anesthesia providers responded after having re-entered the field of anesthesia. All the past abusers identified that the most helpful factor to successful reentry was random drug screening (Bozimowski et al., 2014; Bryson & Hamza, 2011; Wright et al., 2012).

Random drug screenings are required for nurse anesthesia students before the start of their programs. The drug screens must be in accordance with the Substance Abuse Mental Health Service Administration (SAMHSA) guidelines (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018). Implementing random testing is essential among anesthesia providers to reduce the incidence of diversion and detect an individual early on in their addiction before it progresses (Bozimowski et al., 2014; Bryson & Hamza, 2011; Wright et al., 2012). The implementation of random screening would increase safety among anesthesia providers and decrease the number of reportable cases of opioid abuse.

Context

In attempts to determine the predisposing risks, the pre-enrollment procedure for entrance into programs was observed. According to the literature, the two most common pre-enrollment criteria among most programs are background checks and drug testing (Bryson & Silverstein, 2008). Some measures used for SRNAs to prevent substance abuse include wellness promotion education at the start of their program (American Association of Nurse Anesthetists [AANA], 2018). Through wellness education, students are expected to acknowledge the potential dangers of opioid abuse and addiction in the healthcare setting.

Wellness programs have not been able to control the numbers associated with opioid abuse among anesthesia providers (Sensenbrenner, 2016). Federal Bill 5046 is also known as the Comprehensive Opioid Abuse Reduction Act of 2016. The Act awards grants to state, local, and tribal governments to provide opioid abuse services including different programs and peer-to-peer services (Sensenbrenner, 2016). Although the Act has been in place since 2016, it has not decreased the number of opioid abuse cases as evidenced by the increasing cases of abuse.

Interventions

A possible solution to identifying drug abusers is more frequent urine drug screens. USM School of Leadership and Advanced Nursing Practice's Alcohol and Drug Screening Policy (SON1053) requires urine drug screens once every 12 months. The policy change proposal to increase the random urine drug screens from once a year to twice a year can possibly increase the odds of identifying opioid abusers. Students need to refer to the NAP's Policy and Procedures Manual concerning disclosure about

prescription medications. According to the policy, students who are prescribed medications for ADHD, anxiety, depression, chronic pain, antihistamines, mood-altering substances, or any other medication that would be revealed on a drug screen must provide a copy of their prescription to the Nurse Anesthesia Program Director and to the Director of Student Services (University of Southern Mississippi, 2017). The disclosure ensures that the student is protected if their drug screen tests positive for the previously mentioned medications. By implementing more frequent urine drug screens in NAPs, more drug misusers can be identified.

Rationale

A Logic Model was used in the development of this project's idea. The focus of the model was to develop a picture to indicate how parts of a program are linked together or how it will work (Zaccagnini & White, 2011). The model was made up of inputs, activities, outputs, outcomes, and impact (Zaccagnini & White, 2011).

The input of the Logic Model are resources required to implement and evaluate the project (Zaccagnini & White, 2011). The input of the Logic Model includes SRNAs, USM's NAP, the Routine and Controlled Substance Policy, and urine drug screens. The activities are what the project does with the resources to achieve the intended outcomes (Zaccagnini & White, 2011). The activities utilized in this model include students being verbally informed of the change in policy and being educated on the need for change in policy. The outputs are the immediate results of the project (Zaccagnini & White, 2011). The outputs were the NAP implementing the policy change and adherence of the new policy by the SRNAs in the NAP. The outcomes are set in three levels: short term, intermediate term, and long-term goals. A short-term goal was for the student to

acknowledge the policy change. An intermediate goal would be to decrease opioid misuse reports among SRNAs and to increase prescriptions on file for prescribed medications. A long-term goal would be the policy change enacted in more schools and ultimately decrease in opioid misuse reports among SRNAs nationally. The impact of the model would be to decrease of possible harm of providers and patients from abusers. Another impact would be for other nurse anesthesia programs to identify opioid abusers earlier, and ultimately a decrease in opioid abuse (Appendix A).

Specific Aims

The goal of the project was to enact policy change in USM's NAP. Safe and efficacious delivery of anesthesia requires constant alertness and rapid response to potentially harmful changes in patient status. Any variable that may cause alterations in an anesthesia provider's degree of vigilance, such as drug-induced impairment, can seriously compromise the safety of the patient and greatly impact their outcome (Bell et al., 1999). Anything ensuring patient safety was regarded as the number one priority (Wright et al., 2012).

Summary

Opioid abuse is at an all-time high and it is affecting anesthesia providers in the United States. Studies have illustrated that 10% of providers have admitted to misusing anesthetic medications during their careers (Wright et al., 2012). Implementing random drug screening is essential among anesthesia providers to reduce the incidence of diversion and detect an individual early on in their addiction before it progresses (Bozimowski et al., 2014; Bryson & Hamza, 2011; Wright et al., 2012). Efforts to

discover abuse early in the career can be realized at USM by increasing the drug screening policy from once a year to twice a year.

CHAPTER II – METHODOLOGY

Drafting a Policy

Drafting a policy includes following a standard format to ensure consistency between policies. First, a policy number must be assigned. Despite revisions to future policies, this number remains unchanged (Policy and Procedures Writing Guide, 2018). Next, an effective and revised date must be devised. The policy must have a title that includes the content of the policy. The purpose of the policy should encompass a brief statement that includes a basic explanation. Additional authority states the list of statute, regulation, State Board policy, Executive Order, or other relevant authority governing the policy (Policy and Procedures Writing Guide, 2018). The scope of the policy identifies to whom the policy applies. The responsible party lists the unit, school, college, or another area responsible for enforcing the policy. Finally, definitions should be added to clarify uncommon words or words with meanings unique to higher education and/or nursing (Policy and Procedures Writing Guide, 2018). According to these recommendations, the policy that the NAP has on controlled substance use currently follows all these guidelines.

The Alcohol and Drug Screening Policy (SON1053) was written to include an additional urine drug screen a year. The desired change in policy requires students to do two random urine drug screens a year, instead of one screening a year. The other existing guidelines remained in place. Lab Depot continues to be the primary medical lab of testing for the Hattiesburg and Gulf Coast campus.

Panel of Experts

Once the change in policy was drafted, a panel of experts reviewed the new policy. The panel included four professionals, including two NAP administrators, one USM College of Nursing and Health Professions (CONHP) Associate Dean, and one USM legal representative. The expert panel was given a short questionnaire with five multiple choice questions. The questions detailed the panels' opinions on their answers to the questions.

Suggested Policy

According to The University of Southern Mississippi's current drug screening policy called the Alcohol and Drug Screening Policy (SON1053), every undergraduate and graduate student enrolled in a clinical nursing course is required to undergo a controlled substance screening test at least once every 12 months (The University of Southern Mississippi, 2017). The policy previously mentioned requires that every undergraduate and graduate student enrolled in a clinical nursing course is required to undergo alcohol and drug-screening. The results of the screening must be on file one-month prior to the first day of courses (University of Southern Mississippi, 2017). These requirements do not exactly follow the random screening rule. The proposal was to increase the frequency of drug screenings from one to two random drug screenings a year for graduate students in the NAP (Appendix B).

Tool

The panel of experts were given a questionnaire with five multiple choice questions. The five questions asked included:

1. Are you familiar with the current Alcohol and Drug Screening Policy (SON1053)?
2. Do you agree with the current Alcohol and Drug Screening Policy (SON1053)?
3. Do you feel that the proposed change in policy will make a difference?
4. How often should urine screenings be conducted?
5. Do you think this policy can make an impact amongst SRNAs that are currently abusing opioids?

Analysis

After the panel of experts answered the previous questions, their results were carefully analyzed. It was calculated based on percentages. After exploring the makings of a policy, drafting a revision of the original policy, and asking the panel to complete a survey concerning the change in policy, the final step was to implement the policy revision.

A NAP in the southeast region of the United States has been open since 2012. There have been 120 students to matriculate through the NAP as of this date. Two students have been terminated for misuse of medications. After the implementation of the policy change, the Program Coordinator may observe a change in the prevalence of opioid abuse in their program.

Ethical Considerations

The Nuremberg Code of 1947 made voluntary consent of human subject essential (Shuster & Shuster, 1997). The project did not include the study of any human subjects;

therefore, there were no direct violations of ethical principles. The sole purpose of the project was to implement policy change.

Summary

The desired change in policy requires students to do two random urine drug screens a year, instead of one screening a year. The change in policy was presented to a panel of experts. The panel included four professionals, including two NAP administrators, one USM CONHP Associate Dean, and one USM legal representative. Once the panel was identified, they were given a short questionnaire with five multiple choice questions. The results of the survey were carefully analyzed and later discussed.

CHAPTER III - RESULTS

The data from the panel of experts' questionnaires were gathered. Three of the four panelists completed their questionnaires. One of the panelists did not respond. From the three panelists that did respond, all three claimed to be familiar with the current drug screen policy, the Routine and Controlled Substance Policy (SON1053). Two of the three panelists did not agree with the current drug screen policy. Two of the panelists agreed that the drug screening policies should be changed to two times a year at random. All three panelists did, however, agree that a change in the current policy will make a difference in detection of students who are abusing substances and have an impact in the amount of SRNAs currently abusing substances.

Summary

After analyzing the feedback received from the questionnaire that was completed by the panel of experts, their opinions were calculated based on percentages. The response rate from the panel of experts was 75%. From the panelists who responded to the request, all were familiar with the existing controlled substance policy (SON 1053). 66.6% did not agree with the current drug screen policy. Most agreed (66.6%) agreed that the drug screening policies should be changed to two times a year at random. All (100%) participants agreed that a change in the current policy will make a difference in detection of opioid abuse among students and will also have an impact on the amount of SRNAs currently abusing substances.

CHAPTER IV – DISCUSSION

Summary

According to the data collected from the questionnaire, the change in the drug screening policy for the Nurse Anesthesia Program was favored. The change in policy was viewed as a draft by the committee and chair, and the anticipated outcome is that the policy can be proposed to the USM NAP Director, USM CONHP Associate Dean, and one USM legal representative.

Interpretations

There were factors to consider when dealing with the data received from the questionnaires. The biggest skew in data could be because not everyone on the panel completed the questionnaire. The panel of experts was meticulously chosen because all four individuals have the potential to influence a change of policy at USM. The panel included two NAP faculty, one USM CONHP Associate Dean, and one USM legal representative. The USM legal representative's vote was not reflected among the collected data. One may wonder if the last panelist would have agreed or disagreed with the change in policy.

Another factor that may skew the results would be that two of the panelists were NAP faculty. The fact that 50% of the panel were leaders in the NAP may affected the results based on their involvement. Also, they are more closely affected by opioid abuse among SRNAs. The makeup of the panel was intended to elicit differing opinions on this proposed policy change.

Limitations

According to the Substance Abuse and Mental Health Services Administration, the overall rate for substance abuse in the general population is 8% (Wright et al., 2012). Many factors can affect these numbers. With the sensitivity of legal issues associated with practice, many anesthesia providers may be harshly disciplined if discovered to be abusing opioids (Wright et al., 2012). Due to the need to protect staff and students, it was likely that the scope of this problem was underestimated. It is possible that we will never know how prevalent opioid addiction is in the population discussed.

Privacy concerns by students may be of concern for the SRNA. The Health Insurance Portability and Accountability Act (HIPAA) includes provisions that require the U.S. Health and Human Services to adopt national standards for electronic health care transactions and code sets, unique health identifiers, and security (U.S. Department of Health and Human Services, 2018). Congress incorporated HIPAA provisions that authorized the adoption of Federal privacy protections for individually identifiable health information. If a student has a history of abuse, it is not disclosed to other schools during their application process. Knowledge of these accusations are often kept confidential from the public.

Failure to report was another limitation that was to be addressed. Most students will not want to report their peers or events they may have witnessed because of potential consequences. The reporting student may be labeled as a “rat” or a liar. A student who is abusing substances may not want to report themselves because of the consequences. They are at risk of being dismissed from their program and may possibly lose their opportunity to further their education in anesthesia.

A major limitation encountered while researching this project was gaining the approval of the Office of General Counsel at USM. The concept of this project had been previously introduced to the General Counsel's office and was denied. After introducing new evidence and ideas, approval of the policy change was desired.


Conclusions

Was the policy change worth it? Can the policy change make a difference? One comment that was made from a panelist was their concern for students and the cost of an extra drug screen each year. Cost was something to consider when proceeding with the implementation of policy change. Ultimately, a majority of the panel was in favor of the policy change with the data derived from the questionnaire. The plan for the project was to begin in the NAP at USM and extend to other NAPs around the nation who are affected by opioid abuse. This option is just one more step that is taken to ensure patient and provider safety in the hospital setting.

APPENDIX A – Logic Map

Inputs	Activities	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> • Student Registered Nurse Anesthetists • University of Southern Mississippi Nurse Anesthesia Program • Routine and Controlled Substance Policy • Urine Drug Screens 	<ul style="list-style-type: none"> • Students will be verbally informed of change in policy. • Students will be educated on the need for change in policy. 	<ul style="list-style-type: none"> • NAP will implement change in policy. • SRNAs in NAP will adhere to change in policy 	<ul style="list-style-type: none"> • Short Term Goal: Student acknowledgement of policy change. • Intermediate Goal: Decrease in opioid abuse cases among SRNAs, also increase prescriptions on file for prescribed medications. • Long Term Goal: Policy change enacted in more schools and ultimately decrease in opioid abuse reports among SRNAs. 	<ul style="list-style-type: none"> • Decrease in possible harm of providers and patients from abusers. • Schools can identify abusers earlier, and get them help more early. • Decrease in opioid abuse.

APPENDIX B – Revised Policy

 THE UNIVERSITY OF SOUTHERN MISSISSIPPI	
SCHOOL OF LEADERSHIP AND ADVANCED NURSING PRACTICE	
Policy Area: <i>NAP Student</i>	Subject: Course Information
Title of Policy: Alcohol and Drug Screening	Number: CONth1053
Effective Date: Fall 2019	Supersedes:
Approved Date: Revision Date: June 2019	Approved by:

1. Rationale or background to policy: The School of ***Leadership and Advanced Nursing Practice*** at The University of Southern Mississippi has a vital interest in maintaining a safe, healthy, and efficient environment for its faculty, staff, and students in an environment free from the misuse of drugs and alcohol. Such misuse of drugs and alcohol is detrimental to the physical and psychological wellbeing of nursing students, and in turn, to the safety of their patients. Therefore, every ***graduate student*** enrolled in a clinical nursing course is required to undergo ***two random*** alcohol and drug-screening test at least ***twice*** every twelve months and may undergo additional alcohol and drug screenings depending upon the circumstances.

2. Policy Statement: All ***graduate NAP students*** must produce a negative alcohol and drug screening test before admission and ***bi-annually*** while in a ***College of Nursing and Health Professions***. Testing and results must be managed according to the procedure outlined below.

3. Procedure for Annual Alcohol/Drug Screen

The student is responsible for the following:

1. Scheduling the 11-point urine screening test at a local hospital or laboratory entity independent of The University of Southern Mississippi (USM). The ***College of Nursing and Health Professions*** recommends the following labs:

- a. Lab Test Depot for the Hattiesburg campus
- b. Lab Test for the Gulf Coast campus.

Students may choose any lab entity independent of The University of Southern Mississippi. However, if a lab other than the School recommended labs are used, prior

approval must be obtained from the *Office of Student Services in the College of Nursing and Health Professions on the Hattiesburg Campus.*

Drug testing should be performed for, but not limited to, the presence of cannabinoids, cocaine, opiates, amphetamines, barbiturates, benzodiazepines, propoxyphene, phencyclidine (PCP), methadone, methaqualone, MDMA (ecstasy), or metabolites of any such substance.

2. Assuring that the laboratory distributes the results by mail or fax, they should be sent directly to the College of Nursing and Health Professions, Office of Student Services on the Hattiesburg campus: 601-266-6144 (fax) or

Assistant to the Dean for Academic Records & Advisement
Student Services College of Nursing and Health Professions
The University of Southern Mississippi
118 College Drive #5095
Hattiesburg, MS 39406

3. Paying for the alcohol and drug screening test and confirmation.

4. Assuring that results are on file with the Associate Dean, *Dr. Lachel Story*, via the *College of Nursing and Health Professions* Student Services office one month prior to the first day of the semester for new admission and *bi-annually* thereafter.

Note: Results may take up to 2 weeks to reach the *College of Nursing and Health Professions*. Students must plan accordingly.

5. An alcohol and drug test from a student's employer will be accepted if it meets the above criteria.

6. No student will be allowed to continue in a clinical nursing course and/or participate in *College of Nursing and Health Professions* activities at an associated health care agency until the results of the alcohol and drug screening test have been submitted to and are on file at the *College of Nursing and Health Professions*.

7. If the results of the alcohol and drug-screening test are positive, the student must not continue in nursing courses. The student will have access to due process to contest the screening results using the Breach of Impaired Nursing Student and Professional Conduct Policy. Students who do not choose to pursue due process through the Breach of Professional Conduct and Impaired Nursing Student Policy must withdraw from the *College of Nursing and Health Professions*.

8. If a student refuses to submit to a routine controlled substance screen, he/she will not be allowed to continue in a clinical nursing course and/or participate in the *College of Nursing and Health Professions* activities with associated health care agencies.

9. The faculty defines a **graduate clinical nursing** course as a combination of theory and clinical experiences. These two components are inseparable. Clinical nursing courses include theory and co-requisite lab/clinical courses and stand-alone clinical practicums (e.g., preceptorship, clinical practicums) in all **graduate nursing** programs of study.

*The italicized, underlined, and bolded words are the changes made from the original policy.

APPENDIX C – Institutional Review Board Response

Date: 2-6-2019

IRB #: IRB-18-167

Title: Opioid Abuse Among Student Registered Nurse Anesthetists in the United States: A New Policy to Improve Student Outcomes

Creation Date: 11-16-2018

End Date:

Status: **Approved**

Principal Investigator: Ifeoma Anakor

Review Board: Sacco (Exempt/Expedited Board)

Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt
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Key Study Contacts

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